Case Study
The Daily Planet (FQHC)

Organization Name:	The Daily Planet	**Type:**	Federally Qualified Health Center (FQHC)
Location:	Richmond, Virginia		
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Population of Focus for Integration Efforts:
The focus of The Daily Planet's (TDP) integration efforts is the low-income, uninsured, diabetic population in the Greater Richmond Region. The pilot patient population consisted of Diabetes Impact program participants and patients with diabetes who are participating in the Greater Richmond Area YMCA diabetes control program.

Key Components of the Integration Workflow:

Patient Intake:
What kind of information is collected by front office staff and part of your integrated care activities/program?
Medical patients are asked if they've been to a dentist in the last six months. Dental patients are asked to identify their primary care provider, the date of their last medical visit and when was the last time their A1C was checked. TDP dental staff is investigating the possibility of including and documenting in our electronic health record a way to enter the name of a primary care provider if other than a Daily Planet provider.

Clinical Services:
What services are provided to patients through your integrated program and by whom?
Diabetic patients receive oral health education and initial screening during the medical encounter. The medical provider refers the patient to the dental clinic for a comprehensive exam. Dental patients receive information and education about the relationship between diabetes, nutrition and oral health, and systemic health screenings, including blood pressure and blood glucose testing, offered by TDP medical providers. TDP is also exploring if dental can get labs for their patients. If the patient does not have a medical home, he/she is referred to the medical clinic by the dentist.

Documentation and Information-Sharing:
How is patient health information collected and shared between medical and dental clinics and staff?
TDP has shared electronic health records between medical and dental providers.

Referrals:
How and when are referrals made between the medical and dental clinic?
Warm handoffs are made between medical and dental staff. Shared electronic health records allow for additional follow up; case managers also facilitate referrals for patients. Dental case manager makes internal referrals and tracks patients through our electronic health record.

Follow up/patient support services:
What types of follow up, case management and/or patient support services are offered?

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Case managers facilitate referrals for patients; the dental case manager makes internal referrals and tracks patients through our electronic health record. Case managers and lifestyle coaches from the YMCA provide information and education about oral health and overall health and tools to support self-management.

Challenges:
Scheduling for patients in the dental clinic has been a challenge. Economic barriers present limitations to our patients following through on their dental treatment plan. An identified sub-group of 10 patients have been offered dental treatment at no cost to them if they remain active in the Diabetes Impact group and are compliant with both their medical and dental treatment. Other social determinants of health (transportation, housing, etc.).

Successes:
A success: 50% of the Diabetes Impact medical patients have seen the dentist for an oral health assessment.

Outcomes:
The focus to date has been more on referrals from medical to dental versus dental to medical because Diabetes Impact patients who are seen in dental may already have another primary care provider in the community—tracking this is being investigated.

Key Considerations:
- TDP is highly integrated with Level 3 Patient-Centered Medical Home certification.
- Inclusion of a case manager who provides patient education about the importance and relationship between oral health and overall health, and who supports patient compliance and his/her role in self-management.

Lessons Learned:
- Costs (funding) for dental care are a barrier for the clinic and for patients, along with limited dental clinic capacity. Thus, scheduling barriers requiring additional oral health infrastructure.

Key Metrics:
What key measures are used to evaluate your efforts?
Key metrics include utilization of medical and dental services, HBA1C, status of periodontal disease, and patient surveys regarding access to services. TDP also administers a specific survey about patient experience with oral health and primary health integration, exercise hours, and nutritional classes/meetings. The case manager and dentist will also attend monthly Diabetes Impact meetings.

What additional thoughts can you share with us to better understand your integration activities?
TDP held a training for all clinic staff about oral-systemic health to increase knowledge and establish common ground to move forward with the integration program. On January 21, 2016, 5* case managers attended a two-hour diabetes lifestyle training provided by YMCA lifestyle coaches. On February 1, 2016, the Virginia Oral Health Coalition brought three speakers to TDP to present a two-hour training to 9* staff, including oral health, primary health, pharmacy and administrative staff, about the interrelationship between a patient's oral health and overall health, especially as it relates to diabetes.