1 **Evaluating the Interprofessional Model of Care**

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3 **Welcome to the 3.0 Era**

The Revolution

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6 **Why Oral Health?**

7 **Overall Health**

8 **Oral Health Systemic Connection**

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11 **Planning to Get from 2.0 to 3.0**

From here to there and the in between

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14 **Interprofessional Practice**

Risk Based Care

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16 **Risk Stratified Care Management**

- American Academy of Family Physicians
  - "Risk-stratified care management (RSCM) is the process of assigning a health risk status to a patient, and using the patient's risk status to direct and improve care. The goal of RSCM is to help patients achieve the best health and quality of life possible by preventing chronic disease, stabilizing current chronic conditions, and preventing acceleration to higher-risk categories and higher associated costs"
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17 **The Core of Disease Management**

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20 **The Core of Disease Management**

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22 **Risk Assessment and Behavior Impact**

- Successful communication processes integrate:
  - Cooperative planning
  - A process for monitoring challenges and opportunities
  - Goal setting
  - Motivational interviewing

The opportunity is to meet the patient on their level, create an understanding of risk factors and risky behavior, as well as, develop a shared conclusion that protective behaviors can offset or mitigate risk of disease.

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25 **Analysis of an Early Adopter Program***

26 **Medical Oral Expanded (MORE) Care**

27 **MORE Care Overview**

28 **MORE Care Dashboard**

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30 **IPP Analysis: Universite de Montreal & Canadian Institutes for Health Research**

31 **Barriers**

- Lack of political leadership and healthcare policies
  - Poor understanding
  - Separate medical and dental insurance
- Implementation challenges
  - Deficient administrative infrastructure
  - HIT
- Lack of effective interprofessional education
- Lack of continuity of care / silo practice structures
- Patient's oral healthcare needs
  - Patient's decision to accept or refuse care based on their need perception rather than the assessment of healthcare providers.

32 **Facilitators**

- Financial and technical support from governments, stakeholders and non-profit organizations.
- Interprofessional education (non-dental providers)
- Collaborative practices
  - Perceived responsibility and role identification
  - Case management
  - Incremental approach
- Local strategic leaders (champions)
- Proximity / Convenience
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33 **Canada**

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35 **Creating an Improvement Environment**

36 **Drinking the Quality Juice**

- Quality Planning
  - Spending time to bring the design and goals of the system into alignment
  - Understanding the needs
- Quality Control
  - Monitor, review and standardize
- Quality Improvement
  - Make changes to achieve goals
- *Quality Assurance*
  - *External view to determine if meeting targets/goals*
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37 **QC > QI**

38 **Oral Health Proprietorship & Support**

39 **Oral Health Proprietorship**

- The effect of the current fragmented [rural] health system results in a higher cost of care, greater risk of poor disease management, and dental provider teams becoming more isolated.
- Various medical, dental, public health, and industry organizations have proposed a position (or set of position tasks) dedicated to understanding, evaluating, and improving community-based oral health.
- A dependable and well-organized onsite oral health training service provides an organizational structure for education/training and creates a pathway to develop oral health champions.
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42 **Dental Referral Networks**

Coordinating Care [Step One]

43 **Evaluating the IPP Coordination of Care**

- Results of joint analyses by MUSC and DQI evaluating medical-to-dental referral dependability
  - Dependability rated highest by
    - 1.)ACOs 2.)FQHCs 3.)Private Practice
  - EHR satisfaction and functionality linked to higher referral dependability ratings
  - Disconnect between office staff/patient coordinators and clinical care teams & leadership.
  - The deep impact of no-shows (15% or more)
    - Employ activities that maximize kept appointments which, in this analysis, include warm handoffs and purposeful information exchange.

44 **"Warm Hand-Offs"**

- Warm Hand-Off" approach to information and referral simply means "*good customer service*"
  - i.e., going that extra mile, when necessary, to ensure that clients get connected to a service provider who can provide what they want and need.
- Often associated with "No Wrong Door"
  - Staff of community organizations are able to connect individuals and/or families with the appropriate service(s) in a manner that is streamlined, effective and seamless from the individual's and/or family's perspective, even if that service(s) is not offered by their organization or within their sector.

45 **Categories of Warm Hand-offs**

- Two Categories of Warm Hand-offs
  - *Telecommunication*
    - Call from FO to FO / provider to provider w/ patient
    - Store and go (virtual dental home),
    - Teleconferencing
  - *Duel Encounter*
    - Patient hand-off
      - Administrative appointment
      - "One department to next"
      - Face to face
    - Integrated IPP – duel or joined encounter
    - Embedded team members
    - Most often same day – can be within 5 days
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Cha – Cha – Changes: Coordinating Care [Step Two]

49 **Change is not always easy**

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51 **The Antithesis of the Future Model-FY16-17 AVG**

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53 **APM Goals**

- For Payment Reform

54 **School Based Oral Health Care - FY2015 - AVG**

55 **Coordination of Care (Trends w/ & w/out IPP)**

56 **Analysis: Advantage Dental (OR)**

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58 **People, Patient, Consumer**

Healthcare Marketplace

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61 **Consumer Angst**

- The millennial generation (1982-2000) has been found to be less interested in dental care
- A little more than 50% of adults aged 20-34 have been to the dentist in 2016 compared to close to 65% of 35-64 year olds
  - Millennials with the highest percentage (85%) of untreated decay, and missing or filled permanent teeth.

62 **Facilitating Care Model Transitions**

63 **IP and Care/Operation/Business Models**

- IP Practice can serve as an adaptor to allow multiple care-business models to converge and bridge care pathway gaps

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