



AllCare Health

Changing healthcare
to work for you.

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Pediatric Nurse Practitioner
Grants Pass Pediatrics

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Oral Health Integration Manager
AllCare Health CCO

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Our mission

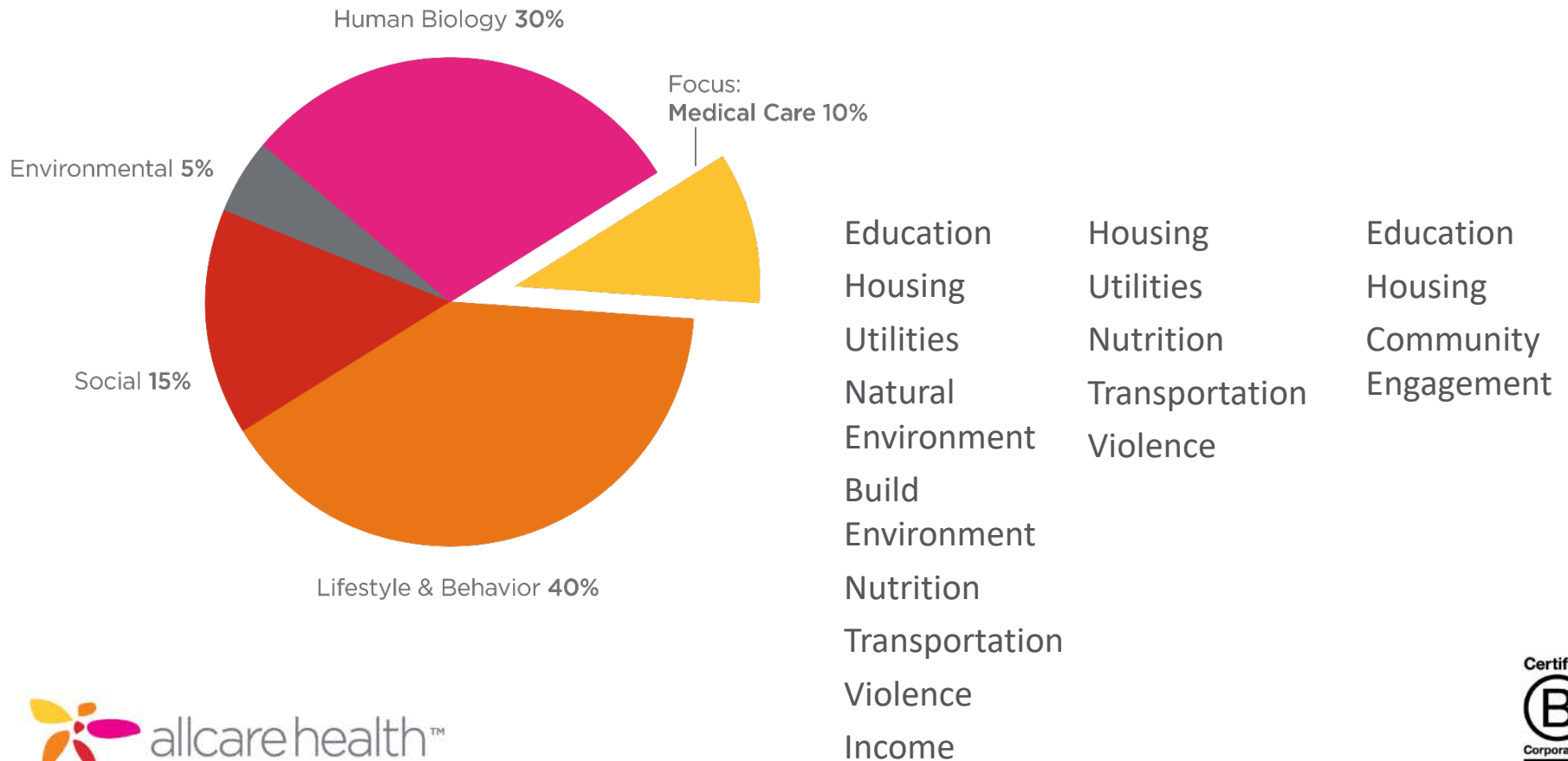
Working together to provide
quality, cost-effective healthcare
for our communities.

Our promise

Changing healthcare
to work for you.

SDoH and PCP Connection

The Drivers of Health and Wellbeing



AllCare Health's Approach to SDoH

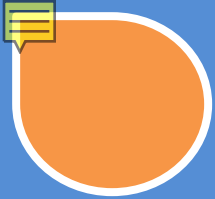
- This is a community effort
- Member-centered
- Built on strong relationships
- This approach is possible because we are a local company, we invest time in our relationships, and we build partnerships based on the needs expressed by members of our communities.

Integration Model: First Tooth Oral Health as a tool in SDoH

Oral health is a factor in both physical and social outcomes

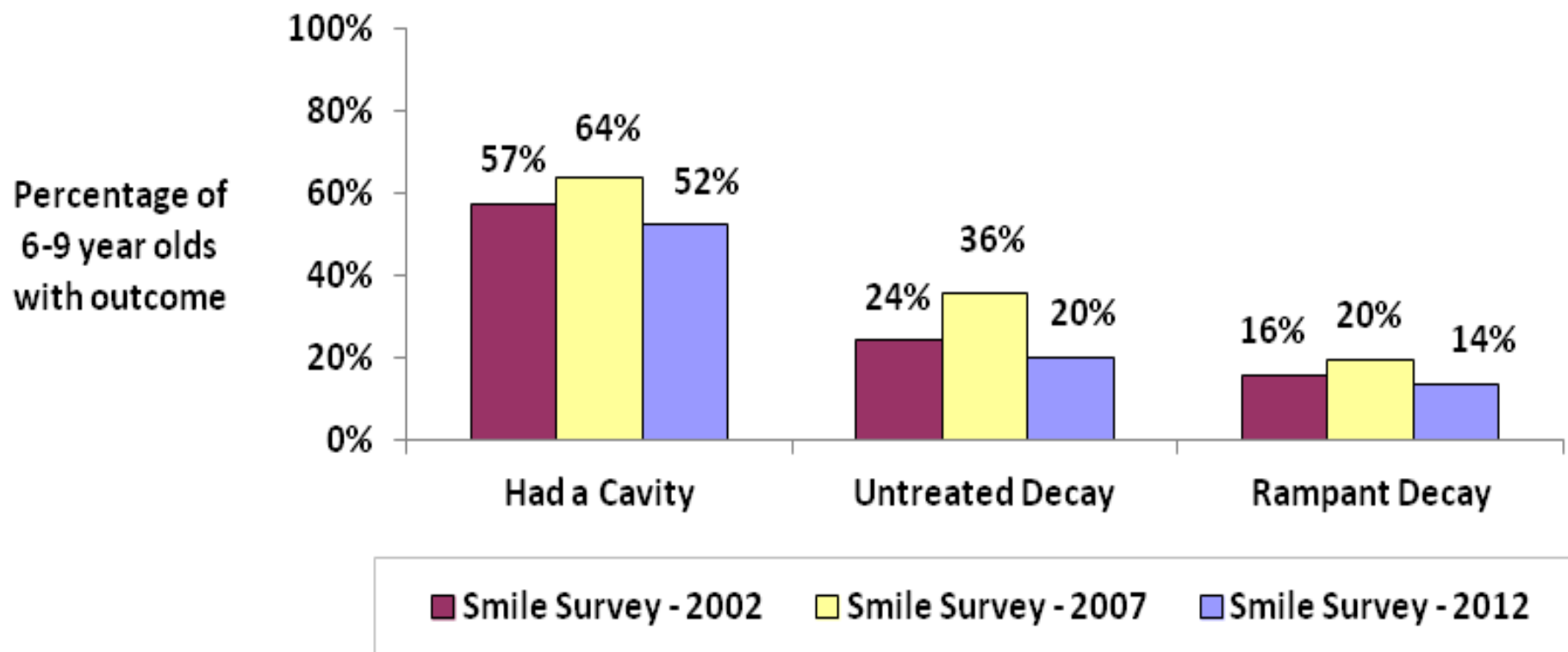
- Employment
- Nutrition
- Academic and workplace performance
- Physical health





Current status of children's oral health

Oral health status, * children 6-9 years old, Oregon,
2002 - 2012 Smile Surveys



* Primary and permanent teeth

Why providers of pediatric patients?

- Frequent contact
- Early prevention
- Ability to provide referrals for intervention
- The American Academy of Pediatrics recommended



See www.orohe.org:

AAP Dental Home Policy Statement



Highlight: First Tooth

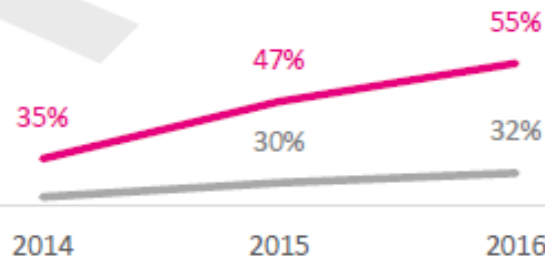
Center for Outcome Research and Education (CORE) findings



Oral health assessments increased in young children (ages 0-6) after AllCare Health began promoting First Tooth trainings.

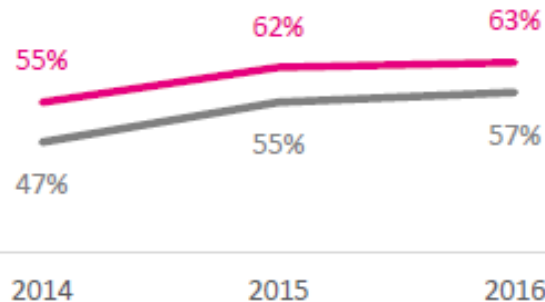
Younger children who saw a First Tooth-trained medical provider were significantly more likely to receive fluoride varnish than children who saw other providers.

Fluoride Varnish



Older children who saw a First Tooth-trained medical provider were significantly more likely to have received any dental service (from a dentist) than children who saw other providers.

Any Dental Service



Highlight: First Tooth

Work:

2014 to 2016: AllCare Health trained more than 300 healthcare providers:

- Assessments, fluoride varnish application, and referral to dental homes

Effect:

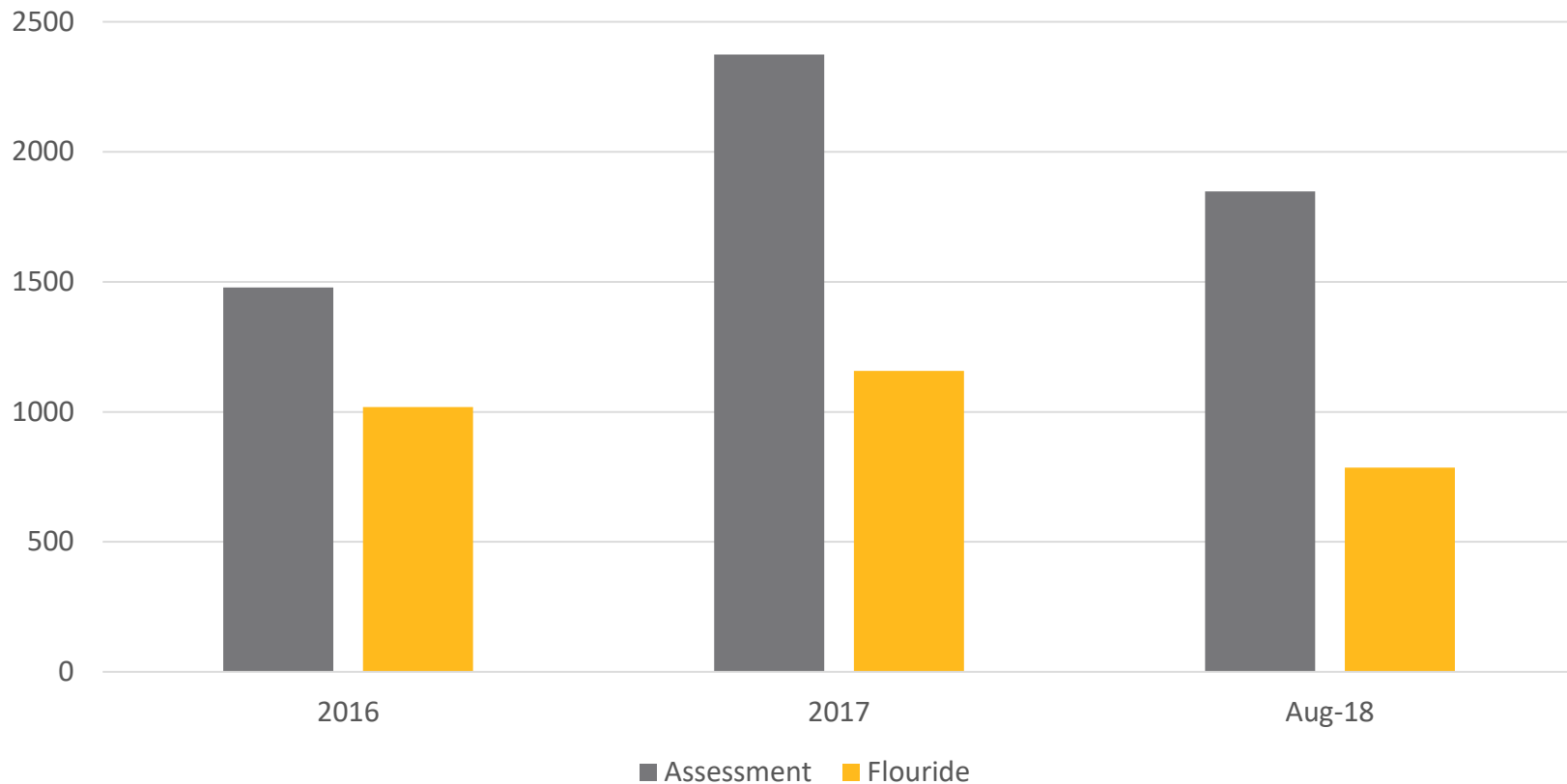
- More children received preventive oral health services from a medical provider, and more children received services from dentists

Next steps:

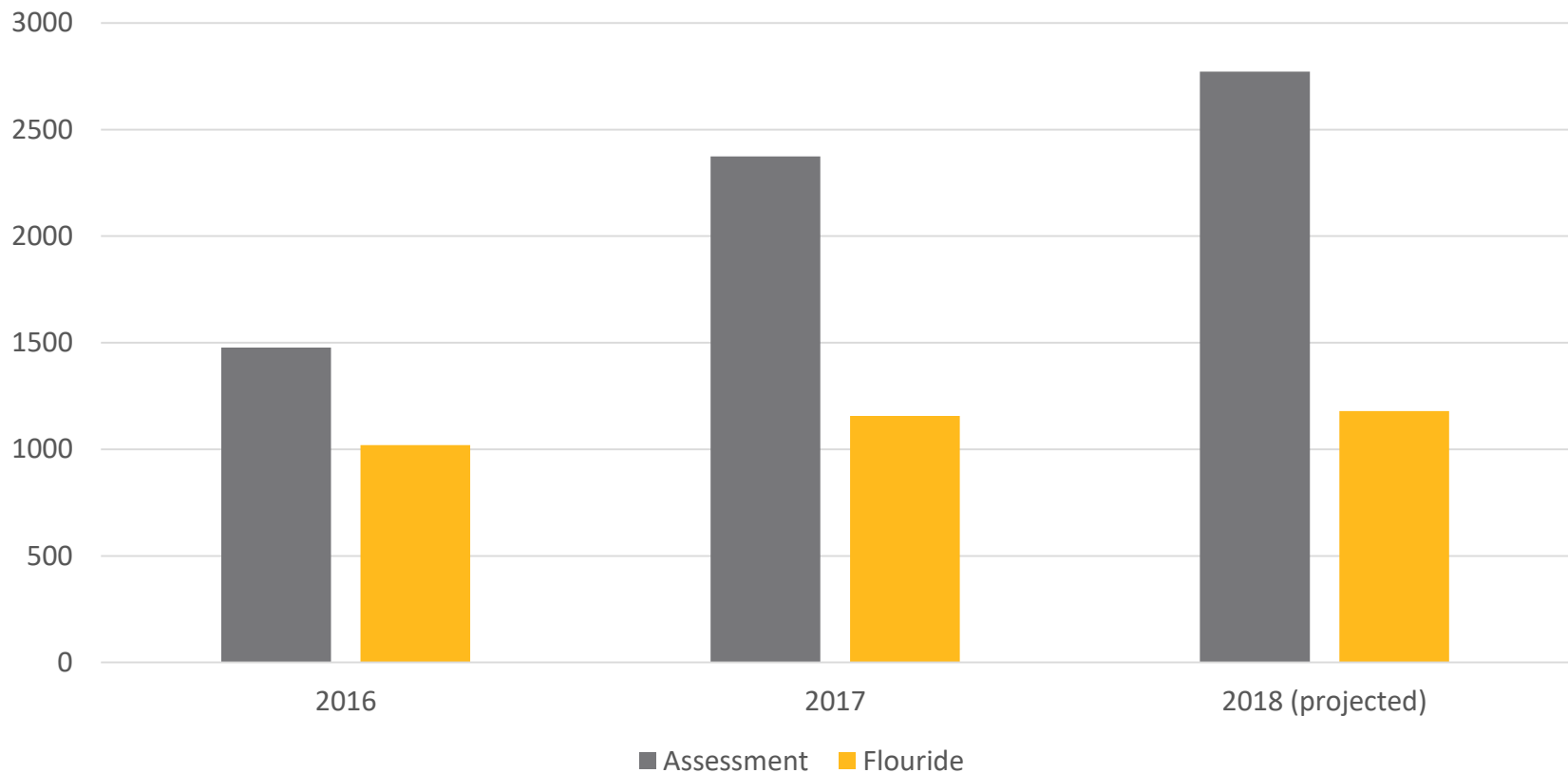
AllCare has continued to train medical providers since the evaluation period

We expect this trend to continue and improve

First Tooth: a growing program



First Tooth: a growing program (2018 year end projection)



Provider Perspective:

Lisa Callahan, PNP
Grants Pass Pediatrics

- Work Flow
- Office impact
- Patient Benefit
- Recommendations and resources

Work Flow: when?

How to decide which well-child visit to designate for oral assessment?

- 6 month?
- 9 month?
- 12 month?
- 15 month?
- 18 month?
- 24 month?
- 36 month?

YES! The American Academy of Pediatrics suggests parents make an appointment for their child to see a dentist before the age of 1

Workflow: why?

- According to AAP; Tooth decay is the **most common chronic infectious disease of childhood**.
- CDC states; Dental caries in children is **5 times more common than asthma** and 7 times more common than hay fever. More than **40% of children have tooth decay by the time they start Kindergarten**. That risk is more than 50% if the child lives in poverty below 200% FPL. In addition to higher prevalence, these children also suffer greater severity
- Children with dental caries in their baby teeth are at much greater risk for cavities in adult teeth.
- And Finally, According to NIH; Early childhood caries is associated with pain and loss of teeth, as well as impaired growth, decreased weight gain, and negative effects on quality of life.

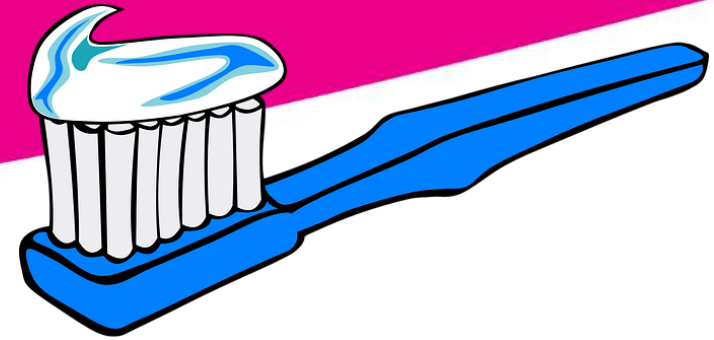
6 month visit



- Teething begins as early as 3 months with the first tooth erupting between 4 and 7 months in most children.
- According to NIH, Children are susceptible to dental caries as soon as the first tooth appears.
- Parents need to know how to prevent tooth decay even before baby is born. Some believe they do not need to brush baby teeth because they fall out.
- Improving parent awareness of diet strategies to prevent decay and good oral hygiene habits to start as soon as teeth are erupting.

9 month visit

- Introduce sippy cup.
- No juice until 5 years old
- Remind Baby Teeth DO Matter
- Encourage bedtime routine **Brush, Book, Bed**
- No bottles in bed
- Encourage to schedule with dental home.
- Varnish if at risk for caries
- Toothbrush



12 month visit

- Schedule dental home visit if not already seen
- Discuss weaning to cup. No bottles in bed.
- Review appropriate snacks
- Encourage daily brushing with smear toothpaste.
- Fluoride varnish if at risk for caries
- Toothbrush



15 month visit

- Schedule dental home visit if not already seen
- Discuss weaning to cup. No bottles.
- Review appropriate snacks, provide handout for ideas
- Encourage daily brushing with smear toothpaste.
- Fluoride varnish if at risk for caries
- Toothbrush



18 month visit

- Schedule dental home visit if not already seen
- Discuss weaning to cup. No bottles.
- Review appropriate snacks, provide handout for ideas
- Encourage daily brushing with smear toothpaste.
- Fluoride varnish if at risk for caries
- Toothbrush
- Wash, rinse repeat until we get to 30 months and talk about weaning from pacifier if not already done. Repetition strengthens the message

In the exam room....

- So what does it really look like?
- A brief survey before provider gets into the room will give an idea if varnish is likely to be needed.
- Varnish kits are stocked in each exam room for provider to apply during exam.
- Goal to get varnish to teeth 2-4 times per year depending on oral assessment survey.

Office impact

- Fewer patients needing to get in for pre-op appointments for anesthesia clearance for dental restorations.
- OHP reimburses for fluoride varnish cost \$0.35
- Healthier children with fewer dental abscesses = fewer after hours and weekend emergency calls

Benefits to patients and families

- Fluoride varnish may actually reverse early signs of decay
- Prevention of dental caries may result in fewer sleepless nights for tooth pain
- Improved appetite – it is difficult to eat with a sore mouth
- Better speech patterns - it is difficult to speak correctly with missing teeth
- Improved confidence

Resources

- Orohc.org → Great handouts for parents
- Healthychildren.org → AAP site, search oral health
- Ilikemyteeth.org
- Mychildrensteeth.org

Summary

- A close partnership between clinical offices and care coordination supports innovation, improves service delivery, and improves patient outcomes
- Oral health integration improves not only physical and dental, but also SDoH outcomes
- There are many ways that providers, services, and care coordination can work together to improve individual and community health

Thank you very much
for letting us present
this integration model,
its challenges and
successes!

A stylized white flower graphic with five petals is positioned on the left side of the slide. The petals are simple, rounded shapes. The background is a solid orange color. A large white oval is on the right side, containing the title text.

Questions & Discussion

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