



# Presentation of the report

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#OralHealthIsHealth



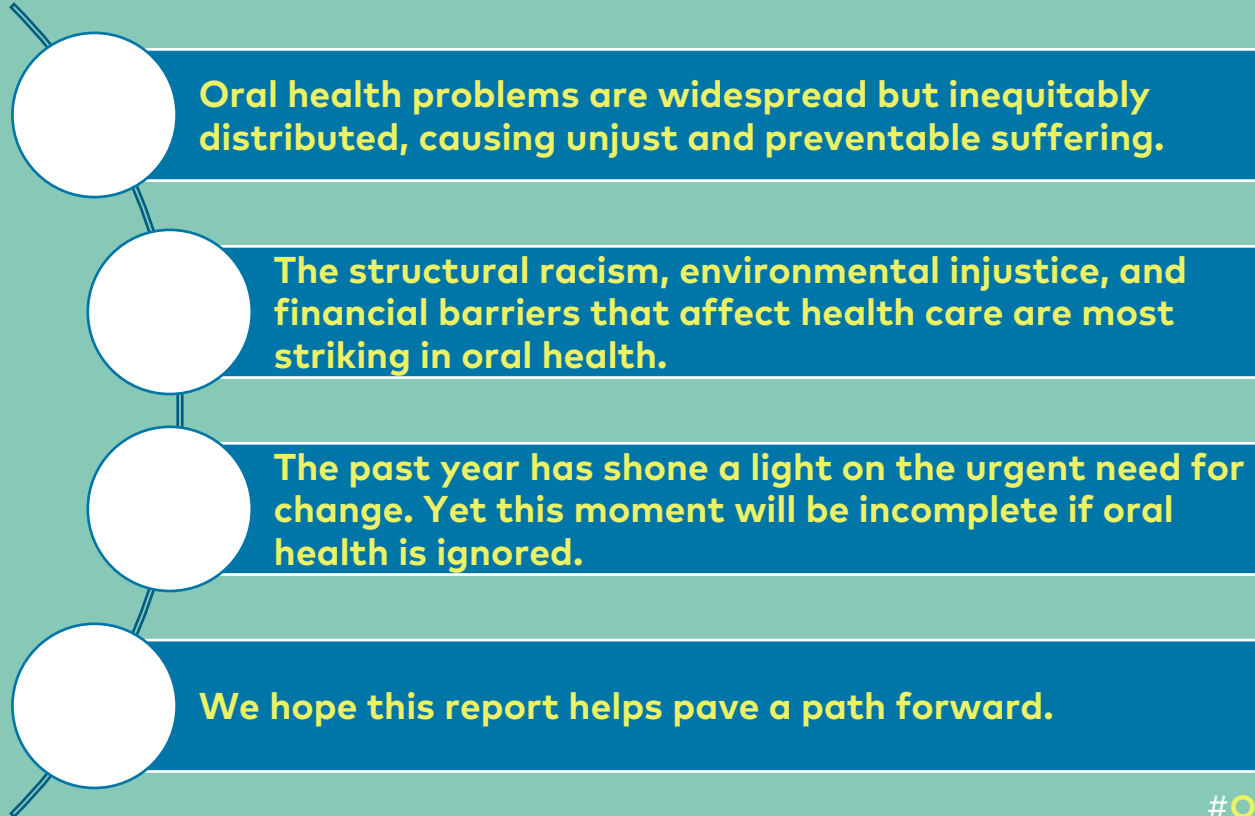


# The challenge

- **ONE-THIRD** of Americans don't have dental insurance.
- Uninsured and publicly insured adults make up **70%** of all emergency department visits for a dental problem.
- **321 MILLION** lost hours of work and school



# Why produce this report now?





# How was the report developed?

**GOAL:** Highlight exemplary cases of oral health integration to inform policy and practice.

- **Review the evidence** in published studies and grey literature spanning settings, payer types, and degrees of integration.
- **Convene Advisory Group** of diverse experts to assess the evidence and inform the report's findings and recommendations.
- **Draft report** with multi-stakeholder input and joint review, structured by the Shared Principles of Primary Care.



# PCC Advisory Group

**Lynda Flowers**, JD, MSN, RN | AARP

**Dean Fry**, DDS | Humana

**Anita Glicken**, MSW (chair) | National Interprofessional Initiative  
on Oral Health

**Ann Greiner**, MCP | Primary Care Collaborative

**Judith Haber**, PhD, APRN, FAAN | NYU College of Nursing

**Lawrence Hill**, DDS, MPH | American Association for Community  
Dental Programs

**Alan Morgan**, MPA | National Rural Health Association

**Cheryl Parcham**, MSW | Families USA

**Russ Phillips**, MD | Center For Primary Care (Harvard Medical  
School)

**Jason Roush**, DDS | Association of State and Territorial Dental  
Directors

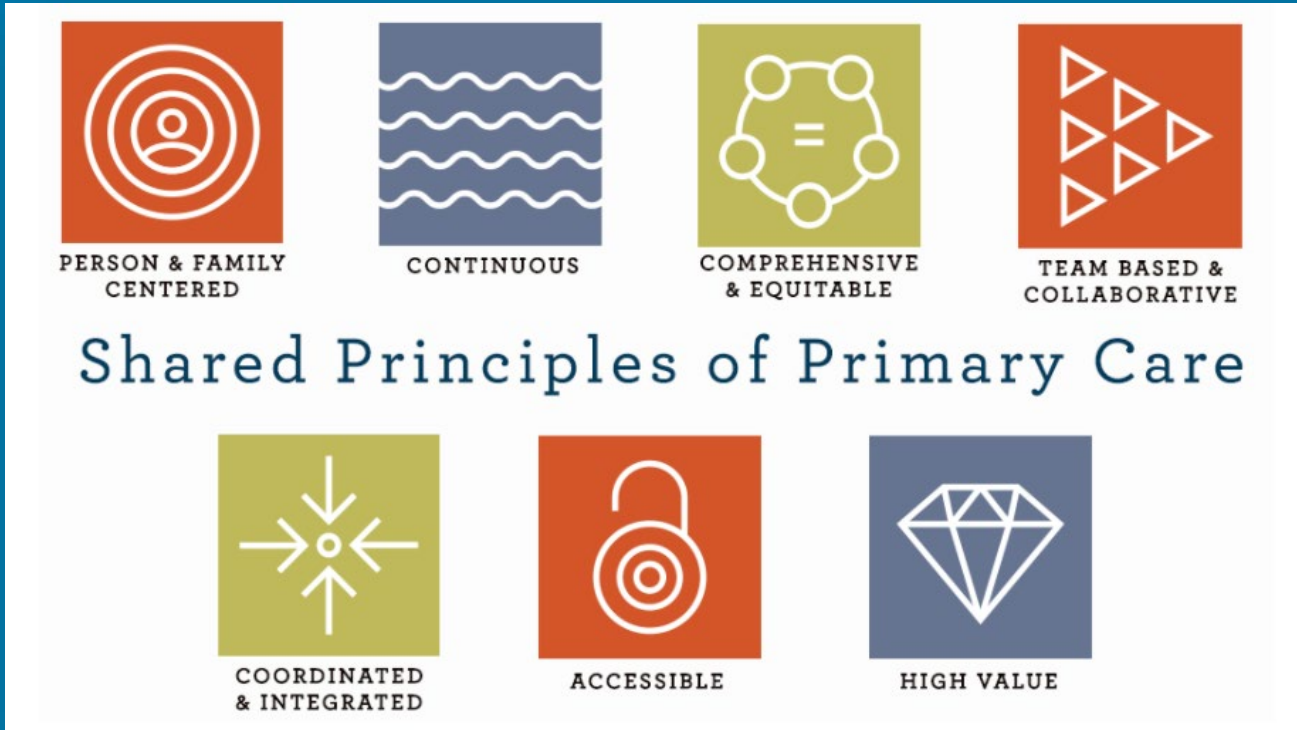
**Ann Salamone**, DDS | New York Hotel Trades Council

**Hugh Silk**, MD, MPH, FAAFP | University of Massachusetts  
Medical School

**Howard Straker**, EdD, PA, MPH | George Washington University  
**Capt. Pamela Vodicka** | HRSA

**Marko Vujcic**, PhD | American Dental Association (Health Policy  
Institute)

# ② The Shared Principles as a Framework





PRINCIPLE 2

# Continuous

## Examples of innovations in...

7

primary care collaborative

#OralHealthIsHealth

## Oregon



### Klamath County Public Health

Accountability ♦ Compassion ♦ Excellence  
Integrity ♦ Respect

### Early Childhood Caries Prevention Program



PRINCIPLE 4

## Team-Based and Collaborative

Examples of innovations in...



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM



SWINOMISH INDIAN  
TRIBAL COMMUNITY





PRINCIPLE 5

# Coordinated and Integrated

Examples of  
innovations in...

Seattle

neighborcare  health.

Albuquerque





# Learning from PCMH and Behavioral Health Integration

## Lessons Learned from the Patient-Centered Medical Home Initiative

Since the Patient-Centered Medical Home (PCMH) principles were published in 2007,<sup>1</sup> there is increasing acknowledgment that reform of primary care delivery and payment is foundational to achieving the quadruple aim,<sup>2</sup> or more succinctly to achieving more healthcare value. From its inception as a model to treat high-needs children and its evolution over many decades, the PCMH has always included an emphasis on comprehensive care in order to prevent and treat the needs of patients in a holistic fashion. In 2017, as described previously, the Primary Care Collaborative updated the 2007 PCMH Principles by testing the Shared Principles for Primary Care.<sup>3</sup> One of the seven Shared Principles focuses on comprehensiveness and equity and now explicitly acknowledges oral care as part of a broad set of services that advanced primary care should ideally include.

As leaders in the primary care and oral health communities contemplate how to better integrate medical and dental care via strategies that reform delivery and payment, the experience of developing, gaining consensus around, setting standards for, assessing the impact of, and evolving the PCMH may be instructive. PCMH is used as a shorthand for a number of different advanced primary care models that focus on:

- Strengthening the partnership between primary care clinicians and their patients
- A team-based approach to delivering a comprehensive set of services
- Leveraging technology to both better target patients and to deliver care through different modalities

### Developing and Gaining Consensus Around the PCMH Model

In the early 2000s, a group of large, multinational employers, principally led by IBM, shared a deep sense of frustration that they were not paying for the kind of primary care they wanted for their employees and the kind of primary care they found available in other high-income countries. Talking with primary care physician specialty leaders, they came to understand that clinicians were also frustrated by how primary care had evolved. They set out to transform the delivery of primary care by together developing and gaining consensus across four major physician specialty groups and many large employers around five principles of the PCMH.<sup>4</sup>

Once they had agreement across these two or stakeholder groups at the principle level, they

## Lessons Learned from Behavioral Health Integration

Since the mid-2000s, significant attention and resources have been allocated to developing comprehensive primary care models that include prevention, acute care, and chronic disease management. The Patient-Centered Medical Home (PCMH) and additional advanced primary care models combine these concepts, enabling teams and networks of clinicians to work together to implement and evaluate strategies that promote patient health as well as enhance patient outcomes.

### Integrating Behavioral Health

As in the case of oral health, there were compelling reasons to integrate behavioral health and primary care, including the fact that health care for common psychiatric disorders, individuals with serious chronic diseases often have co-morbid mental health problems, with as many as 70% of primary care visits related to psychosocial issues.<sup>1</sup> Patients who are substance abusers or have serious mental illness also have higher rates of chronic illnesses, and people with physical health conditions have higher rates of mental health issues.<sup>2</sup> Furthermore, patients with chronic health issues need mental health services to help cope with their illness, and often many somatic symptoms are related to the mental health aspects of their chronic illness.

Although most primary care providers receive some behavioral health training and treat these disorders with medication, patients may require additional mental health services including therapy that can be difficult for a primary care clinician to provide given the time constraints of patient encounters.

Untreated or undertreated mental illnesses have serious consequences; patients with mental illnesses die 13 to 30 years earlier than the general population from conditions that could have been treated by a medical clinician.<sup>3</sup> In addition, while children and adults are more likely to be



## Toward enduring health justice

- ✓ Expand oral health coverage and access
- ✓ Align oral health and primary care with new payment models
- ✓ Grow the oral health workforce