

Care Coordination for Oral Health Care Coordinators

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What is Care Coordination?

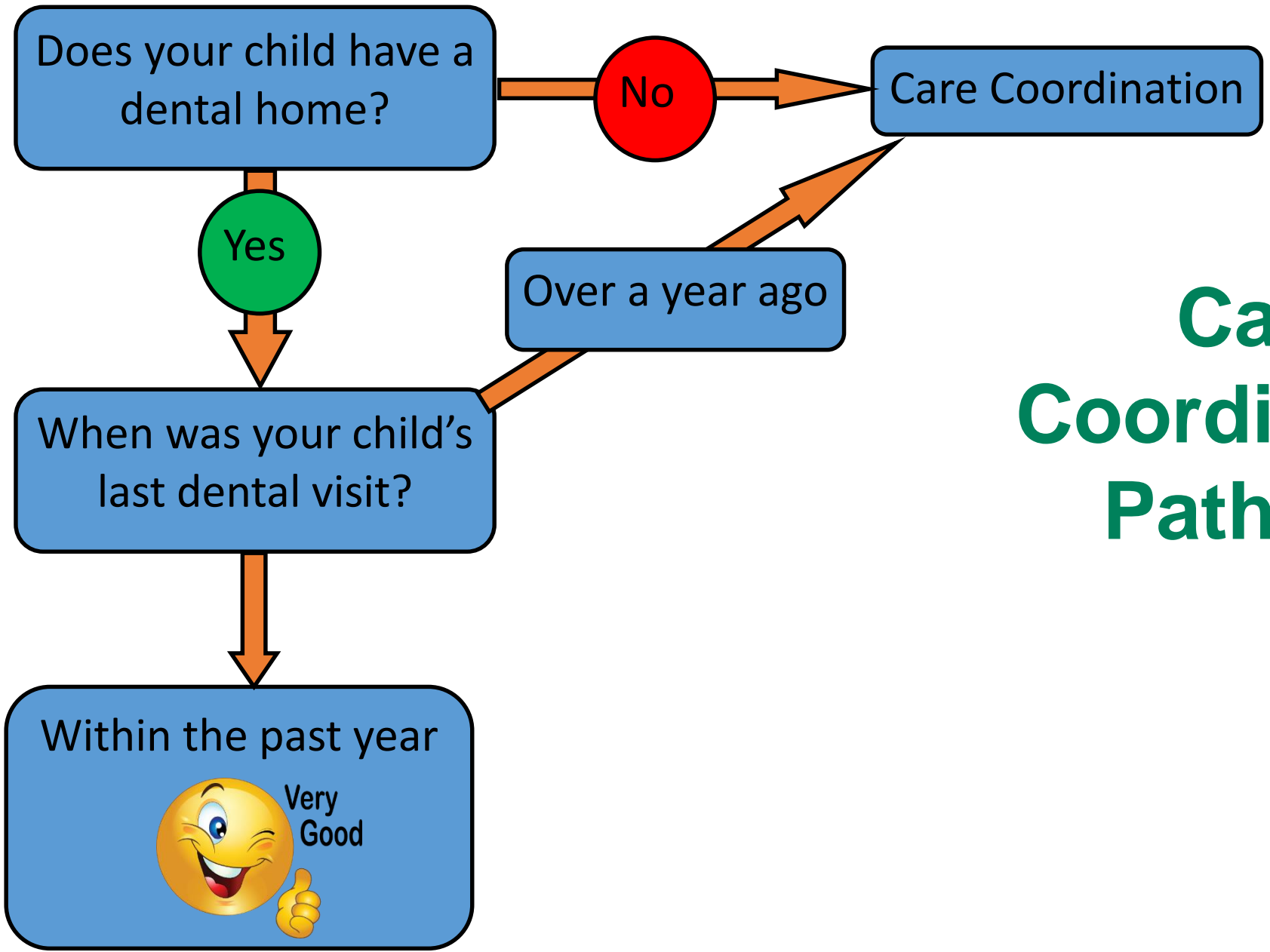
- ▶ a.k.a Care Management, Patient Navigation
- ▶ A subset of **case management** or **care management**
- ▶ A collaborative process of **assessment**, **planning**, and **facilitation** to meet an individual's and family's health needs through **communication** and **linkage to available resources**
- ▶ Requires communicating the patient's needs “at the right time, to the right people”, resulting in effective care to the patient



Expected Outcomes of Care Coordination

- ▶ Increased use of services
- ▶ Improved oral health literacy
- ▶ Improved rate of treatment compliance
- ▶ Patient adoption of a dental home
- ▶ Reduction in emergency department visits
- ▶ Reduction in the need for hospital dentistry
- ▶ Reduction in caregiver work days lost
- ▶ Reduction in lost school days
- ▶ Restoration of health
- ▶ End result: reduced costs while improving oral health





Care Coordination Pathway



Facets of Care Coordination

- ▶ **Family involvement**—support caregivers in their role
- ▶ **Collaboration**—work with the patient to maximize his/her developmental, problem-solving, and coping capacity
- ▶ **Identification of child and family needs**—link people with systems that provide them with resources, services, and opportunities
- ▶ **Medical/dental help**
- ▶ **Communication**
 - ▶ Motivational interviewing



Your Role as a Care Coordinator

- ▶ Provide a basic education on oral health practices.
- ▶ Educate the family about the use of dental services and the importance of keeping appointments.
- ▶ Facilitate communication between the patient and the dental care team.
 - ▶ Assist people to get the dental services they need by managing/coordinating the dental referrals (making appointments, aftercare follow up) and working with the dental clinic to ensure and/or expedite their care.
- ▶ Support patients in developing their own action plans that include clear goals, priorities, and realistic actions.
- ▶ Patient navigation: Assist patients in “navigating” through the health-care system.



Your Role as a Care Coordinator cont.

- ▶ Identify barriers to care.
 - ▶ What can you do to minimize barriers to ensure their care?
 - ▶ Arrange transportation.
- ▶ Encourage patients to complete treatment.
- ▶ Manage patient files and stay organized.
- ▶ Document your work accurately.



Create a Plan

- ▶ Create or use a template.
- ▶ Assess the family's strengths and existing resources.
 - ▶ Oral health literacy, availability of transportation
- ▶ Assess the family's risks and needs for additional resources.
- ▶ With the patient, develop one or more goals to improve his oral health.
- ▶ With the patient, develop an action plan to reach the goals.
- ▶ Document who is responsible for putting each step into action.
- ▶ Document referrals provided.
- ▶ Follow up to document if the referral was fulfilled and when treatment is completed.



Specific Ways You Can Coordinate Care

- ▶ Educate the family about the use of dental services and the importance of keeping appointments.
- ▶ Scheduling appointments
- ▶ Follow up about future treatment appointments
- ▶ After-care instructions
- ▶ Oral Health Instruction
 - ▶ How oral health fits in with systemic health
 - ▶ Oral health literacy
- ▶ Assistance arranging transportation
- ▶ Assistance completing paperwork
- ▶ Assistance establishing Medi-Cal coverage eligibility
- ▶ Follow up about recare appointments





A Recap of Barriers to Care

Internal Family Barriers

- ▶ Family beliefs, attitudes, and practices—“Baby teeth don’t matter.”
- ▶ Child’s temperament—resistance to tooth brushing or oral care
- ▶ Low parental **health literacy** and an inability to fully understand educational materials
- ▶ Lack of knowledge about oral health and oral disease prevention
- ▶ Lack of family support
- ▶ Dental anxiety and phobias
- ▶ Higher financial priorities than dental care
- ▶ Home oral care activities perceived as time-consuming and low-priority when compared to other responsibilities
- ▶ Language and cultural barriers
- ▶ Communication
 - ▶ Babies and young children cannot verbalize their distress.
 - ▶ Children may be afraid to express feelings out of fear of a dental procedure.

External Barriers—Access to Care

- ▶ Long wait times to get an appointment
- ▶ Distance to dental providers
- ▶ Distance to specialist care
- ▶ Lack of dental providers
- ▶ Lack of health and dental insurance
- ▶ Lack of flexible dental clinic hours; inability to schedule appointments that do not conflict with workplace demands or other parental responsibilities
- ▶ Lack of transportation
- ▶ The complexity of navigating the health care system
- ▶ Attitudes of dental providers
 - ▶ Low reimbursement rates
 - ▶ Cumbersome paperwork
 - ▶ High no-show rate
 - ▶ Low oral health literacy and compliance with recommendations

Perceived Barriers

- ▶ Lack of options for appointment scheduling times
- ▶ Inconvenient or unreliable transportation
- ▶ Excessive wait times while other patients are seen. If we respect their time, they are more likely to respect ours.
- ▶ Demeaning interactions with the front-office staff—perceived as disrespectful, judgmental, and insensitive.
- ▶ Negative interactions with dental staff
 - ▶ Impatient and unskilled in treating children
 - ▶ Don't take time to answer questions or explain things in an understandable way
- ▶ The perception of discrimination based on race or being on Medi-Cal

Barriers to Care

- ▶ We must distinguish between those families that are not motivated toward positive oral health behaviors and families that are motivated but need support in overcoming barriers.

Characteristics of Parents who Choose NOT to Obtain Dental Services for their Children	Characteristics of Parents who Choose to Obtain Dental Services for their Children
Emphasize appearance, self-esteem, and treatment of pain as being more important reasons than health concerns to access dental care	Perceive oral health as associated with overall health
View dental care in emergency rather than preventive terms	Identify preventive dental care as a normal caregiver responsibility
	Have a greater knowledge of preventive dental care

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Making and Keeping Appointments

Making and Keeping Appointments

- ▶ An important part of your care coordination job is helping patients make and keep appointments.
- ▶ Some strategies:
 - ▶ Provide the patient in writing the dental office appointment policies—calling the dental office at least 24 hours in advance to cancel or reschedule, appointment confirmation policies, etc. Have the patient/caregiver sign a copy of the policies.
 - ▶ It's best if you can make the appointment for the patient, or walk them over to the dental department to make it.
 - ▶ If you provide a referral without making an appointment, follow up with the patient and/or the dental clinic in two days to ensure that the appointment gets made.



Appointment Follow-up

- ▶ Check with the dental office to find out if the patient fulfilled the appointment.
- ▶ If he did not show up, within 24 hours follow up with the family to determine why, what barriers prevented them from coming, and assist in rescheduling.
- ▶ Make a minimum of three follow-up calls to encourage timely completion of dental care.
 - ▶ Within 72 hours: children with urgent or severe decay
 - ▶ Within 10 days: children with non-urgent decay
- ▶ Encourage treatment completion within 6 months.



The Most Common Reasons for No-Shows

- ▶ Forgetfulness
- ▶ Inconvenient appointment time
- ▶ Cost
- ▶ Fear
- ▶ Barriers
 - ▶ Language
 - ▶ Transportation



“No-Show” Prevention

Proper appointment scheduling

- ▶ Poor appointment scheduling is responsible for a third of failed appointments.
 - ▶ Patients not asked about scheduling preferences
 - ▶ The longer the interval between requesting an appointment and the date the patient is seen, the higher the no-show rate
 - ▶ Evening appointments combined with transportation difficulties = high no-show rate
 - ▶ Highest no-show day: Mondays, especially mornings
 - ▶ Lowest no-show day: Saturdays
- ▶ Hand the patient a written appointment card.



“No-Show” Prevention cont.

Distance and appointment scheduling

- ▶ Patients who live five to ten miles from the clinic are very likely to show.
- ▶ Patients who live between 19 and 60 miles are more likely to no-show.
- ▶ Patients coming from more than 60 miles away almost always show.
 - ▶ Scheduling an 8 a.m. appointment for somebody who has to come 100 miles on public transportation is a 100% no-show!



“No-Show” Prevention cont.

‣ Confirmation is key.

- Place 3 confirmation calls/texts in the week before the appointment. Confirmation calls are **two-way communication**. Reminders are one-way. Which one do you think is more effective?
- Identify the best way to communicate with patients: it may be cell phones, texting, or e-mail. **Confirmation via text is 295% more successful than phone calls.**
- Be prepared to discuss the specific need for the appointment and any concerns the patient/parent may have.

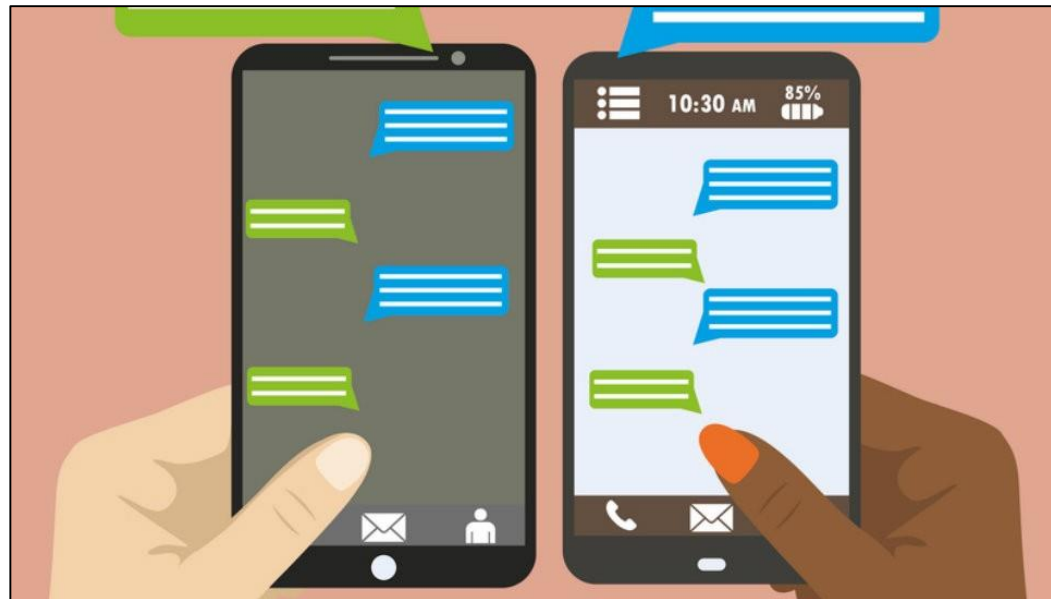
‣ Strategies to Avoid:

- Making an appointment without consulting the patient about timing
- Pre-recorded reminder messages—too much hassle if the patient needs to reschedule
- Double-booking appointments—excessive wait times = future no-shows



After a “No-Show”

- ▶ Contact the patient immediately to find out the reason for the missed appointment.
 - ▶ Has a barrier arisen that needs to be addressed?
- ▶ Reschedule as soon as possible or arrange for the patient to be put on the “quick call” list.



Top 5 Strategies of Oral Health Improvement

- ▶ Motivational Interviewing
- ▶ Health Literacy
- ▶ Care Coordination
- ▶ Community Outreach and Education
- ▶ Patient Follow-up

Motivational Interviewing

- ▶ The goal is to assist the patient in self-examination by
 - ▶ Helping to raise their awareness of the problem
 - ▶ Identifying their own oral health-related goals
 - ▶ Increasing their understanding of how current behavior may not be consistent with their goals
- ▶ Reflective listening
- ▶ Open-ended questioning
- ▶ Anticipatory guidance
- ▶ Numerous studies show the effectiveness of MI in decreasing dental decay in children.



Health Literacy

- ▶ The capacity to obtain, communicate, process and understand basic health information and services in order to make appropriate health decisions. Extends to the ability to understand insurance coverage.
 - ▶ Folks with low health literacy are less likely to brush their child's teeth daily, more likely to put their child to bed with a bottle, and have poorer oral health status.
 - ▶ Use plain language:
 - ▶ Organizing information so that the most important concepts are presented first
 - ▶ “Chunking” complex information
 - ▶ Using simple language and defining technical terms
 - ▶ Avoid using medical/dental jargon



Care Coordination—Communication

- ▶ Among members of a health care team
- ▶ Between patient care teams, families, and care givers
- ▶ Across health care departments
- ▶ Between patients and community services



Outreach and Education

- ▶ Engages families where they live, work, and go to school
- ▶ Can include screenings and oral hygiene education at:
 - ▶ School
 - ▶ WIC
 - ▶ Head Start
- ▶ To be effective, screenings must be accompanied by intensive follow-up to link the child to a dental home.



Patient Follow-up

- ▶ To support visit completion, reduce no shows, and increase self-management goals (SMG)
 - ▶ Schedule dental appointment before leaving clinic from medical appointment.
 - ▶ Have “goodie bags” ready to go that contain OH supplies and information.
 - ▶ Follow up for SMG depending on caries risk.
 - ▶ Telephone call to parent/caregiver to see if patient is maintaining SMG.
 - ▶ Sooner for high risk (1-2 months)
 - ▶ Later for lower risk (3-4 months)



Recare

- ▶ Recare visits completed on a risk-based schedule
 - ▶ Track patients by risk level.
 - ▶ Establish treatment plan protocols based on risk status, including guidelines for specific recare intervals.
- ▶ DTI Domain 2* Recare schedule
 - ▶ Low risk (D0601)—every 6 months
 - ▶ Moderate risk (D0602)—every 4 months
 - ▶ High risk (D0603)—every 3 months

*Domain 2 counties: Glenn, Humboldt, Inyo, Kings, Lassen, Mendocino, Plumas, Sacramento, Sierra, Tulare, Yuba



Optional Documentation Codes

- ▶ D1310—Nutritional Counseling
- ▶ D9991—Addressing Appointment Compliance Barriers
- ▶ D9992—Care Coordination
- ▶ D9993—Motivational Interviewing
- ▶ D9994—Patient Education to Improve Oral Health Literacy



Dummy Documentation Codes

- ▶ ZE0150 1st Follow Up Call
- ▶ ZE0151 2nd Follow Up Call
- ▶ ZE0152 3rd Follow Up Call
- ▶ ZE0153 Linked to Insurance
- ▶ ZE0154 Refused Linkage to Insurance
- ▶ ZE0155 Need Dental Home
- ▶ ZE0156 Linked to Dental Home
- ▶ ZE0157 Follow Up (Showed to 1st Appt)
- ▶ ZE0158 Not Connected
- ▶ ZE0159 Refused Assistance
- ▶ ZE0160 In Treatment
- ▶ ZE0161 Completed Treatment
- ▶ ZE0162 Unable to Confirm Treatment Completion
- ▶ ZE0163 Did Not Start Treatment
- ▶ ZE0164 Continuing Treatment
- ▶ ZE0200 Referred –XYZ Clinic
- ▶ ZE0201 Referred –ABC Clinic



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Thank You!

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