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
Does your child have a dental home?

Yes → When was your child’s last dental visit?

Within the past year → Excellent

No → Care Coordination

Over a year ago → 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/协调 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.

<table>
<thead>
<tr>
<th>Characteristics of Parents who Choose NOT to Obtain Dental Services for their Children</th>
<th>Characteristics of Parents who Choose to Obtain Dental Services for their Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasize appearance, self-esteem, and treatment of pain as being more important reasons than health concerns to access dental care</td>
<td>Perceive oral health as associated with overall health</td>
</tr>
<tr>
<td>View dental care in emergency rather than preventive terms</td>
<td>Identify preventive dental care as a normal caregiver responsibility</td>
</tr>
<tr>
<td></td>
<td>Have a greater knowledge of preventive dental care</td>
</tr>
</tbody>
</table>
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 (DO601)—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

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>ZE0150</td>
<td>1st Follow Up Call</td>
</tr>
<tr>
<td>ZE0151</td>
<td>2nd Follow Up Call</td>
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<td>ZE0152</td>
<td>3rd Follow Up Call</td>
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<tr>
<td>ZE0153</td>
<td>Linked to Insurance</td>
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<tr>
<td>ZE0154</td>
<td>Refused Linkage to Insurance</td>
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<tr>
<td>ZE0155</td>
<td>Need Dental Home</td>
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<tr>
<td>ZE0156</td>
<td>Linked to Dental Home</td>
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<td>ZE0157</td>
<td>Follow Up (Showed to 1st Appt)</td>
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<td>Refused Assistance</td>
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<td>ZE0201</td>
<td>Referred –ABC Clinic</td>
</tr>
</tbody>
</table>

ZE0200 Referred –XYZ Clinic
ZE0201 Referred –ABC Clinic


Citations


- Relatient (n.d.) Patient no-shows: Everything practice managers need to know. Retrieved from https://www2.relatient.net/resources/patient-no-shows/

Thank You!

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