



Integrated Practice Models: **Kaiser Permanente**

Inter-Professional Education to Practice

HSDM Initiative to Integrate Oral Health and Medicine
Center for Integration of Primary Care and Oral Health (CIPCOH)

June 5, 2019



Dr. Kenneth Wright, DMD, MPH
Vice President, Dental Services

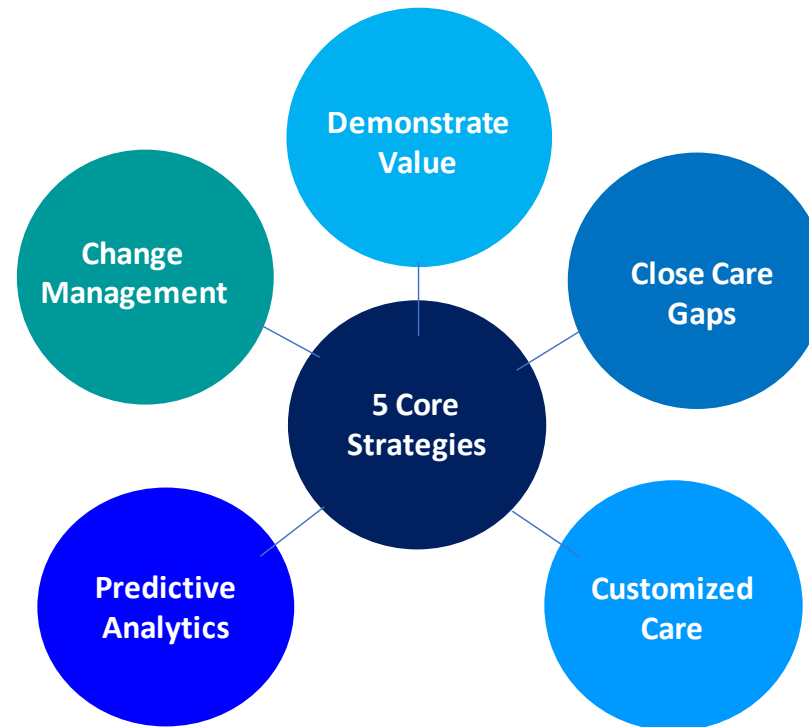
MDI @ Kaiser Permanente

- KP Dental has operated in Northwest region for 45 years.
- First office opened in 1974.
 - More than 290,000 members today.
 - Dental providers extend primary care, share responsibility for member's total health.



MDI Strategy

A unique system that fosters health and well-being – where you experience easy, convenient, personalized, affordable care, everywhere, every day.



“Core Strategies are designed to fully leverage program strengths while overcoming challenges to achieving the vision

“We do what it takes to make total health easy”



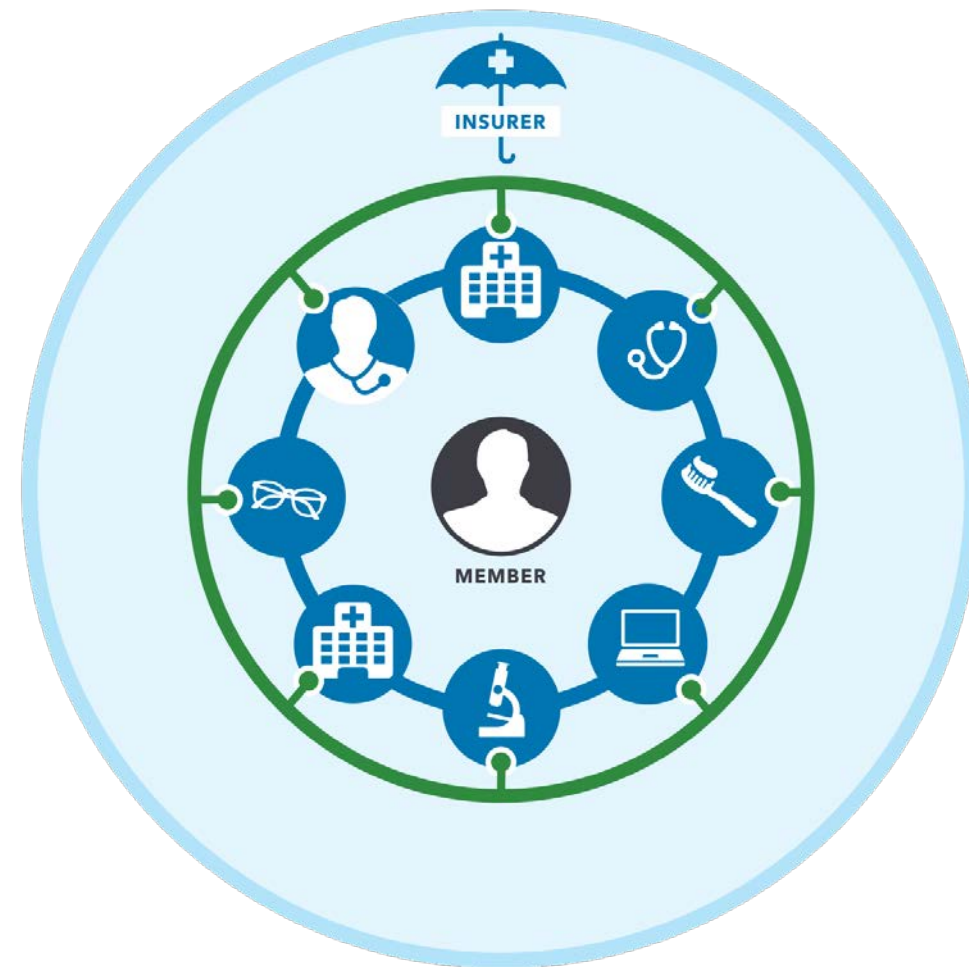
MDI Vision

A holistic approach to health care, recognizing that what happens in the mouth affects the rest of the body and vice versa.

Experienced by:

- Members have their **total health** needs addressed when they visit
- Members receive **coordinated care** and **greater value** when they choose us for medical and dental coverage with **an integrated health record**
- Meeting members' needs is easier because **bridges have been built** between departments
- Medical and dental have **shared responsibility** for the member's total health

MDI Essentials



Value Proposition

TOTAL HEALTH

- Integrate oral health and medical care in the care delivery setting and member experience



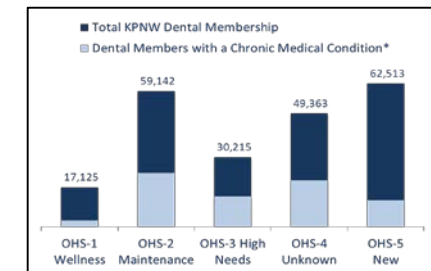
CARE EXPERIENCE

- Leverage a shared health record for a total health approach and convenient one stop care; driving member satisfaction



QUALITY

- Utilizing dental touchpoints to support initiatives for Medicare 5 Star, HEDIS performance and health outcomes



*Members with asthma, diabetes, kidney disease, heart disease, tobacco use, and prenatal

One Integrated IT Platform: EPIC Wisdom



KP HealthConnect Integrated Health Record

- ❖ **One single platform** and supporting infrastructure for the KP EHR
- ❖ **Integration** of appointing, billing and claims functions
- ❖ **View and cancel** upcoming dental appointments
- ❖ **Scalable and flexible** technology supporting growing membership, integrated facilities and new care delivery models (mobile, worksite, teledentistry, virtual dental home)

Snapshot View

Snapshot 3 Column

Demographics
Isabella Brussels
45 year old female
3/24/1971
2829 SE 28TH AVE
PORTLAND OR 97228
503-222-3344 (M)
503-261-2828 (H)

Problem List
None
✓ Mark as Reviewed Never Reviewed

Specialty Comments
No comments regarding your specialty

Vitals
Encounter date: 8/25/16 8/25/16
Last reading: 8:25 AM 7:34 AM
BP: 120/80 120/80
Pulse: 72 70

Exercise Vitals
No data recorded

My Last Outpatient Progress Note
Status: Incomplete Last Edited: Thu Aug 25, 2016 11:02 AM PDT Encounter Date: 8/25/2016
Chief Complaint: (HYG CHIEF COMPLAINT:137100)
Patient Dental Care Compliance:
OHAP Screen: [yes/no:51]
Oral Cancer Screen Completed: [yes/no:51], Findings: (None Noted OR:8/132 "None noted")

Medications
Outpatient Medications:
Atorvastatin (LIPITOR) 40 mg 0.5T 120 MG PO ONCE DAILY FOR 'CHOLESTEROL'
✓ Mark as Reviewed Reviewed by You at 8:27 AM.

Allergies
No Known Allergies
✓ Mark as Reviewed Reviewed by You at 8:26 AM.

Medical History
FAMILIAL HYPERCHOLESTEROLEMIA

Surgical History
None

Family History
None

Social History
Smoking Status: Never Smoker
Smokless Tobacco Status: Unknown
Alcohol Use: No

Marijuana Use History
Custom History: None

Care Team and Communications
Referring Provider: No referring provider set
PCPs: No PCP set
Other Patient Care Team Members:

Health Maintenance
Topic Due Last Communication
PAP AGE 30-64 Q5 YRS NW 3/24/2001
MAMMOGRAM SCREENING SHARED DECISION 40-49 NW 3/24/2011
INFLUENZA VACC NW 9/1/2016

Immunizations/Injections
None

Reminders and Results
None

Significant History/Details
Interpreter needed? No
No open orders

Family Comments
None

Cumulative Estimated Radiation Dose at KPNW, starting 6/12/2010
None

Implants
No implants to display

Allergies
No Known Allergies
✓ Mark as Reviewed Reviewed by You at 8:26 AM

Vitals
Encounter date: 8/25/16 8/25/16
Last reading: 8:25 AM 7:34 AM
BP: 120/80 120/80
Pulse: 72 70

Problem List
None
✓ Mark as Reviewed Never Reviewed

Medications
Outpatient Medications:
Atorvastatin (LIPITOR) 40 mg Oral Tab
✓ Mark as Reviewed Reviewed by You at 8:27 AM

Medical History
FAMILIAL HYPERCHOLESTEROLEMIA

Health Maintenance
Topic Due Last Communication
PAP AGE 30-64 Q5 YRS NW 3/24/2001
MAMMOGRAM SCREENING SHARED DECISION 40-49 NW 3/24/2011

MDI Models

Tier 1

Current State

Stand alone dental without
LPN

Tier 1 has no embedded medical staff and currently it relies on patient engagement and education through the patient friendly handout at a stand alone dental office

Tier 2

Salmon Creek

Co-located dental +
medical with no nurse

Tier 2 has no embedded medical staff, it relies on the dental team engaging the patient in a co-located facility

Care Gaps Addressed in this Tier:

1. Nurse Facing:
 - Immunizations
 - Lab Work
 - DM Foot Exam

*The dental team coordinates patient care through a warm handoff to lab or Nurse Treatment Room (NTR) in the co-located medical office building

Tier 3

Beaverton/Glisan

Co-located or stand alone
with **embedded nurse**

Tier 3 has two different models:
A) Co-located with regular LPN
and B) Stand alone with LPN
LEAD

Care Gaps Addressed in this Tier:

1. Nurse Facing:
 - Immunizations
 - Lab Work- **Only Lead LPNs**
 - DM Foot Exam
2. Scheduling Clinician Facing
Appointments for Patients
3. Patient Education

Tier 4

Cedar Hills

Co-located with **embedded
nurse + physician**

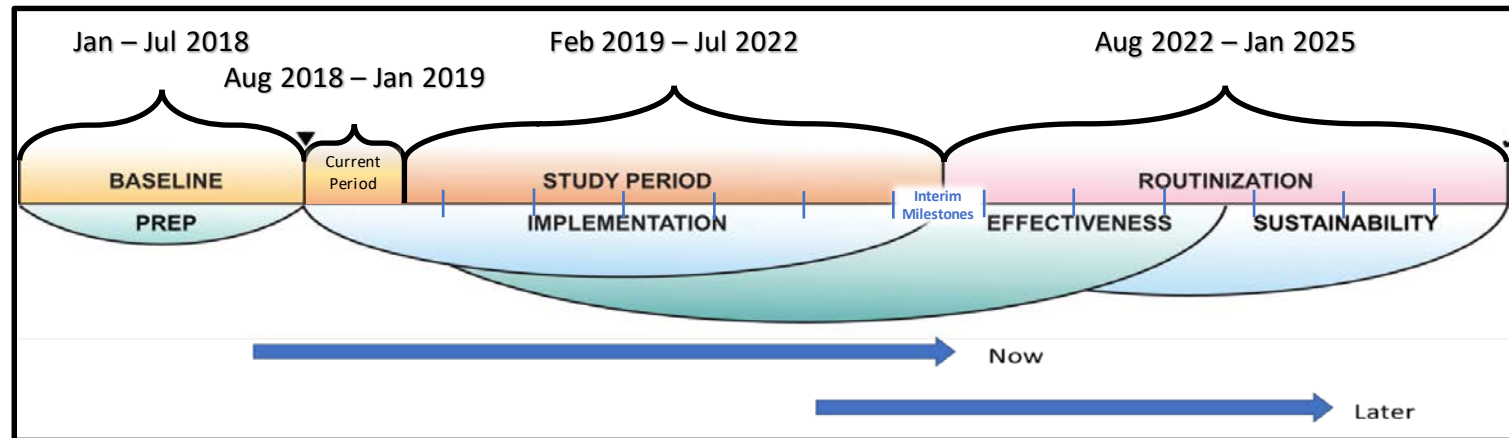
Care Gaps Addressed in this Tier:

1. PC Clinician Facing (through the embedded Clinician)
 - Well-child
 - Physicals
 - Cervical Cancer Screenings
 - BP screening
2. Nurse Facing:
 - Immunizations
 - Lab Work- **Only Lead LPNs**
 - DM Foot Exam
3. New Diagnosis
4. Patient Education

MDI Evaluation: Center for Health Research

The evaluation is focused on providing short-term results to inform the implementation process and long-term effectiveness of the MDI models, specifically:

- Quality outcomes including care gap closure
- Overall health
- Access
- Cost
- Marginal impact of the various levels of MDI



Care Gaps

Care gaps are a selected group of health care reminders for the patient to improve health outcomes.



Care Gap Opportunities

Between August 2018 and December 2018:

2700

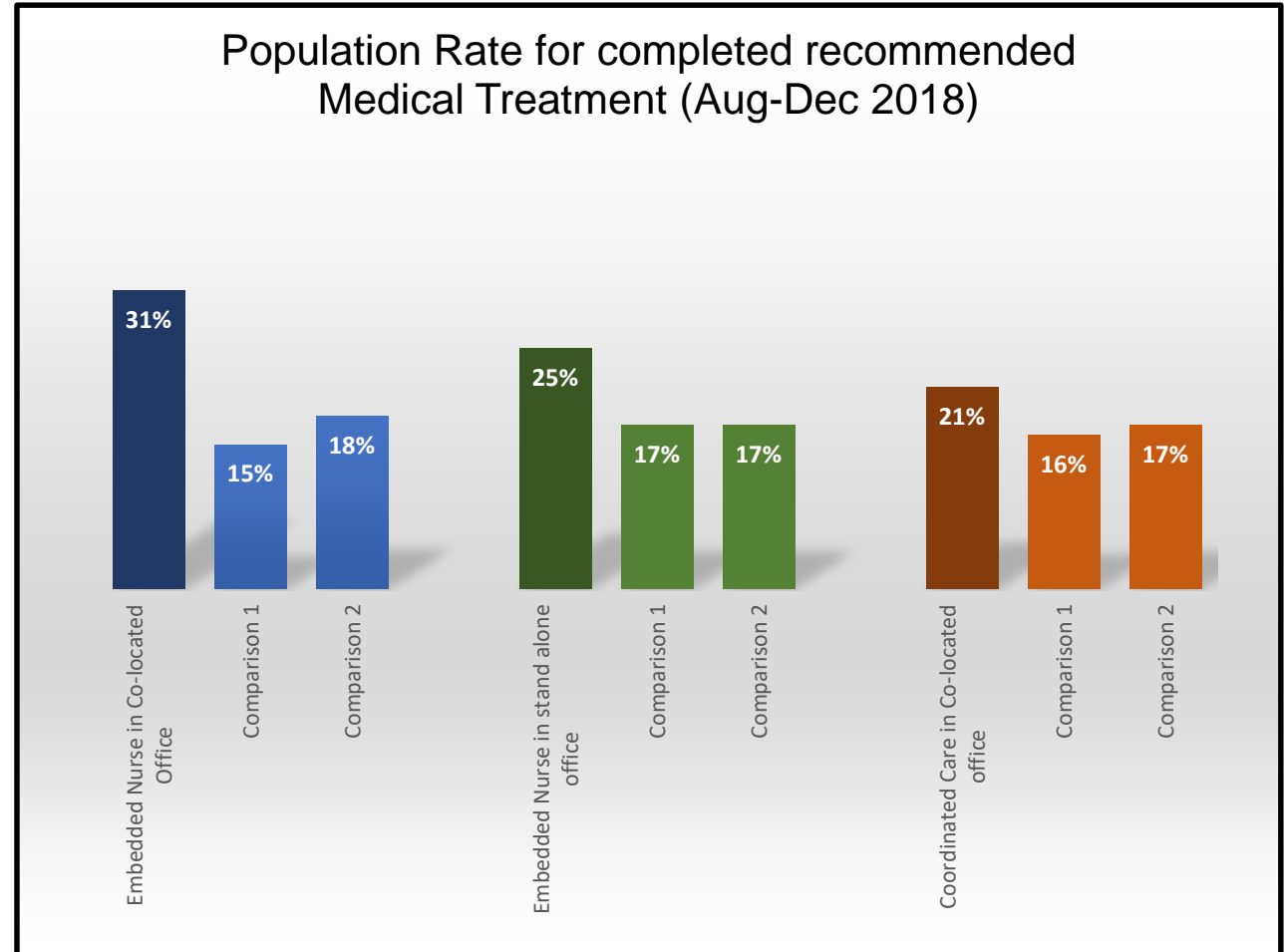
Flu shots given in dental offices

253

Family members saw a nurse during their wait at a dental office

5152

Members seen by nurses in dental offices



Care Gap Opportunities



787

Appointments Scheduled



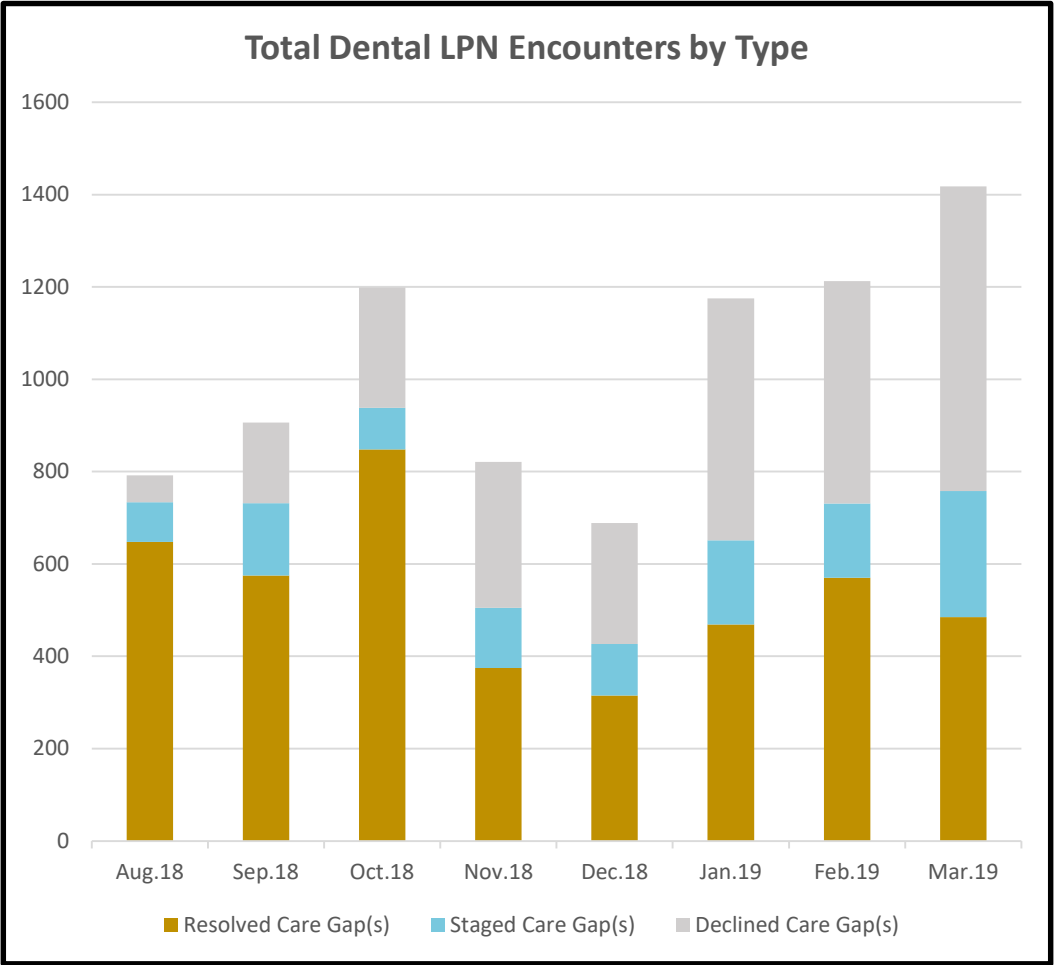
491

Labs completed by LPNs: HbA1c, Microalbumin, Potassium, Creatine, Cholesterol and LDL



8,213

Completed Dental MDI Encounters



Care Gap Closures

Glisan, Beaverton, and Cedar Hills Dental Offices



Dental provides a unique touchpoint for those that have not seen their PCP recently.

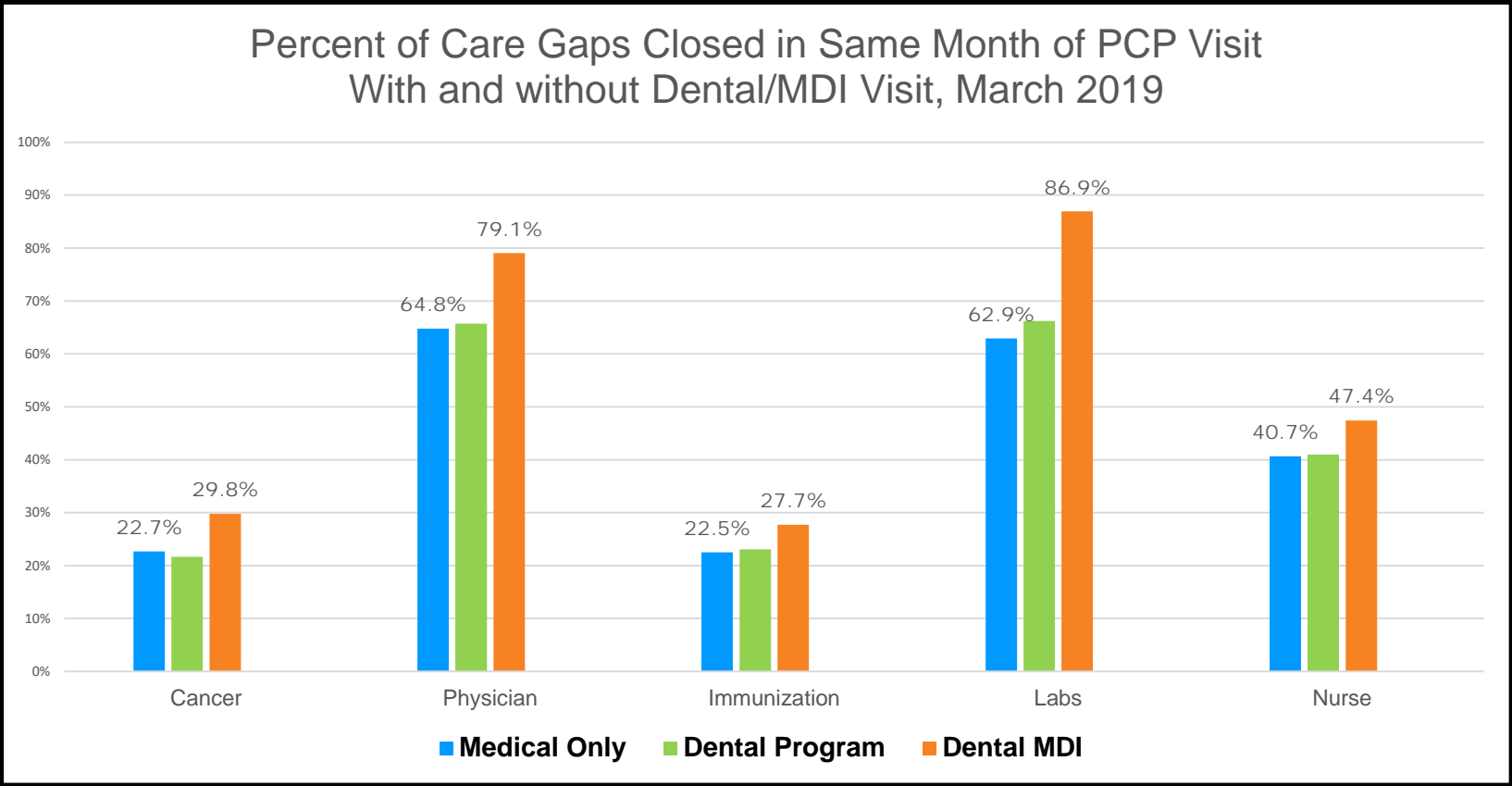
March 2019:

Exam: Diabetes Annual Exam
Adult Physical

Labs: HbA1c, Microalbumin,
Potassium, Creatine, Cholesterol, LDL

Cancer: Colorectal, Breast, Cervical
Cancer

Nurse: BP, DM Eye, DM Foot

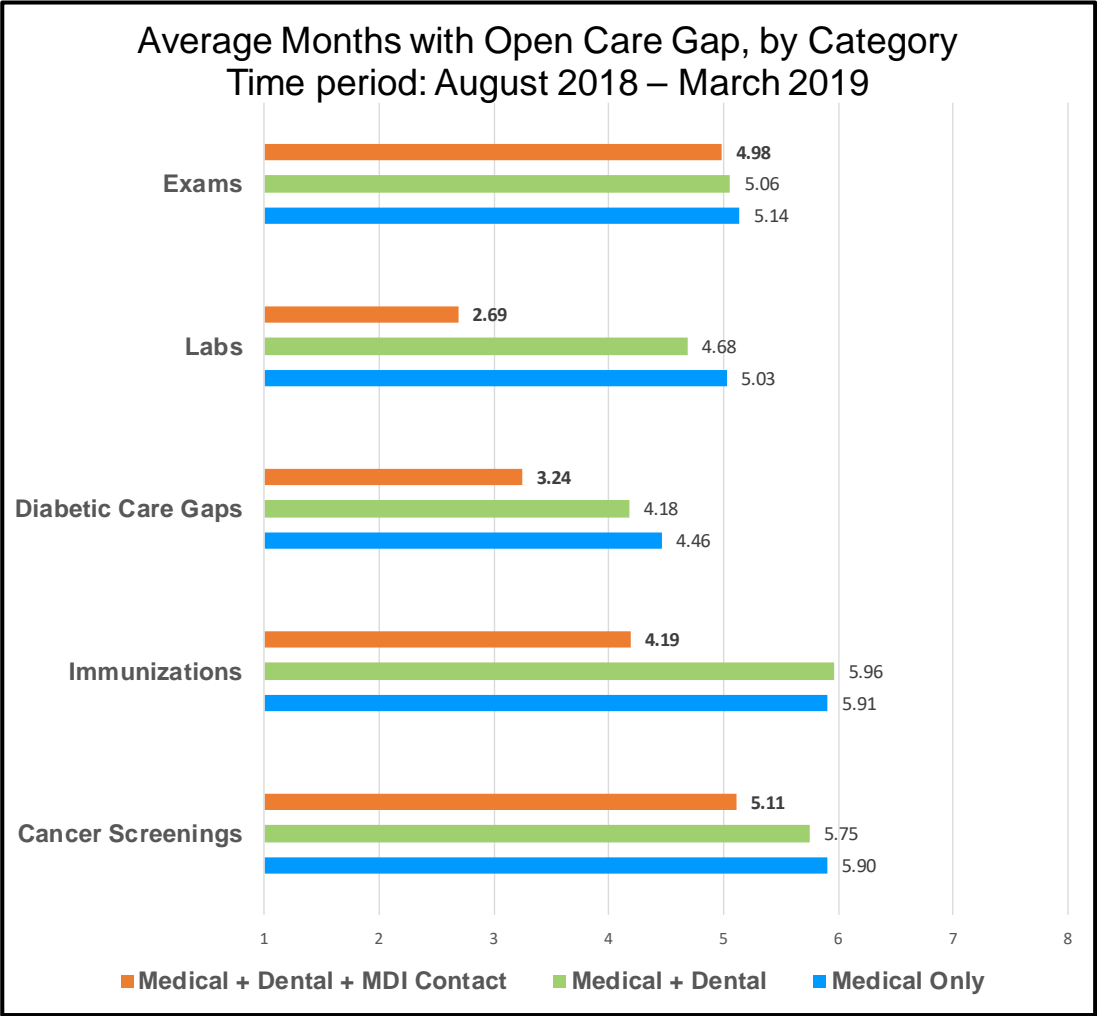


For members who saw their primary care physician in March, the additional contact with an MDI office corresponds with a higher rate of care gap closures across all categories.

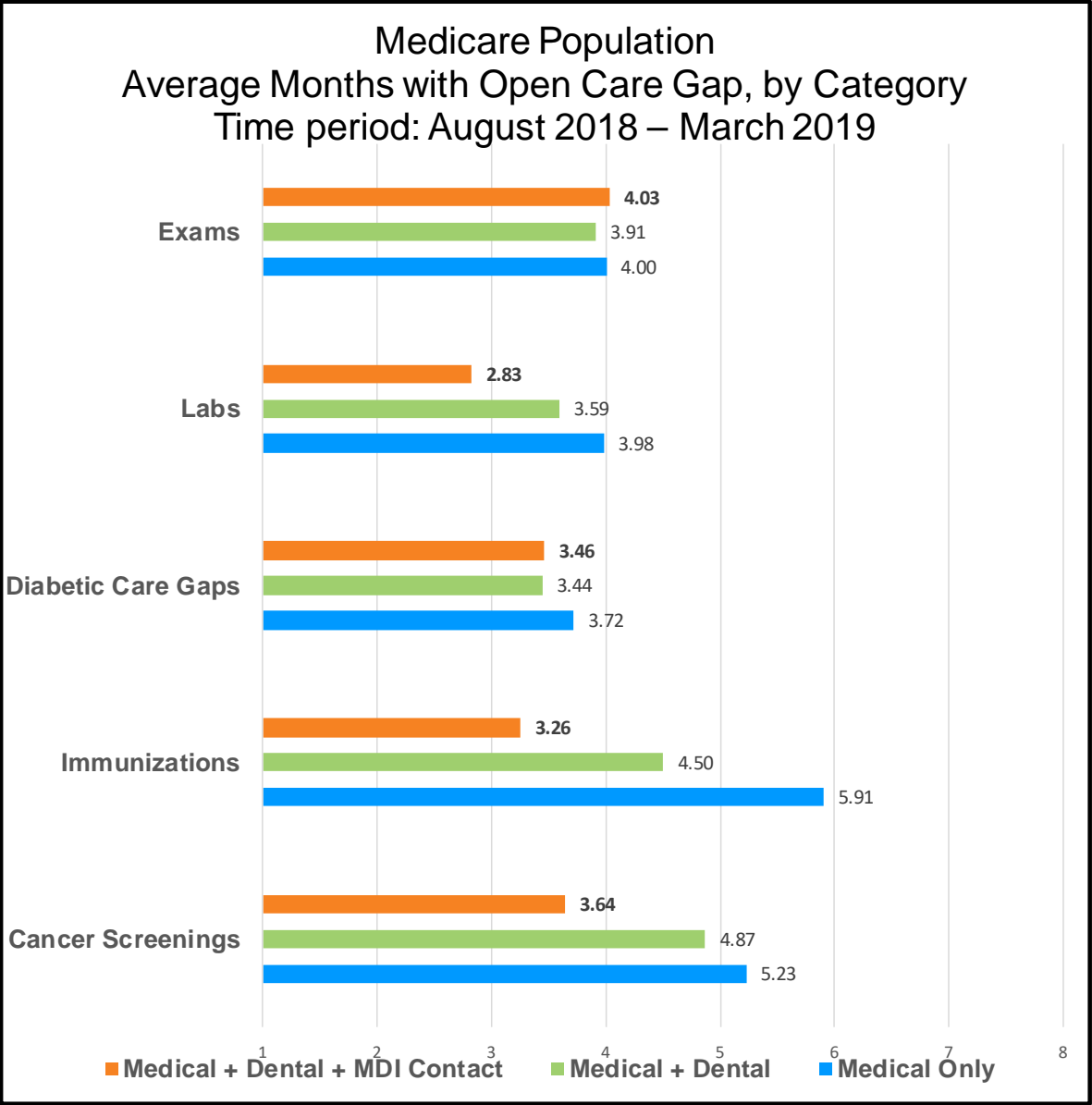
Adult PST Entries Only
N = 45,288

Quality:

Dental Visits as a Medical Touchpoint



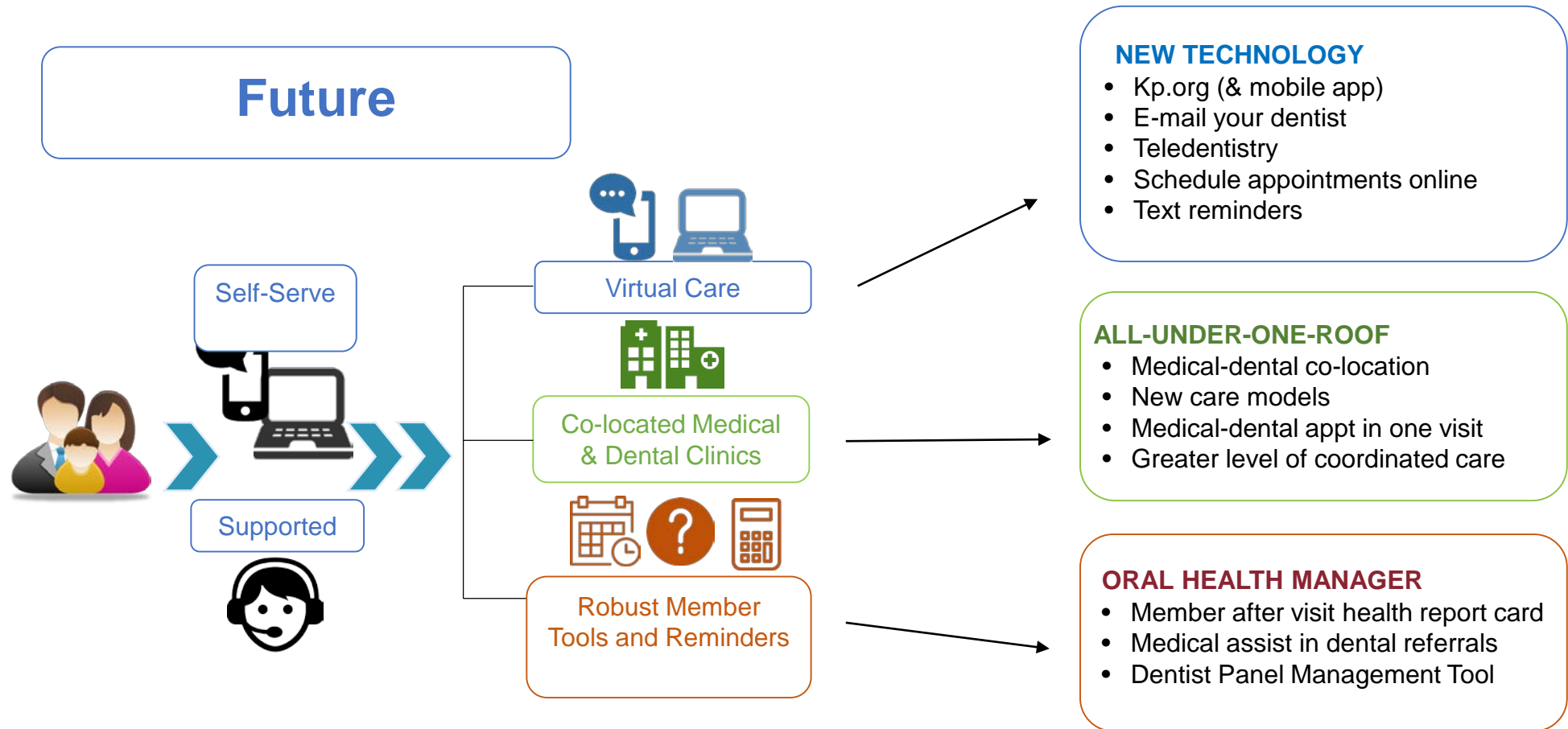
Medicare Population



Way Ahead

Enhancing Member's Care Experience

Meeting our patients where and when they want care. Offering our patients on-demand options to connect with our high quality providers – by phone, email, or in-person.



MDI Lessons Learned

Opportunities

- **Expanded role** for dentists/extenders of primary care
- Superior and synergistic **teamwork**
- **Better collaboration** with medical specialists for treatment of complex medical conditions
- Better way to **promote wellness**
- Better way to **manage costs**
- Bundled payment systems
- **Inter-Professional Education**



Challenges

- **Changing Culture**
- Demonstrating the **value** proposition
- Demonstrating **total health equity**
- **Expanding eligibility**
- **Access** to care
- Payment systems
- IT systems



Patient Story



"If Eloise hadn't had her blood pressure checked at the dental office, we wouldn't have known this was going on until her next well-child check. That wouldn't have been for another 10 months."



As part of Kaiser Permanente Northwest's total health approach, dental assistants routinely check patients' blood pressure. That's what happened when Eloise Hirata, a seemingly healthy child, came to have a cavity filled at the Cedar Hills Dental and Medical Office in Beaverton, Oregon, in October 2017.

Her blood pressure was extremely high. A registered nurse and a physician assistant double-checked and confirmed Eloise's elevated blood pressure. They encouraged her mom, Melisa Hirata, to follow up with the girl's pediatrician and forwarded a consult via Wisdom.

Doctors determined the problem: Eloise was born with her ureters positioned so that urine backed up from her bladder into her kidneys, diminishing their function and causing hypertension.

Eloise had laparoscopic surgery in February 2018 to attach her ureters to her bladder wall in a way that helps prevent further kidney deterioration.

Eloise's right kidney is severely damaged, but the situation could have been far worse if it had gone undetected.

Medical + Dental

We're Better Together!

