Performing Provider: Community Care Collaborative

Project Name: Expansion of Dental Services

Project Identifier: 307459301.1.4 Pass 3

Provider: The Community Care Collaborative (CCC) is a new multi-institution, multi-provider, integrated delivery system. Launched in 2012 by Central Health, Travis County's Healthcare District, and the Seton Healthcare Family, Central Texas' largest hospital system, and now joined by Austin Travis County Integral Care, the County's Local Mental Health Authority, this 501(c)3 will integrate safety net providers in Travis County in a ACO-like model. Patients will receive navigated, patient-centered care that will lead to better health outcomes, increased satisfaction with the system, efficient delivery of services, and lower costs.

Intervention(s): Through this project, the CCC will expand dental care access for uninsured and underinsured Travis County residents. In conjunction with the fourteen other DSRIP projects that build critical infrastructure, expand access to care, and ensure that patients receive the right services in the right place at the right time, this project will extend clinic hours and add dentists, hygienists, and support staff to provide dental care in community-based outpatient clinics. In particular, this project will be targeted at providing dental care to underserved pregnant women and patients with one or more chronic medical conditions.

Need for the project: Dental encounters at safety net clinics currently exceed the number of appointment slots available. An analysis of Emergency Department (ED) visits for local hospitals found that more than a third of dental diagnoses treaded in EDs (such as dental caries, chronic periodontitis, chronic gingivitis, and teething syndrome) could be appropriately cared for in a primary dental care setting.

The American Academy of Pediatric Dentistry (AAPD) recognizes that oral health plays a crucial role in the health of both pregnant women and their newborn children. In addition, AAPD cites previous studies which suggest a link between periodontal disease and chronic medical conditions including cardiovascular disease and diabetes.

Target population: The CCC will cover approximately 50,000 patients at or below 200% of FPL; the majority of these patients are uninsured or on Medicaid. This project will work to expand dental care for these patients, in particular for persons with chronic conditions as well as pregnant women.

Category 1 or 2 expected patient benefits: Through expanded access to dental care, the CCC expects an increase of approximately 3,500 dental visits in DY3, 9,000 dental visits in DY4, and 12,000 dental visits in DY5. By DY5, this project will serve more than 4,500 patients annually, with a portion of this increased capacity prioritized for pregnant women and patients with one or more chronic medical conditions.

Category 3 outcomes: Final approval of Category 3 outcome measures is pending.

Title of Project: Expansion of Dental Services

Category / Project Area / Project Option: 1.8.6 The expansion of existing dental clinics, the establishment of additional clinics, or the expansion of dental clinic hours

RHP Project Identification Number: 307459301.1.4 Pass 3

Performing Provider Name: Community Care Collaborative

Performing Provider TPI: 307459301

Project Description

Overall Project Description

The Community Care Collaborative (CCC) is a 501(c)3 public-private partnership that will redesign the Travis County indigent healthcare delivery system. The CCC was created in 2012 by Central Health, the taxpayer-funded Travis County Healthcare District, and the Seton Healthcare Family, Travis County's largest hospital system. Austin Travis County Integral Care, the designated provider of community-based behavioral health and development disorder services for Travis County, has also recently joined the CCC as a partner. The CCC's overarching goal is to provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. The CCC, through its contracted provider network, will initially serve a defined patient population of 50,000 uninsured individuals at or below 200% of the Federal Poverty Level and who meet other established eligibility requirements.

The operational objectives of the CCC are to create effective coordination between providers across the continuum of care; increase and integrate capabilities of providers' Electronic Health Record (EHR) and the system's Health Information Exchange; and aligns payments with outcomes, rather than outputs. With significant public investment in the transformation of the indigent healthcare system, the CCC will develop and implement accountable care organization (ACO) and patient-centered medical home principles by establishing a strong, comprehensive primary care base, collective responsibility for care of patients across the delivery continuum, payments linked to quality improvements, and reliable and progressively stronger performance measurement and reporting.

Through this project, the CCC will expand dental care access for uninsured and underinsured Travis County residents. These patients will benefit from increased access as described in this project, but also the thirteen other DSRIP projects that the CCC is proposing. These fourteen projects are:

- Chronic Care Management Project
- Patient Centered Medical Homes
- Disease Management Registry
- Expanded Hours at Community Clinics
- Mobile Clinics to Underserved Areas
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- Gastroenterology in Community Clinics
- Pulmonology in Community Clinics
- Integrated Behavioral Health for Diabetics

- Telepsychiatry in Community Clinics
- STI & HIV Screening and Treatment & Referrals
- Pregnancy Planning
- Community Paramedic Navigator Project
- Comprehensive Patient Navigation
- Centering Pregnancy

This project will expand access to dental care by extending clinic hours and contracting with and/or hiring additional dentists, hygienists, and support staff to provide dental care in existing community-based outpatient clinics. In particular, this project will be targeted at providing dental care to underserved pregnant women and patients with one or more chronic medical conditions.

Project Goals

- Expand hours and staffing to increase the availability of dental care;
- Increase number of pregnant women receiving perinatal dental care;
- Increase number of patients with chronic medical conditions receiving dental care;
- Improve dental and overall health outcomes;
- Reduce unnecessary dental ED visits;
- Improve patient satisfaction.

How the Project is Related to RHP Goals
This project supports the following RHP Region 7 goals:

- Goal 1 - Prepare and develop infrastructure to improve the health of the current and future Region 7 populations.
- Goal 2 - Reduce health system costs by expanding opportunities for patients and families to access the most appropriate care in the most appropriate setting.

Challenges or Issues Faced by the Performing Provider

Recruiting dental providers and support staff, including staff willing to work evenings and/or weekends, may be a challenge. In order to ensure improved access for pregnant women and patients with multiple chronic medical conditions, both patients and providers must be aware of new appointment availability, and patients within these targeted populations should be prioritized for future scheduling. Finally, dental patients historically served by clinics within the CCC provider network have required a high level of restorative care, minimizing the resources available to focus on preventive care.

How the Project Addresses those Challenges

In order to ensure appropriate staffing, the CCC will offer financial or other incentives as needed to recruit qualified providers and support staff to expand dental access. The CCC will inform providers throughout its network of new dental appointment availability and will coordinate patient referrals to prioritize access for pregnant women and patients with multiple chronic medical conditions. Patient navigation and chronic care management provided through the CCC, as well as navigation projects proposed by other

Performing Providers in RHP 7, will also help connect appropriate patients to the expanded dental care access available through this project.

With increased dental capacity, the CCC aims to shift its emphasis to preventive dental care. As early diagnosis and treatment lead to improved dental outcomes, this will help break the cycle of acute exacerbations which require urgent dental care and will free additional staff and facility capacity to provide preventive care to a greater number of patients.

5-Year Expected Outcome for Providers and Patients: This project will expand hours and staffing to increase the availability of dental care, with two primary target populations: pregnant women and patients with one or more chronic medical conditions. Through expanded access to dental care, the CCC expects an increase of approximately 3,500 dental visits in DY3, 9,000 dental visits in DY4, and 12,000 dental visits in DY5. By DY5, this project will serve more than 4,500 patients annually. Approximately 75% of increased dental capacity will be prioritized for pregnant women and patients with one or more chronic medical conditions.

Starting Point/Baseline

Baseline Data: Within the CCC, CommUnityCare operates the largest network of Federally Qualified Health Centers in Travis County. In Fiscal Year 2012 (October 2011 – September 2012), CommUnityCare provided approximately 36,000 primary care dental visits through 15 dentists. Existing clinics do not provide any access to after-hours dental care.

During DY2, the CCC will establish a more comprehensive baseline of dental visits and patients served across all providers, including visits for pregnant women and patients with multiple chronic conditions.

Rationale

Reason for Selection of Project Options and Components

Dental health is a key component of overall health. A 2008 report commissioned by the Texas Dental Association found that untreated dental disease not only affects the mouth but can have physical, mental, economic, and social consequences (*Building Better Oral Health: A Dental Home for All Texans* - http://www.buildingbetteroralhealth.org/media/TDA_full_report.pdf). Fortunately, many of the adverse effects associated with poor oral health can be prevented with quality regular dental care, both at home and professionally. Increasing, expanding, and enhancing oral health services will improve health outcomes. In particular, this project will be targeted at improving dental access for underserved pregnant women and patients with chronic medical conditions.

In addition, a core component of this project will be the use of continuous quality improvement to evaluate and improve upon the effectiveness of this intervention. CQI activities will be integrated into project planning and used for performance improvement opportunities.

Building Better Oral Health: A Dental Home for All Texans recommends finding dental homes for priority populations, including pregnant women on Medicaid. The American Academy of Pediatric Dentistry (AAPD) also recognizes that oral health plays a crucial role in the health of both pregnant women and

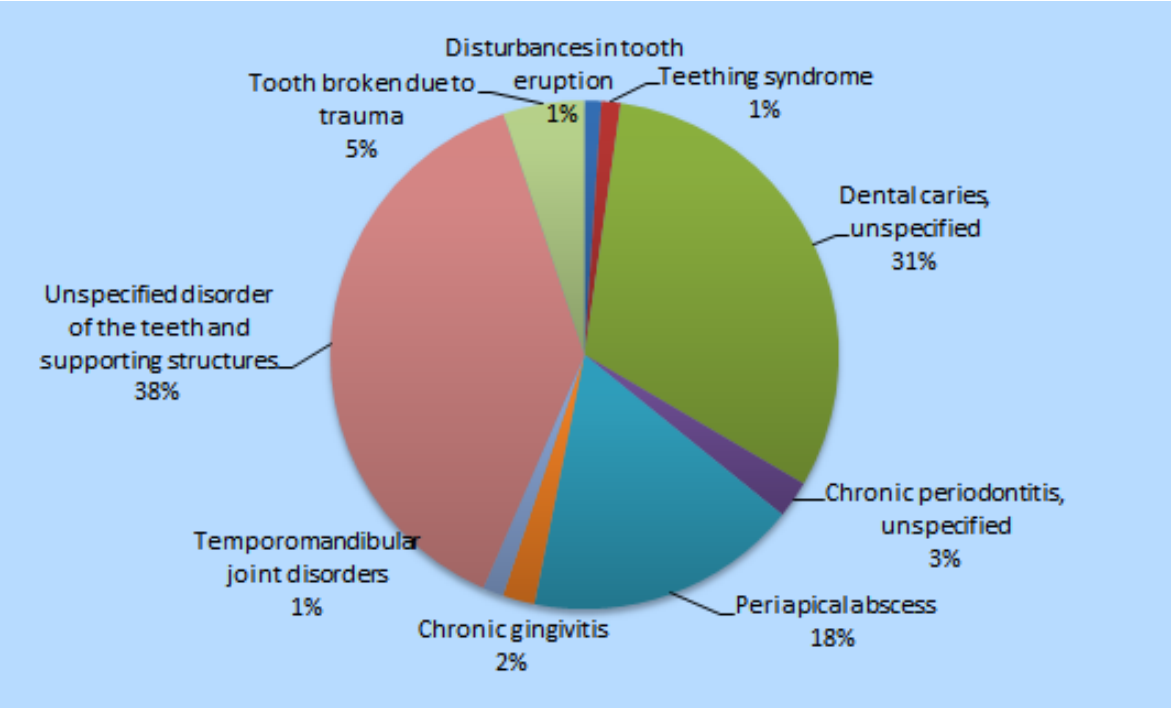
their newborn children. Research suggests a link between periodontal disease and adverse outcomes in pregnancy, including preterm deliveries, low birth weight babies, and preeclampsia. Furthermore, mothers are at risk of infecting their newborn children with cariogenic bacteria that increases the risk of early childhood caries. The AAPD recommends that pregnant woman have an oral evaluation, be counseled on proper oral hygiene, and be referred for preventive and therapeutic oral health care as appropriate (http://www.aapd.org/media/Policies_Guidelines/G_PerinatalOralHealthCare.pdf).

AAPD also cites previous studies which suggest a link between periodontal disease and chronic medical conditions including cardiovascular disease and diabetes (http://www.perio.org/newsroom/archive-overall-health). Researchers from the National Institute of Diabetes and Kidney Disease found that diabetic patients with severe gum disease were more than three times more likely to die of combined kidney and heart dysfunction compared with other groups with no or mild-to-moderate gum disease, even after adjusting for other risk factors, such as high blood pressure and tobacco use (http://www.buildingbetteroralhealth.org/media/TDA_full_report.pdf). Among Travis County residents, a 2011 analysis found that more than 20% of uninsured and underinsured adults who received care from safety net organizations during 2011 had more than one chronic condition. Within the CCC, an estimated 18,000 patients have multiple chronic conditions, including heart failure, chronic kidney disease, behavioral health issues, COPD, hypertension, malignant neoplasms, and diabetes. Providing dental care for these patients will be integral to the CCC's emphasis on whole health, prevention, and wellness.

Low-income Travis County residents have limited options when seeking dental care. In all of Travis County, seven clinics serve low-income patients; four of these are operated by an FQ, one serves HIV patients only, another relies on volunteers, and the seventh is a student-staffed clinic operated by the hygienist program at Austin Community College. With a limited supply of appointments, new patients often wait months to be seen; emergency appointments are either first come, first serve or already scheduled weeks in advance. As a result, many patients seek relief in the ED.

An analysis of ED visits for hospitals reporting data to the Integrated Care Collaboration revealed approximately 9,000 dental diagnosis codes. Of these, more than a third represents diagnoses (such as dental caries, chronic periodontitis, chronic gingivitis, and teething syndrome) that could be appropriately treated in a primary dental care setting, potentially eliminating unnecessary ED visits (Exhibit 1.)

Exhibit 1 – Distribution of Dental Diagnoses for Uninsured and Underinsured Patients at Local EDs



Source: Analysis of approximately 9,000 dental diagnosis codes provided in the Emergency Department by hospitals reporting data to the ICC, 5/26/10-5/25/11

Reason for Selection of Milestones & Metrics

DY2 includes P-X to reflect project planning, including a needs analysis and the establishment of baseline data to inform the expansion of dental services. In order to increase dental care capacity, DY3 includes process milestones P-4, P-5, and P-6 to increase utilization of available dental clinic space, increase clinic hours, and implement programs to increase dental services to improve maternal oral health.

Improvement milestones in DYs 3 through 5 will demonstrate improved access to dental care through increases in the number of pregnant women who have seen a dental provider within the past 12 months (I-14). In order to demonstrate improved access to dental care for patients with chronic medical conditions, this project uses customized milestone I-X. This milestone follows to format of I-14 and is adjusted for the target population of patients with chronic medical conditions who have seen a dental provider within the past 12 months. Finally, the CCC will document lessons learned in order to develop new methodologies or refine existing ones, through P-X.

Unique Community Need Identification Number

- CN.3 – Inadequate access to dental care
- CN.9 – High rates of chronic disease
- CN.12 – Lack of adequate prenatal care

How the project represents a new initiative for the Performing Provider or significantly enhances an existing delivery system reform initiative: This project builds upon local provider efforts to expand

access to dental care for low-income adult populations. The push to extend care capacity specifically for those with chronic conditions and pregnant women represents a new focus for the delivery of dental care.

Related Activities Funded by U.S. Dept. of Health and Human Services (DHHS) None

Related Category 3 Outcome Measure(s)

Category 3 Outcome Measures(s) Selected

Approval is still pending for Category 3 Outcome Measures

Reasons/Rationale for Selecting the Outcome Measure(s)

Relationship to Other RHP Projects

How Project Supports, Reinforces, Enables Other Projects

The CCC's fifteen projects are all interrelated and will provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. The CCC projects most closely related to Expansion of Dental Services are outlined below.

List of Related Category 1 & 2 Projects (RHP Project ID Number)

- 307459301.1.2: Expanded Primary Care Hours at Community-Based Outpatient Settings
- 307459301.1.3: Mobile Primary Care
- 307459301.1.6: Expanded Specialty Care at Community-Based Outpatient Settings: GI
- 307459301.1.7: Expanded Specialty Care at Community-Based Outpatient Settings: Pulmonology
- 307459301.2.6: Community Paramedic Patient Navigation Program
- 307459301.2.2: Expand Chronic Care Management Models
- 307459301.2.3: Integrated Behavioral Health Intervention for Targeted Chronic Disease Patients
- 307459301.2.100: CenteringPregnancy

List of Related Category 4 Projects

RD-1: Potentially Preventable Admissions

Relationship to Other Performing Providers' Projects in the RHP

List of Other Providers in the RHP that are Proposing Similar Projects

With its focus on pregnant mothers, this project will support University Medical Center Brackenridge's Obstetrics Navigation Project (137265806.2.1) and the City of Austin Health & Human Services Department's Prenatal & Post-natal Improvement Program (201320302.2.4). With its aim to improve management of chronic conditions, this project also has a similar target population to University Medical Center Brackenridge's Chronic Care Management for Adults (137265806.2.6) and ATCIC's project to Integrate Primary and Behavioral Health Care Services (133542405.2.1).

Plan for Learning Collaborative

Plan for Participating in RHP-wide Learning Collaborative for Similar Projects

RHP 7's performing providers, IGT entities, and anchor recognize the importance of learning from each others' implementation experiences and will make regular efforts to share ideas and solve problems. Region-wide, anchor-led meetings will be held at least annually and will offer an opportunity to share, listen, and learn what providers have encountered while implementing their DSRIP projects. RHP 7 envisions continuing the regular, anchor-led calls that are open to all performing providers and IGT entities, as launched during plan development. These calls have brought value to the process, and will be continued on a schedule that will be helpful throughout the waiver period. Further, the region will continue to use its website (www.texasregion7rhp.net) to share information, updates and best practices as has been done during this first waiver year.

As useful, Central Health as RHP 7's anchor, will foster the development of topical learning collaborative; e.g. smaller meetings than the annual regional summit - that will bring together all levels of stakeholders who are involved in DSRIP projects that share common goals, outcomes, themes or approaches. This multi-pronged approach should allow for continuous improvement of regional projects, which will in turn better serve RHP 7's low-income population and transform its healthcare delivery system.

In addition, the CCC will participate in the existing Central Texas Dental Collaborative, which includes organizations that provide dental services to underserved populations in Travis, Williamson, Bastrop, Caldwell, and Hays Counties. The CCC will identify lessons learned, particularly related to providing dental care to pregnant women and patients with chronic conditions. By reviewing project data and sharing challenges and solutions, CTDC participants may expand services to additional target populations as appropriate.

Project Valuation

Approach and Rationale/Justification for Valuing Project

In valuing its projects, the Community Care Collaborative considered the extent to which the project fulfilled the Triple Aim, supported Waiver goals and addressed community needs. The size of the required investment was also considered, which included considerations of personnel, equipment, time and complexity. Finally, the CCC reflected on the scope of the project: the number of patients that would be affected, including the type of patients; the number of patient visits or encounters; how many providers or staff members would be added; the costs that would be avoided as a result of the project; and the "ripple effect" the project would have on all members of the healthcare system. These factors were weighed against the amount of funding available.