

Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."

Promote Enhanced Physical Health Across Communities

Oral Health Small Group

RHIP Workgroup Virtual Meeting



**Central Oregon
Health
Council**

Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Partner with Priority Populations

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

Background: Why are we talking about this?

- Oral health is directly tied to physical health outcomes.
- Oral health concerns impact daily lives - eating, smiling, self-esteem, speech, learning, working, etc.
- Decrease healthcare costs downstream and prevent non-urgent oral health use of the emergency department

Before 2000: Individual efforts to improve oral health. The Surgeon General’s State of Oral Health/Call to Action Report - first time having national convos about treating oral health differently from physical health
 2001-2015: Death of Deamonte Driver from dental infection OHP offering comprehensive adult dental benefit OHP
 2016-Present: Tried to pass an adult oral health benefit, didn’t pass in 2022, but now an awareness in the national legislature that it’s important. 4 dentists in Oregon Legislature. SB660 created organization over sealant programs across the state offering.

Current Condition: What’s happening right now?

The percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team was :

Crook 6.6%; Deschutes 9.9%; Jefferson 10.6%; Northern Klamath: 6.9% (PacificSource,2022)
 Crook 9.1%; Deschutes 13.1%; Jefferson 11.3%; Northern Klamath: 7.3% (PacificSource,2018)

Goal Statement: Where do we want to be in 4 years?

By December 2024, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

Crook County	Deschutes County	Jefferson County
29.8%	32.75%	31.3%

Analysis: What’s keeping us from getting there?

- Resistance limits progress toward integration
- Difficulty contacting patients limits patients’ ability to receive care
- Low workforce retention disrupts continuity of care
- Delivery system structure and practices limit patient access to care
- Dental health is undervalued
- Complex insurance systems prevent patients from using their benefits
- Disparate geographic provider locations causes health disparities
- Client anxiety keeps patients at home

Date updated: 2.2024

Strategic Direction: What are we going to try?

- Creating seamless patient transitions, successful care navigation and leveraging community partnerships
- Widening the care bottleneck
- Supporting the provider and their development
- Reducing patient anxiety
- Building knowledge leading to action for oral health

Focused Implementation: What are our specific actions? (who, what, when, where?)

Follow-Up: What’s working? What have we learned?

Oral Health RHIP Subgroup - Enhanced Physical Health Across Communities

Root Cause Barriers: What is blocking us from moving toward our future state measure?

Resistance Limits Progress Toward Integration	Difficulty Contacting Patients Limits Patients' Ability to Receive Care	Low Workforce Retention Disrupts Continuity of Care	Delivery System Structure & Practices Limit Patient Access to Care	Dental Health Is Undervalued	Complex Insurance Systems Prevent Patients from Using Their Benefits	Disparate Geographic Provider Locations Causes Health Inequities	Client Anxiety Keeps Patients at Home
Provider resistance to integration; i.e. fear of scope creep	Contact information is incorrect	Struggle with workforce retention	Demand exceeds dental delivery system capabilities	Preventive oral health care is undervalued	Insurance system created with the insurance system in mind	Dental Care Offices are too far away in some places	Clients have dental anxiety
Integration requires new and revised workflows across disciplines	Patient does not want services ever	Lower provider compensation inhibits providers from entering the field	Staffing shortages exacerbate existing weaknesses in system	Physical health exam is undervalued	Navigating the medicaid system is time consuming	Higher concentration of offices in some areas	Increased general medical anxiety after COVID
Space is limited for integration	Patient does not need services right now	The daily realities that providers experience do not meet their expectations	Small margin for unexpected provider absences	Politicization of medical and dental exams	Members do not know oral care is a covered benefit		
Higher readiness for co-location rather than true integration	Transient patient population	Providers left profession after COVID					
Many parts of the healthcare system have broken communication	Mode of communication incompatible with patient need (i.e. text vs phone, social media, broadband access)						

STRATEGIC DIRECTIONS: What Moves Us Toward Our 2024 Practical Visions

Creating Seamless Patient Transitions	Strengthening Community Partnerships to Serve Patients	Maximizing the Utilization, Skill and Role of Community Health Workers
<ul style="list-style-type: none"> Expand co-location Expand PH and OH integration Dental and physical care one-stop fair: All providers use an EHR/HIE and share info in it; between OH providers Provide wraparound (social service and clinical) care: Offer dental services in urgent and immediate care settings 	<ul style="list-style-type: none"> Provide integrated care with correct clinical type of partners: Use insurance assisters/CHW Having resources available through partner agencies 	<ul style="list-style-type: none"> Employing Community Health Workers (CHW) Allowing care assistors/CHW's/navigators to schedule PH and OH appointments Addressing barriers and learnings from co-location pilots in the region.

Creating seamless patient transitions, successful care navigation, and leveraging community partnerships.

- Place an Oral Health provider in the emergency department or as an alternative to using the emergency department.
- Use the dental car vans more.
- Use more community health workers and dental therapists in dental clinics especially in direct client care.
- Incentivize, make it easier, for dentists to participate in Medicaid.
- Use **EPDHs** in a broader way.
- Increase flexibility to use dental therapists much more broadly.
- Engage all the dental specialists in working for system change and accepting Medicaid patients.

Widening the care bottleneck

- Identify what providers want in a clinical office.
- Adjust clinical office culture, practices, set up to meet provider preferences.
- Provide providers with self-care opportunities.
- Promote provider self-care and mental health care.
- Provide comprehensive care with KPI's and track improvement-positive reinforcement for providers and communities.
- Use more CHW in dental clinics especially for client care (directly) and supporting clinic staff (indirectly).

Supporting the provider and their development

- Use CHW at chairside for anxiety management techniques with patient
- Connect member with CHW before treatment to build relationship, address anxiety
- Public education about OH care
- Offer dental services in urgent and immediate care settings

Reducing client anxiety

- Public education about OH care
- Public health announcements promoting dental care
- Preventative OH media campaign addressing negative impacts of substance use, etc.

Building knowledge leading to action for Oral Health

**PHYSICAL HEALTH
2024 Budget**

Overview

	Budget	Spent	Available
5-Year	\$2,000,000	\$1,500,478.10	\$499,521.90
Cycle to Date	\$2,000,000	\$1,500,478.10	\$499,521.90
Yearly	\$500,000	\$382,841.00	\$499,521.90
Yearly Mini-Grant	\$0	\$0.00	\$0.00
Yearly Standard Grant	\$500,000	\$382,841.00	\$117,159.00

\$382,841 = available to **BLUE** measures, per previous agreements (See A-16)

By Future State Measure (5 year)

	Budget*	Spent	Available	Currently Allocated	Projected Available	Notes
Chronic Disease (1)	\$15,048.81	\$15,048.81	\$0.00			
Fruit, Veggie & Activity (2)	\$544,970.00	\$544,970.00	\$0.00	\$0.00		
Preventable Disease (3)	\$23,639.75	\$23,639.75	\$0.00			
Obesity (4)	\$0.00	\$0.00	\$0.00			
Combined Funds	\$382,841.00	\$382,841.00	\$0.00			
Sexually Transmitted Illness (5)	\$500,000.00	\$500,000.00	\$0.00			
Wellness and Dental (6)	\$500,000.00	\$478.54	\$499,521.46	\$499,521.46		

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared mini grant budget.



Oral Cancer Prevention Project

Oral and oropharyngeal cancers are on the rise but we believe that dental professionals are the key to reducing cancer rates in Oregon.

This Oral Cancer Prevention Project partnership focuses on promoting vaccination as a cancer prevention tool. We offer free continuing dental education credits, messaging materials for patients and families, as well as evidence-based clinic-wide HPV vaccine-positive communication approaches for dental practices.



[Oral Cancer Prevention](#)
[Access available training now!](#)

Training & Technical Assistance Overview

Basic

This level of training can provide an introduction to practitioners on oropharyngeal cancer prevention and focuses heavily on patient education.

- Training and webinars that translate to 1 hour of continuing education credit
- Patient education materials such as factsheets and brochure

Intermediate

Training and education provide in-depth knowledge of the link between HPV and oropharyngeal cancer and are geared towards practitioner education to provide more patient counseling.

- Training and webinars that translate to 3-6 hours of continuing education credits
- Patient education materials such as factsheets and brochure and social media graphics content
- Tools to support clinic workflow and quality improvement

Advanced

Practitioner education will focus on building an HPV vaccine program.

- Immunization training and certificate
- 6+ hours of continuing education credits
- Patient education materials such as factsheets and brochure and social media graphics content
- Guides to build your own vaccination program
- Tools to support clinic workflow and quality improvement



Basic

Trainings and modules eligible for continuing education credits (minimum of 1 credit required):

- Preventing HPV Cancers in Action Part 1: The Critical Role of the Dentist - ADA
- Excellence in Oral Cancer: Let's Give them Something to Talk About - ADA
- Oropharyngeal Cancer - VA & OHSU
- Overview of Motivational Interviewing - Boost Oregon

Other trainings and learning modules:

- Knight Cancer Institute HPV Vaccination is Cancer Prevention - OHSU
- You Are the Key to HPV Cancer Prevention - CDC

Communications materials

- Patient communication approaches and talking points for caregivers
- Patient brochures
- Office posters
- Factsheets

Intermediate

Trainings and modules eligible for continuing education credits (3-6 credits required):

- Building Vaccine Confidence in the Clinic - Boost Oregon
- Improving HPV Vaccination Rates - Boost Oregon
- How to Listen So Your Patients Will Talk - Boost Oregon
- Introductory Motivational Interviewing Live Training - Boost Oregon

Other trainings:

- Why I Decided to Become an HPV Vaccinator - Dr. Anthony Ramos

Clinic workflow & quality improvement:

- Action guide for dental health providers

Communication materials:

- Patient communication approaches and talking points for caregivers
- Patient brochures
- Office posters
- Factsheets
- Social media graphics and copy



Advanced



Trainings and modules eligible for continuing education credits (6+ credits):

- Foundational Motivational Interviewing - Boost Oregon
- Preventing HPV Cancers in Action Part 2: Dentists As Vaccinators- ADA
- Preventing HPV Cancers in Action Part 3 - ADA
- Immunization Training for Dentists - OHSU
- Vaccines for Children Program - CDC
- You Call the Shots - CDC

Other trainings:

- How to Start an Office-Based Immunization Program - ACOG
- Vaccinating Adults: A Step-by-Step Guide - Immunize.org

Clinic workflow & quality improvement:

- Office forms
- Oregon Dentists and Immunization Administration Guide
- Immunization Quality Improvement Program
- Immunization Information System

Communication materials:

- Patient communication approaches and talking points for caregivers
- Patient brochures
- Office posters
- Factsheets
- Social media graphics and copy

Contact us For Inquiries

Our team is available to provide communications coaching and messaging support as well as access to our materials library for patient and staff education.

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