Integrating Medical Care & Oral Health Care in Your Community Health Center

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The Simple Story
This presentation is the story of a simple idea (the mouth is part of the body) and what it means in the context of the complexities in health care organization, care delivery, provider education, and care reimbursement.

- Research shows that up to 90% of whole body illnesses can show their first signs in the mouth.
- Gum disease may impact a healthy pregnancy
“Doc, if I could just get these bad teeth out of my head, I know I would feel better.”

Oral Health Influences Overall Health

- Significant impact on systemic health.
  - Abscesses
  - Cellulitis
  - Diabetes exacerbation
  - Heart disease
  - Poor pregnancy outcomes
  - Possibly even death when no access to care – e.g., Diamonte Driver
Oral health and overall health are intimately related/connected

Our nation is faced with a growing problem of medical and dental healthcare disparities

2000 Surgeon General’s report: *Oral Health in America*
- Informative report detailing the burden of oral disease on our country, the important message that oral health is essential to overall health, and the need for a national oral health plan to eliminate oral health disparities.
- No less than a “silent epidemic of oral diseases is affecting our most vulnerable citizens—poor children, the elderly, and many members of racial and ethnic minority groups.”

2010 Surgeon General’s report: *National Call to Action To Promote Oral Health*
- Truly a *call to action*—“...an invitation to expand plans, activities, and programs designed to promote oral health and prevent disease, especially to reduce the health disparities...” that affect certain groups of our society.

Oral Health Provisions in the “Patient Protection and Affordable Care Act” signed into law by President Obama on March 23, 2010
What is the Oral-Systemic Connection and why is it important? (continued)

- General health risk factors also affect oral and craniofacial health (i.e. tobacco usage, poor diet)
- The mouth and face can serve as a mirror of health and disease (i.e. HIV infection)
- The mouth can serve as a portal for infection (i.e. Endocarditis)
- Several studies have shown that oral flora/infections are associated with higher morbidity and mortality, esp in certain patient populations (eg. Neutropenic chemo patients, transplant patients)
- Oral bacteria have the potential to cause respiratory infections (i.e. COPD patients, bacterial pneumonia)

What is the Oral-Systemic Connection and why is it important? (continued)

- Oral transmission of infections (i.e. STDs)
- Oral Infection- Cardiovascular disease (heart disease/stroke) connection
- Periodontal Disease- Adverse pregnancy outcomes connection (i.e. preterm labor, preterm membrane rupture)
- Periodontal Disease- Diabetes Connection
  - Having diabetes increases incidence and progression of periodontal disease
  - Periodontal Disease can affect glucose control in diabetic patients
What is the Oral-Systemic Connection and why is it important? (continued)

- Poor oral health has effects on quality of life and general well-being

The Oral-Systemic Connection
A Physician’s Perspective

- “Not my territory”.
  (Many medical doctors think that the area between the lips and the tonsils is off limits)
- Lack of oral health education in medical school curriculum and physician residency training
The Oral -Systemic Connection
Poor Communication Channels Between Medicine and Dentistry

Affordable = Access
Dispel fear of the dentist
Ease of referral
Consultation between medical and dental providers
The patient -centered medical home and dental -home = Holistic approach to patient care
Education/training site for future physicians/dentists
The Oral -Systemic Connection
Special Populations: The Medical Provider’s Role

**INFANTS & CHILDREN**

**EDUCATE**

- Incorporate oral health history into every well child examination
- Fluoride, Fluoride, Fluoride
- Nutritional counseling and other anticipatory guidance
- Dispel fear of the dentist

**ASSESS**

- Incorporate oral health examination into every well child exam
- Oral /dental trauma
- Multidisciplinary Screening Form

**ACCESS**

- Referral to a dental professional
- First dental visit by age 12 months (in high risk populations)

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**THE ORAL -SYSTEMIC CONNECTION**

**COMPONENTS OF ORAL HEALTH SUPERVISION**

Optimal oral health supervision for infants, children, and adolescents should contain the following components:

<table>
<thead>
<tr>
<th>Component</th>
<th>Provided by Oral Health Professionals</th>
<th>Provided by Other Health Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family preparation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Interview procedures</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Screening, including recognizing and reporting of suspected child abuse/neglect</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Examination, including periodontal assessment and treatment for oral disease and injury</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Preventive procedures (application of dental sealants or topical fluoride varnishes, gels, or foams) as approved by state practice acts or regulations</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anticipatory guidance</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Measurable outcome</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Referrals, as needed</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**The Oral -Systemic Connection**

Special Populations: The Medical Provider’s Role

**PREGNANT WOMEN**

- **EDUCATE**
  - Dispel fear: “It’s okay to see the dentist when you are pregnant
  - Fluoride use (water, toothpaste)
  - Oral hygiene
  - Nutrition
  - Changes in teeth/gums
  - Link between poor oral health and adverse pregnancy outcomes

- **ASSESS**
  - Oral health status

- **ACCESS**
  - Referral to a dental professional

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**Snoring During Pregnancy**

**WHAT CAUSES SNORING DURING PREGNANCY?**

- Nasal Congestion & Excess Weight Gain

- Snoring could be a symptom of sleep apnea during pregnancy or gestational diabetes

**WHAT YOU NEED TO KNOW ABOUT SNORING DURING PREGNANCY**

- Snoring can be an indicator of gestational diabetes (need glucose screening test)

- Sleep Apnea - a disorder that can deprive both mother and baby of oxygen

- Sleep apnea in pregnancy is usually seen in the third trimester. Overweight mothers are especially susceptible
Snoring During Pregnancy
WHAT TO DO ABOUT SNORING DURING PREGNANCY

- Use a nasal strip on the nose at bedtime
- Try a warm-mist humidifier in the bedroom at night
- Plump up pillows to slightly elevate the head while sleeping
- Keep an eye on calories to avoid extra weight
- Ask your practitioner about your snoring, sleep apnea and pregnancy, and gestational diabetes
- Consider an oral appliance prescribed by the physician and dentist to improve the airway

The Meharry Study on Oral Disease and Preterm Low Birth Weight and Other Poor Birth Outcomes
Smiles for Life Program
A Framework for Medical- Dental Integration
Integration of Primary Care & Behavioral Health

<table>
<thead>
<tr>
<th>GOALS</th>
<th>PROXIMAL OUTCOMES</th>
<th>DISTAL OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Adult care givers, obstetrics/gynecology and birthing teams, social service community health workers, personal health workers, personal health care service provider, medical, dental students and residents (MD,DDS).</td>
<td>Heighten public awareness and knowledge community oral health issues</td>
<td>Decreased incidents of poor outcome for inner-city vulnerable minority population.</td>
</tr>
<tr>
<td>Train appropriate navigators to empower high risk populations with the knowledge to access and utilize the community health resources to achieve optimal health and longevity.</td>
<td>Implementation of interdisciplinary curriculum Interfaced understanding of the oral systemic link.</td>
<td>Decrease in tooth loss for older adults.</td>
</tr>
</tbody>
</table>
## Smiles for Life Program
### A Framework for Medical-Dental Integration
**Integration of Primary Care & Behavioral Health**

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<th>DISTAL OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate oral health messages into general health messages.</td>
<td>Integration of interdisciplinary and innovative work force models.</td>
<td>Improvement in health status of senior citizens.</td>
</tr>
<tr>
<td>Educate pregnant women and women considering pregnancy about the advantages of good oral health in creating and influencing good birth outcomes.</td>
<td>Improvement to state wide surveillance network.</td>
<td>Establishment of dental homes.</td>
</tr>
</tbody>
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<th>GOALS</th>
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</tr>
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<tbody>
<tr>
<td>Provide mobile dental services to our target population to facilitate access and amplify impact by creating, A visual confirmation of service commitment...</td>
<td>Implementation of innovative integration of Holistic approach to health delivery system for TN</td>
<td>Establishment of dental homes.</td>
</tr>
<tr>
<td>Conducts needs assessment and modify strategies that will resonate with and motivate appropriate health behavior in target population.</td>
<td></td>
<td>Increased interdisciplinary minority communication and cooperative.</td>
</tr>
</tbody>
</table>
This HRSA grant will establish a partnership between the Meharry School of Dentistry and the Tennessee Department of Health. The award is a 3 year HRSA Grant in the amount of $1.5 million. Implementation of the grant and services will begin in January of 2013. Every year of this three year grant, approximately eight fourth year Dental Students and two General Practice Residents will treat patients in two designated rural dental clinics.
This Collaborative Effort is a Pilot Program that will Serve as a National Model for Innovative Workforce Solutions and Improved Access to Care:

(1) provide quality dental care to the underserved;

(2) provide a quality educational experience for fourth year Dental Students and General Practice Residents; and

(3) provide the students with an exposure to the rural dental setting.

• These students will use the highest level of technology commonly used in dental practice today, such as digital radiography, electronic dental records, and intraoral cameras. Thereby providing not only a quality service for the patients, but also a unique learning experience for the students. These grant funds along with the Tennessee Department of Health will help provide full time Dentists for designated counties.
The People We Serve

- 19.5 million patients served through health centers in 2010.
- Over 500,000 people living with HIV/AIDS receive Ryan White services. Two-thirds are racial or ethnic minorities.
- 34 million women, infants, children, and adolescents benefit from HRSA’s maternal and child health (MCH) programs.
- More than 10,000 National Health Service Corps health care providers are working in underserved areas.

HRSA and the Affordable Care Act

- HRSA has been assigned 63 provisions under the law, all with a focus on three key goals:
  - Improving access to quality primary health care and services
  - Strengthening the health care workforce
  - Improving health equity and eliminating disparities in access to health care
HRSA and the Affordable Care Act

- Increasing Access to Primary Care Services
- Investing in the Health Care Workforce
- Supporting Maternal and Child Health
- Other HRSA Programs

Increasing Access to Primary Care Services
### Health Center Program Growth:
National Impact 2008-2010

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>Growth from 2008-2010 (% Increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients</strong></td>
<td>17,122,535</td>
<td>18,753,858</td>
<td>19,469,467</td>
<td>2,346,932 (13.7%)</td>
</tr>
<tr>
<td><strong>Sites</strong></td>
<td>7,518</td>
<td>7,892</td>
<td>8,156</td>
<td>638 (8.5%)</td>
</tr>
<tr>
<td><strong>Jobs</strong></td>
<td>113,059</td>
<td>123,012</td>
<td>131,660</td>
<td>18,601 (16.5%)</td>
</tr>
</tbody>
</table>

Source: Uniform Data System and HRSA Electronic Handbooks

### Health Centers and the Affordable Care Act

- ACA Provides $11 billion in funding over the next 5 years for the operation, expansion, and construction of health centers throughout the Nation.
- $9.5 billion is targeted to:
  - Support ongoing health center operations.
  - Create new health center sites in medically underserved areas.
  - Expand preventive and primary health care services, including oral health, behavioral health, pharmacy, and/or enabling services, at existing health center sites.
- $1.5 billion will support major construction and renovation projects at community health centers nationwide.
2012 Primary Care Funding Opportunities

- Health Center Capital Development
- Health Center New Access Points
- Health Center Controlled Networks
- Health Center Expanded Services
- School-based Health Center Capital Program

School-Based Health Center funding in ACA

- Supports the improvement and expansion of services at school-based health centers (SBHC)
- In FY 2011, through the first SBHCC funding opportunity, HRSA awarded $95 million to 278 school-based health center programs across the country.
- In FY 2012, HRSA awarded $14 million to 45 school-based health center programs across the country.
- A new SBHCC funding opportunity announcement is expected to be announced very very soon.
SBHCC and Dental
FY 2011 and FY 2012

- Of projects funded, about 37% specified projects related to oral health or dental needs at school-based health centers
- 46% of funds awarded included applications that were related to oral health or dental needs

Investing in the Health Care Workforce
HRSA’s efforts

- Grants to train general, pediatric, and public health dentists and hygienists.
- Supports disadvantaged dental and dental hygiene students.
- Awarded a FQHC under the Teaching Health Center Graduate Medical Education Program to expand its General Practice Dental Residency program.

HRSA – American Academy of Pediatrics

- Oral Health Quality Improvement Module Development for maintenance of certification – incorporates a systems approach

Interprofessional Oral Health Competencies

- Meetings to promote adoption of minimal set of core clinical oral health competencies by non-dental providers

NHSC

- More than 10,000 National Health Service Corps clinicians are working in underserved areas (including 1,449 dental providers)
- Primary Care: www.primarycareforall.org
  - Purpose is to increase the retention of NHSC clinicians in rural/underserved areas by providing educational resources and networking
  - Including oral health webinar and related content
National Health Service Corps

The Affordable Care Act:

- Increases the maximum annual loan repayment award from $35,000 to up to $50,000.
- Establishes permanent half-time service opportunities for NHSC scholars and loan repayment recipients with the creation of 2- and 4-year contracts for the Loan Repayment Program.
- Allows NHSC participants to receive up to 20 percent service credit for teaching (and up to 50 percent in future Teaching Health Centers).
- Simplifies the NHSC site application and approval process.
- Provides additional flexibilities

Other HRSA Programs
HRSA - Oral Health

- HRSA Strategic Priorities
  - Expansion of oral health services
  - Integration into primary care settings.
- HHS strategic plan explicitly addresses oral health.
- HRSA and HHS recognize that oral health is an integral part of overall health.

Oral Health Access to Services

HRSA Programs
- Federally Qualified Health Centers
  - In 2010, more than 3.7M received dental services.
- School Based Health Centers
  - School Based Health Center Capital Grants
  - School Based Comprehensive Oral Health Services
- Ryan White HIV/AIDS programs
  - Oral health care to more than 125,000 individuals living with HIV/AIDS.
- The Title V Maternal and Child Health Program
  - Oral health care services for children through the states.
**Oral Health Literacy**

**HRSA’s Effort in Health Literacy**
- HRSA online health literacy module: Effective Communication Tools for Healthcare Professionals
- Perinatal Oral Health Expert Workgroup
- National Maternal and Child Oral Health Resource Center

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**Quality Improvement**

**HRSA’s efforts in Oral Health Quality and HIT**
- HRSA – National Quality Forum collaboration on oral health quality measure development
- HRSA – Development of Oral Health IT Toolbox and Pediatric OH IT toolkit

**Other HRSA Resources**
- National Network for Oral Health Access – training and TA
- HRSA/CMS/CDC Collaboration
- HRSA/AoA Collaboration
Future Steps

Expansion, Innovation & Integration

- Expansion of oral health services through HRSA sponsored health care sites
- Innovative service delivery and workforce training models
- Integration of Oral Health into Primary Care through Interdisciplinary health team & health home approach
- Continuously collaborating outward, coordinating inward

Access to Care
Why is Access to Health Services Important?

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

This topic area focuses on four components of access to care:

- Coverage
- Services
- Timeliness
- Workforce

Why is Access to Health Services Important?

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:

1. Gaining entry into the health care system
2. Accessing a health care location where needed services are provided
3. Finding a health care provider with whom the patient can communicate and trust
Access to Health Care Impacts:

• Overall physical, social, and mental health status
• Prevention of disease and disability
• Detection and treatment of health conditions
• Quality of life
• Preventable death
• Life expectancy

Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

Lack of Availability

High Cost

Lack of Insurance Coverage
Barriers to Accessing Health Services
Leads to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

National Dental Association

Position Paper

Access to Care and Mid-Level Providers for Underserved Communities

For over 95 years the National Dental Association has been the voice and the forum for African American Dentists as well as the advocate for the historically underserved patients for whom our members have unwaveringly served. Our mission to improve access to oral healthcare is significant and historical, and our experience has taught us that under-attention, under-funding and inappropriate half measures will not solve the complex health issues that burden minority and low-income communities.

The U.S. Surgeon General has concluded that health is an essential and integral component of overall health. Poor health can be the result of lack of access to care, lack of knowledge of health promotion, chronic conditions, or the presence of a genetic, environmental, or behavioral problem. Poor oral and craniofacial health can contribute to the development of chronic diseases, can affect quality of life, and can have a significant impact on the economic productivity of individuals and communities.

Millions of people in the United States experience dental caries, periodontal diseases, and cleft lip and cleft palate, resulting in needless pain and suffering, difficulty speaking, eating, and breathing, increased costs of care, loss of self-esteem, decreased economic productivity through lost work and school days, and, in extreme cases, death. Oral and pharyngeal cancers, which primarily affect adults over age 55 years, result in significant illnesses and disfigurement associated with treatment, substantial cost, and more than 8,000 deaths annually. Poor oral health and untreated oral diseases and conditions can have a significant impact on the health of individuals, families, and communities. The need to focus specific attention on the inherent racism and discrimination in the institutions and structures of health care is overwhelming. Racial minorities are sicker than White Americans and are dying at a significantly higher rate. These are undisputed facts. There are numerous examples of disparities between African American and Non-Hispanic White adults:

- The disparity in health status between African American and Non-Hispanic White is substantial. The death rate from heart disease for African Americans is 2.5 times higher than for whites. The death rate from stroke for African Americans is 1.5 times higher than for whites.
- African Americans are twice as likely to be diagnosed with diabetes as Non-Hispanic Whites. Additionally, they are more likely to suffer complications from Diabetes, such as end-stage renal disease.
The Importance of Oral Health Screening and Prevention
The Importance of Oral Health Screening and Prevention

The Importance of Oral Health Screening and Prevention
The Importance of Oral Health Screening and Prevention
Oral health care is a critical component of good health.

Tooth decay is the most common chronic childhood disease, five times more common than asthma. Untreated tooth decay can lead to pain and suffering; affecting a child’s ability to eat, speak, and focus in school, resulting in absenteeism and affecting the ability to learn.

School screenings provides parents with information about their children’s oral health and the importance of regular dental treatment.

School screening data allows the state to identify areas with high levels of dental disease.

Preventive interventions can be implemented in these targeted areas to improve the oral health of Kansas school children.

What is Prevention?

ECC Prevention

- Preventing or reversing the caries process is possible by enhancing protective factors and reducing pathologic factors.

  - **Protective Factors**
    - Salivary Flow
    - Fluoride
    - Brushing/Flossing (Mechanical)

  - **Pathologic Factors**
    - Bacteria - e.g., Mutans strep
    - Dietary carbohydrate
    - Enamel defects

- No Caries
- Caries
**preventive dentistry** *n.* The branch of dentistry that deals with the preservation of healthy teeth and gums and the prevention of dental caries and oral disease.

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**prevention** *n.* A manner of avoiding future diseases or health problems by incorporating good health and lifestyle practices on a regular basis throughout the life span.

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**5 Key Oral Health Messages**

1. Clean your baby’s gums before teeth come in.
2. Brush your child’s teeth with a rice size amount of fluoride toothpaste twice a day, everyday.
3. Visit the dentist by your child’s first birthday. Healthy teeth are important for overall health.
4. Limit juice, foods, and drinks with sugar, to once a day with a meal.
5. Drink only water in-between meals.
CSHCN – Provider actions

- Do Risk Assessment
- **Must** have dental home by age 1, or earlier if erupting teeth have problems!
- Immediate dental home if pathology is present at any age
- Emphasize prevention strategies
- Apply varnish at all checkups

Photo courtesy of Claudia Isan

ECC Risk Assessment

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Description</th>
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</table>
| **HIGH**   | White spots, obvious decay, or previous restorations  
Caregiver had active decay in past 12 months  
Two or more moderate risk factors |
| **MODERATE** | Visible plaque  
Low Socioeconomic Level/Medicaid Eligible  
Poor access to healthcare  
No dental home  
Frequent snacking  
Continual use of bottle or sippy cup with fluids other than water  
Special healthcare needs  
Developmental enamel defects  
No systemic fluoride exposure |
| **LOW**    | Has a dental home  
Has fluoridated water or takes fluoride supplements  
No family history of dental disease |

** This is a useful tool for caries risk assessment that should be used in conjunction with clinical judgment and other patient factors. **
Drivers of Medical/Dental Integration

- Improving Patient Health and Health Outcomes
- Improving Access to Care
- Implementation of Electronic Health Records and the Affordable Care Act of 2012
- Cost Savings

The Nationwide Health Information Network

Meaningful Use

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Meharry Medical College, School of Dentistry

CAPT Arlene Lester, DDS, MPH, FACD
Regional Minority Health Consultant
Governing Legislation

CAN WE TALK?

AMERICAN RECOVERY AND REINVESTMENT ACT

FEBRUARY 17, 2009

HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT
The system is a “Network of Networks” that links together:

- Health Information Exchanges
- Integrated Delivery Networks
- Pharmacies
- Government Health Facilities
- Laboratories
- Providers
- Private Payors
- Other Stakeholders
The long term aim is to enable health information exchanges over the network that in turn…

...provides coordinated information services to improve the delivery of health care.

HHS
Office of the National Coordinator for Health Information Technology (ONC)

NETWORK RESPONSIBILITY
“I am the future of health care.”

www.healthit.gov
STAGE 1: Sets the basic functionalities electronic health records must include, such as capturing data electronically and providing patients with electronic copies of health information.

STAGE 2: Will begin as early as 2014. Specifies the criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to continue to participate in the EHR Incentive Programs.

STAGE 3: Will continue to expand meaningful use objectives to improve health care outcomes.
More than 120,000 eligible health care professionals have qualified to participate in the program since it began in January 2011.

1 out of every 5 eligible health care professionals

Fact sheet on CMS’s final rule is available at http://www.cms.gov/apps/media/fact_sheets.asp

Fact sheet on ONC’s standards and certification criteria final rule is available at http://healthit.hhs.gov/standardsandcertification

Final rules announced 8/23/12 may be viewed at http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1

Stage 2 rule can be found on the CMS EHR Incentive Programs website at www.cms.gov/EHRIncentivePrograms
Electronic Health Records

EHR Benefits

<table>
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<th>Informed Clinical Practice</th>
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<tbody>
<tr>
<td>Reduction of medical errors</td>
<td>Avoid duplication of tests and TX</td>
</tr>
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</table>

Portable information from one point of care to another

More efficient delivery of health care
More Benefits

- Track Outcomes
- Provide Risk Assessment
- E-Prescriptions - Lab History

Concerns

- Privacy and Security of Health Information
- HITECH Provisions Strengthened HIPAA
- Goal is to Enhance Privacy Standards
ADHERENCE TO A SET OF OBJECTIVES THAT ENHANCES THE POTENTIAL OF THE EHR TO IMPROVE HEALTH CARE AND DELIVERY OF SERVICES
Meaningful Use Goals

20 objectives must be completed to qualify for incentives payments

15 of the 20 are core objectives (REQUIRED)

10 menu objectives (5 can be chosen from the list)
National Goal

- Meaningful Use of EHR Records for Every Citizen by 2014

Assistance to Achieve the 2014 Goals for Meaningful Use of EHRs
REGIONAL EXTENSION CENTERS

BEACON COMMUNITY PROGRAM

CONSORTIUM COLLEGES

Meaningful Use

Medicaid EHR Incentive Program

Centers for Medicare & Medicaid Services
Incentives are based on “individual” providers, even if you are part of a practice.

Medicaid eligible professionals must also meet “volume” criteria (patient population comprised of 30% Medicaid beneficiaries or needy populations).

Dental health professionals may qualify for up to $63,750 dollars for adoption of an interoperable EHR under the existing HITECH incentives.
Summary

2000 SURGEON GENERAL’S REPORT
“There are opportunities for all health professions to work together to improve oral health”

2012 Today: “Movement” well underway:
- multiple parties, mutually reinforcing activities, common vision
- individual professions: part of something larger
- new partners: see importance
  - committed to seize opportunity for prevention
- change that lasts - in education and practice

THANK YOU

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