

# Asian Health Services Story Integration of Oral Health and Behavioral Health



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## ABOUT ASIAN HEALTH SERVICE



- Founded in 1974
- First dental clinic opened in 2003
- Current state: 66 medical rooms, 20 dental operatories plus three school-based sites, behavioral health, specialty mental health, HIV, youth program, community service, enabling services
- 30,000 health center patients, out of these, only 6,000 dental patients
- Patient-Centered Health Home: only medical patients can access dental services
- 500 staff
- Last OSV September 2017: met 19/19

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## Care Integration Model



- Only medical patients can access dental services
- Dental staff records immunizations, Hemoglobin A1C, measures blood sugar, takes blood pressure, weight and height for BMI, conducts depression screening for seniors
- Pediatricians/MA are trained to provide oral health education and apply fluoride varnish
- RNs trained on dental triage
- Dental questionnaire developed for BH patients
- Pregnant patients receive care during pregnancy for gum disease and urgent care
- School based at a High School Wellness Center: comprehensive care including medical, dental, mental health
- New dental and wellness center include dental and behavioral health: 9 dental operatories and one counseling room-4 FTE DDS ( general, oral surgeon, periodontist, pediatric and endodontist) and .6 FTE LCSW
- Cross referrals
- Warm handoff and warm connection

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### Clinical Champions



- Chief Medical Officer (CMO)
- Chief Dental Officer (CDO)
- Pediatric Department Head
- Behavioral Health Manager

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### How Integration Began



- Diabetes: CDO presented at medical providers meeting oral health complications in diabetic patients-Medical providers refer diabetics to dental for dental examination. Refresher presentation is given to providers and staff as new sites open as needed
- Perinatal: Perinatal Manager attended a county training on "Oral Health Begins at Birth" - Perinatal staff refers pregnant patients to dental for dental examination and treatment. Both medical and dental providers regularly attend county sponsored lectures on perinatal oral health every other year or as being offered.
- Pediatrics: Alameda County Public Health Dental Administrator was invited to give a talk to all medical and dental providers on oral health and trained all medical staff on fluoride varnish application. Training has been repeated to include new providers and staff at new sites.

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### On-going Training



- Behavioral Health: CDO regularly meets with Behavioral Health and Mental Health leadership. BH Manager provides training to dental staff to identify BH issues and how to diffuse.
- Behavioral Health screening is conducted for seniors at all dental sites
- HIV and Gender Training: Dental staff attends agency HIV training with medical staff, as well as training on LGTB
- Smiles for Life: all medical providers are familiar with the training tool

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### HIT



- Dental staff uses the same Behavioral Health Indicator Tool (BHIT) as medical staff. This screening form is part of medical care guidelines.
- Dental staff fills out BHIT responses on NextGen
- Dental records ICD 10 in Dentrix for reporting for tracking purposes
- Dental records blood pressure, smoking, BMI that can be used for UDS reporting \*\*\*medical and dental have mutual patients. These are shared and used for tracking purposes.
- NextGen and Dentrix

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### Structure



- New dental clinic opened in October 2017
- 4 FTE DDS, 0.6 FTE LCSW
- LCSW was hired in April 2018
- Workflows continue to be improved
- Dental staff fully supports the service
- Communication is key-daily briefing, monthly staff meetings

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### Integrated Care Model at Asian Health Ser (AHS) Clinic



- Behavioral Health (BH) in Primary Care setting
- Inter-disciplinary approach: Body and Mind
- Work in pods, not silos
- Emphasis is on collaboration and communication between different disciplines
- Patient-Centered Care Approach
- Huddles, care coordination, case management
- Medications, psychiatry, specialty mental health

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### The Integrated Behavioral Health Team



- Staffing
  - 6 BH clinicians (5 LCSWs, 1 ASW)
  - 3 medical social workers/case managers
  - 2 Care Neighborhood community health worker
    - intensive case management
  - 1 program coordinator
  - 1 care coordinator

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### •A STORY.....

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### Oral and Behavioral Health: Before and At



#### Before hiring dental LCSW

- BH screening for dental patients 65 years and over
- Use of Behavioral Health Indicator Tool (BHIT) at check in
- Workflow:
  - Review by dentist
  - Inform BH manager
  - Involve BH care coordinator
  - Set up BH appointment
  - Document in EHR

#### After hiring dental LCSW

- BH screening for dental patients 12 years and over
- Use of Behavioral Health Indicator Tool at check in
- Workflow:
  - Review by dentist
  - Warm Connection to LCSW
  - May involve BH care coordinator
  - Set up BH appointment
  - Document in EHR

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**AHS Behavioral Health Indicator Tool (BHIT)**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 MR Number: \_\_\_\_\_ Date of Visit: \_\_\_\_\_



Over the last 2 weeks, I have experienced the following:	YES	NO	
1. I feel nervous, anxious or on edge			
2. I have little interest or pleasure doing things I enjoyed in the past			
3. I feel down, depressed or hopeless			
4. I have had 4 or more servings of alcohol on a single occasion			
5. I have used illegal drugs OR taken more than my prescribed dosage to sleep or to calm down			
6. I have troubling thoughts and memories and cannot stop thinking about them			
For the situations I answered YES to:	Not at all	Somewhat	Very much
I have been bothered or troubled by them			

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## Referral to BH



### Warm Hand Off

- Crisis based
- E.g. harm to self, harm to others, domestic violence, abuse and neglect
- Goal: stabilize/resolve crisis

### Warm Connection

- Non-crisis based
- Any positive response on BHIT form
- Goal: successful BH referral and follow up

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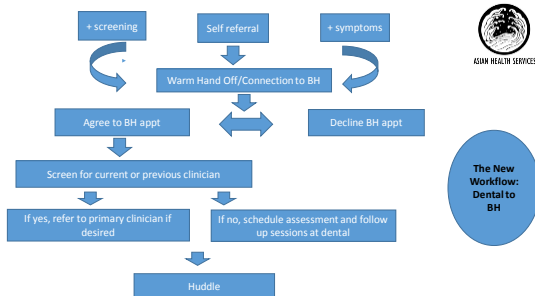
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### An Example: Mr. L



- Positive behavioral health screening during dental visit
- Warm connection on phone
- Scheduled BH appointment
- Face to face assessment
- Scheduled follow up visit
- Reminder call
- Patient showed up at follow up visit
- Next step: BH and case management follow up

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### Challenges



- It's NEW!
- EHR: different systems
  - Check in and out
  - Scheduling appointments
  - Staff access and training
- Languages and interpretation needs
  - Availability and skills
- Communication and care coordination with medical clinic
- Inclusion of dental patient in medical/BH huddles
- Billing (EPM set up, encounter, same day billing)

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### Vision and Next Steps



- Expand oral and behavioral health integration
  - Age 12 and up
  - All dental sites
- Role of BH Clinician: assessment, therapy, warm hand off, warm connection, psycho-education, classes, staff training
- New tools:
  - Provider Script Card
  - Patient Handout
- EHR
  - Staff access
  - Embedded referral forms
- Huddle with providers
- Workflow
  - No duplication of services

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THANK YOU



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## Region IX Clinical Excellence Conference

True Integration: Oral Health and Behavioral Health  
Tyree Davis, D.D.S.  
Dental Director  
Nevada Health Centers, Inc.

June 4, 2018

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### Nevada Health Centers, Inc.

- Founded in 1977
- Largest FQHC in Nevada
- Dental Program established in 2005
- Behavioral Health Program established in 20



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**Why integrate behavioral, medical, and dental care?**

- **Integrating behavioral health services** into a primary care setting is the most viable and efficient way of delivering prevention and ensuring access.<sup>1</sup>
- **It's team-based care** where the patient realizes that all the providers and staff they come in contact with are on the same page as it relates to their health outcomes.
- **It's time** that all disciplines work side-by-side for the benefit of the patient's health.
- **It's a collaborative process** where mental health professionals understand chronic medical and dental conditions and medical and dental providers understand how mental health intervention can help patients achieve their goals.

<sup>1</sup>SAMHSA-HRSA Center for Integrated Health Solutions, 2013

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**The Integrated Care Model Is:**

- **Co-located** - patients are provided medical, dental, and behavioral health services under one electronic health record (EHR) and one "roof."
- **Clinical Service** - behavioral health, medical and dental providers use evidence-based treatments to assess patient health and determine appropriate treatment options.
- **Cost Effective** – Revenue Cycle Management engages staff experienced in coding and billing for behavioral, medical, and dental events to ensure accurate and timely reimbursement

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**Program champion**

- Do we really need a champion?
- Who loves change?
- What will those changes entail?
- So who will lead the charge?




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## Welcome to Behavioral Health

- Introduction to Behavioral Health
  - Spoke with fellow Dental Directors
  - Explain the "Why" to staff
  - Training with LCSW
  - New Terminology
  - Referral Process- Hand-offs
- EHR Training
  - IT Team training
  - PHQ2 and PHQ9
  - EHR referrals



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## Welcome to Behavioral Health

- Staff empowerment
  - Training
  - Get comfortable being uncomfortable
  - Laminated Placard (Includes SOGI)
- Improving overall health
  - Explain the "Why" to patients
  - Increase access to an additional health service
  - Helps patients understand integration model



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## Tele-Behavioral Health

- Grant from HRSA in 2014
  - Paid for the initial equipment and start-up
  - \$30,000 grant from Children's Health Fund and S.
  - \$75,000 renewal grant from CHF and Samsung
- Distant Locations
  - Wendover- Pilot
  - Elko Dental
  - Sierra Nevada
  - Computer in patient's home



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### Integration Results

- Mother in Elko with abused child
- Patient in Elko with emotional problems
- Schizophrenia patient in Las Vegas
- Two Las Vegas patients with suicidal ideation



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### Questions?



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# MARIPOSA

- 4 sites, \$26 M
- 22 providers
- Southern Arizona, US-Mexico Border (Nogales)
- 23,000 patients
- Medical, Dental, BH, Radiology (not CT/MRI), Pharmacy, CHS, medical education




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# Behavioral Health, Early

Integration: meaning, goals and training (Behavioral Health Consultant - no panels)

**Goals:**

- ❖ Support primary care
- ❖ Expand services
- ❖ Collaborate with local agencies
- ❖ Enhance awareness of neglect, abuse, DV, family dynamics




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# Behavioral Health, Early

- Training and mentorship by Dr. Strossel
- Began the selection of the provider:
  - Training
  - Attitude, flexible
  - New discipline and approach
  - Desire to work with providers
  - Feel comfortable being the sole provider
  - Support life-long training, learn new skills
  - Approachable, available
  - Support warm hand-off
  - Bilingual




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## Behavioral Health Key Points

- Co-location with providers, office design, warm hand-off, no appointments required
- A member of the medical staff, support from the providers/CMO
- Invitation and participation in all activities
- Use the same electronic health records, work on templates and documentation
- Emphasize: recognition of anxiety, depression, acute grief, DV, abuse/neglect, medication adherence, enhance awareness of certain conditions and situations (pregnancy)
- Referrals to other agencies to manage psychoses and SMI
- Work closely with CHS and advocate for DV



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## Behavioral Health Integration

- Adjustment to a new approach: short visits, limited follow up, appropriate referrals
- MCHC as the primary care home
- Management of medications, understanding of pharmacology
- Understand the contribution and value, leadership support



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## Behavioral Health Integration and Evolution

### Added Roles:

- Support MCHC during tragic events, i.e., death of providers
- Support the community, i.e., death of law enforcement officer
- Support providers during difficult times
- Intervene in conflict resolution, when appropriate
- Community and health center presentations
- Continued training, i.e., adolescence, trauma, Project ECHO, CBT
- Liaison with other BH agencies
- Mentor new providers, medical/BHC



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## Behavioral Health Integration and Evolution

- Added another provider at another site
- Continue to emphasize the role of the program, stay with key points
- Support the BH Consultant during difficult times
- Plan for growth
- Strengthen relationships with other BH agencies



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