

Integration of Oral Health in Team-Based Care Settings

Wednesday May 21st, 2025

2:00 – 3:00pm Eastern / 11:00am – 12:00pm Pacific



Continuing Education Credits (CEUs)

Through MWHS, the Weitzman Institute can award continuing education credit (CEUs) to physicians, nurse practitioners, pharmacists, nurses, physician associates/assistants, dentists, psychologists, social workers, and dietitians. Please note that continuing education credit requirements differ by state, jurisdiction, and licensing agency. It is your responsibility to confirm if your licensing/credentialing agency will accept the credits offered by Weitzman Education activities.

To learn more, please visit:

<https://education.weitzmaninstitute.org/content/about-us>



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Disclosure

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (or spouse/partner) and any for-profit company in the past 12 months which would be considered a conflict of interest.
- The views expressed in this presentation are those of the presenters and may not reflect official policy of Community Health Center, Inc. and its Weitzman Institute.
- We strive to create a respectful and welcoming learning environment. If anything in today's session makes you feel uncomfortable, please let us know via email at nca@chc1.com.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that we present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.
- This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

**MORE THAN
WHAT WE DO.
IT'S WHO WE
DO IT FOR.**



We are a first-of-our-kind system of affiliates brought together by a common goal: To solve health inequity for the most underserved communities among us. Through primary care, education and policy, we've already bridged the gap for over 5 million people. And we're just getting started.



Learn More at mwhs1.com



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

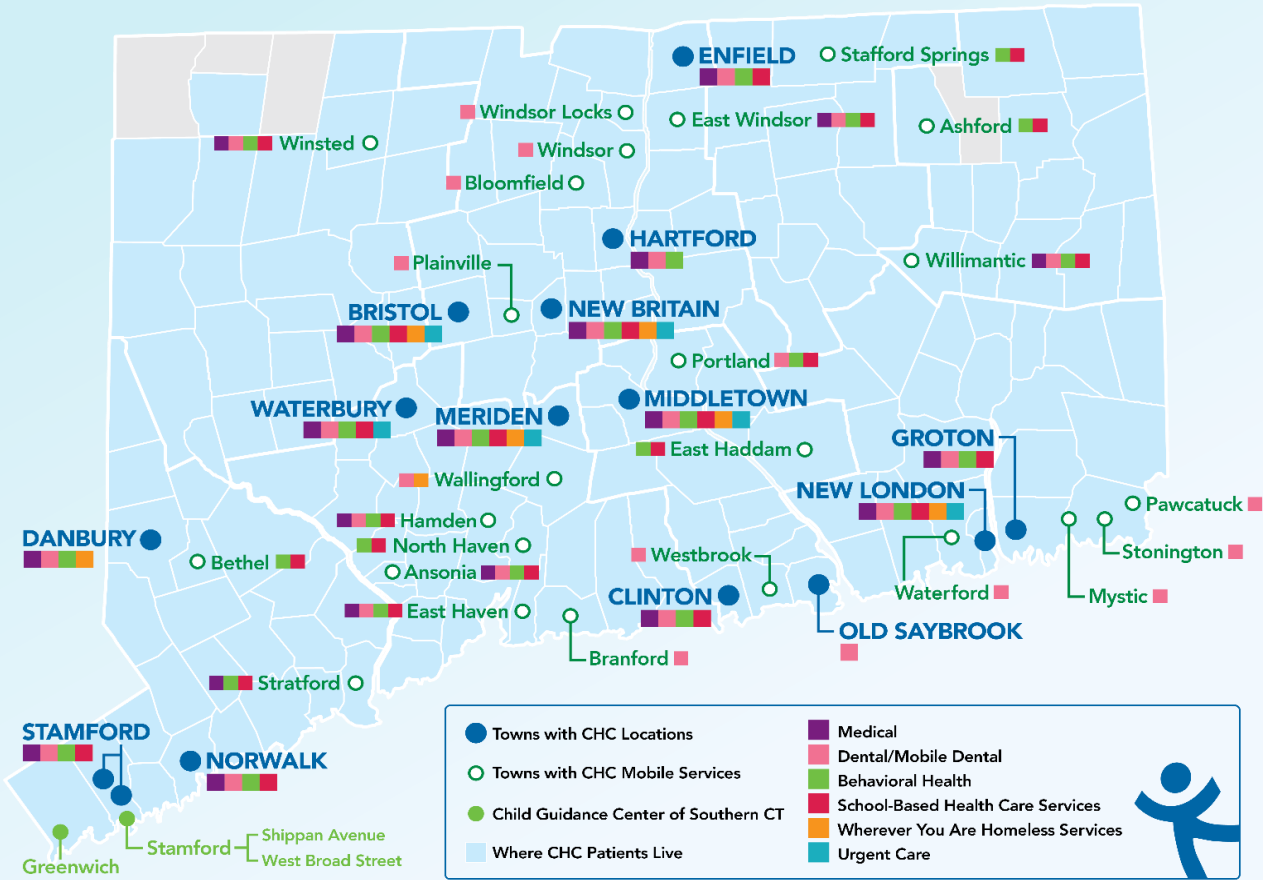
The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1

Clinical
Excellence

2

Research
and
Development

3

Training
the Next
Generation

Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2021	2022	2023
Patients Seen	99,598	102,275	107,225

National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to health centers across the nation through national webinars, activity sessions, learning collaboratives, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

National Network for Oral Health Access (NNOHA)

- Founded in 1991 by FQHC Dental Directors who identified a need for peer-to-peer networking, collaboration, research, and support
- Membership now includes more than 5,400 dentists, dental hygienists, dental assistants, supporters, and partners



HRSA National Training and Technical Assistance Partner



Learning Collaboratives



NNOHA Listserv



Annual Conference



NNOHA Oral Health
Leadership Institute
(NOHLI)



Webinars and on-demand
learning



Resources: publications,
dental forms library,
promising practices, and
more!

Visit nnoha.org or email info@nnoha.org

Speakers



Sheela Tummala, DDS
Chief Dental Officer



Irene Hilton, DDS, MPH
NNOHA Dental Consultant

Integration of Oral Health in Health Centers

Irene Hilton, DDS, MPH

Dental Consultant, NNOHA



Objectives



Understand why community health centers are ideal locations to implement medical-dental integration.



Explain a systems level framework for implementing integrated services.



Describe examples of population-based integration programs in health centers.

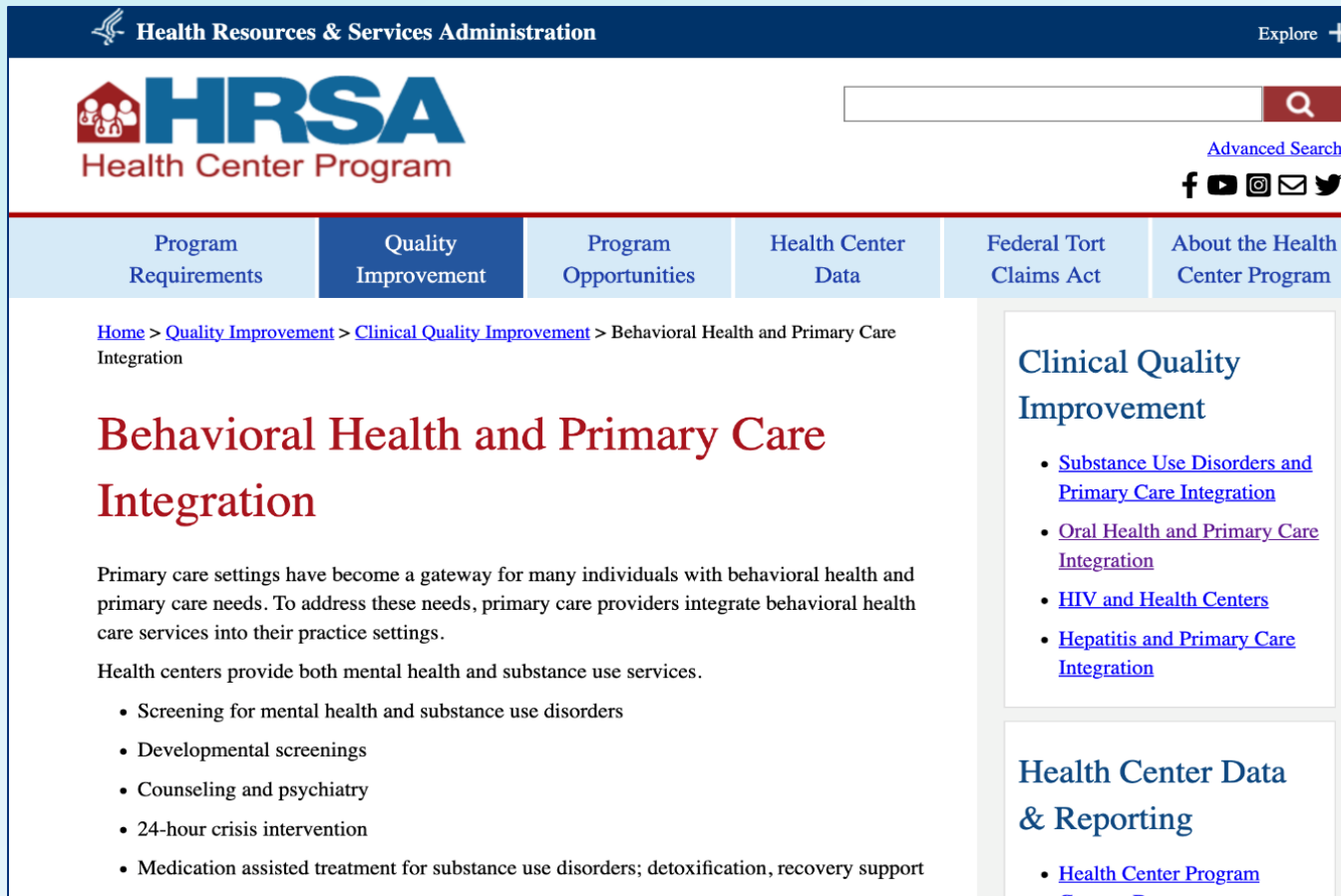


Background

Infrastructure for Health Center Integration



2003: Behavioral Health & Primary Care



The screenshot shows the HRSA Health Center Program website. The header includes the HRSA logo and navigation links. The main content area is titled "Behavioral Health and Primary Care Integration" and contains a paragraph about primary care settings as a gateway for behavioral health and primary care needs. It also lists services provided by health centers, such as screening for mental health and substance use disorders, developmental screenings, counseling and psychiatry, 24-hour crisis intervention, and medication-assisted treatment for substance use disorders. A sidebar on the right contains links to "Clinical Quality Improvement" and "Health Center Data & Reporting".

Health Resources & Services Administration Explore +

HRSA
Health Center Program

Advanced Search

f y i e t

Program Requirements Quality Improvement Program Opportunities Health Center Data Federal Tort Claims Act About the Health Center Program

[Home](#) > [Quality Improvement](#) > [Clinical Quality Improvement](#) > Behavioral Health and Primary Care Integration

Behavioral Health and Primary Care Integration

Primary care settings have become a gateway for many individuals with behavioral health and primary care needs. To address these needs, primary care providers integrate behavioral health care services into their practice settings.

Health centers provide both mental health and substance use services.

- Screening for mental health and substance use disorders
- Developmental screenings
- Counseling and psychiatry
- 24-hour crisis intervention
- Medication assisted treatment for substance use disorders; detoxification, recovery support

Clinical Quality Improvement

- [Substance Use Disorders and Primary Care Integration](#)
- [Oral Health and Primary Care Integration](#)
- [HIV and Health Centers](#)
- [Hepatitis and Primary Care Integration](#)

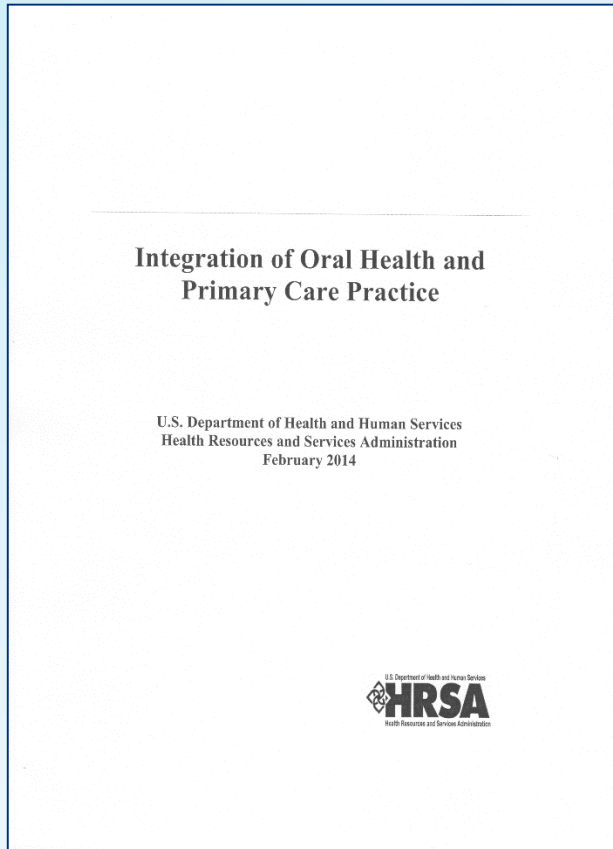
Health Center Data & Reporting

- [Health Center Program](#)

UDS measure:

- Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented.

2014: HRSA Integration of Oral Health and Primary Care Practice (IOHPCP) Initiative



<https://www.hrsa.gov/sites/default/files/hrsa/oral-health/integration-oral-health.pdf>

- Develop oral health core clinical competencies for primary care clinicians
- Translate into primary care practice in safety net settings

Goal:

- Improve access for early detection and preventive interventions leading to improved oral health

Oral Health Core Clinical Competency Domains



Risk Assessment



Oral Health Evaluation



Preventive
Interventions



Communication and
Education

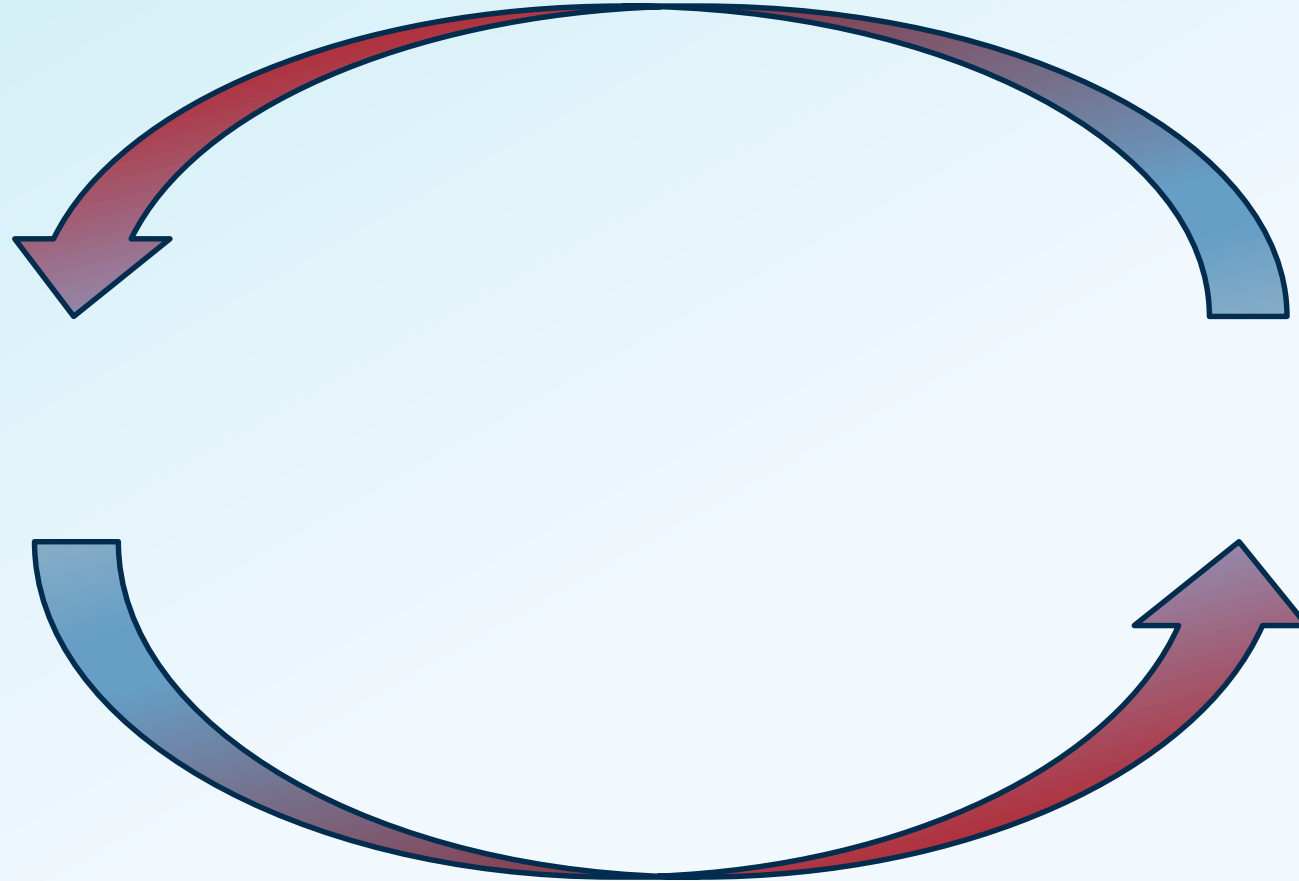


Interprofessional
Collaborative Practice

Growth from Unilateral to Bilateral Activities

Primary care
professionals
engage in oral
health activities

Oral health
professionals
engage in
medical
activities





Strategies, Tools & Resources for Integration Programs



Steps to Successful Integration Programs

- Readiness Assessment
- Implementation Framework
- Quality Improvement Methodology

Integration Readiness Assessment

Leadership Buy-In

C-suite leadership and Board of Directors buys into and supports integration.
Integration is the culture of the organization.

Integrated Executive Team

Dental director/Chief Dental Officer is part of health center management team and directly reports to CEO.

Staff Buy-In

All participating department staff understand and are willing to learn about the value of integration.

Champions

There are clinical champions from all participating disciplines in the organization.

Co-Location

Primary care, behavioral health, and dental are co-located at the same community health center site.

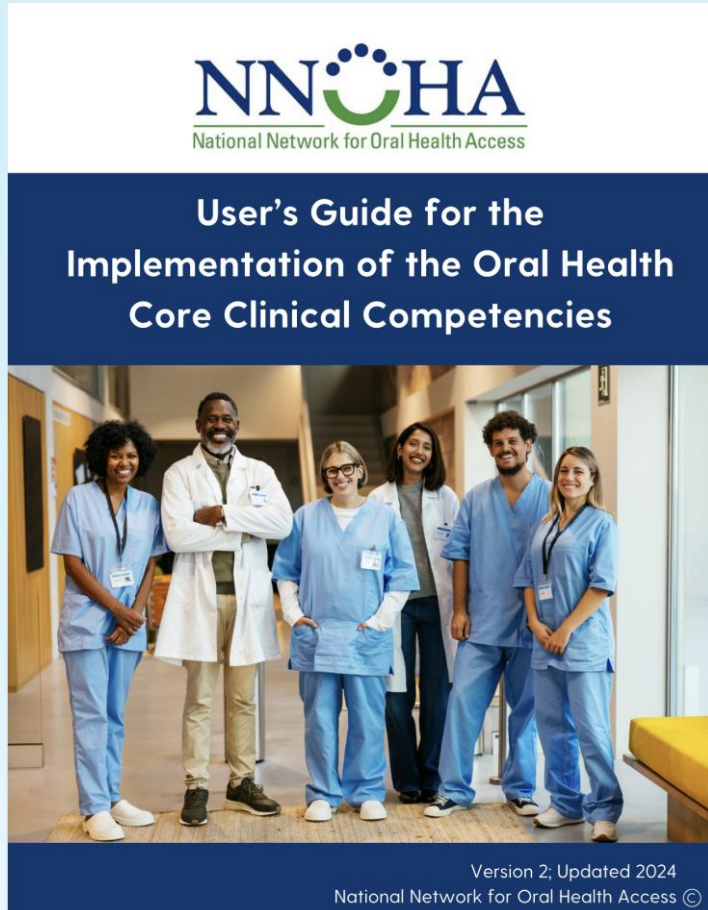
Quality Improvement Culture

The organization understands and uses the Model for Improvement or other quality improvement methods to test and implement new ideas.

Integrated EHR System

Electronic medical record and electronic dental record are integrated and interoperable.

System Level Implementation Framework



1 Planning

2 Training System

3 Health IT System

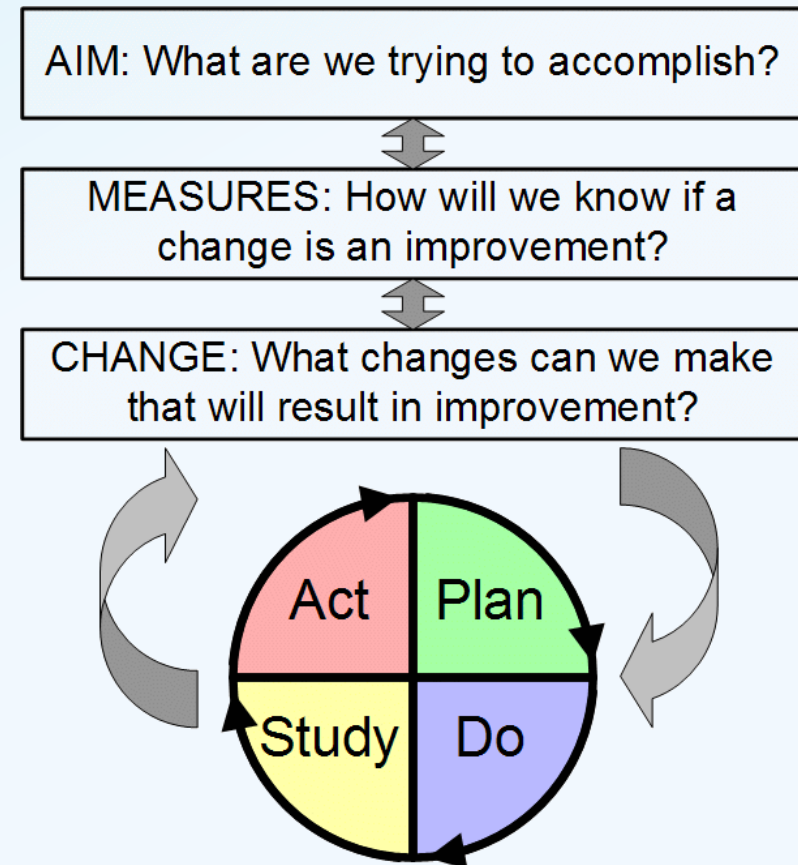
4 Clinical Care System

5 Evaluation System

Quality Improvement Methods

- Small scale testing of system change implementation
- Measurement for evaluation of change
- Allows local HC innovation

- Model For Improvement





Health Center Population Based Programs

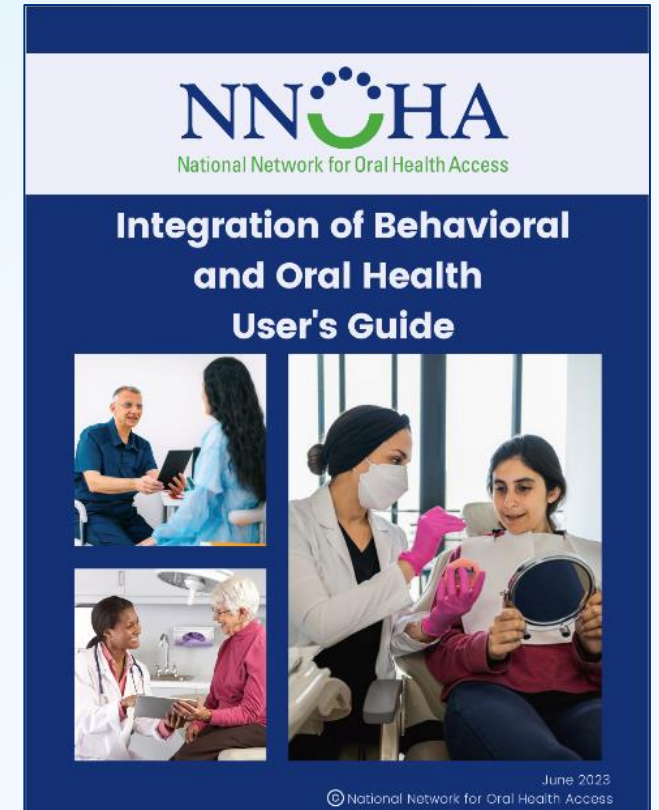


Maternal & Child Health

- Usually the first two patient populations selected for medical-dental integration programs
- Dental visits reimbursed for both populations by state Medicaid programs
- Makes sense from a prevention perspective

IBOH (Integration of Behavioral & Oral Health)

- 50+ health centers since 2020
- Dental team members administer PHQ-2/ PHQ-9
- Bi-directional referrals between dental and BH



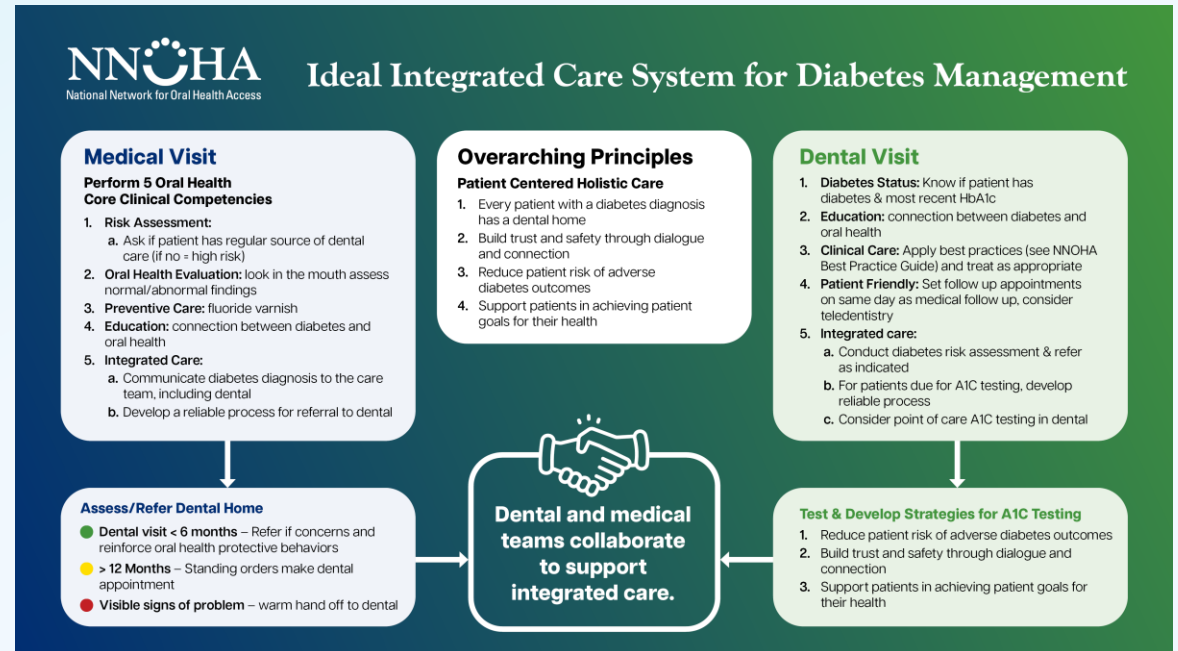
<https://drive.google.com/file/d/1o23MxxKNkOImtipk-NHVla4rliqx7jQv/view>

Chronic Disease Management

- 5.7 million: Hypertension (1 in 5)
- 3.2 million: Diabetes (1 in 8)
- 1.4 million: Asthma
- 2.9 million: Depression/Mood Disorders

Source 2023 UDS

Integration of Diabetes & Oral Health (IDOH)





Tobacco Cessation

- Tobacco use a risk factor for oral cancer
- Dental screening for tobacco/vaping use
- Referral to quitline and/or behavioral health



Infectious Disease Prevention

- Dental screening for administration of Gardasil for prevention of HPV caused oral cancer
- Caregiver education
- In locations with integrated EHRs, dental can help close prevention care gaps

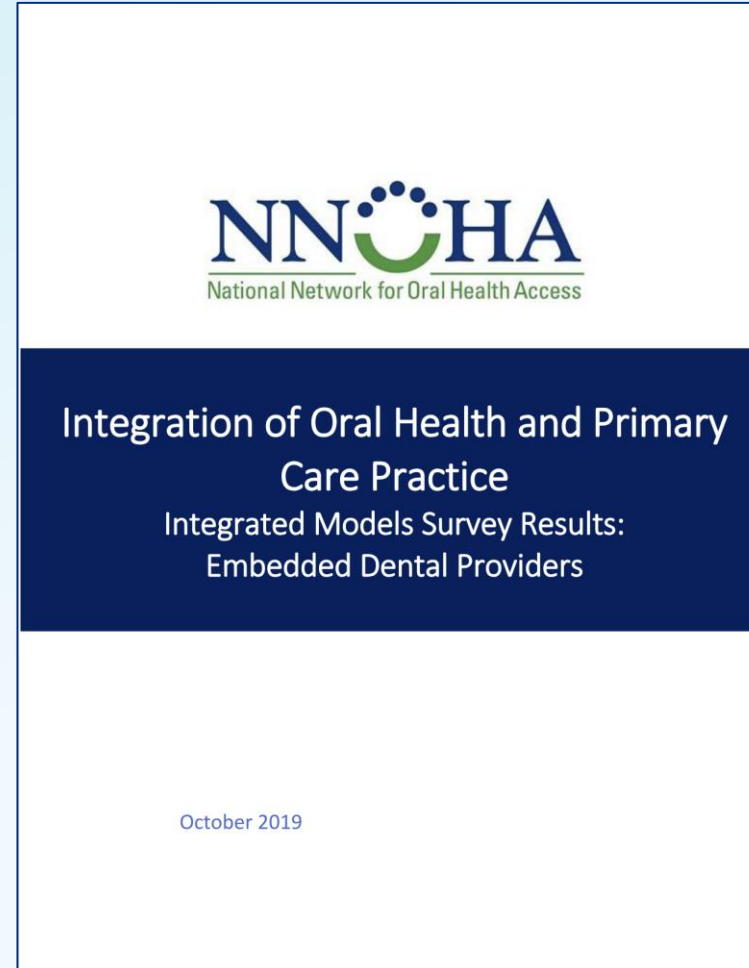


Outcomes

- Quality
- Cost
- Clinical
- Patient Reported

Future

- Embedded Providers
- Teledentistry
- UDS+



https://drive.google.com/file/d/1CvIHVO4GEk96XedncCuMWGoFl_ePodXFF/view

See you in San Antonio!

NNOHA 2025

Remember the dates...

November 9–12, 2025




Contact Us!



Candace Hsu Owen, RDH, MS, MPH
Education Director
candace@nnoha.org



Irene Hilton, DDS, MPH
Dental Consultant
irene@nnoha.org



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 under grant number U30SC29051 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Integration of Oral Health at Community Health Center, Inc.

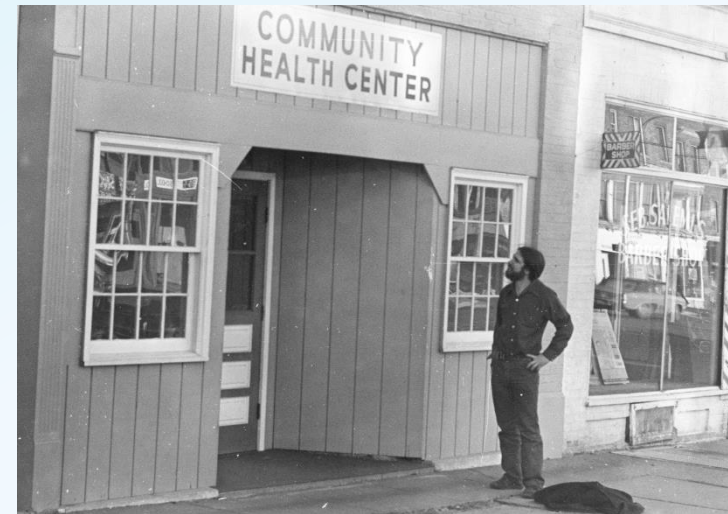
Sheela Tummala, DDS

Chief Dental Officer



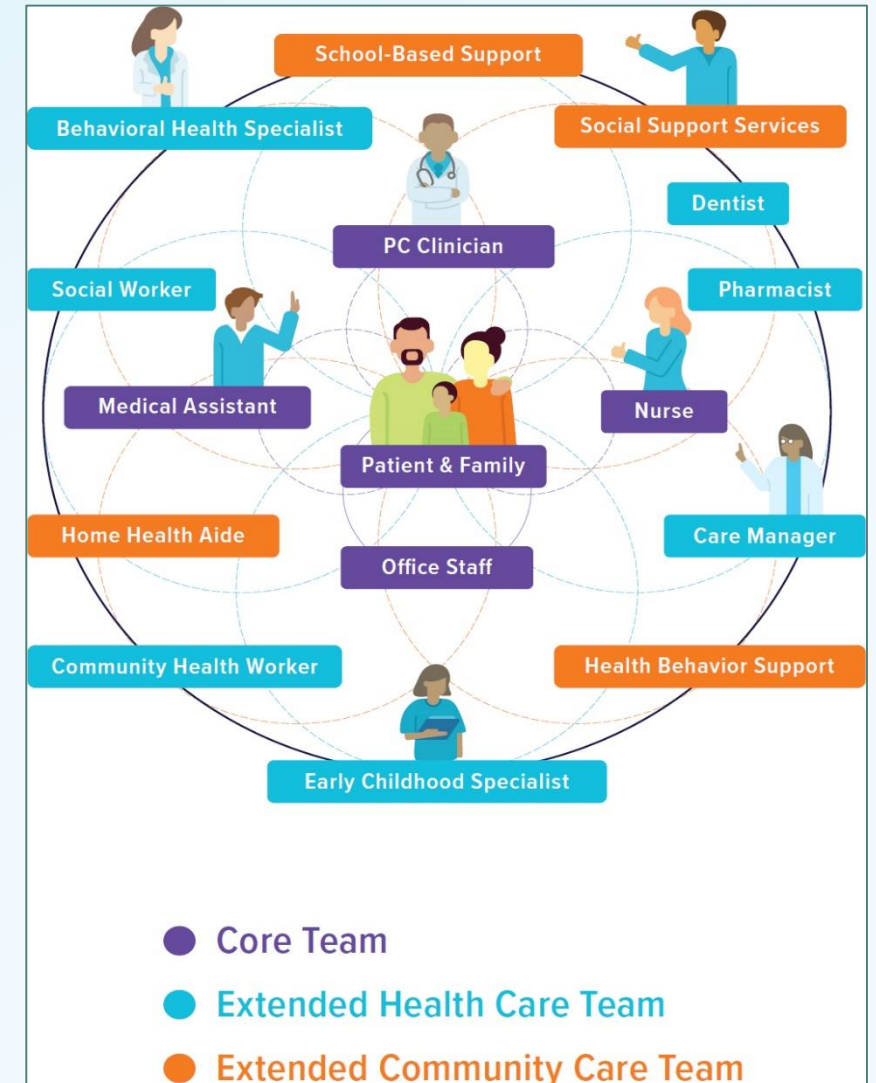
History of Oral Health at CHCI

- Community Health Center started as one dental chair in a converted 2nd-floor walk-up apartment in Middletown, CT on May 1st, 1972.
 - The clinic was staffed by five local dentists who dedicated their time.
- Today, CHC operates in 16 hubs/cities with all sites offering a full range of dental services, from cleanings and fillings to root canals and crowns.



Interprofessional Care Teams

- Facilitators of high-quality primary care include the interprofessional care teams
 - Interprofessional care teams:*** Care provided by teams of clinicians and other professionals fit to the needs of communities, working to the top of their skills, and in coordination leads to better health.¹
- Figure on the right demonstrates the composition of interprofessional primary care.¹



1. National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press.
<https://doi.org/10.17226/25983>.

Oral Health Care is Primary Health Care

Oral health care is primary health care, and better integration of oral health care with primary care is increasingly recognized as best policy worldwide to optimize overall health.

Using an interdisciplinary care model:

- Establishes comprehensive and bi-directional complete care for patients
- Expands the potential for high risk individuals to have access to care that prevents, halts, and even reverses dental disease, avoiding or reducing the need for expensive treatment later on, visits to emergency rooms, and absence from work or school due to acute dental problems.
- Collaborate more easily with primary care and behavioral health providers to optimize patients' overall health.



Integration of Oral Health

- When patients come to get any service, the team works to provide services across all disciplines with warm handoffs.
 - Doing so also alleviates the burden of transportation issues as patients can see their dentist and primary care provider (PCP) within the same trip.
- The impact of effective integration of oral health into primary care is seen through increased prevention of oral health conditions, earlier identification of disease precursors and underlying conditions, reduced patient-specific barriers to accessing services, increased awareness of the importance of oral health, and improved chronic disease management and prevention.



Best Practices for Optimizing Oral Health Care

Shared Information
Technologies

Full Scope Oral
Health Care

Integration of Topical
Fluoride Application
within the
Primary Care Setting

School-Based
Dentistry

Shared Information Technologies

- Allows dental staff to communicate across our sites, as well as mobile sites
- Allows dental staff to initiate a warm handoff to behavioral health or primary care
 - Similarly, a medical assistant in primary care can initiate a hand off to dentistry if a patient has immediate needs or is due for a dental wellness visit.
- **Example:** Using new technologies with intraoral cameras, our school-based and mobile hygienists can capture the images in the EHR, which allows colleagues in the primary care centers to support clinical assessment and decision making in the field.
- Shared data and dashboards

Full Scope Oral Health Care

- Full scope team-based oral health includes utilizing the team to the top of their license. These roles include:
 - **Dental Assistants:** Trained to assist chairside in a 4-hand dentistry model as experts in the technical performance of supporting the dentist
 - **Registered Dental Hygienists:** Monitor the overall care of the patients, and collaborate closely with the dentist.
 - **Dental Therapists:** Diagnoses and treats oral diseases of a limited scope

Note: This is dependent on state regulations.

Integration of Topical Fluoride Application within the Primary Care Setting

- In some health centers, pediatric medical staff provide topical fluoride treatments during well child visits.
- **Best Practice:** Embed the hygienist in the pod with the primary care team. The planned care dashboard identified children who were scheduled each day for a non-acute visit with medical, nursing, or behavioral health and who are due for the fluoride application. The hygienist saw the child in the exam room, and provided the treatment, as well as oral health education for both the child and parent.

Note: There has been changes in state regulation.

School-Based Dentistry

- Providing dental care where people are rather than expecting them to come to you removes major barriers to accessing preventive care and identifying the need for follow up restorative care.
- **Example:** Providing sealants at our school-based mobile dental sites, in addition to other preventive care, such as routine cleanings, represents best practices in preventive oral health measures, engages children in the importance of integrating oral, physical health, and behavioral health.
- **Dental mobile vans:** Intention to provide collaboration with medical mobile van

Figure 11.1:
Mobile Dental Cycle of Care.



List Name	Distinct Students	Distinct Visits
School Based Crosby-Wallace Complex Dental	53	120
School Based Wilby-North End Complex Dental	5	7



Questions?



Wrap-Up

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CLINICAL WORKFORCE DEVELOPMENT
Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in **Learning Collaboratives** to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)

<https://www.weitzmaninstitute.org/ncaresources>

Health Center Resource Clearinghouse



HEALTH CENTER RESOURCE CLEARINGHOUSE

ABOUT • PARTNERS • SEARCH • LEARNING • PRIORITY TOPICS • PROMISING PRACTICES • CONNECT

Health Center 101 Learning Bundle: Learn More About the Health Center Model through Videos and Resources |
NTTAP National Health Center Training and Technical Assistance (TTA) Needs Assessment

Search the Clearinghouse: Enter Search Terms Here [SEARCH](#)

There are 4 ways to search the Clearinghouse:

- Simple Search
- Guided Search
- Advanced Search

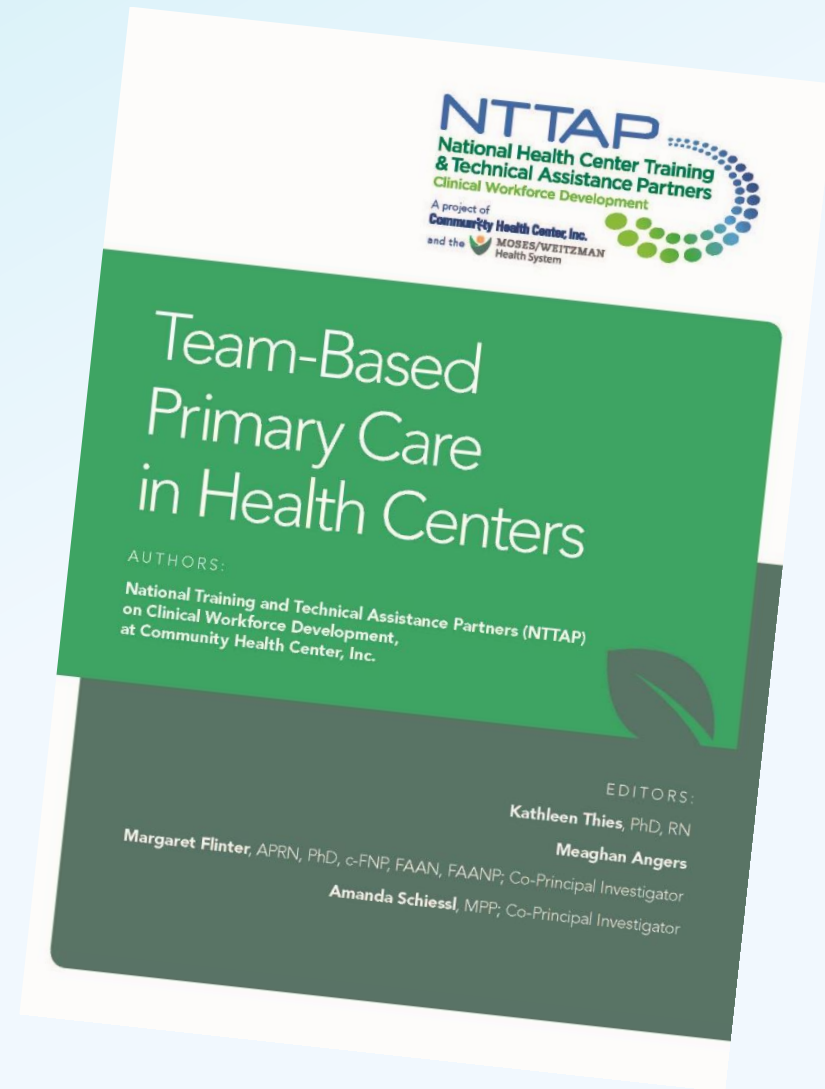
Quick Finds: Use the links below to find resources on key topics

- Clinical Issues
- Operations
- Special & Vulnerable Populations
- Emerging Issues: COVID-19, More...
- Patient Materials
- Telehealth

<https://www.healthcenterinfo.org/>

Download our new book, *Team-Based Primary Care in Health Centers!*

<https://www.weitzmaninstitute.org/wp-content/uploads/2024/09/Team-BasedPrimaryCareinHealthCenters.pdf>





Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit <https://www.chc1.com/nca>