Expanding Access to Dental Care by Integrating Dental Hygienists into Medical Care Teams in Colorado Primary Care Practices

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Background: Integrating dental hygienists into medical care teams moves beyond coordinated and co-located care and builds a patient-centered, team-based approach. Objectives: Goals of the Colorado Medical-Dental Integration Project (CO MDI) include: 1) expand access to oral health services for underserved patients by integrating dental hygienists into medical care teams, 2) improve patients' oral health, and 3) build financiallysustainable models. Methods: Sixteen Colorado medical practices participated in CO MDI and developed integrated models of care delivery. Practices participated in practice facilitation, including technical assistance, individualized/group coaching, and a collaborative Learning Network to develop, test, and refine their models. Results: From 2015-16, fully functioning dental hygiene rooms were built in 15 medical settings (one is portable). Twenty-four dental hygienists were integrated into 16 medical practices to provide full-scope dental hygiene services. Practices developed workflows and processes to integrate oral health care into medical care. A total of 20,190 patient visits were provided (25% 0-5 years, 34% 6-18 years, 41% >18 years); most patient visits were insured by Medicaid (70%). The majority of patient visits had not seen a dental provider in the past year (53%), and 39% had untreated dental decay. Almost half (9,606) of all visits required a dental referral for restorative care; 58% were attended. Five practices demonstrated financial sustainability. One practice terminated the project. Conclusions: Integrating dental hygienists into medical care teams is an innovative approach that increases access to dental care. The impact of this approach on oral health is still being tested. Financial sustainability is possible.

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