



# Empowering Comprehensive Care: *Recruiting & Retaining the Integrated Care Team*

Session One – National Network for Oral Health Access

October 24, 2023

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- **Be present** and if possible be on camera – it is wonderful to see everyone!
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- Please complete the **evaluation** at the end of the session.



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- Mute yourself unless speaking
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- Think outside the box
- Be gracious to one another
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Access to Care & Clinician Support

Recruitment & Retention

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- National Cooperative Agreement awarded in 2014
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# STAR<sup>2</sup> CENTER TEAM



**SUZANNE SPEER**

*(she/her)*

**Senior Director, Workforce  
Development**

[sspeer@clinicians.org](mailto:sspeer@clinicians.org)



**DR. MICHELLE FERNÁNDEZ  
GABILONDO**

**DSW, MSW**

*(she/her/ella)*

**Associate Director of Workforce  
Development**

[mfernandez@clinicians.org](mailto:mfernandez@clinicians.org)



**MARIAH BLAKE**  
**MPA**

*(she/her)*

**Senior Program  
Associate**

[mblake@clinicians.org](mailto:mblake@clinicians.org)



**HELEN RHEA VERNIER**  
**MSC**

*(she/her)*

**Senior Training Specialist**

[hvernier@clinicians.org](mailto:hvernier@clinicians.org)



**ALEX ROHLWING**  
**MA, EMT-P**

*(he/him/they)*

**Program Manager**

[arholwing@clinicians.org](mailto:arholwing@clinicians.org)

# LAND ACKNOWLEDGEMENT



*This meeting was planned on and is being presented from unceded territories of various Indigenous, Native American, and First Nations peoples. We humbly offer gratitude and respect to the elders, past and present citizens of these tribes, and to all indigenous peoples that are historically and contemporarily tied to the lands that make up what is now called the United States.*

Check out this resource to see whose land you're occupying:

[native-land.ca](https://native-land.ca)



# **Empowering Comprehensive Care:**

## Recruiting and Retaining Integrated Teams

Candace Hsu Owen, RDH, MS, MPH

Education Director

October 24, 2023



# Objectives



Comprehend the vital role that dental professionals play within a transdisciplinary care team, and how their expertise contributes to a holistic approach to patient well-being.



Identify and evaluate promising practices for recruiting and retaining oral health professionals within integrated care teams.



Acquire actionable insights and tools to establish a transdisciplinary healthcare team that effectively incorporates dental expertise.



# About 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 5,000 dentists, dental hygienists, supporters, and partners



# HRSA National Training and Technical Assistance Partner



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Resources: dental forms library,  
promising practices, operations  
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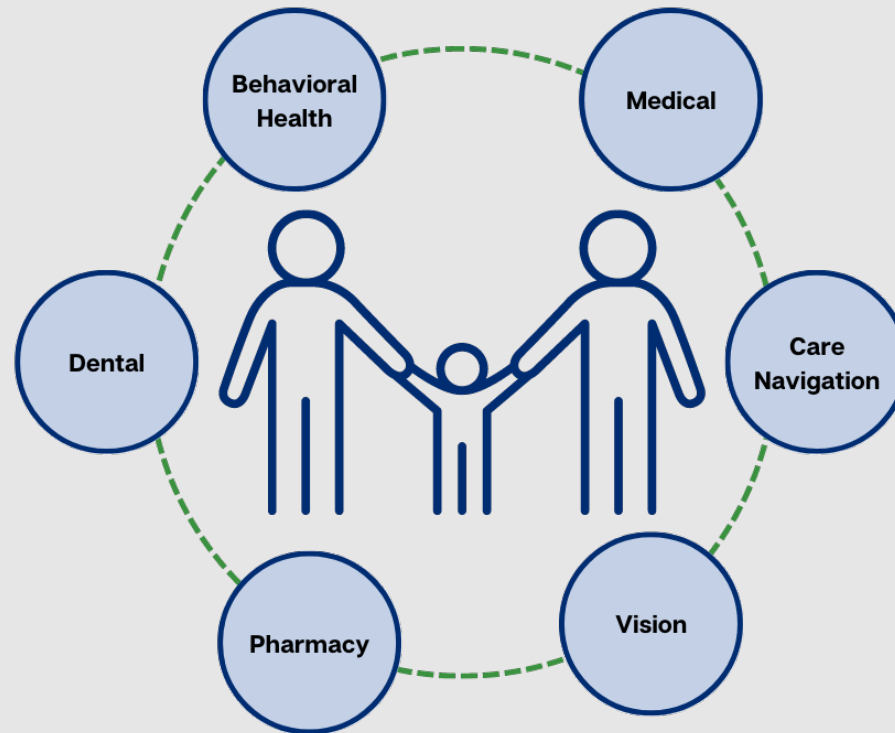




# Why should we integrate?



# Health Center Care Model



# Medical and Dental Integration

- Proven relationship between oral health and chronic diseases (i.e., diabetes, pregnancy outcomes, heart disease)
- Increased demand for oral health care
- Increase access to oral health care and primary care services
- Improved health outcomes by addressing both oral health and primary care





# Behavioral health (BH) and Oral Health Integration

- Relationship between oral health and behavioral health
- Surveys show that dental team members are not confident/knowledgeable about behavioral health and the impact on their patients.
- Increased demand for behavioral health care



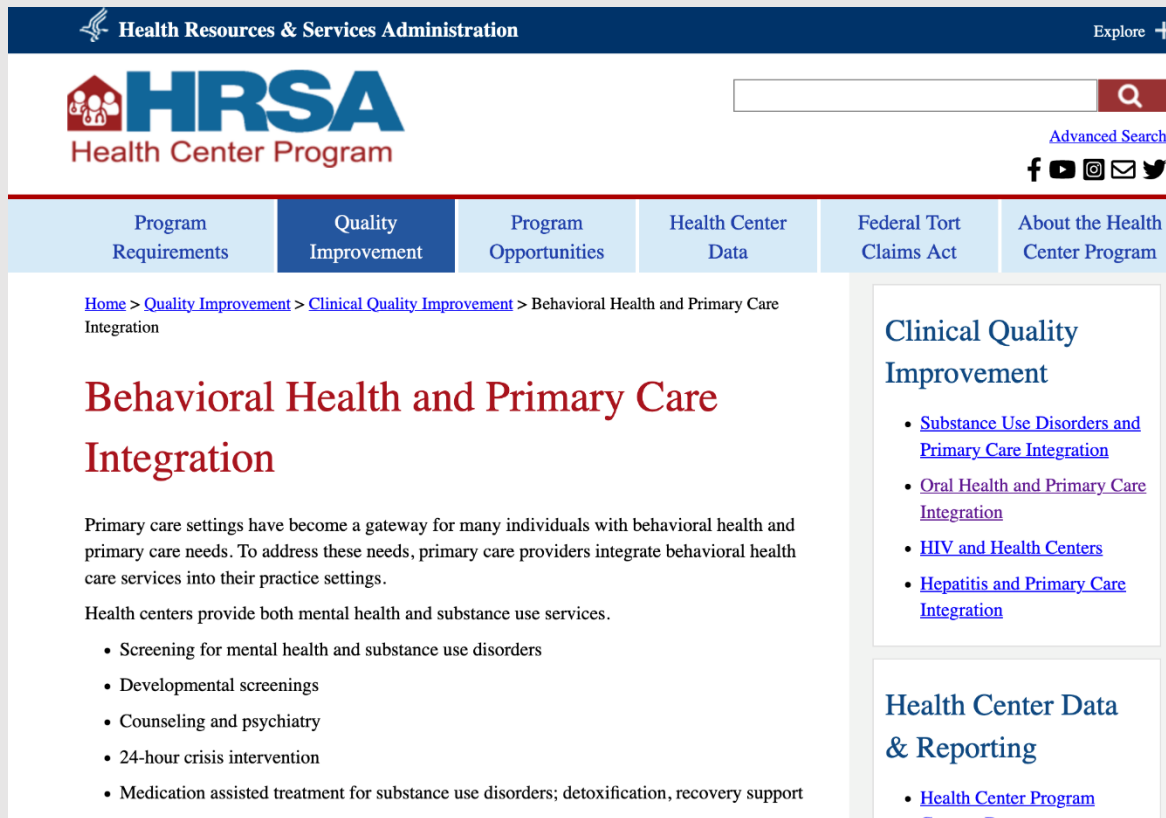


# A Brief History of Integration in Health Centers

*Where are we and how did we get here?*



# 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 several services provided by health centers, including 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.

Health Resources & Services Administration

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HRSA Health Center Program

Advanced Search

f y o 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

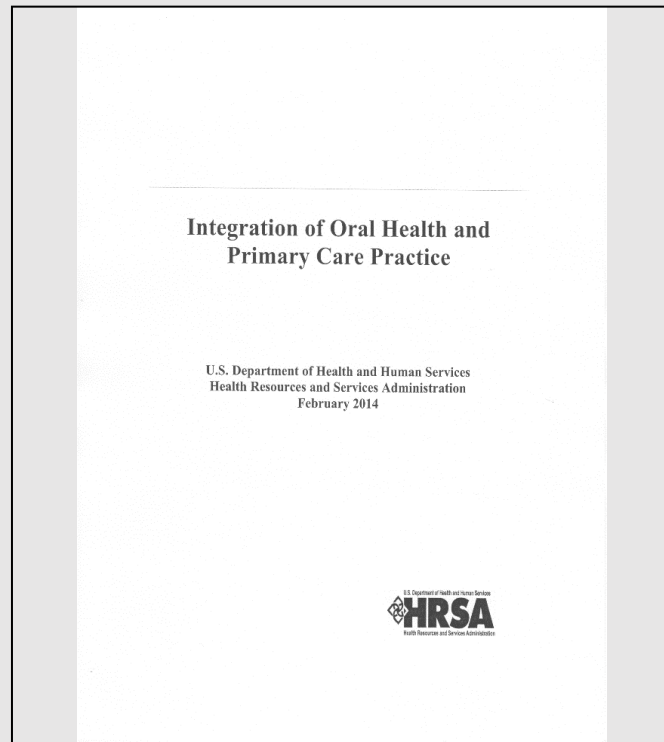
- [Health Center Program](#)

- 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.

2022: 70.02%



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



- 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



# 2015: A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies

A User's Guide for Implementation of  
Interprofessional Oral Health Core Clinical  
Competencies: Results of a Pilot Project



NN<sup>o</sup>HA  
National Network for Oral Health Access

- Originally developed for uni-directional referral from primary care to dental
- Systems approach
- Model valid bi-directionally





- 1** Planning
- 2** Training System
- 3** Health IT System
- 4** Clinical Care System
- 5** Evaluation System



# Readiness for Integration

## 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

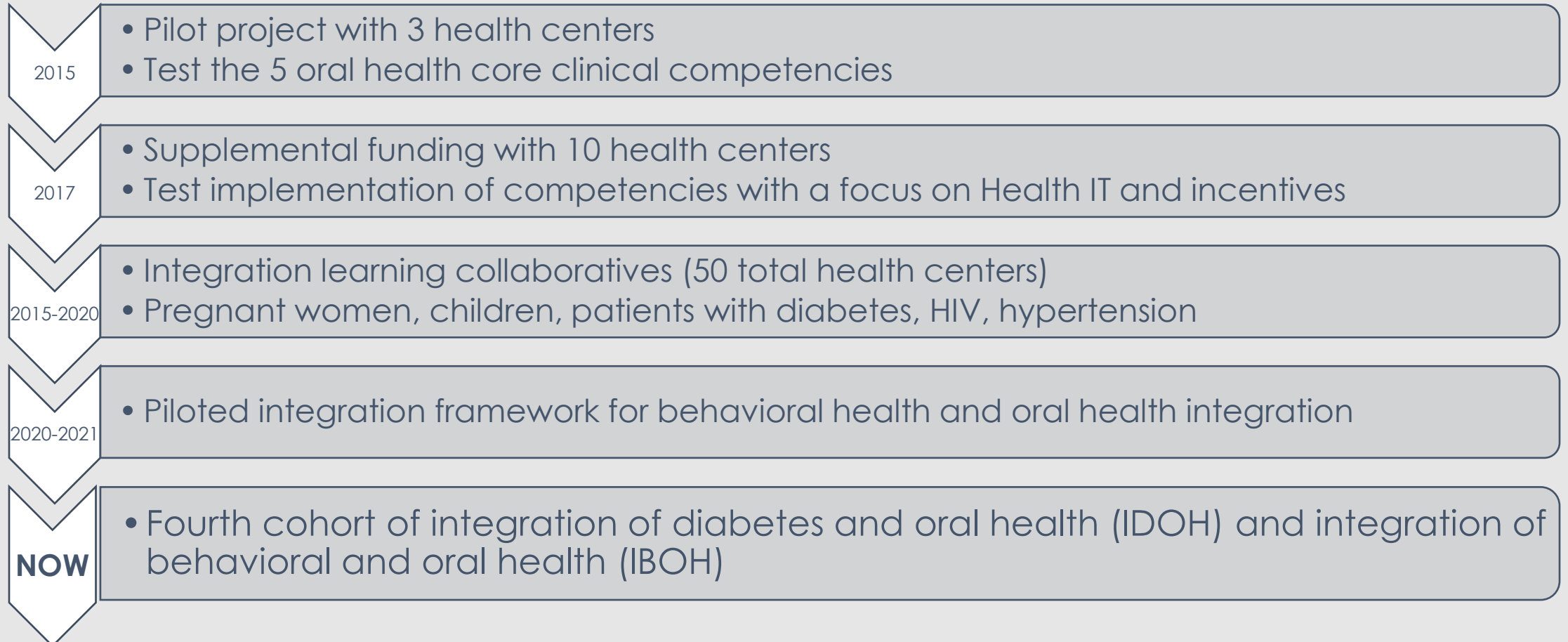
The organization understands and uses the Model for Improvement or other quality improvement methods to test and implement new ideas.

## Integrated EHR System

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



# Integration Framework in Action



## Health Center Benefits

- Creates a patient-centered health home.
- Increased patient satisfaction.
- Reduced no-shows with same-day visits.
- Increased team member satisfaction with a greater scope of services.
- Creates team-based care culture.
- Increased number of patients receiving services.
- A greater understanding of systemic health connections.
- Establish relationships with other team members.

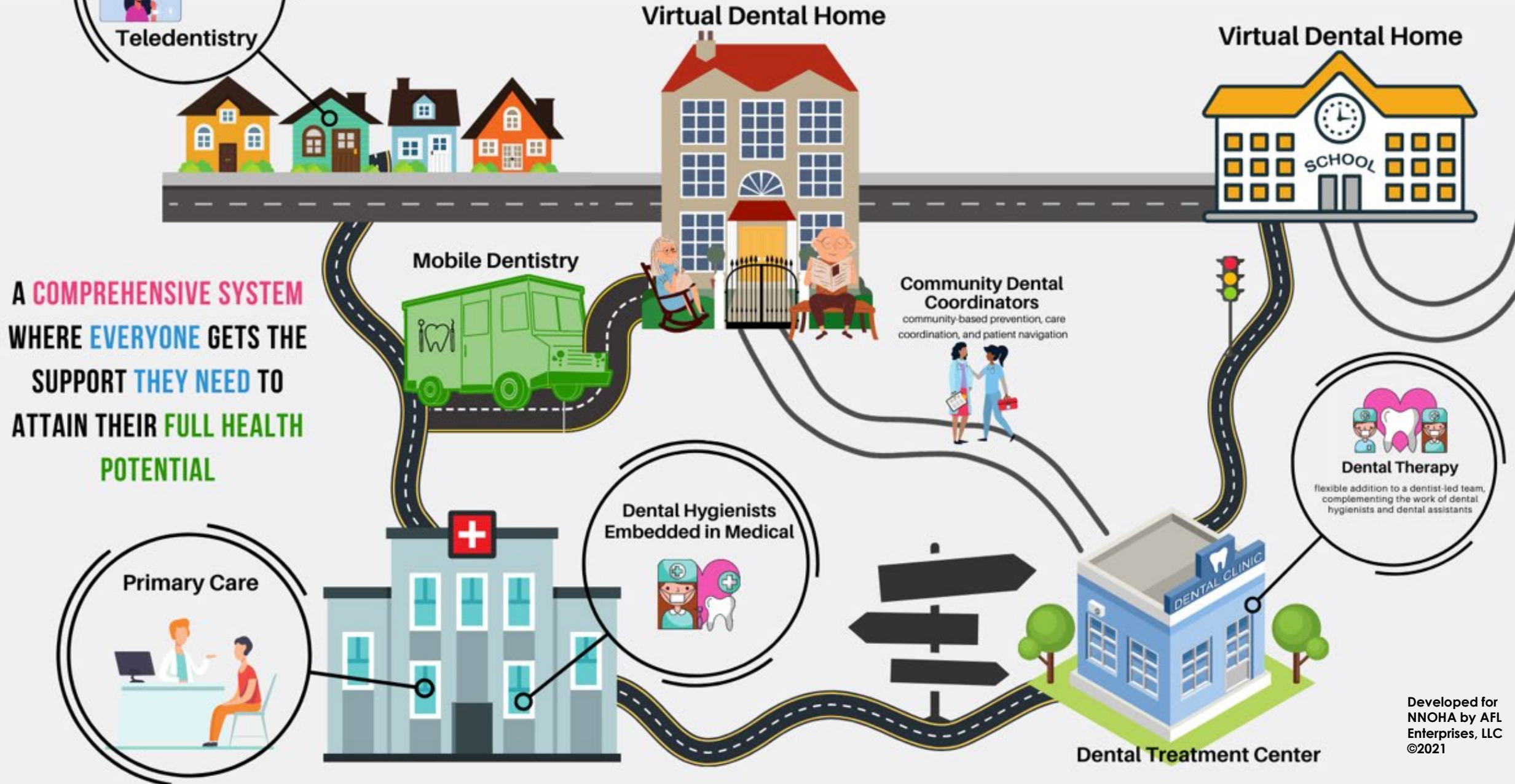


## Patient Benefits

- Improved overall health.
- One health care system for a variety of disciplines.
- Reduced time off work/school for appointments with same-day visits.
- Access to more services and disciplines.
- A greater understanding of systemic health and oral health connection.
- Potential long-term cost savings for health care.
- Simplified care coordination.



# DELIVERY SYSTEM DESIGN FOR ORAL HEALTH EQUITY



# Models of Integration

## 1. Integration of Oral Health and Primary Care Practice (IOHPCP)

1. Primary care professionals engage in oral health activities
2. Dental professionals embedded in the medical clinic

## 2. Integration of Behavioral Health and Oral Health (IBOH)

- Dental professionals deliver behavioral health screenings
- Behavioral health professionals engage in oral health activities





# Integration Roles: Medical Providers

**Physicians, OBGYN, nurse practitioners, physician assistants**

- Deliver oral health risk assessments
- Oral health education
- Preventive interventions (fluoride varnish, nutritional counseling, oral cancer screenings)
- Referrals



# Integration Roles: Medical Support Teams

**Medical assistants, front desk team members, operations**

- Conduct and review oral health risk assessments
- Document findings
- Preventive interventions
- Flag eligible patients
- Create processes and policies
- Document referrals, schedule appointments



# Integration Roles: Behavioral Health Professionals

**Social workers, therapists, psychologists, psychiatrists, counselors, etc.**

- Conduct and review oral health risk assessments
- Document findings
- Flag eligible patients
- Create processes and policies
- Referrals



# Integration Roles: Oral Health Providers

**Dentists, dental hygienists, dental therapists**

- Conduct health risk assessments
- Conduct health screenings (diabetes, blood pressure, etc.)
- Review immunization records
- Education
- Referrals



# Integration Roles: Oral Health Support Teams

**Dental assistants, front desk team members, operations**

- Review health risk assessments results
- Document findings
- Review immunization records
- Flag eligible patients
- Education
- Referrals



# Team Members Satisfaction

**Health center team members report increased satisfaction from being able to work as an integrated team**

- Appreciation for other disciplines
- Increased training opportunities and increased understanding of other disciplines
- Ability to offer a range of services under one health system
- Provision of whole-person care
- Improved relationships with other team members





# Patient Satisfaction

## **Health centers report increased patient satisfaction when offering integrated services**

- Reduced missed work/school for same-day visits
- Smoother care navigation
- Increased understanding of comprehensive health and relationship of oral health with mental/overall health
- Improved patient engagement



# Recruiting Integrated Teams

- Integration activities outlined in job descriptions
- Policies and processes that include integration initiatives
- Promote integration efforts during interviews
  - Tour all departments, meet other department leads
- Include other team members in the recruitment process



# Onboarding

- Clear expectations for integrated initiatives
- Integration training during the onboarding process
- Required shadowing/observation of other departments



# Retaining Integrated Teams

- All department events
- Recurring interdisciplinary training opportunities
  - Trainings on integrated topics
  - Train together
- Integrated leadership teams
  - Dental, behavioral health represented in executive leadership
- Open communication channels between departments
- Integration quality metrics
- Include integration initiatives in policies and processes
- Shared break rooms and lunch breaks



# Promising Practices: Integrated Care Teams

- Shared working space for all departments
- Required “integration shifts” each month
  - Dental professionals embedded in medical clinic
  - Behavioral health professionals in the dental clinic
- Waiting Room education
  - Medical and dental teams collaborate to provide a “poster session” in waiting rooms, schedule appointments, discuss relationships between oral health and overall health
- Monthly review of integrated quality measures



# Resources

- Medical and dental integration resources
  - <https://www.nnoha.org/pages-1/resources-%7C-access-to-care-%7C-integration-%7C-medical-%26-dental-integration>
- Oral Health Core Clinical Competencies
  - <https://www.nnoha.org/pages-1/resources-%7C-access-to-care-%7C-integration-%7C-medical-%26-dental-integration-%7C-oral-health-core-clinical-competencies>





# Contact Us!



National Network for Oral Health Access

181 E. 56<sup>th</sup> Ave. Suite 401  
Denver, CO 80216  
303-957-0635

[www.nnoha.org](http://www.nnoha.org)  
[info@nnoha.org](mailto:info@nnoha.org)



Candace Owen, RDH, MS, MPH  
Education Director  
[candace@nnoha.org](mailto:candace@nnoha.org)



Irene Hilton, DDS, MPH, FACD  
Dental Consultant  
[irene@nnoha.org](mailto:irene@nnoha.org)





# Integrative Staffing in a Multi-disciplinary Setting UI Health Mile Square Health Center

Chicago, IL

Dr. Sue Etminan, DMD, MPH, Senior Director of Oral Health  
Services



UI Health



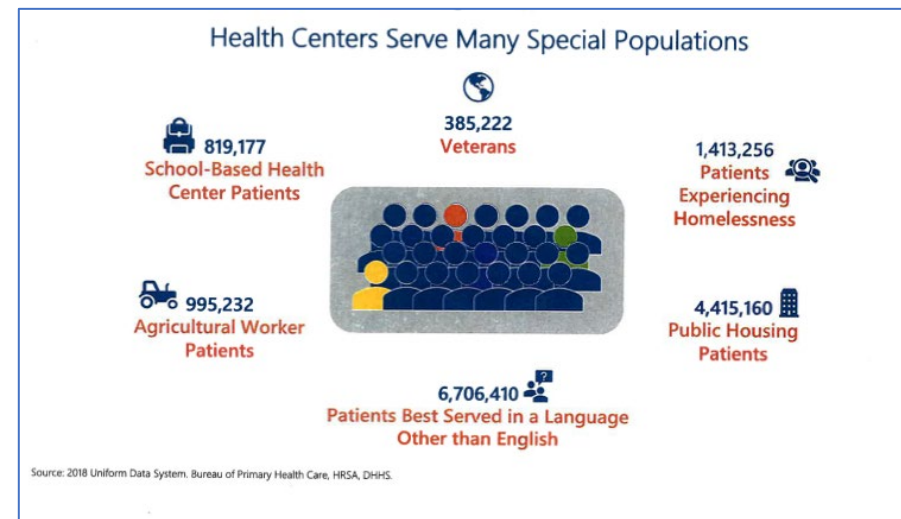
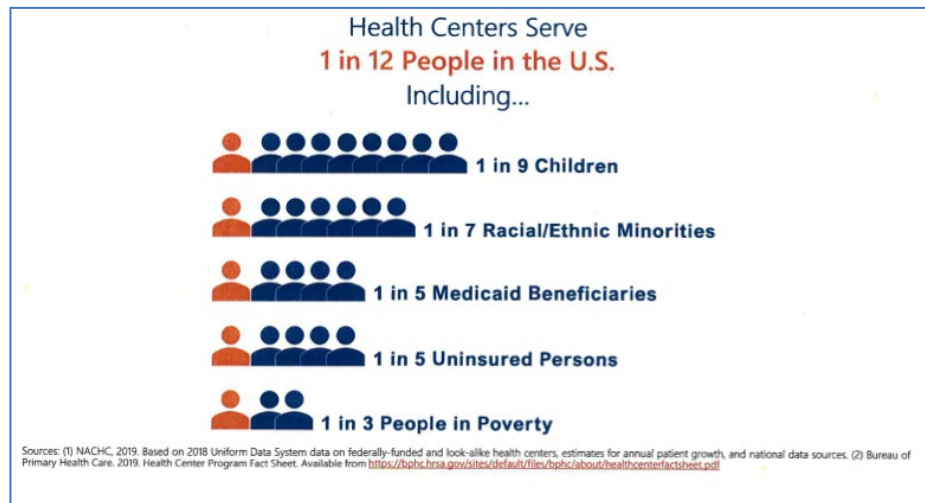


# Who We Serve

## WHO WE ARE

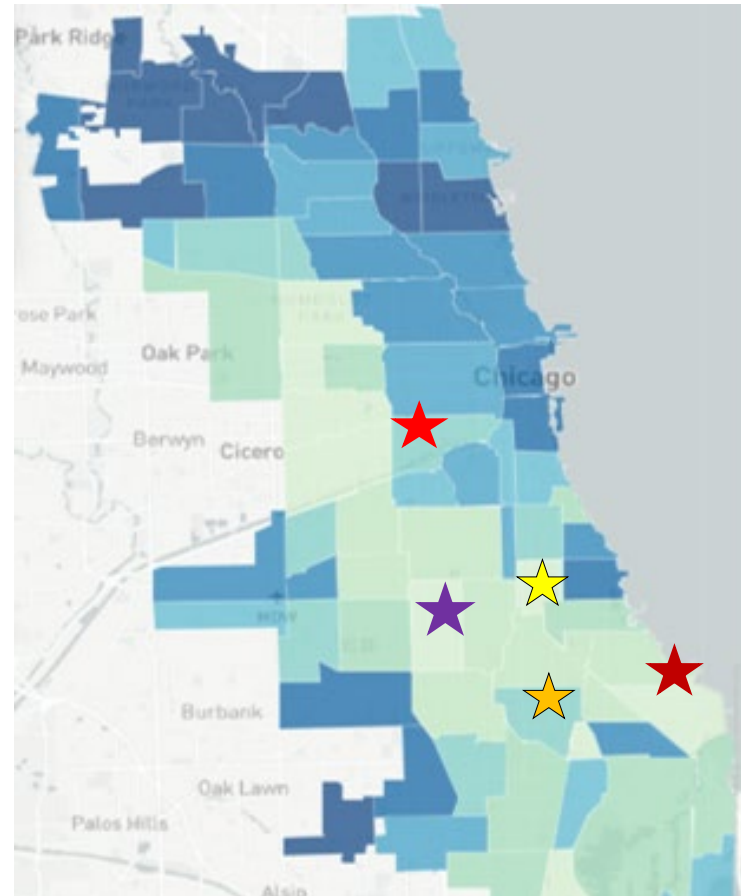
- Community-based organizations that provide comprehensive primary care and preventive care including health, oral, and mental health/substance use services
- Serve all individuals, regardless of their ability to pay or health insurance status.
- Mission is to enhance primary care services in underserved urban and rural communities.
- HRSA funds nearly 1,400 health centers with more than 13,500 service delivery sites in every U.S. state

## WHAT WE DO



# Clinic Background

- We have 14 clinic sites, with 5 offering dental services.
- Our dental clinics treat adults and children and offer restorative, dentures, and nitrous sedation to our patients.



- ★ South Shore
- ★ BOTY
- ★ Auburn Gresham
- ★ MAIN (peds only)
- ★ Gage Park 4/23 open

Full scope clinic in  
Rockford

# Services Provided

- Family Practice, Primary Care
- Obstetrics, Gynecology and Well Woman Care
- Family Planning
- Pre-employment Physicals
- Convenience Care/Walk-in Clinic
- Optometry /Eye Care
- Adult and Pediatric integrated Mental Health
- On-site Pharmacy
- Urgent Care
- TelePsychiatry
- Radiology including Mammography
- Dental Care
- Certified Nurse Midwives
- Breast Feeding Education and Support
- School and Sports Physicals
- HIV/AIDS Care
- WIC (Women, Infants, and Children) Nutritional Counseling and Services Clinic
- Community Outreach (attending to the needs of our patients and community)
- Social Services
- Podiatry
- Substance Abuse Services

# Interdisciplinary Care

- We have 14 clinic sites, with 5 offering dental services, 1 has a pharmacy, and 1 site has an Urgent Care. 1 of our sites offers on-site MAT for our SUD patients. 4 of our sites are school-based.
- Behavioral health/Social worker services are offered at all sites, mostly in-person, but also virtually.
- Our dental clinics treat adults and children and offer restorative, dentures, and nitrous sedation to our patients.

# Onboarding

- We allow time for providers across multiple disciplines to meet each other during their onboarding time.
- We also allow follow up time to meet again a few months later.
- Organizationally, we have provider meetings for all providers (Medical, Dental, Behavioral) monthly.
- Our monthly site-specific meetings include all-staff across all disciplines.

# Specific Projects

- Portable dental with pediatric schedule
- OB patients and Dental
- Cancer patients
- Pediatric patients and Dental via MNOHI
- PHQ-9 screenings in Dental with hand-offs to BH when indicated

# Portable Dental

Knowing our patients have access to care issues, we have started a mobile dental program with one mobile unit that travels to our other sites to offer services to pediatric patients that are waiting to see their medical provider.

**Dental staff call patients off the pediatrician's schedule, informing them dental will be there that day and schedule a same-day appointment.**

Besides the direct value of providing preventive services to patients to reduce the amount of pain, anxiety and medical/dental complications later in life, the age of the first dental visit inversely correlated with the cost of their dental treatment.

Average dentally related costs per child according to their age at first preventive visit:

Before age 1: \$262

Age 1-2	\$339
Age 2-3:	\$449
Age 3-4:	\$492
Age 4-5:	\$546

Savage MF, et al. Early Preventive Dental Visits. Pediatrics.

2004 114 (4).

# OB/Dental

We are now offering exams and cleanings to our pregnant patients during the second trimester gestational diabetes testing appointment. During our interdisciplinary morning huddles, we are discussing who/how many patients are scheduled for that during the day and adjusting our schedule accordingly.

**We scrub our midwife schedule 48 hours in advance and call patients to inform them that they can have a dental appointment/cleaning during gestational diabetes testing.**



# OB/Dental

Since we are able to offer them a same-day appointment when they are already waiting in the office for glucose testing, we have been able to increase our OB patient population seen in dental by 12% in the first 3 months. In 2022, we provided this patient to 46 pregnant patients during their gestational diabetes appointment at 1 site.

Improved oral health of a pregnant woman may decrease transmission of potentially cariogenic bacteria to infants and reduce children's future risk of caries

# Dental Programs- Cancer

We are working with the patients of the UI Cancer Center to improve their lives after a cancer diagnosis. With repeated chemotherapy and radiation therapy, the dentition is often left brittle, and prone to decay. We received foundational funding in and now offer dental prosthesis at no cost to our cancer survivors.

## By the Numbers:

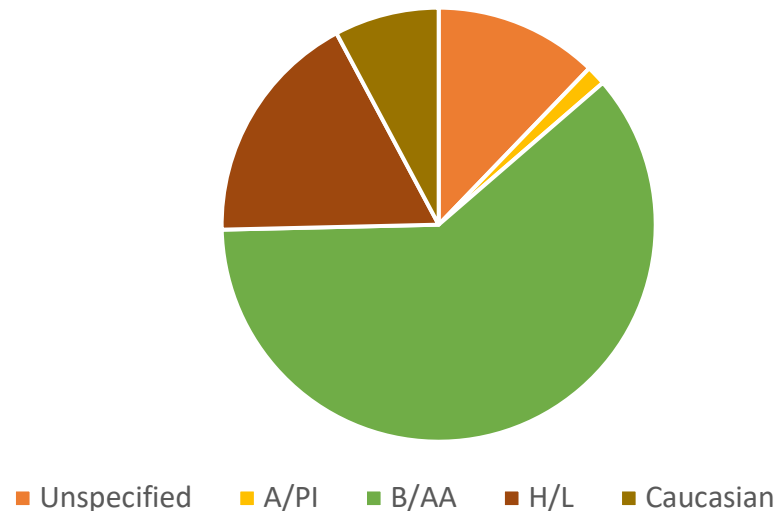
**306 Cancer patients treated at no cost**  
**99% of patients seen in our dental clinic are within 200% of the FPL**

**17** of them received treatment prior to bisphosphonate therapy, reducing their risk of Osteoradionecrosis.

**142** patients had a history of chemotherapy

**100** had a history of radiation, both of which cause adverse intraoral effects through xerostomia, oral lesions, and brittle teeth that are prone to breaking, causing patients pain.

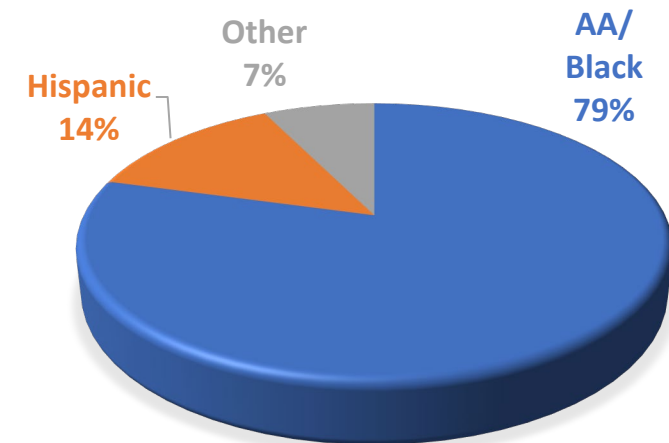
Demographics for Dental Cancer Survivorship Program



# Dental Programs - Diabetics

Studies have shown that diabetic patients who received periodontal treatment saw a \$2,840 decrease in annual medical costs, and a 39.4% decrease in hospital admissions. (Jeffcoat, M, et al. *Amer Journal of Prev Med*, 2014)

- We have noted a decrease in A1Cs for our patients after reduction of oral inflammation. **Early review depicts females having more improvement than males and African American patients had a higher probability of lowered HbA1c levels** compared to patients of other racial and ethnic backgrounds.



**Reduction of A1C levels of Diabetic MSHC patients after dental care based on demographics (2021).**

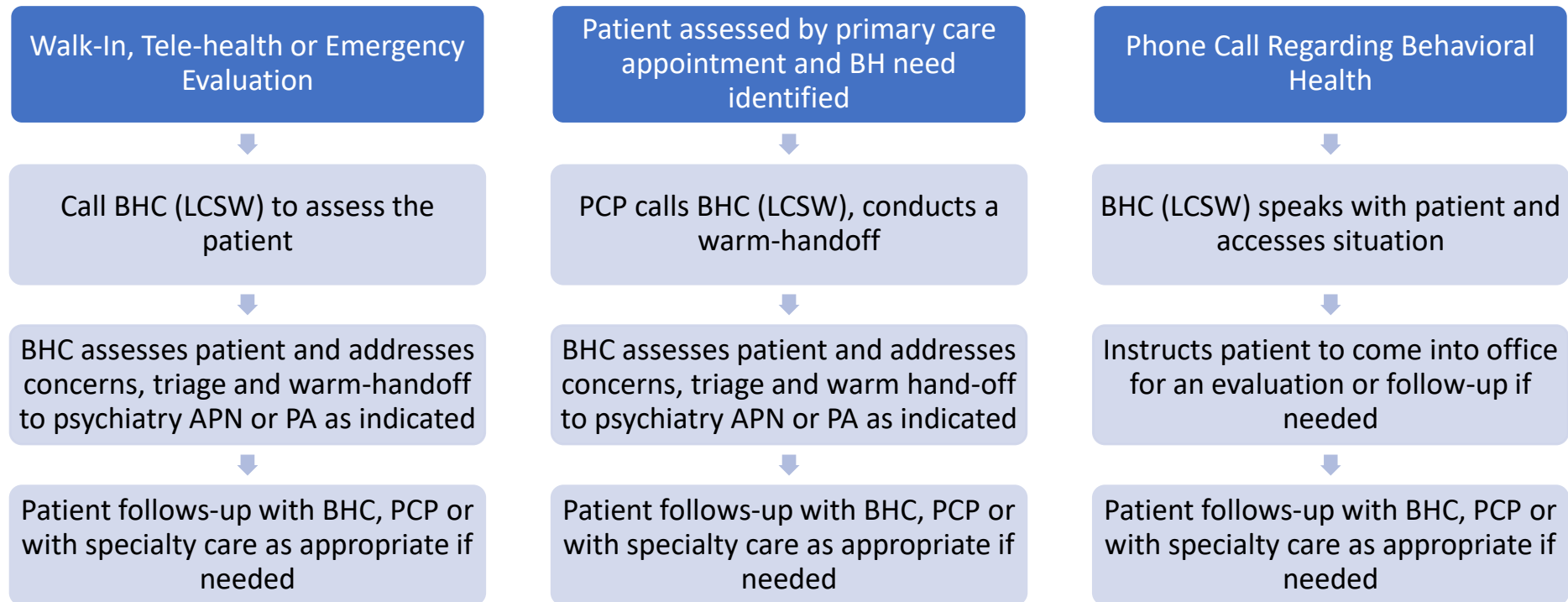
# Behavioral Health/Primary Care

Goal: To offer access to comprehensive integrated physical, addiction, and behavioral health services to all patients of MSHCs through co-location and integrated healthcare utilizing a patient-centered team-based approach.

Common problems the Behavioral Health Consultations (LCSW) can address but that should first be addressed in primary care and should continue in partnership with primary care

1. General Mental Health Problems: Anxiety, Stress, Depression, Relationship/parenting, Grief/Loss
2. Clinical Health Problems: Insomnia, Chronic Pain, Substance Use, Exercise, Diet (weight loss, gain), Medication Compliance
3. Other problems that have a behavioral component
4. Group visits for skill-building, psychoeducation and/or therapy

# Behavioral Health/Primary Care



# Take away points

Effective teams not only protect patients from risks and improve outcomes—they also create a more positive, engaging, and resilient workplace. Hospitals in which staff report higher levels of teamwork (i.e., clear roles and mindful management of interdependencies) have lower rates of workplace injuries and illness, experiences of workplace harassment and violence, as well as lower levels of staff intent to leave the organization ([Lyubovnikova et al., 2015](#)).

The teamwork climate of a work unit is highly related to the level of engagement that staff feel in their work, such that units with high teamwork climate also have staff with a strong commitment to, and sense of, ownership over their job responsibilities ([Daugherty Biddison, Paine, Murakami, Herzke, & Weaver, 2015](#)).

Teamwork quality is also inversely related to the level of burnout experienced by staff ([Bowers, Nijman, Simpson, & Jones, 2011](#)). Units with poor teamwork tend to have staff with higher levels of fatigue with their roles. Further, greater role clarity among multidisciplinary community mental health teams in the United Kingdom was associated with higher job satisfaction ([Carpenter, Schneider, Brandon, & Wooff, 2003](#)).

# Take away points

**Team based care = better outcomes (both health outcomes and financial metrics)**

**What does that mean for the staff?**

From Institute of Healthcare Improvement:

“Team members are working to the highest level of their licensure, so there is greater joy and satisfaction in work for the whole care team. Staff retention is a benefit, which gives the physicians and patients continuity with a well-functioning and reliable team. A highly functional team approach enables providers to spend more time doing what only they can do, what they love most, and what they went into medicine to accomplish.

Most organizations have identified that, to do this work well, it takes a team. And it might sound simple enough, but developing and sustaining a healthy team takes time, energy, and ongoing nurturing. ”

# Contact/Questions

Sue Etminan, DMD, MPH  
Senior Director of Oral Health  
Mile Square Health Center  
[setmin1@uic.edu](mailto:setmin1@uic.edu)

Nicole Gastala, MD  
Clinical Physician, Researcher  
Assistant Professor, Department of Family Medicine,  
University of Illinois Chicago  
Director of Behavioral Health and Addiction  
Mile Square Health Center  
[Reizinee@uic.edu](mailto:Reizinee@uic.edu)



# Thank you!

## Please fill out the evaluation!



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# STAR<sup>2</sup> CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#) *(Newly updated!)*
- [Health Center Comprehensive Workforce Plan Template](#) *(formerly Health Center Provider Recruitment & Retention Plan - Newly updated!)*
- [Equal Pay for Work of Equal Value White Paper](#) *(New resource!)*
- [Financial Assessment For Provider Turnover Tool](#) *(Newly Updated!)*
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#) *(A Brand New Tool!)*
- [Supporting Mental Health Through Compensation Equity Factsheet](#)

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# UPCOMING EVENTS: REGISTER NOW!



## Recruiting the Integrated Care Team Webinar Series – *Session Two!*

Tuesday, October 31

3:00PM ET

<https://tinyurl.com/55e52nnm>



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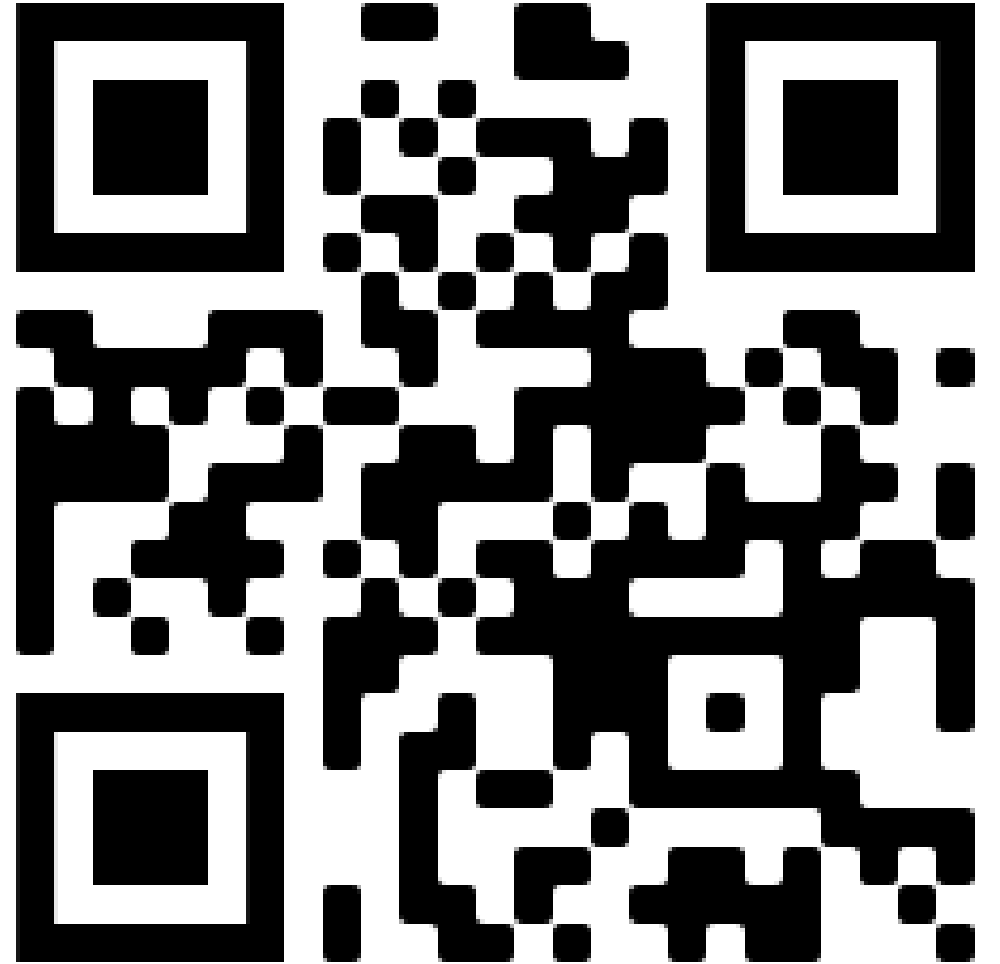
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