









Chief of Community & Governmental Affairs

















My Community Dental Centers (MCDC) - Nonprofit 501(c) 3

A statewide safety-net increasing access to full-service quality dental care for underserved.



# We're making a huge impact on Michigan's oral health



85,035

**Unique Patients** 



8,170

Same Day Emergency Visits



190,078

**Total Patient Visits - All Centers** 

#### Service Statistics

- We currently operate 34 dental centers throughout the state of Michigan.
- Approximately 80% of the patients served at MCDC are enrolled in State-Funded Dental Programs

# The Connection to Overall Health

# Critical Connections Between Oral Health & Overall Health

- COVID-19 patients with gum disease were 3.5x more likely to be admitted to the intensive care unit, 4.5x more likely to need a ventilator, and 8.8x more likely to die when compared to those without gum disease.
- Poor oral health can lead to several systemic conditions such as cardiovascular disease, diabetes, or adverse pregnancy outcomes.





# **Project Overview**

- Assure blood pressure taken at each patient appointment
- Increase the number of patients with elevated BP referred to PCP





# Blood Pressure in the Dental Office

- Ensures safely treating patients
- Many patients do not have PCP or have not been to their doctor
- First level opportunity to assess blood pressure





### **Scope of Work**

- Assess and refine existing practices
- Enhance BP referral and tracking capabilities
- Collect and report patient population data to MDHHS

# **Site Selection**

Consistent office leadership/staffing

Partnerships with FQHC's

Two sites- Mt.

Pleasant & Ypsilanti

One additional site - Sidney



- Office Managers –
   dental center staff
- Infection Control and Quality Manager
- Dentrix Specialist
- Chief of Community & Governmental Affairs

# **Getting Started**







- Review of existing policy/procedures.
- MRPO train the trainer.
- Training of staff in the dental centers.
- Switched from wrist cuff to arm cuffs.



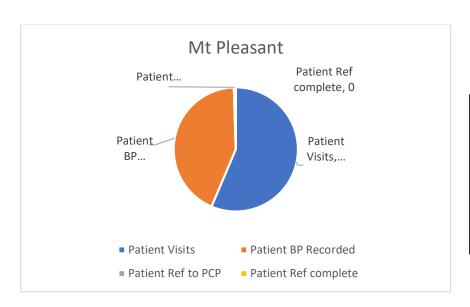


## Reporting

- We were not consistently recording BP in the appropriate location
- Needed to create a system to report referrals
- Needed to generate monthly reports for MDHHS

### **Our Journey Data Reporting - The Beginning**

### February 2021



#### Mt. Pleasant

Patient Visits: 688

Patient BP Recorded: 526

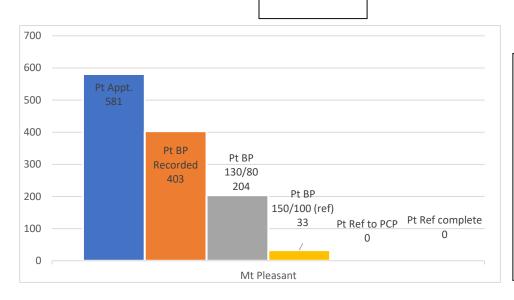
Patient Ref to PCP: 6

Patient Ref complete: 0



# Our Journey Data Reporting - Phase II





#### Mt. Pleasant

Pt. Appt.: 581

Pt. BP Recorded: 403

Pt. BP >130/80: 204

Pt. BP >150/100 (ref):

33

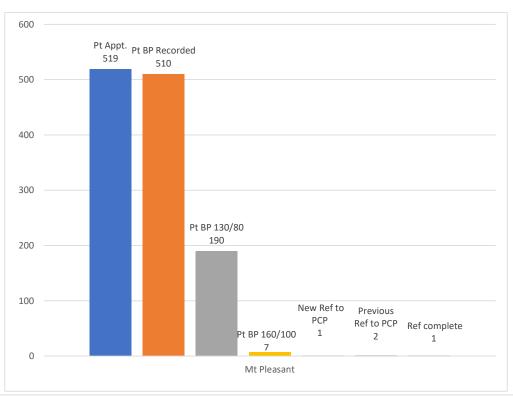
Pt. Ref to PCP: 0

Pt Ref Complete: 0



# Our Journey Data Reporting - Current

#### February 2022



#### Mt. Pleasant

Pt. Appt.: 519

Pt. BP Recorded: 510

Pt. BP >130/80: 190

Pt. BP >160/100: 7

New Ref to PCP: 1

Previously Ref to PCP: 2

Ref Complete: 1



# **Comparison Data**

March 2021 Totals for Mt. Pleasant and Ypsilanti

Patient Seen: 1290

Patients with Blood Pressure recorded: 940

Patients Referred to PCP: 11

72% of patients had blood pressure taken

March 2022 Totals for Mt. Pleasant and Ypsilanti

Patient Seen: 1175

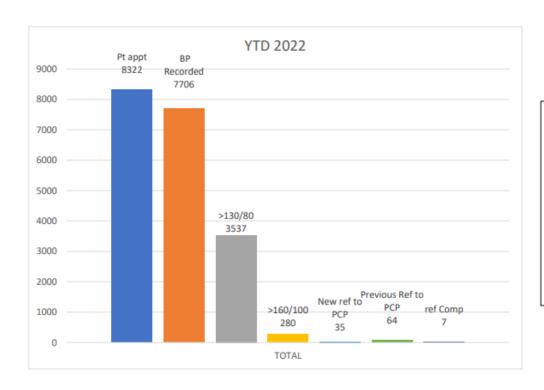
Patients with Blood Pressure recorded: 1127

Patients Referred to PCP: 30

95% of patients had blood pressure taken



# **Year to Date Summary Oct -April**



#### Total

Pt. Appt.: 8322

Pt. BP Recorded: 7706

Pt. BP >130/80: 3537

Pt. BP >160/100: 280

New Ref to PCP: 35

Previously Ref to PCP: 64

Ref Complete: 7



# Challenges

- Unprecedented demand for care.
- Booked out 6+ months.
- Manually must enter BP reading.
- Lack of EMR-EDR integration.
- No staff time for follow ups with PCP- patient is responsible for following up.
- Missing PCP interaction.



### Successes

- Staff buy-in positive
- Updated Hypertension policies and procedures organization wide
- Developed and distributed common lists of Hypertension medications
- Educational opportunity with patients
- Significant increase in documentation— blood pressures and referrals



### **Lessons Learned**

#### **Opportunities**

- Manual entry how to improve accuracy
- Reporting identified gaps
- Systems evolved
- Updated BP cuffs organization-wide



# Reflections from the Front Line

"A positive is that we are able to refer patients to their PCP to get the conversation started BEFORE a patient comes in for treatment and we are unable to treat due to a very high BP."

"Wish there was a way to better educate the patients maybe a handout explaining how high BP affects dental work and what the dangers are for the patients."

"I feel my staff is more aware of BP and when to send consults and we are surprised to learn that some of our patient's do not have a PCP."



# Reflections from the Front Line

"It has been a good to get everyone on the same page with the consults as far as when to send, what to tell the patient and making sure we are talking to the patients about the problems it can cause."

"It's a good feeling when we are able to send a patient to their PCP that didn't know it was an issue or what problems it could cause."

"One thing that would REALLY help is getting the PCP's on board with dentists taking blood pressure."



# **Questions?**

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