My Community Dental Centers

Dental Care for All
We Need You To Take Action!

Kimberly Singh
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
Project Participants

• 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
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

July 2021

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

- 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. "

mcdc
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?

Contact Kim Singh
Email: ksingh@mydental.org
Phone: 231.437.4769