



FIHI Brief: Medical-Dental Integration [MDI Model]

Medical-Dental Integration is Transforming Access

Integrating oral health care and primary care is an evidence-based strategy for improving access to oral health, especially for vulnerable and underserved populations that face increased barriers to accessing oral health in Florida.

The health of teeth and mouth is central to a person's overall health and wellbeing.

Approximately [74 million Americans](#) do not have dental coverage and many are less likely to use preventive dental services due to out-of-pocket costs.

Dental caries impact more than 90% of adults and have remained the most common chronic disease of children aged 6-11 and 12-19 since the [Surgeon General's first-ever report on Oral Health](#) in America linking oral health to overall health in 2000.

To transform access, FIHI developed the Medical-dental integration (MDI) model. MDI involves integration of preventive and basic oral health services into primary care settings. This integration has successfully provided fluoride varnishes to 381 of Medicaid-eligible children in the past two years of existence.

Integration of dental and medical care is a widely supported concept that encourages primary care providers and dental professionals to address main barriers (e.g., costs, transportation, limited providers, time constraints, long office wait times) faced in accessing oral health services.

FIHI's MDI model integrates oral health services into private pediatric care practices for South Florida's Medicaid-eligible children. Oral health care is delivered by a qualified health care provider, a certified Community Dental Health Coordinator (CDHC) – Dental Hygienist (DH) and/or Dental Assistant (DA) and in compliance with state guidelines a pediatric practice.

Scale of the Oral Health Problem

- 74 million Americans do not have dental insurance.
- [Dental caries](#) have remained the most common chronic disease of children aged 6-11 and 12-19.
- Children miss nearly [two million school days](#) in a single year nationwide due to dental health-related problems.
- In 2013, the United States spent [\\$26.9 billion](#) USD covering adolescent oral health.
- Approximately [50% of surveyed third graders](#) at 42 schools in Florida had caries with 25% of those being untreated.
- Untreated decay and dental caries have increased by [15.4% and 6.9%](#) from 2014-15 to 2017-18 among pre-school aged children in Florida.



Dive into MDI at FIHI

The MDI model integrates three oral health services into primary care practices:

- Provision of fluoride varnish (FV) application.
- Oral health risk assessments and anticipatory guidance.
- Warm hand-off referrals to establish a dental home for children.

The model is designed to increase access to oral health care and preventive dental services for South Florida's Medicaid-eligible children, ages 6 months up to 6 years old, though children up to 17 years of age were also eligible to receive these services. The goal of focusing on this age range and pediatric practices is for dental professionals to reach children at a much younger age with preventive oral health services and to establish a dental home sooner should the child need more extensive dental care.

A Step-By-Step Guide to Implement MDI

- **Plan for MDI** by holding introductory planning meetings with practices to understand their operational processes and procedures. Hold discussions to learn more about the practice's motivation for embarking on MDI pilots as well as staff's willingness to participate.
- **Implement MDI** by identifying dental equipment/material vendor and provide a list of dental providers in the area that have the capacity to facilitate dental referrals to the participating practice.
- **Screen for Patients** by identifying and adapting a delivery process for assessing patient. The model requires for all members of the primary care team to screen patients and identify those at risk of dental caries.
- **Review and Follow-up on Denied Dental Claims.** Billers must follow-up on denied claims and communicate with RDH as necessary. Reach out to professional relations representatives at the dental insurance company for support. Routinely audit claims to avoid errors.
- **Make MDI Sustainable** by supporting partner clinics in reaching their identified goals and educating partners on financial metrics to achieve sustainability.

Sustainability

The proposed MDI model provides return on investment by fully integrating oral health services in the private medical pediatric setting. Revenue is generated through application of fluoride varnish (FV). **Each application provides a reimbursement of \$27.84.**

The model's sustainability is based on the size of the pediatric practice and the percentage of Medicaid patients. This model is based on 2,100 Florida KidCare patients in a private pediatric setting. A budget analysis at 100% utilization (recommended level of two FV applications per year) reflects positive annual return of approximately \$25,000 - \$61,000; with an average return of approximately 40%.

Given the link between oral health and overall health, MDI provides an opportunity for coordinated care to prevent oral and systemic diseases, while cutting costs and increasing efficiency and effectiveness of services. Focusing the state resources on prevention and early intervention and targeting medical and dental health simultaneously, we can increase the efficiency of the resources and lower the cost of and need for medical and dental intervention and emergency visits in the long term.

Widespread Access on the Horizon

It is of great necessity to move forward with designing cost-effective policies that reach our most vulnerable children and their access to preventative dental health care. MDI can provide Florida's children, families and communities with access to high-quality, affordable dental care and improved overall health outcomes, presenting Florida with a long-term strategy with return on investment.

Contact us

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