

Connecting Oral Health

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Agenda

- A brief history of time (from the healthcare IT perspective)
- The standards chosen
- The current state of oral health IT (as I understand it)
- What we need to do

A Brief History of Time

- EHR - from Brailer to DeSalvo
- Interoperability - from HITSP to HITSC
- Patient/Family Engagement - from a rogue idea to OpenNotes and MyICU
- Big Data Analytics - from managed care to care management
- Cloud/Mobile - from Palm Pilots to HealthKit

The Standards

- Content - HL7 2.x, CCDA, FHIR, NCPDP, X12
- Vocabulary - SNOMED-CT, RxNorm, LOINC, ICD-10
- Transport and Security - SMTP, REST, OAuth2/OpenID

The Current State of Oral Health IT

- Although the Meaningful Use program covers Medicaid providers, Oral Health IT vendors have not widely adopted interoperability standards
- Coded diagnoses are rarely required by payers
- Proprietary approaches dominate
- Health information exchange is not a focus
- Incentives are not aligned for universal recording of observation/vitals/findings list, family history, medications, allergies/special conditions, problems list, demographics, tooth and periodontal charting, treatment planning, and medical appointing to support care coordination

What we need to do

- Primary care providers will need formal relationships with dental professionals willing to receive structured referrals
- Dentists will need to use at least a limited set of diagnostic codes to document the absence, presence and severity of both caries and periodontal disease.
- Validated dental quality measures will also need to be developed and adopted.
- Implementation of a population health approaches must include oral health
- Dental care reimbursement models should incentivize dentists to coordinate care with primary care providers and teams and address early-stage dental disease

Questions?

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