



Team-Based Trauma-Informed Oral Health Care

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What made this project possible?

Clackamas Health Centers Leadership Support

Vision from our past Dental Director –

Vision from other divisions within H3S and our BH for lending their expertise to other divisions during this time of curious culture change

Partnership with CareOregon

- *Funding opportunity*
- *Dedicated forum for supported learning with other FQHCs in the tri county area*

Shared learning via a series of virtual meetings and in person learning sessions

Spread of integration

Maintain enthusiasm and energy of innovative ideas

Central City Concern – for allowing time for Erica to facilitate this organizational change

Why Team-Based Trauma-Informed Oral Health Care?

Healthcare is changing.

We are part of that change.

Recognition that trauma is pervasive in the communities we serve and the staff who serve them.

Closing care gaps!

Reducing oral health disparities is central to the overall goal of improving population health.



Patient Engagement: We asked and we listened

Everyday conversations with patients informed us that:

1. People do not like coming to see the dentist.
2. The dental office is not “friendly” or “welcoming”.
3. People do not like being lectured.
4. The sounds coming from the dental office are not pleasant.
5. Many people have had previous bad experiences at the dentist.

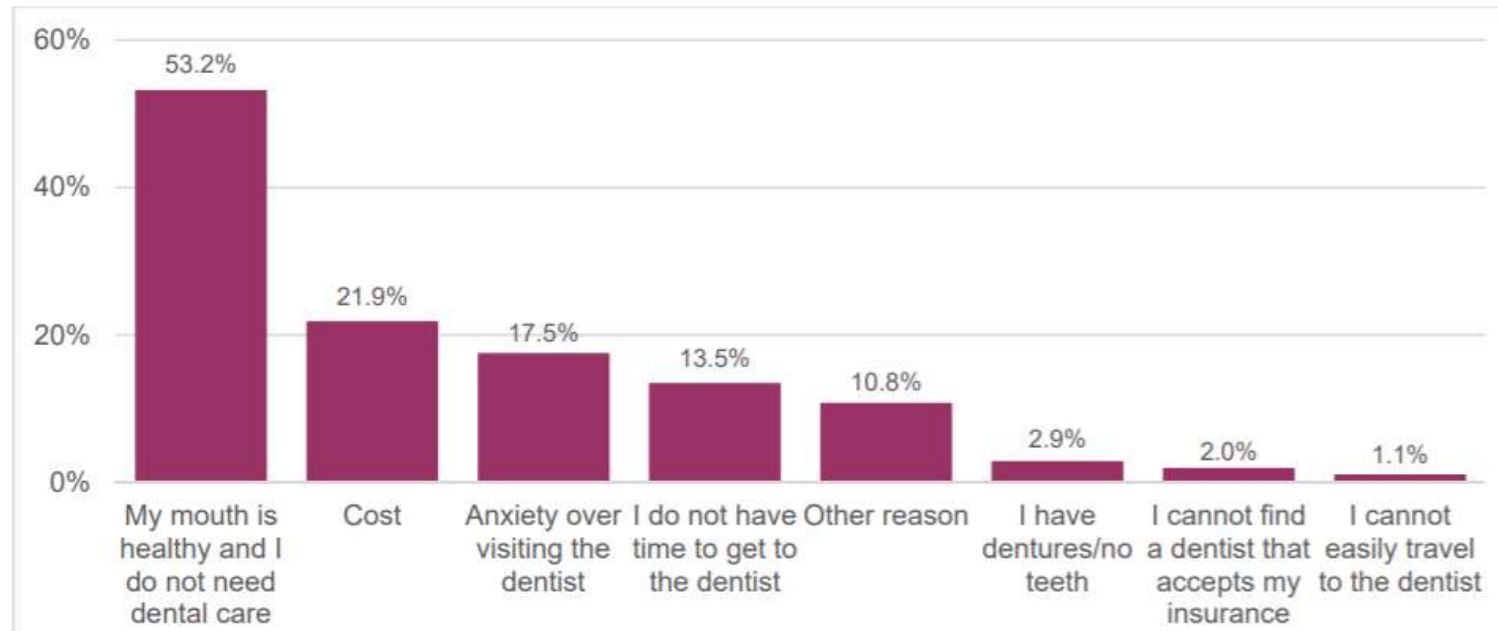
Feedback from our CHC – Community Health Council. These are members of the community and users of our services.

Feedback from patients at Lunch and Listens which occur at Clackamas Health Centers on a monthly basis.



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Reasons people do not visit the dentist



Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Results based on 69 observations. These results should be interpreted with caution due to the small number of observations. Age categories calculated based on adults' reported year of birth. Income categories are based on household income as a percentage of the FPL based on HHS 2014 Federal Poverty Guidelines. Health insurance categories are based on respondents' reported source of health insurance. All survey responses are weighted by general population weights provided by Harris Poll.

We asked our patients and ourselves... what do we consider welcoming?



Comfort Items



And we made changes...

We added a freshen up station.

We added a bookcase and books our little ones could take home.

We used our 2nd screen for:

- A calming picture.
- A video for the younger patients.

We offer comfort items (squeeze ball, blanket, lip balm).

We added a soft bench for waiting family members.

We added plants to make the space more welcoming.

We offer music.

We offer darkened safety glasses.





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New Modes of Patient Interaction

Workgroup takeaways:

Let's not be afraid to ask questions.

Have difficult conversations.

Anger can be a persons way of expressing anxiety and fear.

Staff are extremely skilled and already practicing BH work in our everyday work.

Dental is often the first and sometimes only entry point into our health centers.

THEN:

What causes you anxiety about the dentist?

How can we help you?

De-escalation skills: communication, tone of voice, body language, open ended questions, reassuring, sharing information, offering choices

Risk and safety assessment: knowing when to pause, when to stop, when to re-focus, when to get assistance.

NOW:

Additional De-escalation skills training

TIC 101 and TIC 201 with MI training

Implementing workflows/tools available

Dental Anxiety Scale

Introduction to onsite BHCs

Ability to schedule across disciplines

Stepping back the next appointment/offering get to know you visit – the importance of having a 2nd choice alleviates the pressure of the task for the patient AND provider

Core Principles of Trauma Informed Care

Realize the widespread impact of trauma and understand the paths to recovery.

Recognize the signs and symptoms of trauma and offer appropriate responses.

Respond by fully integrating knowledge of trauma into policies, procedures, and practices.

Actively resist re-traumatization of service recipients and service providers.

Create safe context:

- Safety – physical and psychological
- Transparency and trustworthiness

Restore Power:

- Peer support
- Responding to cultural, historical, and gender issues

Promote Self Worth:

- Empowerment, voice, and choice
- Collaboration and mutuality

Evidence Based Practices

1. Doing our part to promote resilience in our patients and each other.
2. Helping patients and staff feel comfortable, safe, and connected.
3. Knowledge and training to help prevent re-traumatization.
4. Training staff at all levels of our organization to use a trauma informed lens when interacting with patients and each other.



[\[http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816\]](http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816)

TIC Dental Integration Evaluation
Design

Data Driven Approach

Questions	Sub-questions	Measures	Grant Goal Alignment	Qualitative Dimensions	Quantitative Indicator	Qualitative/Quantitative Integration	Just-culture Dimensions	Sample	Data Analysis	Data Source	Data Collection Instrument
What is the extent of New patient dental anxiety?	How well is the workflow being implemented?	Mean scores on Dental Anxiety Scale	Phase 1	Difference of Mean scores	Lunch and Listen	TIC Workgroup Meetings	How do scores differ between gender and age.	Probability Sampling	Correlation coefficient	New Patients	Dental Anxiety 4 question Scale
What is the extent of recall patient dental anxiety?	How well is the workflow being implemented?	Mean scores on Dental Anxiety Scale	Phase 1	Difference of Mean scores	Lunch and Listen	TIC Workgroup Meetings	How do scores differ between gender and age.	Probability Sampling	Correlation coefficient.	Recall Patients	Dental Anxiety 4 question Scale
To what extent have environmental factors improved?		1. Patient Satisfaction and Experience survey Lobby/Cleanliness Question. 2. Staff Environmental Assessment	Phase 1	Difference of Mean scores	Lunch and Listen	TIC Workgroup Meetings	How do scores differ between gender and age.	Probability Sampling/Convenience sampling	Analysis of Multivariate (MANOVA)/ Qualitative Scoring	Patients with a recent visit/ staff	CHAPS 25 point Survey/ Environmental 30 question Assessment
To what extent has treatment plan completion improved?	Are patients who endorse High Anxiety	1. Mean scores on Dental Anxiety Scale 2. Competed tx plan in E.H.R	Post Grant Process Improvement	Difference in sample and non-sample group	Lunch and Listen	TIC Workgroup Meetings	How do scores differ between gender and age.	Cohort Evaluation	Correlation coefficient	Patients w/a completed tx plan	E.H.R
To what extent has patient satisfaction improved?	has provider listening and patient involvement improved	CHAPS Questions 9,12, & 15	Post Grant Process Improvement	Difference of Mean scores	Lunch and Listen	TIC Workgroup Meetings	How do scores differ between gender and age.	Probability Sampling	Analysis of Variance (ANOVA)	Patients with a recent visit	CHAPS 25 point Survey
To what extent has staff satisfaction improved?	What process or training require more development?	<i>*Needs to be developed</i>	Post Grant Process Improvement	Difference of Mean scores	Lunch and Listen	TIC Workgroup Meetings	How do scores differ between Role and Tenure	Probability Sampling	Analysis of Variance (ANOVA)	Dental Staff	<i>*Needs to be developed</i>

Documenting Our Approach to Care

Corah's Dental Anxiety Scale, Revised (DAS-R)

Name _____ Date _____

Norman Corah's Dental Questionnaire

1. If you had to go to the dentist tomorrow for a check-up, how would you feel about it?
 - a. I would look forward to it as a reasonably enjoyable experience.
 - b. I wouldn't care one way or the other.
 - c. I would be a little uneasy about it.
 - d. I would be afraid that it would be unpleasant and painful.
 - e. I would be very frightened of what the dentist would do.
2. When you are waiting in the dentist's office for your turn in the chair, how do you feel?
 - a. Relaxed.
 - b. A little uneasy.
 - c. Tense.
 - d. Anxious.
 - e. So anxious that I sometimes break out in a sweat or almost feel physically sick.
3. When you are in the dentist's chair waiting while the dentist gets the drill ready to begin working on your teeth, how do you feel?
 - a. Relaxed.
 - b. A little uneasy.
 - c. Tense.
 - d. Anxious.
 - e. So anxious that I sometimes break out in a sweat or almost feel physically sick.
4. Imagine you are in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist or hygienist is getting out the instruments which will be used to scrape your teeth around the gums, how do you feel?
 - a. Relaxed.
 - b. A little uneasy.
 - c. Tense.
 - d. Anxious.
 - e. So anxious that I sometimes break out in a sweat or almost feel physically sick.



Dental Anxiety Scale

Name _____ Date _____

1. If you had an appointment for a dental check-up, how would you feel about it?
 - a. I would look forward to it.
 - b. I wouldn't care one way or the other.
 - c. I would be a little nervous about it.
 - d. I would be scared.
 - e. I would be very scared of what the dentist will be doing.
2. While you are waiting for the dentist in the dental chair, how do you feel?
 - a. Relaxed.
 - b. A little nervous.
 - c. Nervous.
 - d. Anxious.
 - e. Very anxious.
3. While you are in the dental chair waiting, the dental staff sets out instruments needed for your filling, how do you feel?
 - a. Relaxed.
 - b. A little nervous.
 - c. Nervous.
 - d. Anxious.
 - e. Very anxious.
4. While you are waiting to have your teeth cleaned, and the dentist or hygienist is getting out the instruments which will be used to clean your teeth, how do you feel?
 - a. Relaxed.
 - b. A little nervous.
 - c. Nervous.
 - d. Anxious.
 - e. Very anxious.

Documenting Our Approach to Care

Flowsheets

File Selected | Add Rows | LDAAvatar | Cascade | Add Col | Insert Col | Last Filed | Reg Doc | Graph | Go to Date | Values By | Refresh | Legend

Vitals | **Dental Anxiety Scale**

Search [] Expanded View All []

Hide All Show All

OTHER [] [] []

Dental Anxiety Sc... []

Interventions []

	1000	1/3/2
OTHER		
Did patient decline Dental Anxiety screening?		No
Interventions	Warm Introduction to BHC Services and code ...	
Dental Anxiety Scale		
If you had an appointment for a dental check-up, how would you feel about it?		5
While you are waiting for the dentist in the dental chair, how do you feel?		5
While you are in the dental chair waiting, the dental staff sets out instruments needed for your filling, how do you feel?		5
While you are waiting to have your teeth cleaned, and the dentist or hygienist is getting out the instruments which will be used to clean		5
Dental Anxiety Total		20
Dental Anxiety Level		Severe anxiety
Interventions		
Warm Introduction to BHC Services and code TT010?		Yes
Offered BHC appointment?		Yes
Scheduled BHC appointment and code TX0998?		Yes
Scheduled 2nd appointment in dental on Chair-II for D9920 to meet provider and discuss relaxation techniques.		Yes

Additional Data Sources

1. Environmental Assessment
2. Behavioral Health Intervention Tracking Codes
3. Patient Satisfaction and experience survey
4. Patient Feedback Sessions “Lunch and Listen”
5. Staff satisfaction survey

Outcome Driven Approach

Who: Dental staff and patients.

What (Aims):

1. To operationalize the processes a department can take to become trauma informed ,and
2. Assesses the impact of a multiyear TIC implementation project on environmental climate, procedures, staff and patient satisfaction, and patient completion of treatment.

By how much: Tracking for improvement—no set targets.

By when: Monthly, Quarterly, and Annual.

How the change will be measured: Variation in patient satisfaction and treatment plan status, Organizational climate, procedures, and staff satisfaction will be assessed following full TIC implementation within the EHR.

Preliminary Grant Findings

Anxiety Scale Results

Participants =307

F **212** Average DAS score 8.75

M **95** Average DAS score 7.67

Anxiety Score

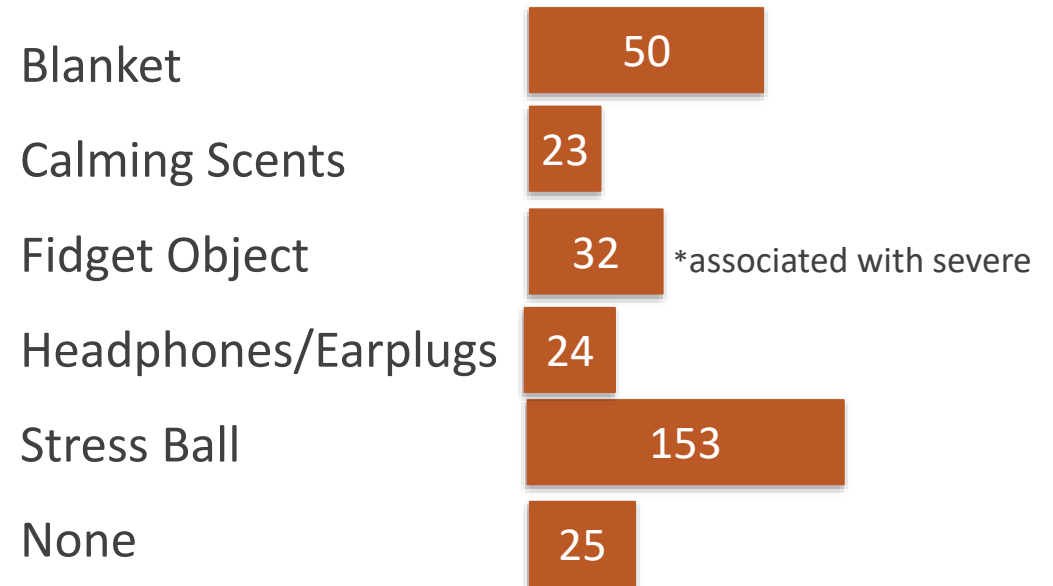
None/Low (4-8) **181** (60%)

Moderate (9-13) **88** (28%)

High (14-17) **26** (8%)

Severe (18-20) **12** (4%)

Comfort Items Results



- 29 requested to have their selected Comfort Item.
- 1 Requested a BHC to come chair-side



Health Disparities

Health disparities are preventable differences in the **burden of disease, injury, violence, or opportunities to achieve optimal health** that are experienced by **socially disadvantaged** populations.

This is our job as an FQHC. This is our community.

Reducing Health disparities is a major goal for public health agencies and health professionals.

In 2000, the Surgeon General highlighted oral health as a major component of general health and well-being.

Reducing oral health disparities is central to the overall goal of improving population health.

TIC Strategies to Address Health Disparities

- Trauma informed lens – anxiety may be at the root of behavior that prevents patients accessing care or completing treatment.
- Introduction to BH services to populations that may typically be reluctant to access that care due to stigma.
- Removing barriers for patients seeking care: co-located services and being able to schedule directly into other disciplines.
- Experiences early in life can impact health over a lifetime and across generations. Particularly around dental related anxiety.
- We believe this is one of the most important strategies.
 - Predictor for so many health and social outcomes.
 - Baby Day, First Tooth, Gladstone Dental Clinic, Early BH intervention.

Why choose a team based approach to TIC?

Any and all interventions taken are likely to have ripple effects across other social determinants of health.





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John has 32 Candy bars.
Then he eats 18 candy
bars. What does John
have now?

Cavities. John has cavities.





Thank you.

QUESTIONS?