

# Case Studies of 8 Federally Qualified Health Centers: Strategies to Integrate Oral Health with Primary Care

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**Objective:** The main objective of the study was to understand the barriers and facilitators to integration of oral health services with primary health care delivery in federally qualified health centers (FQHCs) across the United States. A secondary objective was to understand employment by FQHCs of a variety of novel oral health workforce to enable better access to oral health services in their delivery systems.

**Data/Setting:** Between February and July 2015 researchers at the Oral Health Workforce Research Center (OHWRC) at the Center for Health Workforce Studies (CHWS) at the University at Albany, School of Public Health, completed case studies at 8 FQHCs headquartered or operating satellite clinics in 9 states. The FQHCs that participated in the case studies were: Ammonoosuc Community Health Services, Inc. in Littleton, NH, Blackstone Valley Community Health Care in Pawtucket, RI, Lake Superior Community Health Center in Duluth, MN, and Superior, WI, NYU Langone Lutheran Family Health Centers in Brooklyn, NY, Penobscot Community Health Care in Bangor, ME, Ravenswood Family Health Center in East Palo Alto, CA, United Community & Family Services in Norwich, CT, and Wayne Memorial Community Health Centers in Honesdale, PA.

**Design/Methods:** The 8 case studies used individual and group interviews of administrative and clinical staff at each FQHC. Informants included medical and oral health professionals, pharmacists, behavioral health specialists, information technology (IT) staff, operations and financial management, and executive leadership.

**Results:** Despite differences among FQHCs regarding patient populations and strategies employed to integrate services, four key themes emerged, including:

- The use of interoperable electronic medical and dental health records was key to successful integration and facilitated communication and collaboration between primary care and oral health providers.
- Workforce strategies used by FQHCs emphasized team-based approaches to care, including providers who were trained to assess both medical and oral health issues.
- FQHCs used their existing oral health workforce in innovative ways, including placing dental hygienists in primary care practices and pediatric clinics. FQHCs also embraced

new oral health workforce models to improve care delivery, including community dental health coordinators and dental therapists.

- FQHCs also recognized the importance of engaging with clinical and social service providers in local communities to improve access to care for underserved patients. These organizations built relationships with local hospital systems, neighborhood clinics, and private practice clinicians to plan for and implement integrated programs to improve overall patient health.

**Conclusions:** The FQHCs that participated in this study embraced opportunities for workforce innovation and demonstrated the benefits of integrated care delivery models. While these health centers fully understood the challenges associated with the prevailing silos within care delivery systems, they demonstrated the benefits of successfully integrating oral health and primary care services. The most successful FQHCs focused on integrated teams with access to patients' dental and medical records, and training workforce to identify oral health and primary care issues.

**Key Words:** Oral Health, Oral Health Service Delivery, FQHCs, Dentistry

**HWRC Website Link:** <http://www.oralhealthworkforce.org/wp-content/uploads/2015/11/FQHC-Case-Studies-2015.pdf>