Virginia Health Catalyst
The Intersection of Overall Health and Oral Health

PROVIDING COMPREHENSIVE CARE FOR YOUR PATIENTS

An oral health integration toolkit for health care providers

Integration toolkit designed by Virginia Health Catalyst

The Case for Integration

Oral health is inextricably linked to overall health - yet, it is often a separate and sometimes undervalued aspect of health care. By integrating the services and education provided in your health system, you have the opportunity to ensure your patients have access to truly comprehensive care.

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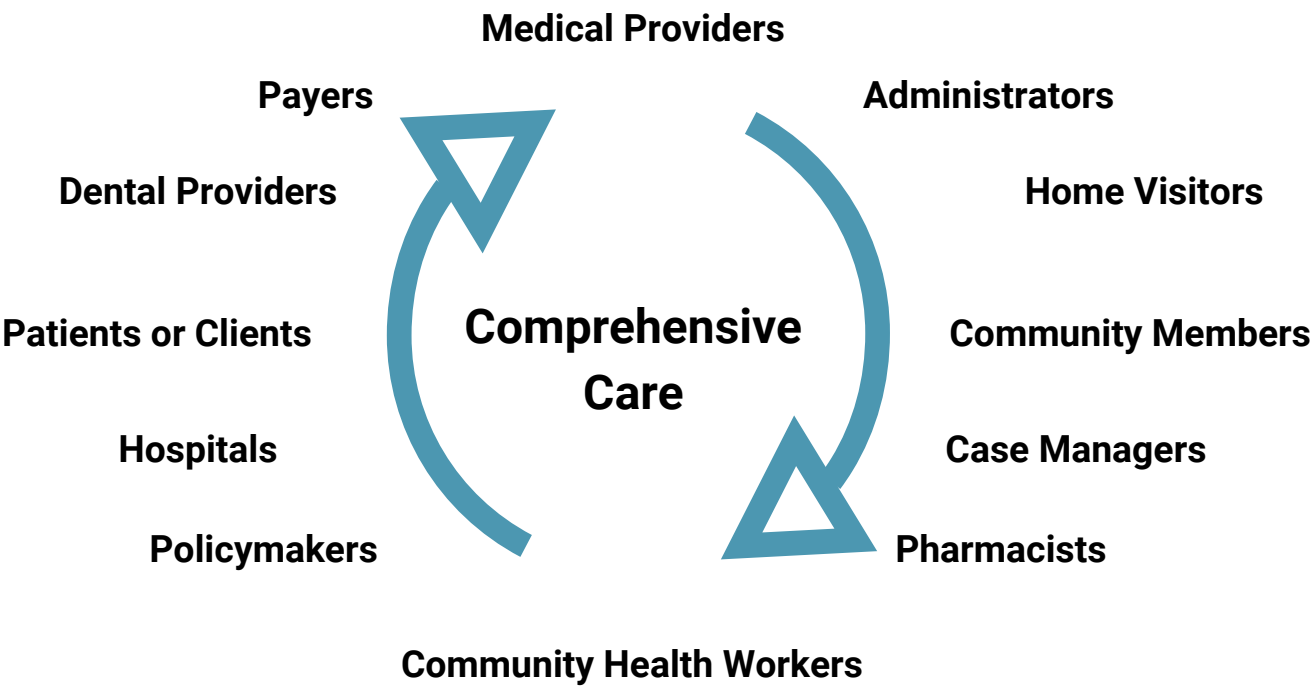Virginia's grade when compared to national oral health metrics

Co-location is not integration

What is care integration?

An integrated health system is inter-professional, easy for patients to navigate, and addresses a patient's whole health. In an integrated system, every part of the health care experience, from check-in to clinical engagements and referrals for social support, are streamlined and collaborative to improve patient outcomes. Any care setting can enhance care integration and workflow; yet, beginning an integration project is daunting and even emotional. Let's start with the basics.

A Who's Who for Successful Integration

Creating an integrated system requires buy-in and dedication at evey level including:

Medical Providers

Payers

Administrators

Dental Providers

Home Visitors

Patients or Clients

Comprehensive Care

Community Members

Hospitals

Case Managers

Policymakers

Pharmacists

Community Health Workers

How to create an integration plan

The first step to integration is to design a tailored strategy to integrate services and education throughout your health system that is data-driven, sustainable, and informed by patient needs. This toolkit offers an integration framework and provides core components of integration, resources, real-life examples, and tips to navigate unique organizational and community challenges. Start your journey by considering the core components of integration:

Identify Your Team

Your most valuable asset is your team, including clinical staff, administrative leaders, and front desk support. Start by assessing your entire team's oral health knowledge, care capacity, and motivation for change. This assessment will serve as a jumping-off point as you develop an integration initiative that meets your patients' and clinic's needs. Encourage open communication throughout the process to address questions and concerns as they arise.

Who already serves as an integration champion? Who are the outliers? Do you have leadership support? What integration practices are you already doing, and what are your future goals? How do you currently report patient outcomes to other team members or external providers?

Understand Your Community's Needs and Diversity

Refer to community health needs assessments, patient data and screenings, patient interviews, and your own observations to understand the community you serve including its health disparities and cultural richness. The care integration approach you design should address needs in a way that is sensible, equitable, and culturally sensitive.

Do the issues lifted up in community assessments match what you are seeing and hearing at the clinic? What disconnects do you see? For example, is the community-level diabetes rate consistent with what you are seeing in the clinic, or does the data suggest an opportunity for additional screening?

Design Measurable Goals

Use your team's feedback and data about your patients and community to choose measurable goals that assess both patient health outcomes and process changes. Implement changes to workflow and measurement using process mapping, health IT support, and an internal data dashboard, and continuously study and adjust your changes as you find weakness and opportunities. Review your measurable goals periodically to evaluate the project's success at improving health and workflow. The National Committee for Quality Assurance provides sample health quality measures you can adopt to assess your care integration plan, such as the Healthcare Effectiveness Data and Information Set (HEDIS) and Patient-Centered Medical Home (PCMH), and the Consumer Assessment of Healthcare Providers & Systems (CAHPS).

Factors to consider when integrating care

This toolkit outlines a few, common integration models, but there are numerous pathways to integrated care. It is vital first to consider the unique needs and challenges of your clinic. The following factors can apply to any population and should be considered across all integration models to ensure success and sustainability.

Leadership and Buy-in

When care is integrated, patient health improves and health care spending is reduced; however, directing staff to add oral health services, assessments, or referrals into a jam-packed workday can feel like "one more thing." Start by building a team that includes leadership, volunteers, and support staff. An integration champion can create buy-in by relaying a vision for better health – for example, "We can better manage our diabetic patients' blood sugar if we can treat their gum disease." Then, discuss a shared definition of what it means to be healthy and provide comprehensive care. In our definition, comprehensive health always includes oral health. Next, engage all staff around a care integration plan and ensure the entire team has the tools, training, and support to see it through. Check-in often to answer questions and address concerns. Consider surveying or involving patients in the process to assess their experience with receiving education, making an appointment, or receiving care. Often, simply asking patients a question about oral health sparks a great discussion about why it's important.

Virginia Health Catalyst can provide data, case studies, shared-learning opportunities, and connections with other integration leaders.

Communication

Good, bi-directional communication is crucial. This includes provider interactions with patients, and also encompasses communication among clinical team members and staff as well as communication that happens electronically through electronic health records (EHRs) or other mechanisms. With technical assistance, EHRs can be made easier to use, more functional, and shareable among medical and dental teams. For example, EHRs can be augmented with additional alerts or reminders to help staff deliver oral health risk assessments or follow-up on referrals, or to provide patients with information to help them track their own outcomes. Teams can also improve communication without technology using workflow mapping, assessments, and shared treatment notes to deliver coordinated, comprehensive care.

Virginia Health Catalyst can connect practices with health IT support professionals and provide quality improvement templates, sample measures, and case studies to help ensure your EHR and communication practices enhance – and do not inhibit – your care integration plan.

Factors to consider when integrating care

Health Equity

Successful care integration programs consider environmental and societal factors. Achieving health equity requires addressing avoidable, unfair, or remediable differences among groups of people, particularly people of color. For example, black adults in Virginia are twice as likely to be diagnosed with diabetes when compared to white adults[2]. And while over one-third (38%) of all Virginia adults lack dental coverage, that number jumps to 60% among Hispanic adults[3]. Successful care integration programs consider environmental and societal factors. Achieving health equity requires addressing avoidable, unfair, or remediable differences among groups of people, particularly people of color. Teams should consider these five social determinants of health:

- Economic stability
- Education
- Social and community context
- Health status and health care
- Neighborhood and built environment.

For example, if a family is food insecure or facing a housing crisis, dental care will be a low-priority issue. Cultural humility training enhances a provider's ability to deliver health services with respect and humility about cultural differences. Trauma-informed care is also an emerging health practice that trains providers to consider the many ways that trauma in all forms impacts health. Leverage data, like the community health needs assessment, to help gauge health disparities in your community and identify opportunities for improvement.

Virginia Health Catalyst's Clinical Advisory Board and field experts are on hand to deliver training and educational resources on cultural competency, trauma-informed care, and leveraging community partnerships to help providers improve health equity and address social determinants of health.

Virginia Health Catalyst works with providers across Virginia to integrate care and improve access to comprehensive health care that includes oral health for all Virginians. To learn more about how Virginia Health Catalyst can assist in your integration process contact Samantha Dorr at sdorr@vahealthcatalyst.org.

Integration Care Model: Women's Health

Pregnant women with periodontal disease are more likely to have a preterm or low birth weight baby. Data shows that African American women are less likely to see a dentist while pregnant[5]; they are also twice as likely to die in childbirth[6]. Home visitors, community health workers, and medical providers can help women have a healthy pregnancy with oral health services, education, and referrals.

Factors to Consider

- **Dental Coverage:** Virginia Medicaid and FAMIS MOMS cover preventive and restorative dental services during pregnancy; yet, many women report they do not know they have dental coverage. If your team sees low-income patients discuss their dental coverage and benefits that might be available to them.

- **Pregnancy Myths:** Dental care during pregnancy is a vital and safe part of prenatal health; however, there is a misconception that dental care during pregnancy is unsafe or that it's normal to lose teeth when you're pregnant. Cleanings, periodontal treatment, and x-rays are all safe for pregnant women, and women can prevent tooth loss with proper care. Use culturally sensitive educational resources to address myths and concerns with team members and patients.

- **Measuring Improvement:** Consider both qualitative and quantitative measurements to assess your integration plan's success, like an increase in dental visits among pregnant patients, at least two periodontal maintenance visits per year, a decrease in preterm birth among women with periodontal disease, and patient satisfaction.

44%
Of pregnant women visited a dentist in Virginia

Case Study: Understanding Patient Populations

A maternal health provider whose patients were predominantly Spanish-speaking and uninsured created a partnership with an urban community health center's dental clinic to provide their patients access to a dental home. The two providers had different workplace cultures, workflow processes, and patient populations. Because trust was not built among the agencies first, the teams lacked confidence in the other providers and patients, and the referral process was slow. The care teams were forced to build trust among the two organizations before the dental providers at the health center could successfully treat the new, pregnant patients. The two care sites worked hard to assess the patients' needs and create a referral system that was culturally sensitive. The resulting program included easier-to-understand referral forms, translation services, and staff training on the safety of pregnancy dental care and cultural humility. The trust among both providers helped their shared patients feel comfortable about accepting a referral for dental care.

Integration Care Model: Women's Health

Practical Examples: Leveraging Health Care Services & Referrals

Maternal health and dental providers create a referral system that involves all team members.

1 A community health worker helps Susie sign up for Medicaid and arrange an appointment with an OBGYN who accepts Medicaid. When Susie checks in, a front desk staff member asks her screening questions about her oral health and access to dental care, including date of her last dental exam. The screening reveals Susie does not have a dental home and is unaware that Virginia Medicaid covers dental care during pregnancy.

2 During Susie's appointment, her OBGYN discusses her screening answers and assesses her blood pressure and other health indicators. The OBGYN looks in Susie's mouth and notes that her gums appear red and slightly inflamed. A medical assistant discusses the ways oral health can affect her pregnancy. The care team takes time to address Susie's concerns about the safety of seeing a dentist while pregnant.

3 As Susie schedules her next prenatal appointment, the front desk staff member asks if Susie would like a referral to a dentist in the area and further reinforces the importance and safety of dental care. Susie feels comfortable seeing a dentist because she understands it is safe and that Medicaid will cover the cost; she agrees to a referral. The staff member gives Susie and her community health worker the name and phone number for a local dentist who accepts Medicaid and is in Susie's neighborhood.

4 The community health worker assists Susie with setting up a dental appointment, and continues to check in with Susie to ensure she has a plan to complete the visit (i.e. transportation, childcare).

5 The dental provider Susie goes to shares a visit report with Susie's OBGYN so both providers can work closely together on Susie's overall health.
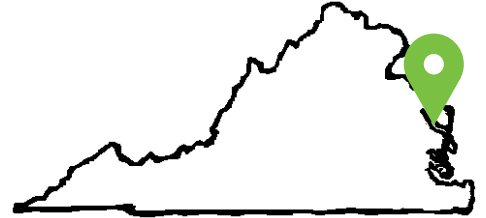
Integration Care Model: Early Childhood Health

Tooth decay is the most common chronic disease in children[7], even though it is entirely preventable. Starting good oral health habits when the first tooth appears establishes a lifetime of positive health outcomes. Everyone across the health care spectrum, from advocates to physicians and home visitors, can make a lasting impact on a child's oral health.

Factors to Consider

- **Community Support:** Home visitors and community health workers help create a healthy environment for families and vulnerable populations. Leverage these professionals to share information with parents about the age one dental visit, hygiene habits, the importance of drinking fluoridated tap water, and the impact of oral health on school readiness and nutrition.

- **Model Behavior:** Toddlers are more likely to see a dentist if their parents have access to oral health services as well. Emphasize to parents that it's important to take the child to a dentist by their first birthday, and consider ways to expand the parents' access to affordable dental care and coverage.

- **Measuring Improvement:** Consider both qualitative and quantitative measurements to assess your integration plan's success, like dental visits among children, rates of tooth decay, untreated dental disease, patient satisfaction, rates of dental sealants, oral health risk assessments, and fluoride varnish application.

Case Study: Patient Education

A rural health system on Virginia's Eastern Shore sought to increase the number of dental visits among children. The leadership team decided to reach out to parents to help them understand the important role oral health plays in a child's well-being. Staff developed a parent outreach plan that included a dental welcome bag for new parents at the hospital and a "Happy First Birthday" card with a reminder to see a dentist by age one. Additionally, dental staff delivered an oral health risk assessment and fluoride varnish at the age one well-visit, and medical staff delivered fluoride varnish at 16- and 20-month checkups. Through parent outreach and education, the health system was able to increase dental visits for their youngest patients.

47%
Of Virginia's third graders have experienced tooth decay

Integration Care Model: Early Childhood Health

Practical Examples: Paying for Oral Health Services

A pediatric office begins applying fluoride varnish, which is reimbursed by Virginia Medicaid.

1 Dr. Jones, a pediatrician, learns that Virginia Medicaid will reimburse medical providers for applying fluoride varnish. He reaches out to Virginia Health Catalyst to arrange a training for clinical and administrative staff on early dental care anticipatory guidance, oral health risk assessments, fluoride varnish application and billing instructions, and the benefits of fluoridated tap water. The staff can ask questions and address concerns, and they identify who on the team will do the varnish application.

2 Clinic leadership creates a sustainability plan that embeds training on oral health assessments, fluoride varnish application, billing, and varnish procurement into the on-boarding process for new staff, and into all care practice manuals. They also outline ongoing continuing education goals and opportunities for existing staff through the Smiles for Life online curriculum.

3 To expand his impact on his patients' health, Dr. Jones establishes a relationship with a local dentist and begins referring his patients without a dental home to her.

4 Oral health-related questions, including contact information for the patient's dentist, date of last appointment, and access to fluoridated tap water are included in a pre-appointment questionnaire.

5 Now, Dr. Jones and his team provide more comprehensive care by asking patients about their oral health, applying fluoride varnish, and referring children to a dental home.

Integration Care Model: Older Adults Health

As patients age, oral health has a more pronounced impact on health and well-being. Poor oral health can impact a person's ability to get a job, socialize, or eat healthy foods[9]. Allied health providers can work together to address a patient's whole health at every clinical or home visit.

Factors to Consider

- **Connections are Key:** Approximately 108 million Americans see a physician each year but do not see a dentist. Conversely, 27 million people see a dentist yearly but do not have a medical visit[10]. Health workers can educate patients about the connections between oral and overall health, provide integrated health services in the dental office, like chairside blood pressure screening, and connect with local, clinical providers to increase referrals.

- **Limited Coverage:** Virginia Medicaid does not cover comprehensive dental services for adults and the elderly; Medicare has no dental coverage. Only half of individuals with private health insurance also have dental coverage. Understand your patients' available dental coverage options in your community for those with and without dental insurance.

- **Measuring Improvement:** Consider both qualitative and quantitative measurements to assess your integration plan's success, like adult dental visits, successful periodontal treatment, reduction in dental-related emergency room visits, rates of tooth loss, access to fluoridated water, and patient satisfaction.

Case Study: Infrastructure for Communication

Dental patients at a rural dental clinic in Central Virginia visit nearly 60 different medical providers across the region, from small offices to major health systems. To share patient data more quickly with primary care providers, the clinic's dental providers and administrative team worked together to implement electronic clinical summaries that can be shared with medical providers after dental visits. By sharing electronic summaries, the clinic's dental team can convey patient data to medical providers and work together to provide comprehensive care.

50%
Of Virginia's adults have lost at least one tooth to tooth decay or gum disease

Integration Care Model: Older Adults Health

Practical Examples: Sharing Information to Address Challenges

An assisted living community establishes lines of communication among staff, patients, and families that improve care and well-being

1 As the director of nursing at an assisted living community, Jessica and her team regularly monitor her residents' health and set up appointments with medical and dental providers in the community.

2 The care team, which consists of social workers, certified nursing assistants, and nurses, are trained regularly to address oral hygiene needs like tooth brushing and flossing, which may be more difficult for residents to maintain as they age or lose cognition. They also work with an area dentist to coordinate patient visits and schedule a portable clinic to meet the needs of residents with limited mobility.

3 Since Jessica's team is managing their residents' health care, she asks her clients' primary care and dental providers to share clinical information with her staff, like elevated blood pressure or early signs of gum disease, through shared patient records and notes in their EHR. Jessica monitors this communication and provides a comprehensive health report to her staff during care team meetings.

4 With this information, Jessica and her team integrate services like routine blood pressure monitoring and mouth rinses to address specific health care challenges and practice preventive care. Additionally, involving her team in care coordination and bi-directional communication helps them identify and tackle social barriers like transportation and language differences.

VIRGINIA HEALTH CATALYST INTEGRATION TOOLKIT

Integration Care Model: Chronic Disease

Regular dental care and treatment can help lower blood sugar, decrease the risk of heart attack, and support substance use disorder treatments[12]. Care integration means medical and dental providers design comprehensive treatment plans that address a patient's total health experience.

Factors to Consider

- **Educating Providers:** Patients with chronic disease present an opportunity for care teams to learn how oral health can impact other systems and illnesses in the body. Share data, research, and continuing education opportunities with all clinical and administrative staff; co-located medical and dental offices can open lines of communication through all-staff meetings and patient-centered care teams.

- **Technology as a Tool:** Sharing electronic health records (EHRs) between providers' offices can be challenging, given the different types of EHR software. Providers can still share data like a blood pressure reading or an oral health risk assessment, through paper forms, a case worker or community health worker, or an electronic clinical summary.

- **Measuring Improvement:** Consider both qualitative and quantitative measurements to assess your integration plan's success, like well-managed blood sugar among persons with diabetes, successful periodontal treatment in patients with chronic disease, relapse or employability among patients undergoing substance use disorder treatment, patient satisfaction, and a reduction in ventilator-associated pneumonia.

Case Study: Staff Education

An urban clinic with co-located medical and dental services sought to lower their diabetic patients' A1C levels through increased dental care. Initially, however, the clinic's dedicated medical team was reluctant and quite emotional about adding another task to their regimen and feared overburdening their busy staff. Clinic leadership used in-person meetings, education, patient outcomes data, and medical research to demonstrate the links between oral health and diabetes to clinical providers. Through active listening and open lines of communication, the clinic was able to engage its clinicians in a plan to refer diabetic patients to their onsite dentist. By beginning with open communication and staff education, the clinic created buy-in among all staff and implemented a program that provides more comprehensive care to their patients.

$2,840
Average amount saved by treating periodontal disease in patients with diabetes

Integration Care Model: Chronic Disease

Practical Examples: Tracking Outcomes

Dentist improves chronic disease management and measure patient outcomes.

1 When Ann sees the dentist at the local community health center, she completes an intake form that asks about her medical conditions. Ann checks that she has diabetes and lists her medications.

2 Next, a dental hygienist takes Ann's blood pressure and pulse. Using motivational interviewing techniques, the hygienist discovers Ann's blood sugar is uncontrolled which has resulted in several recent trips to the emergency department (ED). Ann also says she cannot afford diabetic testing supplies, and she doesn't feel safe exercising outdoors.

3 Ann's dentist sees signs of gum disease, and he discusses with Ann how periodontal disease can worsen her diabetes and make her blood sugar harder to control.

4 Ann's dentist designs a treatment plan and tracks her periodontal treatment in Ann's EHR; her dentist receives updates on Ann's blood sugar from the center's physician through a shared EHR and shares the dental treatment notes with the physician.

5 After the appointment, the hygienist walks Ann to the care management office where they help her identify community resources that can provide low cost blood sugar testing kits. They also remind her of the clinic's partnership with the YMCA where she can use the indoor track to walk safely for exercise.

6 Together, Ann and her providers better manage her diabetes with dental treatment and wrap-around services that help take Ann better care of herself day-to-day. Ann's health improves, her long-term care costs are reduced, and she spends less time in the ED.

Integration Care Model: Behavioral Health

Depression or anxiety may impact a person's ability to seek medical or dental treatment. Past trauma can also make a person feel uncomfortable visiting a health provider. Providers can practice trauma-informed care and better understand the connections between medication, adverse experiences, and oral health to ensure a patient is treated appropriately[13].

Factors to Consider

- **Medication Side Effects:** Some medications cause side effects like dry mouth, which can increase the risk of oral complications. By adding medication questions on patient intake forms, health providers can address side effects and monitor for problems.

- **Trauma-Informed Care:** Individuals who have experienced trauma may be more likely to engage in behaviors that affect oral and overall health; they may also feel vulnerable receiving oral exams. Trauma-informed care training and resources can help providers in all settings build trust and adapt their approach.

- **Measuring Improvement:** Consider both qualitative and quantitative measurements to assess your integration plan's success, like the number of depression screenings in dental visits, the number of trauma-informed care training opportunities for providers, the number of bi-directional referrals with mental health providers, and patient satisfaction.

Case Study: Leadership as Champions

When a health center began a care integration program, their medical and dental teams were siloed. The clinic administrator and medical director set a goal for medical and dental staff to regularly meet and collaborate on patient care. Eventually, leadership saw a need to loop in the pharmaceutical team to better understand medication-related side effects. With the clinic administration providing leadership and oversight, the clinicians were able to streamline the patient experience and ensure that all providers were collaborating to address medication-related side effects.

3x

U.S. adults with severe mental illness are 3 times as likely to lose all of their teeth from untreated dental disease compared to the general population

Integration Care Model: Behavioral Health

Practical Examples: Integrating Care Across the Clinic

Pharmacists have an important role to play in patient education.

1 During a well visit at the local community health center, Dan's nurse performs a mental health screening which reveals Dan shows signs of depression. Dan's physician prescribes an anti-depressant.

3 When Dan visits the health center dentist a few weeks later, his dentist views his EHR and sees he is on an antidepressant. Dan's dentist performs a thorough exam and notes symptoms of dry mouth. Dan remembers his pharmacist mentioning the potential oral side effects.

2 When he goes to the center's pharmacy to get the prescription filled, the pharmacist tells Dan that his medication may cause dry mouth and suggests he increase his water intake and chew sugar free gum to combat symptoms, and be sure to schedule a dental appointment. The pharmacist walks Dan to the health center's front desk to schedule a dental visit.

4 Dan's dentist prescribes a mouth rinse to help alleviate his dry mouth symptoms. The information and support from Dan's pharmacist reinforces his trust in this treatment plan.

Integration Resources

Online Integration Resources

- Begin your integration process by using this integration assessment
- Measuring success is critical, examples of how to measure integration successes include:
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Patient-Centered Medical Home (PCMH)
  - Consumer Assessment of Healthcare Providers & Systems (CAHPS)
  - Quality Improvement Implementation Guide
- Learn more about the Virginia Health Catalyst Clinical Advisory Board and ways to leverage its members to improve your integration efforts

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Additional Resources

- Safety Net Medical Home Initiative, Oral Health Integration Supplement Guide
- National Network for Oral Health Access Dental Dashboard
- American Dental Association Dental Quality Alliance
- Trauma-Informed Care and Resilience Resources
- Online Resources for Assessing and Measuring Social Determinants of Health

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Find Dental Care

- If you or a family member are enrolled in Medicaid, visit the DentaQuest website or call 1.888.912.3456 to find a dental provider.
- Go to Virginia 2-1-1 for information on various health and social services.
- Visit the Virginia Health Care Foundation website for a list of all dental safety net clinics in Virginia.
- To determine if you're eligible for Medicaid or FAMIS insurance programs, visit CoverVA.
- The Virginia Health Catalyst website provides further information dental coverage options in Virginia.

End notes

[1] Virginia Oral Health Report Card https://vahealthcatalyst.org/provider-resources/oral-health-report-virginia-specific-data/

[2] America's Health Ranking, 2018 https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/VA

[3] Virginia Oral Health Report Card https://vahealthcatalyst.org/provider-resources/oral-health-report-virginia-specific-data/

[4] Virginia Oral Health Report Card https://vahealthcatalyst.org/provider-resources/oral-health-report-virginia-specific-data/

[5] Virginia Department of Health, Office of Family Health Services, Pregnancy Risk Assessment and Monitoring System, 2010-2011.

[6] CDC Morbidity and Mortality Report https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

[7] Virginia Oral Health Report Card https://vahealthcatalyst.org/provider-resources/oral-health-report-virginia-specific-data/

[8] Virginia Oral Health Report Card https://vahealthcatalyst.org/provider-resources/oral-health-report-virginia-specific-data/

[9] ADA, Health Policy Institute: Oral Health and Well Being in Virginia https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/OralHealthWell-Being-StateFacts/Virginia-Oral-Health-Well-Being.pdf

[10] National Academy of Medicine https://nam.edu/integration-of-oral-health-and-primary-care-communication-coordination-and-referral/

[11] Jeffcoat MK, Jeffcoat RL, Gladkowski PA, Bramson JB, Blum JJ. Impact of Periodontal Therapy on General Health: Evidence from Insurance Data for Five Systemic Conditions. Am J Prev Med 2014;47(2): 166-174.

[12] Virginia Health Catalyst https://vahealthcatalyst.org/provider-resources/caring-for-population-groups/chronic-care-and-oral-health/

[13] Kisely, Steve. No Mental Health without Oral Health. Can J Psychiatry. 2016 May; 61(5): 277–282.

How Virginia Health Catalyst Can Help

Virginia Health Catalyst provides context, tools, education, and space to health professionals so they can deliver comprehensive services that include oral health. This toolkit outlines frameworks for integrating care across five models: women's health, early childhood health, older adults health, chronic disease, and behavioral health. Catalyst provides resources including white papers and integration case studies on our website, vahealthcatalyst.org. Catalyst's Clinical Advisory Board also serves as a sounding board for integration projects and education support for professionals and interdisciplinary teams.

www.vahealthcatalyst.org | 804.269.8720

Virginia Health Catalyst works with partners across the commonwealth to ensure all Virginians have equitable access to quality, comprehensive health care that improves oral health and supports population health.

To learn more, reach out to Samantha Dorr at sdorr@vahealthcatalyst.org.