

Oral Health in Primary Care



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Introduction

- Why Primary Care
- Why Train FM residents
- National Development of Oral Health Curriculum
- WDSF Projects – Integrating Oral Health in Primary Care



Current Recommendations

- Medical: AAP
 - First Visit by 6 months for high risk infants
- Dental: AAPD
 - All children see a dentist by one year of age



How Can this be done?

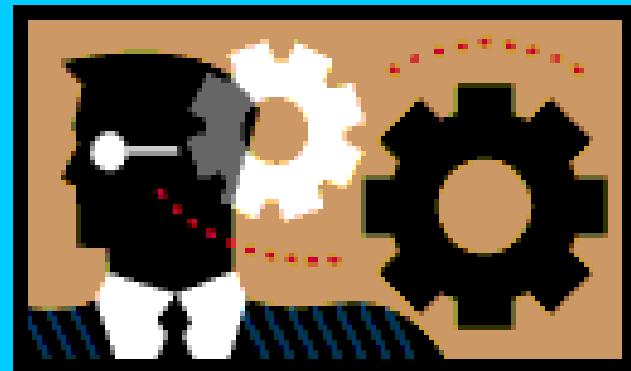
Why Primary Care?

- Dental Disease is Preventable
- Good evidence that primary care interventions can make a difference
- Shrinking Supply of Dentists – Growing Population
 - “Cannot Drill and Fill our way out of this Crisis”
- Children and LSES individuals with poor access have better medical access
 - >100 million without Dental, 50 million lack medical
- By age 2, children have seen a provider at least 7 times



Why Primary Care? Con't

- The Mouth is Part of the Body
 - Pregnancy
 - Heart Disease
 - Diabetes and Infection



Train Primary Care Providers!

- Family Physicians see patients of all ages
 - Children, Adolescents, Pregnant Women, Elderly
- In Washington State 82% accept Medicaid
- Family Physicians form the base of all functioning health system in the world

ICOHP

Interdisciplinary Children's Oral Health Promotion

- University of Washington Dept Pediatric Dentistry and FM
- Pilot site - Yakima
- Why Yakima
 - Champion
 - Community Need
 - Medical-Dental Linkage
- Process
 - Focus Groups
 - Pre-Testing
 - Modules
 - Post-Testing



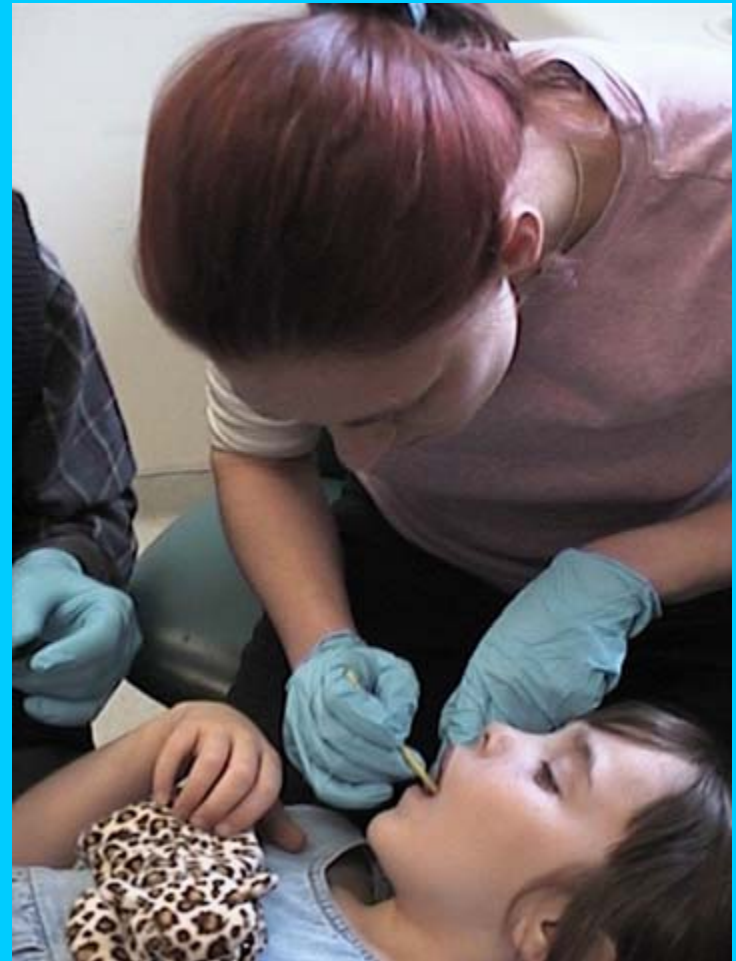
Initial Sessions

- Modules
 - Public Health
 - Normal Dental Development
 - Carries
 - Dental Emergencies
 - Oral Systemic Health
- Linked with Community Dentists
- Worked with Local Oral Health Champions

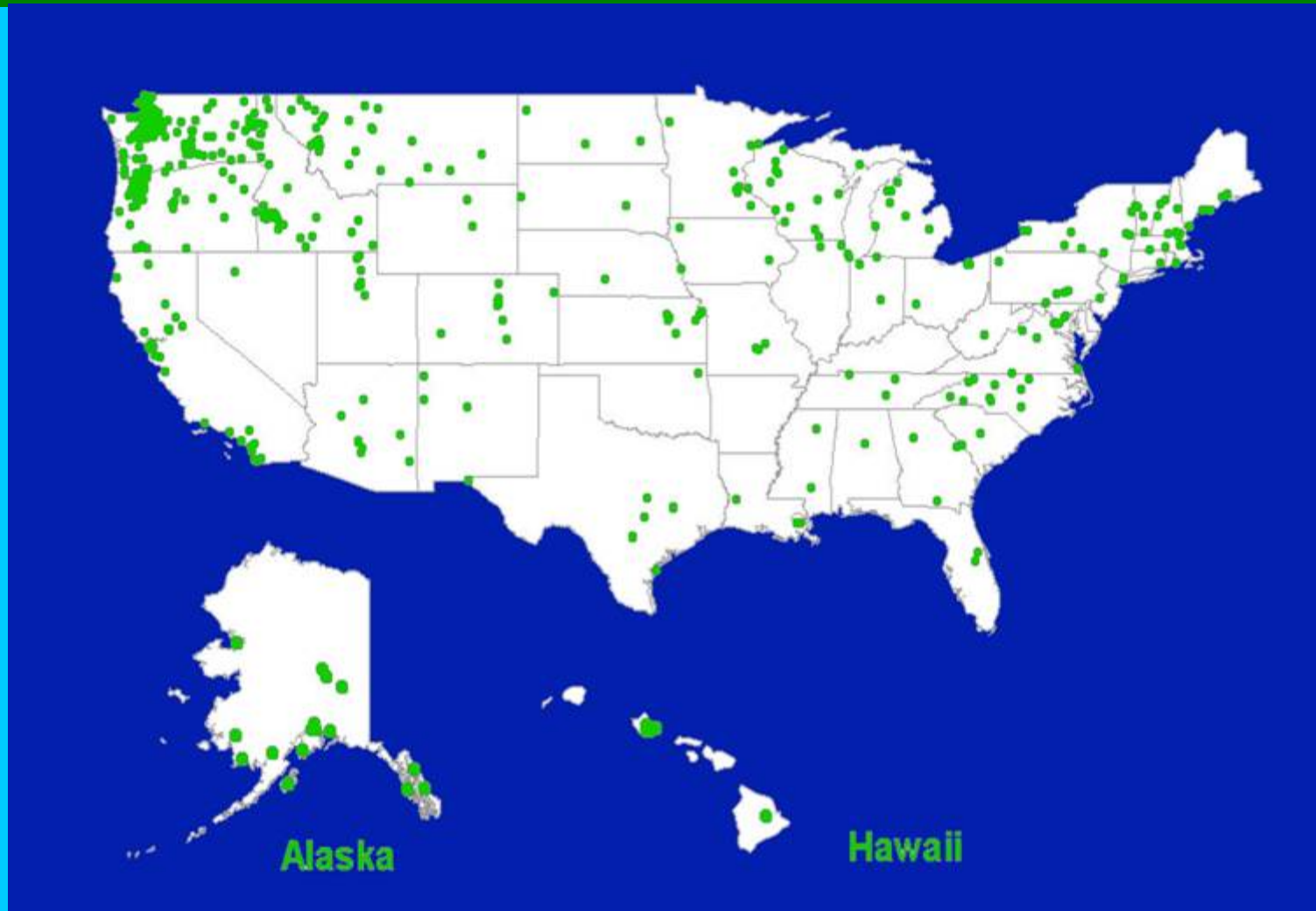
ICOHP Coop Agreement

It worked

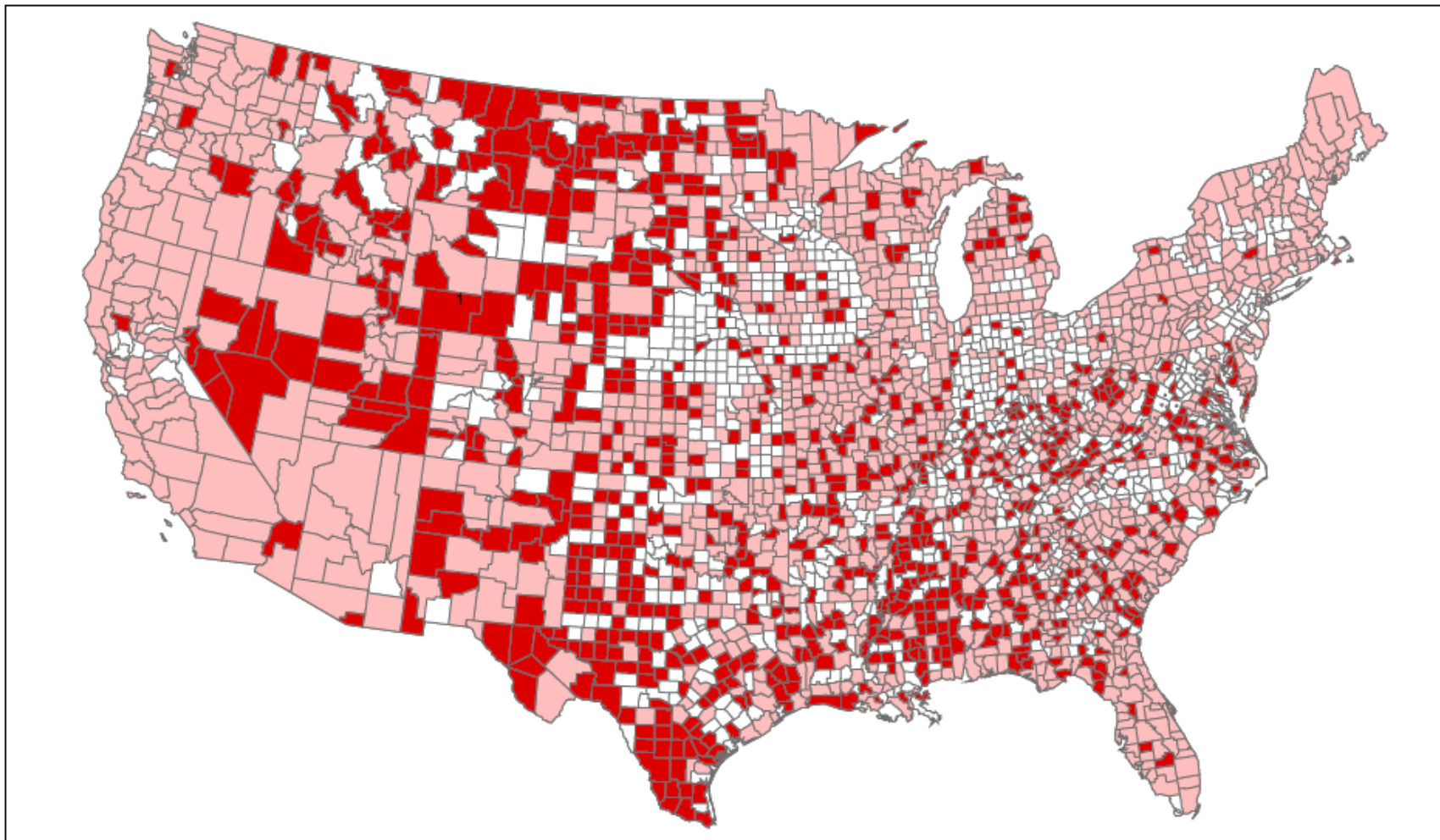
- Residents rated modules highly
- Residents found material applicable to everyday practice
- Residents retained information over time






UW FM Residency Network: Graduate Distribution



PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS



2002 County HPSA Status

-  Full Primary Care HPSA
-  Partial Primary Care HPSA
-  Not a HPSA

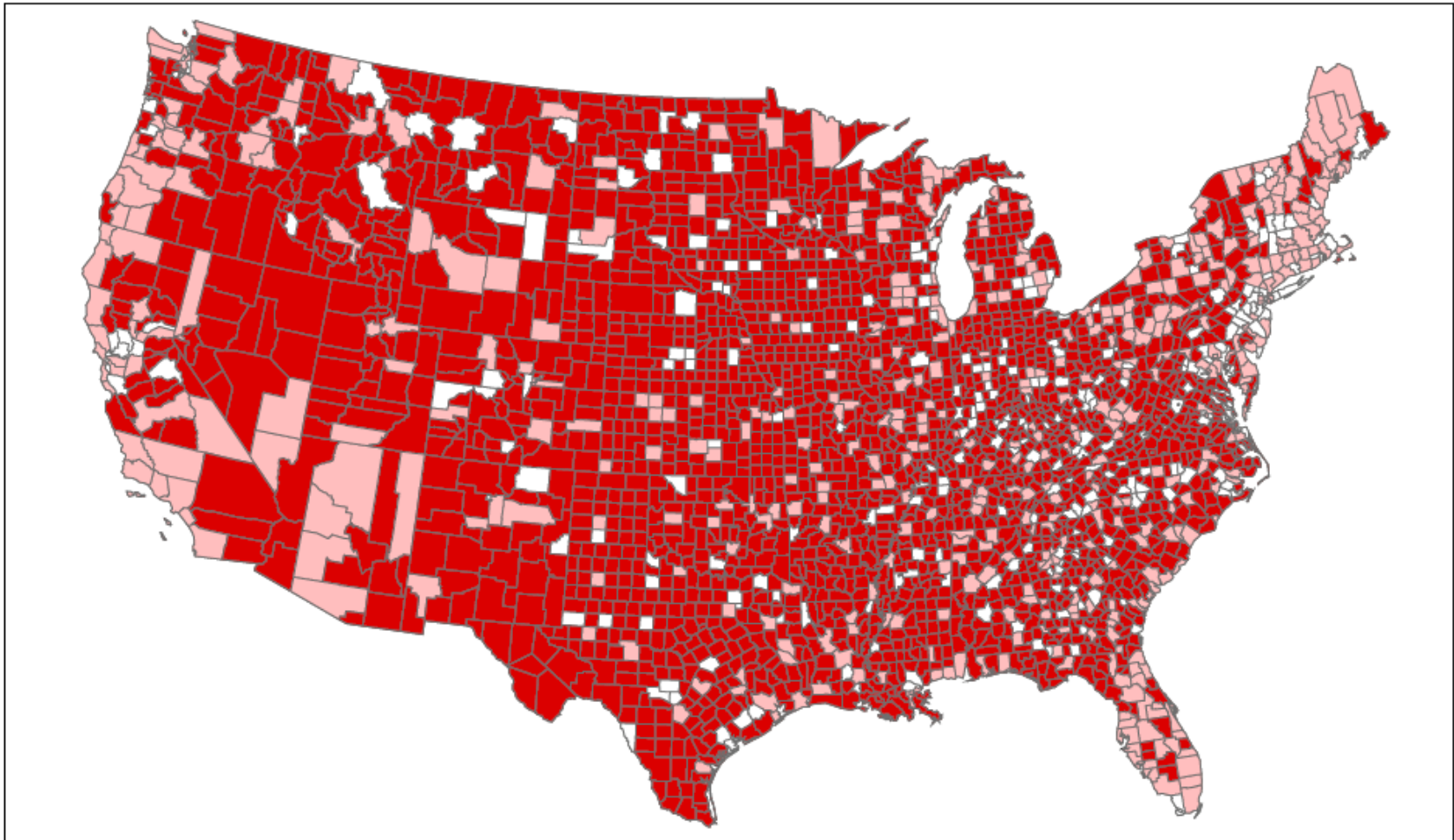


www.graham-center.org




Prepared by the Robert
Graham Center: Policy
Studies in Family
Medicine and Primary Care

Data Source: 2003 Area
Resource File (U.S.
Department of Health
and Human Services)

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS IF FAMILY PHYSICIANS WERE WITHDRAWN



2002 County Primary Care
HPSA Status After Withdrawal

-  HPSA/Becomes Full HPSA
-  Remains Partial HPSA
-  Not a HPSA



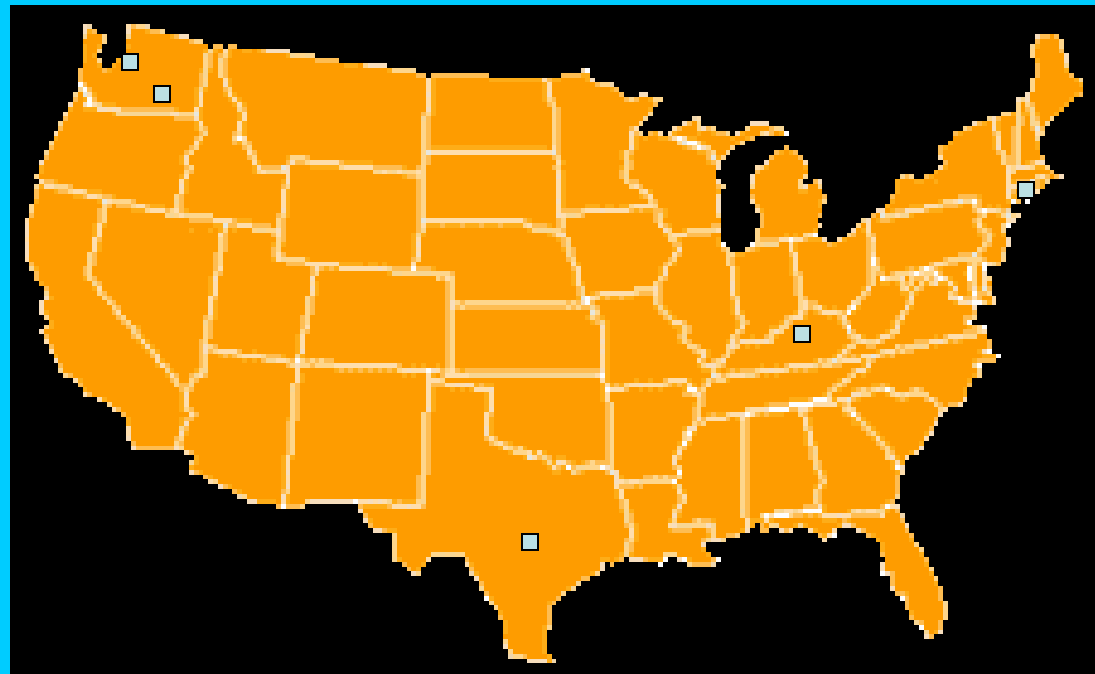
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Spring 2004

- Society for Teachers of Family Medicine National Conference May 2004
- Four sites independently presenting
 - WA
 - CT
 - TX
 - KY



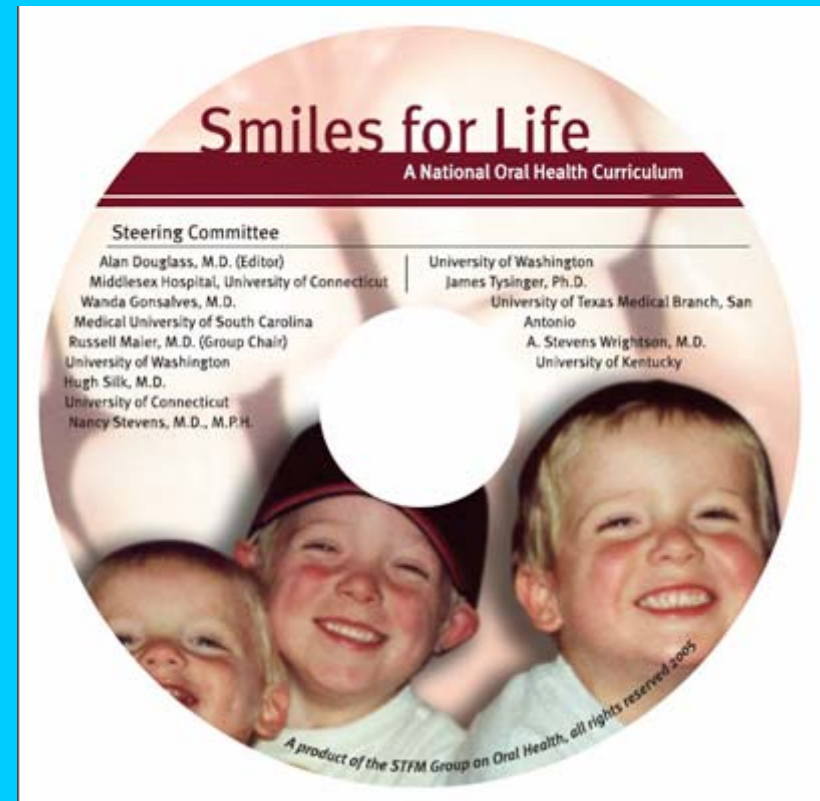
STFM Group on Oral Health

- A new group was created
- New curricular requirements
- RRC for Family Medicine
 - “to include oral health”
- RRC for Pediatrics
 - “including oral health”



Summer of 2005

- Completed curriculum
- 4 modules
 - Intro
 - Child
 - Adult
 - Emergencies
- Mailed to all FM programs



Current Activities

- Medical School Adoption
 - Arizona, Colorado, Connecticut, Rhode Island, Illinois, Massachusetts, New York, and Washington
- Developing Further Modules
 - Pregnancy Care
 - Fluoride Varnish
- Working with Insurers
 - Screening Exams
 - NC Medicaid pays
 - WA Medicaid pays
- Academic Detailing
 - Office Based Education
 - <http://www.stfm.org/oralhealth/>



Smiles for Life
A National Oral Health Curriculum
For Family Medicine

STFM Group on Oral Health

Module 1
The Relationship of Oral to Systemic
Health

Foundation Activity

- Integrating Oral Health into Primary Care
- Access to Baby and Child Dentistry

Academic Detailing

- Try and Teach Old Dogs New Tricks
- Pharmaceutical Company Techniques
- Thus Far 50+ trainings
 - 525 physicians
 - 1420 other providers and staff
- Issues:
 - Access to office not an issue
 - Oversubscribed
 - Difficult to recruit speakers
 - Parallel effort to train Dentists - ABCD

ABCD

- Access to Baby and Child Dentistry
- Goal
 - Increase access to Dentists trained to see young children
 - Preventive and Restorative care for children infancy to age 6
 - Payment and scheduling mechanism built into the project
- Present in 25/39 counties, 12 more on-line
- Over 625 Dentists Trained
- Emphasis on seeing children on Medicaid
 - Medicaid utilization rate in ABCD Counties among children under 6: increased **19.5% → 39.6%** from 1997 to 2005
 - Increased utilization of Medicaid dental in ABCD counties among children under 2: from **1.4% in 1997 to 14.5%** in 2004

There is Hope for the Future!



Future Directions

- Oral Health is Part of Overall Health
- Continue to improve the dental-medical interface
 - Primary Care Providers are uniquely positioned to help
 - Better Training of Primary Care Providers
 - Encourage Primary Care Providers to Screen Patients and Apply Fluoride Varnish
- Financial Incentives need to be realigned to focus on prevention
 - Reimbursement for Primary Care
- Continue to work on legislative change

An ounce of prevention is worth a pound of cure

Questions

