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
It worked

- Residents rated modules highly
- Residents found material applicable to everyday practice
- Residents retained information over time
UW FM Residency Network: Graduate Distribution
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

- 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/](http://www.stfm.org/oralhealth/)
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