

Inter-Professional Team-Based Training in SHCN Across the Lifespan

National Oral Health Conference

April 2017

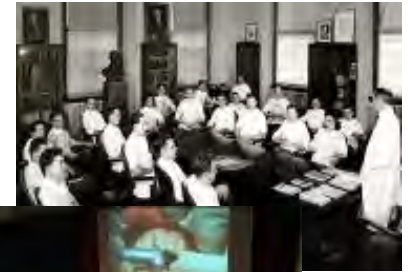
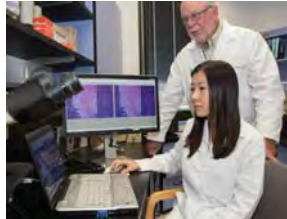
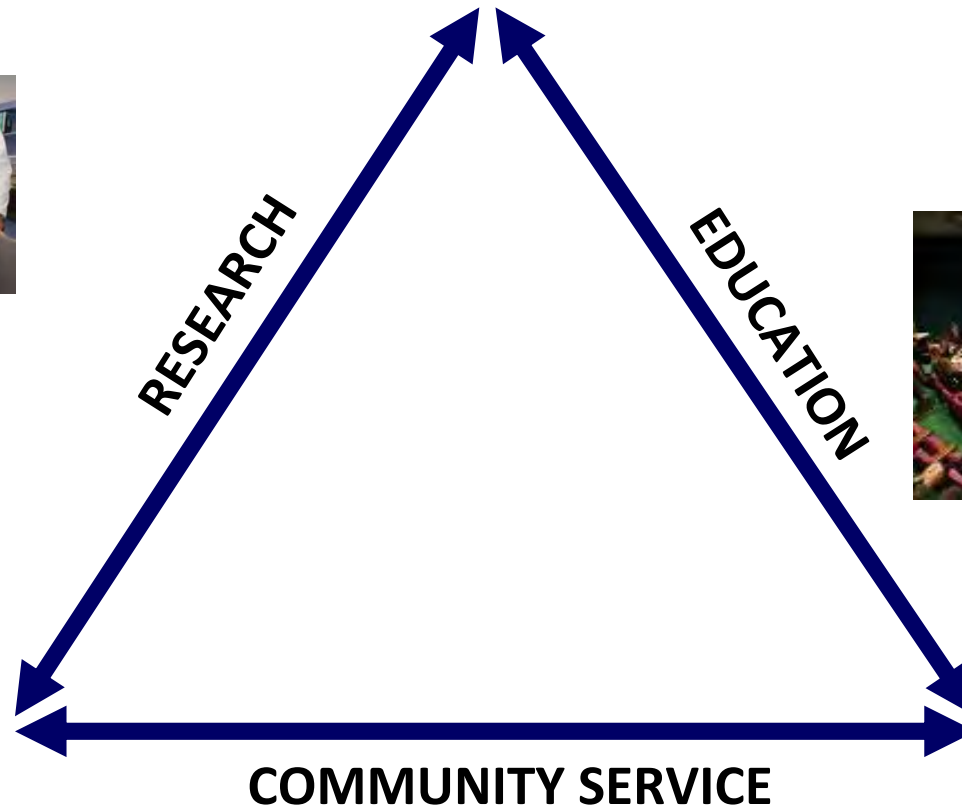
Holly Barone, RDH, MHA



MEDICINE *of* THE HIGHEST ORDER



Eastman Institute for Oral Health

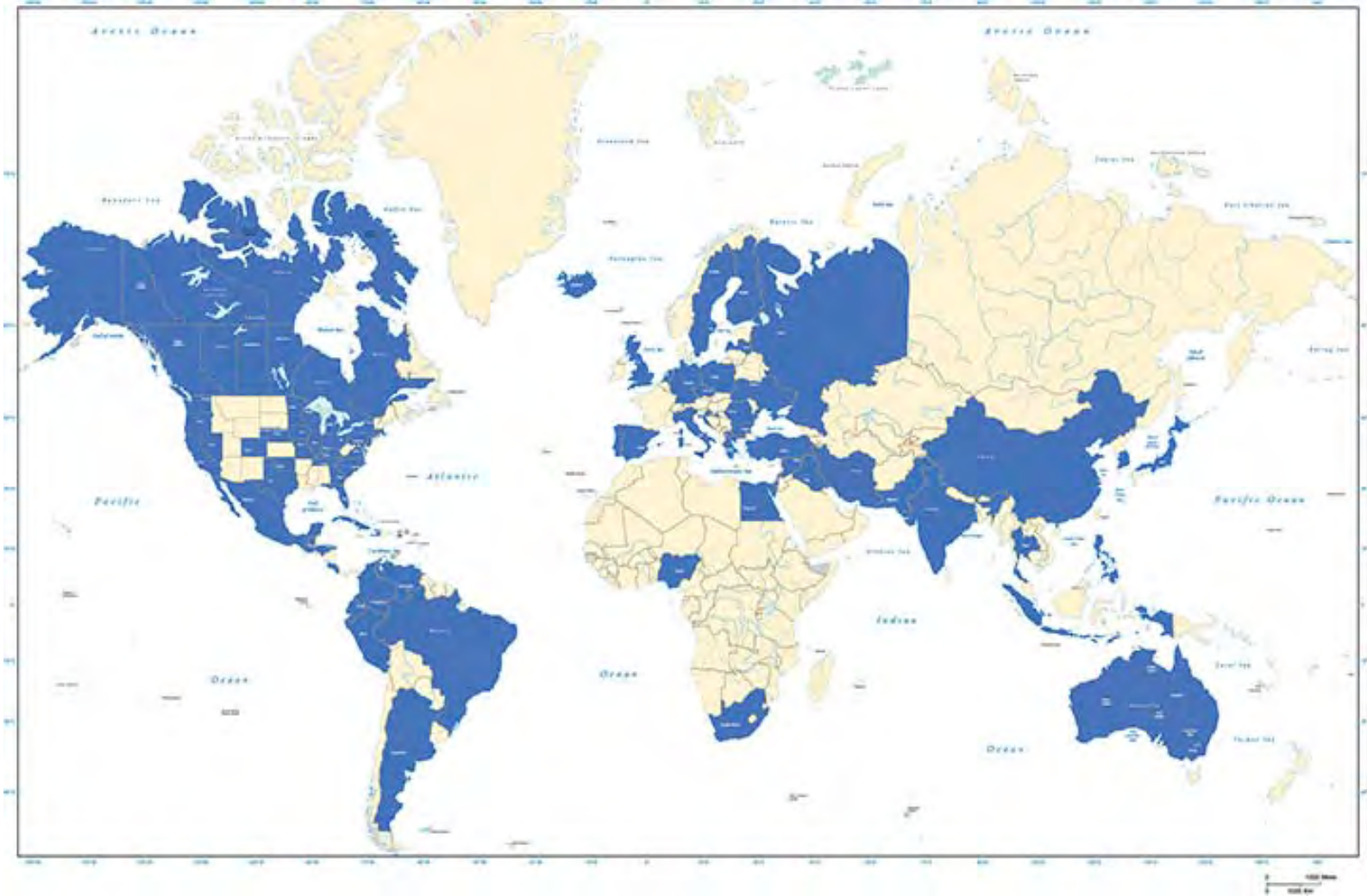


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2017: Trainees from 29 Countries & 19 States



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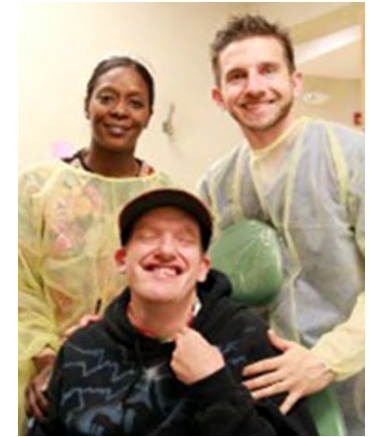
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Patient with Special Needs

Average Wait Time

- Clinic = 8-10 weeks
- OR = 18-20 months (220 adult patients & 200 pediatric patients on waiting list)



New Programs

- Complex Care Center opened 5/16/16. Projecting 3,500 visits per year.
- SMILEmobile opened 10/1/16. Projecting 3,500 visits per year.



Community Need



- Lack of integrated delivery models for pts. with SHCN
 - Systems lacking for transition to adulthood & throughout lifespan
 - Advances in medicine = increases to life expectancy*
 - Poor coordination of care = increased HC costs driven by hospitalizations and ED visits
 - Need to expand the number of competent dental residents trained to treat vs. “manage” SHCN
 - Dental HPSA/geographic distribution of dentists: Increased from 792 in 1993 to 4,900 in 2014
- * American Association on Intellectual & DD has projected by 2030 there will be several million adults with IDD that are considered seniors



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Solution: New Educational Programs



Interdisciplinary Training Opportunities

- Train a new breed of dentist proficient in treating the unmet oral health needs of adults with DD and pediatric onset congenital or acquired disease in underserved communities across their lifespan
- Inter-professional team-based approach
- Training 100+ dentists

Supported by a grant from:



Pediatric Dentistry Special Care Training Program

- Community-Based training program
- Collaboration with EIOH GPR, AEGD & Pediatric Dentistry, and UR Internal Medicine/Pediatrics residency program
- Aimed at enhancing the competency of pediatric & postdoc GD residents
- Treat unmet health needs of adults with DD and pediatric onset congenital diseases across their lifespan, including (but not limited to):
 - IDD & Autism Spectrum Disorder
 - Cerebral Palsy
 - Sickle Cell Disease
 - Cystic Fibrosis
 - Congenital Heart Defects
 - Childhood Cancers



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PDSCTP: Track 1 & 2

Track 1:

- 3-yr program – Combined 1-yr GD & 2-yr Pediatric Dentistry residency
- Urban community clinics and rural through teledentistry consults
- Management & treatment of vulnerable children & adults with SHCN
- 2 residents/yr. for a total of 8 residents

Track 2:

- 2-yr AEGD or GPR program
- Extensive training (50% of time) in pediatric & adult special care
- 4-6 residents/yr for a total of 16-24 residents



PDSCTP: Track 3 & 4

Track 3:

- 1-month Internship for AEGD and GPR residents
- Basic training in pediatric & adult special care
- 15 general dentistry residents for a total of 60 residents

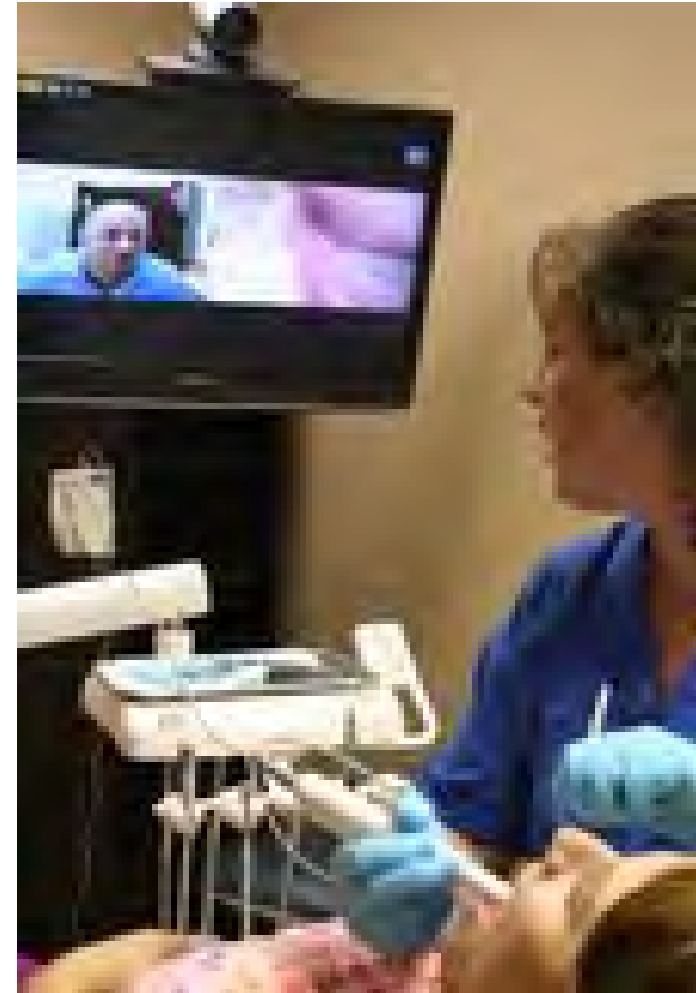
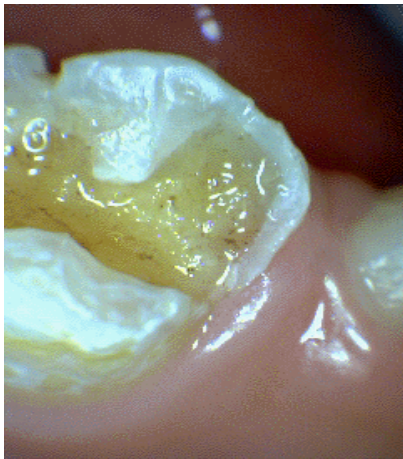
Track 4:

- 1-month Internship for Pediatric Dentistry residents
- Become competent in identifying & diagnosing oral diseases present in underserved adults with SHCN and providing initial TX prior to referral
- 5 residents/yr for a total of 20 residents



Teledentistry

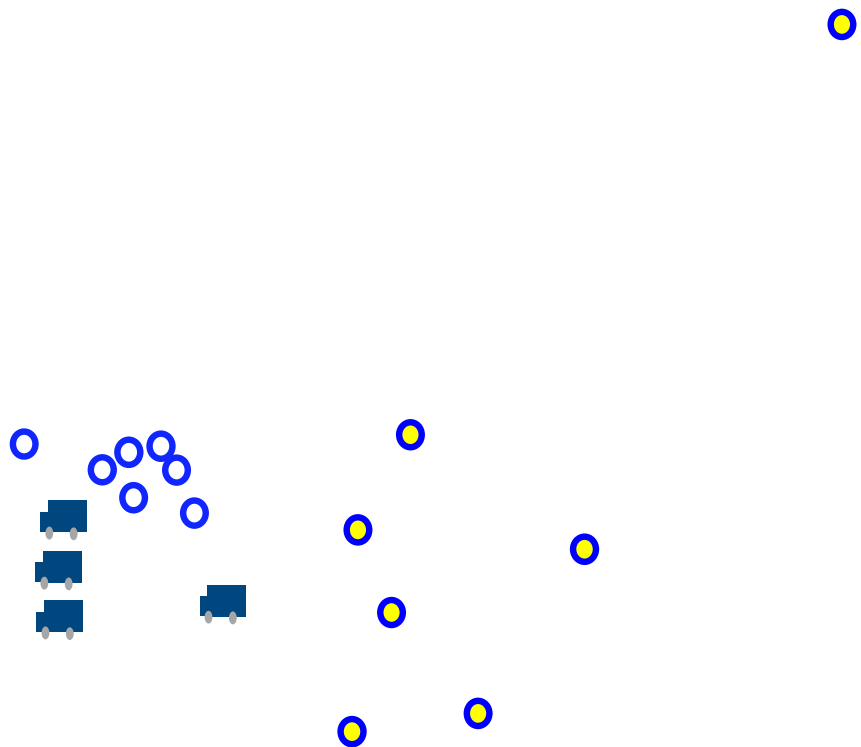
- Live video consult utilized since 2010
- Now reimbursable in NYS
- 93% vs. 15% OR TX completion



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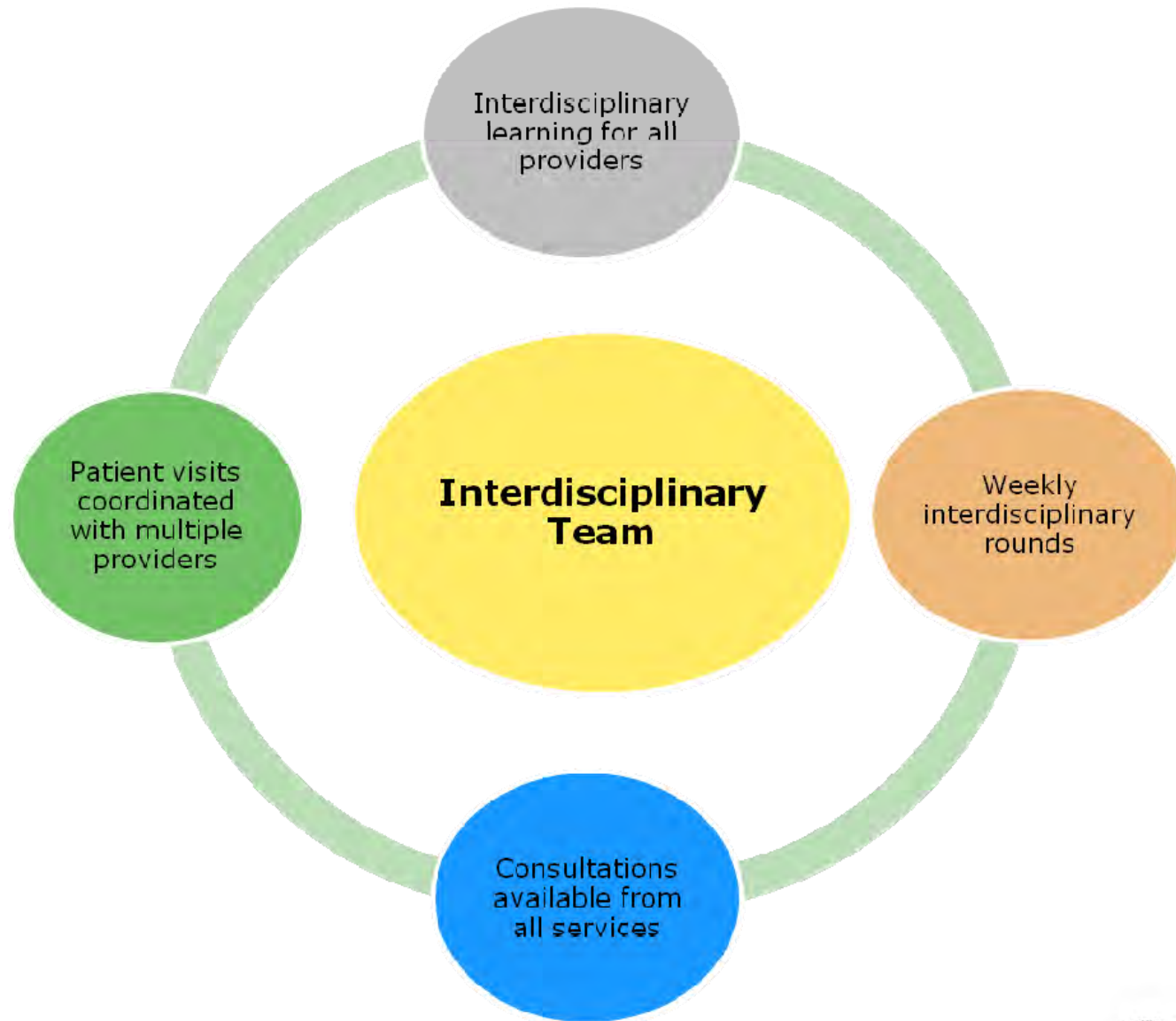


Patients Are Now Receiving Care Differently



Interdisciplinary Team

- Dentist
- Physician
- Nurse Practitioner
- Occupational Therapist
- Psychologist
- Pharmacist
- Social Worker
- Physical Therapist
- Care Manager



Desensitization

Margaret was born with developmental disabilities and has been cared for by family all her life. She has difficulty speaking but loves singing.

Though she has several health issues, her dental problems have been the hardest for the family to address over the years. That's because there's a shortage of dentists trained to care for patients with developmental disabilities, who may be anxious in a dentist's office or have trouble communicating with their provider. She has previously been treated in the OR.

Margaret had dental problems that required tooth extractions, but her provider immediately won Margaret's trust at her first appointment – by singing a song with her.



Case No. 1

Patient: 23 y old male

Medical History: DM Type I, Leukocytosis, presence of insulin pump, Upper GI bleed, large G-J anastomotic ulcer seen s/p biopsy. Also with two smaller ulcers at the J-J junction. Chronic abdominal pain, Thrombocytosis, Bacteremia, Anemia, GI bleed, Suboxone maintenance treatment

Cooperation between: dentist/physician/NP

Dental Diagnosis: acute buccal abscess # 12

Dental procedure: 1. Dental exam, 2. Pulpectomy # 12

Event description: 1. Anxiety medication, 2. application of Insulin at dental chair

Patient presents for dental exam and is having anxiety attack, consultation with physician was done and prescription of Lorazepam 2mg to take prior to dental visit was given by physician.

Patient with history of DM Type I, using insulin pump, came for pulpectomy of tooth #12. Patient forgot the insulin pump at home, blood glucose was measured and was more than 500 mg/dL. Consultation with physician was done. Application of 15 units of fast acting insulin at dental chair was done by NP. Pulpectomy #12 with use of LA and Nitrous Oxide sedation was completed. Blood glucose measured after procedure was 575 mg/dL. Additional adjustment of dosage of insulin for the day was provided to patient by physician before he left the dental room.



Case No. 2

Patient: 41 y old female

Medical History: Cholelithiasis, Cholecystectomy, Sickle Cell Retinopathy, Sickle Cell Disease homozygous for hemoglobin S, Retinal hemorrhage, Allergic rhinitis, Anxiety, Hb-SS disease without crisis

Cooperation between: dentist/physician

Dental diagnosis: chronic dental abscess, retained roots # 1,2

Dental procedure: exam, X rays

Event description: dental consultation at medical room for dental pain

Patient with history of Sickle Cell Disease presented for medical appt. Physician requested consultation for dental pain. Patient reported history of pain in muscles around her jaw, neck and back and acute pain in upper right side of her jaw. She is very anxious to dental visit. Emergency Dental exam and X rays were done with result of finding retained roots # 1,2 with periapical radiolucency, palpation sensitivity in oral mucosa vestibule of teeth # 1,2, erythema and edema. Prescription of ATB, desensitization for extractions with LA was done.

Patient followed up this appt. and extractions of retained roots # 1,2 were done with LA during next visit.



Case No. 3

Patient: 66 y old male

Medical History: Anxiety, High blood pressure, Glaucoma

Cooperation between: dentist/physician

Dental Diagnosis: acute pulpitis # 20

Dental procedure: simple extraction of tooth # 20 with LA

Event description: clearance for high blood pressure crisis



Patient presents for emergency dental exam with a chief complaint of localized, sharp pain in tooth #20 lasting for several days. He was seen by several dentists in the community and because of his high blood pressure he was only prescribed ATB without relief of the pain. Blood pressure measured the day of visit: 188/124; 179/114; 200/115. Consultation with physician was done. Physician provided exam and concluded that patient is not having high blood pressure crisis and the high blood pressure measured today is most possibly due to anxiety and dental pain. Simple extraction of tooth #20 with LA without epinephrine was done, no complications during and after procedure was noted. Patient left office happy and in stable condition.



Case No. 4

Patient: 27 y old female

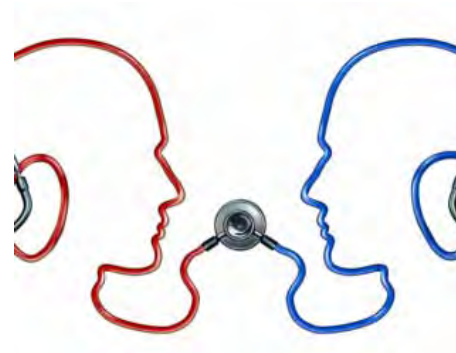
Medical History: Sickle Cell Disease, Bone Marrow Transplant in 2014, Hip Replacement in 2015, Graft Versus Host Reaction, Steroid induced Diabetes, Pulmonary Embolism 2013, GERD, Depression, History of transfusion of packed RBC

Cooperation between: physician/dentist

Dental diagnosis: oral GVHD

Dental treatment: oral exam

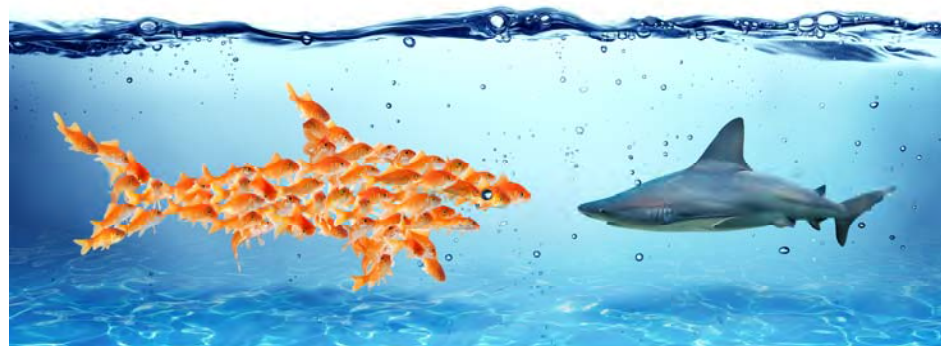
Event description: dental consultation for oral lesions



Patient with history of Sickle Cell Disease, bone marrow transplant and chronic GVHD came for visit to physician. Dental team requested for consultation of mouth lesions. Upon clinical exam oral changes characteristic for oral GVHD (erythema, lichenoid changes and ulcerations of oral mucosa) were found. Prescription of mouth rinse Dexamethasone 0.05% was given to patient. Patient was encouraged to follow up with EIOH Oral Medicine.



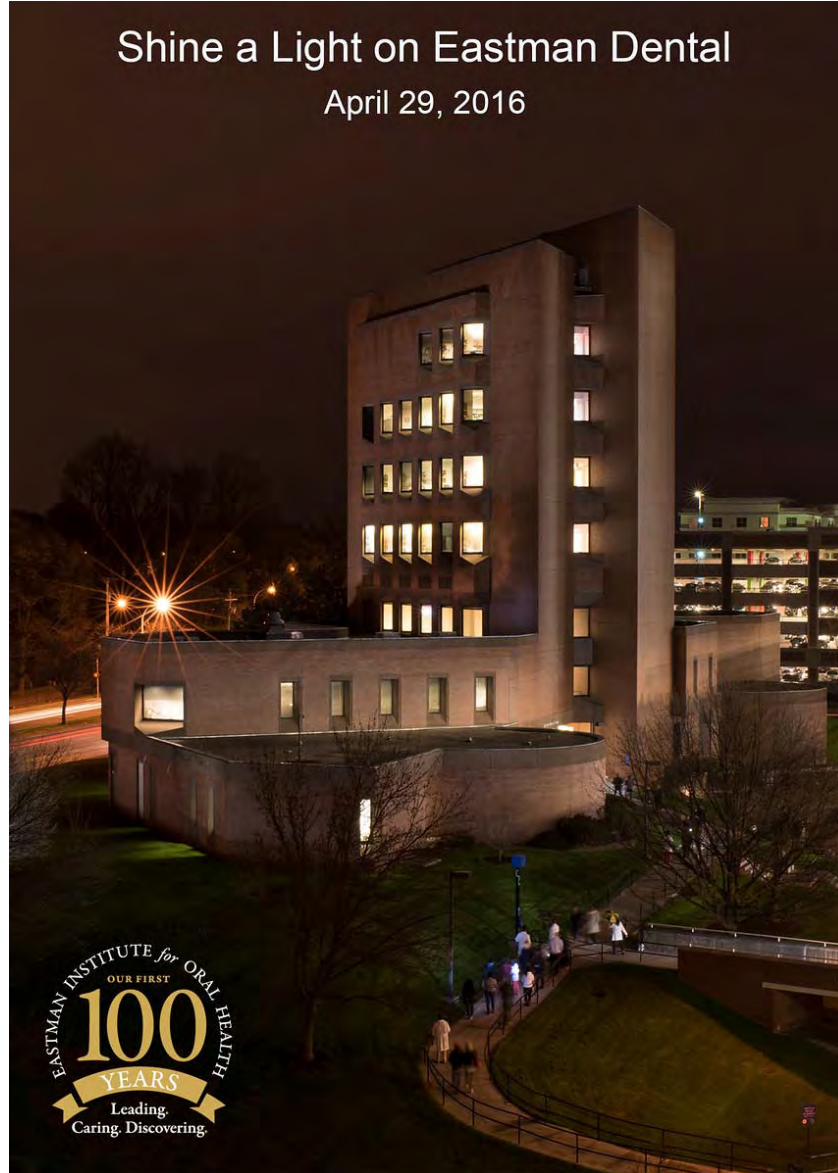
Lessons Learned



- Shared expertise, knowledge and skills; positive impact on patient care
- Decreased redundancy and improved efficiencies
- Establish a mechanism for timely exchange of information
- Overcome hierarchical administrative and educational structures that discourage interdisciplinary care
- Agreement on unifying philosophy centered around care of the patient
- Team must also include the patient and family

Shine a Light on Eastman Dental

April 29, 2016



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