

# Medical/Dental Integration To Improve Oral Health



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### Healthy People 2020

#### **Oral Health Goal:**

Prevent and control oral and craniofacial diseases, conditions and injuries and improve access to preventive services and dental care





## Healthy People 2020

#### Oral Health Objectives:

- 1.Increase awareness of the importance of oral health to overall health and well-being
- 2.Increase acceptance and adoption of effective preventive interventions
- 3. Reduce disparities in access to effective preventive and dental treatment services







## "Triple Aim"

- Improve health outcomes
- Lower health care costs
- Improve health care quality





### The Challenge

- The people who are at highest risk for dental disease have the greatest difficulty in accessing care (lack of access points, lack of insurance, out-of-pocket costs, etc.)
- The public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups
- Integration of oral health into medical care expands the potential for high-risk individuals to have access to care that halts and even reverses dental disease, avoiding or reducing the need for expensive treatment



#### Oral Health and Overall Health

- Good oral health is part of optimum overall health and well-being
- Dental pain can be debilitating and lead to lost work days and excessive emergency room visits
- Untreated dental disease can lead to potentially life-threatening systemic infections
- People need healthy teeth and gums to be able to eat a varied and healthy diet
- In addition to the health effects, poor oral health negatively impacts people socially, emotionally and economically
- Nonsurgical interventions are available to halt or reverse disease progression and to manage oral diseases as bacterial infections





# Inclusion of Oral Health in the Medical Home

Primary care providers can play an important role in improving each patient's oral health by educating/promoting self-care and utilizing therapies to reverse or prevent the progression of disease





## More Fully Integrated Model Features...

- Primary care team has comfort level with oral health
- Patient experiences oral health as a key component of a routine medical visit
- Primary care team incorporates oral health into the care of patients with chronic diseases
- Primary care team treats ordinary oral health conditions in their practice; consult with dentist if patient does not improve; refers patients with treatment needs to dentists; retains responsibility for routine care
- For patients at high risk, primary care team follows clinical protocols designed to lower risk factors





## Preparing the Primary Care Team







#### The Primary Care Team's Role

- Screen for disease and risk
  - History, risk assessment, and examination
- Educate patients on the nature of dental disease and self-care strategies to prevent/reverse disease
- Recommend/prescribe therapies to maintain optimum oral pH levels, reduce unhealthy bacteria and remineralize teeth
- Make appropriate referrals for dental care
- Identify dental providers who will collaborate to integrate medical and dental care for patients





# Risk Assessments by the Primary Care Team

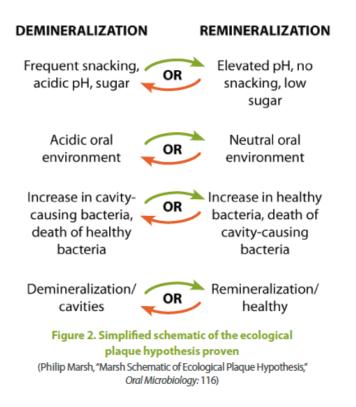
- CAMBRA (Caries Management by Risk Assessment)
- Tools for ages 0-5 and >5 (including adults)
- Other risk assessment tools available
- Assessment tools should be simple and easy to administer
- Goal to identify factors that put patients at high risk for dental problems





# Key Message to PCPs: Caries is a Transmissable Bacterial Infection

PCPs are trained to deal with bacterial infections







#### Key Messages to Patients

Primary caregivers should counsel patients and caregivers on the need (and strategies) to:

- 1.Maintain optimum oral pH levels
- 2. Reduce levels of bad bacteria in the mouth
- 3. Practice effective home care





## Role of Oral pH Levels

- Prolonged periods of low (acidic) pH in the mouth provide the biologic oral environment that promotes the growth of cavity-causing bacteria
- Low pH (below 5.5) is responsible for the demineralization and net mineral loss of the teeth



Figure 11. The results of being above and below the critical pH point of 5.5





#### The Role of Diet in Oral pH

- Eating/drinking lowers plaque pH to an acidic level
- Saliva is designed to restore pH to a healthy (alkaline) level
- In balanced oral environment, we eat or drink something, pH drops, some mineral is lost from the teeth, pH recovers and mineral returns to the teeth
- When the system is out of balance, prolonged periods of low pH result in demineralization of teeth and decay
- Frequent exposure to food/drink (except water) increases the number of acid attacks on the teeth
- Therapies are available to neutralize acidity and increase pH to more favorable levels (oral rinses, sprays, gels and gum)





#### The Role of Home Care

#### The Caries Imbalance

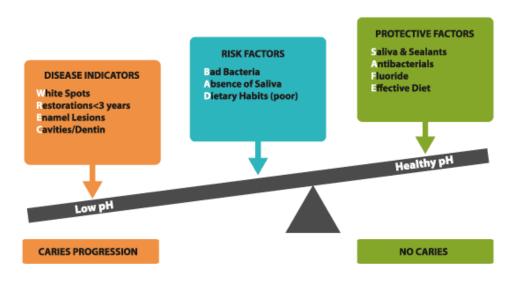


Figure 8. The Caries Imbalance – John B. Featherstone, MSc, PhD

J. B. Featherstone, S. Domejean, L. Jenson, M. Wolff, and D. Young, "Caries Risk Assessment in Practice for Age 6 Through Adult," CDA Journal 35, no. 10 (October 2007).

Increases protective factors to outweigh disease indicators and risk factors

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SOLUTIONS



#### Home Care Products

- pH neutralization
- Antibacterial agents (chlorhexidine, sodium hypochlorite)





- Fluoride (toothpaste, gel, oral rinse, varnish)
- Xylitol (oral rinse, spray, toothpaste/gel, gum, lollipops)
- Remineralizing agents (nanohydroxyapatite)











# Primary Care Referrals for Oral Health Care

- Encourage patients to see a dental professional regularly for examination and preventive care
- Patients with signs of disease need to be evaluated by a dental professional
- Understand that patients may have health insurance but be uninsured or underinsured for dental care (potential barrier to care)
- Develop a referral network of appropriate resources for care in the local community, especially for patients who are uninsured or have Medicaid dental coverage
- Full integration between medical and dental technology will promote referrals and sharing of pertinent information





## Dental's Role in Integration

- Ensure access in the dental schedule for patients referred by primary care providers
- Incorporate screening for common health problems (eg, high blood pressure, diabetes)
- The dental health history should determine whether the patient has an ongoing medical home
- The dental health history should ask about chronic and special conditions affected by dental disease (eg, diabetes, heart disease, HIV/AIDS, pregnancy)





## Dental's Role (cont.)

- Assess full periodontal status of patients with chronic health conditions
- Include treatment of periodontal disease in patient's treatment plan
- Full integration between medical and dental technology will promote referrals and sharing of pertinent information





## Collaboration vs. Integration

- Collaboration = primary care and oral health working with one another
- Integration = oral health working within and as part of primary care or vice versa.....Provision of dental services within primary care





### Benefits of Integration

- Referring to oral health providers that medical providers know (and vice versa)
- Quick access for medical patients with acute oral health situations (and for dental patients with potential medical issues)
- Warm hand-offs and curbside consults
- More effective chronic disease management
- Preventive oral health care and effective self-care strategies extended to medical settings
- More reimbursement options now (e.g. 40 states reimburse non-dental professionals for fluoride varnish applications)





## **Barriers to Integration**

- PCPs traditionally see the mouth as the property of dentists
- Sharing of information rarely occurs
- Medical and dental care are seen by the public/patients as separate
- Limited oral health training for health professionals
- Time
- Comfort
- Reimbursement
- Referrals
- Medical and dental services not co-located





### Creating a Vision for Integration

## How can we create effective population-based integration?

- The strategic planning process- *vision to reality*
- What linkages do we already have between medical and dental in the community?
- Who are the key stakeholders?
- Who are the champions within the community?
- What populations do we serve?
- What populations will we focus on?
- What financial models fit best?
- Where are the opportunities?
- Where are the gaps?





#### Creating the Integration Plan

- Forming the team
- Creating the action steps and timeline
- Strategic plan
- Business plan- operations and systems
- Policies and procedures
- Goals
- Evaluation plan





### Components of Integration

- Staff training (primary care providers and dental professionals)
- Caries Risk Assessment
- EMR/EDR Interfaces/Information Sharing
- Oral Health Screenings in Medical
- Health Screenings in Dental
- Patient/Caregiver Educational Materials
- Preventive Therapies
- Referral Process (medical to dental and vice versa)
- Case Management
- Warm-Handoffs
- Designated Access Appointments
- Oral Health Services in Primary Care





#### Challenges

- Education and training for PCPs
- Training for general dentists to treat small children
- Patient communication low literacy, culturally appropriate education materials
- Policies defining key processes
- Case management system
- Training for application of FL varnish by non-dental personnel
- Reimbursement for preventive therapies
- Designated access appointments
- Time allotment
- User-friendly CRA tool





#### Smiles for Life



#### Smiles for Life: A National Oral Health Curriculum @range



Smiles for Life is the nation's only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

#### For Individual Clinicians



We've made it easy for individual physicians. physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free CME credit is available

#### For Educators



The curriculum is available in a presentation format easily implemented in an academic setting, Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules

#### Course Quick Links

Oral Systemic

Course 1: The Relationship of Oral to Systemic Health



Course 2: Child Oral Health



Course 3: Adult Oral Health



Course 4: Acute Dental Problems



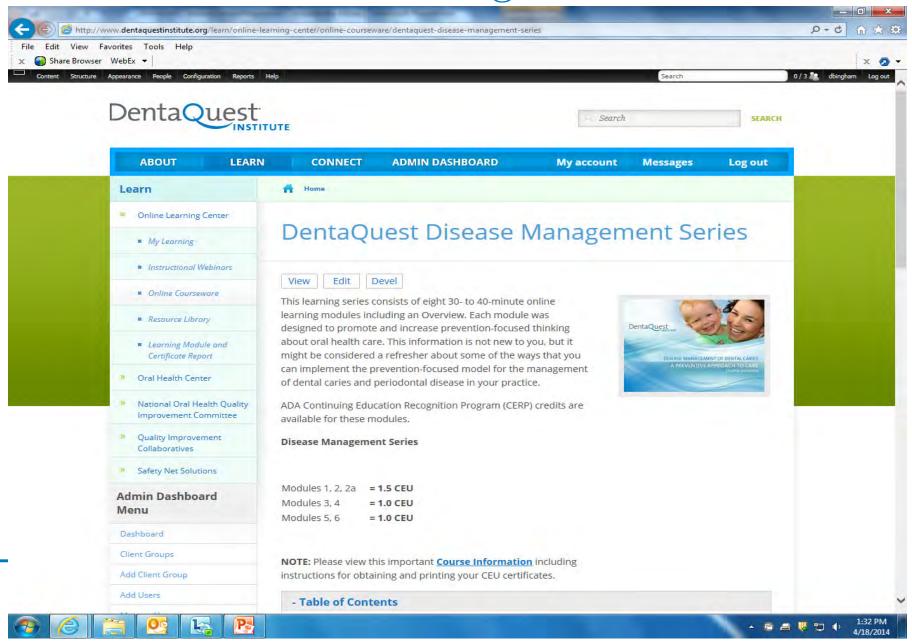
Course 5: Oral Health & the Preanant Patient



Course 6: Fluoride Varnish



#### DQI Disease Management Series





#### Other Resources

- DentaQuest Institute Online Learning Center (free Disease Management Modules)
  - www.dentaquestinstitute.org
- Health Resources and Services Administration www.hrsa.gov
- National Network for Oral Health Access
- www.nnoha.org
- National Interprofessional Initiative on Oral Health www.niioh.org
- U.S. National Health Alliance

www.usalliancefororalhealth.org

www.carifree.com





#### Questions?





# Partnering to Strengthen and Preserve the Oral Health Safety Net

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