Oral Health in Primary Care: Why We Can’t Ignore It Any Longer

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Our Emergency Departments...

- 4 million ED visits 2008-10
- ~1 percent of all ED visits
- Uninsured patients = 40.5%
- 101 patients died in EDs!!!
- charges were $2.7 billion (2008-10)

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How else can we do to break the cycle of poor oral health?

Heckman Equation: Return to a Unit Dollar Invested

- What are the gains to be had by investing early in “human potential”?
- It will take teams – interprofessional teams

Source: Heckman (2008)
Dental costs based on age of first preventive visit:

- 1 year: $262
- 1-2 years: $339
- 3-4 years: $449
- 4-5 years: $546

We Need to Change How We Work

Currently....

Collaboration

Integration
“Health Homes”

Move beyond dental and medical homes:

**Level 1:** Create lists for proper referrals – know who does what, what insurance they take, what patient sets they see, etc

**Level 2:** Perform “visiting” consults (e.g. hygienist in MD office weekly)

**Level 3:** Set up in same building; conduct meetings together; use the same EHR, etc

**Level 4:** “Warm handoffs”
“As part of your overall health care, I’m concerned about (health concern). I have a member of our team who helps me assess these types of problems so that I can provide you with the best care. Together we can develop a plan to deal with this. May I introduce you?”
United Concordia Wellness Study

**Treating Gum Disease Means Lower Annual Medical Costs**

- **Diabetes**
  - $2,840 (40.2%)  
- **Stroke**
  - $5,681 (40.9%)  
- **Heart Disease**
  - $1,090 (10.7%)  
- **Pregnancy**
  - $2,433 (73.7%)  

Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

**Treating Gum Disease Reduces Hospital Admissions**

- **Diabetes**
  - 39.4%  
- **Stroke**
  - 21.2%  
- **Heart Disease**
  - 28.6%  

Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received dental treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et. al., Periodontal Therapy Improves Outcomes in Systemic Conditions,
Oral Health is a Fit for PCMH

• Patient-centered - puts mouth back in the body
• Comprehensive care – “health home”
• Coordinated care – add another specialty
• Accessibility – education, screen, fluoride
• Systems-based approach to quality and safety
Oral health prevention opportunities

- Prenatal visits - ~13 visits ~4 hours
- Infants (WCC) – 11 visits before age two
- Children & Teens – 18 visits, plus sick visits
- Adults – annually
- Geriatrics – admission to NH, every 30 days
- Chronic care visits, Group visits
Case #1: An Important Referral

52 year old woman with previously well-controlled type 2 diabetes has HBA1C of 9.5; on max oral agents
Controlling periodontitis improves glycemic control 10-20%.

Periodontitis worsens glycemic control.

Obesity leads to periodontitis and DM.

Poorly controlled DM worsens periodontitis.
Standardize Oral Health Importance

• To be a *_______ patient here, you have to see the dentist
  *Diabetic
  *Rheumatoid Arthritic
  *Cardiac
  *Prenatal
  *An infant or child
Case 2: BP checks in dental office

Your practice checks BP of all patients especially those with a history of HTN

- 64 year old male
- Reading 180/110
- No CP, SOB – “feels fine”
- New to area; no PCP yet
Hypertension

- 32.5% of adults in US with HTN

- some adults visit dentist routinely and not the doctor

- Getting the person into care saves a life!

- The referral creates a 2-way street of referrals
Dental & Medical Screens

• Willing to screen for:
  – Hypertension (85.8%)
  – CVD (76.8%)
  – DM (76.6%)
  – hepatitis (71.5%)
  – HIV (68.8%)

• Respondents willing to refer for consultation with physicians (96.4%)

Patients Acceptance

• 55-90% approve screening by dentist for:
  – heart disease
  – HTN
  – HTN
  – DM
  – HIV
  – hepatitis

• 48-77% of respondents opinion of the dentist would improve regarding:
  – professionalism
  – knowledge
  – competence
  – compassion

Medical Acceptance

• Dentists should screen:
  – CAD, HTN DM, HIV (61-77%)

• Willing to discuss results with dentist (76%)

• Accept patient referrals (89%)

unpublished
What will it take?

• Baby steps and low hanging fruit
  – Fluoride varnish
  – diabetes
• Coalitions
• State medical and dental societies working together
• Legislative change
• Champions – be the change you want to see
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 modules is available online.

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.
Smiles for Life is endorsed by the following healthcare organizations who support the role of primary care clinicians in promoting good oral health:

American Academy of Family Physicians
American Academy of Pediatrics
Society of Teachers of Family Medicine

American Academy of Physician Assistants
American Dental Association
Physician Assistant Education Association

American Association of Public Health Dentistry
Gerontological Advanced Practice Nurses Association
American College of Nurse-Midwives

American Association of Pediatric Nurse Practitioners
National Association of Pediatric Nurse Practitioners
The National Organization of Nurse Practitioner Faculties
National Association of School Nurses
SFL utilization rates

Exhibit 3. Registered Users by Profession Q1 2014 (n=3,478)

- Physician Assistant: 21%
- Dentistry: 13%
- Nursing: 30%
- Physician: 24%
- Other or N/A: 11%

Graph showing the increase in site visits from Q3 2010 to Q2 2014.

Family Medicine and Community Health

UMass Memorial Health Care
Questions

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