Oral Health & Substance Use Disorder

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Environmental Scan

OH Status of SUD Patients in Recovery
CDC Grant to States 2013-20018
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Interviews
  3 FQHCs w/dental, 2 in DHPSA
  2 SUD treatment centers
    1 partners with FQHC dental center
    1 in rural area without a dental partner
Background

- Heroin and opioid addiction often associated with severe decay and dental pain
  - Crave sweet foods & beverages
  - Dry mouth can lead to rapid decay
    - Associated with alcohol, heroin and other opioids
    - Associated with Suboxone
  - Opiates suppress pain
Background

- NH Medicaid has limited dental benefit for adults – examination & extraction
- BDAS (Bureau of Drug & Alcohol Services) receives “enhanced services” $ for recovery costs in treatment centers
  - Pilot with 2 FQHCs with dental and associated recovery centers
  - Dental treatment for those in recovery
1 reported 50% patients enter with severe dental decay, pain/infection and 70% on Medicaid

Pain often masked by drugs until detox
Challenges:

- Limited Medicaid coverage
- Pts. with known SUD have multiple, significant treatment needs
- Scarcity of oral surgeons accepting NH Medicaid
Cost-effective clinician
- Screen
- Prevention
- Decay arrest

Teledental capacity
Too few treatment and recovery centers have an effective referral relationship with dental centers/dentists.

Reimbursement and funding doesn’t adequately support needed treatments for those with SUD who are referred for dental treatment.

Is there a role for CPHDHs?
Oral Health Grants to OHP

- PH Block Grant pilot funds for dental center outreach by CPHDHs in SUD centers
- 2018-2022 new HRSA OH Workforce grants to support education of dentists/dental team (w/NHDS)
  - PDMP and SBIRT
  - Integrated ed on dental pain management for dentists & ED physician
  - Integrated ed on SUD for dental, medical, behavioral health
  - Care coordination pilot