Closing the Loop
Integrating Oral Health within Primary Care

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Oral Health at Monadnock Community Hospital

- What does it look like?
  - Three Components
    - School Based Dental Program
    - Primary Care Oral Health Referral Program
    - Oral Health Education for Primary Care Clinicians and Clinical Team
School Based Program

23 Sites

- 3 High Schools
- 4 Middle Schools
- 14 Elementary Schools
- 2 Head Starts
- 2 Early Learning Centers
Education

- Preschool–5th Grades
  - 30 Minute Hands–on Oral Health Lesson
    - Bringing the science of dentistry to the classroom

- Middle Schools and High Schools
  - Presentations for Science Classes about Dentistry
    - pH testing to remind them
    - Dentistry as a Career
Services Offered

- Offer *Preventive Care* at every site
  - Prophylaxis (Dental Cleaning)
  - Fluoride Varnish
  - SDF (Silver Diamine Fluoride)
    - Posterior (back) teeth only
  - Glass Ionomer Sealants
    - Recharge with fluoride when a topical fluoride application is performed
  - Glass Ionomer Temporary Restorations
Consent Changes are Key
Consent changed to include *sharing* information with Primary Care Clinician.

When a student is seen by MHT the visit is documented in our Electronic Medical Records Management System if they are a patient of MCH.

Addition of an alternate contact.
Student Receives Preventive Oral Care at School

Encounter Sent to Primary Care Clinician

Electronic Medical Records Encounter

If Concerns: Parent/Guardian Contact Made and Referral Provided

No concerns: Close Out Encounter
How Does This Help to Close the Loop at MCH?

- Primary care clinician is aware that the student/patient is being seen by MHT.
  - Aware that the patient does not have a *traditional dental home*.

- Primary care clinician is aware of the student/patient’s oral health condition
  - Primary care clinician is aware of any concerns and can follow up with the parent/guardian at primary care visits.
  - Was there follow through with Treatment?
Primary Care Referral Program
What does a Dental Hygienist do in Primary Care?

- **Refer Patients**
  - Referrals through Electronic Medical Records Management Systems
  - SBAR (Situation-Background-Assessment-Recommendation)
  - Meet with patients at Primary Care appointments

- **Case Management**
  - Follow up with Emergency Department patients
    - Comes from Primary Care Practice Referral
  - Inpatient Treatment Planning for Follow-up Care after Discharge
How Does MHT Help

- Referrals
  - Come from Patient’s Primary Care Clinician
    - must be a MCH/MHP provider

- Patients qualify by
  - Primary Care Clinician at MCH
  - Lacking Dental Insurance
  - Can have Medicaid
  - Gross household income less than 400% of Federal Poverty Guidelines
How Does MHT Help—Cont.

- Referrals made to
  - Greater Nashua Dental Connection

- MHT–MCH Pay for a “Jump Start”
  - Initial Exam with X-Rays
  - First Dental Prophylaxis “Cleaning”
    - Patient does not see a bill for these services

- Help with Follow Thru
  - Referrals are part of our EMR
  - Telephone Encounters
  - Primary Care Office
    - Able to see if patient has been referred previously
    - Reaches out if patient is calling for same oral health concern
Oral Health Concern
Dental
Pain/Symptoms

Return of Dental Pain/Symptoms

No Follow Through with Dental Care

Patient Prescribed Antibiotic

Patient Feels Better

Call Primary Care Clinician

Trying to Interrupt the Cycle
Patient Calls Primary Care with Oral Health Concern

Nurses Triage Call:
Schedule with Primary Care Clinician?
Refer to MHT for Emergency Visit with GNDC?

Monday–Thursday:
Try to schedule patient with GNDC for Emergency Visit (especially if this is not the first time)

Friday:
Clinician decides if Prescribing Antibiotic is Appropriate

Referral to MHT

CPHDH Contacts Patient

Referral to GNDC

Oral Health Care at Dental Practice
Oral Health Referrals from Primary Care

- 2019 Total Patient Referrals
  - 116 from Primary Care
    - Does Not Include School Based Program Referrals

- Unable to Reach Patients
  - 6 “Tried to Reach You” Letters Mailed

- Refusals
  - 5 Patients Refused Referral

- Issues with Appointments
  - 1 Patient
    - Repeated Late Cancels and No Shows at Dental Office
Oral Health Education for Primary Care Clinicians and Clinical Team
Team Approach

- Educates Primary Care Team
  - Staff meetings—once per year
  - Catchment Area Focus
    - Showing the statistics collected at the schools in their area
      - Including decay rates, insured vs. uninsured

- Fluoride Varnish Training for Clinicians
  - 0–36 months Fluoride Varnish Program
    - Currently expanding age to include 5 years old
    - Using *Smiles for Life* Curriculum
Visual Approach

- Focused on Dental Decay and Infections
  - Early Signs and Symptoms
    - Presentation using many Images
  - Recommended Treatment from a Dental Perspective
    - Many patients tell Primary Care their dentist will not see them until the infection has been treated by an antibiotic from their primary care clinician
  - Interrupting the Cycle
    - “Antibiotic Seeking”
Questions? Comments?

Thank You!