

New Hampshire Oral Health Forum

Concord, NH OCTOBER 17, 2014

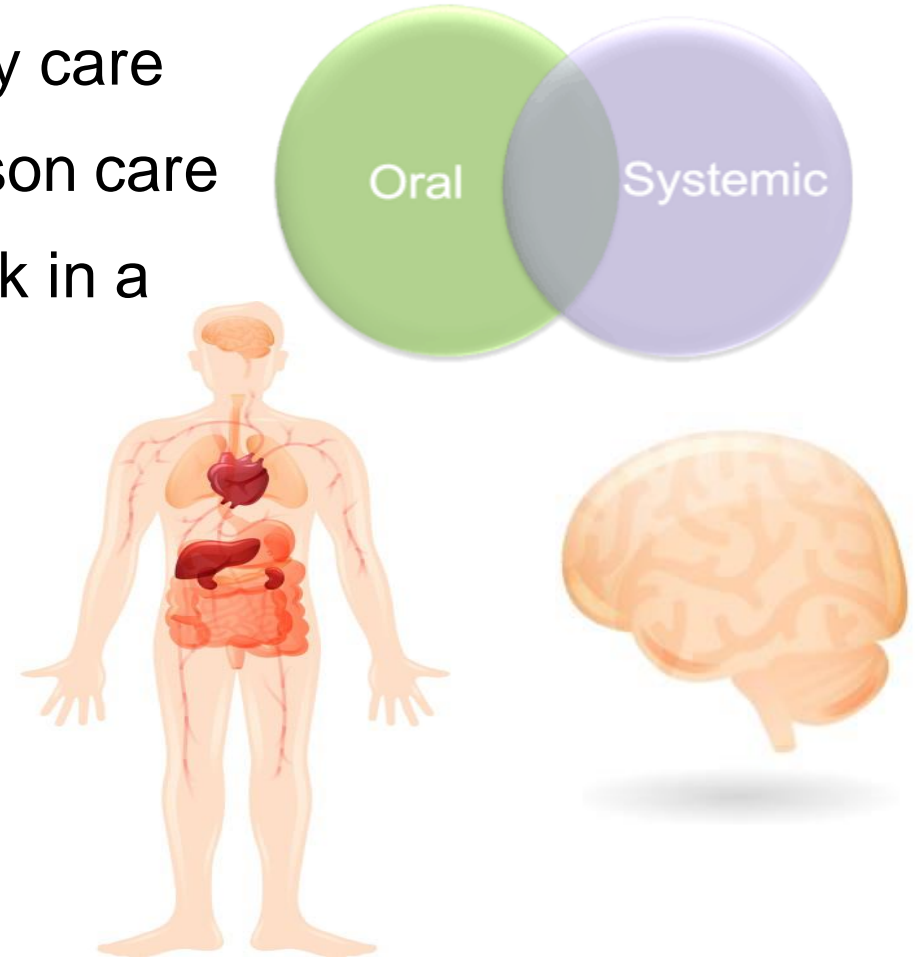
MEDICAL – DENTAL INTEGRATION

A J HOMICZ, DDS, FAGD



Why are we putting oral health integration into PCMH?

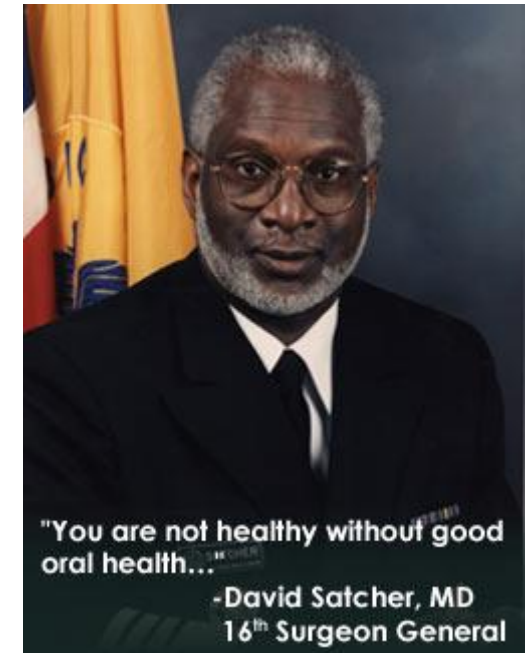
- Still the best vision for the future of primary care
- Oral health care is required for whole-person care
- The mouth is the last part of the body stuck in a “treatment” silo



The Big Picture

According to the Surgeon General's Report on oral health in 2000:

- Dental care is the most common unmet health need.
- Oral disease can severely affect systemic health.
 - Much oral disease is preventable or at least controllable.
- Profound disparities in oral health and access to care exist for all ages.
 - Interdisciplinary care is necessary to achieve optimal oral and general health.



Families First Health and Support Center

Support for Families ...
Health Care for All



Federally Qualified Health Center

Target Population

Patients receiving primary care at Families First

- Emergent
- Comprehensive

All Children

Medicaid

HIV/AIDS

Homeless

Hospital ER referrals

Elderly



Target Populations

Chronic Diseases

Poly-Pharmacy

Pregnancy

Mental Illness
Hypertensives
Diabetics
HIV/AIDS
Drug addiction
Smokers



Medical



DENTAL

EMR

DM Visit Form: Barnie Test

Flowsheet-Testing | **Educ-HM** | Plan | Immunizations

Education

Diabetes Education in past year? ☐ Yes ☐ No

Glucose Testing: ☐ Demonstrates correct use of meter.
☐ Understands testing schedule.
☐ Quality Control.

Sick Days: ☐ Understands ketone testing.

I.D. Bracelet: ☐ Yes
☐ Information Given
☐ Refused

Microalbumin testing: ☐ Advised
☐ Declined

ASA: ☐ education done

[Update Medications](#)

Current Meds: METADATE ER 20 MG TBCR (METHYLPHENIDATE HCL) 20 mg by mouth daily Do not fill unless prescription is embossed

Dental Care DMD Name:
Last appt date:
Date of last appt:
Visits per year: ☐ At risk counseled.
Dentures: ☐ Yes ☐ No

Foot Care DPM Name:
Last appt date:
Date of last appt:
Education about foot inspection ☐ done

Vision Screening MD Name:
Pt reported exam date: nl (07/15/2004)
Patient Reported exam date:
Ophthalmologist exam:

Health Maintenance
Flu: Pneumovax: 12/10/2008 (02/25/2

Erectile Dysfunction? ☐ Yes ☐ No ☐ Counseled

HPI | Vital Signs | In-house Labs | DM Visit Form | Episodic Risk | Histories
ROS | Physical Exam | Impression & Plan | Prescriptions | E&M Advisor

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) |

Anticipatory Guidance



Prevention



Outreach

- **HIV/AIDS** – ARS, Ryan White Foundation
- **Hospital Emergency Department Referral Protocol**
Patients seen within 24 hours of ER visit for emergent care



Medical



Dental

Crises - Head and neck pain, swelling, infection

High risk children

Elderly

Diabetics

Pregnant women

Pre-op: orthopedics, oncology, cardiology

Dental Medical

Evaluation prior to treatment:

- Cardiac

- Hypertensive

- Uncontrolled diabetics

- Pre-op anticoagulants

- Pregnancy

- 911

Anecdotally - private practice dental patients tend to be current with their medical providers

Private Sector

Relationship – confidence in each other

Communication – ‘consults’

Patient management - Keep appointment

Patient variety

Scope of service – comfort level

Young children, pregnant women,
special needs

Systems

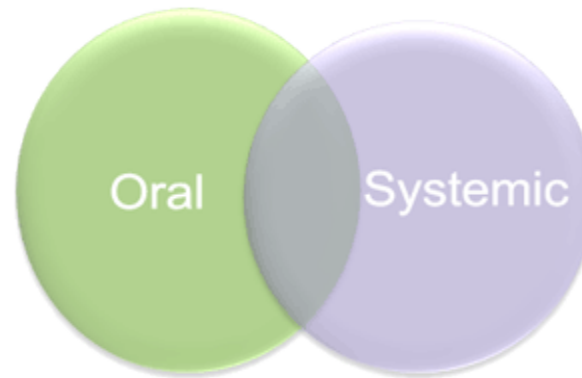


Smiles for Life

A national oral health curriculum



Medical – Dental Integration



Patient Centered – Improved Outcomes