

2015 New Hampshire Oral Health Forum

Live at the Forum:
***Medical-Dental Integration
at the Community Level***

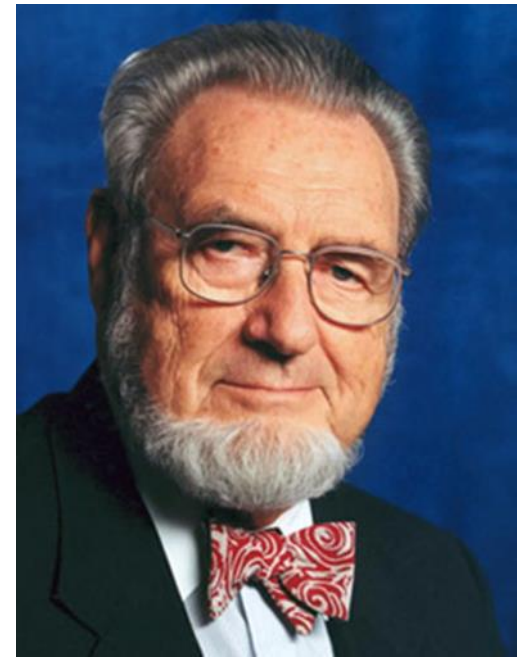


Steve Geiermann DDS
October 30, 2015
Concord, New Hampshire

The Big Picture

“You are not healthy without good oral health...”

C. Everett Koop, MD



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

Prevalence of oral disease

- Dental caries is the most common chronic disease of childhood
 - 5 times more common than asthma
 - Affects 50% of low income children
 - Affects 70% of Native American children
- Severe gum disease affects 19% of adults aged 25-44
- 30,000 oral cancers diagnosed annually
 - 8000 die
 - Diagnosis is often late



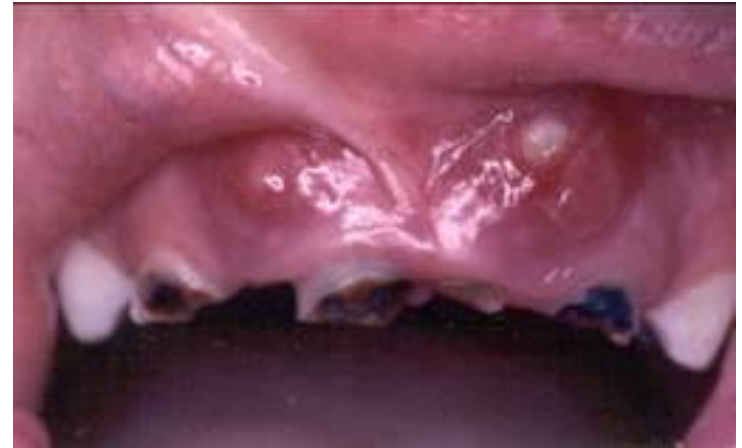
Prevalence of Geriatric Oral Health Issues

- 50% of the elderly (age >65) perceive their dental health as poor or very poor
- 33% of the elderly had untreated cavities
- Low income elderly suffer more severe tooth loss than their wealthy counterparts
- Edentulism: 1/3 of those over age 65; 50% of those in nursing homes
- Periodontitis in 41% of the elderly



Physical, Economic and Social Consequences

- Mounting evidence of **aggravating effects on systemic conditions**
- **Oral pain**
 - Poor school performance in children
 - Work loss in adults
 - Poor chewing and poor nutrition
 - Costly emergency department visits
- **Dental decay and tooth loss**
 - Aesthetics and self-image
 - Speech and language development
 - Costly restoration...operating room!



Importance of Putting the Pieces Together



Why is Oral Health Important?...a case study



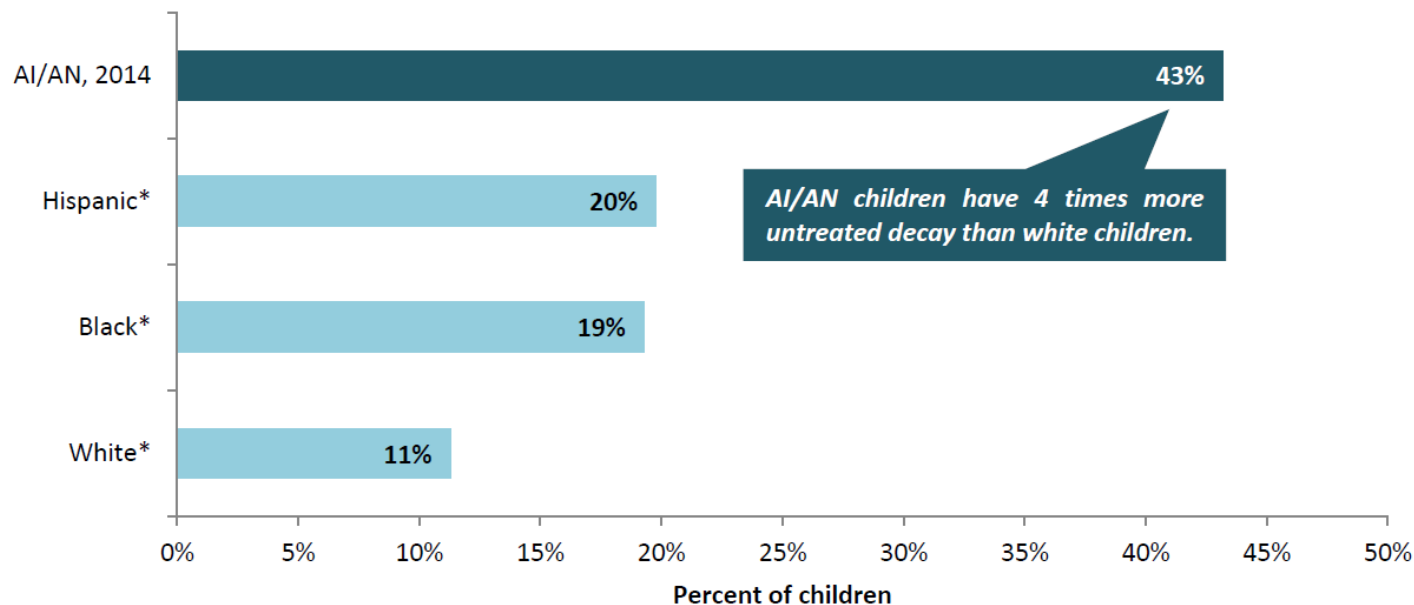
Disease burden overwhelming...



Untreated decay in children by comparison

Indian Health Service Data Brief ❖ April 2015

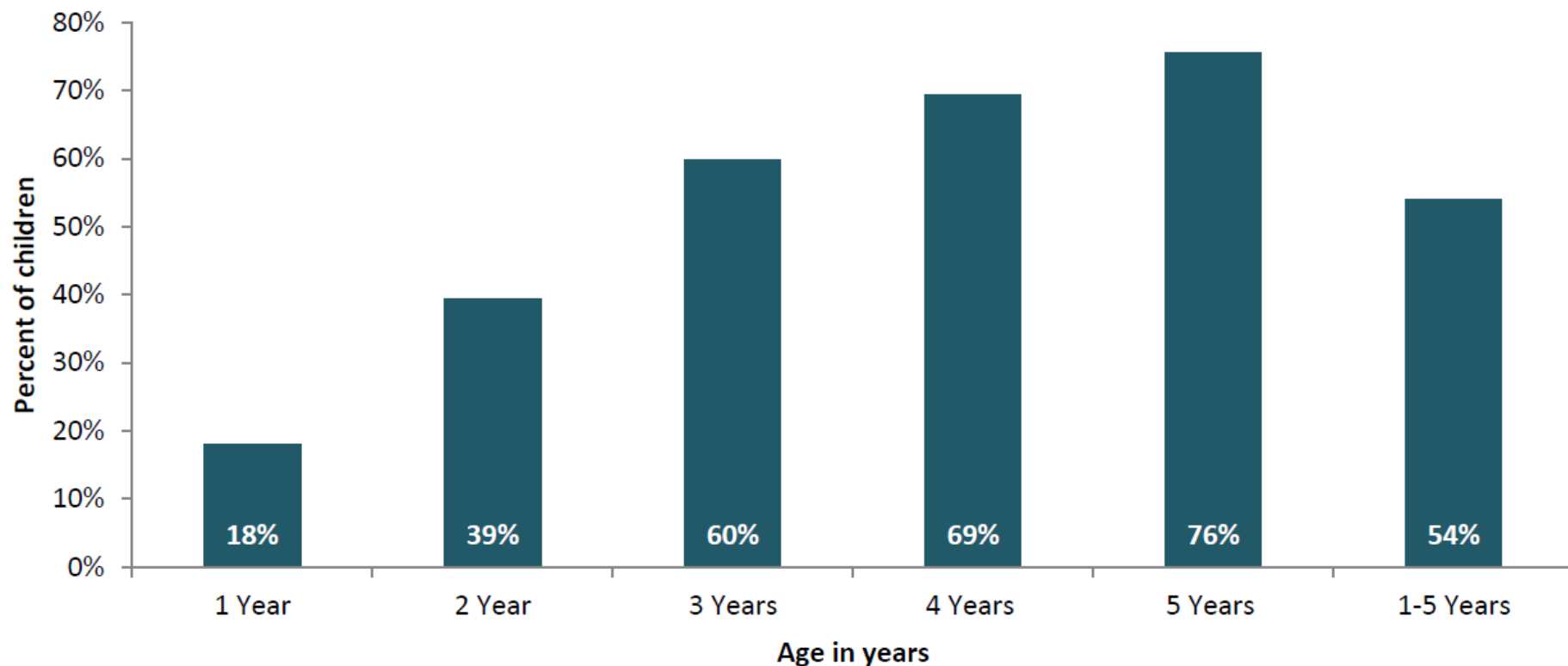
Figure 2. Percent with untreated decay among children 3-5 years of age

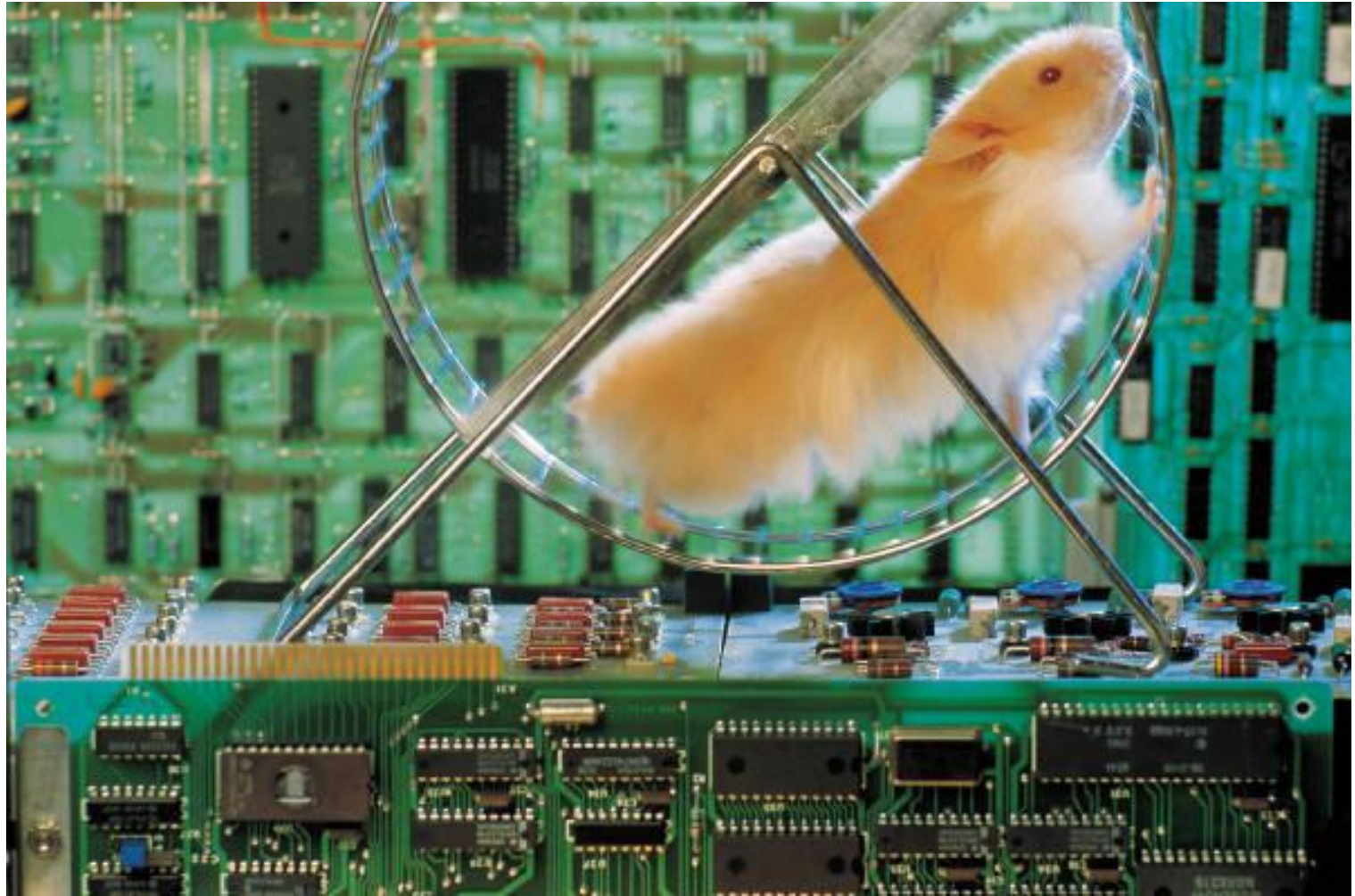


* Data Source: National Health and Nutrition Examination Survey (NHANES), 2009-2010

Decay experience in AI/AN children

Figure 3. Prevalence of decay experience in the primary teeth of AI/AN children by age, 2014





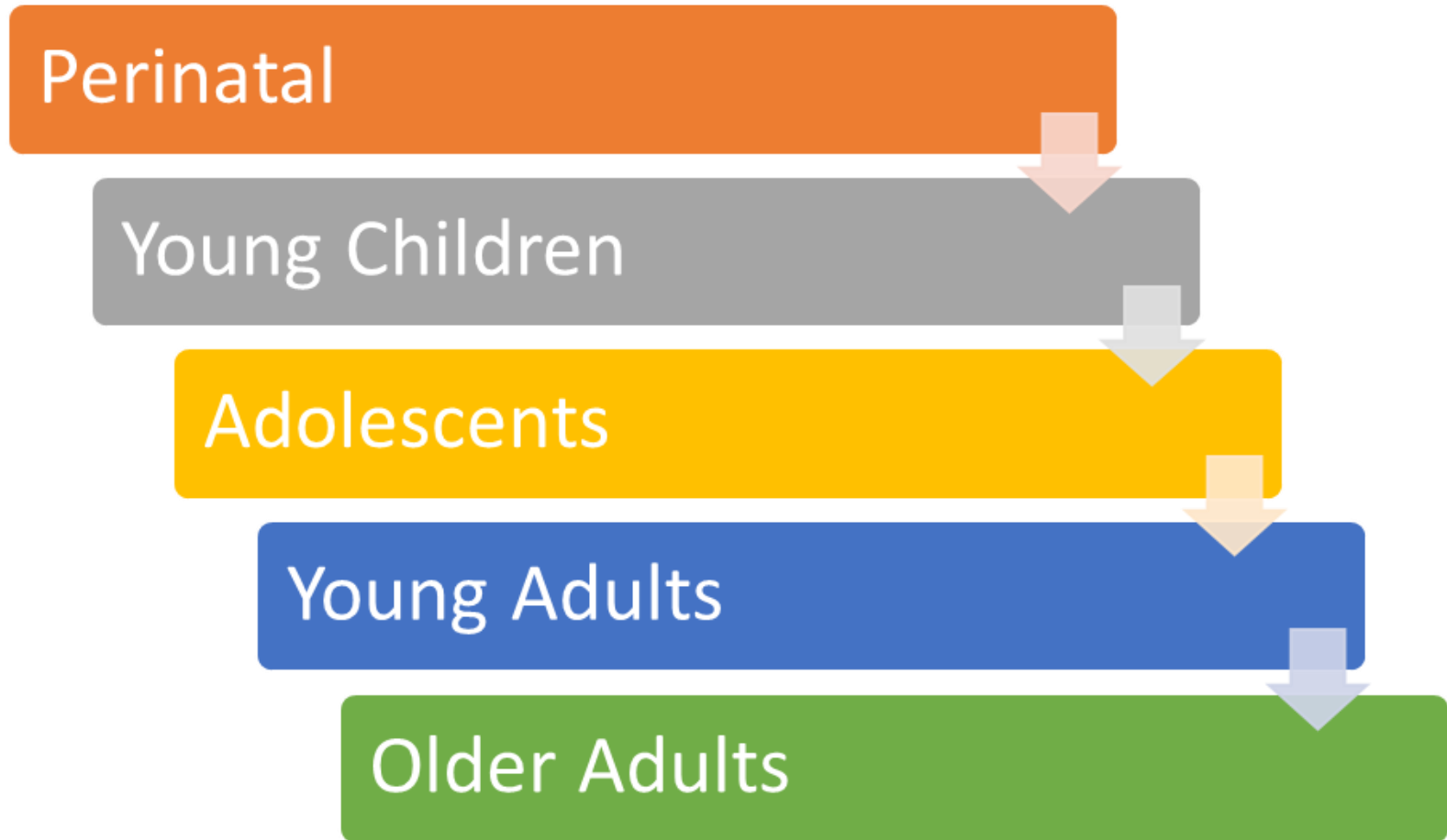
“Insanity: doing the same thing over and over again
and expecting different results.”

Albert Einstein

Prevention matters...individual and community



Working across the lifespan



Practical Goals across the Lifespan...

- Every individual will have access to the benefits of fluoride.
- Every pregnant woman will have a healthy mouth.
- Every child will be caries-free upon entering kindergarten.



Practical Goals across the Lifespan...

- Every person with a chronic disease, such as diabetes or HIV, will receive oral health care as an integral part of their disease management.
- Every senior will have access to dentures or other replacement options.



Laying a solid foundation...

- Building Infrastructure
- Building Capacity
- Building Community
- Building Partnerships



Where do we start?



What do we already have going?

Collaboration is about:

- understanding others
- educating others about your positions
- correcting misconceptions about your positions
- **developing trust**
- working with others in search of common ground
- having input in decisions made outside your organization
- taking an honest look at your own beliefs.

Integration of Oral Health and Primary Care Practice

U.S. Department of Health and Human Services
Health Resources and Services Administration
February 2014

HRSA recommendations...

1. Apply oral health core clinical competencies within primary care practices to increase oral health care access for safety net populations in the U.S.
2. Develop infrastructure that is interoperable, accessible across clinical settings, and enhances adoption of the oral health core clinical competencies. The defined, essential elements of these competencies should be used to inform decision-making and measure health outcomes.
3. Modify payment policies to efficiently address costs of implementing these competencies and provide incentives to health care systems and practitioners.
4. Execute programs to develop and evaluate implementation strategies of these competencies into primary care practice

Perinatal Oral Health Consensus Statement

Collaboration among:

- American Dental Association
- American Congress of Obstetricians and Gynecologists
- Federal Government

http://www.mchoralhealth.org/materials/consensus_statement.html

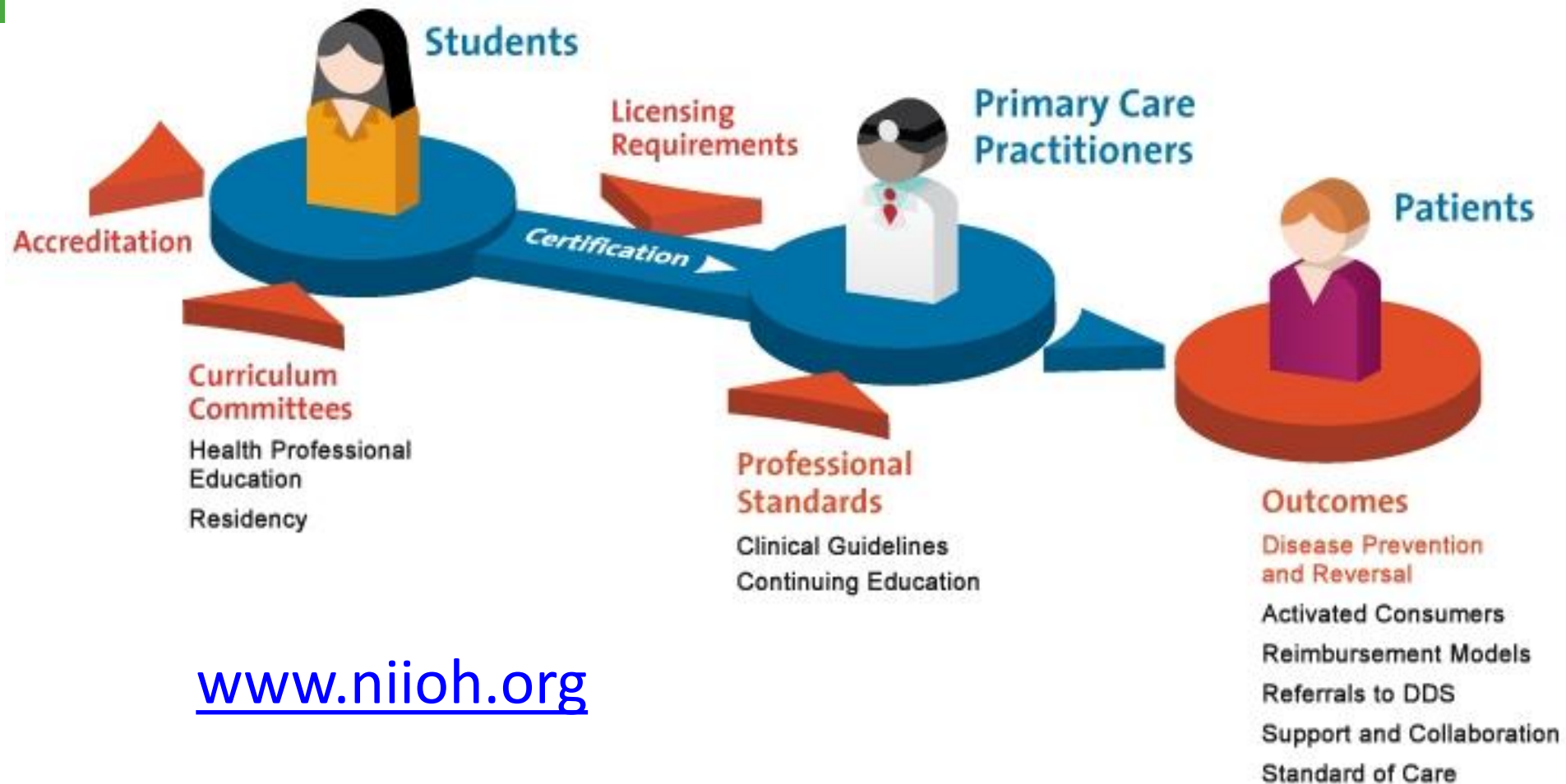


(Chapter Advocacy Training on Oral Health)

- Collaboration between ADA Foundation and American Academy of Pediatrics
- Train the Trainer across all 50 states
 - Caries Risk Assessment
 - Anticipatory Guidance
 - Fluoride Varnish as appropriate
 - Referral to a dentist
- <http://www2.aap.org/commpeds/doch/oralhealth/>



National Interprofessional Initiative on Oral Health



www.niioh.org

Smiles for Life: a national oral health curriculum

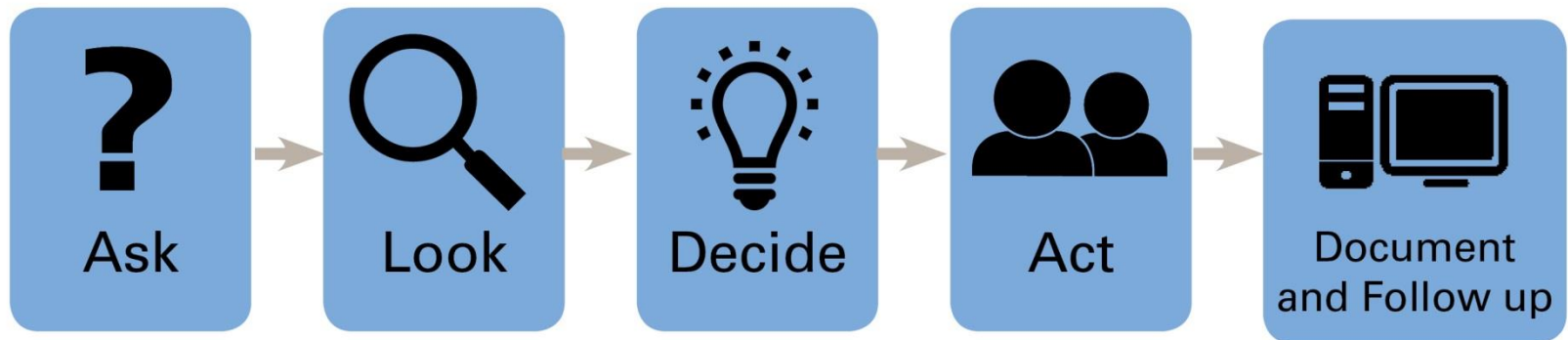
Eight annotated educational modules

1. The Relationship of Oral to Systemic Health
2. Child Oral Health
3. Adult Oral Health
4. Acute Dental Problems
5. Oral health & the Pregnant Patient
6. Fluoride Varnish
7. The Oral Examination
8. Geriatric Oral Health

<http://www.smilesforlifeoralhealth.org>



Oral Health Delivery Framework



Oral Health Delivery Framework



Ask: Symptoms or risks

- Pain, bleeding, burning, dry mouth
- Dietary patterns
- Hygiene
- Time since last dental visit



Look: Signs

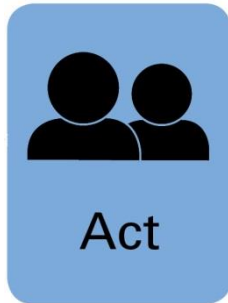
- Oral hygiene
- Dry mouth
- Obvious caries
- Inflammation
- Exposed roots
- Mucosa abnormalities

Oral Health Delivery Framework



Decide: High risk or not?

Oral Health Delivery Framework



Act: Clinical intervention

- Medication changes
- Oral hygiene training
- Dietary changes
- Fluoride
- Referral to dentistry



Document and follow-up

- Patient health record
- Referral management
- Information transfer

Medical/Dental Collaboration

- Treating the patient's dental needs
- Educating the parent and caregiver
- Community water fluoridation



Collaboration & Coordination

- Midwives and Obstetricians
- Pediatricians and Family Practice
 - Well-baby visits
 - Fluoride supplements
 - Coordinated referrals
- Pharmacists



Collaboration & Coordination

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Community Health Workers
- Head Start/Early Head Start
- Schools (Parents & Teachers)
- Grandmothers in Senior Centers



Preaching their gospel...

- Prevention Services
 - Mammograms
 - Pap smears
 - Immunizations
 - Hypertension
- Staff education
- Diabetes







What are CDHCs?

Community Dental Health Coordinators

- Dental “community health workers” who perform outreach, community education and preventive services
- Dental team members who work in community settings, FQHCs, tribal clinics, senior citizen centers, Head Start programs, religious institutions, and correctional facilities
- A new member of the dental team



Dental Navigators - CDHCs

- Coordinate care - arrange transportation
- Reduce dental anxiety/support access
- Encourage patients to complete treatment
- Educate the population about prevention
- Navigate Medicaid or other dental systems of care
- Enhance productivity and integration of oral health team

Community Dental Health Coordinator (CDHC)



Community Health Worker Skills

- Community Mapping
- Motivational Interviewing
- Home Visit Strategies
- Evaluating Credible Data
- Being a “Change Agent”
- Cultural Competence
- Case Management



The value of collaboration...

***Individually, we are one drop.
Together, we are an ocean.***

— Ryunosuke Satoro
Japanese Poet



“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

-- Margaret Mead



Contact Information...

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