

# Oral Health & Substance Use Disorder

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# Environmental Scan

- OH Status of SUD Patients in Recovery
- CDC Grant to States 2013-20018
- May 2018
- Interviews
  - 3 FQHCs w/dental, 2 in DHP SA
  - 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

# Treatment Centers

- 1 reported 50% patients enter with severe dental decay, pain/infection and 70% on Medicaid
- Pain often masked by drugs until detox

# FQHC Dental Treatment

## Challenges:

- Limited Medicaid coverage
- Pts. with known SUD have multiple, significant treatment needs
- Scarcity of oral surgeons accepting NH Medicaid

# CPHDH

- Cost-effective clinician
  - Screen
  - Prevention
  - Decay arrest
- Teledental capacity

# Conclusions

- 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