Oral Health at Monadnock Community Hospital

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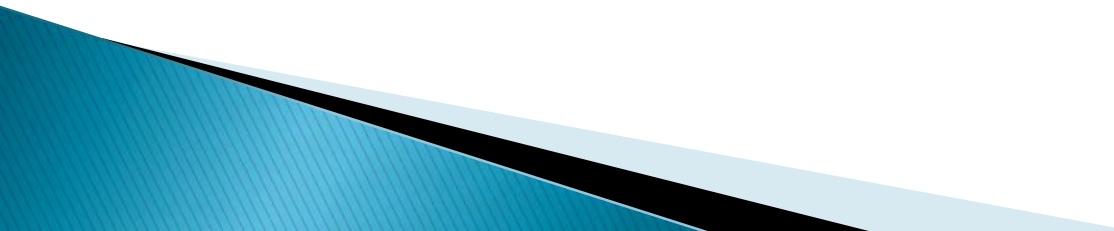   - Oral Health Education for Primary Care Clinicians and Clinical Team

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
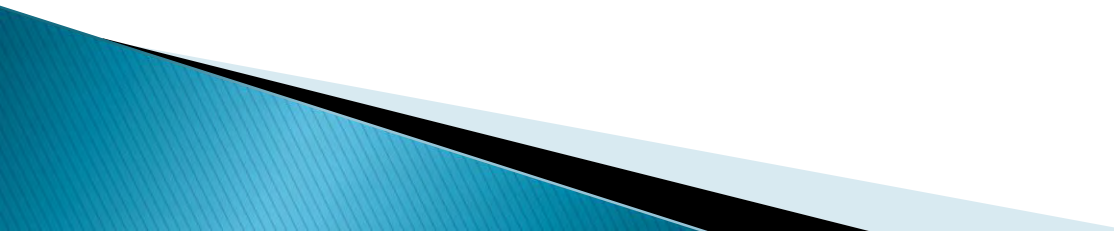   - Bringing the science of dentistry to the classroom

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

Services Offered
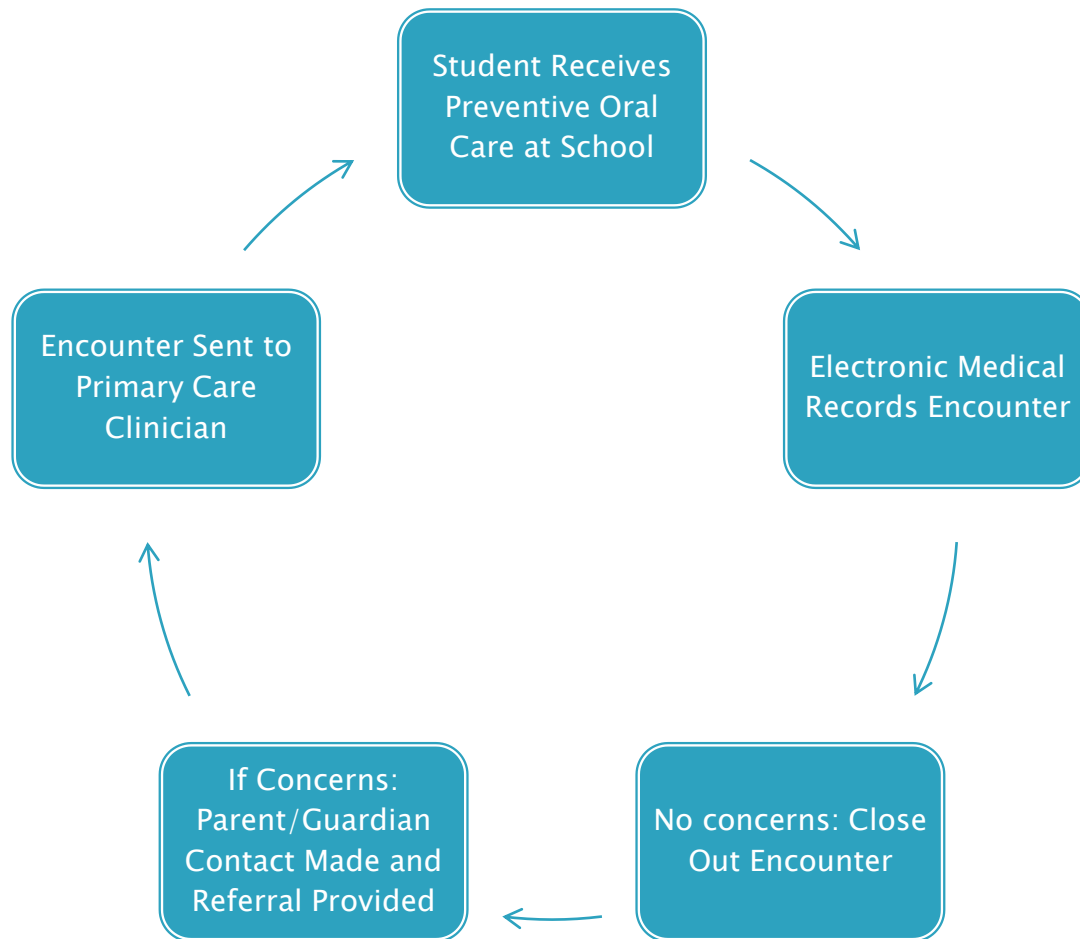
- Offer *Preventive Care* at every site
  - Prophylaxis (Dental Cleaning)
  - Fluoride Varnish
  - SDF (Silver Diamine Fluoride)
    - Posterior (back) teeth only
  - Glass Ionomer Sealants
    - Recharge with fluoride when a topical fluoride application is performed
  - Glass Ionomer Temporary Restorations

Closing the Loop within School Based Dental Program
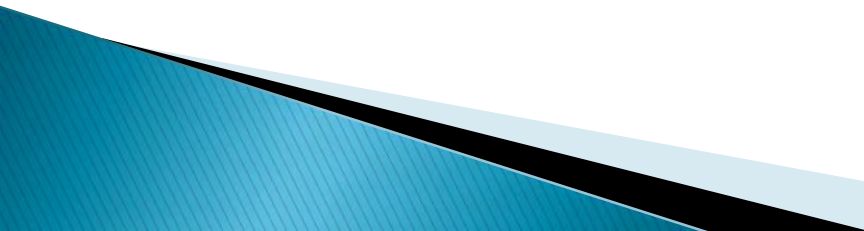
▸ Consent Changes are Key

- 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.

Electronic Medical Records for MCH Patients

Student Receives Preventive Oral Care at School

Electronic Medical Records Encounter

No concerns: Close Out Encounter

If Concerns: Parent/Guardian Contact Made and Referral Provided

Encounter Sent to Primary Care Clinician

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
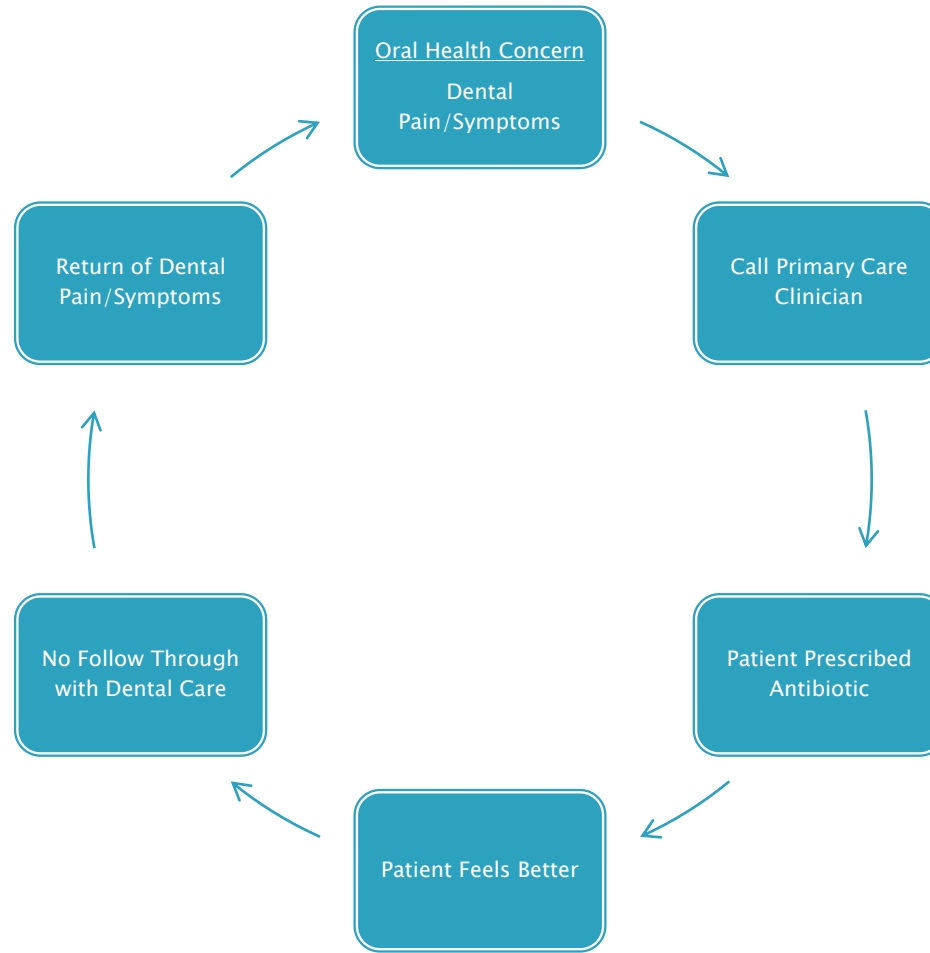   - must be a MCH/MHP provider

- 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

Trying to Interrupt the Cycle

Oral Health Concern
Dental Pain/Symptoms

Call Primary Care Clinician

Patient Prescribed Antibiotic

Patient Feels Better

No Follow Through with Dental Care

Return of Dental Pain/Symptoms

Chain of Events 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 <u>many</u> 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!