Why Does Oral Health in Long-term Care Residents Matter?

Talking Points for Administrators

The mouth is the gateway to the body. Facilitating good mouth health for long-term care (LTC) residents is vital, not only for enhanced quality of life; but also as an integral part of care quality, facility regulatory compliance and financial performance. Unhealthy mouths can lead to poor clinical outcomes. They can magnify existing health problems such as diabetes and contribute to conditions like pneumonia, leading to unnecessary and preventable hospitalization.

Benefits of Healthy Mouths

Leading organizations understand the importance of a healthy mouth to overall health and promote best outcomes. Benefits include:

• Reduced risk of infections and unnecessary hospitalizations
• Improved quality outcomes
• More efficient use of organization resources
• Greater enjoyment of meals
• Increased resident interactions with others leading to less isolation
• Enhanced pride among direct care staff as they help residents to have happier smiles
• Reduced mouth odors
• Fewer disruptions and acting out behaviors
Quality Outcomes

Tooth and gum infections, mouth pain, missing teeth, and poorly fitting dentures are common findings in nursing homes and can influence diet and nutrition. The role of oral health in weight management is underappreciated in LTC. For example, weight variance meetings held weekly in LTC facilities are usually focused on nursing and dietary interventions. Sometimes the social worker or designee is an oral health champion in these meetings, but that is not typical. Mouth health needs to be a routine and regular consideration on each reviewed resident.

Quality Measures

Pain, unplanned weight loss, and help with ADLs are key CMS, long-stay, quality measures. These indicators of care outcomes can be impacted by oral disease and poor oral hygiene. If a facility percentage exceeds state and/or federal averages on any Indicator, that facility is “flagged.” Outcomes are then factored into the CMS Five-Star Rating system and publically reported on the Nursing Home Compare website. Flagged measures become a target of focused review on the annual licensing and certification survey, as well as any visits resulting from complaints.

Hospitalization

One of five priorities listed in the 2015 Work Plan for Nursing Homes from the Office of Inspector General of Health and Human Services relates to hospitalizations:

“We will determine the extent to which Medicare beneficiaries residing in nursing homes are hospitalized as a result of conditions thought to be manageable or preventable in the nursing home setting.”

Mouth infections resulting from a lack of daily oral hygiene and professional care are preventable. Pneumonia acquired as a result of aspiration of plaque from unclean mouths, oral infections, and diabetic complications resulting from uncontrolled gum disease can all lead to the hospital emergency room.

Both quality measures and re-hospitalizations are part of the proposed performance based reimbursement discussion for long-term care. Also, both are indicators of nursing home quality performance regularly evaluated by referring institutions and accountable care organizations (ACOs).
Summary

LTC residents experience a disproportionate and debilitating amount of oral disease, which places them at higher medical risk, diminishes their quality of life, and unless effectively addressed, may add significantly to the cost of care and result in poor quality outcomes. Dedicated collaborative efforts between nursing facility professionals and dental practitioners can be very helpful in better meeting the oral health needs of residents in long term care settings.

Oral health services should be offered to all facility residents and, depending on the particular state, may be funded through Medicaid, resident private pay, or the use of Incurred Medical Expense (IME) allowances. In states with no or limited Medicaid dental benefits, IME allows residents to use their patient liability income to pay for needed oral health services with Medicaid reimbursing the facility for the same amount.