Medical-Dental Integration: Projects I Believe In

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CIPCOH serves as a national resource for systems-level research on oral health integration into primary care training with special emphasis on training enhancements that will train primary care providers to deliver high quality, cost-effective, patient-centered care that promotes oral health, addresses oral health disparities and meets the unique needs of all communities.

Christine Riedy, PhD, MPH (Lead PI); Russ Phillips, MD; Hugh Silk, MD, MPH (Co-PIs)
Smiles for Life: A National Oral Health Curriculum

Smiles For Life produces educational resources to ensure the integration of oral health and primary care.

LEARN ONLINE

TEACH CURRICULUM

Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An extended version (2.1 minutes) of this documentary is also available.
The Smiles for Life curriculum consists of eight 45-minute modules covering core areas of oral health relevant to health professionals. User competencies are measured through assessments at course completion. Users must score an 80% or higher to receive credit for each course.

Course 1: Relationship of Oral & Systemic Health
Course 2: Child Oral Health
Course 3: Adult Oral Health
Course 4: Acute Dental Problems
Course 5: Pregnancy & Woman’s Oral Health
Course 6: Caries Risk Assessment, Fluoride Varnish & Counseling
Course 7: The Oral Exam
Course 8: Geriatric Oral Health

A Product of: STFM, American Association of Public Health Dentistry, American Academy of Family Physicians
Endorsed by: CIPCOH, Center for Integration of Primary Care and Oral Health
Exhibit 1. Discrete Site Visits
Q1 2015 – Q2 2017

Site Visits
Cumulative Site Visits

1 A discrete site visit is defined as a visit to the website, regardless of the number of pages viewed.
About Our Users:

CE REGISTERED USERS BY TRAINING LEVEL

Exhibit 3 shows that CE registered users were most commonly students (61%), followed by direct patient care providers (17%).

Exhibit 3. CE Registered Users by Training Level
Q2 2017 (n=5,011)

- Student: 61%
- Direct Patient Care Provider: 17%
- Public Health: 5%
- Intern/Resident/Fellow: 4%
- Educator: 1%
- Other: 11%

Exhibit 4. CE Registered Users, by Profession/Area of Study
Q2 2017

- Nursing: 25% Professionals, 11% Students
- Physician: 21% Professionals, 8% Students
- Dentistry: 6% Professionals, 3% Students
- Physician Assistant: 3% Professionals, 7% Students
- Other: 46% Professionals, 7% Students

CIPCOH
Center for Integration of Primary Care and Oral Health
Partners

NIIOH is facilitating links with other organizations that share our goal of engaging primary care clinicians of all types in the delivery of oral health preventive services to patients of all ages.

Physicians

American Academy of Family Physicians
Society of Teachers of Family Medicine
American Academy of Pediatrics

Physician Assistants

American Academy of Physician Assistants
Physician Assistant Education Association
National Commission on Certification of Physician Assistants
Accreditation Review Commission on Education for the Physician Assistant
University of Colorado Physician Assistant Program

Nursing

New York University College of Nursing

Funders

DentaQuest Foundation
Washington Dental Service Foundation
Connecticut Health Foundation
The REACH Healthcare Foundation
From the First Tooth

From the First Tooth is a pediatric oral health initiative promoting the oral health of infants, toddlers and preschool children.

Helping Prevent Tooth Decay in Children
A multi-state initiative to implement pediatric oral health in primary care practice and clinical education

Hugh Silk, MD, MPH, FAAFP1; Ellen Sachs Leicher, MAHCA2; Veronica Alvarado, BS2; Elizabeth Cote, RDH, MS3; Susan Cote, RDH, BS4

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4 MaineHealth, Portland, ME, USA

Keywords
oral health; fluoride; topical

Abstract

Objectives: To implement and study the effect of improving pediatric oral health by training primary care practices and training programs.

Method: In six New England States, primary care practices and clinical training programs (medical schools, residencies, physician assistant programs) were recruited and trained to incorporate pediatric oral health into medical practice. We measured the results of varying practice recruitment approaches and measured training outcomes based on self-reported implementation and state reported EPSDT CMS oral health claims.

Results: We trained 415 practices across six states with a 74 percent average retention rate of providing services at 6 months. This resulted in 136,963 preventive oral health services (fluoride varnish, oral health assessment, or screening). Thirty-five of 52 health education programs established pediatric oral health curricula. The average cost of recruitment, training, and follow-up for an office or an educational program is approximately $1,000/site.

Conclusion: We have created an enduring infrastructure and model for primary care practices and education programs for training in pediatric oral health.
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid population* age 0-5 (2015)</th>
<th>Age range for Medicaid FV reimbursement</th>
<th>Medicaid reimbursement rate</th>
<th>Practices trained total (private/health centers)</th>
<th>Percent of practices applying fluoride varnish 6 months after training</th>
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<tbody>
<tr>
<td>Connecticut</td>
<td>114,792</td>
<td>First tooth to 40 months</td>
<td>Assessment – $25</td>
<td>67 (65/2)</td>
<td>68%</td>
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<tr>
<td>Maine</td>
<td>44,369</td>
<td>First tooth to age 21</td>
<td>Varnish – $20</td>
<td>189 (114/75)</td>
<td>91%</td>
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<tr>
<td></td>
<td></td>
<td>Oral evaluation up to age 3</td>
<td>Varnish – $12 (through 7/13)</td>
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<td></td>
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<td>Evaluation and varnish to age 3 – $32 (starting 8/13)</td>
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<tr>
<td>Massachusetts</td>
<td>225,753</td>
<td>6 months- age 21</td>
<td>$26</td>
<td>119 (97/22)</td>
<td>86%</td>
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<tr>
<td>New Hampshire</td>
<td>36,569</td>
<td>First tooth to age 6</td>
<td>$18</td>
<td>10 (10/0)</td>
<td>71%</td>
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<tr>
<td>Rhode Island</td>
<td>39,904</td>
<td>6-48 months (Insurer #1)</td>
<td>$18</td>
<td>18 (16/2)</td>
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<td>First tooth to age 21 (Insurer #2)</td>
<td>$13</td>
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<td>Vermont</td>
<td>23,298</td>
<td>First tooth to age 6</td>
<td>$18</td>
<td>12 (12/0)</td>
<td>53%</td>
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MA reviews charts; identifies Pts; Alerts front desk → Team huddles to plan care for each visit → Pt given OH Sx Screen at check-in

MA rooms Pt; Documents OH Sx in EHR; looks at teeth, gums, mucosa; Sets up FV and applies → Clinician conducts encounter; reviews/validates findings; addresses OH needs → After visit activities include OH education, referral and any treatments

www.QualisHealth.org/white-paper
Medical Dental Integration: Transitions Practice-by-Practice, Patient-by-Patient
## Evaluation

1. How much do you perceive that dental colleagues are interested in overall health of patients?
2. How important do you feel good oral health is for the overall health of your patients?
3. How would you rate your skill level to counsel patients on oral health?
4. How would you rate your skill level to examine and assess a patient's mouth?
5. How would you rate your awareness of local dentists and the details of making referrals to them?
6. How would you rate your current ability to communicate with local dentists?
7. How confident are you currently that your patients will get timely referrals to dental colleagues?

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1. How much do you perceive that your medical colleagues are interested in oral health of their patients?
2. How important do you feel that your medical colleagues believe good oral health contributes to overall health of their patients?
3. How would you rate your skill level to teach medical colleagues about oral health (oral hygiene, diet, FV)?
4. How would you rate your awareness of local medical offices and the details of making and accepting referrals to/from them?
5. How would you rate your current ability to communicate with your local medical colleagues?
6. How confident are you currently that your medical colleagues feel comfortable making routine referrals to your office?
### MD/DOs

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### Dentists

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Oral Health Care During Pregnancy: A National Consensus Statement

Guidelines for Oral Health Care in Pregnancy

- Dental care is safe and essential during pregnancy.
- Pregnancy at or a reason to defer routine dental care or treatment
- Diagnostic treatments, including needed dental x-rays, can be undertaken safely.
- Scaling and root planing to control periodontal disease can be undertaken safely. Avoid using metronidazole in the first trimester.
- Treatment for saliva reduction or sources should be provided at any stage of pregnancy. A number of antiseptics are safe for use.
- Treatment, including root canal therapy and tooth extraction, can be undertaken safely.
- Sedative treatments, behavior modification, and treatment can be performed during pregnancy. If it is done, coordinate with the woman's prenatal medical provider.
- Emergency care should be provided at any time during pregnancy.
- Delay in necessary treatment could cause unforeseen harm to the mother and possibly the fetus.
- For many women, treatment of oral diseases during pregnancy is particularly important because good oral health and dental care insurance may be available only during pregnancy or up to two months postpartum.

Medical Conditions and Dental Treatment Considerations

- Hypertensive Disorders and Pregnancy
- Hypertensive disorders, including chronic or preexistent hypertension and the development of hypertension during pregnancy, occur in 12-15% of pregnant women. Oral health providers should be aware of hypertension diagnosis to avoid any potential risk during dental procedures. Consult with the woman's prenatal care provider before initiating dental procedures in women with uncontrolled or newly identified hypertension. Blood pressure values greater than or equal to 140/90 mm Hg.

- Gestational Diabetes and Pregnancy
- Gestational diabetes occurs in 2-5% of pregnant women in the U.S. It usually diagnosed after 24 weeks of gestation. Any information process, including acute and chronic periodontal disease, can cause diabetes to worsen. Smoking, alcohol, and tobacco use is associated with adverse pregnancy outcomes such as cesarean section, congenital anomalies, and long-term gestational age reductions. Medications to avoid or minimize dental care is important for pregnant women with diabetes. Continuing a course of glucose or insulin medication may control glucose levels during pregnancy.

- Infections and Pregnancy
- A bloodstream is among the common causes of dental infections. Oral infections may cause severe complications during pregnancy and adverse outcomes. Dental providers should consult with the woman's prenatal care provider prior to dental treatment.

- Risk Assessment and Planning During Pregnancy
- Pregnant women who have diabetes, hypertension, and oral infections are considered to be at a higher risk. Thus, they are at increased risk for complications, requiring a personalized treatment plan.

Oral Health Care During Pregnancy and Through the Lifespan

- ABSTRACT: Oral health is an important component of general health and should be maintained during pregnancy and throughout a woman's lifetime. Maintaining good oral health may reduce the risk of a number of adverse health outcomes, including preterm birth, low birth weight, and sudden infant death syndrome. The American Dental Association recommends that all patients receive dental care at least once in their lifetime. The American Dental Association also recommends that all dental procedures be performed in a manner that is consistent with the patient's overall health status. The consensus statement is intended to provide guidance to dental providers on the management of oral health care during pregnancy and throughout a woman's lifetime.
• Reps from:
  – ENT, Oncology, OB/GYN, Geriatrics
  – Primary Care – Fam Med, Peds, Medicine
  – Dentistry – MDS, HSDM, Medicaid

• Projects:
  – updates of oral health for MDs
  – ED-Dental collaboration
  – State wide survey
  – Video and public messaging
State Level Collaboration

COALITION PRIORITIES

An Act To Restore MassHealth Adult Dental Benefits

In 2010, adult dental care benefits for people in MassHealth were significantly cut. Our Oral Health Advocacy Task Force has been working hard to restore coverage. Services have been restored piecemeal, year by year, with dentures being the latest service added, in May 2015. Currently, the only oral health services covered for adult MassHealth members are fillings, cleanings, extractions, and now, dentures. HCFA supports legislation to restore full oral health benefits cut from MassHealth, our...
Creating National Interest

Member Interest Group

Oral Health

Established: December 2014

Objectives

- Inform AAFP members about oral health issues and their impact on overall health
- Increase awareness of oral health resources for AAFP members so that they might serve their patients better and improve their overall wellness
- Offer oral health updates to the AAFP leadership based on the group’s expertise in oral health topics
- Assist the AAFP in membership recruitment and retention of family physicians who are interested in the promotion of oral health

Oral Health

The goal of the STFM Group on Oral Health is to enhance the role of primary care physicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

The group's efforts since its founding in 2004 have focused on development and distribution of Smiles for Life: A National Oral Health Curriculum for Family Medicine, available free at www.smilesforlifeoralhealth.org.