

Integrating Oral Health into Primary Care: The Case for Change

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National *Interprofessional Initiative*
on Oral Health engaging clinicians
eradicating dental disease



Who we are...

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Qualis Health is a non-profit healthcare consulting and care management firm. We help primary care practices implement the PCMH Model of Care and achieve PCMH Recognition.

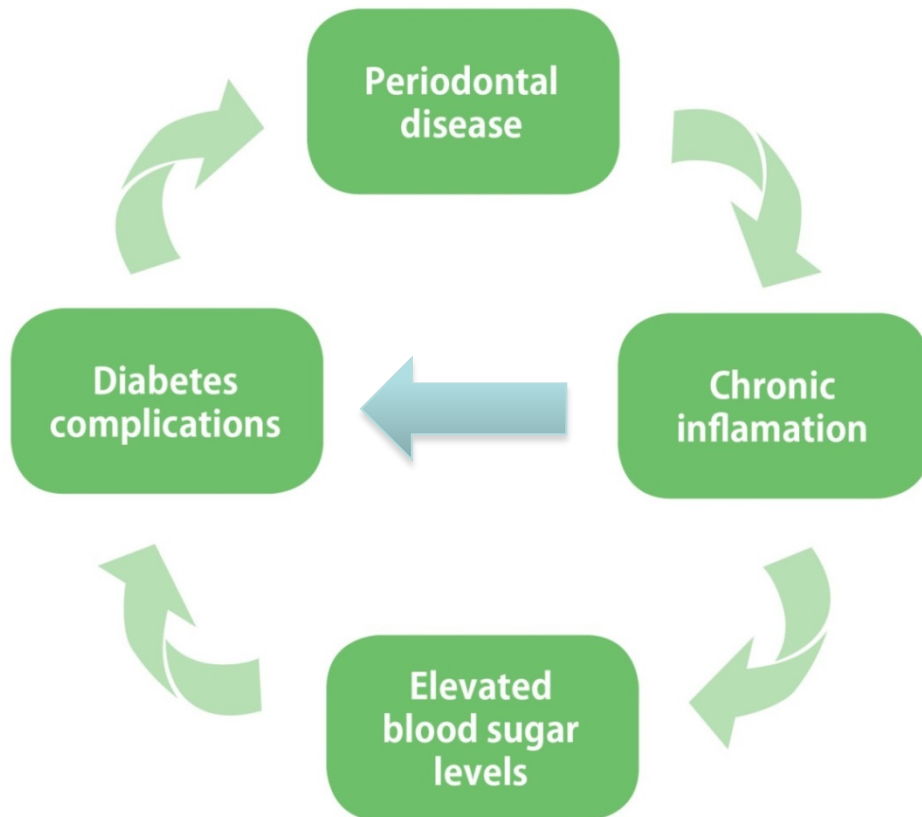
We lead multi-state demonstration projects, regional collaboratives, and develop and disseminate resources and tools.

Objectives for Today

- Making the case for integrating oral health preventive care into routine medical care
- Describe how oral health affects over all health
- Show how primary care is part of the solution

Oral Disease and Diabetes are Linked

Oral Disease Can Lead to Diabetic Complications



Untreated gum disease increases risk for developing type II diabetes

Caries: Maternal – Child Linkage

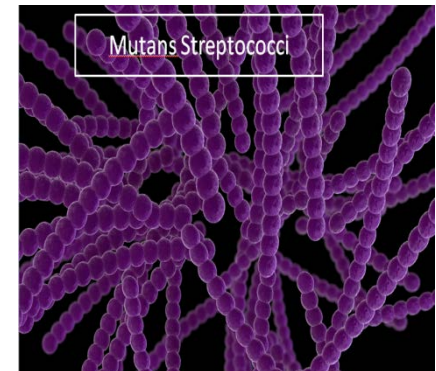
Mothers/primary caregivers are the main source of the bacteria responsible for causing caries

How are the bacteria transmitted?

- Normal essential behavior, including kissing and playing with baby
- Via saliva contact such as tasting food, licking spoons or pacifiers

Upstream Prevention

- If colonization is delayed until after two years of age, children have less dental decay
- Optimizing mothers' oral health prevents caries in young children

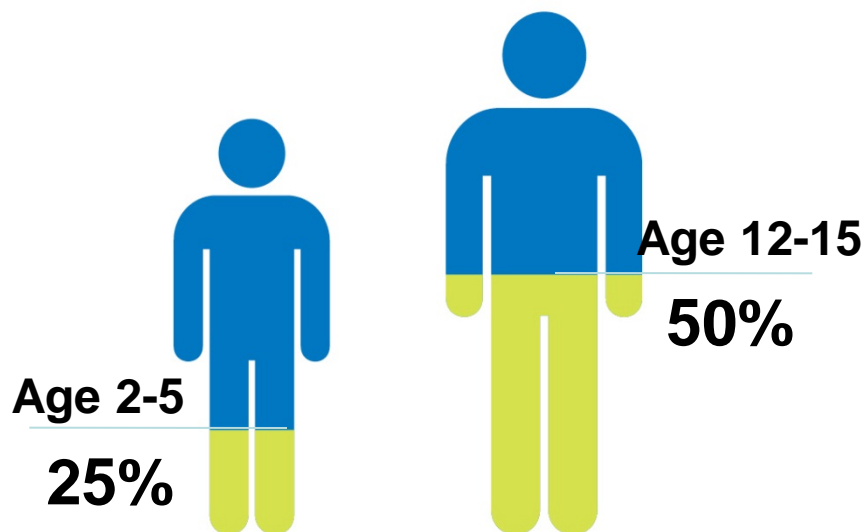


What is the problem we are trying to solve? *A Prevention Gap*

- Nationwide an unacceptably high burden of oral disease
- Little improvement in oral health status
- The healthcare delivery system, as currently configured, fails to reach the populations with the highest burden of disease
- Result is significant and pervasive health disparities
- All for a largely preventable infectious disease



The Burden of Oral Disease



Tooth decay is the most common chronic disease of childhood

25% adults (20-64) have untreated caries & 19% suffer from destructive periodontal diseases (18-44)

Cumulative Result?

By age 65, 25% of Americans have no teeth



Potential impact on: Diabetes, ischemic vascular disease, pre-term delivery and low-birth weight

Poor oral health compromises more than health...

Oral pain can restrict activity, impair nutrition, and disturb sleep

- **Adults lose 164 million** work hours each year due to oral complications and dental care
- Older adults with missing or no teeth report lower overall quality of life
- Indirect economic costs: Adults with missing teeth are more likely to report trouble finding employment
- **Children lose 54 million** school hours each year due to oral complications and dental care
- Poor oral health = higher school absence and poorer academic performance
- Impacts language, self-esteem

Access and Affordability Challenge

Dental care is the most common unmet health need

40% of the population lacks dental insurance

2.5x the % who lack medical insurance

- Even with insurance, dental care is often not affordable
- 47 million live in dental professional shortage areas



Results?

- Unnecessary complications
- Late-stage interventions
 - Waste valuable resources
 - Introduce significant risk for patients
 - Do not address underlying cause of disease: bacteria fueled by an unhealthy diet and ineffective hygiene



Deamonte Driver, sitting next to his mother, Alyce, shows the scars from incisions for his brain surgery. (By Linda Davidson – The Washington Post)



Reliance on Emergency Department

- 2.1 million visits for non-traumatic oral problems (2011)

So what's the answer?

Increasing access to affordable dental care is essential, but by itself is unlikely to reduce the burden of oral disease – the need is simply too great

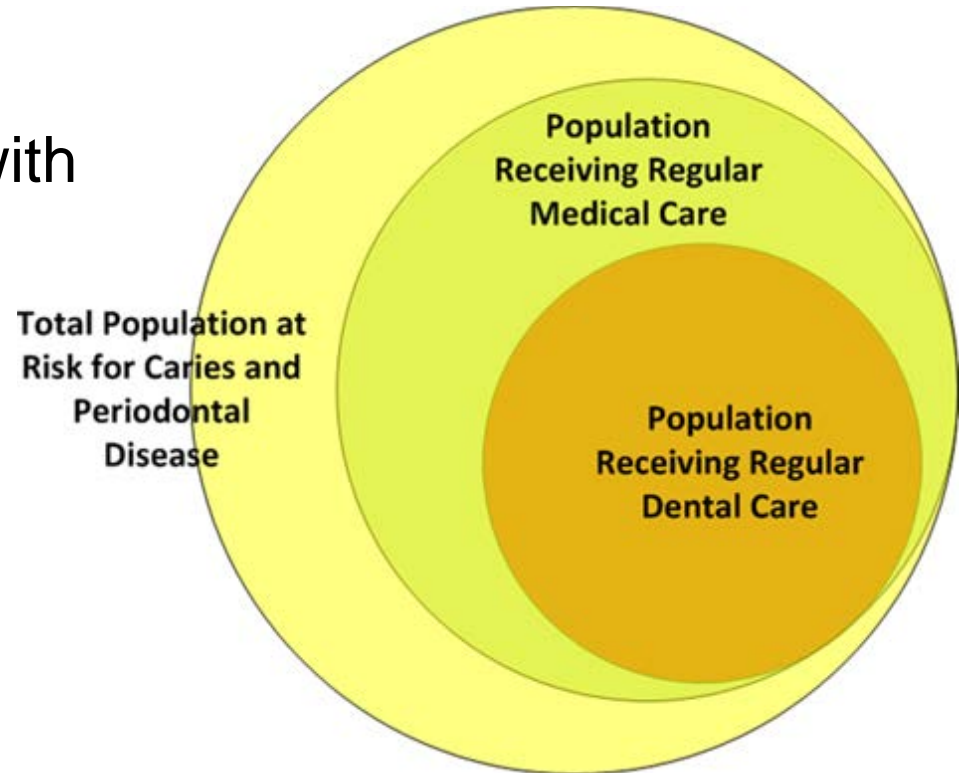
We need another solution

- Incorporate oral health in routine medical care
- Apply a population health management approach to oral disease
- Find new ways to engage patients and families in the prevention of oral disease

Why primary care?

Access:

- Regular, frequent contact with highest-risk groups:
 - Children
 - Pregnant women
 - Adults with diabetes



Skills:

- Primary care providers are prevention experts
- Screening for risk factors and active disease
- Help patients navigate the healthcare system

Oral Health Fits in Primary Care

- A preventable infectious disease
- Common problem
- Serious health impact
- Patient and family behavior (self-care) is key
- Early recognition and treatment reduces the impact

What will it take to change the standard of care?



- Clear definition of what can be done in the primary care setting to protect and promote oral health
- Streamlined process for fitting oral health into an already packed primary care workflow
- Practical model for a close collaboration between medicine and dentistry

Field-Testing a Conceptual Framework

Develop

Test

Improve

Disseminate

16 diverse primary care practices



**Washington Dental Service
Foundation**

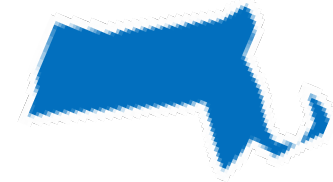
Community Advocates for Oral Health

Private practices (4)
adults with diabetes &
pregnant women



REACH
healthcare foundation

Safety net sites (2) w
co-located dental offices
peds & all well visits



DentaQuest
FOUNDATION

FQHCs (4)
peds & adults with
diabetes

Project design underway: Kansas Association of the Medically Underserved (3 FQHCs)
South Carolina Primary Care Association (PA, IA, CO, NM); Oregon Primary Care Association

Goal: Equip primary care practices with the skills and tools they need to deliver oral health preventive services and coordinate referrals.

Guidance: Informed by a Technical Expert Panel that includes primary care and dental providers; medical and dental associations; payers and policymakers; patient and family advocates.

Leveraging: Lessons from successful efforts to integrate behavioral health services in primary care.

What Comes Next?

- White paper in May 2015 documenting this is do-able
- Expansion of pilots to additional states
- Continue learning from field-testing work
- Dissemination of what we're learning
- Refine the framework based on experience
- Publish the implementation guide with final toolset, case studies, and data (2016)



More to come....

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