Oral Health in Primary Care

Melinda B. Clark, MD, FAAP
Albany Medical Center & College
Associate Professor of Pediatrics
AAP NY Chapter 1 COHA

Impact of the Separation of Medicine & Dentistry

- Limited cross-training
- Minimal communication between fields
- Duplication of education and resources
- Requirement for dual insurance
- Increased cost
- Limited focus on primary prevention
- Dental is the only health condition where specialty referral is the norm

Impetus for a Shift

- Surgeon General's report on oral health
  - "Silent Epidemic"
  - Prevalence: Most common unmet health need
  - Oral-systemic health connections
  - Access to care
  - Cost
  - Oral health disease is largely preventable

Oral health in America. A Report of the Surgeon General; 2000.

MNT
Medical News Today

home | opinions forum | contact us

Obesity Contributes To Poor Oral Health

Main Category: Dentistry
Also Included In: Obesity / Weight Loss / Fitness
Article Date: 06 Jul 2011 - 9:00 PDT

WebMD
Better information. Better health.

April 02, 2012

Other search tools: Symptoms | Doctors | Medical

WebMD Home > Heart Health Center > Heart Disease Health Center > Heart Disease Feature Stories

Gingivitis Home
- Medical Reference
- Features
- Video
- Slideshows & Images
- Health Tools
- News Archive
- Heart Disease Community

Heart Disease Guide
1. Overview & Facts
2. Symptoms & Types

Heart Disease Health Center

Tools & Resources
- The Warning Signs of Stroke
- A Visual Guide to Heart Disease
- Exercising for a Healthy Heart
- A Diet To Lower Cho
- Test Your Cholester
- Heart-Healthy Living

This article is from the WebMD Feature Archive

Periodontal Disease and Heart Health

Brushing and flossing may actually save your life.

Hospitalizations And Medical Care Costs In Diabetics Reduced By Periodontal Therapy

ScienceDaily®
Your source for the latest research news

Advertisement

News | Articles | Videos | Images | Books

Health & Medicine | Mind & Brain | Plants & Animals | Earth & Climate | Space & Time | M

Science News ... from universities, journals, and other research organiza

Gum Disease Can Increase the Time It Takes to Become Pregnant

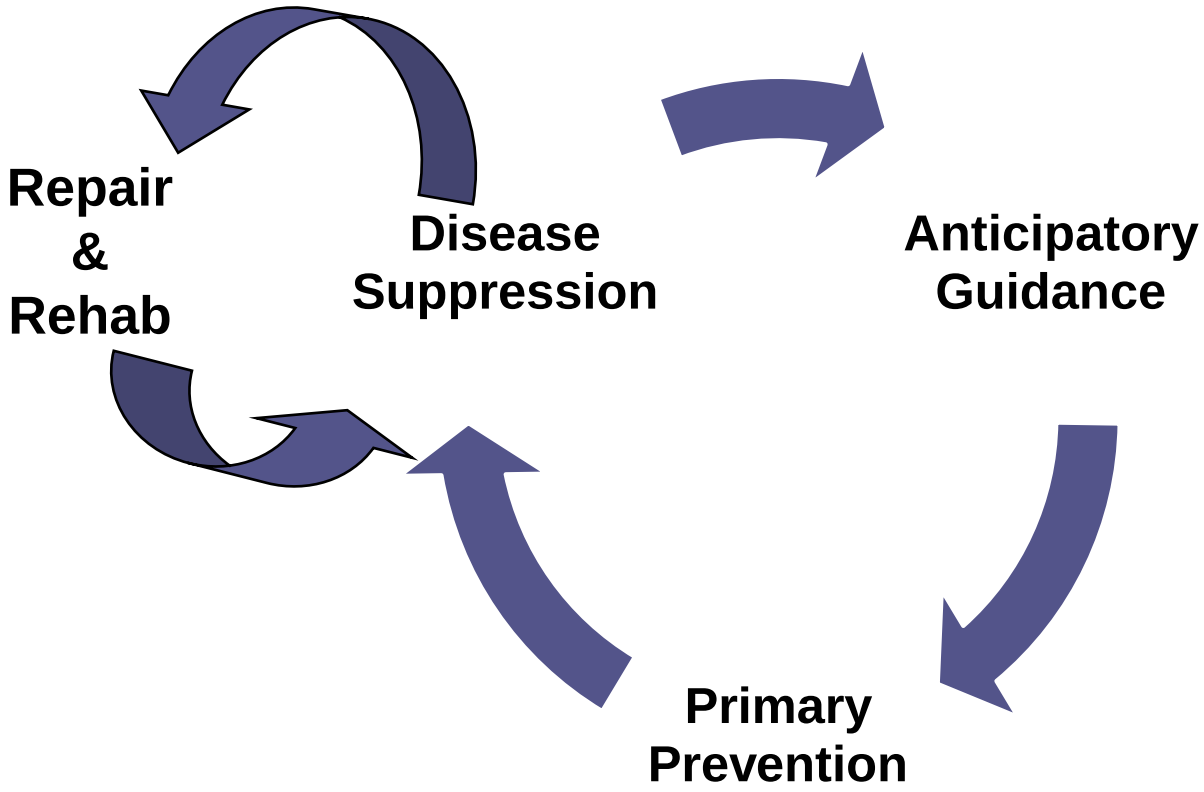
ScienceDaily (July 5, 2011) — Professor Roger

The Big Picture

"You are not healthy without a healthy mouth…"

David Satcher, Surgeon General 2000

Prevention Paradigm



Is a systems shift necessary?

- 50 million Americans live in rural or poor areas where dentists do not practice
- Senior centers – 89% of participants in NYC needed some form of dental treatment
  - 6-12 weeks following screening exams, 48% unable to access dental services
- 23% of poor children do not see a dentist by age 5
- 56% of women do not receive dental care during pregnancy
  - 76% of black non-Hispanic women and 75% Hispanic women
- Preventable dental conditions account for 4 million ED visits 2008-2010, total cost $2.7 billion
  - Uninsured patients account for >40 % of dental ED visits

The Medical Home is often the default Dental Home

Existing ECC Paradigm

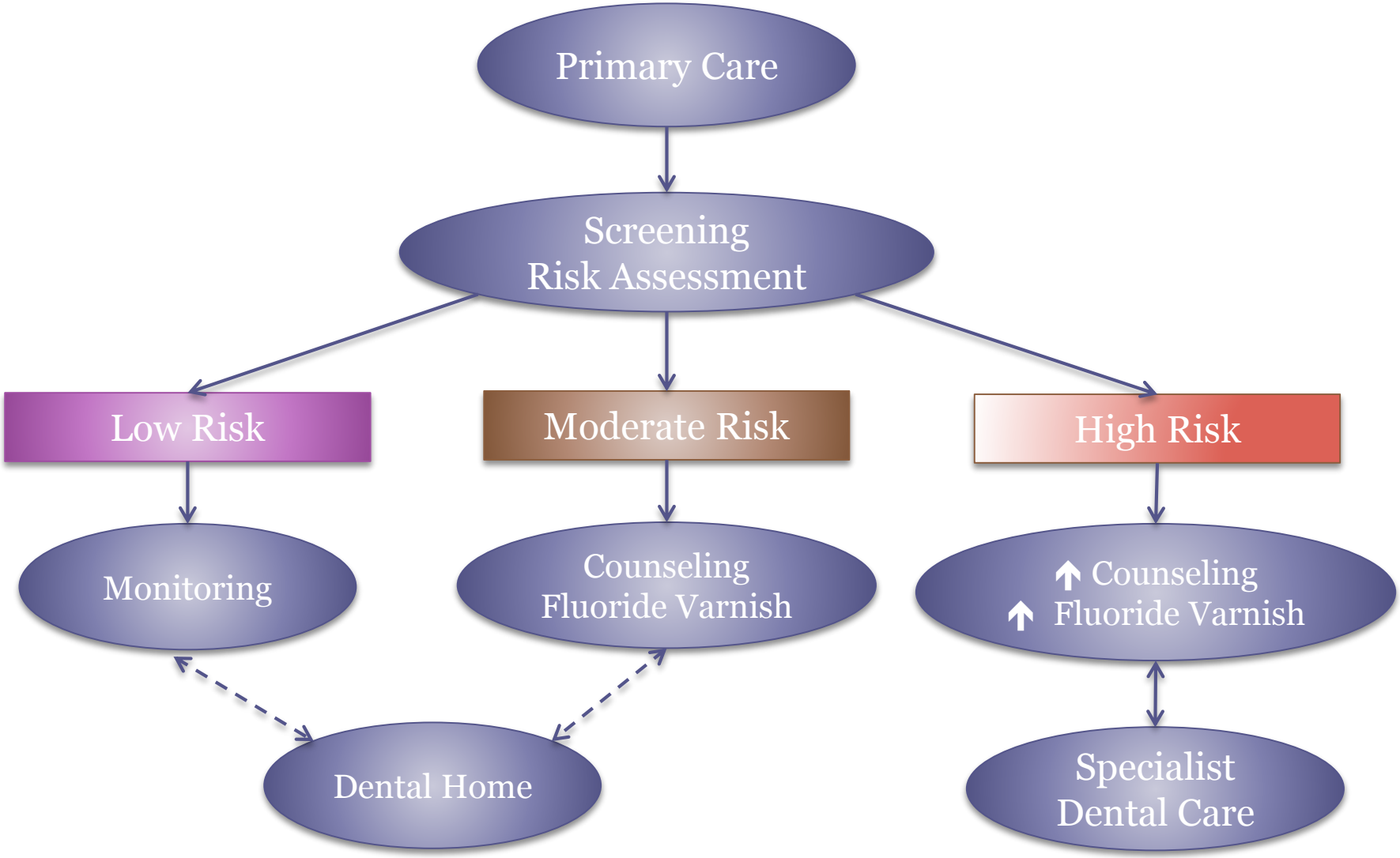
- Initiate oral health preventive services in the medical home
- Referral to establish dental home by age 1
- Ideal

- But is it working?

The Dentist Challenge

- Relatively few see young children
- Predominant reasons general dentists report for not seeing 0-2 yr-olds:
  - Do not believe in young dental visit necessary
  - Too young to cooperate
  - Refer children this young
  - Not trained
  - Uncomfortable with young children
  - Crying disrupts office
  - Insufficient reimbursement

Limited resources - ? New paradigm



Why PCP's?

- Primary Prevention – all of our goal
- Access
- Child has contact with a primary care provider 13 times in the first 36 months
- Familiar with implementation of risk-based care
- Expertise in education and counseling
- Engaged in overall health of the child patient, not just one facet of care
  - Oral health links to systemic disease

Oral Health Natural Fit for PCMH

- Patient-centered
  - Whole human – mouth back in the body
  - Self management – diet and hygiene under pt control
- Comprehensive care – eliminate silos
- Coordinated care
  - Team-based care (medical and dental)
- Accessibility
  - Oral health in medical home (screening, education, tx)
- Systems-based approach to quality and safety
  - Evidence-based
    - ECC and sequelae
    - Periodontal disease and chronic (e.g. diabetes)

Screening and Risk Assessment

- PCPs can successfully identify children with ECC and those in need of referral
- Caregivers satisfied with PCP involvement
  - 92% approved of provider explanations
  - 84% reported provider spent adequate time with the child
- Risk assessment
  - No published studies examine the reliability of PCPs to detect white spots or properly use risk assessment tools
  - No studies examining whether oral screening by PCPs results in decreased caries rate
- Oral health integration into the primary care setting does not result in decreased dental visits

Pierce & Rozier. Pediatrics. 2002
Rozier, Slade , et al. Pediatr Dent 2005.

Primary Care Provider Challenge

- Parents:
  - Get information outside of the health care setting
- PCPs:
  - Education re: importance
  - Recognize normal vs abnormal
  - Time and resource allocation
  - Payment
  - Consultation and referrals
    - Less likely to engage in oral health activities if feel there is nowhere to refer
  - Norm is to engage specialists when cannot manage in primary care setting

Fluoride Varnish

- Most extensive literature of PCP based preventive strategies
- United States Preventive Services Task Force:
  - Recommends application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (grade B recommendation)
- Nearly all studies include oral health education
- Majority of studies emanate from “Into the Mouth of Babes” in NC

Effect of IMB on Dental Caries-related Treatment per 1,000 Medicaid-enrolled Children

Number of IMB Visits	Age in Months at IMB Visit	Change in CRTs (95% CI)	% Change
1	12	-7 (-85, 84)	-0.3%
2	12, 24	19 (-82, 124)	0.7%
3	12, 15, 18	49 (-88, 163)	2.9%
4	12, 18, 24, 35	-281 (-469, -58)	-10.9%
≥4	12, 15, 18, 24, 35	-458 (-623,-204)	-17.7%

Into the Mouths of Babes (IMB)

- Children with ≥ 4 visits:
  - 17% reduction in dental-caries-related treatments up to 6 yrs compared with children with no IMB visits.
  - Multiple treatments at tooth emergence most effective
- Data Simulation for initial IMB visits at 12 and 15 mths:
  - Cumulative 49% reduction in caries treatments at 17 mths
- Statewide survey:

Year	Mean dmft for kindergardners	Mean IMB visits for 0-4-yr-olds
1989	1.53	
2001		0.01
2004	1.84	
2009	1.59	0.22

  - 1-unit increase in IMB visits resulted in a 0.25 decrease in dmft per student.

Reimbursement

- PCP reimbursement for risk assessment & fluoride varnish application has dramatically shifted over last decade
  - 46 states reimburse for preventive services including fluoride varnish; range $4 to $85.
- Few studies on the effect of reimbursement and PCP participation in fluoride varnish application
  - Wisconsin: Fl Varnish Medicaid reimbursement claims for ages 1-3 increased from baseline 557 to 9,053 in two-year period after reimbursement introduced
    - PCPs provided majority of varnish treatments ages 1 to 2
  - Washington reported similar findings; increase from 145 (2000) to 9,098 (2007) applications

States with Medicaid funding for physician oral health screening and fluoride varnish

Source: American Academy of Pediatrics, http://www2.aap.org/oralhealth/docs/OralHealthReimbursementChart.xlsx

Policy

- Policies
  - Establishing a dental home
    - AAP, Bright Futures, AAPD
  - State Medicaid policies and periodicity schedules
    - Majority endorse the AAPD Dental Periodicity Schedule
  - Fluoride varnish application in medical home
- Policy alone cannot achieve practice change
  - Important, but insufficient
  - Effectiveness relies on providers willingness to change behavior and infrastructure to support the change

USPSTF Recommendations

- Prevention of Dental Caries in Children From Birth Through Age Five Years May 2014
- Recommends primary care clinicians apply fluoride varnish to the teeth of all infants and children
  - Starting with the appearance of the first primary tooth through age 5
  - ? every 6 months
  - ALL children- NOT a risk-based recommendation
  - Assigned a “B” grade
  - Practices must offer or recommend this service
  - USPSTF A or B recommendations by must be covered by insurance plans of all types and by Medicaid and Medicaid-Managed care

AAP FLUORIDE STATEMENT

- Pediatrics September 2014
- Fluoride Use in Caries Prevention in the Primary Care Setting
- Recommendations:
  - Fluoride varnish recommended in the primary care setting every 3–6 months starting at tooth emergence
  - Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk
  - Fluoride supplements for children 6 months to 16 years living in non-fluoridated communities

Oral Health is All Of Our Responsibility…

Opportunities for PCP involvement in Oral Health

- Health care reform may drive more involvement of PCPs in oral health
- PCMH application
- Oral health as QI project
- Reimbursement available for some office services

True Integration

- Current interventions geared toward integrating oral health into PC focus ONLY on oral health
- Cost impact of oral health interventions limited because segregated
- What do we need?
  - Holistic approach to health
  - Interventions to address interconnected chronic diseases
    - Obesity, diabetes, caries, medication use
- True integration will require:
  - Focus on counseling
  - Utilization of supporting health professionals (CHW)
  - Integration of medical and dental reimbursement

Conclusions

- Singular focus on establishing dental home by age one may not:
  - Be feasible
  - Be cost effective
  - Improve oral health outcomes
- Oral health services in primary care settings can:
  - Be successfully incorporated
  - Improve oral health outcomes
  - May be cost-effective
- Greatest success is likely to come through using a chronic disease model

Questions?

clarkm@mail.amc.edu