



INSTITUTE FOR  
*Oral Health*  
IOHWA.ORG

2011

whitepaper

2011 conference  
**Prevention**  
Rebranding the Profession



**October 27 & 28, 2011**  
**Chicago, Illinois**

**:: whitepaper excerpt ::**  
**Russell Maier, MD**

*“Building a future based on prevention would give us the win-win situation we are all looking for. It would decrease costs and increase quality of care. I believe that’s the only hope we have of moving forward.”*

*--Dr. John Luther*

As caries rates reach epidemic proportions in children across America, and millions of people have unmet dental needs, the dental profession faces a greater challenge than ever before. To improve oral health nationwide, the goals are changing from finding better ways to manage disease to imperatives of preventing disease. Toward that end, the Institute for Oral Health (IOH) dedicated 2011 to the theme of prevention, exploring evidence-based best practices and innovative models of care that are advancing disease prevention and early intervention.

In October 2011, the IOH hosted our fifth national conference in Chicago, Illinois on **“Prevention: Rebranding the Profession.”** The event spotlighted impressive steps forward in risk assessment, reducing early childhood caries, integration with primary care, new dental roles and effective collaborations to advance prevention, as well as guiding principles for longevity from the world’s healthiest cultures. The conference welcomed guest speakers from across dentistry, medicine, dental benefits, health policy, and the American Dental Association (ADA).

Key prevention strategies discussed at the conference included:

- **Risk assessment and early disease detection** – Many experts agree that prevention in oral health needs to include a framework centered on caries risk assessment. One progressive approach is an assessment form that reduces the dental office burden by engaging patients to self-assess, and providing choices for treatment strategies that best fit patient needs and willingness to adopt healthier behaviors. Additionally, innovations in salivary diagnostics may soon make it possible for dental teams to conduct quick, scientifically accurate chairside tests to detect the presence of an array of diseases within minutes.
- **Preventive dental visits by age one** – Studies confirm that children who receive their first preventive dental services by age one have lower incidence of caries over time and require fewer hospital visits for restorative care. As a result, these early visits dramatically reduce the cost of care. Reaching parents early also helps them understand oral health milestones and increases continued usage of dental services to prevent early childhood caries.
- **Socially-relevant behavior modification** – An innovative model has been introduced that provides an interactive, visually appealing mobile application that community health workers can use to engage parents in childhood caries risk assessment and oral health education. Using simple, culturally relevant language and nutrition references, the system helps guide low-income, low-literacy minority families toward adopting healthier behaviors that help reduce and prevent caries.
- **New dental roles to increase access to preventive services** – New training programs are underway that establish a new dental team member, the Dental Therapist. Skilled in basic dental services, oral health counseling, and practice management, the Dental Therapist helps increase practice capacity for basic oral exams, risk assessments, and preventive

services, and works closely with families to help them understand ways to maintain good oral health and reduce tooth decay. Another program underway is the ADA-sponsored training for Community Dental Health Coordinators (CDHCs). Supporting the low-income communities in which they live, CDHCs serve as a trusted resource to provide culturally-sensitive oral health education, coordinate access to dental care, and perform basic dental services and risk assessments for families in public health settings.

- **Engaging primary care providers in oral health** – As family physicians and pediatricians have more frequent access to young children, these primary care providers are increasingly taking advantage of oral health training programs to help reduce early childhood caries. Providing basic oral screenings, fluoride varnish, and oral health education, they help families understand the connections between oral health and overall health, and the importance of starting dental prevention early to reduce caries risk over time.

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## Stay up to date on 2012 Institute for Oral Health events

Our 2012 theme is “The Evolution of Oral Health Care Delivery.” Throughout the year, the Institute for Oral Health will host focus groups with industry experts, participate in national oral health events, and convene our **6th annual national conference on October 4 & 5, 2012 in Boston, Massachusetts**. Keep up with the latest news and findings through our website ([IOHWA.ORG](http://IOHWA.ORG)), whitepapers, quarterly newsletter, and Facebook fan page. Additionally, check out the latest advances in oral health care on our site’s special section “Innovation Central.”

## About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

## learn more

Web: [IOHWA.ORG](http://IOHWA.ORG)



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## Russell Maier, MD

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Co-Chair Smiles for Life



## Engaging Primary Care in Prevention: An ounce of prevention is worth a pound of cure

Embracing a prevention-oriented model for oral health means change. It means accepting that the health profession needs a new way of approaching care if they want to achieve new results. Towards that end, the 2011 Institute for Oral Health conference featured Dr. Russell Maier, a primary care physician who has dedicated much of his career to developing and promoting solutions for disease prevention that integrate medicine and dental care.

### Prevention vs. Treatment

In striving to create a more patient-centered health care system, we need to adopt the perspective that prevention is often the most cost-effective form of health care. As a conceptual model, disease prevention could be considered in four phases:

1. **Asymptomatic state** – scenario for potential disease, e.g., a one year old child with two or three teeth.
2. **Simple, process to detect the asymptomatic state** – e.g., looking into the child’s mouth, and talking with the family about what to do.
3. **Treatment that ‘cures’ the asymptomatic state** – e.g., appropriate oral hygiene, dietary guidance, fluoride varnish application.
4. **Effective follow-up to prevent asymptomatic state** – e.g., motivate ongoing oral hygiene, oral health education, regular dental visits.

Across the medical profession, there is increasing awareness that dental care is the number one unmet health need, with a growing emphasis on incorporating oral exams into pediatric check-ups. Many organizations such as the American Academy of Pediatric Dentistry and American Academy of Pediatrics promote the importance of dental visits by age one, yet in the past year, studies show only 36% of two to four year olds have seen a dentist.

This disparity between recommendations for prevention and consumer behavior demonstrates a need to engage primary care providers in oral health, as they have more frequent access to children at an early age.

*“The old adage is that we can’t drill and fill our way out of the childhood caries crisis. Nor can we screen and advise our way out of this crisis using one set of health professionals.”*

*–Dr. Russell Maier*

### Why Engage Primary Care?

A great deal of primary care is focused on prevention, with a good amount of evidence demonstrating how prevention makes a difference in improving health. Like mumps or measles, caries is an infectious, preventable disease, and should be managed as such ,

using proactive strategies to ensure the disease does not occur in the first place, rather than simply managing it as it recurs over time.

While the dental workforce is shrinking, even in many underserved and rural communities there may be at least one family physician. Across the country, family physicians care for 50% of adults and 25% of all children. Although there are 40,000 pediatricians, the current trend is for specializing, which means pediatricians are increasingly providing less and less primary care. As a result, family physicians represent an opportunity to bring preventive oral health services to populations that need it most.

As primary care “forms the base of all functioning health system in the world,” and as the dental profession strives to be recognized as equal in value to medicine, it is vital to bring these two disciplines together in a meaningful way. Educating primary care providers on the impact of oral health on systemic health, and engaging them in oral disease prevention is an effective way to form a more integrated, collaborative, and patient-focused platform for health management.

When we consider the crisis with early childhood caries, it is important to note that by age two, most children have seen a pediatrician or family physician eight times. Imagine if all those visits include preventive oral health services? Family physicians also see a range of patients typically targeted in dental care as high-risk, such as adolescents, pregnant women, and the elderly ---all of whom might benefit from an oral health screening and fluoride treatment, which they might otherwise never receive if they lack access to a dentist.

## Teaching Oral Health to Primary Care Providers

For many years, Dr. Maier has been closely involved in a number of progressive initiatives to teach primary care providers about oral health and train them to deliver preventive services to children.

### Interdisciplinary Children’s Oral Health Promotion

One early effort sponsored by the University of Washington (UW) brought together their departments of Pediatric Dentistry and Family Medicine to form the Interdisciplinary Children’s Oral Health Promotion (ICOHP) initiative. The ICOHP taskforce conducted focus groups and testing to determine the best approaches for training family physician residents on oral health issues. Through a pilot program in Yakima, WA, they trained residents in public health, dental development, caries and dental emergencies, and connections between oral health and systemic health. For mentoring, the residents collaborated with community dentists and local oral health champions, and successfully advanced their knowledge and skills to incorporate basic oral health services into their daily family medicine practice.

As UW medical graduates typically disseminate across the country, the residents from the ICOHP program will bring with them an enhanced perspective on health care that intrinsically includes oral health.

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*“In terms of systems change, if we can get all of our residents in our region aware of oral health, they’re going to go out with the expectation that it’s a normal part of care, and take that wherever they go.”*  
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–Dr. Russell Maier

## Smiles for Life Oral Health Curriculum

As part of a nationwide effort to integrate primary care and oral health, Dr. Maier helped develop a new group within the American Academy of Family Physicians called the Society of Teachers of Family Medicine (STFM). The group, which now has 5,000 members, developed an evidence-based curriculum platform —*Smiles for Life*—which teaches oral health to family medicine and pediatric providers.

Since the first edition launched in 2005, the *Smiles for Life* oral health curriculum has been a sweeping success. With web-based and downloadable modules available online ([smilesforlifeoralhealth.org](http://smilesforlifeoralhealth.org)), this program has continued to be the most popular content offered by STFM, month after month by a factor of ten over the second most requested content. By their second year, *Smiles for Life* won an “STFM Innovative Program Award,” and in their third year they gained endorsement for continuing education credits.



Now in their third edition of the curriculum, *Smiles for Life* includes eight 50-minute modules:

1. The Relationship of Oral to Systemic Health
2. Child Oral Health
3. Adult Oral Health and Disease
4. Dental Emergencies
5. Oral Health in Pregnancy
6. Fluoride Varnish
7. The Oral Examination
8. Geriatric Oral Health

In addition to self-service education, instructors can also download the modules with speaking notes to deliver training. The program reinforces learning with interactive clinical cases, test questions, and links to oral health websites. Additionally, the *Smiles for Life* website provides downloadable oral health education posters and handouts (available in five languages) for use in medical offices.

In tracking latest successes, the *Smiles for Life* website has seen about 135,000 downloads, which includes nearly 60,000 courses and 77,000 supplemental materials, and 9,000 online courses completed. *Smiles for Life* has extended into classrooms as well, with core curriculum now in over 30 medical schools and used by most family medicine residency programs. Furthermore, the curriculum is now integrated in many state oral health programs, and being leveraged by the dental profession. STFM estimates that nearly 20% of those accessing the content are dental professionals such as dental assistants and hygienists.

The program's success is largely thanks to generous funding from Washington Dental Service Foundation and "a collaborative network of funders who share a common commitment to enhancing the role of primary care physicians in the promotion of oral health." Ironically, it was not initiated by the dental profession, but a group in the medical world who approached numerous dental foundations and offered to help promote ways to improve oral health.

## Washington Dental Service Foundation - Prevention Initiatives

While a key goal is to "reset the cultural standards" to give primary care providers the expectation of addressing oral health in their practices, it is also important to monitor what those providers are actually doing in their practice with respect to oral health. For over a decade, Washington Dental Service Foundation (WDSF) has been active with a number of initiatives designed to support this issue.

### Engaging primary care providers

Beyond providing oral health education to primary care providers, WDSF has also engaged the medical profession to assist with the following:

- **Policy changes** – First, to ensure that all medical providers knew it was acceptable to talk with their patients about oral health. All the major medical associations in Washington state that impact children were on board with this policy. Additionally, WDSF and physicians worked to drive policy change for reimbursement. Medicaid now reimburses primary care providers for oral health preventive services, oral screenings, and anticipatory guidance.
- **Communications** – To build buy-in for expanding Medicaid reimbursement, WDSF partnered with medical organizations on public awareness campaigns about oral health, and the importance of baby teeth. Furthermore, these communications helped build support with key legislators and children's health advocates.
- **Training** – Over the past eight years, WDSF has successfully delivered oral health training to nearly one in three primary care physicians across Washington state. As an example, a pilot program of six Group Health clinics has now expanded oral health services and education to 25 clinics, and integrated oral health into their electronic health record and health education materials. The program, which is a major step forward in introducing oral health into a large scale healthcare delivery system, has been enthusiastically embraced by both providers and patients.

## Access to Baby and Child Dentistry

Sponsored by WDSF, the Access to Baby and Child Dentistry (ABCD) program strives to increase access to dentists for Medicaid-eligible children from birth to age six in counties across Washington state. ABCD is a training and certification program for practicing dentists that emphasizes preventive and restorative services for early childhood care, including training on techniques specific to young children such as the lap-to-lap exam, as well as patient and parent education on oral health.

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*According to the 2010 Smile Survey, Washington state has 13% fewer low-income preschoolers with cavities since 2005.*

*–Washington Dental Service Foundation*  
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Currently, ABCD has trained nearly 1,600 dentists, and their efforts are having a positive impact as evidenced by Medicaid utilization rates. Since 1997, Medicaid utilization in counties with ABCD programs for kids under age 6 increased from 19.5% to 47% by 2010; for children under age two, rates increased from 1.4% to 27%. To learn more about ABCD, visit [abcd-dental.org](http://abcd-dental.org).

### **National Interprofessional Initiative for Oral Health**

Over the past three years, WDSF has grown a small committee into a funded initiative with a taskforce of 30 stakeholders from dentistry, medicine, pharmacy, and other arenas to focus on integrating oral health into the health care system. The initiative features core curriculum from the Smiles for Life learning platform to educate primary care physicians and nurses on oral health and how to deliver preventive services.

### **What's Ahead for Integrated Care**

On the whole, efforts to integrate oral health into primary care have been tremendously successful. However, we still face challenges such as agreeing on the scope of care, coding issues, financing and insurance silos. The dental profession can benefit greatly from leveraging medicine's expertise in primary prevention and patient counseling, as well as their frequent access to young children.

*"When you have a patient in your dental practices, they aren't a set of teeth ethereally floating out there separated from that body that may have hypertension or early diabetes. We need to increase our focus on prevention in oral health because it's simple, cheap, and safe to do, and we have people out there who could do it. As primary care providers, we see people before they have children and after kids are born. We can help you. When we identify high-risk kids who need extra dental services, we need a place to send them, and to have good communication back and forth about their care as part of the overall health system. It's a model which, if we can make it work across specialties for preventing caries, we can apply it to prevention for other chronic diseases."*