

Engaging Primary Care in Prevention

Chicago October 2011

**An ounce of prevention
is worth a pound of cure**

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Program Director

Central Washington Family Medicine Residency

Board Chair

Washington Dental Service Foundation

Co-Chair Smiles for Life



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A national oral health curriculum

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Overview

- Prevention versus Treatment
- Why Primary Care
- National Oral Health Curriculum
- Other Projects
 - Engaging Primary Care Providers
 - ABCD
 - NIIOH
- Next Steps



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CDE Objectives

- *At the end of this presentation attendees will be able to describe*
 - *The role of primary care in oral health*
 - *How oral health prevention can be enhanced with a medical/dental collaboration.*
 - *Specific system changes that have led to improved outcomes in oral health*
 - *Barriers to medical/dental collaboration*



Why are we here?

"Insanity is doing the same thing over and over again but expecting different results."

Rita Mae Brown, 1983

**If you keep doing the same thing,
you don't get anything different.**



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Prevention

- “...those services provided to individuals to prevent the onset of a targeted condition.”
- Primary prevention measures include activities that help avoid a given health care problem.
- Successful primary prevention helps avoid the suffering, cost and burden associated with disease - typically considered the most cost-effective form of health care. USPSTF



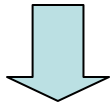
Cervical Cancer

- Most common fatal gynecologic cancer in the world
- In the US fewer than 4000 women die – essentially all of those women were under screened or not screened at all
- What changed?

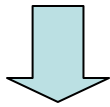


Prevention

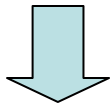
SIL (HPV infection)



Abnormal Pap Smear

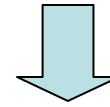


Cryotherapy

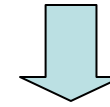


Follow-up Pap

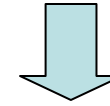
Asymptomatic state



Simple, acceptable process
to detect asymptomatic state



Treatment that 'cures'
asymptomatic state



Effective Follow-up



Surgeon General's recommendation

- May 25, 2000
- Emphasize the value of incorporating oral health into general health plans by educating the public, health professionals, and policymakers about oral health and its relation to general health and well-being.



Current Recommendations

- American Academy of Pediatrics
- Dental: AAPD
- Only 36 percent of 2 – 4 y/o have had a dental visit in the past year



How Can this be done?



Why Primary Care



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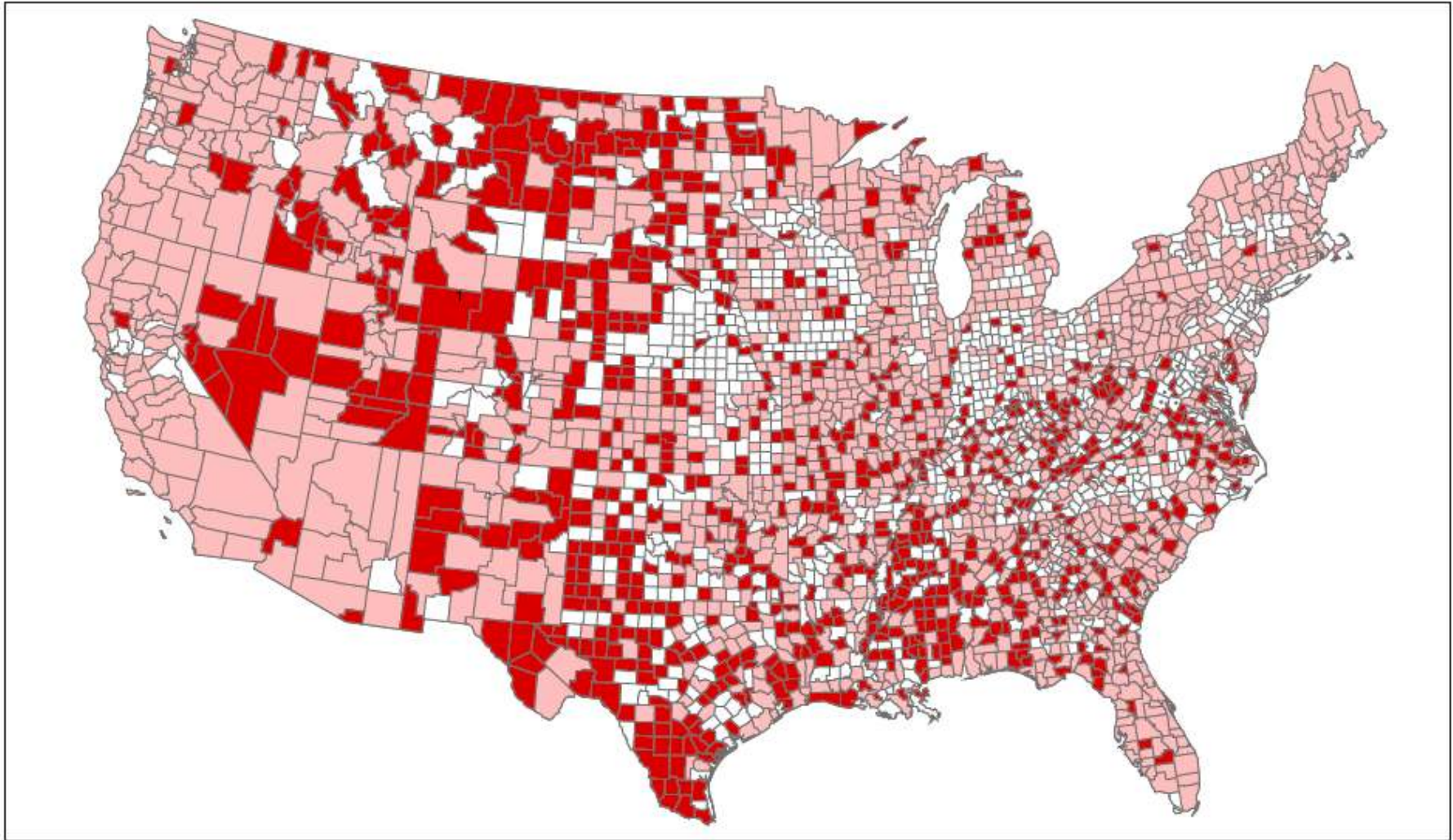
Why Primary Care?






- Dental Disease is Preventable
- Good evidence that primary care interventions can make a difference
- Shrinking Supply of Dentists – Growing Population
 - “Cannot Drill and Fill our way out of this Crisis”
- Children and LSES individuals with poor access have better medical access
 - >100 million without Dental, 50 million lack medical



PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS



2002 County HPSA Status

-  Full Primary Care HPSA
-  Partial Primary Care HPSA
-  Not a HPSA

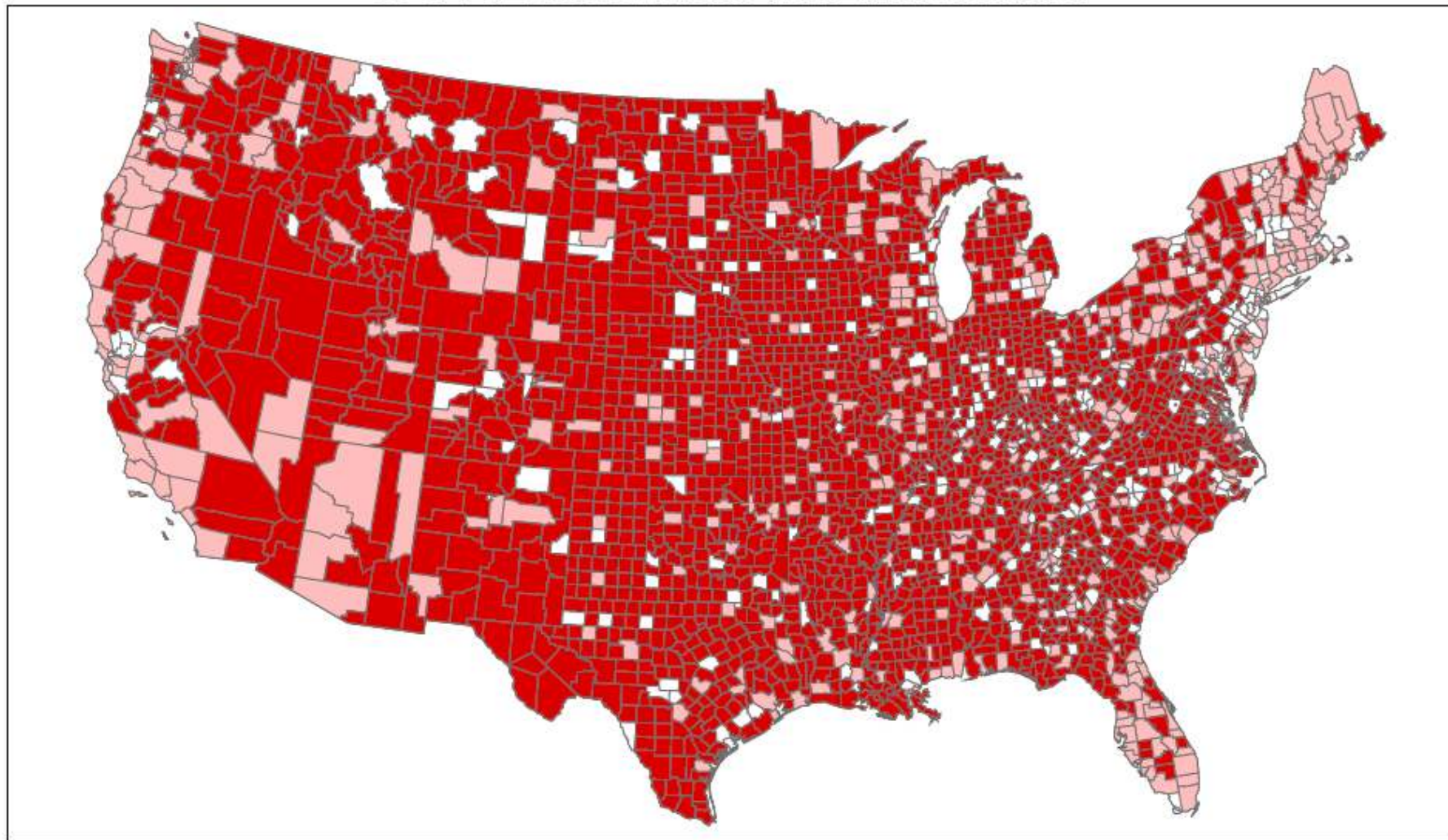


www.graham-center.org




Prepared by the Robert
Graham Center: Policy
Studies in Family
Medicine and Primary Care

Data Source: 2003 Area
Resource File (U.S.
Department of Health
and Human Services)

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS IF FAMILY PHYSICIANS WERE WITHDRAWN



2002 County Primary Care
HPSA Status After Withdrawal

-  HPSA/Becomes Full HPSA
-  Remains Partial HPSA
-  Not a HPSA



Prepared by the Robert
Graham Center: Policy
Studies in Family
Medicine and Primary Care

Data Source: 2003 Area
Resource File (U.S.
Department of Health
and Human Services)

www.graham-center.org

Why Primary Care

- 105,000 Family Physicians in U.S.
- Largest primary care specialty
- Care for:
 - 50% adults
 - 25% children
- Primary source of care in rural and underserved communities
- 40,000 Pediatricians



Why Primary Care?

- The Mouth is Part of the Body
 - Pregnancy
 - Heart Disease
 - Diabetes
- Primary Care forms the base of all functioning health system in the world
- By age 2, children have usually seen a provider 8 times



Train Primary Care Providers!

- Family Physicians see patients of all ages
 - Children, Adolescents, Pregnant Women, Elderly
- In Washington State 82% accept Medicaid
- Family Physicians form the base of all functioning health system in the world



What Type of Dog?

- Can new dogs learn new tricks?
- Can an old dog learn new tricks?



New Dogs



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ICOHP

Interdisciplinary Children's Oral Health Promotion

- University of Washington Dept Pediatric Dentistry and FM
- Pilot site - Yakima
- Why Yakima
 - Champion
 - Community Need
 - Medical-Dental Linkage
- Process
 - Focus Groups
 - Pre-Testing
 - Modules
 - Post-Testing



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Initial Sessions

- Modules
 - Public Health
 - Normal Dental Development
 - Carries
 - Dental Emergencies
 - Oral Systemic Health
- Linked with Community Dentists
- Worked with Local Oral Health Champions

ICOHP Coop Agreement

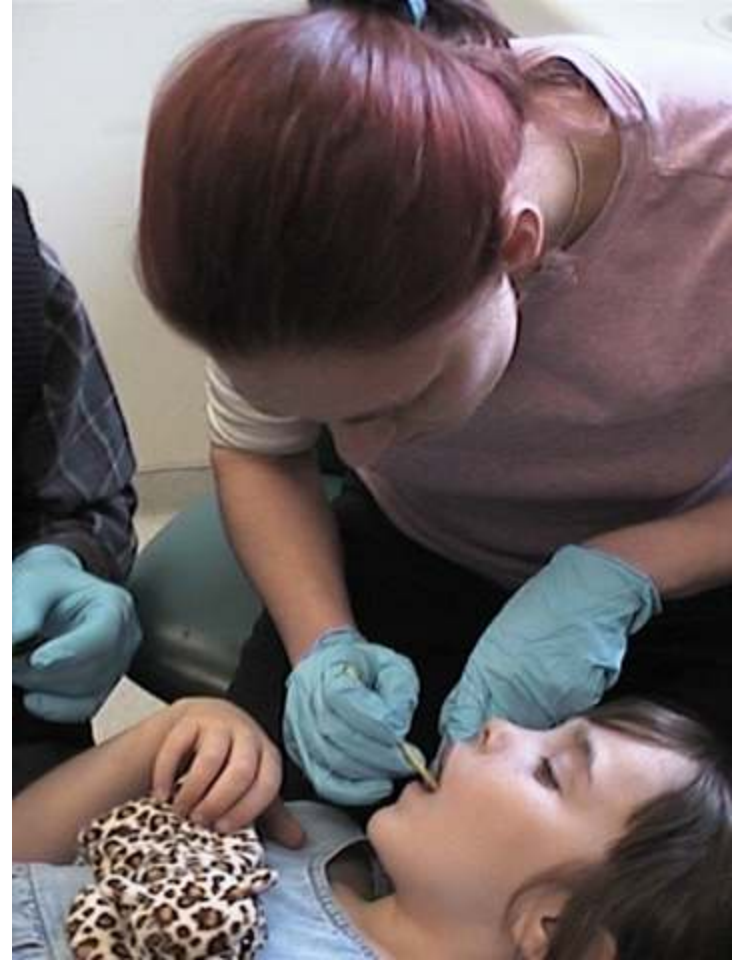


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It worked

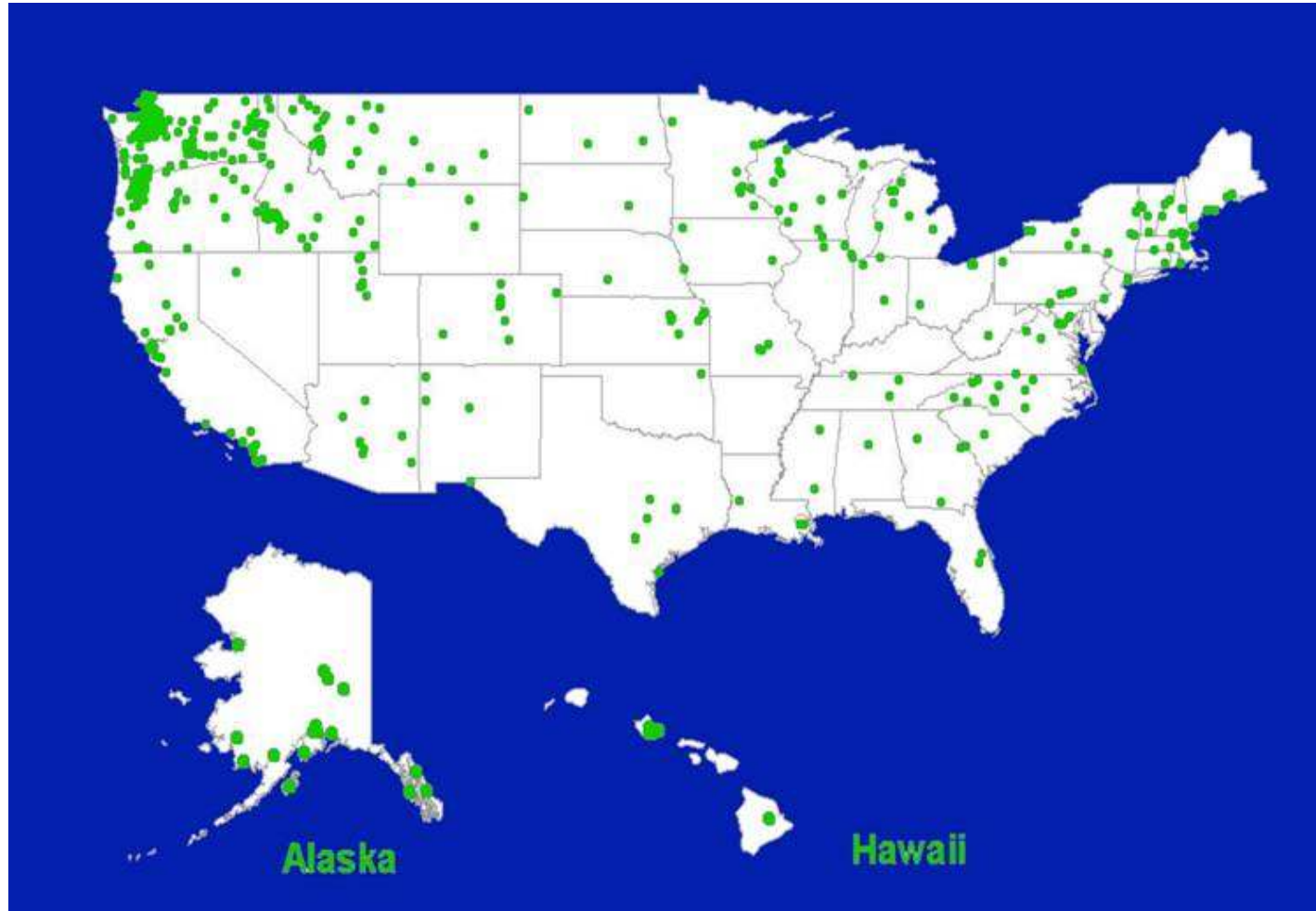
- Residents rated modules highly
- Residents found material applicable to everyday practice
- Residents retained information over time



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UW FM Residency Network: Graduate Distribution



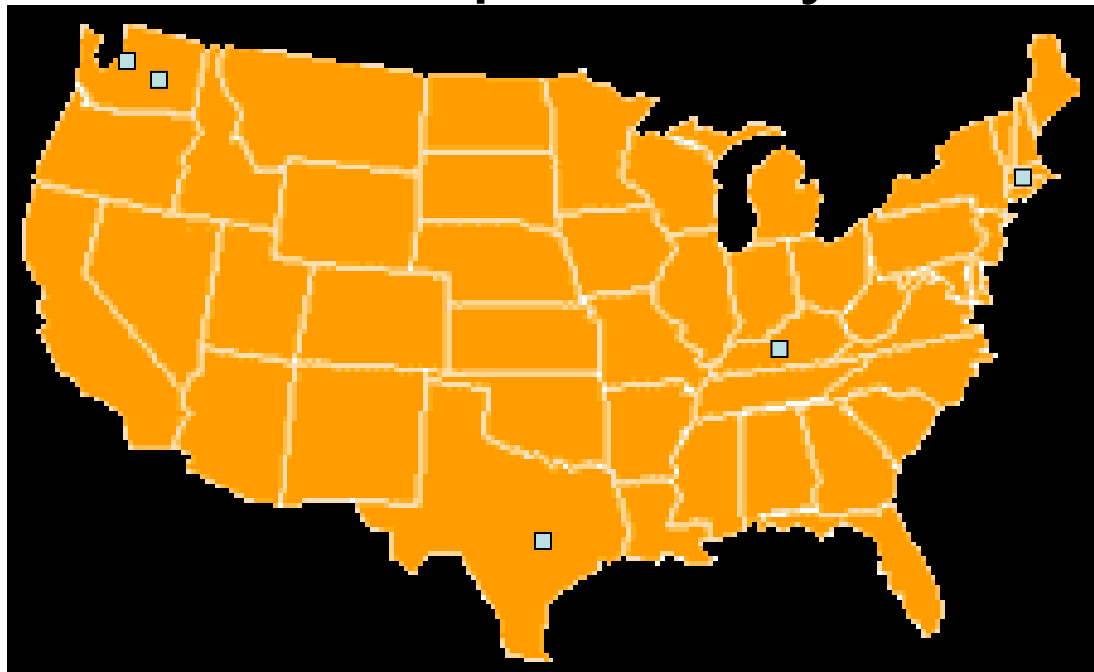
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Spring 2004

- Society for Teachers of Family Medicine National Conference May 2004
- Four states presented independently

- WA
- CT
- TX
- KY



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Community Advocates for Oral Health



STFM Group on Oral Health

- A new group within STFM was created
 - 5,000 member academic arm of AAFP
 - Lead academic organization in primary care
- New curricular requirements
- RRC for Family Medicine
 - “to include oral health”
- RRC for Pediatrics
 - “including oral health”



Smiles for Life History

- 2001- Surgeon General's Report
- 2002- HRSA grants (CT, KY, TX, WA)
- 2004- initial planning
- 2005- 1st Edition released
- 2006- RC requirement
- 2007- STFM Innovative Program Award
- 2008- 2nd Edition released
- 2009- CME credit and AAFP endorsement
- 2010- 3rd Edition released



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Funders - Philanthropy

Funders



Smiles for Life is made possible through the generous support of a collaborative network of funders who share a common commitment to enhancing the role of primary care clinicians in the promotion of oral health.

National *Interprofessional Initiative* on Oral Health



Initiative activities are made possible as a result of funding from the DentaQuest Foundation, the Washington Dental Service Foundation, and the Connecticut Health Foundation.

Second Edition

Washington Dental Service Foundation
Connecticut Health Foundation
The Oral Health Foundation
Delta Dental of Colorado
Delta Dental of Kentucky
Central Massachusetts Oral Health Initiative

First Edition

Washington Dental Service Foundation
Connecticut Health Foundation
Delta Dental of Massachusetts
South Carolina More Smiling Faces in Beautiful Places
Robert Wood Johnson Foundation State Action for Oral Health Access Program
Central Massachusetts Oral Health Initiative



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Curriculum Overview

8 annotated 50 minute modules- web and PowerPoint

1. The relationship of oral to systemic health
2. Child oral health
3. Adult oral health
4. Dental emergencies
5. Oral health in pregnancy
6. Fluoride varnish
7. The oral examination
8. Geriatric oral health

Additional items – video, posters, handouts – on site



SFL 3rd Edition



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Citation

Sharing Our Websites

Smiles for Life: A National Oral Health Curriculum ^{3rd} edition

Smiles for Life is the nation's only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

For Individual Clinicians



We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free CME credit is available.

For Educators



The curriculum is available in a presentation format easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules.

Course Quick Links

	Course 1: The Relationship of Oral to Systemic Health
	Course 2: Child Oral Health
	Course 3: Adult Oral Health
	Course 4: Acute Dental Problems
	Course 5: Oral Health & the Pregnant Patient
	Course 6: Fluoride Varnish
	Course 7: The Oral Examination
	Course 8: Geriatric Oral Health

Endorsed by:



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



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



A Product of:

Course 5:
Oral Health in Pregnancy



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NEXT ▶



Oral Health in Pregnancy

This course addresses the importance of oral health before, during, and after pregnancy. Clinicians will explore the prevalence of oral disease during pregnancy and its consequences for both mothers and children, as well as review dental treatment guidelines for pregnant women.

Acknowledgements

Course Steering Committee Editors

Hugh Silk, M.D.

Alan B. Douglass, M.D.

Consultants

OB/GYN - Laura Silk, M.D., Ellen Stein, M.D., M.P.H.

Dentistry - Joanna M. Douglass, B.D.S., D.D.S., Sheila Stille, D.M.D.

Smiles for Life Editor

Alan B. Douglass, M.D.

Last Modified:
June, 2010



NEXT ▶

Course 3: Adult Oral Health and Disease



Optional Clinical Cases: [Case 1](#) | [Case 2](#)

◀ BACK NEXT ▶

- + Welcome
- + Adult Oral Health & Disease
- Common Oral Lesions
 - Chapter Objectives
 - Herpes Labialis
 - Pyogenic Granuloma
 - Oral Ulcerations
 - Aphthous Stomatitis
 - Geographic Tongue
 - Hairy Tongue
 - Fissured Tongue
 - Bony Tori
 - Candidiasis
 - Candidiasis: Other Forms
 - Lichen Planus
 - Leukoplakia & Erythroplakia
 - Oral Cancer
 - Oral Cancer: Treatment
 - Denture Problems
- + Prophylaxis & Anticoagulation
- + Summary & Assessment

Aphthous Stomatitis

Recurrent aphthous stomatitis (RAS)—also known as "canker sores"—is an oral ulcerative condition. Although a variety of host and environmental factors have been implicated, the precise etiology remains unknown.

Three Clinical Forms

1. Minor (less than seven mm), most common
 - Appears as rounded, well-demarcated, single or multiple ulcers in diameter that usually heal in 10–14 days without scarring
2. Major (greater than seven mm)
 - Usually takes longer than 14 days to heal and may result in scarring
3. Herpetiform

Symptoms

- Recurring, painful, solitary, or multiple ulcers
- Typically covered by a white to yellow pseudomembrane and surrounded by an erythematous halo
- Usually involves nonkeratinizing mucosa (e.g., labial mucosa, buccal mucosa, and ventral tongue)

Preventive Measures & Treatment

- Most patients with mild aphthae require no treatment.
- Application of Orabase, with or without topical steroids can be used for symptomatic relief.

Clinical case examples of canker sores



Joanna Douglass, BDS, DDS

Aphthous Stomatitis

Three Clinical Forms

- Minor: less than 7mm, most common
- Major: greater than 7mm
- Herpetiform

Symptoms

- Recurring, painful, solitary, or multiple ulcers
- White/yellow pseudomembrane, surrounded by an erythematous halo

Treatment

- Most mild aphthae require no treatment
- Orabase, topical or intralesional steroids
- Avoid trigger foods and chemicals



Photos: Joanna Douglass, BDS, DDS





Post Assessment

In order to receive credit for this course you must score a minimum of 80% on this assessment. If you do not score a minimum of 80%, you will have to retake the test in order to receive credit.

1. How can primary care clinicians prevent Early Childhood Caries?

- A. Counsel a child's caregivers about the child's diet
- B. Apply dental sealants to the teeth of young patients
- C. Prescribe fluoride to every young patient
- D. Refer children to a dentist at age five

2. What does this photograph of a child's mouth depict?

- A. Fluorosis
- B. White spots
- C. Moderate Early Childhood Caries
- D. Iron staining



3. What is the first step in performing a knee-to-knee oral examination of a child's mouth?


- A. Have the caregiver hold the child on his or her lap facing the examiner
- B. Have the caregiver hold the child facing him or her in a straddle position
- C. The examiner looks in the child's mouth






Patient Education Posters

Click on the links to download patient education posters suitable for display in waiting or examination rooms.


 [Child Oral Health Poster](#)
(English)

 [Acute Dental Problems Poster](#)
(English)

 [Child Oral Health Poster](#)
(Spanish)

 [Fluoride Varnish Poster](#)
(English)

 [Adult Oral Health Poster](#)
(English)

 [Fluoride Varnish Poster](#)
(Spanish)

 [Adult Oral Health Poster](#)
(Spanish)

El Salud Oral afecta su Salud General!

		
Dientes y Bocas Saludables	Caries	Enfermedad de las Encías
<p>Caries Dentales</p> <ul style="list-style-type: none"> Caries como caries invisibles, que crecen entre los dientes, se abren y caen. Si esto hace huecos en los dientes y hace caries. Caries pueden causar infecciones graves. Caries pueden ser caries de forma o como caries de superficie y muela. 	<p>Enfermedad de las Encías</p> <ul style="list-style-type: none"> Encías que sangran, carnes de los dientes, agnos de enfermedad de las encías. Si es de mala, la enfermedad de las encías puede causar que los dientes se aflojen. No eliminar, estos dientes se caerán. 	
Prevenir Caries y Enfermedad de las Encías		
<ul style="list-style-type: none"> ¡Sélimate como frotar con un cepillo de dientes. ¡Cita dental con un dentista, con agua y pasta de diente. ¡Tómalo y bebe! 		<ul style="list-style-type: none"> ¡Limpia entre los dientes con hilo dental todos los días. ¡Toma un dentista con agua y pasta de diente y beber!
<p>Caries y Medicamentos</p> <ul style="list-style-type: none"> Muchos medicamentos hacen que la boca se seque. Esto puede hacer que las caries se hagan más fáciles de tener. Medicamentos que hacen la boca se seque son para la depresión, los problemas de la respiración, el dolor de cabeza y problemas del corazón. Si toma medicamento que hace la boca se seque, ¡muéstralo al dentista! ¡Pregunte a su dentista si tiene problemas de alergia y qué medicamentos para prevenir sus alergias. ¡Dale un diente de leche al día cuando sea posible! 		<p>Si Bebe y Salud General</p> <ul style="list-style-type: none"> Si bebe demasiado, se puede tener la enfermedad de las encías, agnos y caries. ¡Beber un poco de agua! ¡Beber agua puede ser bueno para los hijos. Dale un diente de leche cuando sea posible! ¡Beber demasiado, el riesgo de tener una enfermedad de las encías se puede tener! El control de su salud puede ser más difícil por la enfermedad de las encías. ¡Cuidado con enfermedad de las encías puede ser un riesgo más alto para su enfermedad del corazón. ¡No gaste demasiado, tome la salud y beber!

Financiado por el programa de la Fundación de la Academia de Medicina Familiar y Comunitaria, un producto de la OPA de la Academia de Medicina Familiar y Comunitaria.

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[Recommended Oral Health Websites](#)

Recommended Oral Health Websites

The following websites are recommended by the STFM Group on Oral Health as excellent sources of information on oral health for primary care clinicians.

[Academy of General Dentistry](#)

Great patient education resources are available under the "for the public" tab.

[American Academy of Pediatric Dentistry](#)

More great links to parent resources are located under the "Parent Resource Center" tab including patient handouts, How to Find a Pediatric Dentist, and access to pediatric oral health brochures. The tab "Dental Health Resources" links to parenting sites with oral health information.

[American Academy of Pediatrics Oral Health Initiative](#)

Trainings for pediatric oral health screening and links to many other oral health sites are available. Clinicians can sign up for a monthly oral health newsletter which includes updates and new resources.

[American Dental Association](#)

This site has many patient resources (also in Spanish), including information on how to find a dentist, games for children, and oral health news updates.

[Children's Dental Health Project](#)

Numerous resources organized by topic and state are included. Also, information on their own projects and links to many other sites are available.

[National Institute of Dental and Craniofacial Research](#)

Links to numerous oral topics across the life span including special needs, Spanish handouts, and strategies for finding low cost care are accessible through this site.

[National Maternal and Child Oral Health Resource Center](#)

The MCHB Knowledge Path provides a comprehensive listing and links to national and state resources that include medical provider trainings in oral health and trainings on oral health for special needs patients.

[Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs](#)

This series of five modules is designed to provide oral health professionals with information to help ensure that young children with special health care needs have access to health promotion and disease

Broad Impact

- 135,000 total downloads
 - 58,000 courses
 - 77,000 supplements
 - 9,000 online courses completed
- Core curriculum for NIIOH
 - Medical primary care specialties
 - Physician Assistants, Nurse Practitioners
 - Dental community
 - State oral health programs



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3rd Edition Utilization

- In the first year
- >14,000 unique site visits
- 7,000 online courses initiated
- 3,700 PowerPoint modules downloaded
- Users:
 - 70% medical
 - 51% learners
 - 16% dental professional students



Opportunities

- AAFP, AAP, AAPA, PAEA, NAPNAP, and AAFPNP endorsed
- Professional schools
- Spreading the word



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Old Dogs



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Washington Dental Service Foundation Activity

- Engaging Primary Care Providers
- Access to Baby and Child Dentistry



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ENGAGING PRIMARY CARE PROVIDERS

- Policy Change
- Training
- Communications



Training at Sea Mar-Everson Clinic



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POLICY CHANGE

Resolutions



Reimbursement



Building Political Will to Expand Medicaid Reimbursement

- Public awareness campaign: radio, TV, print
 - Message: oral health matters & baby teeth are important
 - Partnered with medical associations & hospitals
- Folded into a broader effort to increase health care coverage for kids.
- Built support with key legislators & children's advocates

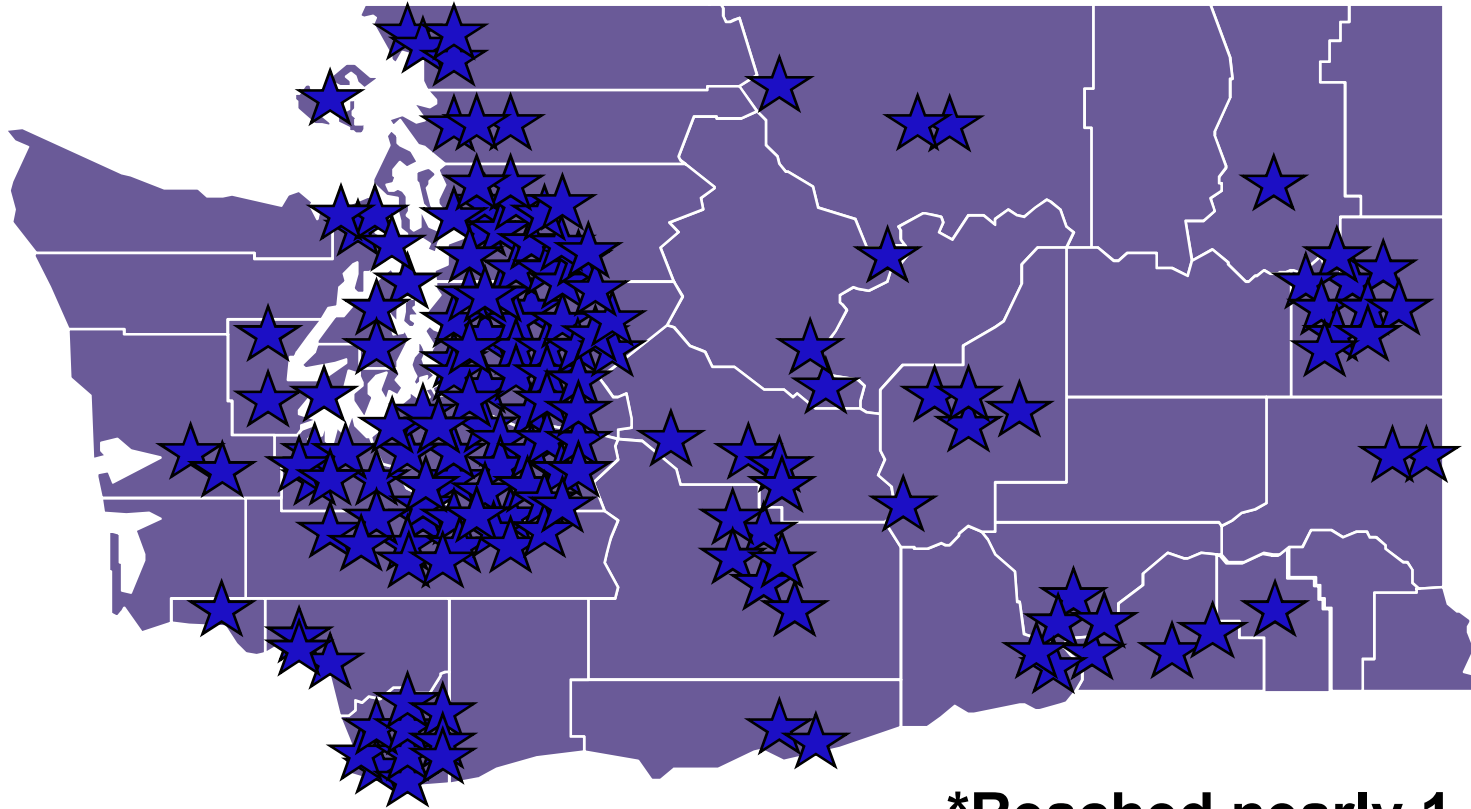


Medicaid Reimbursement--2008

CDT/HCPCS Code	ICD-9-CM Diagnosis Code	Description	Maximum Allowable Fee	Limitations
D0120	V20.2	Periodic oral evaluation	\$29.46	One periodic oral evaluation is allowed every six months through age 5 per provider, per client
D1203	V20.2	Topical application of fluoride	\$13.66	Up to 3 times in a 12-month period through age 5, per provider, per client
D9999	V20.2	Family oral health education	\$27.58 Potential Total: \$70	Limited to one visit per day per family, per provider. Up to 2 visits in a 12-month period through age 5 per provider, per client.



Washington Dental Service Foundation Primary Care Medical Provider Trainings 2003-2011*



***Reached nearly 1 in 3
practicing primary care
MDs in Washington**

Demonstration Project: Group Health

- Large medical system reaching 560k members
- Pilot in 6 of 25 clinics
- Nationally, this is the first comprehensive project that pairs:
 - Large healthcare delivery system
 - Public & private dental benefits
- Including oral health in EHR, health education materials, etc.



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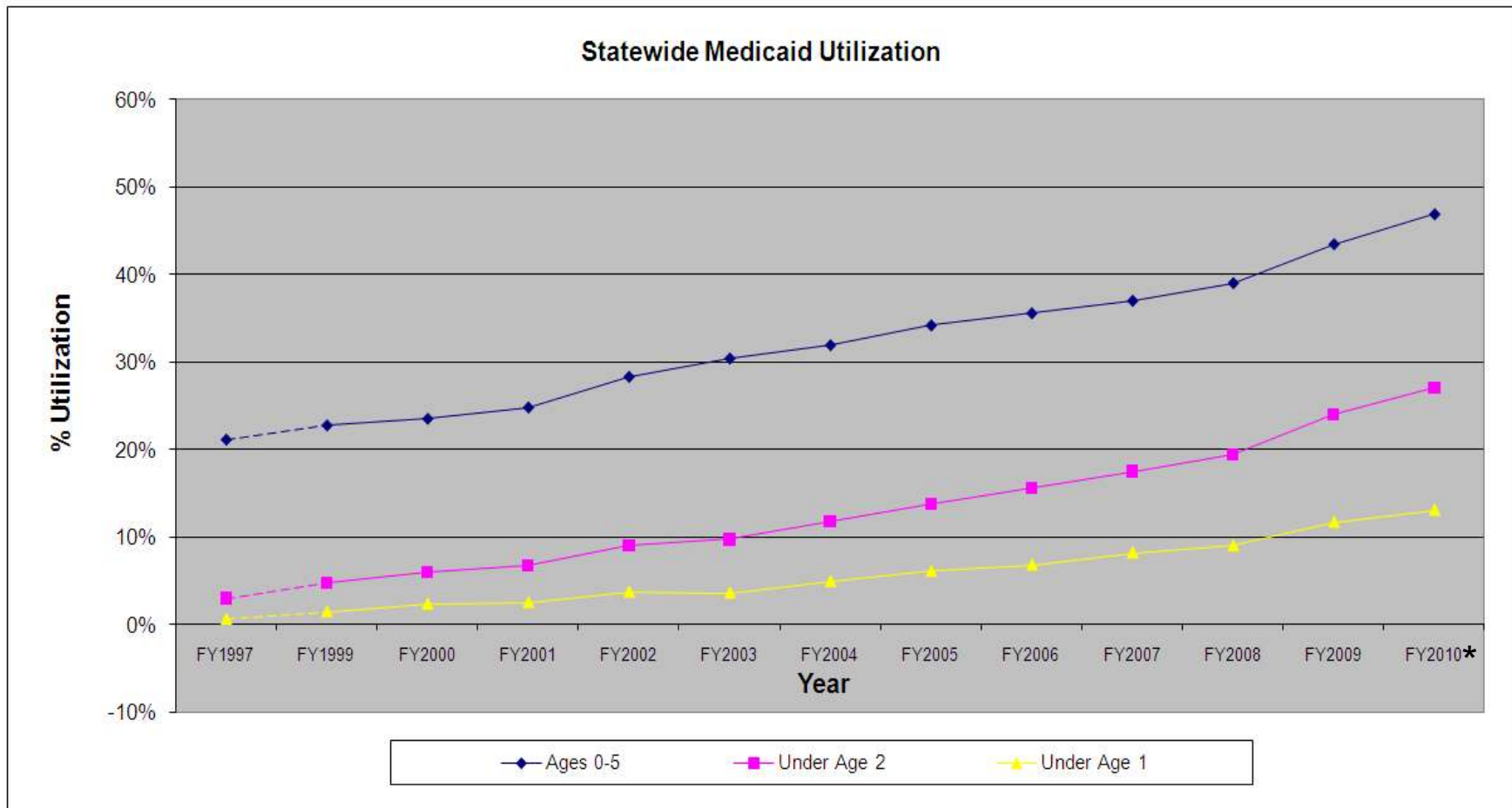
ABCD

Access to Baby and Child Dentistry

- Goal
 - Increase access to Dentists trained to see young children
 - Preventive and Restorative care for children infancy to age 6
 - Payment and scheduling mechanism built into the project
- Present in almost every county
- Over 1,570 Dentists Trained
- Emphasis on seeing children on Medicaid
 - Medicaid utilization rate in ABCD Counties among children under 6: increased **19.5% → 47%** from 1997 to 2010
 - Increased utilization of Medicaid dental in ABCD counties among children under 2: from **1.4% in 1997 to 27%** in 2010



Impact



* Preliminary Data



Smile Survey

Progress Achieved, More Work Remains

Fewer children have untreated tooth decay

Decreased from 46% in 2005 to 40% in 2010.

Fewer low-income preschoolers are suffering from cavities

Decreased from 26% in 2005 to 13% in 2010.

Disparities still persist -- low-income and minority children suffer from the highest rates of tooth decay



National Interprofessional Initiative for Oral Health

- Individual Grants + Grantees > Group
- Over 3 years developed from a narrow working group to NIOH
- 2011 DentaQuest, WDSF, and CHF are funding
 - Work with the PA profession
 - Nursing Profession, Pharmacy
 - Continued work on core curriculum
 - Geriatrics Module



Roadblocks or Throughways

- National and Local Politics
- Scope of Care
- Coding
- Financing
- Insurance/Medical Silos
- Lack of Expertise
- Lack of a Health System
- Administrative, Dental, Medical Champions



Future Directions

- Oral Health is part of Overall Health
- Health Care Reform
 - Integration
 - Medical-Dental – Medical Provide Prevention
 - Dental-Medical – Dental Provide Screening (HTN, DM)
 - Insurance Collaboration
 - Focus on Prevention
 - Health Homes
- Continue to improve the Medical-Dental interface
 - Primary Care Providers are uniquely positioned to help
 - Better Training of Primary Care Providers
 - Encourage Primary Care Providers to Screen and Educate Patients and Apply Fluoride Varnish when indicated
- Financial Incentives need to be realigned to focus on prevention



An ounce of prevention is worth a pound of cure

Questions



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