Interprofessional Oral Health Core Clinical Competencies: What They Mean for Your Dental Program

9:30-11:00 Centennial A&B
Presenters & Panelists

• Renée Joskow, DDS, MPH
• Andrea Wilson, DMD
• Jade Marie Tan, MD
• Deborah Osburn, MA, BSN
• Harold Camper, CDA, EFDA
• Sonia Sheck, MS, Moderator
1ST Report: Advancing Oral Health in America

1. New Oral Health Initiative leadership and accountability
2. Promotion of prevention
3. Oral health literacy
4. Oral Health workforce innovation
5. CMS’ new delivery and payment models
6. Research and Data (Quality Measures)
7. Agency progress measures
2nd Report: Access to Oral Health Care

1. Develop oral health competencies (HRSA)

2. Increase oral health access through State legislatures

3, 4, 5. Community-based dental education & Title VII funding (HRSA)

6. State demonstration projects for the Medicaid population
7. Increase provider participation in public programs
8. Develop and disseminate innovative models in oral health services and quality improvement (HRSA)
9. Support state oral health infrastructure (HRSA/MCHB)
10. **Expansion of FQHC oral health services (HRSA)**
Integrating Oral Health and Primary Care
Integration of Oral Health and Primary Care

• Oral health is an integral part of overall health and therefore, oral health care is an essential component of comprehensive health care.

• Oral health promotion and disease prevention are essential to any strategies aimed at improving access to care.
“Expand the primary oral healthcare team and promote models that incorporate new providers, expanded scope of existing providers, and utilization of medical providers to provide evidence-based oral health preventive services, where appropriate”
HRSA Funded Activities

- The American Association of Medical Colleges (AAMC)
- National Coordinating Center for Interprofessional Education and Collaborative Practice (IPECP)
- School-based Comprehensive OH Services (SBCOHS)
HRSA Funded Activities (II)

- Teaching Health Center Graduate Medical Education Program (THCGME)
- Advanced Nursing Education Program
  - Teaching Oral Systemic Health (TOSH)
- Perinatal and Infant Oral Health Quality Improvement (PIOHQI)
Considerations for Oral Health Integration

- HRSA contract with American Academy of Pediatrics Quality Improvement Module

Considerations for Oral Health Integration in Primary Care Practice for Children

December 2012
U.S. Department of Health and Human Services
HRSA, Health Resources and Services Administration
Integration of Oral Health and Primary Care

• Interprofessional Oral Health Core Clinical Competencies (IPOHC⁴) for safety net settings
  • 3 phases
    • Competency development
    • Systems approach and analysis
    • Explore implementation strategies
  • Supplemental funding to NNOHA
Project Goal

• Implementation of Oral Health Core Clinical Competencies using a sustainable systems approach that results in integrating oral health and primary care through interprofessional collaborative practice.
Project Objectives

• Increase oral health screening and preventive services
• Increase oral health integration and primary care practice
• Increase interprofessional collaborative practice
• Increase care coordination between medical and dental
• Identify sustainable approach to practice changes
Pilot Health Centers

• National search – 19 applicants
  – Bronx Community Health Network
  – Health Partners of Western Ohio
  – Family HealthCare
Pilot Health Centers’ Activities

• Variation in some activities according to target population and environment (capacity, clinic goals)

• Overview of common activities:
  – Train medical providers & medical support staff in order to develop the oral health core clinical competencies
  – Provide risk-based oral health assessments to target population in the medical setting
  – Provide fluoride varnish in medical setting
  – Provide oral health education in the medical setting
  – Refer patients into dental clinic, as needed
NNOHA’s Technical Assistance

- Check-in calls with pilot sites (bi-weekly)
- Learning Community calls (quarterly)
- In-person site visits (2/project)
- Email communications (daily/weekly)
  - Connect with resources/partners
  - Discuss data collection
  - Encourage QI approach
  - Discuss sustainability
Comprehensive Project Evaluation

• In collaboration with Thomas Keifer Consulting
• Quantitative and qualitative data
• Evaluation Advisory Board meetings (3/project)
  – Provide feedback on evaluation plan, data collection instruments, data interpretation, content expertise
  – Members: Dr. Huong Le, Dr. Jim Sutherland, Dr. Patty Braun, Tena Geis, Dr. Mark Deutchman, and pilot health center representatives
Dissemination & Spread

• Mid-project report (July 2013)
• NPOHC Panel Discussion (Nov. 2013)
• NOHC 2014 Abstract Submitted
• Final project report and Implementation Guide (July 2014)
• NNOHA communication channels, partners, etc. (August 2014)
Family HealthCare

Andrea Wilson, DMD
Fargo Clinic
Fargo Medical & Enabling Services
Diversity of Patients

New American Patients (former refugees)

- WHITE: 64.10%
- BLACK/AFRICAN AMERICAN: 17.76%
- ASIAN: 9.26%
- HAWAIIAN NATIVE: 0.05%
- OTHER PACIFIC ISLANDER: 0.25%
- AMERICAN INDIAN/ALASKA NATIVE: 5.55%
- REFUSED TO REPORT: 3%

65 & Older: 4%

65-64: 23%
- 0-5: 9%
- 6-12: 9%
- 13-19: 10%
- 20-24: 11%
- 25-44: 34%

% of Poverty Guideline

<table>
<thead>
<tr>
<th>% of Poverty Guideline</th>
<th>Annual Income of Family of 4</th>
<th>FHC 2012 % of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% and below</td>
<td>Less than $23,051</td>
<td>67%</td>
</tr>
<tr>
<td>101-150%</td>
<td>$23,051 - $34,345</td>
<td>13%</td>
</tr>
<tr>
<td>151-200%</td>
<td>$34,346 - $46,100</td>
<td>7%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>Over $46,100</td>
<td>3%</td>
</tr>
</tbody>
</table>
Project Team

• Project team meets weekly on Mondays to discuss project plans, progress, successes, and challenges.
Our Goals

Target population: Children ages 0-5, approx. 400 children

- Oral Health Assessment (OHA) on children who complete a well-child visit.
- Provide fluoride varnish treatment at well-child visit (two per year in medical and two per year in dental).
- Referral to dental clinic for children who received an OHA (if they have a tooth or are 1 year old)
- Successful completion of the dental referral for at least 80% of children.
- Demonstration of basic oral hygiene knowledge for participating parents.
- Demonstration of dental knowledge and skills in core competencies for participating FHC primary care providers.
Oral Health Core Clinical Competencies
Provider/Staff Education

• Dr. Annie Wilson, Dental Director, provided oral health training to medical providers and support staff in Spring 2013.

• Training is based on Smiles for Life curriculum.

• Covered topics:
  – Course 2: Child Oral Health
  – Course 6: Caries Risk Assessment, Fluoride Varnish & Counseling
  – Course 7: The Oral Examination
Oral Health Core Clinical Competencies
Provider/Staff Education

• Providers/staff complete Smiles for Life module post-test online (before in-person training) and on paper (after in-person training).

• New providers/staff complete the Smiles for Life modules online as a required element of orientation.

• The importance of oral health activities is reinforced during medical provider meetings (twice/month).
Oral Health Assessment during Medical Visit

• EMR = Centricity; EDR = Dentrix; Use i2i registry, but does not interface with Dentrix

• EHR template revisions
  – Added Caries Risk Assessment Template based on AAP Oral Health Risk Assessment Tool
Oral Health Risk Assessment

- Added to EMR through vendor using grant funding through the IPOHCCC project.

- Oral Health Risk Assessment tool is linked to an i2i registry for querying, reporting, and QI planning purposes.

- Use Oral Health Risk Assessment to determine high / low caries risk.
 Fluoride Varnish Application & Caregiver Education During Medical Visit

- Use Smiles for Life fluoride varnish educational materials (English/Spanish); translated for Arabic, Bosnian, Nepali, and Somali using in-house certified interpreters.

- Information sheet describes what fluoride varnish is, who needs it, how it is applied, and aftercare instructions.

 Fluoride Varnish Protecting Your Child’s Teeth

Fluoride Varnish
Fluoride varnish is applied to the teeth two to four times a year. It strengthens the teeth and protects them from cavities.

Both medical and dental offices can apply fluoride varnish. It is okay for your child to receive fluoride varnish from both places.

Who Needs Fluoride Varnish?
A child who has any of the following:
- Cavities or white spots
- Defects of the teeth
- Red or puffy gums
- Difficulty keeping their teeth clean
- Two or more drinks or snacks containing sugar between meals
- The habit of sleeping with a baby-bottle
- No fluoridated drinking water
- No regular dentist
- Family members with dental decay
- Special health care needs

What Do I Do After the Varnish Has Been Applied?
Your child’s teeth will be a light yellow color for the rest of the day.

Your child can eat but avoid hard foods and hot drinks for the rest of the day.

Do not brush the teeth until the next morning. The teeth will then return to their normal color.
Referring Patients to Dental

• Goal is to schedule patients for dental appointment before leaving the clinic from medical appointment.

• Initial protocol was to make two follow-up calls then mail a letter.
Oral Health Kits

• Contains educational materials, tooth brushes, toothpaste, and floss.

• Instruct children and parents on how to brush and floss.
Patient/Parent Education

- Use Smiles for Life educational materials (English/Spanish); translated for Arabic, Bosnian, Nepali, and Somali using in-house certified interpreters.

- Information sheet describes dental cavities, prevention methods, and oral hygiene instruction.

You Can Keep Your Child’s Smile Healthy!

**Dental Cavities**
When you eat sugary foods, bacteria in the mouth turn the sugar into acid. The acid weakens the tooth and causes white spots. If you keep eating sugar, white spots turn into cavities. Cavities can lead to serious infections.

The more often you eat sugary foods the more likely cavities will form.

**Bottles**
- Hold your child when bottle feeding
- Only use formula or breast milk in bottles
- No bottles in bed!
- Stop using the bottle by 12 months

**Cups**
- Introduce cup at 6-9 months
- Do not let your child carry around a bottle or sippy cup

- For children one year and older offer only milk or water between meals

**Snacks**
- One sugar free snack between meals
- No “grazing”!

- Healthier snacks: cheese, crackers, fresh fruit, vegetables, plain cheerios, pretzels

**Toothbrushing**
- Start as soon as you see teeth!
- Small soft toothbrush
- Small smear of fluoride toothpaste
- Keep toothpaste out of child’s reach

- Sit or stand behind your child when you brush
- Brush gums & teeth

- No food or drink after brushing at bedtime

Your child’s first dental visit should be by 12 months

Developed by AB Douglass, MD, JM Douglass, BDS DDS, HJ Silk, MD University of Connecticut Schools of Medicine and Dental Medicine.
Provider Initial Concerns

- Timely completion of oral health assessment and fluoride varnish during the medical exam.

- Costs of adding a template to the EMR; wanted to ensure that costs would be one-time.

- Dental clinic’s physical capacity for increased visits resulting from referrals from medical.

- Transitioning to oral health instruction being provided in the medical setting.

- Finding educational materials in languages needed.
Initial Successes

- Medical providers very engaged in oral health training – especially liked learning how to do a knee-to-knee exam.

- The medical to dental referral process has improved greatly due to improved staff communication.

- Implemented new internal codes to communicate a child’s health needs.

- Reimbursement from North Dakota Medical Assistance for fluoride varnish applied during medical well-child visit.

- Fluoride varnish applications during well-child visits are at about 50%.
Initial Challenges

- Referrals to dental were low.

- Communication between medical staff and dental staff when fluoride varnish was applied (medical and dental electronic records do not talk to each other).

- Creating new protocols & a new work flow during the medical well-child visit.

- Unsure of the financial impact.
Initial Challenges (continued)

- Developing patient materials (especially due to the large number of different languages spoken at our clinic).

- Patients not remembering to scheduled their dental appointment before leaving the clinic.

Now giving patients a laminated paper tooth to bring to check-out as a visual reminder.
Next Steps & Sustainability

• Will adjust the oral health risk assessment to make it more user-friendly and efficient for medical providers.

• Continue to work on improving the referral process.

• Oral health training is a required part of medical provider / support staff orientation.
Thank You!!!
Bronx Community Health Network & Montefiore Medical Group

Jade Tan, MD
The Comprehensive Family Care Center (CFCC), Bronx, NY
Project Team

• **Julie Kazimiroff**, DDS, MS: Director, Community Dentistry and Health Promotion
• **Nuntiya Kakanantildok**, DDS: Director, Pediatric Dentistry

• **Jade Tan**, MD: Pediatrician and Oral Health Champion
• **Peter Belamarich**, MD: Chief of Division of General Pediatrics, Children’s Hospital at Montefiore
• **Jay Izes**, MD: BCHN’s Director of Programs and CMO

• **Carol Lau**, RN, FNP: CFCC Administrative Director
• **Elizabeth Violago**, RN: Pediatric Nurse Manager
• **Ingrid Thomas**, Senior Patient Service Representative
Our Goals
Target population: Children ages 0-12, approx. 3,000 children

• Increase oral health assessments for children who complete a well-child visit.
• Provide fluoride varnish application for children ages 0-3y.
• Provide a dental referral from medical to all children who have a well-child visit.
• Increase parental understanding of basic oral hygiene practices.
• Increase knowledge and skills of the primary care providers and support staff in the core competencies.
Oral Health Core Clinical Competencies Provider/Staff Education

• Dr. Nuntiya Kakanatildok provided in-person presentation and video training:
  • Relationship between oral health and overall health.
  • Carious process, patterns of decay.
  • Fluoride varnish, methods of fluoride delivery, clinical recommendations.
  • Fluoride varnish application demonstrations – 3 videos.
  • Risk factors for caries (i.e. AAPD Caries Risk Assessment Form).
  • Dental anticipatory guidance for parents.
  • Strategies for oral health integration.
Well-child Visit Template in EMR

- Dental questions for parents/caregivers including diet, use of pacifier and bottle, sweetened beverage consumption, cup drinking, teeth brushing.

- Questions differ slightly according to child age.
Oral Health Assessment during Medical Visit

**Oral Health Risk Assessment**

- Oral Health Risk Assessment completed

**Assessment/Plan**

- **Caries Risk:** Low, High, ?
- **Anticipatory Guidance**
  - Age Category: 9-11 months
  - [ ] Brush teeth

**Fluoride Varnish**

- Please offer fluoride varnish to **high risk patients** between 9 months and 36 months
- Date Last Fluoride Varnish Completed:

**Patient Instructions:**

- Regular dental visits
- Dental treatment for parents
- Brush twice daily
- Use fluoride toothpaste
- [ ] Wean off bottle
- [ ] Less/No juice
- [ ] Only water in sippy cup
- [ ] Drink tap water
- [ ] Healthy snacks
- [ ] Less/No junk food or candy
- [ ] No soda
- [ ] Xylitol

**Administer Fluoride Varnish**

**Print Fluoride Varnish Handout**

**Print Oral Health Risk assessment tool**

**Centricity**

High risk is defined as 1 or more of these risk factors:

**Risk Factors**

- Mother or primary caregiver had active decay in the past 12 months
- Mother or primary caregiver does not have a dentist
- Continual bottle/sippy cup use with fluid other than water
- Frequent snacking
- Special health care needs
- Medicaid eligible

**OR 1 or more of these clinical findings:**

**Clinical Findings**

- White spots or visible decalcifications in the past 12 months
- Obvious decay
- Restorations (fillings) present
- Visible plaque accumulation
- Gingivitis (swollen/bleeding gums)
- Teeth present
- Healthy teeth

**Protective Factors Include:**

- Existing dental home
- Drinks fluoridated water or takes fluoride supplements
- Fluoride varnish in the last 6 months
- Has teeth brushed twice daily
Fluoride Varnish Workflow

- Providers are prompted to offer fluoride varnish at a child’s 9-, 12-, 18-, 24-, 30- and 36-month visit.

- Date of last fluoride varnish is indicated.

- Fluoride varnish applied by a nurse.
Referring Patients to Dental

- Pediatricians discuss dental visit and establishment of a dental home by age 1.

- Opened reservation code that pediatric patients use to schedule a dental appointment.

- Patients make dental appointments at the pediatric medical clinic front desk.
Provider Initial Concerns

• Interest present…but concerns of visit time and multiple competing tasks and demands.
• Incorporating new activities, varnish, into existing workflows.
• Convincing all providers.
• Providers’ concerns about fluorosis.
• Process of involving residents into the project.
• Making changes to EMR when EMR is changing.
• Training medical support staff on new workflows.
Initial Successes

• Internal oral health training for medical providers and nurses.

• Initiated fluoride varnish administration.

• Increased number of children being referred from medical to dental, age 1y. Easier to schedule appointments.

• Increased department collaboration and co-awareness.
Initial Challenges

• Large, multi-institutional organization. We have NYS work rules for residents and many didactic requirements.

• Implementing sustainable system changes take time.

• Pediatricians are resistant to change.

• Challenges to modifying EMR to support project goals. Different medical (EMR) and dental (EDR) records.

• Insufficient time spent up front analyzing team members’ expectations to ensure holistic buy-in of project goals.

• Realigning focus with team and leaders.
Next Steps & Sustainability

• Education and skills:
  - Pediatricians (20) and pediatric residents (~25) on their ambulatory rotation will complete the Smiles for Life curriculum by May 2014.
  - Continuation of didactic sessions once/year and on-going oral health training for staff and providers.

• New oral health risk assessment expectation on EMR.

• Fluoride varnish to be targeted based on high risk assessment.

• Work on increasing referrals and appointment compliance.
Health Partners of Western Ohio

Deb Osburn MA, BSN
Harold Camper CDA, EFDA
Dr. Gene Wright Community Health Center in Lima, OH
Project Team

Harold Camper, EFDA – Dental Coordinator, Brenda Conrad – Medical Assistant, Ashli Gatchell, LPN – QI Nurse, Amy Homan, CNP – Family Nurse Practitioner, Deb Osburn – GWCHC Center Director, Kym Taflinger – Grants & Special Projects Director, Jolene Joseph, LISW – Director of Operations, Dr. Naquida Taylor - Dentist
Our Vision

CHANGE AHEAD

INTEGRATION

Oral Health = Overall Health

Expertise

Competence

Skills

NNOHA
National Network for Oral Health Access
# Measures for Improvement

## Oral Health Core Clinical Competencies

<table>
<thead>
<tr>
<th>POPULATION OF FOCUS (POF)</th>
<th>MEASURE</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medical Patients (Age ≥ 18 years) seen at the Dr. Gene Wright Community Health Center</td>
<td>Provide Oral Health Assessments to POF during a medical visit.</td>
<td>1800</td>
</tr>
<tr>
<td></td>
<td>Provide Fluoride Varnish Applications to high-risk adults in POF.</td>
<td>1206</td>
</tr>
<tr>
<td></td>
<td>Refer medical patients (POF) to HPWO dental services.</td>
<td>1500</td>
</tr>
<tr>
<td></td>
<td>Provide dental services to medical patients (POF) referred for services.</td>
<td>1005</td>
</tr>
<tr>
<td></td>
<td>Provide Oral Health Education to POF during medical visit.</td>
<td>≥ 75% on Post Test</td>
</tr>
<tr>
<td></td>
<td>Provide Oral Health Core Clinical Competency Education for primary care medical providers and support staff (provided by DDS)</td>
<td>≥ 80% on Post Tests</td>
</tr>
</tbody>
</table>
Oral Health Core Clinical Competencies Provider/Staff Education

• Dr. Naquida Taylor, staff dentist, provides monthly oral health training to medical providers and support staff.

• Training is based on Smiles for Life curriculum, adapted for adult population.

• Providers/staff complete Smiles for Life module post-test online (before in-person training) and on paper (after in-person training).

• Added trainings to e-learning system (online employee education).
## Oral Health Core Clinical Competencies Provider/Staff Education

<table>
<thead>
<tr>
<th>Month</th>
<th>Covered Topic</th>
<th>Related SFL Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>Caries Risk, Dental Examination, Fluoride Varnish</td>
<td>SFL 6 &amp; 7</td>
</tr>
<tr>
<td>May</td>
<td>Acute Dental Pain</td>
<td>SFL 4</td>
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<tr>
<td>June</td>
<td>Adult Oral Health and Diseases Part 1: Prevention, Types of Caries, Gum Disease, Aging, Xerostomia</td>
<td>SFL 3</td>
</tr>
<tr>
<td>July</td>
<td>Adult Oral Health and Diseases Part 2: Common Oral Lesions</td>
<td>SFL 3</td>
</tr>
<tr>
<td>August</td>
<td>Diabetes and Periodontitis</td>
<td>SFL 1</td>
</tr>
<tr>
<td>September</td>
<td>Tobacco Use and Oral Health</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Oral Health Core Clinical Competencies Provider/Staff Education

<table>
<thead>
<tr>
<th>Month</th>
<th>Covered Topic</th>
<th>Related SFL Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>Oral Manifestations of Sexually Transmitted Infections</td>
<td>N/A</td>
</tr>
<tr>
<td>November</td>
<td>Geriatric Oral Health</td>
<td>SFL 8</td>
</tr>
<tr>
<td>TBD</td>
<td>Systemic Diseases with Oral Manifestations</td>
<td>SFL 1</td>
</tr>
<tr>
<td>TBD</td>
<td>Oral Soft Tissue Lesions (Legions not covered in SFL 3)</td>
<td>N/A</td>
</tr>
<tr>
<td>TBD</td>
<td>Antibiotic Prophylaxis and Anticoagulation</td>
<td>SFL 3</td>
</tr>
<tr>
<td>TBD</td>
<td>Specific Oral Conditions Related to Medications</td>
<td>SFL 8</td>
</tr>
<tr>
<td>TBD</td>
<td>Myofacial Pain Disorder</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Cross-Disciplinary Observation

• After receiving the first training by Dr. Taylor in April, medical providers and support staff were observed by dental staff to ensure competency in oral health assessment and fluoride varnish application.

• Additionally, medical providers and support staff observe dental operations/procedures in the dental area. Dental staff observe medical operations/procedures in the medical area.
Oral Health Assessment during Medical Visit

• EMR/EDR = Greenway PrimeSuite; fully integrated.

• EHR template revisions
  – Added Caries Risk Assessment Template based on ADA Caries Risk Assessment Form >6 years old.

• Added unbillable codes to track implementation steps.
Caries Risk Assessment

History of Present Illness

Adult Fluoride Assessment:

Has the patient been seen by a dentist within the last 12 months? **No**, since the patient has not have a dental evaluation in the past 12 months, he/she will receive a caries risk assessment at today's visit.

Does the patient floss his/her teeth less than daily? **ANSWER**

Does the patient brush his/her teeth less than 2 times daily? **ANSWER**

Does the patient have sugary drinks/snacks between meals more than 2 times daily? **ANSWER**

Does the patient take medications that can cause dry mouth? **ANSWER**

Based on the following assessment the patient is **RESULT**

- **Yes** (if all questions answered)
- **No** (if any question unanswered)

**Notes:**
- Call or make an appointment with HPWO Lipid Clinic: Please bring...
- Call or make an appointment with HPWO MTM clinic for medication appointment.
- Please schedule your mammogram and have results sent to your provider.
- Please schedule a PAP test and have results sent to your provider.
- Please call the OSU Physician Financial Assistance Program at 1-6...
- Please schedule a yearly Health Check-Up.
- Make and keep appointment for dental exam.
- Make and keep appointment for teeth cleaning.
- Start flossing teeth daily.
- Brush teeth at least 2 times daily.
- Decrease the amount of sugary snacks/drinks daily.

**Instructions:**
- Oral Health Assessment Flag
- Caries Risk Assessment - all questions answered
- Orders for tracking
Fluoride Varnish Applications during Medical Visit

• Use Caries Risk Assessment Template to determine high-risk adult patients.
• Changing organizational policy to include that adults should get FV.
• White vs. Yellow Varnish.
Oral Health Kits Distributed During Medical Visit
Referring Patients to Dental

• Medical teams scheduling dental appointments.

• Developed an appointment type called “Medical to Dental Referral.”
  – Gives medical teams specific slots for the patients being referred from medical to dental.
  – Enables data tracking for no-show rates and referrals.
Medical Waiting Room Education

Provide oral health education to patients in the medical waiting area (once/month).
# Medical Waiting Room Education

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Medical Team Member</th>
<th>Dental Team Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tues. May 21</td>
<td>Oral Hygiene Instructions</td>
<td>Brenda C.</td>
<td>Holly K.</td>
</tr>
<tr>
<td>Tues. June 18</td>
<td>Impact of Diet on Oral Health</td>
<td>Hope M.</td>
<td>Ann B.</td>
</tr>
<tr>
<td>Tues. July 23</td>
<td>Impact of Medication on Oral Health</td>
<td>Laura S.</td>
<td>Harold C.</td>
</tr>
<tr>
<td>Thur. Aug. 15</td>
<td>Oral Cancer Screening</td>
<td>Toni L.</td>
<td>Shelly C.</td>
</tr>
<tr>
<td>Thur. Sept. 5</td>
<td>Diabetes and Oral Health</td>
<td>BreAnna B.</td>
<td>Wendy B.</td>
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<tr>
<td>Thur. Oct. 24</td>
<td>Overcoming Fear of the Dental Visit</td>
<td>LaShay R.</td>
<td>Kelly W.</td>
</tr>
</tbody>
</table>
Initial Concerns

• Compared with prior implementation of a similar initiative focused on children, adult population may pose unique challenges:

  – Lack of ability to pay $20 fee for adult dental services for Medicare or uninsured patients.
  
  – Lack of motivation to improve oral health status using fluoride varnish.
  
  – Reluctance to accept intervention on behalf of one’s self.
Initial Successes

• Medical providers/support staff really learning about oral health care.

• Increase communication & integration between medical and dental staff.

• Patients interested in / participating in oral health medical waiting room education – changing patients’ perspectives.
Initial Challenges

- Getting medical support staff to incorporate changes to intake process.

- Adult population is more complex than child population – FV application consent, complex chronic conditions.

- Patients completing the dental referral visit.
Next Steps & Sustainability

• Added the oral health core clinical competency trainings into e-learning system (online employee education).

• Test having adult patients apply FV on themselves.

• Have added cross-disciplinary training into onboarding for all providers and all support staff.

• Plan to continue offering caries risk, FV, referrals, and (hopefully) oral health kits for adults during medical visits.
Question & Answer

Contact information:

Sonia Sheck, NNOHA Special Projects Coordinator
sonia@nnoha.org or 303-957-0635 x4

Dr. Irene Hilton, NNOHA Dental Consultant
irene@nnoha.org or 303-957-0635 x9

Thank You!