Right Brain Thinking: Integrating Oral Health and Primary Care

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Is it not the chief disgrace in the world... not to yield that particular fruit which each man was created to bear?

— Ralph Waldo Emerson
U.S. essayist and poet
Interprofessional and Collaborative

- Physicians
- Dentists
- Nurses
- Pharmacists
- Engineers
- Environmental health officers
- Mental health specialists (including clinical psychologists and clinical social workers)
- Optometrists
- Physician assistants
- Scientists/Researchers
- Physical, occupational and respiratory therapists (SLP and Audio)
- Veterinarians
- Many other health-related disciplines
Components of Integration

- Working together in the same setting
- Sharing patient records
- Jointly discussing patient’s needs
- Coordinating care
PHS Oral Health Coordinating Committee
HRSA Interprofessional Activities

- Interprofessional Oral Health Core Clinical Competencies (IPOHCCC)
- NNOHA Pilot project
- Association of American Medical Colleges curriculum
- American Academy of Pediatrics Oral Health Quality Improvement Module
- School Based Comprehensive Oral Health Services
- Teaching Oral Systemic Health (TOSH)
- Coordinating Center for Interprofessional Education and Collaborative Practice (IPECP)
Integration of Oral Health and Primary Care

• Interprofessional Oral Health Core Clinical Competencies (IPOHC\(^3\)) for safety net settings
  • 3 phases
    • Competency development
    • Systems approach and analysis
    • Explore implementation strategies
  • Supplemental funding to NNOHA
Oral Health Quality Improvement Module for PPHPs

- The concept of a dental home
- The roles of PPHP in facilitating the establishment of a dental home
- The various facets involved and barriers in setting up a dental home
- The dental caries process and impact of Early Childhood Caries (ECC)
- The process of performing a caries risk assessment
- Groups that are at high risk for dental caries
- The importance of maternal oral health
- Age-specific oral health anticipatory guidance
- Oral health and injury prevention patient education
- Fluoride varnish—who should apply it and how it is applied
- Families’ concerns about fluoride varnish and how to address them
- The process for procuring, storing, and billing for fluoride varnish

Coordinating Center for Interprofessional Education and Collaborative Practice (IPECP)

- Provide sustainable national leadership in transitioning from a focus on care delivery to a focus on health
- Focus on large-scale systems change at the interface of practice and education
- Accommodate the unknown through developmental evaluation using multiple methodologies, allowing for real-time adjustments
- Promote collaboration, avoid duplication and create definitions and standards to advance interprofessional practice and education
IHS ECC Collaborative

• Multi-faceted program designed to:
  • Enhance knowledge about early childhood caries prevention and early intervention among dental and all healthcare providers and the community.
  • Provide tools to begin a successful ECC program

• Collaborative effort that includes:
  • oral health care team
  • medical providers
  • Community Health Representatives
  • Head Start staff
  • Women, Infant, and Children (WIC) program staff
IHS ECC Collaborative

Information for ECC Collaborative Partners

Early Childhood Caries (ECC) is any tooth decay in a child under 6 years of age. While some children may only have one tooth that is decayed, and some may have multiple teeth that are decayed (as shown in the picture to the right) it is important to understand that tooth decay in childhood is not normal and can be prevented.

Early Childhood Caries is a devastating problem in young children. Not only can it cause pain and loss of teeth, but it also affects self-esteem, speech development, nutrition, and school attendance. Preventing ECC is difficult because dietary habits help contribute to this disease, and because young children don’t always make it in to the dentist at an early age. So when they do make it to the dentist, often times it is too late. You can help by referring children to the dentist, applying fluoride varnish to children’s teeth, and providing positive oral health messages to parents.

The goal of the IHS Early Childhood Caries Collaborative is to reduce tooth decay in 0-5 year-olds by 25% by the end of Fiscal Year 2015. ECC is not just a dental problem—it is a health problem, and only with your help can we reduce tooth decay and have happy, smiling children in the next few years!

Who are the ECC Collaborative Partners?

ECC is a health problem, and many disciplines and groups have stepped up to take an active role in support of the ECC Collaborative.

- Community Health Representatives (CHR)
- Dental Programs
- Head Start
- Medical Providers
- Nurses
- Nutritionists
- Pharmacists
- Public Health Nurses
- Tribal Health Boards
- Women, Infants, and Children’s Program (WIC)

All it takes is for one person to get this started, and it doesn’t have to be dental staff. Learn more about the program on our website. Light the fire and be the champion in your community.

Flip the page to learn more about what you can do...

Together, we CAN
CMS Oral Health Initiative

Review of Innovative State Medicaid Dental Programs: CMS

• Led to development of **CMS Oral Health Strategy** **APRIL 2011**
  
  • Work with States to develop oral health action plans
  
  • Collaborate with school-based health centers to integrate dental preventive services, including sealants, into school health programs
  
  • Reimbursement of non-dentists (e.g., hygienists, medical providers) who provide specific, limited oral health services
CMS Oral Health Initiative

CMS Support for States

- State Medicaid Oral Health Action Plan Template
  - Plans received from AK, AL, AZ, CT, DE, MA, MD, ME, MI, MO, ND, NH, NJ, PA, TN, VA, VT, WA, WY
- One-on-one technical assistance
- Reach-outs to low-performing states
- Center for Health Care Strategies’ Medicaid Oral Health Learning Collaborative
- CMS Learning Lab: Improving Oral Health Through Access
- Keep Kids Smiling: Strategies to Promote Oral Health Through the Medicaid Benefit for Children and Adolescents

Strategy Guide: Keep Kids Smiling

Specific strategies and state examples to:
- Improve State Medicaid Program Performance through policy changes
- Maximize Provider Participation
- Directly Address Children & Families
- Partner with Oral Health Stakeholders
Healthy Aging

Oral health

More information on oral health

Brush your teeth after eating. Floss every day. See your dentist for routine checkups.

You’ve heard it all before. But did you know good oral health could save more than your teeth?

According to the American Dental Association, three out of four adults are affected by gum disease at some point in their lives. And women are especially at risk because of life-long hormone changes. For example, menopausal and postmenopausal women produce less saliva, which can lead to dry mouth. Untreated, dry mouth can lead to cavities. Also, many medications can cause dry mouth and other dental side effects. Some diseases, like diabetes, increase the risk of gum disease. Smoking also increases the risk of gum disease. Gum disease as well as tooth decay take a serious toll. According to the Centers for Disease Control and Prevention, one-fourth of adults over age 65 have lost all their teeth.
HHS Strategic Framework for Oral Health

- Goals, strategies, and actions
- OpDiv/StaffDiv priorities
- Recommendations from IOM reports and external partners
- Goal 1: Integrate oral health and primary health care
Left Side/Right Side Brain
Left Side/Right Side Brain
Left Side/Right Side Brain

**Left Side**
- Controls the right side of the body
- Sequential
- Specializes in text
- Analyzes the details

**Right Side**
- Controls the left side of the body
- Simultaneous
- Specializes in context
- Synthesizes the big picture

Left Side/Right Side Brain

- Not just function but also DESIGN
- Not just argument but also STORY
- Not just focus but also SYMPHONY
- Not just logic but also EMPATHY
- Not just seriousness but also PLAY
- Not just accumulation but also MEANING

Red dot symbolizes current acute ailment/condition

Blue dot symbolizes previous surgeries / invasive procedures

Orange dot symbolizes chronic condition

Electronic Health Record?
We are caught in an inescapable network of mutuality, tied in a single garment of destiny.

-- Martin Luther King, American pastor, activist, humanitarian and leader
Consult not your fears but your hopes and your dreams. Think not about your frustrations, but about your unfulfilled potential. Concern yourself not with what you tried and failed in, but with what it is still possible for you to do.

— Pope John XXIII
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We are powerfully influenced by our surroundings, our immediate context, and the personalities of those around us.

— Malcolm Gladwell
American Author
50th anniversary of the first Surgeon General’s Report on Smoking and Health
Don't be too timid and squeamish about your actions. All life is an experiment. The more experiments you make the better.

— Ralph Waldo Emerson
U.S. Essayist and Poet
Individually, we are one drop. Together, we are an ocean.

— Ryunosuke Satoro
Japanese Poet
Thank You!

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