Bringing Oral Assessment to a Health Clinic Near You

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Disclaimer

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Objectives

At the conclusion of this presentation, participants will be able to:

- Identify the roles of medical clinic providers and staff for implementation of oral assessment and patient education.

- Assemble educational tools for patients that assist with promotion of improved oral care
Oral Assessment in a Primary Care Clinic...

”What’s that about?”
When we look, here’s what is found

**Risk Outcomes for Dental/Oral issues**

- **Low Risk**
  - 6 years and under: 24%
  - Beyond 6 years of age: 7%

- **Moderate Risk**
  - 6 years and under: 25%
  - Beyond 6 years of age: 33%

- **High Risk**
  - 6 years and under: 51%
  - Beyond 6 years of age: 60%
Challenges

• Medical and nursing health care providers lack of competency with an oral exam

• No reimbursement for performing an oral exam

• “It takes too much time to add something to my already overfull patient visit.”

• Traditionally, “This is the dentist’s domain. I know nothing about the mouth.” (AKA – “and I don’t want to put my fingers in someone else’s mouth.”)

• “What if I find something? I don’t know what to do...and to whom can I refer?”

• Long held patient beliefs...medical care is a necessity; oral care is optional

• Overarching myth...there is no connection between oral and systemic diseases

• Limitations of dental insurance IF the patient even has it

• No connection between medical and dental electronic health record systems thus, referral processes
First Steps Toward Integration of Oral Assessment into Primary Care

• Change Requires Champions
  • Change essentials include needed support from:
    • Clinic Administrator
    • Medical Director
    • Change Champion(s)
      ◦ Health care provider
      ◦ Nurse
      ◦ Medical Assistant
      ◦ Community Health Worker
Provider Education and Engagement

- “WHY” incorporation of oral assessment improves outcomes
- How to perform oral exams
- What treatments are appropriate in primary care
- Who are the dental referral sources
- When to perform the oral exam
  - well child visits
  - establish care and new OB visits
  - annual exams
  - patients with diabetes
- Provide ongoing education
Education for Staff

- Receptionist, Medical Assistant (MA), Nurses, Community Health Workers
  - Assist patient to collect oral history information
  - Inform patient that an oral exam is part of the physical exam
  - Assist patient to feel comfortable with oral exam and dispel myths
  - MA lays out gloves and gauze to remind provider to complete an oral exam
  - Facilitating referrals to dental providers
  - Education and materials for oral health promotion
  - MA or nurse learn how to apply fluoride varnish
Additional Steps

- Billing / Coding
  - What medical codes can be used to increase reimbursement?
  - Does your state pay for fluoride varnish and application for 0-3 year old patients?
    - If so, how coded to receive payment
  - Provider documentation needed to meet billing/coding requirements for reimbursement
Promoting Adoption of New Skills and Services

• Establish as a Quality Improvement Initiative
  • Are providers adding oral assessment to their routines?
    • Monitor documentation for occurrence
    • If not performing, what are the barriers?
    • Explore with providers and / or staff how challenges can be addressed
  • Provide incentives, if possible, to encourage adoption of oral assessment
Implementation into Practice: Will this ever happen....?

• Patience
  • Real practice change may take up to one year...or more...but it will happen
    • Initially, change may occur at the individual provider, not the institutional level
  • Providers need to see outcomes of their oral assessments / treatments
    • Improved HgbA1c levels in patients with diabetes
    • Early identification of an oral malignancy / STI
    • Fewer children referred for “full mouth rehab"
Tips, Tricks and Tools for the Trade
## Patient Oral Health History

### Patient Questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes - seen within the last six months</th>
<th>Yes - seen more than six months ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a dentist where you go to get your teeth cleaned and taken care of?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, who/where: [text]</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you had any cavities or fillings in the last 12 months?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you ever been told you have gum disease?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you had any teeth removed in past 36 months?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>When do you eat sugary or starchy foods outside of meal time? (candy, pretzels, chips, bread, tortillas)</td>
<td>Mostly at meal-times</td>
<td>Outside of meal-times</td>
</tr>
<tr>
<td>When do you drink sugary beverages outside of meal time? (sweet coffee/tea, juice, soda pop, energy/sport drinks, cocktails, wine, beer)</td>
<td>Mostly at meal-times</td>
<td>Outside of meal-times</td>
</tr>
<tr>
<td>How often do you brush your teeth?</td>
<td>Twice or more a day</td>
<td>Once daily or less</td>
</tr>
</tbody>
</table>
# Oral Examination

<table>
<thead>
<tr>
<th>Health Care Provider History and Oral Exam:</th>
<th>Low</th>
<th>High</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to fluoride (toothpaste, rinse, Rx)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Physical, behavioral or cognitive factors interfering with oral care (special needs, drug/alcohol overuse, tobacco use)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Frequent vomiting/acid reflux (daily)</td>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>EXAM: Dry mouth/Xerostomia (reported or observed OR risk from Rx/radiation treatments)</td>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Visible, heavy plaque on teeth</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Visible cavities (including white spot lesions)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gingivitis</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Fillings, crowns, retainers, braces, removable appliances</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Suspicious lesion on buccal mucosa, gingiva, tongue</td>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
# Permanent Teeth PCOAT
(Primary Care Oral Assessment Tool – for patients age ≥ 6 years)

**Date:** __________  **Patient Name:** __________  **Date of Birth:** __________

## Patient Questions:

- **Do you have a dentist where you go to get your teeth cleaned and taken care of?**
  - Yes—seen within the last six months
  - No—seen more than six months ago

- **Have you had any cavities or fillings in the last 12 months?**
  - No
  - Yes

- **Have you ever been told you have gum disease?**
  - No
  - Yes

- **Have you had any teeth removed in past 36 months?**
  - No
  - Yes

- **When do you eat sugary or starchy foods outside of meal time? (candy, pretzels, chips, bread, tortillas)**
  - Mostly at meal times
  - Outside of meal times

- **When do you drink sugary beverages outside of meal time? (sweet coffee/tea, juice, soda pop, energy/sport drinks, cocktails, wine, beer)**
  - Mostly at meal times
  - Outside of meal times

- **How often do you brush your teeth?**
  - Twice or more a day
  - Once daily or less

## Health Care Provider History and Oral Exam:

- **Exposure to fluoride (toothpaste, rinse, Rx)**
  - Yes
  - No

- **Physical, behavioral or cognitive factors interfering with oral care (special needs, drug/alcohol abuse, tobacco use)**
  - No
  - Yes

- **Frequent vomiting/acid reflux (daily)**
  - No
  - Yes

- **Risk:**
  - Dry mouth/xerostomia (reported or observed OR risk from Rx/radiation treatments)
  - Visible, heavy plaque on teeth
  - Visible cavities (including white spot lesions)
  - Gingivitis
  - Fillings, crowns, retainers, braces, removable appliances
  - Suspicious lesion on buccal mucosa, gingiva, tongue

## Management Guidelines:

- **Applied Fluoride Varnish**

## Referral to Dental Care:

- Not Indicated
- Routine
- Expedited

### Low Risk

- Reinforce routine dental care
- Set diet and oral hygiene management goals
- Use OTC fluoride toothpaste twice daily
- Recommend gum with xylitol as first ingredient

### High Risk

- Set diet and oral hygiene management goals
- Instruct on OTC or prescription fluoride toothpaste
- Prescribe high fluoride toothpaste for decay
- Gum with xylitol as first ingredient
- Prescribe antibacterial mouth rinse to decrease oral bacteria

### Extreme Risk

- Set diet and oral hygiene self-management goals
- Recommend (see guidelines)
  - Oral moisturizer for dry mouth
  - pH neutralizing rinse for vomiting
  - Fluoridated mouth rinse for decay
- Prescribe (see guidelines)
  - Anti-bacterial rinse to decrease oral bacteria
  - High fluoride toothpaste for decay
  - Gum with xylitol as first ingredient
  - Topical fluoride every 3 months
  - Evaluate medications to modify xerostomia

## Self Management Goals

- Regular dental visits
- Brush twice daily
- Use Rx Rx toothpaste
- Fluoride mouth rinse
- Less/no sweet drinks/alcohol
- Drink water with fluoride

### Fluoride Intake

- Water between meals
- Quit plan for tobacco
- Less junk food/candy
- Healthy snacks
- Floss daily

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4 Ls Oral Exam

- Lift/Lower the Lips
- Look at Teeth
- Lap around the gums and palate
- Lasso the Tongue
(video of gumline, dental margins and buccal mucosa)
Oral Health Self Management Goals for Parents/Caregivers

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Regular dental visits for child
- Dental treatment for family
- Brush twice a day
- Brush with fluoride toothpaste
- Wean off bottle (no bottles for sleeping)
- Less or no juice
- Only water in sippy cups
- Drink tap water
- Healthy snacks
- Less or no junk food and candy
- No soda
- Use mouthwash, spray, gel, or dissolving tablets

Importance: The last thing that touches your child's teeth before bedtime is the toothbrush.

Self Management Goals:
1. 
2. 
3. 

On a scale of 1-10, how confident are you that you can accomplish these goals? 1 2 3 4 5 6 7 8 9 10

Parent/Caregiver Signature: ____________________________

Practitioner Signature: ________________________________

Adapted from Healthy People 2020, Oral Health, Healthy Start Collaborative, and the National Interprofessional Initiative for Learning & Change in Health Care.
# Oral Health Self-Management Goals

**Patient Name __________________**

<table>
<thead>
<tr>
<th>Schedule regular dental visits</th>
<th>Brush twice a day</th>
<th>Use prescription fluoride toothpaste</th>
<th>Drink tap water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink less or no sweet drinks or alcohol</td>
<td>Use fluoride mouth rinse</td>
<td>Drink water between meals</td>
<td>Chew gum with Xylitol</td>
</tr>
<tr>
<td>Eat less junk food and candy</td>
<td>Drink limited or no soda</td>
<td>Choose healthy snacks</td>
<td>Floss daily</td>
</tr>
</tbody>
</table>

**Important:** The last thing that touches your teeth before bedtime should be your toothbrush and water.

**Self-management Goals:**

1) ____________________________

2) ____________________________

3) ____________________________

On a scale of 1-10, how confident are you that you can accomplish these goals? 1 2 3 4 5 6 7 8 9 10  
(1 = not at all confident; 10 = very confident)

**Patient Signature:** ____________________________

**Practitioner Signature:** ____________________________
Dental Referral

Formal

Electronic or Paper

Develop collaboratively

Track and coordinate

Primary Care Clinic Name/Logo
Address/Phone/Fax

DATE: __________

DENTAL REFERRAL FORM

PATIENT NAME: ___________________________  MRN#: ___________________________

REFERRED TO: ___________________________  Phone: ________ Fax: ________

REFERRED BY: ___________________________  Phone: ________ Fax: ________

REASON FOR REFERRAL (be specific please):

________________________________________________________________________

________________________________________________________________________

Primary Care Oral Assessment (PCOAT) risk category:  ( ) Moderate  ( ) High  ( ) Extreme

Current Oral Therapies/Management (i.e. antibiotic, analgesia, etc.):

________________________________________________________________________

________________________________________________________________________

Oral Procedures Completed:
Fluoride Varnish: Date: __________

Attached:
( ) Patient demographics (Name, DOB, address, phone & insurance)
( ) Patient clinical information (allergies, medications, medical diagnosis, chief complaint)
( ) Primary Care Oral Assessment

jon_02-28/2016
Dentistry belongs to Dentists and Dental Hygienists...

BUT

Oral health promotion belongs to everyone!
References


