CONNECTICUT'S ACTION PLAN ON ORAL HEALTH FOR OLDER ADULTS 2010- 2013

A SUPPLEMENT TO THE "JUST THE F.A.C.T.S." REPORT

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Central Connecticut Health District

Community Health Center Association for Connecticut

Connecticut Association of Agencies on Aging

Connecticut Association for Not-for-Profit Providers for the Aging (CANPFA)

Connecticut Association of Health Care Facilities

Connecticut Alzheimer's Association

Connecticut Dental Hygienists' Association, Inc.

Connecticut Dental Health Partnership

Connecticut Department of Developmental Services

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Connecticut Health Foundation

Connecticut Office of Long Term Care Ombudsman

Connecticut Oral Health Initiative (COHI)

Connecticut State Dental Association

Foundation for Community Health

Mercy Community Health

Naugatuck Senior Center

University of Connecticut Health Center

University of Connecticut School of Dental Medicine

This report was prepared by:
Holt, Wexler & Farnam, LLP

Acronyms

AAA	Area Agencies on Aging
AARP	American Association of Retired Persons
AMA	American Medical Association
AoA	Agency on Aging
CANPFA	Connecticut Association of Not-for-Profit Providers for the Aging
CGA	Connecticut General Assembly
CM	Care Management
CNA	Certified Nurse's Assistant
COHI	Connecticut Oral Health Initiative
CSDA	Connecticut State Dental Association
DMHAS	Department of Mental Health and Addiction Services
DOI	Department of Insurance
DPH	Department of Public Health
HC	Health Care
LTCO	Long Term Care Organization
LTC	Long Term Care
MOU	Memorandum of Understanding
RFP	Request for Proposal
OLTC	Office of Long Term Care
OH	Oral Health
OHC	Oral Health Care
OHC	Oral Health Care
VNA	Visiting Nurses Association

Report Contents

Connecticut's Action Plan on Oral Health for Older Adults 2010

Background

The Connecticut Department of Public Health (DPH) in partnership with the *Task Force on Oral Health for Older Adults* (Task Force) created a set of recommendations to improve the oral health of older adults in Connecticut. The Task Force developed five focus areas to improve oral health for older adults in Connecticut: **Financing, Advocacy, Communication, Training and Services** (F.A.C.T.S.). In 2008, the DPH released "***Just the F.A.C.T.S***" the report on Oral Health of Older Adults in Connecticut. "***Just the F.A.C.T.S***" generated significant interest among the provider community. The DPH and Task Force members parlayed the initial momentum of the provider community to develop an Action Plan of Priorities.[1]

This document supplements the Task Force report and presents a refined Action Plan for improving the oral health of older adults in Connecticut. The document includes overall recommendations made by the consultants to provide DPH and the Task Force with suggestions on keeping momentum, securing funding, and implementing priority activities, work group suggestions for replicable models and partners to engage, and possible methods to address identified issues from the *Journal of Dental Medicine*.

Task Force Leaders in the Process

Mary Moran Boudreau, R.D.H, M.B.A. Executive Director, Connecticut Dental Hygienist's Association: Delivered presentation on Action Plan Framework

Work Groups and Co-chair

- ***Financing*** – ***Margaret Gerundo-Murkette***, Program Manager, Aging Services, DSS and ***Nancy Heaton***, Executive Director of Foundation for Community Health
- ***Advocacy – Lisa Reynolds,*** Executive Director, Connecticut Oral Health Initiative and ***Hillary Norcia,*** Community Health Coordinator, Central Connecticut Health District
- ***Communication*** – ***Marty Milkovic***, Director, Connecticut Dental Health Partnership and ***Dr. Lawrence Singer***, Connecticut State Dental Association
- ***Training / Services*** – ***Ruth Goldblatt, D.M.D.***, Associate Professor, UCONN School of Dental Medicine and ***Izabella Pulvermacher*****, R.D.H,** Dental Coordinator, Connecticut Department of Developmental Services

Process

In April 2009, the DPH retained Holt, Wexler & Farnam, LLP to assist the department and the Task Force in the development of an Action Plan. The Task Force members identified and prioritized implementation activities during a November 2009 statewide meeting. Dental and non-dental health care providers, caregivers of ambulatory and non-ambulatory older adults, policymakers, organizations or agencies providing services to older adults and older adults will jointly implement the Action Plan.

[1] According to Dr. Ira B. Lamster, Dean of Columbia University's School of Dental Medicine four components to improving oral health care for seniors include: 1) patient care; 2) education and training; 3) research; 4) awareness and public policy. The Task Force organized their activities under areas that reflect each one of these components.

Research Highlights on Oral Health that support Connecticut's Approach

A literature search on oral health for the elderly confirmed the existence of a significant need for clear recognition of oral disease as a key factor in the health of individuals 65 and older. Moreover, Connecticut residents face similar problems and barriers to accessing dental care as their counterparts throughout the nation. Relevant themes include:

> *"More elderly people are retaining their teeth than ever before, but as people age they become susceptible to oral disease, which can affect their health and quality of life. The high cost of and limited access to dental care mean many older people go without treatment for gum disease and cavities, problems that can lead to cardiovascular and respiratory disease and strokes."*
>
> - Julia Corcoran
>
> http://findarticles.com/p/news-articles/westside-gazette/mi_8198/is_20071213/dental-care-elderly-means-avoiding/ai_n50696694/

Growing and Diverse Oral Health Population. In general, older populations receive attention in terms of public health policy-related prevention and intervention as compared to children.

- In 2001, the population ages 65 years and above comprised 12.6% of Connecticut's total population.
- By 2015, the population ages 65 years and above will increase to 14.7%.
- By 2030, (within the lifetime of current dental students) the population ages 65 years and above will increase to 20% (or one in every five people) nationally.

> *"…poor oral health is a risk factor for serious systemic health problems in the elderly. Bacteria from gum infections can increase the development of the fatty plaques that cause strokes and heart attacks. Residents of nursing homes are also at risk for developing pneumonia, which results from aspirating bacteria from gum infections."*
>
> Dr. Ira B. Lamster
> Dean, Columbia School of Dental Medicicne

Over time, the diversity of the aging population will increase in terms of race/ethnicity, financial resources and living conditions. Financing and access stand as barriers to care for oral health care services. For example:

- Medicare for older Americans does not provide coverage for routine dental services.
- In the absence of additional insurance, out of pocket payment remains unlikely as a payment option, particularly in the context of the recent economic recession.
- Homebound individuals face limited access to services outside their homes.[2]

Disproportionate impact of Oral Disease on Seniors. The elderly population often requires multiple medications. Over 500 commonly used medications reduce salivary flow. Reduced salivary flow in turn can adversely affect chewing efficiency and lead to significant problems with teeth. Furthermore, a decrease in gross and fine motor skills (due to normal aging or other conditions) can impede daily oral hygiene practices. Research confirms the link between oral infection and systemic diseases such as cardiovascular and cerebrovascular disease, diabetes and respiratory disorders. Other sentinel measures of oral health include: tooth loss, dental caries, and periodontal disease, oral and pharyngeal cancer.[3]

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[2] Lamster, Ira. B. A Looming Crisis. *Oral Health Care Services for Older Adults American Journal of Public Health* 94 no5 699-702 My 2004.

[3] *Lamster, Ira. B. A Looming Crisis. Oral Health Care Services for Older Adults American Journal of Public Health 94 no5 699-702 My 2004.*

Oral Health Disparities for Older Americans. The Centers for Disease Control and Prevention (CDC) confirm a trend that older people keep their teeth longer than ever before. Unfortunately, a sharp difference exists by race and socioeconomic status, indirectly confirming differences in access to services as well as to education and prevention messages.

Oral Health Disparities

- Almost 1 in 3 people age 65+ have untreated dental caries
- Oral cancer increases with age. Mortality rates from oral cancer are higher among black men than black women and white persons
- Just over one half of non-institutionalized persons 65 + older in 1997, had a dental visit in the past year
- Only 22% of older persons were covered by private dental insurance in 1995; most elderly dental expenses were self-pay

(www.CDC.gov)

Caregiver Training. A study of caregiver training programs found that care providers respond positively to training to educate and improve oral health practices in populations 65 years and above. However, the training does not produce changes in oral health practice in patients. Additional training and practical skill building must occur. Services must be linked to or required for financial reimbursement.[4]

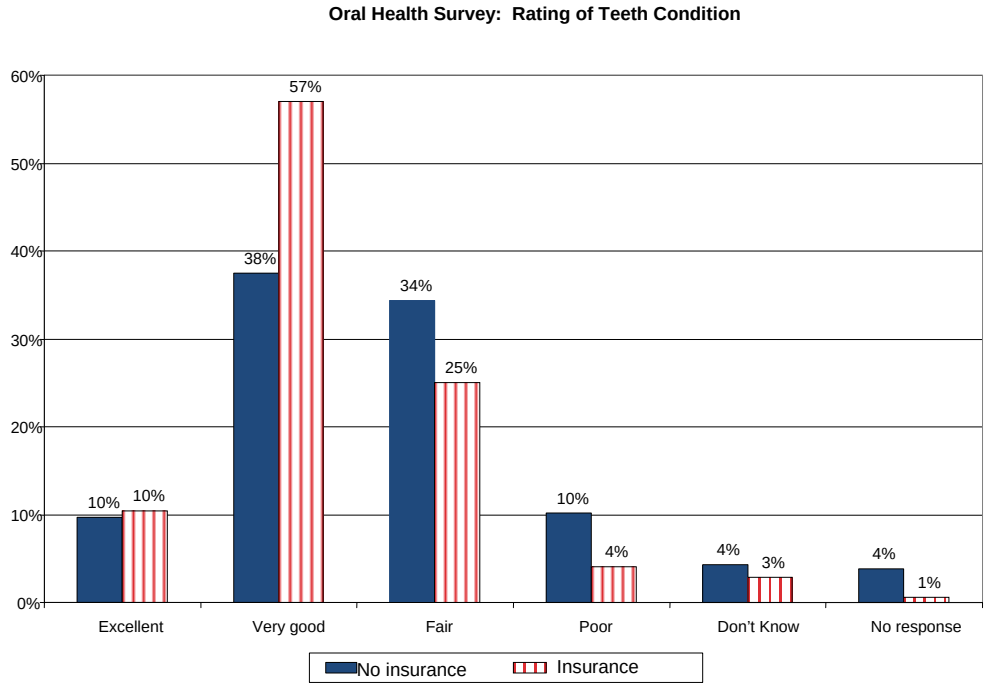
Routine Oral Hygiene Greatest Needs. A statewide survey in Washington[5] involving 1063 residents in 31 nursing facilities (representing 11% of all facilities in the state) confirmed a higher incidence of periodontal problems as compared to root caries. Routine oral hygiene (72%) represented the greatest single need among dentate elderly. Denture wearers reported that their primary need related to adjustment of loose dentures (46.4%). Daily oral hygiene and regular examinations by a dental professional represented priority needs for the frail and elderly. Also, the report recognized the importance of educating nursing home staff and the elderly as it relates to methods of oral home care.

CT Oral Health Convenience Survey Summary of Findings. During the summer of 2009, the Task Force and DPH conducted a convenience sample of individuals ages 65 years and above across 22 towns in Connecticut. The survey collected basic information about insurance coverage, problems with access, time since last dental visit, and overall oral health status.[6] In general:

- Overall most people surveyed self-report they have good oral health and have annual oral cleanings.
- **Most** (73%) people **do not have trouble** getting dental care
- **Most** (74%) people **have been to the dentist** in the past 12 months
- **More than half** (67%) **have their teeth cleaned** every year
- 43% rate their mouth/teeth as **very good**
- 32% rate their mouth/teeth as fair
- 10% rate their mouth as excellent

[4] Simons D, Baker P, Jones B, Kidd EA, Beighton D. West Herts Community Dental Services, Principal Health Centre, Civic Close, St Albans.
[5] Kiyak HA, Grayston MN, Crinean CL. University of Washington, Seattle.
[6] The DPH and consultants developed survey questions and piloted the survey in May 2009. The Task Force revised the survey in June. Data collection occurred from July through September 2009 at 21 Senior Centers and at one health fair.

The figure below illustrates how survey respondents rated the condition of their teeth by dental insurance status.



Survey responses suggest the following possible problems or barriers to accessing care.

- 8% (50) rate their mouth/teeth as poor
- Most people who responded (70%) do not have dental insurance coverage
- Of those people who reported problems with access, costs for care was the most frequently cited issue (80% of respondents)
- Following cost of care, the most frequently cited issues with acquiring care were: not knowing who to go to (29%) and transportation issues (21%)

The survey findings align with the Task Force Report, "Just the F.A.C.T.S" which provides the context for the Action Plan recommendations. The report highlights the need for additional data on the status of oral health of Connecticut's elderly, and for a refined approach specific to Connecticut.

Oral Health Action Plan Implementation Priorities for 2010 to 2013

The Action Plan relays the initial recommendations of the "*Just the F.A.C.T.S.*" report and identifies action items with highest implementation potential based on current funding levels. The Task Force members provided input (about partners, resource levels, actions) throughout a five-month process. In September, Task Force members determined their role, established work groups and identified co-chairs to lead discussion at a November 4th meeting and for future meetings. The Task Force (via work groups and full group participation) refined the Action Plan and identified implementation priorities for 2010 through 2013.[7]

Advocacy

1. Ensure there is an oral health advocate on the Advisory Committee of Sustinet, Connecticut's health care plan passed into law in July 2009, to provide affordable health care coverage to 98% of Connecticut residents by 2014.

2. Advocate for donated dental health services from area providers such as Visiting Nurse Associations, Nursing Homes, and Federally Qualified Health Centers, among others.

3. Advocate for legislative change to ensure that vulnerable senior citizens receive the oral health care they need and more dental providers accept public insurance through a maintained dental Medicaid reimbursement rate for adults that includes fluoride treatment, periodontal services, case management and care coordination services.

Communication

1. Design and implement a culturally and linguistically appropriate oral health awareness campaign to promote the importance of oral health to specific audiences such as the public, families, health and social service providers.

    - Collaborate with Connecticut Oral Health Initiative (COHI) and local funders to support the oral health education campaign and to expand oral health awareness and prevention, focusing on older adults

    - Engage Cable TV, radio talk shows, and use online social networking e.g., YouTube, facebook, linked-in among others

    - Promote oral health messages to older adults through state and local agencies

    - Help older adults become educated consumers of oral health services

2. Promote increased communication between medical and dental providers including geriatric physicians to improve the overall health management of older adults

3. Formalize collaborations among state agencies to advance oral health of older adults and ensure that state agencies have oral health education goals within their strategic plans

[7] Each work group agreed that these activities are the first steps for implementation of the full Action Plan and realizing their goal, to improve the oral health of older individuals living in Connecticut, particularly those who are most vulnerable.

Financing

1. Continue oral health pilots in other regions of the State to assist the uninsured older adult to pay for dental care through existing funds from the Departments of Social Services and Public Health.

    - Explore expansion of support for oral health prevention and treatment services for older adults through the "Older American's Act."

    - Encourage Area Agencies on Aging to use their existing resources to promote access to community dental services for their older adult constituencies, particularly the vulnerable elderly.

2. Work with public and private dental insurers to provide a standard oral health package for older adults to include the following covered services (1) annual oral cancer screenings, (2) annual dental examinations, prophylaxis and x-rays, (3) coverage for periodontal care, routine restorative care and extractions (4) dental appliances (i.e. dentures) with a clear and simple appliance replacement policy of no more than three years; (5) case management and care coordination services.

3. Track dollars invested in oral health by plan component and conduct an assessment of those dollars by source.

Training and Services

1. Work with Certified Nursing Assistant (CNA) training programs and families to enhance oral health competencies for CNAs as part of their curriculum and certification.

    - Pilot a program that involves working with skilled nursing facilities to increase staff training about oral hygiene care.

    - Develop training for state nursing home auditors about oral health in nursing homes. (Use CTTRAIN.org as a vehicle to train state auditors.)

2. Train providers who develop care plans to recognize and assess oral disease, and oral health concerns of older adults in order to develop appropriate care plans for oral care.

    - Promote the use of targeted case management and care coordination to improve dental services for older adults.

    - Provide oral health training for home-delivered meals assessment staff (Meals on Wheels) similar to models such as National Caregiver Support programs and CT Respite program.

3. Provide opportunities for private dental providers through collaboration with Area Agencies on Aging to provide low cost dental services to ambulatory elderly.

    - Adopt a nursing home to provide education and assist in identifying dental professionals to provide ongoing services (assessments, prevention and treatment) for LTC residents.

The tables on the subsequent pages correspond with each category and provide actions by category, entities responsible for the actions, time frame, and indicators, data and outcomes.

Actions by category	Entities Responsible	Timeframe	Indictors/Data/Outcomes
FINANCING: To improve access to affordable oral health services for older adults			
Medicaid 1. Simplify any prior authorizations and credentialing process that may be needed for Medicaid. • Simplify credentialing and enrollment process via online access to provider forms with instructions	• DSS	Jan 2009	www.ctdssmap.com ***Outcomes*** • Medicaid dental credentialing and enrollment process, simplified
Programs for Uninsured 2. Continue oral health pilots in other regions of the State to assist the uninsured older adult with payment for dental care through existing funds from the Departments of Social Services and Public Health. • Explore expansion of support for oral health prevention and treatment services for older adults through the "Older American's Act." • Encourage Area Agencies on Aging to use their existing resources to promote access to community dental services for their older adult constituents, particularly the vulnerable elderly.	• DSS and DPH develop a memorandum of understanding (MOU) • DSS, Agencies on Aging, etc.	Dec 2010 Dec 2010	MOU Outcomes • Jointly-funded pilot program for uninsured older adults in all regions of the State
Access 3. Seek support from the dental supply industry, local community organizations (i.e. Lion's Club, Free Masons, Rotary Clubs) and foundations for financing opportunities for oral health. 4. Work with insurers to add coverage for a number of dental procedures that previously have not been covered by private and public insurance such as preventive, periodontal services, case management care and coordination services. 5. Work with public and private dental insurers to: Develop and finance a standard oral health package for older adults to include the following covered services (1) yearly oral cancer screenings, (2) yearly dental examinations, prophylaxis and x-rays, (3) coverage for periodontal care, routine restorative care and extractions (4) dental appliances (i.e. dentures) with a clear and simple appliance replacement policy of no more than three years (5) case management and care coordination services. 6. Track dollars invested in oral health by plan component and conduct an assessment of those dollars by source.	• CBOs and stakeholders seek funding for oral health initiatives • Delta, Aetna, Anthem, United Healthcare, Metlife, Cigna dental • Area Agency on Aging, Nursing Homes, etc. • DSS, DPH, Delta, Aetna, Anthem, United Healthcare, Metlife, Cigna dental • DPH	Dec 2010 June 2011 Dec 2010 June 2012 Dec 2010	***Outcomes*** • Quality dental care to older adults will be offered and rewarded through a "pay-for-performance pilot". • Availability of private insurance supported "Dial-a-ride" transportation services to and from dental appointments will be identified, documented and shared through local/regional municipal offices. • Resource map and amounts invested by plan

Advocacy: To support and promote improvements in oral health for older adults

Actions by category	Entities Responsible	Timeframe	Indictors/Data/Outcomes
Targeting Legislators 1. Advocate for legislative change to ensure that vulnerable senior citizens receive the oral health care they need and more dental providers accept public insurance through a maintained dental Medicaid reimbursement rate for adults that includes fluoride treatment, periodontal services and case management care and coordination services. 2. Continually advocate for oral health services for older adults in any health legislation, particularly stating that any universal health care plan should include dental coverage. 3. Advocate for increased funding to Safety Net Providers to deliver more dental services to older adults. 4. Develop a white paper for legislators on the importance of creating a dental benefit package for retirees that includes combining medical and dental health benefits under Medicare. 5. Advocate for the Good Samaritan Law to cover retired dentists who would provide oral health services. • Investigate what steps need to be taken to advocate for that policy change. 6. Mandate continuing education on oral health for older adults as a requirement for licensure for physicians and nurses.	• AARP, COHI, CDHA, CSDA, Dental & Dental Hygiene Schools, OLTC Ombudsman, DOI, DSS, CANPFA and others Public, oral health providers and advocacy groups • AARP, CSDA, CDHA, Dental & Dental Hygiene Schools, and others • DPH/Task Force • AARP, COHI, CDHA, CSDA, Dental & Dental Hygiene Schools,, OLTC Ombudsman, DOI, DSS, CANPFA	Annual advocacy issue June 2011 Dec 2010	Indicators: • # Bills introduced related to OH care for older adults • #/% Of bills regarding universal HC that include OHC • Proposal of changes to Good Samaritan Law • Proposal of changes to CE for physicians/ nurses • **www.cga.ct.gov** ***Outcomes*** • Legislators and congressional leaders informed of oral health issues/ concerns (i.e. combining medical/ dental benefits in Medicare) • CM and Care Coord. for dental health is covered by insurance • Oral health policies and procedures changed at LTC settings • Good Samaritan law covers retired dentists providing services
Insurers 7. Advocates for older adults and oral health 1) identify legislative dental champions and "non-traditional legislative committees" (i.e. Insurance Committee) and 2) keep them informed year-round on specific issues related to the oral health of older adults.	• AARP, DSS, OLTC, COHI	Annual advocacy issue	• # Of educational opportunities for legislative dental champions ***Outcomes*** • Legislators informed of oral health issues of older adults year-round
General Public 8. Recruit health and social services student from CT schools and providers to advocate for oral health for older adults. 9. Advocate for donated dental health services from area providers such as VNAs, Nursing Homes, FQHCs, among others. 10. Ensure there is an oral health advocate on the Advisory Committee of Sustinet.	• AHECS, Dental & Dental Hygiene Schools, Social Work, Nursing, Public Health Schools • AARP, CSDA, Dental & Dental Hygiene Schools, DOI, DSS, CANPFA	Annually Annually	• # Of recruitment opportunities • # Of students engaged • # Of providers approached • Donated services, # providers involved

Communication: To inform and educate the public, organizations, providers & policy makers about the importance of good oral health for overall health

Actions by category	Entities Responsible	Timeframe	Indictors/Data/Outcomes
Education Campaign 1. Design and implement a culturally and linguistically appropriate oral health education campaign to promote oral health to specific audiences such as the public, families, health and social service providers. • Work with COHI and local funders to support the oral health education campaign and to expand oral health awareness and prevention • Engage Cable TV, radio talk shows, and use online social networking e.g., youtube, facebook, linkedin among others • Promote oral health messages to older adults through state and local agencies • Help older adults become smart consumers of oral health services	• DPH/Task Force • COHI seeks funding for plan to disseminate oral health information to the public • AAA, AoA, AARP	Feb 2011 June 2010 Dec 2010 Dec 2010	• Number of orgs. Providing funding • # Of educational venues utilized • Approx population reached • # Organizations engaged in OH promotion ***Outcomes*** • Funding secured to raise awareness and increase access.
Collaboration 2. Formalize collaboration among state agencies to advance oral health of older adults and ensure they have oral health education goals within their strategic plans 3. Promote increased communication between medical and dental providers including geriatric physicians to improve the health management of older adults 4. Develop and maintain working relationship and ongoing communication with local senior centers and town-sponsored adult programs and nursing homes to gather perspectives	• DPH, DSS, DMHAS, LTCO, UCONN Health Center, AAA • CT Medical Society, CSDA • Partners/Stakeholders, Assoc. of Long term care facilities	June 2011 Feb 2011 June 2010	• DPH, DSS MOU • # Local and statewide agencies that produce oral health info ***Outcomes*** • Reduction in fragmentation of healthy aging education efforts among state agencies, providers, and senior centers/adult programs
Messages/Information 5. Develop basic informational packets and share with community and stakeholders to facilitate advocacy for oral health for older adults. To include development of: • A "universal message" regarding the importance of oral health for older adults targeting providers, the public, and policy makers • An inventory of oral health services in the state including type of services and providers available, and affordability and accessibility of services • Clarified Medicaid and Medicare program limits on dental reimbursement for providers and the public 6. Organize an annual oral health forum/event such as "Give Seniors a Smile" at the Legislative Office Building (LOB) to present "Just the FACTS" report. 7. With medical directors' input, provide oral health information to families with relatives in nursing homes and homecare programs so they can act on behalf of their relatives.	• COHI, Task Force and partners, DPH / DSS, AoA • CT Dental Health Partnership • Task Force members and their constituencies • AoA, AARP	March 2011 March 2011 Dec 2010	• Number of media events • Inventory /directory completed • Number of directories disseminated • Medicare/Medicaid info clarified • Message developed • # Of families reached • # Events for legislators offered ***Outcomes*** • Oral health Inventory of services, and Medicaid and Medicare program coverage and limits information disseminated • Policy/decision makers aware of the oral health "FACTS" for older adults • Older adults and their families informed on oral health issues.

Training: Educate caregivers, and health and social service providers about the importance of oral health and their role in facilitating oral health in older adults

Actions by category	Entities Responsible	Timeframe	Indictors/Data/Outcomes
Caregiver and Community Education 1. Educate caregivers, physicians, families, assisted living, supportive housing and nursing homes using the OPEN WIDE curriculum for older adults on how they can: • Identify oral health issues in older adults and refer for care. • Identify and develop a cadre of trainers • Advocate for oral health for older adults 2. Partner with senior citizen centers, church groups, senior housing and social groups to educate older adults on how they can advocate for better oral health for themselves	• DPH, • Possibly Senior Resources, Area Agency on Aging • OLTC Ombudsmen • CSDA • CDHA • DPH, DSS, Task Force	March 2011 Dec 2010	• # OPEN WIDE trainings offered • # Individuals trained • # Partnerships established
Professional Education 3. DPH to develop, disseminate and demonstrate a curriculum for use by health service organizations to train providers on oral diseases and conditions of older adults according to their level of skill. 4. Educate health / social service providers on the importance of informing clients about the significance of routine dental visits and oral hygiene practices to achieve good overall health. 5. Provide oral health training and information to local dental & hygiene component societies and community dentists on the specific needs of older adults particularly vulnerable and/or frail adults. 6. Educate providers who develop care plans to recognize and assess oral disease, and oral health concerns of older adults in order to develop appropriate care plans for oral health. • Promote the use of targeted case management and care coordination to improve oral health services for older adults. • Oral health training for home delivered meals assessment staff (including CHCPE assessments) similar to National Caregiver Support programs and CT Respite program. 7. Distribute scientific (evidence-based) information to physicians via hospital grand rounds, seminars, physician mailboxes, and e-mail to facilitate more effective patient care and integration of oral health with overall health. 8. Work with CNA training programs and families to enhance oral health competencies for certified nursing assistants (CNAs) as part of their curriculum and certification. a. Pilot a program that involves working with skilled nursing facilities to increase oral health training on oral hygiene care. b. Train state auditors on oral health in nursing homes.	• DPH, Peer Education, CDHA, CSDA • Dental hygiene schools Possible resource: "Alpha Omega Dental society's CNA training program – A Beautiful Smile is Ageless." • VNA, Home meal delivery • DPH, Dental & Dental Hygiene Schools, CSDA, CDHA • Task Force, DPH, CNA training programs, ADA, online options / CME, • CT Home Care for the Elderly Program	Dec 2010 Dec 2010 June 2011 Dec 2011 June 2011 Dec 2011	• Curriculum developed • # Curriculums distributed • # Health/ social service providers educated • # Trainings given • # Dentists trained • # Care plan developers trained • # Information distribution opportunities • # CNA programs trained, # CNA curriculums changed ***Outcomes*** • Curriculum developed • New model piloted in CT: For six months, have a hygienist at the facility once a week and simultaneously train CNAs in nursing homes on oral health care.
Systems/Organizational Policy 9. Mandate new employee training, and annual in-service training of nursing home staff, and for nursing home certification (e.g. direct care staff) aligned with state auditor training components, that includes daily oral hygiene care appropriate to the needs of residents as part of ADLs.	• DPH	Jan 2013	• Change in nursing home regulations

Service: To assure the delivery of quality, appropriate oral health services

Actions by category	Entities Responsible	Timeframe	Indictors/Data/Outcomes
Programs 1. Develop demonstration/pilot programs in skilled nursing homes, assisted living sites, and older adult community housing sites to determine the effectiveness of dental hygiene service in improving oral health. • Seek funding to conduct pilot program with dental hygienists • Develop a resource list with: a. Medicare funding specifics and requirements and b. mobile dental care providers • Use dental hygienists in pilot to provide training and education of facility staff, including nutritionists, recommend ADL protocols and procedures to improve patient oral health and nutrition, recommend internal policies and practice to improve compliance with access to oral health services, demonstrate effective oral hygiene practices for medically-complex residents. 2. Provide opportunities for private dental providers and federally qualified health centers to provide comprehensive oral health services in nursing home settings and home settings. • Research other models such as Rhode Island's bonus payments for off-site care; Minnesota's Appletree program, mobile dental units, and teledentistry to reach individuals in nursing home settings or the homebound: • Explore the use of incentives for FQHCs. • Explore the possibility of creating a pool of providers. • Use teledentistry if possible..	• DPH and DSS (funds) • American Association of Dental Hygienists • DPH initiated RFP; Ins. Companies, e.g., Aetna, • CDHA • DSS and the CT Assoc. of Community Health Centers, Dental Hygiene Schools, FQHCs • CT Dental Health Partnership (Benecare)	June 2011 Sept 2010 June 2011 Dec 2011 Dec 2011 Dec 2011	• # Demonstration/ pilot programs • $ Funding sought • $ Funding received • # Facilities/ staff trained • # Incentive programs researched/ proposed
Collaboration 3. Collect data on oral health issues and concerns of older adults in the community and in nursing homes through a statewide survey. • Periodically conduct a statewide survey of older adults to document the oral health status and promote policies to improve oral health, access to care and service delivery 4. Partner with local social service agencies and schools of social work to reduce barriers (i.e. financial, health, housing, transportation) to accessing dental treatment. 5. Provide opportunities for private dental providers through collaboration with Area Agencies on Aging to provide low cost dental services to ambulatory elderly. • Adopt a nursing home to provide education and assist in identifying dental professionals to provide ongoing services (assessments, prevention and treatment) for LTC residents. 6. Increase the scope of dental hygiene practice to improve the number of older adults who make and keep appointments through targeted case management and care coordination for dental services.	• Dental & Dental Hygiene Schools, DPH, DSS, LTC Ombudsmen • Association of State and Territorial Dental Directors Survey, VNA, Schools of Social Work, National Assoc. of Social Workers • State and community dental programs, public health dental hygienists, private dental offices • Local dental component societies of the CSDA,CDHA	Initial Survey to be completed by Dec 2010 – repeated every 4-5yrs Dec 2010 June 2012	• Ongoing surveillance of oral health concerns in nursing homes • Statewide survey of nursing home residents • # Partnerships established • # Opportunities facilitated

Best Practices/Standard of Care 7. Identify oral health best practices in program initiatives across the spectrum of care and disseminate for widespread implementation. 8. Routinely integrate oral health into **all** health assessments for older adults. 9. Institute, as a requirement of the regulations for Connecticut state agencies, a "basic standard of oral health care" in nursing homes to include the following: • Standardized annual assessment of oral health status that include screenings for: oral cancer, xerostomia, dental caries, periodontal disease, dental abscess, and masticatory ability with and without dental appliances • Care plan updated to reflect findings of the annual assessment to include oral hygiene regime and treatment recommendations • The presence of natural teeth or dentures will be noted on admission and dentures labeled with the resident's name or identifier if consent is given • Residents should have easy access to oral hygiene aides appropriate to their needs and replaced as appropriate • Ensure standards include periodic staff training in oral health issues and prevention measures for older adults	• DPH clearinghouse of best practice/standards • CANPFA CT Association of Non Profit providers for Adults • DPH, AMA, Nurses Assoc., CDHA, CSDA	June 2011 June 2012 June 2012	• # Best practices researched/ identified • #/% Of health assessments for older adults which integrate OH • Change in regulations

Source	Suggestions for consideration by DPH and the Task Force to assist with implementation activities		
Task Force Work Groups	Additional Partners to Engage for Implementation		Possible models to replicate
	▪ EDS for authorizations and credentialing plus fraud claims ▪ Other sections in DPH and DSS including other community resources ▪ Hospitals for information on uncompensated care money ▪ VNA/home meal delivery ▪ Local health departments Mobile units	▪ Assoc. of S. W. CT VNA ▪ Dental school Community Health Centers ▪ Geriatric Physicians Association ▪ Centers on Aging ▪ Commission on Aging ▪ Nursing Home Administrations ▪ Media (TV, Radio, Newspaper)	▪ Donated Dental Services ▪ Regional Senior Center Dental Clinic ▪ Fee system for children (same approach for seniors) ▪ UCONN training updates for auditors
Holt, Wexler & Farnam, LLP	**Immediate actions for consideration to enable implementation of the Action Plan**		
	1. Work with Diabetes and CVD to identify organizations that will attend funding technical assistance work sessions to ensure priority activities are implemented. 2. Convene a core group (i.e., Task Force co-chairs and leaders) to assist with contacting organizations who have volunteered or been identified as viable partners to implement portions of the Action Plan. 3. Maintain contact with the key partners through quarterly updates of DPH and partner activities. 4. Seek broader information on oral health of older adults, and service provision using baseline data from the oral health convenience survey. This may involve surveying providers and surveying populations that may be more vulnerable or likely to experience barriers, e.g., persons living independently, persons in assisted living facilities, and persons in nursing homes.		
Journal of Dental Education **Marsha Pyle, DDS, M.Ed.; Eleanor Stoller, Ph.D. *Journal of Dental Education*. Dec. 2003.**	Potential methods to address Oral Health needs of the elderly could include the following strategies: ▪ Geriatric dentistry should receive increased emphasis in the nation's dental schools, specifically within the predoctoral dental curriculum ▪ "Give Kids a Smile" should be adapted for older Americans ▪ Mandatory continuing education for dentists in the field of geriatric dentistry ▪ Dental schools should focus services and programs for elderly that target both on- and off-site care ▪ Inexpensive yet effective preventive procedures can be employed for the elderly population that has difficulty accessing care		
	Potential Interdisciplinary Challenges for the Future. Strategies exist for improving health professionals' ability to diminish geriatric oral health disparities. Working to remove barriers to interdisciplinary care for the elderly could include:		
	▪ Working to include "special care" patients in mainstream care ▪ Expanding curricula and clinical experiences in general dentistry residency programs ▪ Expanding predoctoral didactic and clinical experience ▪ Increasing advocacy in area of diminishing public assistance ▪ Increasing partnerships with the ADA and AARP ▪ Engaging constituent and component dental societies ▪ Reassessing oral health role in Medicare ▪ Increasing federal funding for interdisciplinary models of education that include geriatrics	▪ Creating incentives to develop new integrated curricula in dentistry, medicine and allied health professions ▪ Creating efficiencies by pooling resources ▪ Developing RFPs for interdisciplinary curriculum models for predoctoral education ▪ Updating allied health professions schools' competency documents to reflect the importance of ability to be prepared to care for the elderly and the need for interdisciplinary training as a part of necessary skills ▪ Assisting accrediting and licensing bodies with the incorporation of new competencies into their values and policies	

Resources

- http://data.cthealth.org/Portals/0/documents/datascan32707.pdf
- Community Health Data Scan
- CT Medicaid Dental Reimbursement Fees https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=REFJW232_Dental_7.pdf&URI=fee_schedules/REFJW232_Dental_7.pdf
- http://www.healthinaging.org/public_education/eldercare/6.xml
- http://www.astratechdental.com/Library/396636.pdf, retrieved 6/2008, Astra Zeneca, 2005
- http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/ToothLoss/ToothLossSeniors65andOlder, retrieved 6/2008 NIDCR, 2008
- **www.CDC.gov.**
- Simons D, Baker P, Jones B, Kidd EA, Beighton D. West Herts Community Dental Services, Principal Health Centre, Civic Close, St Albans.