ORAL HEALTH INTEGRATION STANDARDS

Version 4, 8/13/15

1. Screen patients for oral health risk factors and symptoms of oral disease
    - Develop process and protocol to screen all patients for oral health needs
        - ➢ Process should include a health risk assessment and basic oral exam
        - ➢ The health risk assessment should ask questions about: the last time the individual saw a dentist, name of dentist and location/dental home if applicable[1], oral dryness, pain and bleeding in the mouth, oral hygiene and dietary habits
            i. Sample screening tools: http://www.astdd.org/basic-screening-survey-tool
        - ➢ The risk assessment can administered by anyone in the practice (i.e.; front desk, medical assistant, etc.) or part of a written health assessment and reviewed by the primary care physician
        - ➢ A patient who screens positive for anything on the risk assessment is flagged for further evaluation and basic intervention. Basic intervention includes primary care based preventive measures detailed below (in section two).
        - ➢ The oral screening is administered by a primary care physician, APRN or physician assistant who has received training on how to perform the exam and education on oral health[2]. Possible educational tools:
            i. Smiles for life curriculum[3]
            ii. Medications that cause dry mouth: https://www.ctdhp.com/providers_items.asp?a=3&b=38
            iii. See appendix for additional educational resources: IPE Toolkit
        - ➢ The focus of the oral exam should be to examine the entire oral cavity to look for signs of active dental caries (white spots or untreated cavities) poor oral hygiene (presence of plaque, or gingival inflammation), dry mouth (no pooling saliva and/or atrophic gingival tissues), pre-cancer and cancerous lesions. (see appendix: Iowa Oral Health Assessment Tool)
2. Determine best course of treatment for patient
    - Review information gathered from the risk assessment and the oral exam with the patient
        - ➢ Depending on concerns discovered, the finding could be presented by the PCP, APRN, PA, Medical Assistant, or Community Health Worker. The level of severity of the conditions should dictate the professional level of the person

[1] A "dental home" means an ongoing relationship between a dentist and a patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and person or family-centered way (reference: CTDHP Dental Home Definition)

[2] Medicaid reimburses for PCP, APRN, or PA to be reimbursed for providing oral health care for children under 3 years old. Currently in discussion with DSS to change to reimbursing for a broader age range

[3] Smiles for life is a free online education resource that provides continuing medical education (CME) credits (http://www.smilesforlifeoralhealth.org/buildcontent.aspx?tut=555&pagekey=62948&cbreceipt=0)

providing the feedback (e.g.; if there is a concern of oral cancer findings should be shared by a primary care physician, if a referral is needed it can be shared by another member of the practice – RN, medical assistant, etc.)

- Develop a set of standardized criteria to determine the course of treatment
  - Criteria should be based on answers to the risk assessment, findings from the oral exam, and patient preferences
  - In developing the criteria consider which prevention activities can be provided in the primary care setting. Prevention activities that can be made available in the primary care setting include:
    i. Changes in the medication to protect the saliva, teeth, and gums
    ii. Fluoride varnish application whenever applicable or subscription for supplemental fluoride for children if not drinking fluoridated water (Information on fluoridated water testing: http://oralhealth.uchc.edu/fluoridation.html)
    iii. Dietary counseling to protect the teeth and gums, and to promote glycemic control for patients with diabetes
    iv. Oral hygiene education and instruction
    v. Therapy for tobacco, alcohol, or drug addiction

3. Provide necessary treatment – within primary care setting or referral to oral health provider
   - If care is provided within the primary care setting determine who in the primary care setting is responsible for providing preventive care
     - The physician will be responsible for changing medication while a non-physician team member can provide dietary counseling, oral hygiene training, and fluoride varnish.
     - Ideally the non-physician prevention is conducted by a health educator or care manager [dependent on practice resources].
     - If the practice does not have the resources of a health educator or care manager prevention education can be provided in other manners, including:
       i. Craft a message on prevention to be provided by other members of the care team (primary care physician, medical assistant, etc.)
       ii. Train existing team members to provide the needed services (e.g.; LPNs)
       iii. To supplement other educational tools and resources, provide through written materials such as a handout in the waiting room or an after visit summary
       iv. Provide free products that support dental hygiene (e.g.; toothbrush, floss, etc.)[4]
       v. Use built in EMR tools that provide standardized education to the patient based on diagnosis
   - If a referral is needed, develop processes and protocols to make, manage, and close out referrals
     - Identify a preferred dental network for referral for patient that do not have a usual source of dental care

[4] The Connecticut Dental Partnership can be a resource for this – issues free products and referral information https://www.ctdhp.com/default.asp

- Execute a process to coordinate with the dental network that outlines:
    i. What information should be shared with the dentist when the patient is referred into the dental network or dental home. Information to consider: patient's problem list, current medications and allergies, reason for the referral, and acknowledgement that patient is healthy enough to undergo routine dental procedures
    ii. Process to confirm that the patient made an appointment with the dentist and the date of the appointment
    iii. Process to receive a summary of the dentist's findings and treatment plan to be shared with the primary care provider upon completion of the visit and for inclusion in the patient's health record
- Patients with existing dental relationships outside Advanced Network or FQHC should be honored and the same information should be exchanged between the primary care provider and the dentist.
- Develop technology solution for sharing necessary information between primary care and dental providers
    i. Consider direct messaging or secure email to share information between primary care practice and dental providers
- Develop process/protocol for tracking and coordinating referrals, consider:
    i. Designating someone in the practice (existing referral/care coordinators) to act as a referral coordinator for dental visits
    ii. The referral coordinator should be responsible for confirming that the dental appointment was made, occurred, and the agreed upon information was shared between the two providers
    iii. Provide other supportive services where/when possible: transportation, interpreters, etc.

4. Track oral health outcomes/improvement for decision support and population health management (review what this looks like in practice and re-word)
    - Develop processes and protocols to electronically capture all relevant dental health data
        - Risk assessment results
        - Oral health screening results
        - Interventions received: referral order, prevention in the clinic
        - Documentation of completed referral
        - Consider capturing data in structured manner (i.e.; delimited fields vs free text) so data can easily tracked for reporting purposes
    - Develop process to routinely monitor and report on integration process that supports quality improvement and holding primary care and dental partners accountable to the established agreements