The Case for Change Summary

Tooth decay is a surprisingly common transmissible, infectious disease. Fifty percent of adolescents suffer from tooth decay[1,2], and 25 percent of seniors have lost all of their natural teeth.[2,3] What's more, oral disease doesn't just infect the mouth. Periodontal disease complicates and exacerbates other chronic conditions like diabetes and cardiovascular disease, and contributes to pre-term birth. The consequences of oral disease are often minimized or discounted, yet oral complications reflect, exacerbate, and may even initiate other health problems. Furthermore, they can have a profoundly negative impact on quality of life.[4]

Primary care teams can improve their patients' health by screening for oral health risk factors and early signs of disease.

Primary care teams help patients and families prevent and detect disease in every other part of the body. Why not the mouth, too?

Oral disease is a significant problem and has been artificially separated from medical care for too long. Primary care teams already have the skills needed to manage preventive, acute, and chronic care needs for a wide range of clinical conditions, and have frequent and regular contact with populations at high risk for oral disease: children, pregnant women, and people with diabetes. Although primary care clinicians may feel inadequately trained in oral disease, given their understanding of the human body, everything they need to manage oral health can be learned in a matter of hours.

The Oral Health Delivery Framework provides us with five activities within the scope of primary care:

- ASK about risk factors and symptoms of oral disease.
- LOOK at the patient's teeth and mouth.
- DECIDE what simple steps can be taken within primary care to reduce risk (like patient education, administration of fluoride varnish or adjustment of medications causing dry mouth) or to refer the patient for dental care.
- ACT on these decisions.
- DOCUMENT what has been done so a practice can track population health over time.

The Oral Health Delivery Framework has been tested in a variety of primary care practices around the country. These practices found that it was feasible to implement, did not negatively impact patient scheduling, and often offered an opportunity to improve systems (like data reporting or referrals) that were a challenge for the practice.

As with any new process, implementing the Framework does require an initial investment of staff time, and some technical assistance may be needed (electronic health record modification, workflow optimization, clinical content learning) depending on the resources available within the practice.

Recommended reading to share with a practice:

- Organized, Evidence-Based Care Supplement: Oral Health Integration Executive Summary
- Oral Health: An Essential Component of Primary Care

Citations

1. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Oral Health at a Glance: 2011. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Pub no. C5217229-AK. 2011. Accessed December 9, 2014.

2. IOM (Institute of Medicine). 2011. Advancing Oral Health in America. Washington, DC: The National Academies Press.

3. Griffin SO, Jones JA, Brunson D, Griffin PM, Bailey WD. Burden of oral disease among older adults and implications for public health priorities. Am J of Public Health. 2012;102(3): 411-418.

4. Hummel J, Phillips KE, Holt B, Hayes C. Oral Health: An Essential Component of Primary Care. Seattle, WA: Qualis Health; 2015.

About the Oral Health Integration in Primary Care Project

Organized, Evidence-Based Care Supplement: Oral Health Integration joins the Safety Net Medical Home Initiative Implementation Guide Series.

The goal of the Oral Health Integration in Primary Care Project was to prepare primary care teams to address oral health and to improve referrals to dentistry through the development and testing of a framework and toolset. The project was administered by Qualis Health and built upon the learnings from 19 field-testing sites in Washington, Oregon, Kansas, Missouri, and Massachusetts, who received implementation support from their primary care association. Organized, Evidence-Based Care Supplement: Oral Health Integration built upon the Oral Health Delivery Framework published in Oral Health: An Essential Component of Primary Care, and was informed by the field-testing sites' work, experiences, and feedback. Field-testing sites in Kansas, Massachusetts, and Oregon also received technical assistance from their state's primary care association.

The Oral Health Integration in Primary Care Project was sponsored by the National Interprofessional Initiative on Oral Health, a consortium of funders and health professionals who share a vision that dental disease can be eradicated, and funded by the DentaQuest Foundation, the REACH Healthcare Foundation, and the Washington Dental Service Foundation.

For more information about the project sponsors and funders, refer to:

National Interprofessional Initiative on Oral Health: niioh.org.

DentaQuest Foundation (now CareQuest Instutute for Oral Health): carequest.org.

REACH Healthcare Foundation: reachhealth.org.

Washington Dental Service Foundation (now Arcora Foundation): arcorafoundation.org.

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