

# Oral Health: An Essential Component of Primary Care

## Executive Summary



June 2015



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### The Problem

Oral health is essential for healthy development and healthy aging, yet nationwide there is an unacceptably high burden of oral disease. Dental caries is the most common chronic disease of childhood. One quarter of adults have untreated dental caries and 20% have destructive periodontal disease, which can result in pain, tooth loss, and systemic infection.

A person's oral health impacts their overall health and their quality of life. Patients with chronic disease, such as diabetes, are at increased risk for both oral complications and adverse health outcomes if their oral complications go untreated. Late-stage oral disease results in significant and wasteful healthcare spending. Moreover, a series of intriguing new reports demonstrate the potential for significant savings in total healthcare costs across a spectrum of conditions with the successful treatment of periodontal disease, demonstrating the potential benefits of addressing oral disease.

### The Solution

Enhancing access to affordable dental care is important, but unlikely to be a sufficient strategy for reducing the burden of oral disease. To effectively combat oral disease, we need to expand the oral disease prevention workforce and intervene earlier in the course of disease.

### A New Approach

Delivering oral health preventive care in the primary care setting offers the opportunity to expand access for nearly all patients, particularly high-risk and vulnerable patients who bear the greatest burden of oral disease. Primary care teams have the skills necessary to understand and intervene in the oral disease process; the relationships needed to engage patients and families in oral health self-care; and a structure for coordinating referrals to dentistry and supporting patients during transitions of care. Further, the primary care delivery system is in the midst of a transformation, striving to provide more patient-centered and value-oriented care. This evolution provides new resources, and a new responsibility, for addressing oral health as a component of comprehensive, whole-person care.

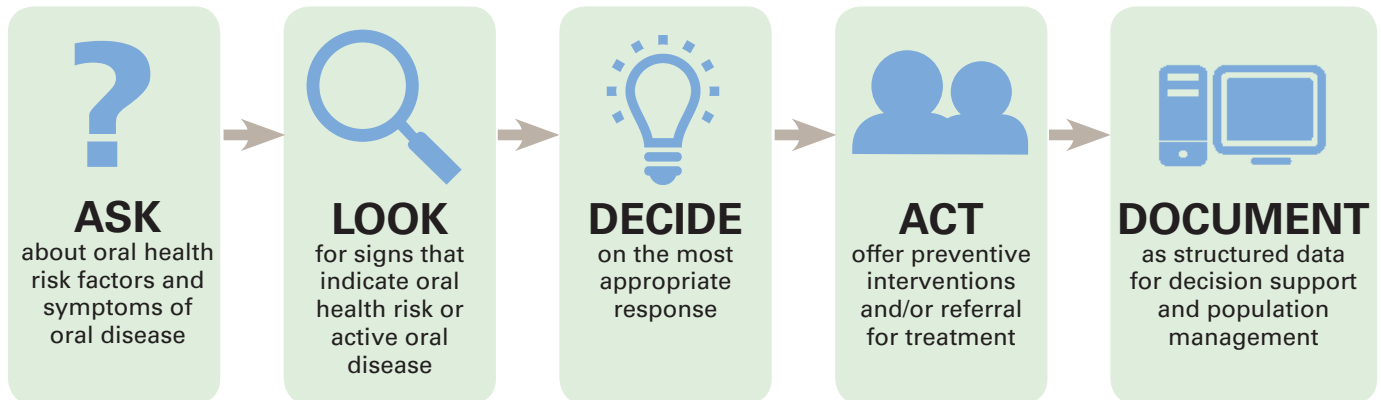
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To reduce the burden of oral disease, the efforts and skills of both primary care providers and dentists and their respective teams will be required. The job is too great for either discipline alone.

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## The Oral Health Delivery Framework

The *Oral Health Delivery Framework* delineates the activities for which a primary care team can take accountability. These activities are within the scope of practice for primary care; and if organized efficiently, can be integrated into the office workflow of diverse practice settings. Activities are grouped into five action categories: Ask, Look, Decide, Act, and Document & Follow Up.



- **Ask** about symptoms that suggest oral disease and factors that place patients at increased risk for oral disease. Two or three simple questions can be asked to elicit symptoms of oral dryness, pain or bleeding in the mouth, oral hygiene and dietary habits, and length of time since the patient last saw a dentist. These questions can be asked verbally or included in a written health risk assessment.
- **Look** for signs that indicate oral health risk or active oral disease. Assess the adequacy of salivary flow; look for signs of poor oral hygiene, white spots or cavities, gum recession or periodontal inflammation; and conduct an examination of the oral mucosa and tongue for signs of disease.
- **Decide** on the most appropriate response. Review information gathered and share results with patients and families. Determine a course of action using standardized criteria based on the answers to the screening and risk assessment questions; findings of the oral exam; and the values, preferences, and goals of the patient and family.
- **Act** by delivering preventive interventions and/or placing an order for a referral to a dentist or medical specialist. Preventive interventions delivered in the primary care setting may include: 1) changes in the medication list to protect the saliva, teeth, and gums; 2) fluoride therapy; 3) dietary counseling to protect the teeth and gums; 4) oral hygiene training; and, 5) therapy for tobacco, alcohol, or drug addiction.
- **Document** the findings as structured data to organize information for decision support, measure care processes, and monitor clinical outcomes so that quality of care can be managed (Follow Up).

The *Oral Health Delivery Framework* is a conceptual model for integrating preventive oral health care in routine medical care. It directly aligns with the oral health core clinical competencies identified by the Health Resources and Services Administration in 2014. Advanced primary care practice settings such as Patient-Centered Medical Homes (PCMHs) are well positioned to implement the Framework in full. Primary care practices still developing advanced capacities (such as team-based care) can consider an incremental approach to implementation. This might include focusing first on a particular patient population, or beginning with just one or two of the identified activities, for example, screening and referral.

The concepts of prevention, screening, and early intervention to minimize morbidity are foundational to the practice of medicine and nursing, but not all members of the primary care team will have received education on oral health. Investing in education and training is an important first step for any practice interested in providing preventive oral health care. Well-tested oral health clinical training programs exist for primary care providers, and can be used to develop the skills and confidence of the entire primary care team.

**“A significant number of our patients don’t receive basic oral health services, so we are the starting point for good oral health.”**

*John Donaghy, Practice Manager, Confluence Health Wenatchee Pediatric Clinic*

Incorporating oral health in routine medical care offers an important opportunity to improve individual and population health, reduce oral health disparities, and minimize the social and economic costs of preventable oral disease. Primary care practices are well positioned to meet this challenge, but they will need support in order to make the delivery of preventive oral healthcare viable and sustainable. We offer the following recommendations to stakeholders on actions they might take to support primary care’s engagement in oral health.

- **Dentists:** Participate in primary care-dentistry referral networks and accept patients of mixed insurance status; develop referral relationships with medical providers supported by structured referral protocols; and communicate consultation notes back to the referring provider.
- **Payers:** Assess the adequacy of payment for covered oral health preventive services, and consider expanding coverage options where appropriate. Incentivize risk assessment, screening, and care coordination with dentists, by offering reimbursement for these critical activities.
- **Policymakers:**
  - Assess the capacity of dental teams to respond to increasing referrals from primary care, and pursue opportunities to reduce dental professional shortage areas. Invest in community health networks, teledentistry, and other options to support primary care providers in communities with limited dental resources.
  - Consider opportunities for community-based prevention and education initiatives in schools, senior centers, and other social services agencies. Changing entrenched social attitudes about oral disease (e.g., perceived acceptability of tooth loss, fear of dental care) and fostering patient responsibility for self-care will require broad-based community support.
  - Invest in research to strengthen the evidence base for oral health preventive care and make oral health a national research priority. Primary care-specific oral health performance measures should be developed, tested, and incorporated into existing quality reporting mechanisms.
  - Support community-based preventive services, including water fluoridation and school-based sealants.

- **Patient and Family Advocates:** Engage patients and families in championing for change. Identify community and civic organizations engaged in health promotion activities and encourage them to add oral health-related messages to existing and planned efforts.
- **Educators:** Identify opportunities to strengthen interprofessional healthcare workforce training by ensuring that basic oral health clinical content and competencies are included for clinical and non-clinical healthcare professionals.

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It is time to include preventive oral health care in the delivery of routine medical care and achieve the promise of comprehensive, whole-person care for all.

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*To learn more about the Oral Health Delivery Framework, continue to [Oral Health: An Essential Component of Primary Care](#).*

*To learn about the experience of early leaders in the field, continue to [Oral Health Integration Case Examples](#).*

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