

ORAL HEALTH INTEGRATION STANDARDS

Developed under guidance from the Practice Transformation Taskforce (PTTF) as part of the Connecticut State Innovation Model Initiative

Program Description and Objective:

Description: The oral health integration standards provide a process for primary care practices to routinely screen individuals for oral health needs and when necessary connect individuals to an oral health provider.

Objective: Improve dental health for all populations as well as overall health. It is well acknowledged that there is an oral/systemic link (Qualis Health, 2015). An individual's oral health can impact their overall health and vice versa, in particular when individuals have certain chronic conditions like diabetes. These standards will put processes in place that promote treating the individual in a manner that acknowledges the oral-systemic links.

High Level Intervention Design:

1. Screen individuals for oral health risk factors and symptoms of oral disease
2. Determine best course of treatment for individual
3. Provide necessary treatment – within primary care setting or referral to oral health provider
4. Track oral health outcomes/improvement for decision support and population health management

Standards:

1. Screen individuals for oral health risk factors and symptoms of oral disease

- The network develops a risk assessment¹ that will be reviewed by the primary care provider to screen all individuals for oral health needs using a tool that includes questions about:
 - The last time the individual saw a dentist
 - Name of dentist and location/dental home if applicable²
 - Oral dryness, pain and bleeding in the mouth
 - Oral hygiene and dietary habits
 - Need and expectations of the patient
- The network determines a process and protocol to administer the risk assessment that identifies:
 - The format of the assessment (i.e.; written or verbal)
 - Who administers the assessment (can be anyone in the practice)
- The network identifies a process to flag individuals for follow-up for further evaluation and basic intervention that includes the primary care based preventive measures detailed in section two
- The network develops an oral examination³ procedure of the entire oral cavity that includes:
 - Assessment for signs of active dental carries (white spots or untreated cavities)

¹ See Appendix F for a link to sample risk assessments

² A “dental home” means an ongoing relationship between a dentist and an individual, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and person or family-centered way (reference: Connecticut Dental Health Partnership (CTDHP) Dental Home Definition)

³ See Appendix F for sample Oral Exam

- Poor oral hygiene (presence of plaque, or gingival inflammation)
- Dry mouth (no pooling saliva and/or atrophic gingival tissues)
- Pre-cancer and cancerous lesions
- The network determines who is responsible for conducting oral exam⁴ and ensures appropriate oral health training and education⁵ is received by the care team members conducting the exam.

2. Determine best course of treatment for individual

- The network designates care team member(s) to review the risk assessment and the oral exam with the individual⁶
- The network develops a set of standardized criteria to determine the course of treatment that includes:
 - Consideration for the answers on the risk assessment, findings from the oral exam, and individual preferences
 - Identification of which prevention activities can be provided in the primary care setting⁷

3. Provide necessary treatment – within primary care setting or referral to oral health provider

- The network will determine who in the primary care setting is responsible for delivering preventive care⁸
- The networks provides prevention education and materials in the primary care setting, ideally by a trained health educator or care manager⁹, that includes:
 - Providing free products that support dental hygiene (e.g., toothbrush, floss, etc.)¹⁰
 - Using the built in EMR tools that provide standardized education to the individual based on diagnosis
 - Training existing team members to provide the needed services (e.g., LPNs)

⁴ The oral exam can be conducted by anyone on the care team who has received the proper oral health training and education, but Medicaid only reimburses for the exam if it is conducted by a PCP, APRN, or PA for children under 3. Currently in discussions with DSS to reimburse for a broader age range

⁵ See Appendix F for possible training and education tools

⁶ Any member of the care team can review findings of the assessment and the exam with the individual, but as a general rule the severity of the condition should dictate the level of the person who interacts with the individual (e.g., if there is a concern about oral cancer findings should be shared by a primary care provider, if a referral is needed it can be shared by another member of the team)

⁷ The following prevention activities are usually provided in the primary care setting: changes to medication to protect the saliva, teeth, and gums; Fluoride varnish application whenever applicable or subscription for supplemental fluoride for children not drinking fluoridated water (information on fluoridated water testing: <http://oralhealth.uchc.edu/fluoridation.html>); [dietary counseling to protect teeth and gums, and to promote glycemic control for individuals with diabetes; oral hygiene education and instruction; therapy for tobacco, alcohol and drug addiction](#)

⁸ Preventive care provided in the primary care setting can be provided by any member of the care team with the exception of changing medications which needs to be done by the primary care provider

⁹ If a health educator or care manager is not available other members of the care team can be trained to provide education

¹⁰ The CTDHP can be a resource for this – will provide dental referral information and may issue free oral health products for Medicaid patients <https://www.ctdhp.com/> or 1-855-CT-DENTAL

- Crafting educational messages on prevention that can be provided by all members of the care team in the absence of a health educator or care manager
- Providing written materials such as a handout in the waiting room or an after visit summary as supplemental education
- The network develops a process and protocols to make, manage, and close out referrals that include:
 - Identifying a preferred dental network for referrals for individuals who do not have a usual source of dental care
 - Coordinating to share the necessary health information with the individual's dental network which includes:
 - Individual's problem list
 - Current medication and allergies
 - Reason for the referral
 - Confirmation that the individual is healthy enough to undergo routine dental procedures
 - Confirming the individual made an appointment with the dentist and the date of the appointment
 - Receiving a summary of the dentist's findings and treatment plan upon completion of the dental visit for inclusion in the individual's health record
 - Developing technology solutions for sharing necessary information between primary care providers and dental providers¹¹
 - Designating an individual to be responsible for tracking and coordinating referrals, confirming that the dental appoint was made, occurred, and the agreed upon material was shared between providers
 - Providing additional support services where/when possible (i.e.; transportation, interpretation, etc.)

4. Track oral health outcomes/improvement for decision support and population health management

- The networks electronically captures the following items¹²:
 - Risk assessment results
 - Oral exam results
 - Interventions received: referral order, preventions in clinic
 - Documentation of completed referral
- The network monitors and reports on integration process that supports quality improvement and holding the primary care and dental partners accountable to the established agreements

¹¹ Networks should consider technologies such as direct messaging or secure messaging

¹² Networks should consider capturing data in a structured manner (i.e.; delimited fields vs free text) so data can easily be tracked for reporting purposes