An Overview of Smiles for Life: A National Curriculum for Medical Providers

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October 18, 2013







Learning Objectives

By the end of this talk participants will be able to:

- Understand the national initiatives concerning interprofessional oral health and the potential they have to affect medical care in Maine
- Describe how oral health can be a part of Patient Centered Medical Home (PCMH) efforts
- Understand the core oral health clinical competencies that primary care clinicians can develop by using the Smiles For Life curriculum
- Utilize systematic approaches in the office to introduce oral health into daily care/workflow across the life cycle





Oral Health in Medicine on the National Level

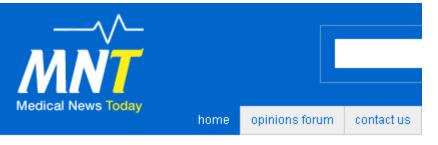






Family Medicine and Community Health

Oral Health is Everywhere...





Obesity Contributes To Poor Oral Health

Main Category: Dentistry

Also Included In: Obesity / Weight Loss / Fitness

Article Date: 06 Jul 2011 - 9:00 PDT

Hospitalizations And Medical Care Costs In Diabetics Reduced By Periodontal Therapy







Why should medical providers care?

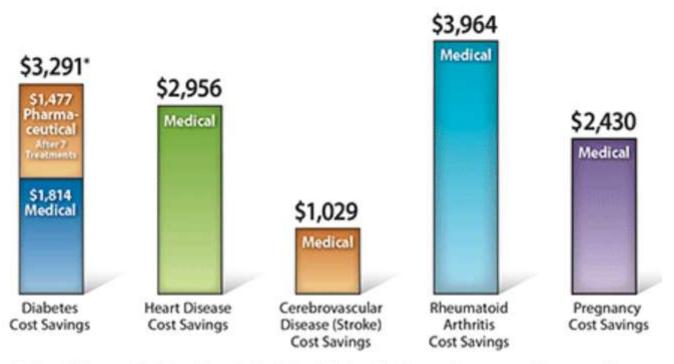
- 50 million Americans live in rural or poor areas where dentists do not practice
- Only 43% of elderly visit the dentist
- Preventable dental conditions were the primary reason for 2 million ED visits (2010)
- Only 34% of pregnant women visit the dentist

So the Medical Home is the Dental Home in many cases





Treating Gum Disease Equals Annual Cost Savings



United Concordia's landmark Oral Health Study shows that annual cost savings of \$3,291, \$2,956, \$1,029, \$3,964 and \$2,430 are possible when individuals with diabetes, heart disease, cerebrovascular disease (stroke), rheumatoid arthritis and pregnancy are treated for gum disease.

UNITED CONCORDIA DENTAL





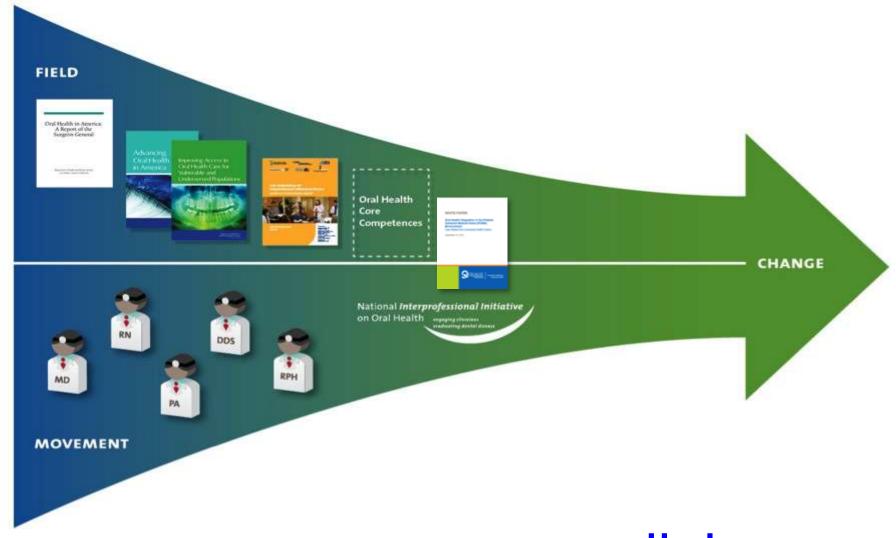
^{*3-}year average of \$1,814 in savings from reduced hospital and office visits begins in the first year of periodontal treatment. Pharmacy savings realized annually after patient receives at least 7 periodontal treatment and/or maintenance visits.

Medical Institutions Care

| 2001 | American Academy of Pediatrics: Section on Oral Health |
|------|---|
| 2003 | Society of Teachers in Family Medicine: Smiles for Life |
| 2009 | American Dental Association: Access to Care Summit |
| 2010 | Dept. of Health and Human Services: Oral Health Initiative |
| 2010 | Physician Assistants Leadership Summit on Oral Health |
| 2011 | Healthy People 2020: Oral Health = Leading Health Indicators |
| 2011 | Institute of Medicine and Health Resources & Service Admin HRSA: Advancing Oral Health in America Improving Access to Oral Health Care for Vulnerable and Underserved Populations |
| 2011 | Assn. of American Medical Colleges AAMC: oral health curricula |
| 2011 | National Nursing Oral Health Summit & Nursing Education Practice program |
| 2013 | ACOG Committee Opinion Oral Health Care During Pregnancy 2006 NY DPH: 2010 CDA OH During Pregnancy Evidence Based Guidelines) |







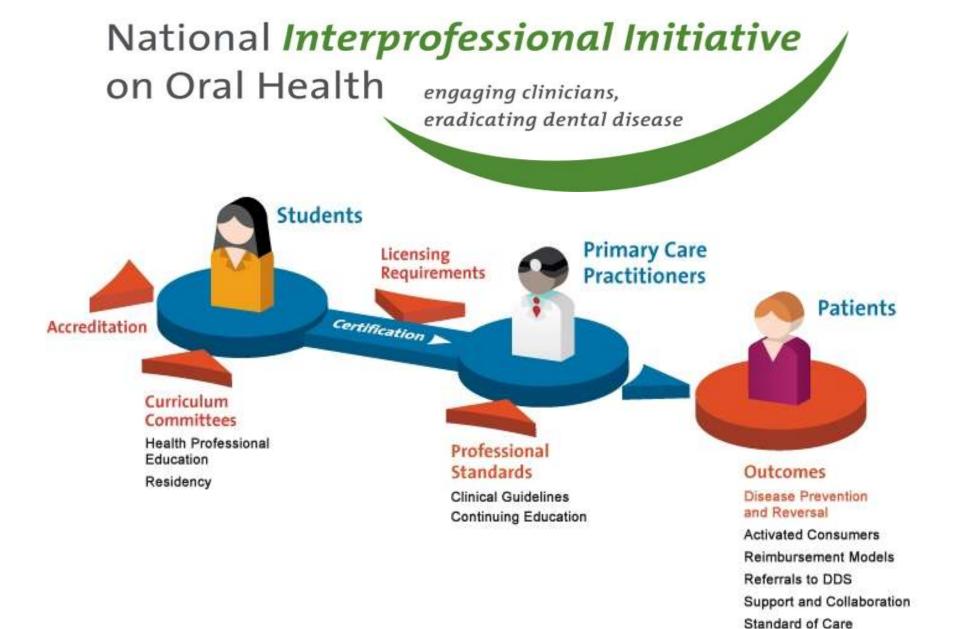
www.niioh.org





National Interprofessional Initiative on Oral Health engaging clinicians, eradicating dental disease

Initiative activities are made possible as a result of funding from the DentaQuest Foundation, the Washington Dental Service Foundation, and the Connecticut Health Foundation







The Disconnect

- Children are 2.5 times more likely to lack dental coverage than medical coverage
- > 50% of MDs had little or no oral health training
- Little communication and cooperation between medical and dental providers



So Why Oral Health in Primary Care?

"Quality health care means doing:
the right thing,
at the right time,
in the right way,
for the right person,
and having the best results possible"

Your Guide to Choosing Quality Health Care Agency for Healthcare Research and Quality (AHRQ), 2003c





The Oral Health Opportunity

- The right thing: risk assessment, diet and hygiene counseling
- Right time: at wellness visits for adults, children and prenatal
- Right way: From primary care team who knows them; many do not know that it is preventable
- Right Person: 30% do not access dental delivery system.
- Best Results: Positive behavior change and self-responsibility; affecting overall health





Oral health is like the rest of what we do:

- Everybody starts out life with ____ and needs it/them to function throughout life.
- Disease/dysfunction of ____ is common, yet preventable by individual behavior.
- Etiology of ____ disease is complex and includes social and personal factors.
- Prevention of ____ disease is less expensive than treatment.
- Teamwork and consultation are helpful in maximizing ____ care.





Oral health is like the rest of what we do:

- Everybody starts out life with <u>a heart</u> and needs it/them to function throughout life.
- Disease/dysfunction of the heart is common, yet preventable by individual behavior.
- Etiology of <u>heart</u> disease is complex and includes social and personal factors.
- Prevention of <u>heart</u> disease is less expensive than treatment.
- Teamwork and consultation are helpful in maximizing <u>cardiac</u> care.





Oral health is like the rest of what we do:

- Everybody starts out life with <u>teeth</u> and needs it/them to function throughout life.
- Disease/dysfunction of <u>teeth</u> is common, yet preventable by individual behavior.
- Etiology of <u>oral</u> disease is complex and includes social and personal factors.
- Prevention of <u>oral</u> disease is less expensive than treatment.
- Teamwork and consultation are helpful in maximizing <u>oral</u> care.





Think of the prevention opportunities

- Prenatal visits ~13 visits ~4 hours
- Infants (WCC) 11 visits before age two
- Children & Teens 18 visits, plus sick visits
- Adults annually
- Geriatrics admission to NH, every 30 days; home visits
- Sports Medicine; Urgent Care





Oral Health in the Patient Centered Medical Home







Oral Health is a Fit for PCMH

- Patient-centered
- Comprehensive care
- Coordinated care
- Accessible care
- Systems-based approach to quality and safety





Patient-Centered

- Whole person
 - puts the mouth back into the body
- What matters to you?
 - My appearance; my well being; not missing work; not being in pain
- Self-management and prevention
 - Diet and oral hygiene are under the patient's control
 Slide courtesy of Mark Deutchman, University of Colorado





Comprehensive Care

 Brings a formerly "siloed" aspect of health into the medical home

 We can't say – we don't take care of that part of your health; know an 'approach' to every health issue





Coordinated care

- Oral health is well-suited to medical teamwork:
 - Physicians
 - PA's
 - APN's
 - MA's
 - Counselors
- Collaboration with oral health professionals; know your referral options; communicate





Accessibility

- Brings oral health services into the medical home:
 - Education
 - Screening for oral disease and correlation with systemic health
 - Fluoride
 - Knowing/trusting your resources





Systems-based approach

- Use team approach to division of labor
- Other examples:
 - Vaccines
 - Behavioral health screens
 - Asthma care





"Health Homes"

Move beyond dental and medical homes:

- Set up in same building and conduct meetings together (e.g. a 'good' CHC)
- Have a professional perform "visiting" consults (e.g. hygienist in MD office once a week)
- Create lists for proper referrals know who does what, what insurance they take, what patient sets they see, etc





Work synergistically

- Support cross pollination of ideas:
 - Dental supporting fluoride varnish done by medical providers
 - Medical supporting dental doing oral cancer screens, blood pressure monitoring, nutrition advice
 - More inter-professional health in schools/residencies
 - And more!







The Smiles for Life Curriculum







Family Medicine and Community Health

Smiles for Life

A national oral health curriculum



Online Courses

Downloadable Modules

State Varnish Programs

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Welcome

Steering Committee Funders History

Smiles for Life is the nation's only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

For Individual Clinicians



We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the modules is available online.

For Educators



The curriculum is available in a presentation format easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules.

Course Quick Links

Oral Systemic

Course 1: The Relationship of Oral to Systemic Health



Course 2: Child Oral Health



Course 3: Adult Oral Health



Course 4: Acute Dental Problems



Course 5: Oral Health & the Pregnant Patient



Course 4: Fluoride Varnish



Course 7: The Oral Examination

Endorsed by:

Denta Quest



AMERICAN ACADEMY OF FAMILY PHYSICIANS STRONG MEDICINE FOR AMERICA

Smiles for Life

A national oral health curriculum





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Steering Committee

Endorsers

Funders

History

Citation

Sharing Our Websites

Endorsed By

Smiles for Life is endorsed by the following healthcare organizations who support the role of primary care clinicians in promoting good oral health:

American Academy of Family Physicians



American Academy of Pediatrics

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN

Society of Teachers of Family Medicine



American Academy of Physician Assistants



American Dental Association



America's leading advocate for oral health

Physican Assistant Education Association



American Association of Public Health Dentistry

Gerontological Advanced Practice Nurses Association





American College of Nurse-Midwives



Association of Faculties of Pediatric Nurse Practitioners



National Association of Pediatric Nurse Practitioners



The National Organization of Nurse Practitioner Faculties







Funders



Smiles for Life is made possible through the generous support of a collaborative network of funders who share a common commitment to enhancing the role of primary care clinicians in the promotion of oral health.



Initiative activities are made possible as a result of funding from the DentaQuest Foundation, the Washington Dental Service Foundation, and the Connecticut Health Foundation.

Second Edition

Washington Dental Service Foundation Connecticut Health Foundation The Oral Health Foundation Delta Dental of Colorado Delta Dental of Kentucky Central Massachusetts Oral Health Initiative

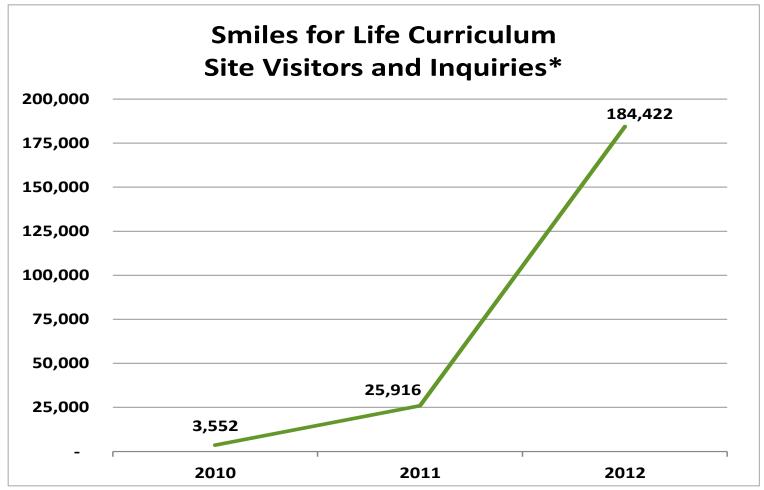
First Edition

Washington Dental Service Foundation
Connecticut Health Foundation
Delta Dental of Massachusetts
South Carolina More Smiling Faces in Beautiful Places
Robert Wood Johnson Foundation State Action for Oral Health Access Program
Central Massachusetts Oral Health Initiative





Results: Smiles for Life Utilization

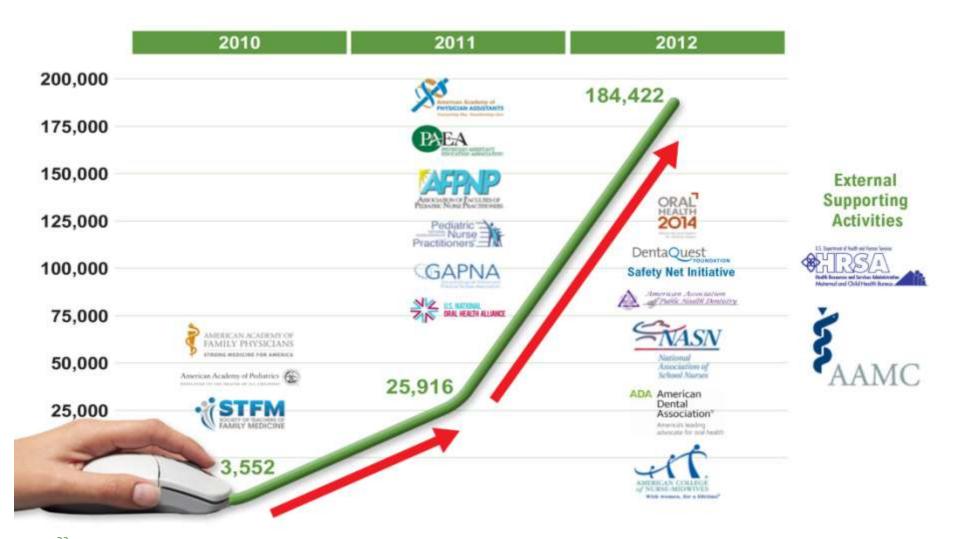


^{*} Record count includes search engine inquiries in addition to site visitors.





Smiles for Life Curriculum Site Visitors and Inquiries*







Who is Using SFL?

- 790 697 page hits/visits
- 184 422 discrete users
- 14 691 registered users
- Basis for state trainings in 11 states
- 50% of family medicine programs
- 12% of pediatric residencies





Programs Using Smiles for Life

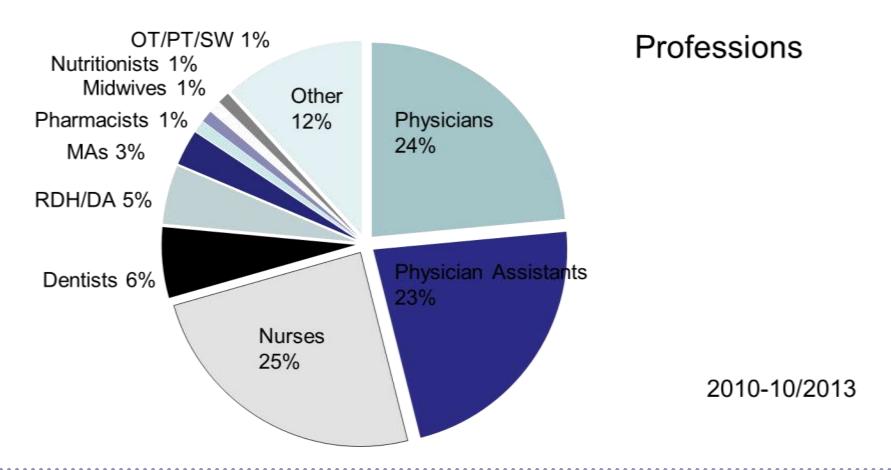
- Albany Medical Center
- Florida International University
- New York University
- Medical Univ. of South Carolina
- Shenandoah University
- Midwestern University
- Western Univ. of Health Sciences
- Wichita State University
- University of Pittsburgh
- Touro University
- Memorial Hermann (Texas)
- University of Maryland
- West Virginia University
- Univ. of Kansas Medical Center
- Univ. of Texas Medical Branch

- Health Department of Northwestern Michigan
- Family Medicine Residency of Idaho
- Oklahoma State University
- Stony Brook University
- McNeese State University
- Texas A&M University
- University of Oklahoma
- University of Utah
- Middlesex Residency Program (CT)
- University of Massachusetts Medical School
- Univ. of Mass. Family Practice Residency
- Baystate Pediatrics Residency (MA)
- BU Family Medicine Residency
- Frontier Nursing University
- Our Lady of the Lake Regional Medical Ctr
- University of Detroit Mercy
- Riverside Community College





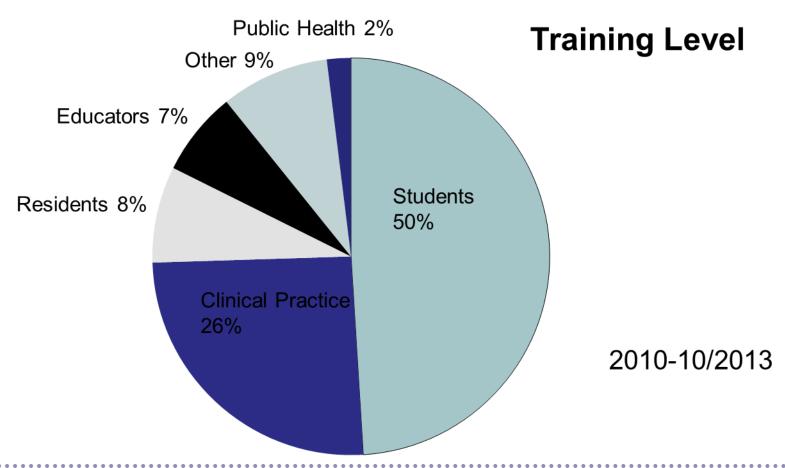
Who is Using SFL?







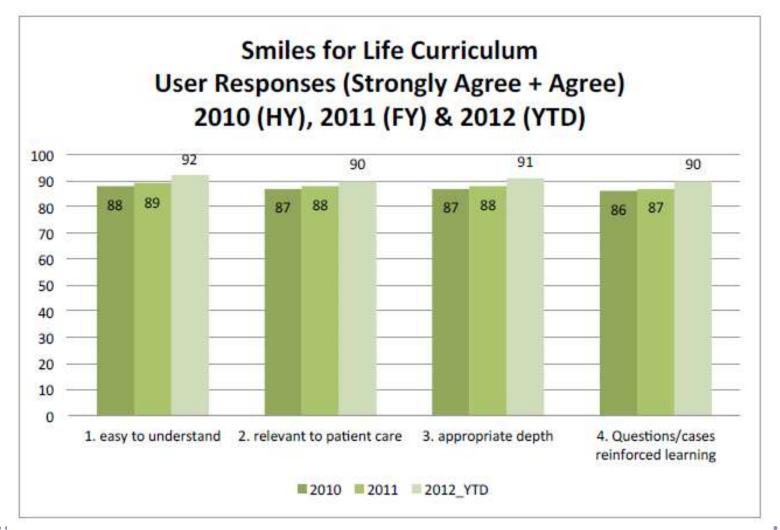
Who is Using SFL?







What Do Users Think of SFL?







Curriculum Overview

8 annotated 50 minute modules- Web and PowerPoint

- The relationship of oral to systemic health
- Child oral health
- 3. Adult oral health
- 4. Dental emergencies
- Oral health in pregnancy
- Fluoride varnish
- The oral examination
- Geriatric Oral Health

Interactive clinical cases

Test questions

Resources for further learning





Oral Health in Pregnancy







Oral Health in Pregnancy

This course addresses the importance of oral health before, during, and after pregnancy.

Clinicians will explore the prevalence of oral disease during pregnancy and its consequences for both mothers and children, as well as review dental treatment guidelines for pregnant women.

Acknowledgements

Course Steering Committee Editors

Hugh Silk, M.D.

Alan B. Douglass, M.D.

Consultants

OB/GYN - Laura Silk, M.D., Ellen Stein, M.D., M.P.H.

Dentistry - Joanna M. Douglass, B.D.S., D.D.S., Sheila Stille, D.M.D.

Smiles for Life Editor

Alan B. Douglass, M.D.

Last Modified: June, 2010





Course 3:

Adult Oral Health and Disease



sores

Clinical case examples of canker

Joanna Douglass, BDS, DDS

Optional Clinical Cases: Case 1 | Case 2



- + Welcome
- + Adult Oral Health & Disease
- Common Oral Lesions

Chapter Objectives

Herpes Labialis

Pyogenic Granuloma

Oral Ulcerations

Aphthous Stomatitis

Geographic Tongue

Hairy Tongue

Fissured Tongue

Bony Tori

Candidiasis

Candidiasis: Other Forms

Lichen Planus

Leukoplakia & Erythoplakia

Oral Cancer

Oral Cancer Treatment

Denture Problems

- + Prophylaxis & Anticoagulation
- + Summary & Assessment

Aphthous Stomatitis

Recurrent aphthous stomatitis (RAS)—also known as "canker sores"—is an oral ulcerative condition. Although a variety of host and environmental factors have been implicated, the precise etiology remains unknown.

Three Clinical Forms

- 1. Minor (less than seven mm), most common
 - Appears as rounded, well-demarcated, single or multiple ulcers in diameter that usually heal in 10-14 days without scarring
- Major (greater than seven mm)
 - Usually takes longer than 14 days to heal and may result in scarring
- 3. Herpetiform

Symptoms

- · Recurring, painful, solitary, or multiple ulcers
- Typically covered by a white to yellow pseudomembrane and surrounded by an erythematous halo
- Usually involves nonkeratinizing mucosa (e.g., labial mucosa, buccal mucosa, and ventral tongue)

Preventive Measures & Treatment

- Most patients with mild aphthae require no treatment.
- . Application of Orabase, with or without topical steriods can be used for symptomatic relief.

Aphthous Stomatitis

Three Clinical Forms

- Minor: less than 7mm, most common
- Major: greater than 7mm
- Herpetiform

Symptoms

- Recurring, painful, solitary, or multiple ulcers
- White/yellow pseudomemembrane, surrounded by an erythematous halo

Treatment

- Most mild aphthae require no treatment
- Orabase, topical or intralesional steroids
- Avoid trigger foods and chemicals





Photos: Joanna Douglass, BDS, DDS







Post Assessment

In order to receive credit for this course you must score a minimum of 80% on this assessment. If you do not score a minimum of 80%, you will have to retake the test in order to receive credit.

- 1. How can primary care clinicians prevent Early Childhood Caries?
 - A. Counsel a child's caregivers about the child's diet
 - B. Apply dental sealants to the teeth of young patients
 - C. Prescribe fluoride to every young patient
 - D. Refer children to a dentist at age five
- 2. What does this photograph of a child's mouth depict?
 - A. Fluorosis
 - B. White spots
 - C. Moderate Early Childhood Caries
 - D. Iron staining

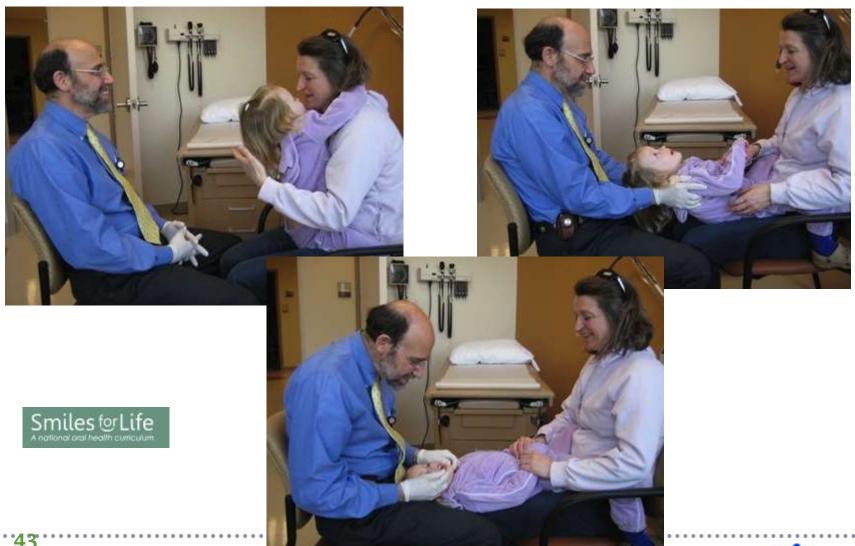


- 3. What is the first step in performing a knee-to-knee oral examination of a child's mouth?
 - A. Have the caregiver hold the child on his or her lap facing the examiner
 - B. Have the caregiver hold the child facing him or her in a straddle position
 - C. The examiner looks in the child's mouth





Training: the Knee-to-Knee Exam







View In iTunes

Free

Category: Medical Updated: Feb 16, 2012

Version: 1.0.1 Size: 4.5 M8

Languages: English, Spanish

Seller: Talaria, Inc. © Talaria Inc. 2012

Rated 4+

Requirements: Compatible with iPhone, iPod touch, and iPad. Requires iOS 3.0 or later

Customer Ratings

We have not received enough ratings to display an average for the current version of this application.

Description

This app summarizes key knowledge areas in oral health for primary care providers. It includes information on counseling at routine visits, tooth eruption charts, and prescribing guidelines.

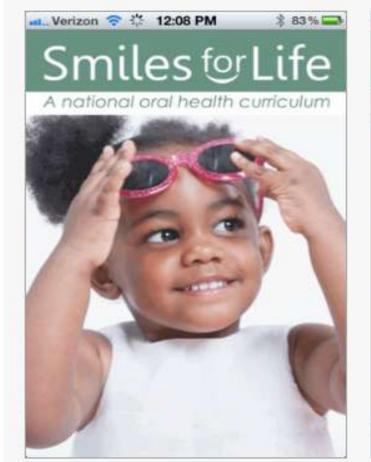
Smiles For Life Reference Guide Support)

What's New in Version 1.0.1

Additional images which illustrate oral exam techniques, and diagram specific traumatic oral conditions.

Verizon 🤝

iPhone Screenshots





www.smilesforlifeoralbealth.org

4:01 PM

Smiles for Life

A national oral health curriculum



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Pocket Cards PDA Apps Patient Education Handouts Patient Education Posters Video

Patient Education Posters

Click on the links to download patient education posters suitable for display in waiting or examination rooms.



Child Oral Health Poster (English)



Acute Dental Problems Poster





Child Oral Health Poster (Spanish)



Fluoride Varnish Poster







Fluoride Varnish Poster





Adult Oral Health Poster (Spanish)



Endorsed by: A Product of:





Smiles & Life

A national oral health curriculum



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Recommended Oral Health Websites

Recommended Oral Health Websites

The following websites are recommended by the STFM Group on Oral Health as excellent sources of information on oral health for primary care clinicians.

Academy of General Dentistry

Great patient education resources are available under the "for the public" tab.

American Academy of Pediatric Dentistry

More great links to parent resources are located under the "Parent Resource Center" tab including patient handouts, How to Find a Pediatric Dentist, and access to pediatric oral health brochures. The tab "Dental Health Resources" links to parenting sites with oral health information.

American Academy of Pediatrics Oral Health Initiative

Trainings for pediatric oral health screening and links to many other oral health sites are available. Clinicians can sign up for a monthly oral health newsletter which includes updates and new resources.

American Dental Association

This site has many patient resources (also in Spanish), including information on how to find a dentist, games for children, and oral health news updates.

Children's Dental Health Project

Numerous resources organized by topic and state are included. Also, information on their own projects and links to many other sites are available.

National Institute of Dental and Craniofacial Research

Links to numerous oral topics across the life span including special needs, Spanish handouts, and strategies for finding low cost care are accessible through this site.

National Maternal and Child Oral Health Resource Center

The MCHB Knowledge Path provides a comprehensive listing and links to national and state resources that include medical provider trainings in oral health and trainings on oral health for special needs patients.

Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs

This series of five modules is designed to provide oral health professionals with information to help ensure that young children with special health care needs have access to health promotion and disease

Systematic Approaches to Adding Oral Health to the Office

Pediatrics
Adult
Prenatal







Fluoride Varnish is the Vaccine for the Mouth!

- Discussing handwashing and giving a flu shot prevents the flu
- Discussing brushing teeth and applying fluoride varnish helps prevent caries
- The flu makes you sick; so do caries!
- A caries risk history, dental hygiene advice, a dental referral and varnish can easily be made part of your office flow like vaccines





Fluoride Varnish



- Easy to apply
- Inhibitsdemineralization
- Promotes remineralization
- Has anti-bacterial activity



Photo: ICHOP





Primary Care Providers Can ...

- Assess risk for oral disease as we do for other conditions in the Medical Home
- Provide prevention through anticipatory guidance and health behavior change counseling:
 - Diet
 - Oral hygiene brush when teeth erupt and help till age 6
- ARREST and REVERSE early disease with fluoride varnish
- Screen for disease that requires referral
- Encourage the age 1 dental visit





Making it easy for your office

- Through a Dentaquest grant you get:
 - A free training for your whole office
 - Free lunch
 - Free CME/CNEs
 - Free fluoride varnish
 - Help with billing, EHR and office flow transition
 - Web training access for those who miss
 - On-going support





Making it Work

- Educate all staff, including front desk personnel
- Train all clinicians on application procedures
- Identify an oral health champion who can answer questions, understand billing issues, order varnish, and maintain supplies
- Store supplies in exam rooms or a portable kit
- Use a one-page/screen documentation form with check boxes for risk history, consent, varnish documentation, advice, and referral
- Update billing forms with varnish code(s)
- Stock parent handouts with supplies or in EHR





Practical Team Approach

- Identify eligible patients (admin)
- Risk History (MA)
- Counsel diet/oral hygiene (MD)
- Apply fluoride varnish (MA or RN)
- Write a fluoride Rx if needed (MD)
- Refer to a dentist (admin)
- Document with easy EHR prompts (all)
- Bill for reimbursement (whomever applied FV)





Oral Health of Adults

- The opportunity:
 - Adults with many chronic diseases see medical providers frequently
 - Principles of risk assessment, screening and behavior change counseling are fundamental to primary care clinicians
 - Topic for group visits or office newsletter





Oral – Systemic Connection

- Good evidence for oral/systemic link
 - Infective endocarditis (8% of cases)
 - Prosthetic device infection
 - Diabetes
 - Oral cancer
 - Medications we prescribe cause dry mouth
- Emerging evidence for oral/systemic link
 - Obesity
 - Coronary artery disease
 - Lower respiratory disease
 - Adverse pregnancy outcome (PTL, LBW, preeclampsia)





Adults

- As examining patient, ask ROS questions
- At mouth do you brush, floss, visit dentist, have dental insurance, any issues
- Advise
- Examine
- Refer
- EHR prompts
- Handouts and local dental list in EHR







Diabetics

- Oral exam and advice and referral like:
 - Foot exam
 - Foot care advice
 - Podiatry referral
- Look for periodontitis
- Advice about flossing







Prenatal

- Intake (RN or MD)
 - Ask about dental/oral issues
 - Examine mouth
 - Advise about care and dental visit
- Have prompts/referral form in EHR
- Have info in prenatal packet
- Follow-up Be sure referral happened
- Know which dentists are comfortable with OB patients





Prenatal Record

- past caries
- □ current mouth issues
- last dental visit _______

- a oral findings: a caries a gingivitis a periodontitis a poor hygiene
- □ referral
- advice given





Referral Form

Consultation For Pregnant Women to Receive Oral Health C

| Refer to d To: | | Date: | |
|--|--|------------------------------------|--|
| Patient Name: Last DOB: Estimated Delivery Date: | | | |
| | | | |
| Precautions: None Spect | iy (If arry): | | |
| This patient may have routine dental of | evaluation and care, Inclu | ding but not limited to: | |
| Oral health examination | | ith abdominal and neck lead shield | |
| Dental prophylaxis Local anesthetic with epinephrine | | ic with epinephrine | |
| Scaling and root planing | Root canal | | |
| Extraction | Restorations (amalgam or composite) filling cavities | | |
| Amestellin Clindamycin Cephalesporins Erythromycin (Not estelate form) | | | |
| Prenatal Care Provider: | | Phone: | |
| Signature: | | Date: | |
| DO | NOT HESITATE TO CALL | FOR QUESTIONS | |
| | DENTIST'S REP (for the Prenatal Care | | |
| Diagnosk: | | | |
| Treatment Plans | | | |
| N | Date: | Phone: | |
| Name: | | | |





From the First Tooth

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Questions, Comments, Thoughts



