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

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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

Periodontal Disease and Heart Health
Brushing and flossing may actually save your life.

Hospitalizations And Medical Care Costs In Diabetics Reduced By Periodontal Therapy

Science News
Gum Disease Can Increase the Time It Takes to Become Pregnant
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.

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

engaging clinicians, eradicating dental disease

Students

Accreditation
Curriculum Committees
Health Professional Education
Residency

Licensing Requirements

Primary Care Practitioners

Professional Standards
Clinical Guidelines
Continuing Education

Patients

Outcomes
Disease Prevention and Reversal
Activated Consumers
Reimbursement Models
Referrals to DDS
Support and Collaboration
Standard of Care

Family Medicine and Community Health
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

Slide courtesy of Mark Deutchman, University of Colorado
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.

*Slide courtesy of Mark Deutchman, University of Colorado*
Oral health is like the rest of what we do:

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

*Slide courtesy of Mark Deutchman, University of Colorado*
Oral health is like the rest of what we do:

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

Slide courtesy of Mark Deutchman, University of Colorado
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

Slide courtesy of Mark Deutchman, University of Colorado
“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
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.
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 Dental Association
- American College of Nurse-Midwives
- American Association of Public Health Dentistry
- American College of Nurse Practitioners
- American Association of Physician Assistants
- Gerontological Advanced Practice Nurses Association
- National Association of Nurse Practitioners
- Academy of Teachers of Family Medicine
- Society of Teachers of Family Medicine
- Physician Assistant Education Association
- National Association of Public Health Dentistry
- American Association of Family Physicians
- Pediatric Nurse Practitioners National Organization
- National Association of School Nurses
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.

National Interprofessional Initiative on 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

Family Medicine and Community Health
Results: Smiles for Life Utilization

Smiles for Life Curriculum Site Visitors and Inquiries*

* Record count includes search engine inquiries in addition to site visitors.
Smiles for Life Curriculum Site Visitors and Inquiries*

Record count includes search engine inquiries in addition to site visitors.

Family Medicine and Community Health
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?

Professions

- Nurses 25%
- Physician Assistants 23%
- Physicians 24%
- Other 12%
- RDH/DA 5%
- MAs 3%
- Pharmacists 1%
- Midwives 1%
- Nutritionists 1%
- OT/PT/SW 1%

2010-10/2013
Who is Using SFL?

Training Level

- Students: 50%
- Clinical Practice: 26%
- Residents: 8%
- Educators: 7%
- Other: 9%
- Public Health: 2%

2010-10/2013

Family Medicine and Community Health
What Do Users Think of SFL?

Smiles for Life Curriculum
User Responses (Strongly Agree + Agree)
2010 (HY), 2011 (FY) & 2012 (YTD)

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<th>2012_YTD</th>
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<td>2. relevant to patient care</td>
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<td>3. appropriate depth</td>
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<tr>
<td>4. Questions/cases reinforced learning</td>
<td>86</td>
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</tbody>
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Family Medicine and Community Health
Curriculum Overview

8 annotated 50 minute modules- Web and PowerPoint

1. The relationship of oral to systemic health
2. Child oral health
3. Adult oral health
4. Dental emergencies
5. Oral health in pregnancy
6. Fluoride varnish
7. The oral examination
8. Geriatric Oral Health

Interactive clinical cases
Test questions
Resources for further learning
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.

Smiles for Life Editor
- Alan B. Douglass, M.D.

Last Modified:
June, 2010
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
2. 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 steroids 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 pseudomembrane, 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
Course 2:
Child Oral Health

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
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.

iPhone Screenshots

Customer Ratings
We have not received enough ratings to display an average for the current version of this application.
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)
- **Child Oral Health Poster** (Spanish)
- **Adult Oral Health Poster** (English)
- **Adult Oral Health Poster** (Spanish)
- **Acute Dental Problems Poster** (English)
- **Fluoride Varnish Poster** (English)
- **Fluoride Varnish Poster** (Spanish)
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 prevention services.
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
- Inhibits demineralization
- 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 __________

- □ oral findings: □ caries □ gingivitis □ periodontitis □ poor hygiene
- □ referral
- □ advice given
Consultation For Pregnant Women to Receive Oral Health Care

Referral Form

Refer To: ___________________________ Date: ___________________________

Patient Name: Last ___________________________ First _______________________

DOB: ___________________________ Estimated Delivery Date: _______________________

Week of Gestation Today: _______________________

Known Allergies: _______________________

Precautions:  □ None  □ Specify: _______________________

This patient may have routine dental evaluation and care, including but not limited to:

□ Oral health examination
□ Dental prophylaxis
□ Scaling and root planing
□ Extraction
□ Dental x-ray with abdominal and neck lead shield
□ Local anesthetic with epinephrine
□ Root canal
□ Restorations (amalgam or composite) filling cavities

Patient may have: (Check all that apply):

□ Acetaminophen with codeine for pain control
□ Alternative pain control medication (Specify): _______________________

□ Penicillin
□ Amoxicillin
□ Clindamycin
□ Cephalexin
□ Erythromycin (Not associated with) _______________________

Dental Care Provider: ___________________________ Phone: ___________________________

Signature: ___________________________ Date: ___________________________

DO NOT HESITATE TO CALL FOR QUESTIONS

DENTIST'S REPORT
(for the Prenatal Care Provider)

Diagnoses: ___________________________

Treatment Plan: ___________________________

Name: ___________________________ Date: ___________________________ Phone: ___________________________

Signature of Dentist: ___________________________
From the First Tooth

Contact Information:
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Questions, Comments, Thoughts