



INSTITUTE FOR  
*Oral Health*  
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2011

focus group whitepaper

# Oral Health and Prevention

## Rebranding the Profession



2011 group #1

January 28 & 29, 2011

Orlando, Florida

**:: excerpt ::**  
**Russell Maier, MD**

# Introduction

Today's Americans face steep challenges in maintaining a healthy family amidst a troubling economy and an inadequate healthcare system. Dental care is often neglected due to lack of access or affordability –resulting in caries becoming the most common chronic disease in children. Families tend to seek emergency care only when oral health problems become too severe, which dramatically increases the costs of care for parents, taxpayers, and state programs. When we consider that nearly all oral disease is preventable –how do we advance the health care system to more successfully promote prevention?

In 2011, the Institute for Oral Health (IOH) tackles this issue, collaborating with experts around the nation to explore solutions for increasing dental disease prevention and early intervention to improve overall health. To support our 2011 theme “**Oral Health and Prevention**,” in January, the IOH hosted the first of two focus groups with expert panel discussions about solutions at the forefront of innovation in health care, aimed to advance how we think about and address dental disease prevention. In follow-up, the IOH will bring key findings and special guest speakers to a larger audience of critical stakeholders through our annual national conference, to be held October 27-28, 2011 in Chicago, Illinois.

Hosted in Orlando, Florida on January 28-29, 2011, this focus group was led by Institute for Oral Health Executive Director, Dr. Ron Inge, and featured leading authorities in dentistry, family medicine, and dental benefits dedicated to progressive oral health solutions for children and underserved populations. The group shared insights on the following topics:

- **Innovating the dental workforce** – To advance disease prevention, dental practice needs to shift from being procedure-focused to patient-focused –which means better health outcomes at a lower cost. To get there, we need to develop consistent and well coordinated processes; collect measurable data to improve the quality and effectiveness of care delivery; collaborate with physicians for early intervention; and educate patients on the importance of maintaining good oral health.
- **Engaging primary care in prevention** – As most young children see a family physician or pediatrician many more times than a dentist, it is important to engage these providers in helping to improve oral health and reduce the incidence of early childhood caries. Oral health training programs are becoming highly popular with physicians, helping them learn about dental issues, connections between oral health and systemic health, and how to conduct basic oral exams, risk assessments, and apply fluoride varnish.
- **Increasing care capacity for the underserved with dental therapists** – With the dental therapist as a new contributor in today's practice geared toward public health, a dental team can increase their capacity for serving Medicaid patients to improve access to care. The dental therapist can support the team with admissions, basic oral exams and preventive services, patient education on oral health maintenance, and practice management.
- **Strengthening sealant programs with a new business model** – To expand the reach and effectiveness of school-based dental sealant programs for needy children, the Sealants for Smiles program takes a progressive approach to managing their non-profit organization. By guiding the organization like a cost-effective private practice and establishing direct relationships with schools, product vendors, and dental plans, this program is succeeding in building valuable momentum across the state of Utah.

- **Advancing dental benefits to focus on prevention** – Dental plan design needs to transform to a more individualized, patient-centric model that supports more preventive care for at-risk patients to help improve health outcomes and lower the costs of care. As a step forward, some benefits organizations have developed initiatives to identify at-risk patients and conduct educational outreach to encourage them to see a dentist. Additionally, these organizations are partnering with primary care physicians to train and reimburse them for oral health preventive services and referrals to dentists.
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## Join us for the 2011 Institute for Oral Health Conference

In follow-up to this year's focus groups, Institute for Oral Health is providing whitepapers and promoting relevant news and research through our website, quarterly newsletters, Facebook, and participation at health conferences around the nation. Culminating this year's theme is our **5th annual national IOH conference on October 27-28, 2011 in Chicago, Illinois** at the Sofitel Hotel. Learn more and register early for discount rates ~ please visit: [WWW.IOHWA.ORG](http://WWW.IOHWA.ORG).

## About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

## learn more

Web: [IOHWA.ORG](http://IOHWA.ORG) ~ Register Online for 2011 Conference



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## **Russell Maier, MD**

*Program Director, Central Washington Family Medicine Residency;*

*Board Member, Washington Dental Service Foundation; Co-Chair Smiles for Life*

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# **Oral Health and Primary Care: An ounce of prevention is worth a pound of cure**

For this Institute for Oral Health focus group, Dr. Russell Maier brought a primary care physician's perspective to dental disease prevention. He discussed a number of progressive programs he has helped develop designed to educate and train pediatricians to incorporate oral health services into checkups starting at age one, including risk assessments, preventive dental services, and patient education on prevention.

Dr. Maier began by noting that, for many years, the standard definition of prevention was centered on services vs. disease, whereas today, providers are striving for a more patient-focused way of thinking about prevention, using approaches that help “avoid the suffering, cost and burden associated with disease.” With that in mind, when we consider that our nation faces an epidemic of early childhood caries –a disease that’s entirely preventable—it increases the imperative for all health care providers to collaborate to ensure that oral health care and education reaches our children and their families as early as possible.

## **The importance of engaging primary care in oral health**

While the latest recommendations encourage children to get an oral health exam by age one, studies confirm that most infants and young toddlers rarely see a dentist until they are older. On average, only 36% of children aged 2 -4 years old have seen a dentist. Yet in these early years, most of these children by age 2 have seen a pediatrician or family physician eight times. Thus, engaging primary care providers to participate in early childhood oral health care is just good sense. Dr. Maier cited that good evidence exists that early interventions by primary care can make a positive difference in oral health and overall health outcomes, and with the “shrinking supply” of dentists, we need to take advantage of the practitioners available who can provide care.

Furthermore, it is important to note that many children with limited access or coverage for dental care often have many more options available for medical care. Typically the greatest needs are in rural and underserved communities, and Dr. Maier noted that for family physicians, those populations make up the primary source of care. In Washington state, 82% of family physicians accept Medicaid, while we face a shortage of dentists who can see these same patients. The solution for children seems obvious –so what do we need to do to raise awareness, engage more physicians, and make advances toward improving oral health?

As an interesting side note discussed by the panel, the U.S. currently has about 105,000 family physicians, compared with 150,000 dentists. Yet only about 50% of the population has dental insurance, and millions of people go without dental care due to lack of access or affordability. It may be that the majority of dentists are serving a relatively small population of middle- to upper-class people who can easily afford care or have good coverage. In other words, we may have an overage where care is more cosmetic than urgent, and a severe shortage where care is needed most.

## Progressive approaches to prevention

To help counter the access-to-dental-care issues, Dr. Maier has dedicated much of his career to developing proactive solutions that promote prevention and improved oral health. One such effort spearheaded by the University of Washington involved a partnership between their departments of Pediatric Dentistry and Family Medicine. The Interdisciplinary Children's Oral Health Promotion (ICOHP) initiative conducted a pilot program in Yakima where resident physicians were trained in public health, dental development, caries and dental emergencies, and connections between oral health and systemic health. Participating residents collaborated with community dentists and local "oral health champions," and successfully advanced their knowledge and skills to incorporate basic oral health services into everyday family medicine practice.

### Smiles for Life curriculum for primary care

Building on this progress to integrate medicine and dental care, the highly successful Smiles for Life oral health program delivers an interactive e-learning platform for primary care physicians and educators. With the support of the Washington Dental Service Foundation and other sponsors, in 2004 the Society for Teachers of Family Medicine (STFM) began planning the program curriculum and released their first edition of web-based and downloadable training modules in 2005. Just five years later, with 107,000 downloads, Smiles for Life is now in its third edition and includes seven modules:

1. The Relationship of Oral to Systemic Health
2. Child Oral Health
3. Adult Oral Health and Disease
4. Dental Emergencies
5. Oral Health in Pregnancy
6. Fluoride Varnish
7. The Oral Examination

The program reinforces learning with interactive clinical cases, test questions, and links to oral health websites. Smiles for Life has extended into classrooms as well, with core curriculum now in 30 medical schools and used by most family medicine residency programs.

To support patient awareness, the Smiles for Life website provides downloadable oral health education posters for display in waiting and examination rooms.

As an indicator of the strong interest in Smiles for Life, statistics from the STFM academic digital library have noted that this oral health curriculum is being downloaded ten times more than the next most popular medical resource, month after month. Furthermore, the STFM is negotiating with the American Association of Pediatricians to adopt the pediatric modules of Smiles for Life.

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*"The popularity of Smiles for Life shows us that medical providers want this information. They often think, 'we're not going to open a door about a topic we don't know about, even if we recognize there's a topic to address.'"*

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*--Dr. Russell Maier*  
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And Smiles for Life is growing. In 2011, Washington Dental Service Foundation and DentaQuest Foundation are funding additional work on the curriculum, including a geriatrics module. For more information, visit [www.smilesforlife2.org](http://www.smilesforlife2.org).

## Building collaboration between primary care and dentistry

Thanks to initiatives sponsored by the Washington Dental Service Foundation (WDSF), further progress is being made to engage family medicine physicians in early intervention and disease prevention to improve oral health. For example:

- **Policy changes in medicine and Medicaid** – The WDSF has actively collaborated with numerous medical associations to encourage recognition of oral health as a vital issue and promote new policies that support dental care as part of overall primary care, particularly for children. Furthermore, as access to dental care and affordability are key issues for underserved populations, WDSF has worked hard to rally support for changes in Medicaid reimbursement to increase coverage for children. In concert with this effort, WDSF has conducted community outreach campaigns on radio, TV and print to raise awareness about the importance of oral health and early childhood dental care.
- **Oral health training for primary care providers** – To help increase the reach of oral health care to underserved populations with limited access or dental coverage, the WDSF has provided oral health training to nearly one in every three primary care physicians across the state of Washington. Trainings have engaged both clinical and office staff at solo and group practices, community settings, and schools of medicine.
- **Partnership with Group Health** – WDSF is partnering with Group Health to pilot the Demonstration Project, the first such initiative geared to capture data about oral health treatment within a large primary health care delivery system. Currently in six of 25 Group Health clinics, the pilot is integrating dental data into electronic health records to measure factors such as oral health outcomes, consistency of treatment, and provider and patient satisfaction. To date, the response has been extremely positive; in fact, Group Health has now incorporated oral health into their “well baby visits” for primary care and is providing greater access to dental care for Medicaid patients, as well as including oral health education in patient materials.
- **Access to Baby and Child Dentistry (ABCD) program** – The ABCD program strives to increase access to dentists for Medicaid-eligible children from birth to age six in counties across Washington state. ABCD is a training and certification program for practicing dentists that emphasizes preventive and restorative services for early childhood care, as well as patient and parent education on oral health. As an incentive, Medicaid reimbursement rates are generally higher for ABCD-trained providers –currently over 650 dentists have been trained. For more information, visit [www.abcd-dental.org](http://www.abcd-dental.org).
- **National Interprofessional Initiative for Oral Health** – Through growth in grants, over 3 years, this effort has developed from a narrow working group into a funded initiative to incent primary care physicians and nurses to learn and integrate oral health into their family practice. The learning platform features the core curriculum from the Smiles for Life program (detailed earlier).

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*From 1997 to 2009, the ABCD program has helped increase Medicaid dental usage in children under age 6 from 21.5% to 42.8%, and in children under age 2, from 3% to 23.1%.*

*-Washington Dental Service Foundation*  
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These examples provide a promising look into the future of health care delivery. Dr. Maier believes that primary care providers are “uniquely positioned” to help improve our nation’s oral health and increase the focus on disease prevention. With broader and more frequent access to patients, especially children, family medicine physicians can increase awareness that oral health is an integral part of overall health, and ensure that patients benefit from risk assessments, preventive services, and early interventions to promote the best health outcomes.



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Dr. Ron Inge, IOH Executive Director

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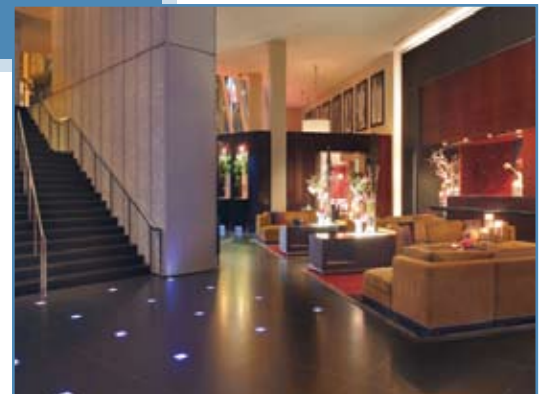
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# Oral Health and Prevention Rebranding the Profession

OCT 27 & 28, 2011 ~ Chicago, IL



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