

## Institute for Oral Health Interview with Dr. Russell Maier

Dr. Russell Maier is a Family Medicine Physician, Clinical Professor in Family Medicine at the University of Washington, and Residency Director at Central Washington Family Medicine in Yakima Washington. He is a board member and current chair of the Washington Dental Service Foundation (WDSF) and co-chair of the development team for **Smiles for Life**: an oral health curriculum for healthcare providers.

Dr. Maier is a physician champion for oral health and in October 2010, the Institute for Oral Health interviewed Dr. Maier to ascertain what strides he has championed.

IOH: Dr. Maier, tell us, what you are up to?

**Dr. Maier:** Well, I wear many hats! I am very involved in the Washington Dental Service Foundation (WDSF) as a board trustee and with their programs for early childhood oral health. Since 1999 I have worked with the foundation on several of their initiatives. My first involvement was with the (successful) effort to fluoridate the water supply of Yakima. That connection led to working with WDSF on its efforts to incorporate oral health preventive services into primary care medical settings. In the first few years of life, children see a primary care health provider for well child visits earlier and more often than they see an oral health care provider, a ratio of about 7 to 1. Children may have dental disease well before their first dental visit, particularly those most susceptible to dental diseases. Currently, many parents and primary care providers have limited information around oral health, but it is an ideal time and place to begin good preventive practices and identify those high risk children and get them established in a dental home.

The potential demand for oral health services is greater than the current capacity of dental providers, so broadening the pool of health professionals who can deliver oral health preventive services will help increase access to these services. Training primary care providers helps to reinforce the messages around the importance of good oral health and the need for early dental care. On a national level, as co-chair of the Society of Teachers in Family Medicine group on Oral Health, we are working to bring oral health education into the curriculum of Family Medicine and Pediatric residency programs, and into medical school, physician assistant training, and hopefully nurse practitioner training.

IOH: Explain the access and limited information issues.

**Dr. Maier:** There are several issues around access: oral health providers are concentrated in urban areas with limited presence in rural areas. Not all children are currently getting dental care, particularly at an early age when their first cavity can be prevented. Inadequate family finances and/or dental coverage along with lower reimbursement rates for Medicaid also contribute to limited access.

There are also information barriers. Patients often don't understand the importance of oral health and primary care medical providers rarely receive oral health training, and if they have been trained it is usually around head and neck cancers. And, as I noted above, most families

don't understand the importance of baby teeth and their role in preventing infection. My current efforts are in educating and training primary care health providers about the importance of oral health and what they can do with their patients to prevent oral diseases. Although physicians, physician's assistants and nurses believe oral health should be addressed very early, oral health training in the professional education of health professions is very limited.

In a federally-funded pilot study here in Yakima, through partnerships with the University of Washington Departments of Pediatric Dentistry and Family Medicine, we conducted a study to see if oral health training for family medicine residents made any difference. The study demonstrated that providers could learn, retain, and use new oral health knowledge. The success of this program helped lead to the development of the national **Smiles for Life** curriculum. Following this project, I worked with WDSF to develop a curriculum to train primary care providers throughout Washington State. Working with a number of trainers we have trained more than 1,100 primary care providers in Washington.

IOH: What factors do you believe have led to this success?

Dr. Maier: I believe the innovative approaches and collaboration between groups have been instrumental in our success. The WDSF mission to eliminate oral disease and improve the health of the citizen's of Washington State has led the foundation to take some unconventional approaches. Fundamental to engaging primary care providers has been the success of the ABCD program. Without collaboration with the dental community and a referral network we couldn't achieve this large an impact on the oral health of the population. The willingness of WDSF to advocate for system changes has been key --including enhanced Medicaid reimbursement for dentists trained to treat young children through the **Access to Baby and Child Dentistry** (ABCD) program.

Additionally, Washington State's Medicaid program was one of the first to reimburse primary care providers for applying fluoride varnish. As a result of broad-based advocacy efforts, the Washington State legislature approved a proposal to expand primary care providers' reimbursement for delivering preventive oral health services to Medicaid-insured children. The requests for oral health training have since increased dramatically along with the number of services delivered. In 2009, approximately 14,000 fluoride varnish applications were delivered in Washington. With the increasing evidence that there are links between oral health and systemic health, we need to engage all healthcare providers in the prevention of oral disease. These programs identified early adopters in the physician community and with WDSF support our education curriculum on oral health for primary care physicians and staff has been very successful.

Examples of oral health programs in the state include:

- WDS Foundation's initiative to engage primary care providers and promote the importance of oral screenings: For more information, visit: [KidsOralHealth.org](http://KidsOralHealth.org).
- The **Access to Baby and Child Dentistry Program** (ABCD) expands access to oral health prevention and treatment services to Medicaid-enrolled children from birth through age five, with an emphasis on enrollment by the first birthday. For more information, visit: [ABCD-Dental.org](http://ABCD-Dental.org).

- **Kids Get Care:** operated by Public Health-Seattle and King County, demonstrated that families on Medicaid will seek care if given help enrolling and finding providers.

IOH: Where has this taken you?

Dr. Maier: With the support of WDSF, the DentaQuest Foundation in Boston, the Connecticut Health Foundation, the Delta Dental of Colorado and others, the STFM **Smiles for Life** oral health curriculum is now in its third edition with over 100,000 downloads. For more information, visit: [www.smilesforlife2.org](http://www.smilesforlife2.org).

IOH: Can this be used for continuing education?

Dr. Maier: Yes. I am very excited about our launch of the third edition of **Smiles for Life**. The material was developed to be used as a web-based self study instructional tool. We have grown from 4 to 7 modules and have a geriatric module in development. This is not only for physician residents but has been used for training in many healthcare fields: physician assistants, nursing, dental hygiene, nutrition, and pharmacy. This material is intended to be used as the primary educational resource for an inter-professional oral health initiative with continued support from WDSF and DentaQuest foundations. I am spending time as an advocate for this program to be used in training programs everywhere.

IOH: Thank you, Dr. Maier and we will be watching you.