

Oral Health Management

Integrating team members and evidence-based oral health strategies into primary care.

Key Changes

- **Define** organizational vision and goals for integrating oral health into primary care.
- **Start** with one primary care population of focus.
- **Define** and **train** appropriate oral health competencies for members of the care team.
- **Develop, test, and implement** age appropriate oral health risk assessment.
- **Train** and **implement** knowledge-based oral health evaluation.
- **Implement** evidence-based prevention interventions using care team members.
- **Develop** communication and education strategies for patients and families.
- **Define** and **target** populations at risk for oral health disorders and/or populations whose oral health status impacts general health.
- **Create** workflows to facilitate handoffs to dental professionals and closing the loop by following up with the primary care team.
- **Establish** partnerships with dental professionals.
- **Move** along the integration continuum towards a fully integrated medical and dental primary care practice.

Examples

- Develop aims and define measures for access to primary oral health services.
- Elicit patient and family input on oral health needs and barriers through patient and family advisory boards, participation as members of the oral health integration team, patient experience surveys, or focus groups.
- Add dental staff to morning team huddles and note patients who need oral health services.
- Test and implement MA preventative visit workflow to include oral health assessment at well visits and setting self-management goal when chosen by the patient: [AAPD Caries Risk Assessment for children](#); [ADA Caries Risk Assessment for adults](#)
- Train non-provider team members in dietary counseling, oral hygiene anticipatory guidance, smoking cessation and use of fluoride rinses for oral health.
- Develop and implement a standing order for fluoride supplementation for children age six months to five years whose water supply is deficient in fluoride.
- Train primary care providers and nurses in oral health evaluation which includes a focused oral health history, risk assessment, and performance of clinical oral screening: [Smiles for Life clinician training program](#); [AAP oral health course](#); [HRSA Integration of Oral Health](#); [HRSA Oral Health Home Page](#)

Search [ImprovingPrimaryCare.org](https://www.improvingprimarycare.org) for more resources

Examples Cont'd

- Include oral health anticipatory guidance in well exams for all ages.
- Develop and implement effective oral health education tools: [Maternal Child Health Oral Health Resources](#); [ADA Mouth Healthy Eng](#); [ADA Mouth Health Span](#)
- Implement fluoride varnish program for children up to age five Cavity Free at Three in-person training: [Cavity Free at Three Contact](#)
- Train team members to document the interventions and findings as structured data and use ICD 10 codes to organize information for decision support, measure care processes, and monitor clinical outcomes so that quality of oral health care can be managed.
- Identify high-risk segments of clinic population at high risk for dental disease (prenatal patients, diabetics, children with special needs, etc.) and assure oral health screening for these populations.
- Add high-risk oral health patient to registry.
- Strategies to facilitate referrals include primary care schedulers accessing dental appointment book, warm handoff to dental clinic, fax referral, eReferral, “drop-in coupons.”
- Add in-house dental practice, dentist and/or dental hygienist to the extended care team.
- Move towards fully integrated medical and dental primary care practice including EDR and EHR integration, scheduling, shared patients, and team partnerships: [HRSA Integration Oral Health and Primary Care](#); [NNOHA Interprofessional Users Guide](#)

Primary Care Team Guide Assessment-Related Question (Also see # 1, 2, 3, 5, 6, 7, 8, 13, 14, 15, 16, and 18)

Oral Health Integration

Components	Level D	Level C	Level B	Level A
24 Oral health services...	are not provided in our practice.	are provided by a medical professional on the care team (ex. Cavity Free at Three) with referrals for more treatment needs to a dental professional inside or outside organization (no discussion of patient cases between PCP and dental professionals).	are provided by a co-located dental professional on the care team with referrals for more treatment needs to dentists inside or outside of the organization (formal agreements between organizations, but no integrated electronic systems).	are provided by a co-located dental professional on the care team and additional treatment needs provided by dentists inside organization (integrated electronic records and operating systems).
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How Primary Care Teams Achieve the Quadruple Aim

