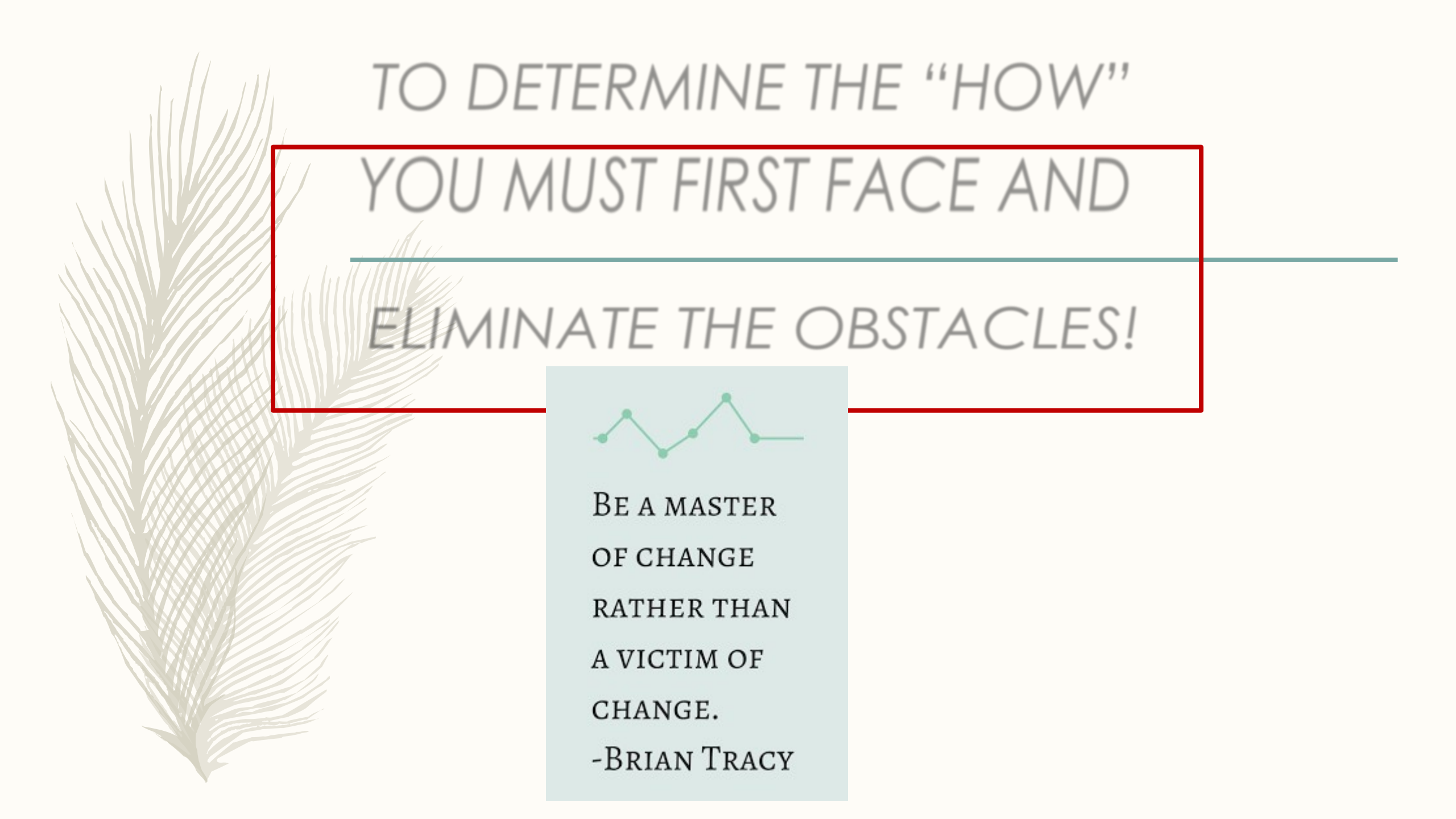




Overcoming our History

The Challenge of Medical-
Dental Integration



TO DETERMINE THE “HOW”
YOU MUST FIRST FACE AND
ELIMINATE THE OBSTACLES!



BE A MASTER
OF CHANGE
RATHER THAN
A VICTIM OF
CHANGE.

-BRIAN TRACY



EXAMPLES OF EARLY ADOPTERS

Physicians

- Fluoride Varnish
- Dental risk screening
- Patient/Parental Consultation
- Referral

Dentists

- Blood Pressure Monitoring
- A1C Hb blood test (adults)
- Glucose Finger Test
- Oral/Throat Cancer Screening*
- Early Childhood Screenings (ages 0-2)
- Referral



THEORETICAL CONCEPTS TO POLICIES AND APPLIED PROGRAMMES: THE LANDSCAPE OF INTEGRATION OF ORAL HEALTH IN PRIMARY CARE
HERMINA HARNAGEA; LISE LAMOTHE; YVES COUTURIER; SHAHROKH ESFANDIARI; RENÉ VOYER; ANNE CHARBONNEAU; ELHAM EMAMI BMC ORAL HEALTH. 2018;18(23)

- *Results From a total of 1619 citations, 67 publications were included in the review. Policies regarding oral health integration into primary care were mostly oriented toward common risk factors approach and care coordination processes.*



BARRIERS PERSISTS

- ***Weak referral systems***
- Lack of motivation by both dental and medical staff
- Too busy excuse
- Evolved and set siloes in American health care
- Antique funding system not sufficient to support integration fully
- Low focus on oral disease prevention in medicine and dentistry
- Underutilization of expanding health workforce and EHR systems inadequate or underutilized for proper tracking



DISPROPORTIONED PROVIDERS IN HEALTH CENTERS

Health Center Facts – 2018 UDS

- Number Health Center programs receiving 330-grant funding: 1,362
- Number HC programs with dental programs: 1,088 or **80%**
- Total users: 28,379,680
- Number medical users: 23,827,122
- **Number dental users: 6,406,667**
- **Dental Users: 22.6% all FQHC patients**
- ***Dental Users: 26.9% of all medical patients***



MEDICINE/DENTISTRY - SEPARATION AT BIRTH

- Small business model of dentistry (low participation in cooperate models, less likely to merge, low volume)
- Medical model transformation (large heath systems, regulatory, merging group and cooperate practice models)
- Separated at birth – the disconnect (William J. Gies Report 1926; Abraham Flexner Report 1910)



INCREASING POLITICAL DISCORD

- States on their own facing desperation to cover high-risk populations with less money
- Failing rural hospitals and growing gaps in rural health care
- High potential for health system failure for the poor and underserved (the demise of Medicaid?)
- Failure to see the mouth as a portal into the body; including disease causing organisms.




PROBLEM WITH THE CURRENT DIVIDED HEALTH SYSTEM

- The navigation of the two systems is particularly challenging for patients with low health literacy.
- As care becomes increasingly complex and dependent on collaboration and shared patient management of chronic disease, communication is of critical importance.

CASE EXAMPLES THAT OCCUR DUE TO A DIVIDED HEALTH SYSTEM

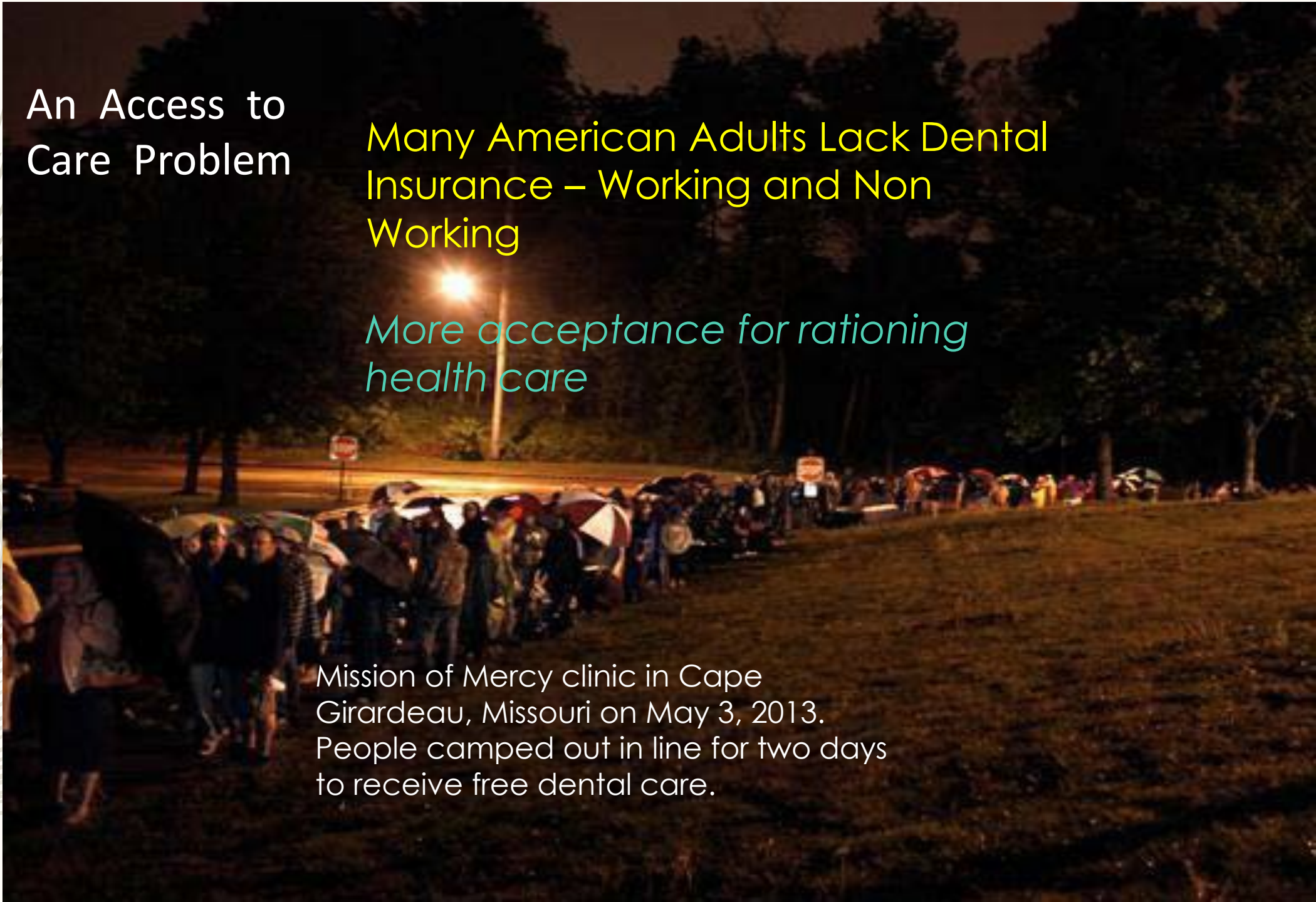
- A pediatrician decides not to refer a young child with untreated dental caries because the pediatrician believes dentists are not available in the community and/or the family has no means of transportation to a neighboring community.
- A pregnant woman with an infected tooth and no dental home is told to see a dentist, but receives no support or help in finding one, resulting in a visit to the emergency department and delayed definitive treatment.



An Access to Care Problem

Many American Adults Lack Dental
Insurance – Working and Non
Working

*More acceptance for rationing
health care*



Mission of Mercy clinic in Cape
Girardeau, Missouri on May 3, 2013.
People camped out in line for two days
to receive free dental care.