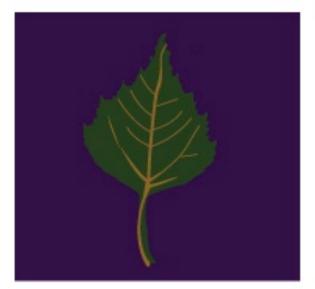


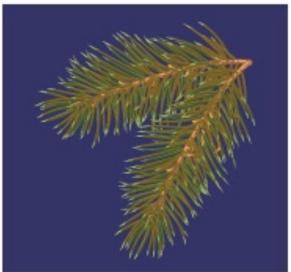
Welcome to Today's Webinar

Oral Health: It's not Just for Kids

Tri-State Learning Collaborative on Aging

Our mission: Increasing the collective impact of aging in place initiatives through shared learning in New Hampshire, Maine & Vermont







Thank you to our Funders!



THE BINGHAM PROGRAM















Webinar Housekeeping

Audio issues?

Try calling in using your telephone!

To be **unmuted** click here & virtually raise your hand

Send questions to us by typing them in here.







Today's Webinar

Oral Health: It's not Just for Kids



Introducing Today's Speakers







Gail Brown
Executive Director
NH Oral Health
Coalition

Adrienne Sass
Executive Director
Ottauquechee Health
Foundation, VT

Kalie Hess
Health Equity Program
Manager
Maine Primary Care
Association

Oral Health Matters

Community-based Oral Health
Pathways-Access-Impact for Seniors

Tri-State Learning Collaborative on Aging March 27, 2018



New Hampshire Oral Health Coalition







WHY Oral Health Matters?

- It's not just teeth!
- Mouth, tissue, bone, teeth
- Ability to be healthy and functional – eat, speak, smile, kiss

"Live, laugh, love across the lifespan"



Most Common Dental Diseases

Decay (teeth)

- Caries or cavities decay
- Caused by streptococcus mutans bacteria –
 communicable
- Fed by sugar that produces acid
- Destroys the structure of the tooth

Periodontal (gum, tissue and bone)

- ➤ 30%-50% of American adults have at least mild to moderate gum disease
- Inflammation

National Institute of Health https://www.ncbi.nlm.nih.gov/books/NBK8259/

Impact

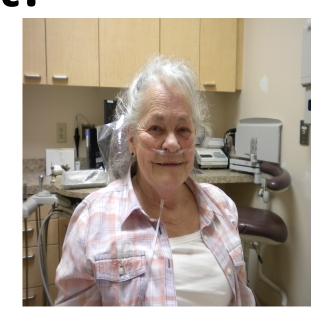
Medical - Dental Condition

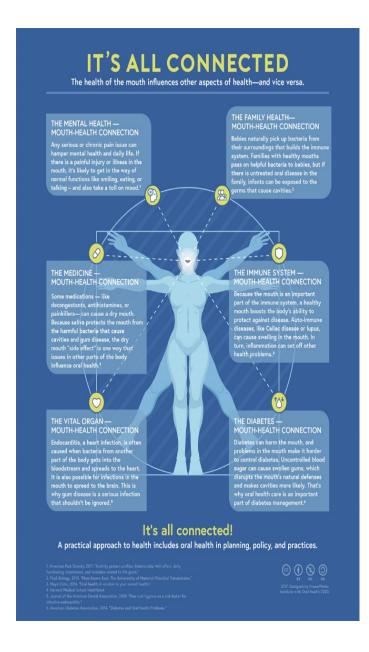
- Infection decayed teeth
- Gum disease with inflammation and bleeding
- Fungal and viral infections in the mouth and head
- Pain and pain management needs
- Impact on full body and body systems

Impaired Function

- Broken, decayed teeth that result in difficulty biting, chewing and digesting
- Difficulty speaking and communicating clearly
- Difficulty concentrating and focusing

"If you're not managing oral disease, you aren't managing health care... or its cost."





- Diabetes
- Heart disease
- Osteoporosis
- Inflammatory disease
- Sepsis infection
- Chronic pain leading to substance use disorders
- Depression
- Aspiration pneumonia/ respiratory illness
- Dry mouth
- Nutritional issues
- Speech difficulties
- Poor self-image

Considerations and Factors for Seniors

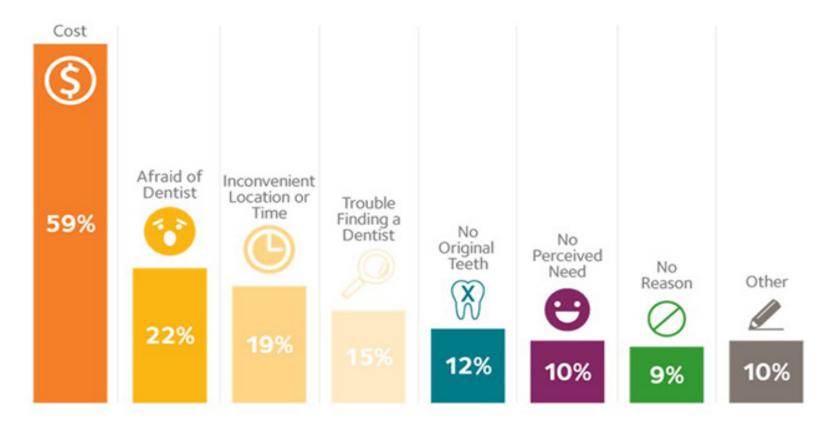
Life Transitions and Adjustments

- Maybe retired or working part-time resulting in a loss of medical and dental insurance benefits
- Fixed income while dental, medical and living costs rise
- Signing up for Medicare no dental benefit
- Recipient of NH Medicaid has an "emergency only" dental benefit for pain, infection and extraction, no dentures provided

Social Determinants

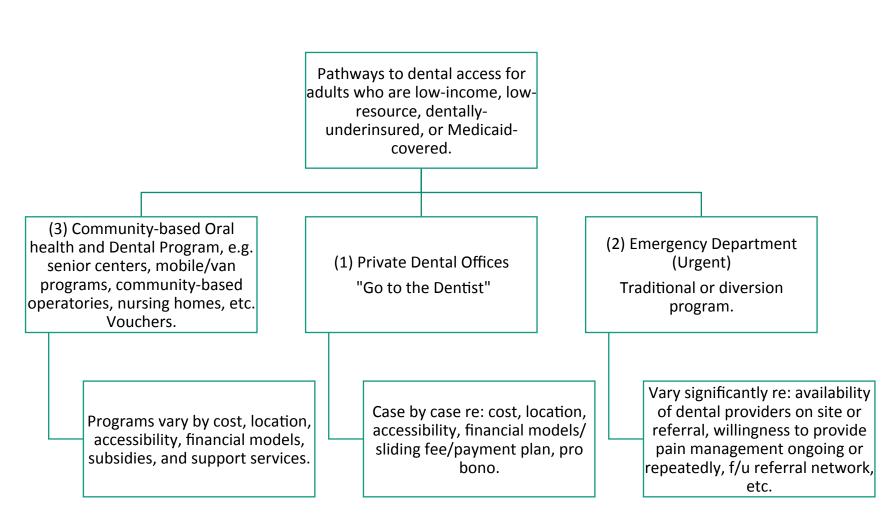
- Rural locales often have fewer dental providers and locations
- Fewer transportation options norm is for patient to travel to dentist office
- Limited financial and benefit resources
- Increased dependence on family and social support networks
- Language and cultural considerations
- Cognitive and mobility considerations

Barriers to Going to the Dentist



http://www.ada.org/en/education-careers/dental-student-resources/ada-success/future-of-dentistry

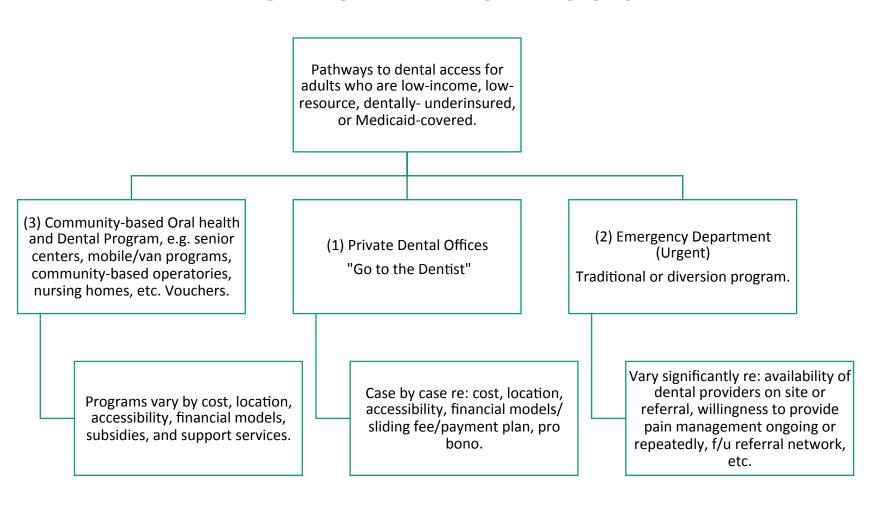
Pathways to Oral Health Access: Forks in the Road



NH Financial and Benefit Considerations

- Cash or credit payment options
- Commercial Dental insurance
 - Availability of insurers
 - Expenses including co-pays, deductibles and caps
 - Scope of coverage what services are provided? How often? By whom?
 - Prevention v. restorative needs
- NH Medicaid
 - Children Comprehensive
 - Adults Limited benefit, "emergency-only" with antibiotics, pain management and extractions. No dentures.
- Medicare Traditional
 - Traditional has no dental coverage
 - Advantage may provide a "value-added" benefit that is defined by the insurer

Pathways to Oral Health Access: Forks in the Road



Emerging Models and Key Solutions in NH for Adults - Vary by Community

Dental Operatories

 Can be stationary or mobile. Have 19+ in-state and are considered community-based, many may be linked to medical or human service providers. Dentist-centric models that allow for the provision of dental restorative programs and prevention.

Senior Centers and Institutional Care

• Includes some senior centers and nursing homes. Most programs are portable and are brought to a senior service site. Often hygienist-centric focusing on screenings, prevention, referral and the use of sealants and silver diamine fluoride.

Voucher Programs

• Approximately 6 programs available. Each is unique. May be paid fee-for-service, capped dollar amount, or by lottery.

What can we do?

Communities

- Identify your community oral health assets and include it in any community assessment
- Support implementation or maintenance of community water fluoridation
- Educate community resources such as community nurses, welfare officers, senior program managers and others on why oral health matters
- Maintain a current list of affordable, accessible, community-based oral health programs
- Advocate with your local and state government and legislators
- Consider senior transportation options
- Support development of community-based oral health services in locations that seniors frequent

Individuals and Families

- Determine any dental or oral health benefits in your current plan
- Explore affordable options for dental benefits
- Ask your medical and dental providers for any referrals for community programs or providers with low cost, pro bono, or subsidized oral health care
- Look for oral health screening and service opportunities in senior centers, malls, medical offices, and human services agencies
- Include fluoride in your toothpaste, water, and mouth rinses
- Avoid sugary drinks and fermentable carbohydrates
- Brush and floss

Applying the Data in Your Community

How might dental disease impact your community's population?

What public or private oral health resources are available to meet

the demands of your community?

Which community-based oral health programs serve your adult, senior and special population clientele?

How can your network provide support services for your clientele to mitigate the consequences of the social determinants of health, such as lack of transportation, provider availability, childcare, etc.?

Find the Coalition Baseline Survey Report and GIS Map at www.nhoralhealth.org

NH Oral Health Baseline Survey I April 2017

www.nhoralhealth.org

Identifying Oral Health Resources and Promising Practices in Community-based, Non-traditional Settings

An inventory and examination of the state's community-based oral health programs with consideration of promising and best practice criteria for use by providers, policy-makers, program planners and consumers.



NH Oral Health Coalition Baseline Survey I Interactive GIS Map



www.nhoralhealth.org and click on the GIS Map Link

How to Contact Us

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Judith L Nicholson MEd Survey Coordinator



OTTAUQUECHEE HEALTH FOUNDATION

OUR Mission

To promote and support programs that identify and help meet the health care needs of residents of Barnard, Bridgewater, Hartland, Killington, Plymouth, Pomfret, Quechee, Reading, and Woodstock.

SMILES Program Purpose: The goal of OHF SMILES is to connect people with dental homes by creating an easily accessible, prevention based program in an effort to reduce the number of people in our community responding to and presenting with urgent oral health needs.

What is SMILES?

- ■Place Based Oral Health Program
- Services Provided:
 - Screening
 - Assessment
 - ■Tooth Brush Cleaning
 - •Education
 - ■Fluoride Varnish
 - Care coordination and Connection
 - Grants for qualified individuals

Who can attend a SMILES Clinic?

- Anyone 18+ without at dental home
- with or without insurance
- any income level

	# of Individuals seen through				
Year	SMILES				
2017	185				
2016	104				
2015	34				



Oral Health Initiatives and Resources in Maine

Kalie Hess

Maine Primary Care Association

khess@mepca.org





Objectives

- Help you be aware of where to access low-cost care for older adults
- Help you understand what MaineCare will pay for, how to look up a procedure, and how to begin to navigate the process
- Raise awareness of other efforts happening in the state to support older adults' oral health needs



Advocating the right to quality, affordable health care for every person in Maine.



About Us

Our Service

News & Undate

Events

Guide to Maine Health Care

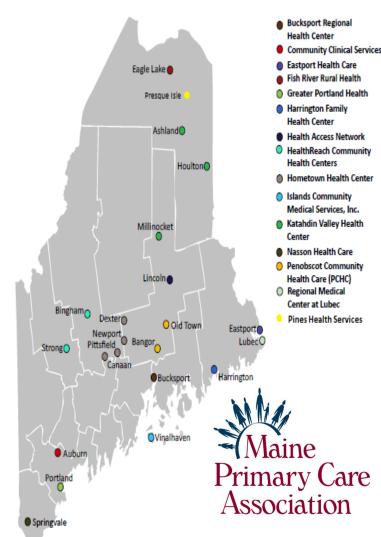
Connecting Kids to Coverage

- Only covers "emergency" dental for <u>pregnant women</u>, <u>parents</u>, <u>disabled or elderly adults</u>.
- If you can't get MaineCare, or if you are an adult and need more help than what MaineCare can give you, there may be other options. Some dental clinics provide care on a "sliding-scale" basis to people with limited or no dental coverage. Click below to look through the dental clinics in your area. Sometimes these dental clinics only take patients that live in the county or region where they are located. Other rules may apply. You should call a clinic directly if you have questions about their services:
 - Low-Cost Dental Clinics
- If you don't find what you need, or if you have questions about any of the information, please contact us.
 - You can call the <u>HelpLine</u> at 1-800-965-7476 (TTY: 1-877-362-9570) or <u>email us</u>.

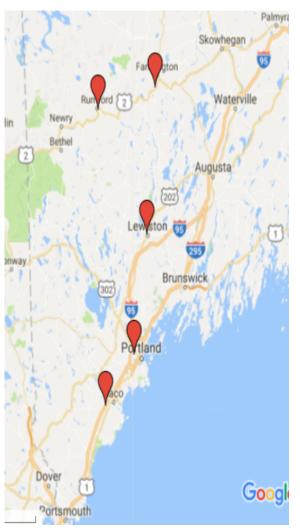
http://www.mainecahc.org/

Federally Qualified Health Centers (FQHCs)

- Find your local FQHC here:
 - http://mepca.org/findlocalhelp
- Features of a FQHC:
 - Sliding fee scale
 - Assistance navigating health care programs like MaineCare, Medicare, and other private insurance
 - Help with transportation to appointments
 - Connected to other community resources
 - Medical services available too whole-person integrated health care



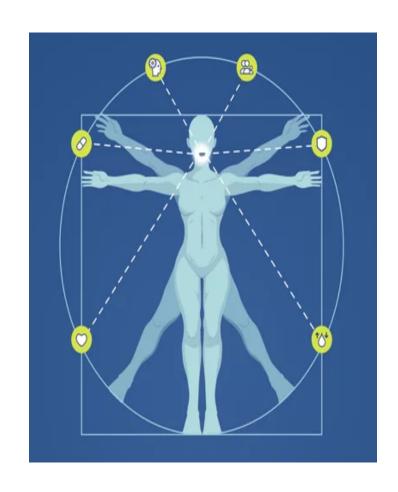
Community Dental



- Find your local Community Dental here:
 - https:// www.communitydentalme.org/ dental-centers/
- Features of non-profit dental centers:
 - Sliding fee scale
 - Familiarity helping patients navigate resources available to them

Other non-profit dental clinics

- Scattered all over the state –
 for a list by county go here:
 - http://mainecahc.org/wpcontent/uploads/Dental-Clinics.pdf
- These all vary greatly from one another
 - Population served
 - Hours open
 - What type of fee they charge



10-144 Chapter 101 MAINECARE BENEFITS MANUAL CHAPTER III

_	Section 2	25 ALLOWAY	NCES FOR DENTAL SERVICES Established: 6-29-79 Last Updated: 7/1/14							
**	VI. PROSTHODONTICS, REMOVABLE									
		COMPLETE DENTURES (INCLUDING ROUTINE POST DELIVERY CARE)								
Eff. Proc. 7/1/14 Code		Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Max Allow		
			under age 21 & all ICF- IID residents*	age 21 & over when allowed under 25.04	under age 21 & all ICF-IID residents	age 21 & over when allowed under 25.04				
	D5110	Complete Denture - Maxillary	YES	YES	YES	YES	Every 5 years, Denturists may also use this code	\$393.00		
	D5120	Complete Denture - Mandibular	YES	YES	YES	YES	Every 5 years, Denturists may also use this code	\$393.00		
	D5130	Immediate Denture - Maxillary	YES	YES	YES	YES	Every 5 years, Denturists may also use code	\$423.00		
	D5140	Immediate Denture - Mandibular	YES	YES	YES	YES	Every 5 years, Denturists may also use this code	\$423.00		
	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)									
Eff.	D5211	Maxillary Partial Denture-Resin Base (including any conventional clasps, rests and teeth)	YES	YES	YES	YES	Every 5 years. Denturists may also use this code.	\$280.00		
7/1/1	⁴ D5212	Mandibular Partial Denture-Resin Base (including any conventional clasps, rests and teeth)	YES	YES	YES	YES	Every 5 years. Denturists may also use this code.	\$280.00		

MaineCare Benefits Manual

25.04 COVERED SERVICES FOR ADULTS

Eff. 7/1/14 Adult services are intended for adult members, age twenty-one (21) or older, not residing in an ICF-IID, and include only those services that can be performed in compliance with this Subsection.

25.04-1 Adult Dental Care Covered Services

Adult dental care requirements provide for adults twenty-one (21) years of age or older limited to:

- Acute surgical care directly related to an accident where traumatic injury has occurred. This coverage will only be provided for the first three months after the accident;
- Oral surgical and related medical procedures not involving the dentition and gingiva;
- C. Extraction of teeth that are severely decayed and pose a serious threat of infection during a major surgical procedure of the cardiovascular system, the skeletal system or during radiation therapy for a malignant tumor;

Treatment necessary to relieve pain, eliminate infection or prevent imminent ooth loss; and

E. Other dental services, including full and partial dentures, medically necessary to correct or ameliorate an underlying medical condition, if the Department determines that the provision of those services will be cost-effective in comparison to the provision of other covered medical services for the treatment of that condition.

Silver Diamine Fluoride (SDF)

- Up-and-coming option for treatment of caries
- Pros and cons
- Could be an option for people who can't tolerate invasive oral surgery
- Many FQHCs and non-profit clinics are familiar with this product and technique



MOTIVATE Program

- Trains inter-professional teams in long-term care to advance their knowledge, skills and attitudes about oral health, while supporting best practices to promote evidence-based oral health care
- Setup of program:
 - four online modules
 - in-person teaching session
- For more info:
 - https://lunderdineen.org/oral-health-motivate





Oral Health Leads to Total Health

Importance of establishing local care

"The strongest predictor of receipt of dental procedures in the two years after nursing facility entry was the receipt of dental procedures in the three years before entry while community-dwelling. This underscores the importance of the senior adult establishing a source of dental care while community-dwelling."

Kelly, Mary C., et al. "Preventive Dental Care among Medicaid-Enrolled Senior Adults: from Community to Nursing Facility Residence." *Journal of Public Health Dentistry*, vol. 78, no. 1, Aug. 2017, pp. 86–92., doi:10.1111/jphd.12247.





Kalie Hess khess@mepca.org

Q&A with Speakers

To be **unmuted** click here & virtually raise your hand



Send **questions** to us by typing them in here.



Thank You for joining us!

 Slides & evaluation will be sent out later today.



Recorded webinar will available within 24 hours.

www.agefriendly.community patriciafkimball@gmail.com

