



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Before You Say Ahhhh...Integrating Oral Health and Behavioral Health in Primary Care Settings



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:





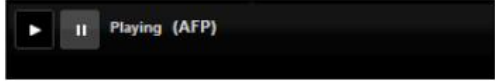

Nick Szubiak, Integrated Health Consultant Roara Michael, Associate, CIH



Before We Begin

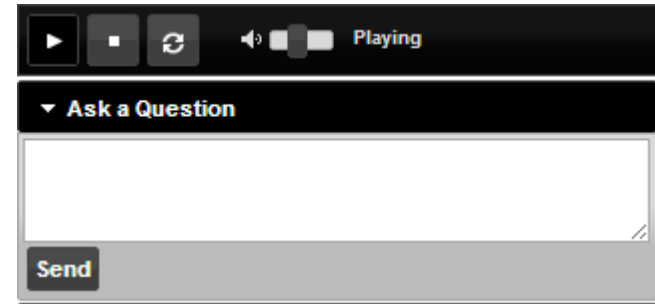
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Before We Begin

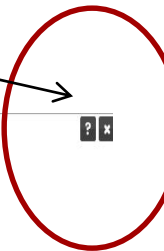
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MENTAL HEALTH FIRST AID
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Learning Objectives

- Engage patients in effective conversations about their oral health
- Identify when a patient may have an oral health concern
- List resources and strategies for effectively addressing oral health issues

Today's Speakers

Anita Duhl Glicken, MSW
Program Consultant, National
Interprofessional Initiative on Oral
Health

Associate Dean and Professor
Emerita, University of Colorado
School of Medicine



**Renee W. Joskow, DDS, MPH, FAGD,
FACD**
Captain U.S. Public Health Service
Senior Dental Advisor, Health
Resources and Services Administration



Before You Say Ahhhh...

Integrating Oral Health and Behavioral Health in Primary Care

Anita Glicken, MSW

Renée W. Joskow, DDS, MPH, FAGD, FACD



Behavioral Health Providers (BHPs) and Oral Health

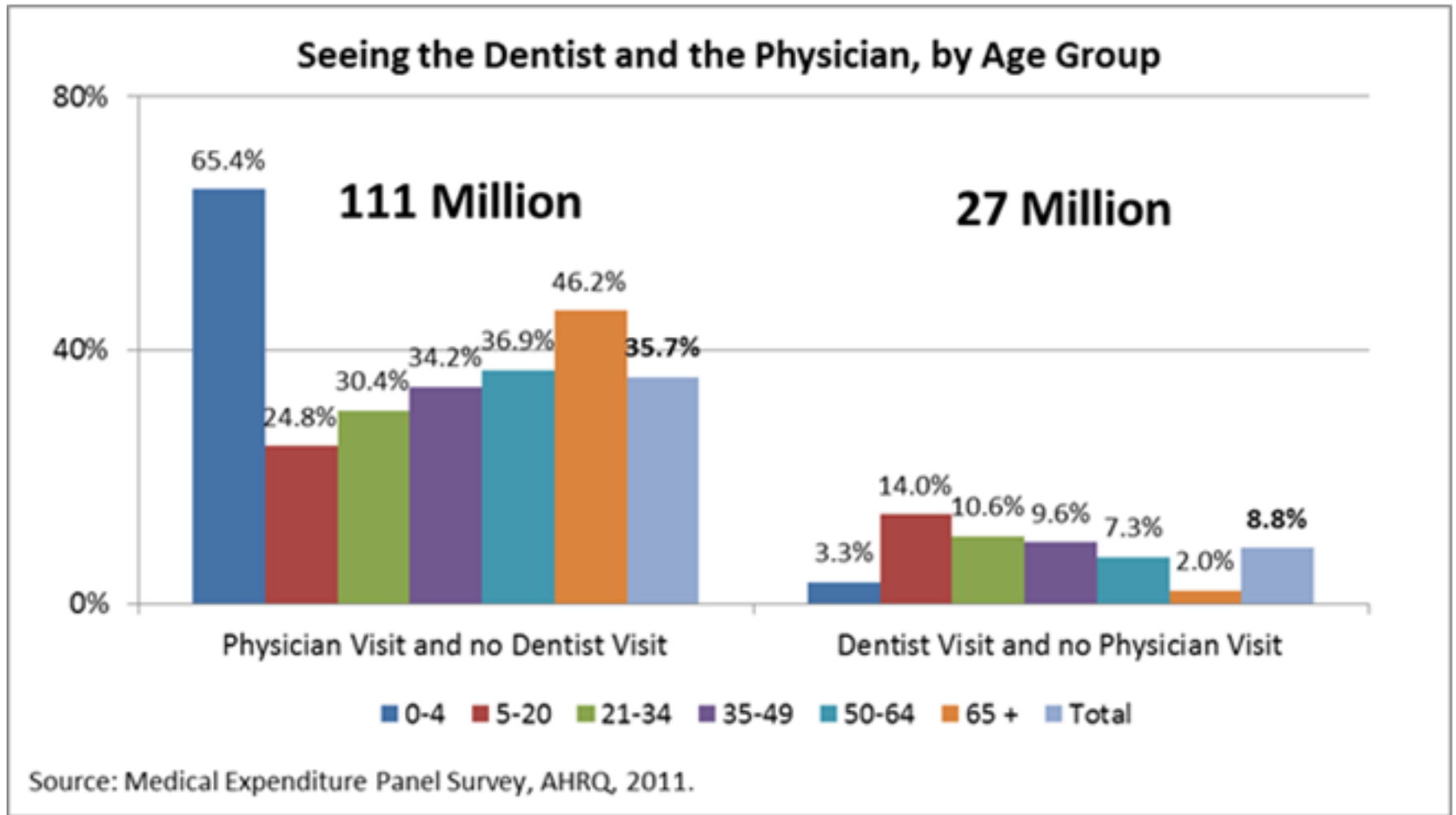
- Why are BHPs involved in oral health?
- How can BHPs recognize when a client has an oral health issue?
- How can BHPs engage/ empower patients in promoting oral health?
- How can BHPs get involved and learn more about oral health?

Deamonte's Story...

A Story of Need



Medicine and Dentistry - Separate Systems



Maximize Momentum

2000

Oral Health in America
A Report of the Surgeon General

Department of Health and Human Services
U.S. PUBLIC HEALTH SERVICE

2003

A National Call to
to Promote Oral Health

A Public-Private Partnership
Under the Leadership of
The Office of the Surgeon General

U.S. Department of Health and Human Services

2009

THE U.S. ORAL HEALTH VISION
IN THE COMING DECADE

WORKSHEET

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

2010

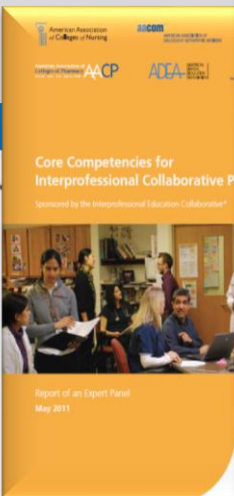
"Promoting and Enhancing the Oral Health of the Public"



HHS ORAL HEALTH
INITIATIVE 2010



2011



Core Competencies for
Interprofessional Collaborative Practice

Report of an Expert Panel
May 2011

2011

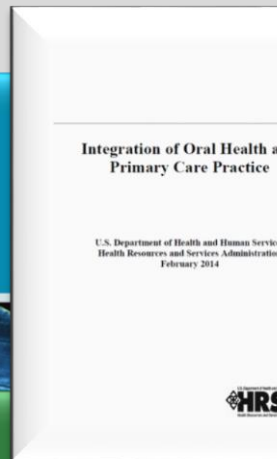


Advancing
Oral Health
in America

Improving Access to
Oral Health Care for
Vulnerable and
Underserved Populations

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
ON HEALTH CARE QUALITY

2014



Integration of Oral Health and
Primary Care Practice

U.S. Department of Health and Human Services
Health Resources and Services Administration
February 2014

HRS

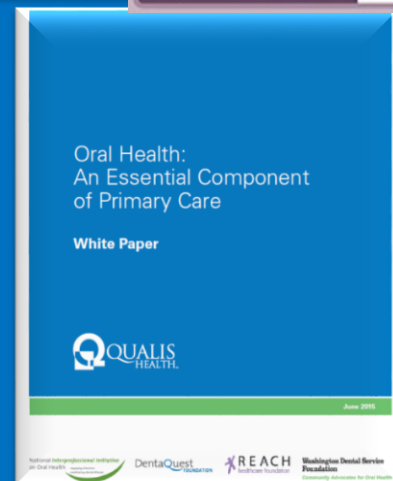
2016



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HEALTH
Reports



ASPPH



Oral Health:
An Essential Component
of Primary Care

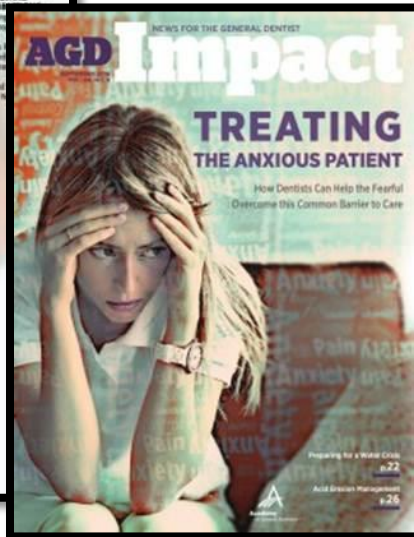
White Paper

QUALIS
HEALTH

National Interprofessional Initiative on Oral Health | DentaQuest | REACH | Washington Dental Services

2015

Case Examples



Identifying Oral Health Issues



FIGURE 8.2
Medical history form for use in dental practice

Medical History Form _____ Date _____

Name _____ Last _____ First _____ Middle _____ Home Phone (____) _____

Address _____ Number/Street _____ State _____ Business Phone (____) _____

City _____ Zip Code _____

Occupation _____ Social Security No. _____

Date of Birth ____/____/____ Sex M F Height _____ Weight _____ Single _____ Married _____

Name of Spouse ^{mo} _____ ^{day} _____ ^{yr} _____ Closest Relative _____ Phone (____) _____

If you are completing this form for another person, what is your relationship to that person? _____

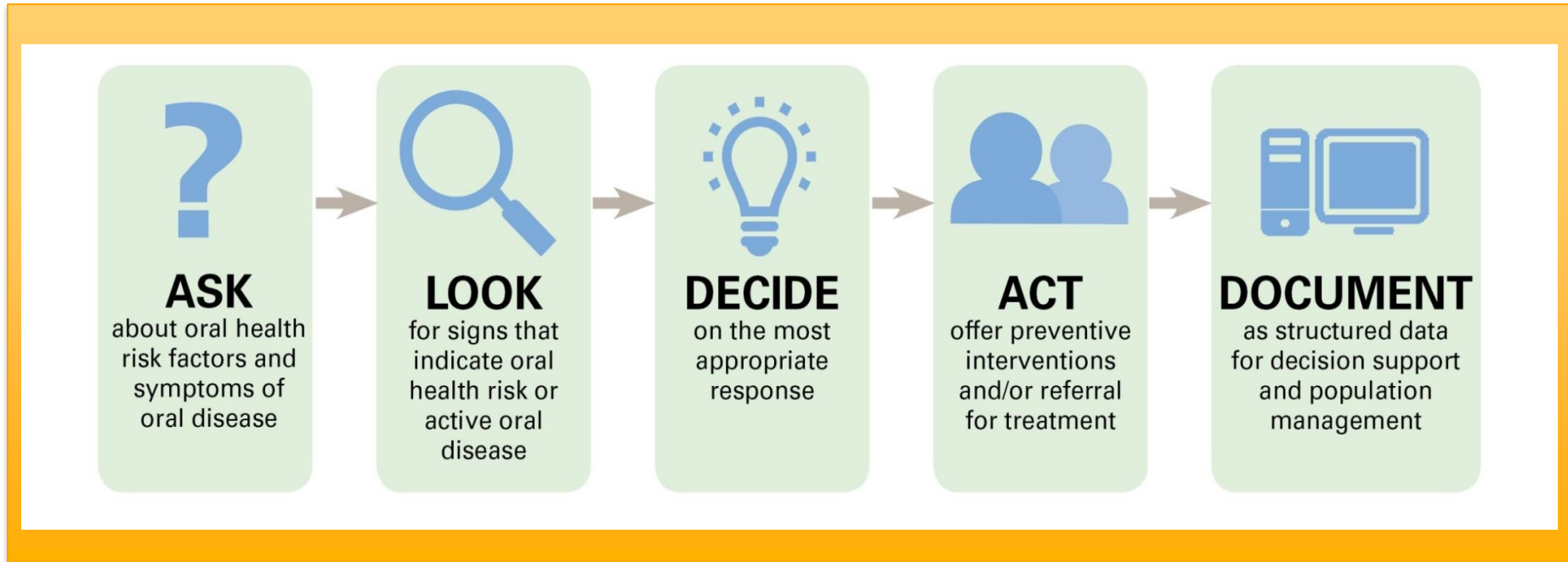
Referred by _____

For the following questions, circle yes or no, whichever applies. Your answers are for our records only and will be considered confidential. Please note that during your initial visit you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your health.

1. Are you in good health? Yes No
2. Has there been any change in your general health within the past year? Yes No
3. My last physical examination was on _____
4. Are you now under the care of a physician? Yes No
If so, what is the condition being treated? _____
5. The name and address of my physician(s) is _____
6. Have you had any serious illness, operation, or been hospitalized in the past 5 years? Yes No
If so, what was the illness or problem? _____
7. Are you taking any medicine(s) including non-prescription medicine? Yes No
If so, what medicine(s) are you taking? _____
8. Do you have or have you had any of the following diseases or problems?
 - a. Damaged heart valves or artificial heart valves, including heart murmur or rheumatic heart disease Yes No
 - b. Cardiovascular disease (heart trouble, heart attack, angina, coronary insufficiency, coronary occlusion, high blood pressure, arteriosclerosis, stroke) Yes No
 1. Do you have chest pain upon exertion? Yes No
 2. Are you ever short of breath after mild exercise or when lying down? Yes No
 3. Do your ankles swell? Yes No
 4. Do you have inborn heart defects? Yes No
 5. Do you have a cardiac pacemaker? Yes No
 - c. Allergy Yes No
 - d. Sinus trouble Yes No
 - e. Asthma or hay fever Yes No
 - f. Fainting spells or seizures Yes No
 - g. Persistent diarrhea or recent weight loss Yes No
 - h. Diabetes Yes No
 - i. Hepatitis, jaundice, or liver disease Yes No
 - j. AIDS or HIV infection Yes No
 - k. Thyroid problems Yes No
 - l. Respiratory problems, emphysema, bronchitis, etc. Yes No
 - m. Arthritis or painful swollen joints Yes No
 - n. Stomach ulcer or hyperacidity Yes No
 - o. Kidney trouble Yes No
 - p. Tuberculosis Yes No
 - q. Persistent cough or cough that produces blood Yes No
 - r. Persistent swollen glands in neck Yes No
 - s. Low blood pressure Yes No
 - t. Sexually transmitted disease Yes No
 - u. Epilepsy or other neurological disease Yes No
 - v. Problems with mental health Yes No
 - w. Cancer Yes No
 - x. Problems of the immune system Yes No
9. Have you had abnormal bleeding? Yes No
 - a. Have you ever required a blood transfusion? Yes No

Oral Health Delivery Framework

5 actions primary care teams can take to protect and promote their patients' oral health. Within the scope of practice for primary care; possible to implement in diverse practice settings.



Conversations About Oral Health



Addressing a Growing Problem

RESEARCH

The characteristics of hospital emergency department visits made by people with mental health conditions who had dental problems

Romesh P. Nalliah, BDS; John D. Da Silva, DMD, MPH, ScM; Veerasathpurush Allareddy, BDS, MBA, MHA, MMSc, PhD

The authors of a 2010 study stated that "routine dental attendance is associated with better oral health."¹ In the United States, people with special health care needs (SHCN) are less likely to have visited a dentist in the preceding 12 months than are people without SHCN.² If people do not visit the dentist regularly, they may go to hospital emergency departments (EDs) and receive a diagnosis of a dental problem.

The results of evaluations of ED visits made by the general population attributed to dental caries, pulpal and periapical lesions, gingival and periodontal lesions and mouth cellulitis/abscess using a nationwide sample were published in 2010 and 2011.^{3,4} However, there is no similar study about ED visits attributed to the same conditions made by people with mental health conditions conducted by using a nationwide database. The results of a systematic review and meta-analysis

ABSTRACT



Background. There is a paucity of knowledge regarding nationally representative estimates of hospital-based emergency department (ED) visits for dental problems made by people with mental health conditions. The authors conducted a study to provide nationwide estimates of hospital-based ED visits attributed to dental caries, pulpal and periapical lesions, gingival and periodontal lesions and mouth cellulitis/abscess made by people with mental health conditions.

Methods. The authors used the Nationwide Emergency Department Sample, which is a component of the Healthcare Cost and Utilization Project sponsored by the Agency for Healthcare Research and Quality. ED visits attributable to dental caries, pulpal and periapical lesions, gingival and periodontal lesions and mouth cellulitis/abscess were identified by the emergency care provider by using diagnostic codes in International Classification of Diseases, Ninth Revision, Clinical Modification. The authors examined outcomes, including hospital charges. They used simple descriptive statistics to summarize the data.

Results. In 2008, people with mental health conditions made 15,635,253 visits to hospital-based ED in the United States. A diagnosis of dental caries, pulpal and periapical lesions, gingival and periodontal lesions and mouth cellulitis/abscess represented 63,164 of these ED visits. The breakdown of the ED visits was 34,574 with dental caries, 25,352 with pulpal and periapical lesions, 9,657 with gingival and periodontal lesions, and 2,776 with mouth cellulitis/abscess. The total charge for ED visits in the United States was \$55.46 million in 2008.

Conclusions. In 2008, people with mental health conditions made 63,164 visits to hospital-based EDs and received a diagnosis of dental caries, pulpal and periapical lesions, gingival and periodontal lesions or mouth cellulitis/abscess. These ED visits incurred substantial hospital charges. Programs designed to reduce the number of ED visits made by this population for common dental problems could have a substantial impact in reducing the use of hospital resources.

Practical Implications. Clinicians should implement preventive practices for patients with mental health conditions. The authors identified combinations of mental health conditions and dental problems that led to patients with mental health conditions making visits to hospital-based EDs for dental problems more frequently than did patients in the general population.

Key Words. Access to care; caries; delivery of health care; dental care for disabled; dental care for people with disabilities; dental care utilization; gingivitis; periodontitis; epidemiology; special-care dentistry.

JADA 2013;144(6):617-624.

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Dr. Da Silva is the chair, Department of Restorative Dentistry and Biomaterials Sciences, Harvard School of Dental Medicine, Boston.
Dr. Allareddy is a fellow, Cleft Craniofacial Orthodontics, Boston Children's Hospital, Boston.

JADA 144(6) <http://jada.ada.org> June 2013 617

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Association of State & Territorial Dental Directors
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- Membership Roster
- New Member Application Information
- Members Only
- Membersin Renewal

Best Practice Approaches

Emergency Department Referral Programs for Non-traumatic Dental Conditions

[View Full Best Practice Approach Report](#)

Current Examples

Practice Name

[Click to open PDF document](#)

Mountain Health Alliance

State: MD
Practice #: 23012
State Activity: HTML
Last Reviewed: September 2015
Last Updated: September 2015

Children's Dental Services

State: MN

Doctors

Dentists

Nurses

Public Health

Behavioral Health Workers

Pharmacists

Physician Assistants

Resources and Tools

Dental Care and Services

Find a Health Center

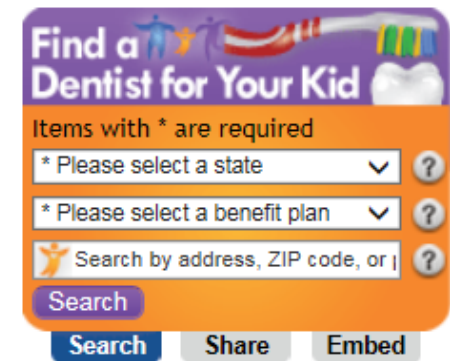
<http://findahealthcenter.hrsa.gov/>

Find Dental Plan

https://datawarehouse.hrsa.gov/ikn/Search_IKN.aspx

Find a Dentist

Use the Dentist Locator to find a dentist in your community who sees children and accepts Medicaid and CHIP.



Find a Dentist for Your Kid

Items with * are required

* Please select a state ?

* Please select a benefit plan ?

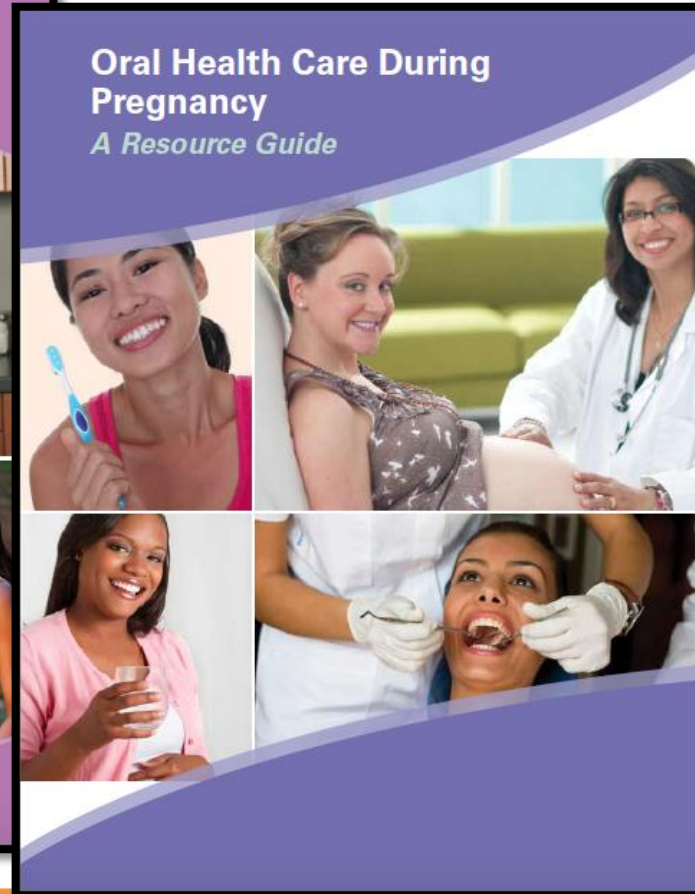
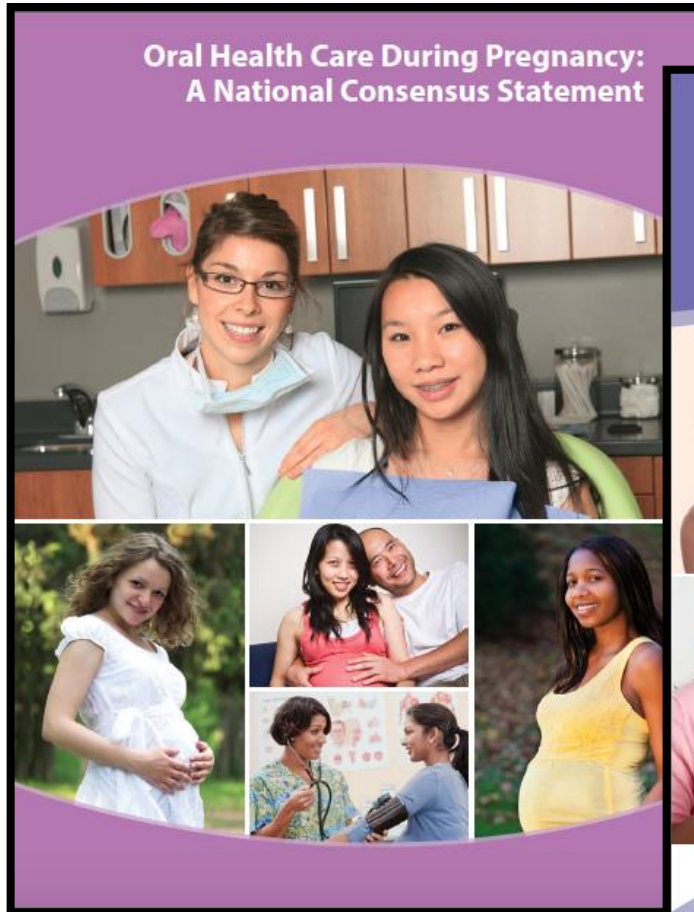
Search by address, ZIP code, or ?

Search

Search Share Embed

Find a Dentist in Your State

Oral Health Care During Pregnancy: A National Consensus Statement



Tools for Health Professionals

<http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>

Guidance for Health Professionals to Share with Pregnant Women

Guidance provided to pregnant women should be modified based on risk assessment. Creating opportunities for thoughtful conversations with pregnant women and health professionals about effective ways to share information that promotes oral health is a key component of this guidance.

Share the information with pregnant women and health professionals in a way that is easy to understand and may photocopy them, to serve as a reference.

Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

| Pharmaceutical Agent | Indications, Contraindications, and Special Considerations |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Analgesics | |
| Acetaminophen | May be used during pregnancy |
| Acetaminophen with Codeine, Hydrocodone, or Oxycodone | |
| Codeine | |
| Meperidine | |
| Morphine | |
| Aspirin | May be used in short-term treatment during 1st and 3rd trimesters |
| Ibuprofen | |
| Naproxen | |
| Antibiotics | |
| Amoxicillin | May be used during pregnancy |
| Cephalosporins | |
| Clindamycin | |
| Metronidazole | |
| Penicillin | |
| Ciprofloxacin | Avoid during pregnancy |
| Clarithromycin | |
| Levofloxacin | |
| Moxifloxacin | |
| Tetracycline | Never use during pregnancy |
| Anesthetics | |
| Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine) | Consult with a prenatal specialist or general anesthesiologist. May be used during pregnancy |
| Nitrous oxide (30%) | May be used during pregnancy if inadequate. Pregnant women should be sedated; consult with anesthesiologist. |
| Over-the-Counter Antimicrobials | |
| | Use alcohol-free products. |

Guidance for Prenatal Care Health Professionals

Prenatal care health professionals may be the "first line" in assessing pregnant women's oral health and can provide referrals to oral health professionals and reinforce preventive messages.

Assess Pregnant Women's Oral Health Status

During the initial prenatal evaluation

- Take an oral health history. Following are examples of questions that prenatal care health professionals may ask pregnant women. This information may be gathered through a conversation or a questionnaire.
 - Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
 - Since becoming pregnant, have you been vomiting? If so, how often?
 - Do you have any questions or concerns about getting oral health care while you are pregnant?
 - When was your last dental visit? Do you need help finding a dentist?
- Check the mouth for problems such as swollen or bleeding gums, untreated dental decay (tooth with a cavity), mucosal lesions, signs of infection (e.g., a draining fistula), or trauma.
- Document your findings in the woman's medical record.



- Encourage women to seek oral health care, practice good oral hygiene, eat healthy foods, and attend prenatal classes during pregnancy. (See [Oral Health and Pregnancy](#).)



Sources

American Academy of Pediatric Dentistry. 2011. Guideline on perinatal oral health care. *Reference Manual* 33(6):118–123. http://www.aapd.org/media/Polices_Guidelines/G_PerinatalOralHealthCare.pdf.

CDA Foundation. 2010. *Oral Health During Pregnancy & Early Childhood: Evidence-Based Guidelines for Health Professionals*. Sacramento, CA: CDA Foundation. http://www.cdafoundation.org/Portals/0/pdfs/poli_guidelines.pdf.

Kumar J, Iida H. 2008. *Oral Health Care During Pregnancy: A Summary of Practice Guidelines*. Washington, DC: National Maternal and Child Oral Health Resource Center. http://www.mchoralhealth.org/PDFs/Summary_PracticeGuidelines.pdf.

Kumar J, Samelson R, eds. 2006. *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*. Albany, NY: New York State Department of Health. <http://www.health.state.ny.us/publications/0824.pdf>.

Northwest Center to Reduce Oral Health Disparities. 2009. *Guidelines for Oral Health Care in Pregnancy*. Seattle, WA: University of Washington School of Dentistry. http://depts.washington.edu/nacrohcd/sites/default/files/oral_health_pregnancy_0.pdf.



Key Facts:

- ◆ Over 47 million people live in designated dental health professional shortage areas¹ – an increase of 43 percent since 2011¹
- ◆ Nearly 300 HRSA health center grantees expanded oral health services in FY 2014ⁱⁱ
- ◆ HRSA's Community-Based Dental Partnership Program provided direct dental services to more than 6,000 people living with HIV /AIDS in 2013^{iv}
- ◆ More than 1,300 National Health Service Corps dentists and registered dental hygienists work in health professional shortage areas⁵
- ◆ HRSA Oral Health Training (OHT) programs trained more than 2,500 oral health students and nearly 500 primary care dental residents in academic year 2013-2014^{vi}
- ◆ Sixty-two percent of OHT program-supported students, residents, and fellows received clinical training in medically underserved communities in academic year 2013-2014^{vii}
- ◆ More than \$1.2 million in scholarships for disadvantaged students was dispersed to dental and dental hygiene students in FY 2013^{viii}

HRSA Oral Health

Across the Agency

For the underserved and uninsured, the Health Resources and Services Administration (HRSA) is a safety net, delivering high quality health care for millions who lack access to primary care. HRSA oral health programs are dispersed across the agency and span the spectrum from clinical care to workforce development. HRSA programs provide funding to health centers, States, academic institutions and other entities to train, recruit and retain health professionals including dentists and dental hygienists in efforts to increase access to quality oral health care.

As HRSA's programs have evolved over the decades, so too has the understanding that good oral health is essential to good overall health. The 2000 *Oral Health in America: Report of the Surgeon General* (SG) is a landmark report intended "to alert Americans to the full meaning of oral health and its importance to general health and well-being."

In 2010, HRSA commissioned the National Academy of Sciences to produce two Institute of Medicine (IOM) reports that build upon the SG report and serve as new benchmarks on the nation's oral health status and oral health care. The two reports, *Advancing Oral Health* and *Improving Access to Oral Health for Vulnerable and Underserved Populations*, were published in 2011 with recommendations for HRSA and the U.S. Department of Health and Human Services to "improve access to oral health care, reduce oral health disparities, and improve oral health."

In response to the IOM reports, HRSA has tailored programs and activities that address many of the recommendations:

- ◆ Working across the agency, HRSA developed an essential set of oral health core clinical competencies for non-dental providers in efforts to improve access for early detection and preventive interventions leading to improved health.
 - ◆ HRSA created the [Perinatal and Infant Oral Health Quality Improvement initiative](#) to target pregnant women and infants at high risk for dental diseases through community-based approaches for integrating oral health care into statewide health care systems.
 - ◆ HRSA provides support to the [National Maternal and Child Oral Health Resource Center](#) to assist professionals in developing effective strategies to promote oral health services for the maternal and child health population.
 - ◆ HRSA provides scholarships and loans for disadvantaged students to promote diversity among health professions students and practitioners to assure that qualified students are not denied a health professions career due to lack of financial resources.
- Additional key HRSA programs are ensuring that quality dental care is available for those who need it most. This is especially true for people living with HIV/AIDS (PLWHA); mothers, children and youth, including those with special health care needs; and those who receive care through the Health Center program. Examples include:
- ◆ The Ryan White HIV/AIDS Program provides related care and services to more than 500,000 people every year,

<http://www.hrsa.gov/publichealth/clinical/oralhealth/oralhealthfactsheet.pdf>

HRSA Report

<http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf>

Integration of Oral Health and Primary Care Practice

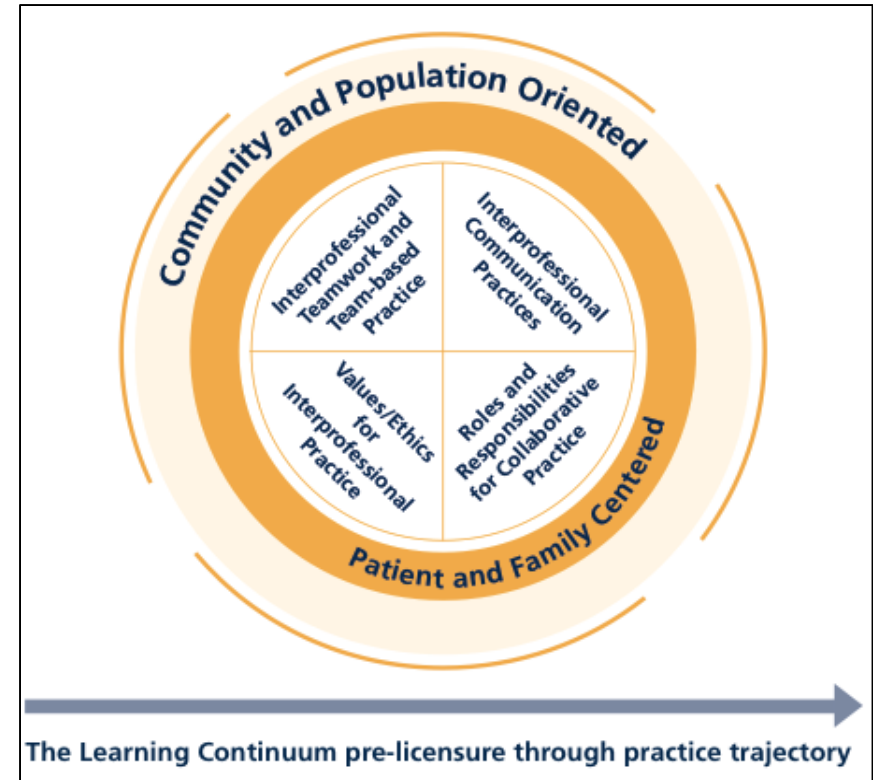
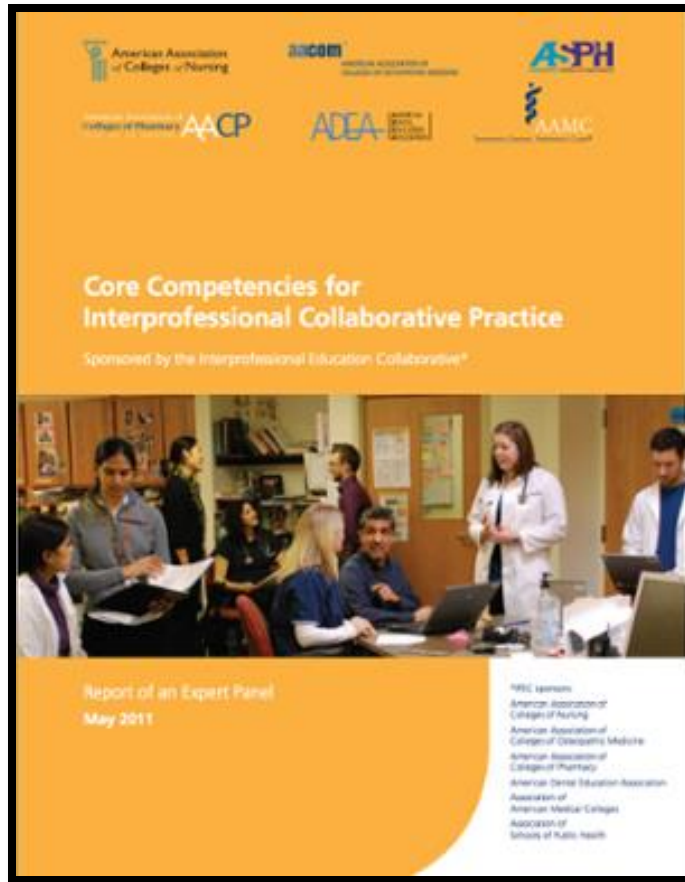
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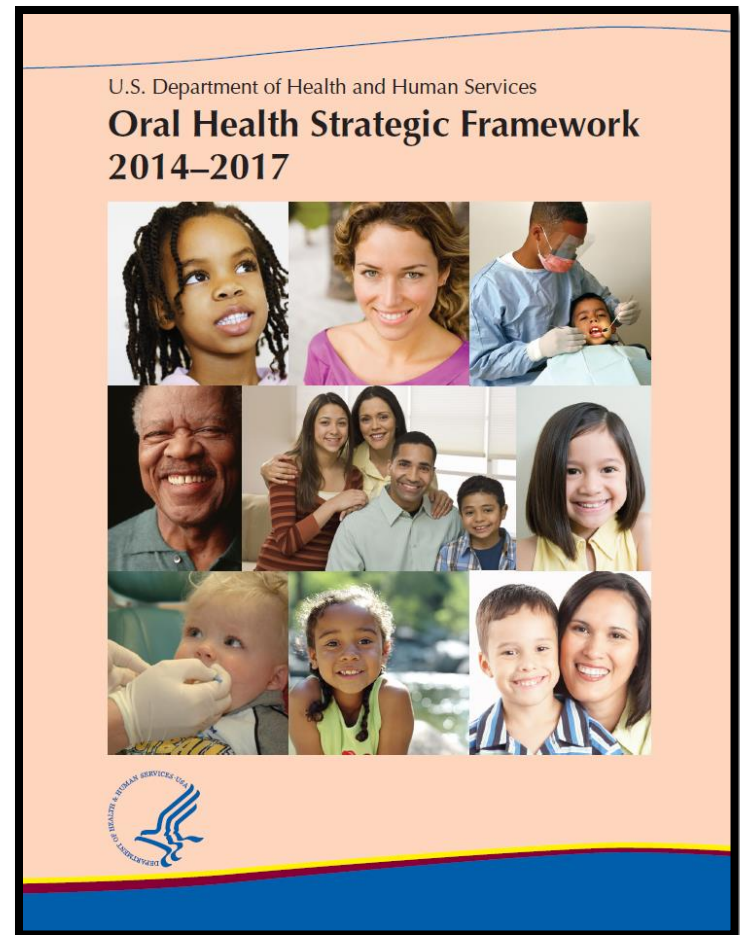
- **Considerations for Oral Health Integration in Primary Care Practice for Children**
<http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/oralhealthprimarycare.pdf>
- **Oral Health Care During Pregnancy: A National Consensus Statement**
<http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>
- **Bright Futures in Practice: Oral Health—Pocket Guide (2nd ed.)**
<http://www.mchoralhealth.org/pocket.html>
- **National Center for Health Workforce Analysis Dentists and Dental Hygienist Workforce Report**
<http://bhw.hrsa.gov/healthworkforce/supplydemand/dentistry/nationalstatelevelprojectionsdentists.pdf>
- **The Role of Dental Hygienists in Providing Access to Oral Health Care**
<http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1401DentalHealthCare.pdf>
- **Rural Oral Health Toolkit**
<https://www.ruralhealthinfo.org/community-health/oral-health>
- **National Conference of State Legislatures Oral Health Primer**
<http://www.ncsl.org/documents/health/OralHTK13.pdf>

Interprofessional Education Collaborative



IPEC Competencies 2011

HHS Oral Health Strategic Framework



JADE

Journal of the Academy of Distinguished Educators

SPRING 2014

VOLUME 2 NUMBER 1

Interprofessional Education and Practice:

A Concept Whose
Time Has Come





NYU DENTISTRY

Interprofessional Education and Practice: An Opportunity to Reunite the Mouth with the Body and Make the Patient Whole

http://www.dental.nyu.edu/content/dam/nyudental/documents/jade/vol2/jade_v2_klink_joskow.pdf

<http://www.nnoha.org/resources/5607-2/>



**Medical-Dental-Behavioral
Integration: One Health
Center's Example**

*Integrating Oral Health into Primary Care Practice
to Increase Access to Care*

Kym Taflinger, Chief Analytics Officer
Beth West, DBH, LISW-S, Chief Operations Officer
Health Partners of Western Ohio

July 25, 2016

A Guide to Integrating Behavioral Health in Primary Care and Other Ambulatory Care Settings

https://integrationacademy.ahrq.gov/playbook/about-playbook?_cldee=cmpvc2tvd0BocnNhLmdvdg%3d%3d&utm_source=ClickDimensions&utm_medium=email&utm_campaign=HRSARSA

The Academy
Integrating Behavioral Health and Primary Care

Search [] Search

Home About Us Research Education & Workforce Policy & Financing Lexicon **Playbook** Clinicians & Patients Health IT Resources Collaboration

Welcome to the Playbook

A guide to integrating behavioral health in primary care and other ambulatory care settings. To aid in improving health care delivery in order to achieve better patient health outcomes.

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Playbook Home

| |
|------------------------------------|
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| Tailor the Care Team |
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| Build Patient Understanding of |

About the Playbook

Purpose

AHRQ's Academy for Integrating Behavioral Health and Primary Care developed the Integration Playbook as a guide to integrating behavioral health in primary care and other ambulatory care settings. Integrated primary care (or integrated ambulatory care) is an emerging approach for improving health care delivery in order to achieve better patient health outcomes. Integrated primary care can systematically enhance a practice's ability to effectively address behavioral health conditions, prevent fragmentation between behavioral health and medical care, improve the effectiveness of medical care, and build effective relationships with mental health specialists outside the primary care setting.

The goal of integrated primary care is better care and better health. The basics of integrating behavioral health in primary care are the same elements necessary for an organization to provide good care in general.

The Playbook aims to address the growing need for guidance as greater numbers of primary care practices and health systems begin to design and implement integrated behavioral health services. The Playbook's implementation framework is designed to be meaningful at any level of integration development.

The [Integration Playbook video](#) provides an overview of the Playbook's content areas and features.

Sign Up

Benefits of Creating an Account

- Access to an online community
- Interactive self-assessment
- Store your notes
- Save your progress

Sign Up >

Cultural Competency Program/Oral Health Environment



Cultural Competency Program for Oral Health Providers

A free, online educational program accredited for oral health professionals.

Begin Program

<https://www.thinkculturalhealth.hhs.gov/education/oral-health-providers>

PROGRAM DETAILS

NATIONAL CLAS STANDARDS

About This Program

As oral health disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations. This e-learning program will equip you with the knowledge, skills, and awareness to best deliver oral health services to all patients, regardless of cultural or linguistic background.

[National CLAS Standards](#)
(PDF – 48 KB)

This e-learning program is grounded in the HHS Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services

Smiles for Life National Oral Health Curriculum

Smiles for Life
A national oral health curriculum

Home | Online Courses | Downloadable Modules | State Prevention Programs | Resources | Links | Contact Us

Welcome | Steering Committee | Endorsers | Funders | History | Citation | Sharing Our Website | FAQs | Video | Utilization

Smiles for Life: A National Oral Health Curriculum 3rd edition

Smiles for Life produces educational resources to ensure the integration of oral health and primary care.

For Individual Clinicians
We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free Continuing Education credit is available.

For Educators
This curriculum format can be easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed module outlines.

Course Quick Links

- Course 1: The Relationship of Oral to Systemic Health
- Course 2: Child Oral Health
- Course 3: Adult Oral Health
- Course 4: Acute Dental Problems
- Course 5: Oral Health & the Pregnant Patient
- Course 6: Caries Risk Assessment, Fluoride Varnish & Counseling
- Course 7: The Oral Examination
- Course 8: Geriatric Oral Health

Answering the Call: Joining the Fight for Oral Health
Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.
An extended version (21 minutes) of this documentary is also available.

A Product of: Endorsed by:

COURSES COMPLETED FOR CE CREDIT: 116781

STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE | AAPA | PAEA PHYSICIAN ASSISTANT EDUCATION ASSOCIATION | adha American Dental Hygienists' Association

**Discrete Site Visits
2010-2015 (n=488,711)
Now 500,000+ visits**



**Endorsed by 7
Health Professions
and 17 Professional
Organizations**

Oral Care is Rooted in Whole Health

SAMHSA/HRSA Center for Integrated Health Solutions

<http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-jan-2015>

Quick Tips: 5 Ways to Incorporate Oral Care in Integrated Settings

- Ask basic oral care questions during appointments to engage individuals and encourage preventive care. Questions can include if they experience any dental pain, if they have bleeding gums, or when they last visited a dentist.
- Provide educational materials on the importance of regular oral care in your center's common areas and exam rooms. The [National Institute of Dental and Craniofacial Research](#) and the Health Resources and Services Administration's [Maternal and Child Oral Health Resource Center](#) have brochures and fact sheets on a number of oral health topics.
- Know about your community's [free and no cost clinics](#) so, that you can make referrals, as appropriate, and visit [Donated Dental Services](#) to find programs in your state.

Quick Tips: 5 Ways to Incorporate Oral Care in Integrated Settings

- Consider the various ways you can bring dental care to your organization such as setting up a mobile van, inviting dental professionals to your center on a regular basis, partnering with local community health centers that offer dental services, or connecting with local dental providers as part of your coordinated care efforts. Check out these resources to get this process started:
 - HRSA's [Integration of Oral Health and Primary Care Practice](#) report
 - [User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies](#)
 - [Increasing Access to Dental Care through Public Private Partnerships: Contracting Between Private Dentists and Federally Qualified Health Centers](#)
 - Know your state insurance coverage laws, including whether Medicaid offers any dental benefits.
- Visit our [Oral Care webpage](#) for more resources.

Featured Resource

- **Advancing Behavioral Health Integration within NCQA Recognized Patient-Centered Medical Homes** reviews the National Committee for Quality Assurance's (NCQA) patient-centered medical home (PCMH) standards and how they relate to the integration of behavioral health into primary care. HRSA-supported safety-net providers that have integrated behavioral health services can use this resource as a guide when preparing to apply to be recognized as a PCMH with NCQA.

**Before You Say Ahhhh...
Integrating Oral Health and Behavioral
Health in Primary Care**

Thank you



CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and the phone number "202.684.7457". Below the search bar is the organization's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media icons for Facebook, Twitter, and LinkedIn are also present.

ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

[LEARN MORE](#)

TOP RESOURCES

[View Our RSS Feed](#)

CALENDAR OF EVENTS

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| FEB 26 | Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment FEBRUARY 26-26, 2014 |
| FEB 27 | Integrating Peer Support in Primary Care FEBRUARY 27-27, 2014 |

Integrating Physical and Behavioral Health Care: Promising Medicaid Models
FEBRUARY 24, 2014
This issue brief examines five promising Medicaid approaches to integrate physical and behavioral health care.

February Is American Heart Month!
FEBRUARY 21, 2014
Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease.

Questions ?





SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.