

ORAL HEALTH AND PRIMARY CARE INTEGRATION FOR PEOPLE WITH HIV

INCREASING ACCESS TO ORAL HEALTH CARE

Mission Analytics Group, Inc. under contract with the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB)

AUGUST 11, 2020

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Disclosures

- ❑ Mission Analytics Group, Inc. received funding for this project from: the Health Resources and Services Administration, HIV/AIDS Bureau
- ❑ Disclosure will be made when a product is discussed for an unapproved use.
- ❑ This continuing education activity is managed and accredited by AffinityCE in cooperation with HRSA and LRG. AffinityCE, HRSA, and LRG Staff, as well as planners and reviewers, have no relevant financial or non-financial interests to disclose. Conflict of interest, when present, was resolved through peer review of content by a non-conflicting reviewer.
- ❑ Commercial support was not received for this activity.

Learning Outcomes: Oral Health Institute

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At the conclusion of this activity, the participants will be able to:

Increasing Access to Oral Health Care

- Identify materials and strategies that teach clients about the importance of oral health care
- Identify strategies for connecting clients to oral health care services and reducing barriers to care
- Access materials for teaching non-clinical staff members about oral health care

Improving Quality of Oral Health Care

- Learn about HRSA HAB oral health performance measures
- Identify strategies for using data to measure and improve performance
- Identify strategies for funding and sustaining oral health care models

Integrating Oral Health and Primary Care

- Identify components of oral health care integration,
- Identify best practices for implementing these components at RWHAP clinics
- Identify best practices for referrals and communication across oral health and primary care settings

Presentation Outline



- Patient Barriers and Education
 - Carol Tobias, MMHS
- Patient and Provider Training Materials
 - Stephen Abel, DDS
- Dental Navigation
 - Carol Tobias, MMHS
- Experience from the field:
El Rio Community Health Center
 - Sudha Nagalingam, MD
- Q&A

Introduction

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- Project origin: a HRSA-funded contract to identify and disseminate best practices in integrating HIV primary care and oral health care
- Mission Analytics implemented the contract with subject matter experts
- Project identified best practices, developed an integration toolkit, and conducted technical assistance site visits to RW Part C and D programs
- Project revealed continuing challenges with client engagement in oral health care

Why is oral health care important for people with HIV?

6

- Untreated oral disease can lead to systemic infections, difficulty eating and weight loss
- HIV medications can lead to dry mouth, and potentially increase cavities or other infections
- Oral health diseases are linked to systemic diseases
 - Diabetes
 - Heart disease
- Oral diseases impact quality of life
 - Comfort level in being seen by other people
 - Limited career opportunities

What are the major barriers to oral health care for people with HIV?

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- Finances/payment
- Lack of awareness, low oral health literacy
- Fear – of the dentist, of pain, of stigma/discrimination
- Lack of urgency
- Difficulty getting an appointment
- Difficulty getting to an appointment
- Competing priorities – housing, food, work, childcare
- COVID 19!

Patient Education Video



Oral Health

Oral health
affects your whole body.
It's an important part of your HIV care.

Did you know...
Many oral health problems can be prevented or readily treated.

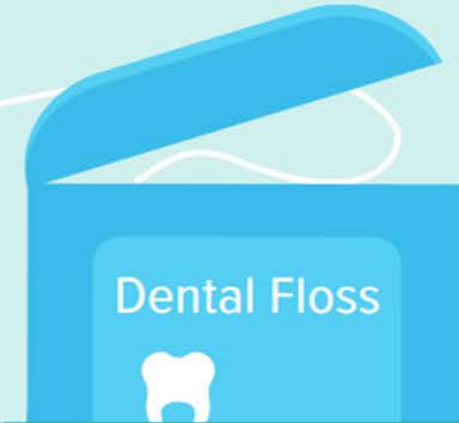


Take care of your mouth.

People with HIV often have weakened immune systems that may contribute to oral health problems. Many of these problems with the teeth, gums, or mouth can be prevented or quickly treated.

If you are HIV-positive, tell your dental health care provider so they can give you the best care possible. They can work with your doctors, nurses, and case managers to make sure you get the treatment you need. The sooner you get treatment, the sooner you will feel better.

Some oral health problems are painful. They can make eating and drinking uncomfortable. Early treatment can take care of these problems and stop them from getting worse.



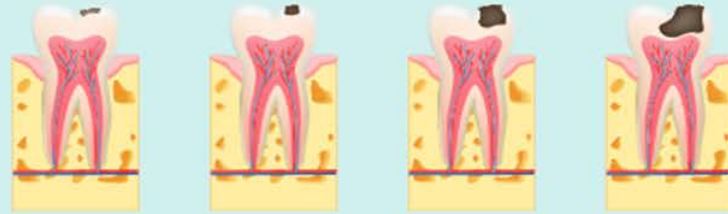
TIP

Dental floss cleans areas where a toothbrush cannot reach. If you have problems using dental floss, ask your dentist how you can clean between your teeth.

Cavities and Gum Disease

Cavities and Gum Disease

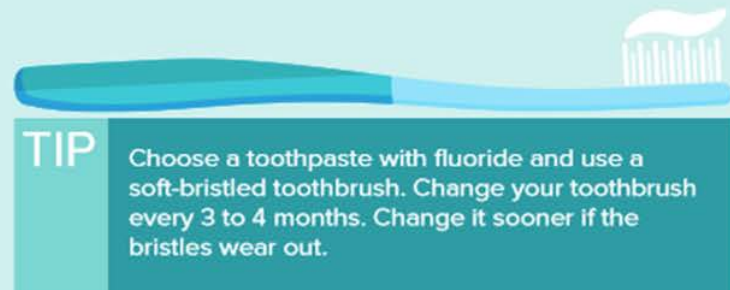
What are cavities?



Cavities are soft spots or small holes in your teeth. They're caused by a sticky, white coating on your teeth. It's called, plaque (plak).

Plaque is made up of bacteria (germs) and tiny bits of food left in your mouth. These bacteria make acid that eats away at your teeth. Good oral health care at home helps prevent cavities by getting rid of plaque. Brush and floss your teeth regularly.

At first, a cavity is small and does not hurt. As it gets deeper, it becomes painful. A root canal may be needed to save your tooth. When a cavity is not treated, it can lead to a dangerous infection in your mouth. You may even lose your tooth.



TIP

Choose a toothpaste with fluoride and use a soft-bristled toothbrush. Change your toothbrush every 3 to 4 months. Change it sooner if the bristles wear out.

What is gum disease?



Your gums and bone hold your teeth in your mouth. You have gum disease when the gums and bone in your mouth gets infected. Many people with HIV have gum disease that gets worse very fast.

Signs to look for:

- red or swollen gums
- gums that bleed when you brush or floss your teeth
- gums that are pulling away from your teeth
- loose teeth

See your dentist regularly. Early treatment of gum disease is important. If gum disease is not treated, your teeth may shift or get so loose they may need to be removed.



Infections and Mouth Sores

Infections and Mouth Sores

People with HIV are more likely to have sores and infections in their mouth. This includes the tongue and lips. The most common types of sores or infections that affect people with HIV are:

- Thrush – candidiasis (kan-dee-die-eh-sis)
- Mouth sores – canker sores, cold sores, or fever blisters. Some of these infections are rare. Only your dentist can find them. Other infections are common. They create symptoms you can see or feel.

What is thrush?

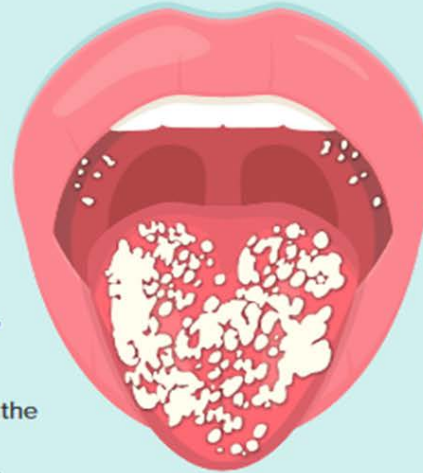
Thrush is an infection on the inside of your mouth. It's caused by a fungus.

Thrush may look like:

- white patches in your mouth that can be wiped off
- a flat, red sore that burns, especially when you eat spicy or salty foods
- cracks in the skin around the corners of your mouth

Many things can cause thrush – using some medicines, wearing dentures, or a change in your health. If you think you see thrush, contact your health care provider.

Thrush can be treated with mouth rinses, pills, or lozenges (pills that melt in your mouth). If thrush is not treated, it can spread down your throat. If this happens, you may need a more complex treatment. You may even need to stay in the hospital. Getting treatment early is best.



What are mouth sores?

Mouth sores include canker sores and cold sores, or fever blisters. Mouth sores are common, even in people who do not have HIV. But people with HIV can have larger, more painful sores that take longer to heal. If you have a sore that does not go away or heal within 7 to 10 days, see your dentist.

To reduce pain from mouth sores:

- avoid acidic foods like orange juice or tomatoes
- avoid spicy foods like hot sauce
- talk to your dentist about over-the-counter medicines. Your dentist can prescribe medicines to prevent certain types of mouth sores.

Prevention

Prevention

Cavities, gum disease, and mouth sores can happen to anyone. The good news is that you can prevent many of these problems.

Follow these easy steps:

- Brush your teeth after each meal – or at least twice a day.
- Use dental floss every day.
- Use mouth rinse every day.
- Ask your dentist if there is a specific mouth rinse you should use.
- Use dry-mouth products for relief for a short time.
- You can help create more saliva and keep your mouth moist by chewing sugar-free gum and drink water instead of sugary drinks.
- Visit your dentist every 6 months for a routine cleaning and a general exam. Do this even if your teeth look normal.

Your dentist can find and remove cavities before they cause you pain. They can also check for gum disease, mouth infections, sores, and cancer. You should visit your dentist even if you have no teeth.

Check your mouth

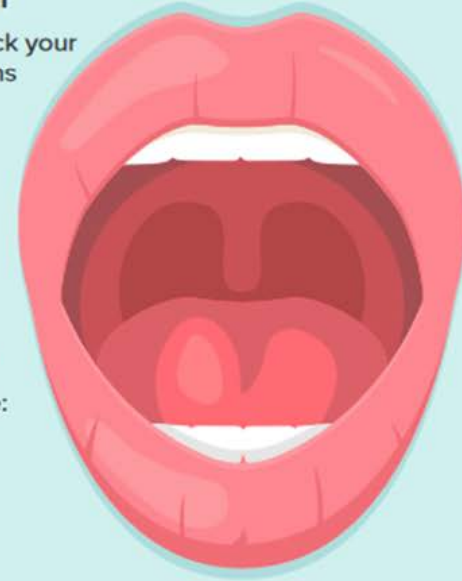
At least once a month check your mouth for signs of infections and sores.

Check your:

- tongue – top and bottom
- lips
- gums
- cheeks
- the roof of your mouth

Visit your dentist if you see:

- white, purple, or red patches
- painful sores
- bumps
- sores that do not heal after 7 to 10 days



Good Nutrition

Good nutrition

Healthy eating is important to manage your HIV infection. You need healthy, nutritious food to stay healthy – and for good oral health. Choosing a well-balanced diet helps your body fight HIV.

Avoid foods and drinks that have a lot of sugar. Sugar helps create cavities.

Talk to a member of your health care team about the value of a healthy, balanced diet. Ask for tips about food and drinks that do not cause cavities.



Visit Your Dentist

Ask your doctor, nurse, or case manager for the name and telephone number of a dentist. They may even be able to make an appointment for you.

Local Contact Information



Department
of Health



9494

3/20

To order the free consumer oral health brochure

14

Send an email to:

AlPubs@health.ny.gov

Request quantity for Publication #9494

How to locate the online brochure

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The brochure is available for download on the Health NY website.

How to locate the online brochure

<https://www.health.ny.gov/diseases/aids/general/publications>

HIV/AIDS Educational Material: X

← → ↻ 🏠 <https://www.health.ny.gov/diseases/aids/general/publications/index.htm>

⚙️ Most Visited 🌐 Getting Started 🌐 <https://oyster.ignimngs...> 🌐 The P&A Group - Parti... 📄 Kindergarten Page

Living with HIV (Treatment adherence, staying healthy)

- Day-One: Start Treatment Today!
 - [Woman \(9946\)](#)
 - [Spanish \(9947\)](#)
 - [Transwoman \(9944\)](#)
 - [Spanish \(9945\)](#)
 - [Man \(9948\)](#)
 - [Spanish \(9949\)](#)
 - [Gay Man \(9942\)](#)
 - [Spanish \(9943\)](#)
 - [Older Man \(9952\)](#)
 - [Spanish \(9953\)](#)
- [Oral Health and HIV \(9494\)](#)
- [You're in Charge: Preparing for Your Healthcare Appointment \(9897\)](#)
 - [Spanish \(9898\)](#)

HOME

ABOUT US

CAPACITY BUILDING

TOOLS

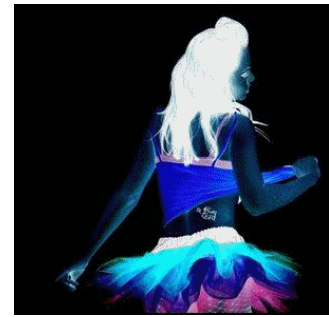
LEARNING CENTER

Capacity Building

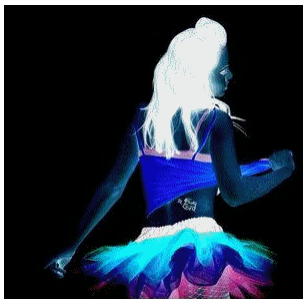


Oral Health

The **Oral Health Resource Center** of the Northeast Caribbean AIDS Education and Training Center (AETC) offers a wide array of training programs. Training services include didactic presentations, interactive workshops, case discussions, preceptorships, consultations, technical advisement and assistance with practice transformation. Most trainings include free continuing dental and dental hygiene credits.



HIV Oral Health Jeopardy for Peers!!!





HIV 101 & Oral Health 101	HIV & the Mouth	What's that in the mouth	Let's talk hygiene & habits	Peer Talk	Random Facts
\$100	\$100	\$100	\$100	\$100	\$100
\$200	\$200	\$200	\$200	\$200	\$200
\$300	\$300	\$300	\$300	\$300	\$300
\$400	\$400	\$400	\$400	\$400	\$400
\$500	\$500	\$500	\$500	\$500	\$500

Final Jeopardy



Team
Condom
Sense



Team
Tuff
Tooth



Team
Dapper
Dentist

HIV Oral Health 101	HIV & the Mouth	What's that in the mouth	Let's talk hygiene & habits	Peer Talk	Random Facts
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500

FINAL JEOPARDY!!!

HIV Oral Health 101	HIV & the Mouth	What's that in the mouth	Let's talk hygiene & habits	Peer Talk	Random Facts
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500

FINAL JEOPARDY!!!

Which of the following products always contain fluoride?

A. Toothpaste

B. Floss

C. Water

D. None of the above

HIV Oral Health 101	HIV & the Mouth	What's that in the mouth	Let's talk hygiene & habits	Peer Talk	Random Facts
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500

FINAL JEOPARDY!!!

_____ can cause “dry mouth” which contributes to _____ in people with HIV....

A. Dental cavities; oral herpes

B. Mouth rinse; healthy gums

C. HIV medications; dental cavities

HIV Oral Health 101	HIV & the Mouth	What's that in the mouth	Let's talk hygiene & habits	Peer Talk	Random Facts
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500

FINAL JEOPARDY!!!

Why is it so important to treat oral health problems?

A. If you don't treat them, bad oral health can cause AIDS.

B. It can lead to trouble with eating, which can affect your overall health.

C. When there is a problem, dental care is more important than HIV care.

D. All of the above.

HIV Oral Health 101	HIV & the Mouth	What's that in the mouth	Let's talk hygiene & habits	Peer Talk	Random Facts
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500

FINAL JEOPARDY!!!

Name 3 oral health habits that can lead to poor oral health?

Smoking cigarettes; chewing tobacco; other tobacco products (vaping); drug use; not brushing and/or flossing daily; eating and drinking sugary products; not going to the dentist for regular cleanings

HIV Oral Health 101	HIV & the Mouth	What's that in the mouth	Let's talk hygiene & habits	Peer Talk	Random Facts
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500

FINAL JEOPARDY!!!



**Daily
Double**

Your client makes the following comment: "I have dentures, so I don't have to worry about brushing my teeth and all that stuff."
Provide three points of oral hygiene if someone has dentures.

1. Brush/scrape the tongue;
2. brush the dentures;
3. brush the gums;
4. soak dentures overnight;
5. use a special denture brush

Dental Patient Navigation - Roles

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- Patient recruitment
- Provide patient education/information, address fears, stigma
- Schedule appointments, follow up with missed appointments
- Arrange transportation, childcare
- Visit accompaniment, if needed
- Visit explanations – what to expect
- Retention services – “how did it go, do you have the supplies you need, what’s happening next, how do you feel?”
- Coordinate with case managers

Dental Patient Navigation Models

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- Designated patient navigator within a primary care site whose main/only responsibility is dental care
- Designated case manager(s) in primary care sites with other case management responsibilities
- Dental assistant or hygienist who serves as a navigator across sites
 - Housed in a dental clinic if it is the primary referral site
 - Housed in the primary care site if there are multiple dentists/dental clinics involved
 - Housed in a 3rd party agency (e.g. case management organization)



Oral Health and Primary Care Integration Project

Tucson, Az
2020



SIA

- Designated as a National Committee for Quality Assurance (NCQA) Patient Centered Medical Home Level 3, part of large FQHC
 - **1400 patients** are actively in care
 - 93% viral suppression rate
 - 92% retention in case
 - Largest HIV program in Southern Arizona
- SIA located within our Cherrybell Health Center offers a broad range of supportive services in addition to primary care

RW HIV/AIDS Program Grants (any HIV-related services or training)

- **HRSA Grantee**

- **Ryan White Part C** funds since **1991**
- contract with **ADHS Ryan White Part B** for over **24 years**
- and a subrecipient of **NYU Langone Medical Center** in Brooklyn, NY for **Ryan White Part F Community Based Dental Partnership Program (CBDPP)** services for over **15 years**.

Ryan White Program Part	Amount Received
Part A	
Part B	\$2,340,353
Part C	\$937,884
Part D	
Special Projects of National Significance (SPNS)	
AIDS Education & Training Centers (AETCs)	

El Rio Dental Department

- El Rio Health Center is the primary provider of comprehensive oral health care in Tucson
- Has sites that are strategically located in Tucson's medically-underserved areas to provide quality health care that address barriers, health disparities, and poor access.
- Six facilities, accredited by the
 - Joint Commission,
 - Commission on Dental Accreditation and
 - American Dental Association, provide dental services

ROADMAP TO

Undetectable=
Untransmittable

**YOU
ARE
HERE**

Meet
With Case
Manager

Eligibility
& Intake

Tour of
Health
Center

Meet your
Provider

Lab
Work

Attend a
Group

Meet
with
Dental
Team

Meet
with
TAP
Team

Start
ARV's



Meet our
Registered
Dietician

Update Ryan
White
Application

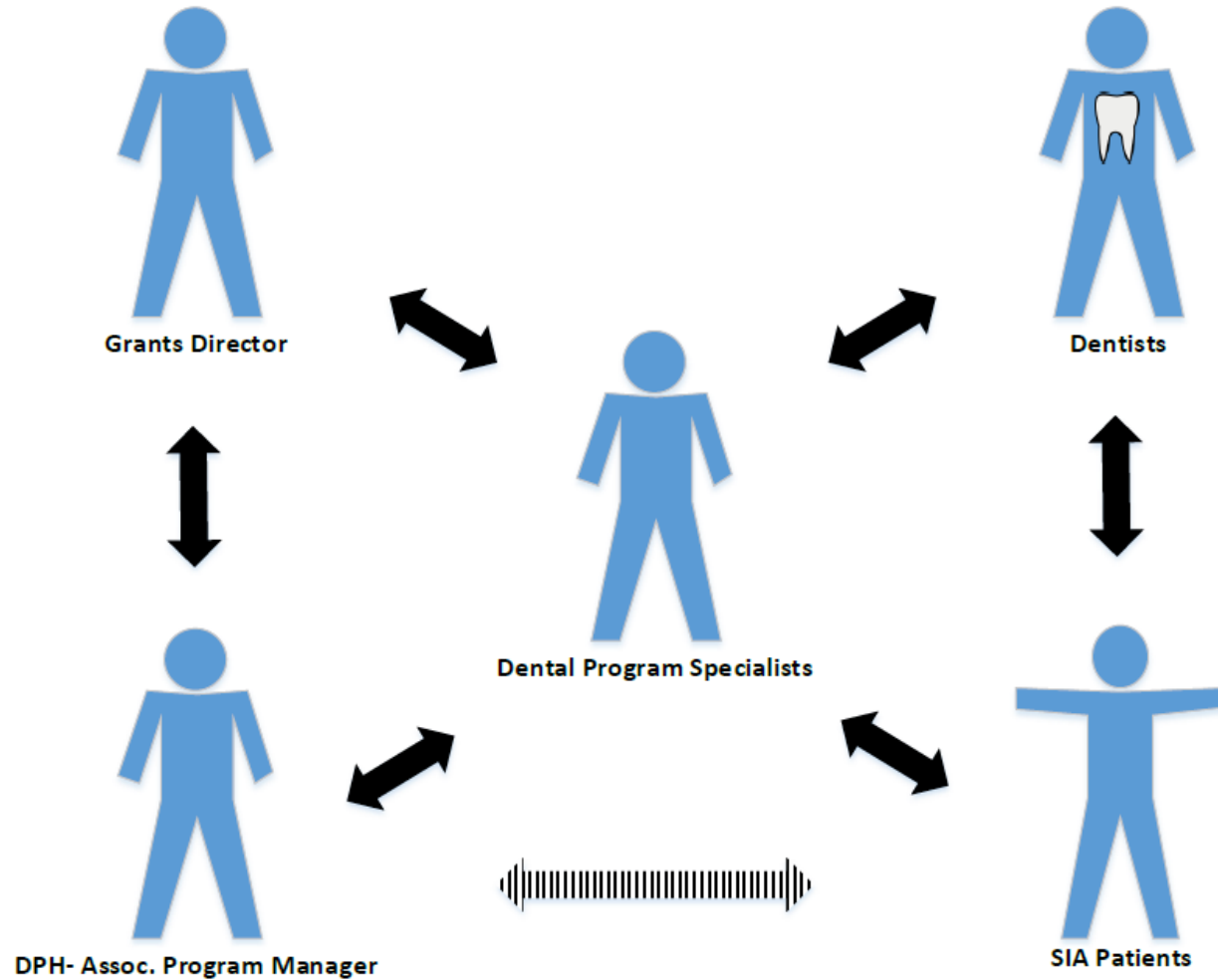
Viral Load
Suppression

Demographics
and Oral
Health Services

**Total number of unduplicated patients
with HIV treated by students, residents,
faculty, and other dental**

371

Dental Ryan White Program Communication Flow



Service Delivery & Training – Structure

- The Grant Director :
 - responsible for oversight of El Rio’s activities to meet Community Based Dental Partnership Program (CBDPP) Community Based Dental Partnership Program eligibility (CBDPP)
 - CBDPP’s goals, and is the primary liaison between El Rio staff, FHCNYUL, and all local HIV partnering agencies and organizations.
 - Coordinates the design and development monitoring, and compliance of grant-related service delivery and reporting requirements of government/externally-funded programs.
 - Receives periodic submissions from El Rio’s Dental Department which document services to PLWH that are eligible for reimbursement using CBDPP funds.

- The Dental Director of El Rio Community Health Centers:
 - Provides overall direction and coordination of dental affairs at El Rio including:
 - Quality and delivery of care, policy implementation, and educational activities
 - Providing direct patient care daily and overseeing all CBDPP activities
 - Coordinates all clinical and educational activities for the dental residents with FHCNYUL's Department of Dental Medicine
 - Supervises and evaluates the overall performance of the residents and oversees the staff dentists who serve as daily clinical supervisors and mentors for the dental residents.
- The Dental Department Manager:
 - Provides senior management guidance for the dental office activities
 - Supervises and monitors daily clinic activities
- The Dental Public Health - Associate Program Manager
 - Supervises and monitors dental program activities.
 - Serves as departmental liaison to FHCNYUL and El Rio SIA.

The Dental Program Specialist (DPS) :

- ensures care coordination for special populations by assisting with:
 - prior authorizations,
 - scheduling, and
 - referrals of specialty care and follow up
- Assists with marketing and outreach to the HIV/AIDS community and facilitates access to care for PLWH, the homeless, and other high-risk populations, and is the primary coordinator of PLWH involvement with CBDPP program activities
- tracks and collects outcome data regarding
 - departmental and programmatic goals,
 - runs monthly reports on reimbursements,
 - appointment utilization, and
 - productivity,
 - participates in quality reviews and complies with continuous quality improvement and HRSA standards.

Workflow of DPS

- **Call Patient**
 - introduces self and role in helping patient navigate dental benefits and coordinate care;
 - “Since you are using El Rio as your Medical home we wanted to see if you have a dental home?”
 - If yes; “May I provide my information for a future referral?”
 - If No: “Are you interested in EL Rio as your Dental Home? Do you have a dental plan?”
 - If they don’t have a dental home or plan, offer Ryan White for initial visit (but will have to sign up with SAAF for Delta Dental)
 - Discuss benefits of making El Rio their dental home.
- **Schedule appt**
 - Offer appointment at one of our five locations.
 - Dental Program Specialist can be present at New Patient appt if patient requests support
 - Once treatment plan established, Pre-authorization is submitted to primary insurance, in most cases Delta Dental
 - Dental Program Specialist is notified by Pre-auth team if authorization partially approved.
 - Request for Community Based Funds is submitted to cover any patient portion not covered by dental plan

Income assessment for RWHAP Eligibility

- Upon enrollment, SIA reviews eligibility requirements for CBDPP
- Patients with coverage must exhaust all existing benefits prior to the use of RWHAP funded-programs.
- Eligibility requirements stipulates that patients:
 - Are a registered patient of El Rio Special Immunology Associates
 - Have no dental insurance, or demonstrate proof of ineligibility of further benefits through existing coverage
 - Meet annual household income limits (based on current federal poverty level)
 - Show proof of income:
 - paycheck stubs, disability award letters, or other official documents stating monthly income
 - Show proof of residency in Pima County:
 - Rental agreements, utility bills, birth certificate, green card with social security number, or other official correspondence that has the same address as the picture identification

Charge Caps

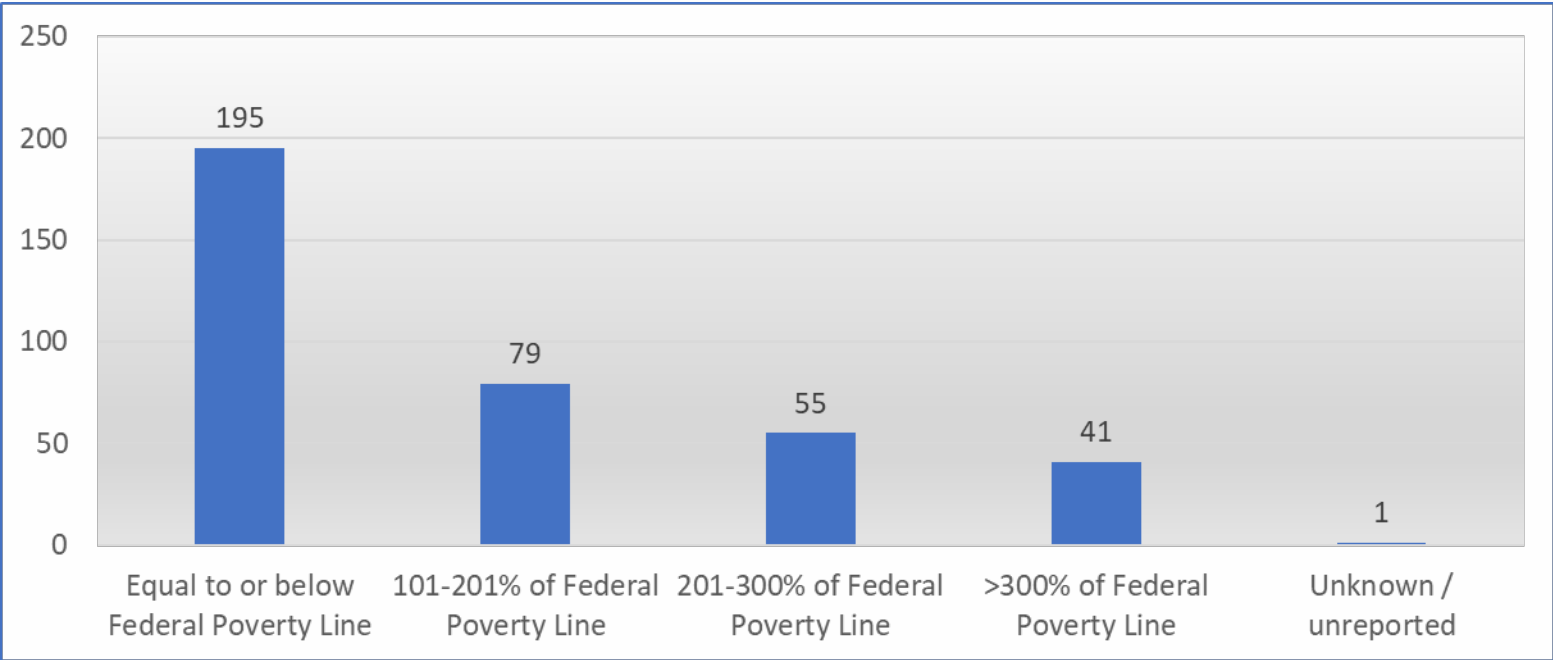
Special Immunology Associates

Household Size	PAYER RYAN WHITE LESS THAN 400% FPL
Medical, Behavioral Health, Dental, Radiology, Lab, etc.	See Caps on Charges for 201% to 300% FPL and over 300% FPL. If no income collect \$0
1	\$51,040
2	\$68,960
3	\$86,880
4	\$104,800
5	\$122,720
6	\$140,640
7	\$168,560
8	\$176,480

Annual Caps on Charges (HRSA Ryan White)

Federal Poverty:	Total Charge
At or below 100% FPL	\$0
101% to 200% FPL	No more than 5% gross annual income
201% to 300% FPL	No more than gross annual income
Over 300% FPL	No more than 10% gross annual income

Household Income



Workflow of DPS

- **Approvals**

- Can approve up to \$500.00 in treatment per patient –
- any treatment plan to be completed within El Rio in excess of \$1000.00 must be submitted to for additional approval.
- Any treatment plans over \$1000.00 to be completed by non El Rio providers require clinical review/approval by our Dental Director, final approval request is then submitted to NYU Langone

Patient Ryan White enrollment must be active to be eligible for use of community-based funds

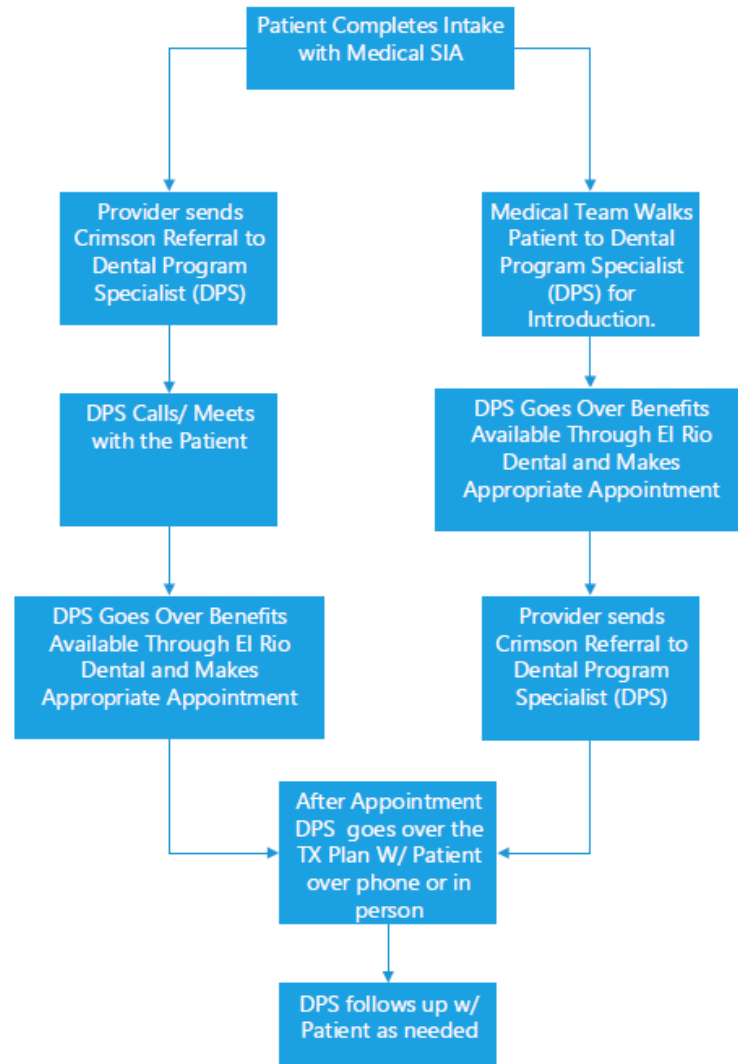
Third Party Payor Coverage

Third Party Payor Coverage	Number of Patients with HIV/371	
Patients with NO third party payor	102	27%
Patients with PARTIAL third party payor	256	69%
Patients with UNKNOWN third party payor	13	4%

Patient Follow- Up

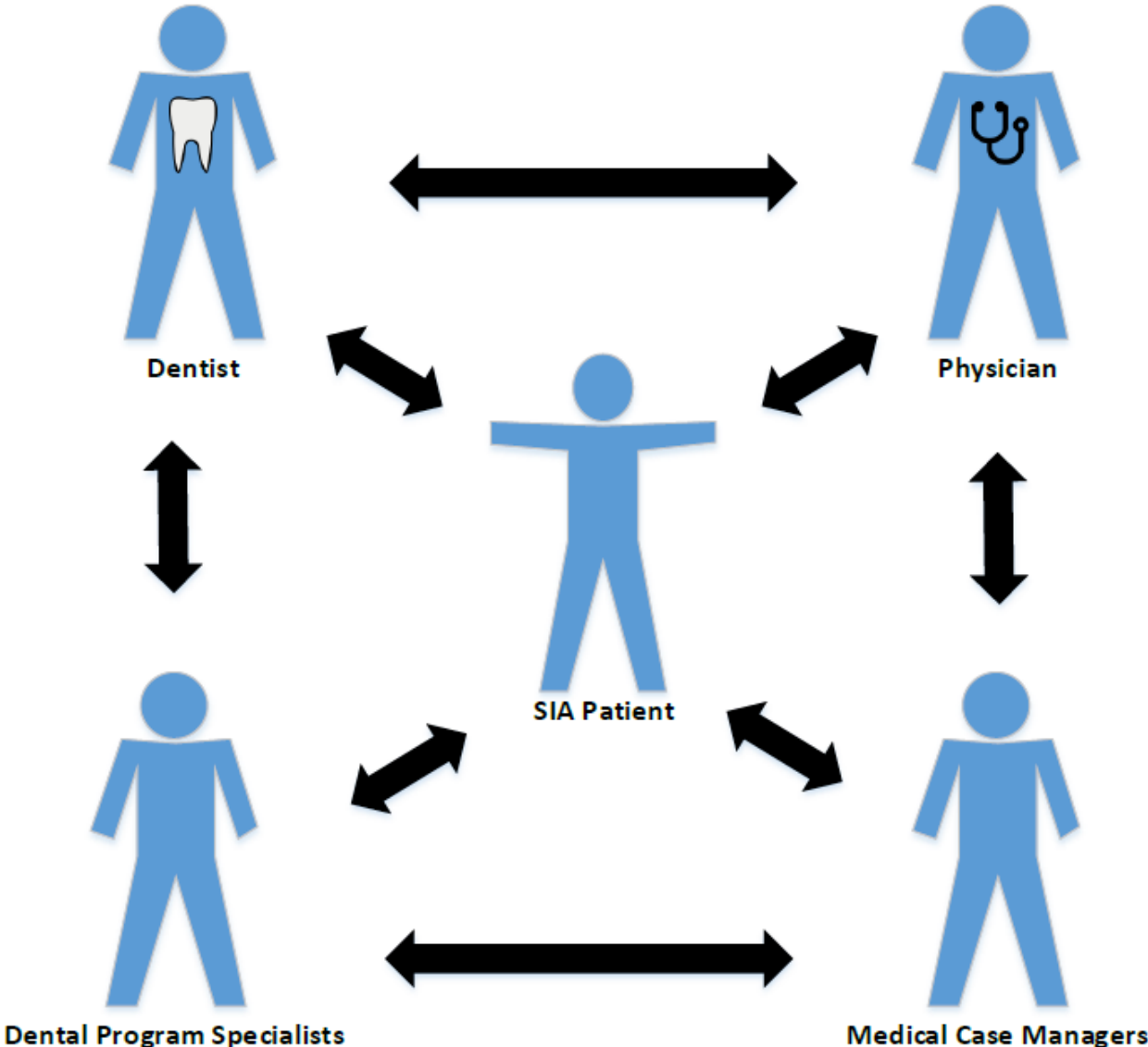
- Each Dental Program Specialist has roster with patients designated for proper follow up after initial treatment plan completed.
- Outreach calls are made to help patients maintain routine care (exams, hygiene appts)
- Post treatment follow up calls are made to check in with patient on how their appts went and answer any questions patient may have

SIA Medical to Dental Referral Workflow



*All Referrals must go through Crimson in order to be counted.

SIA Medical/ Dental Patient Relationship



*Assessing
Programmatic
Effectiveness
in Meeting
Needs of Low-
Income PLWH.*

- Assessed through SIA's HIV QM/QI (Quality Management/Quality Improvement) Committee
- QI information is shared with the Consumer Advisory Board quarterly and more frequently as needed.

Dental Encounters

Diagnostic	412	2133	19%
Preventive	212	2133	10%
Oral Health Education/health Promotion	345	2133	16%
Nutritional Counseling	268	2133	13%
Tobacco Prevention/ Cessation	0	2133	0%
Oral Medicine/Oral Pathology	0	2133	0%
Restorative	121	2133	6%
Periodontic	206	2133	10%
Prosthodontic	17	2133	1%
Oral and Maxillofacial Surgery	78	2133	4%
Endodontic	3	2133	0%
Anesthesia/sedation/nitrous oxide analgesia/palliative care	2	2133	0%
Emergency Services	0	2133	0%
Other	469	2133	22%

SIA Team



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Medical Director - Special Immunology Associates

El Rio Health

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oscard@elrio.org

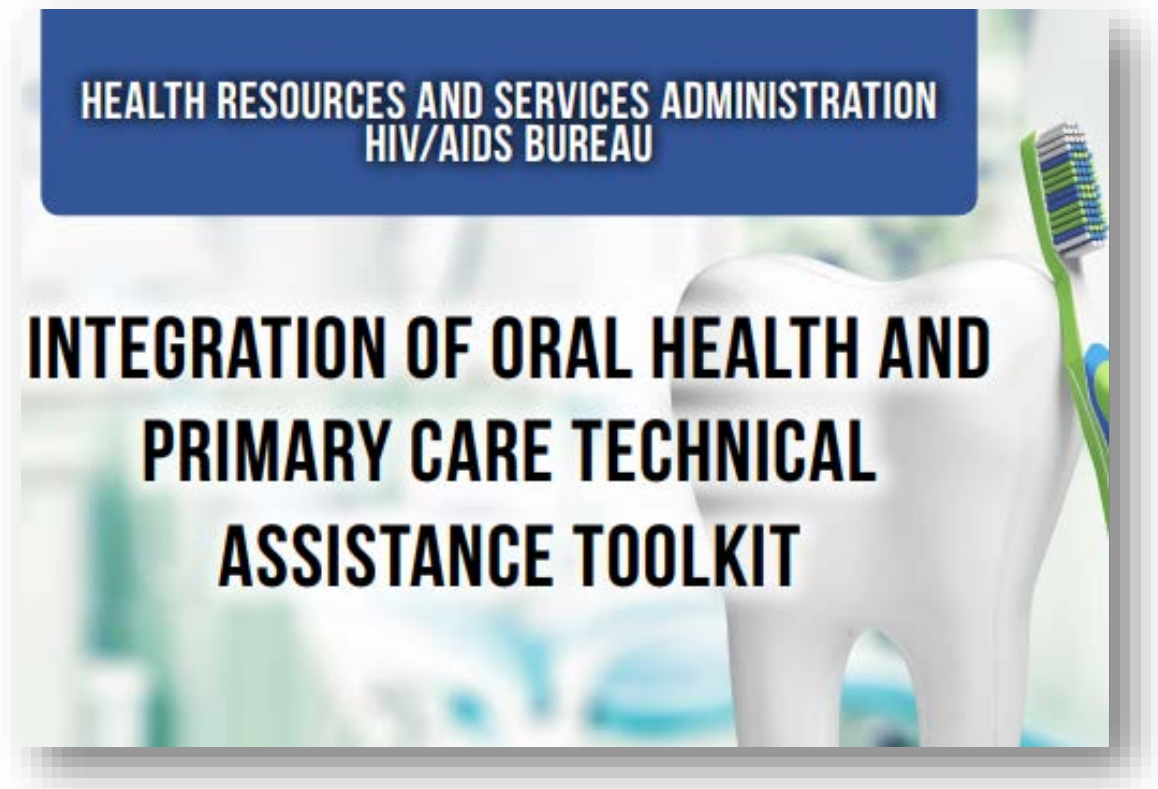
Office: (520) 309-3120

Fax: (520) 309 3754

Learn More about Integration

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- ❑ Integration of Oral Health and Primary Care Technical Assistance Toolkit:
<https://targethiv.org/library/oral-health-and-hiv-primary-care-integration>
- ❑ Webinars
 - ❑ Assessing Risk and Providing Basic Services:
<https://targethiv.org/library/oral-health-and-primary-care-assessing-risk-and-providing-basic-services-primary-care>
 - ❑ Connecting Clients to Oral Health Services:
<https://targethiv.org/library/oral-health-and-primary-care-integration-people-hiv-connecting-clients-oral-health-services>
- ❑ More resources on DropBox:
<https://www.dropbox.com/sh/ak3jf7cda9bpkc4/AACIGCn6oDlyn1jRBWu3dK5oa?dl=0>



Questions?

How to Claim CE Credit

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- If you would like to receive continuing education credit for this activity, please visit:

[Ryanwhite.cds.pescge.com](https://ryanwhite.cds.pescge.com)