Today’s webinar is supported by Mission Analytics Group, Inc. as a part of a contract administered by the Division of Community HIV/AIDS Programs (DCHAP) of the HIV/AIDS Bureau (HAB). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration (HRSA), the Department of Health and Human Services (HHS) or the U.S. Government.
Through the Session, Recipients Can…

- Describe components of the integration of primary care and oral health
- Learn about strategies and best practices in integrating oral health into primary care practice
- Connect with the project team for more information on technical assistance (TA) products and upcoming site visits
Presentation Outline

- Importance of Oral Health Care for People with HIV
- Components of Integration
- Integration in Primary Care Settings
- Recipient Experiences:
  - Eastern Carolina University (ECU)
  - Grady Health
- Next Steps
- Q&A
Oral Health for People with HIV

- Oral health is essential for overall health and quality of life
- Oral health care is especially important for people with HIV
  - Untreated oral disease may lead to infections, weight loss, malnutrition, and diseases (e.g., diabetes)
  - Oral diseases impact quality of life (e.g., psycho-social problems and limited career opportunities)
- Oral health is one of the top unmet needs for people with HIV who obtain services through the Ryan White HIV/AIDS Program
Project Goals

- Promote the integration of oral health and primary care through the identification and dissemination of best practices

- Phase 1
  - Literature review
  - Site visits with nine RWHAP recipients

- Phase 2
  - Recipient webinar series
  - Oral Health and Primary Care Integration Toolkit
  - TA site visits with nine recipients/providers
Meet the Team

- HRSA HAB Project Team
  - LCDR Tanya Grandison, Contracting Officer Representative
  - CAPT Mahyar Mofidi
  - LCDR Sayo Adunola

- Mission Analytics Group and expert consultants
  - Ellie Coombs
  - AJ Jones
  - Dr. David Reznik
  - Dr. Steve Abel
  - Carol Tobias
  - Jane Fox
Seven Components of Integration

Primary Care Setting

Assess
1. Ask
2. Examine

Act
3. Educate
4. Intervene
5. Refer

Coordinate
6. Support
7. Share

Oral Health Setting

Provide Services
Seven Components of Integration

Primary Care Setting

Assess
1. Ask
2. Examine

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Coordinate
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7. Share

Oral Health Setting

Provide Services

Check out our June 6th webinar on referrals for dental care
Ask: Assess Risk for Oral Health Disease

- **What to ask about:**
  - Oral health care utilization
  - Brushing habits
  - Diet
  - Health conditions, such as dry mouth and acid reflux
  - Smoking behavior

- **Who does it and when:**
  - Visits with a case manager
  - Visits with a primary care provider (PCP)
  - Intake
Best Practice Ideas

- Make question(s) routine

- Keep it simple! The most important question is to ask clients when they last saw a dentist
  - If you include relevant conditions (e.g. dry mouth or acid reflux), consider the appropriate staff person to ask

- Configure into the electronic health record (EHR):
  - Alerts to prompt staff
  - Fields to document findings to facilitate follow up
EHR Structured Data
Care Management Assessment

HRHCare Community Health
## Risk Screening Questions

### Safety Net Medical Home Initiative


<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Data Entry Template</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral hygiene (adolescents and adults)</td>
<td>On average, how many days per week do you brush your teeth for at least two minutes, twice daily, using fluoride toothpaste and floss at least once daily? [0, 1, 2, 3, 4, 5, 6, 7]</td>
</tr>
<tr>
<td>Oral hygiene (children under age 12)</td>
<td>On average, how many days per week do you clean/brush your child’s teeth, or supervise/monitor your child in brushing their teeth? [0, 1, 2, 3, 4, 5, 6, 7]</td>
</tr>
<tr>
<td>Diet (adolescents and adults)</td>
<td>On average, how many times daily do you consume starch or sugar ( sugary snacks or sugary drinks) between meals?  [≤ 1, 2–3, 4–5, ≥ 6]</td>
</tr>
<tr>
<td>Diet (children under age 12)</td>
<td>On average, how many times daily does your child consume starch or sugar ( sugary snacks or sugary drinks) between meals?  [≤ 1, 2–3, 4–5, ≥ 6]</td>
</tr>
<tr>
<td>Exposure to cariogenic bacteria (all)</td>
<td>Has anyone in the immediate family (including caregiver) had tooth decay or lost a tooth from decay, in the past year?  [Y/N]</td>
</tr>
<tr>
<td>Dry mouth (adolescents and adults)</td>
<td>Do you commonly experience dry mouth (i.e., requiring swallowing water to eat crackers)?  [Y/N]</td>
</tr>
<tr>
<td>Acid reflux (adolescents and adults)</td>
<td>Do you experience stomach acid in your throat after eating or when lying down on a daily or almost daily basis?  [Y/N]</td>
</tr>
<tr>
<td>Screening assessment for symptoms of oral disease (adolescents and adults)</td>
<td>Do you experience tooth pain or bleeding gums when you eat or brush your teeth?  [Y/N]</td>
</tr>
<tr>
<td>Screening assessment for symptoms of oral disease (children under age 12)</td>
<td>Does your child complain of tooth pain or have signs of bleeding gums when they eat or brush their teeth?  [Y/N]</td>
</tr>
</tbody>
</table>
Poll

- Who would be best suited to “ask” clients about their last dentist visit at your site?
  - Case managers / Social workers
  - Peer navigators
  - Primary care providers (PCPs)
  - We don’t have time to “ask”
  - Other (please chat in!)
Examine: Identify Active Oral Health Disease

- What to do and look for:
  - Examining teeth for signs of decay
  - Seeing if clients are wearing their dentures and, if not, understanding why
  - Inspecting soft tissues for thrush (candidiasis), warts (papillomas), and other lesions associated with uncontrolled HIV infection
  - Palpating the neck and lymph nodes
  - Swabbing the mouth to diagnose pharyngeal gonorrhea

- Many PCPs aim to conduct these oral exams at every or “most” visits
- Document findings in a structured format but avoid “too many clicks”
- Equip PCPs with lights and mirrors
- Promote training activities
  - Invite trainers to come on-site for a hands-on demonstration
  - Have dental residents accompany PCPs during appointments to point out oral health issues
Online Resources

- The **TargetHIV website** houses tools and resources for RWHAP providers, including:
  - **Guide to Oral Health Care in Primary Care Settings**
  - HRSA HAB’s training materials from the **Oral Health Care Initiative**
  - **Smiles for Life** is an important resource used to train PCPs on oral health care
  - **HIVdent** is a repository for oral health and HIV information
Oral Health Setting

Coordinate

Primary Care Setting

Assess
1. Ask
2. Examine

Act
3. Educate
4. Intervene
5. Refer

6. Support
7. Share

Provide Services
Educate: Teach and Empower Clients about Good Oral Health

- Importance and tips for brushing and flossing
- Importance of preventative dental care, scheduling and coverage
- Nutrition
- Client’s perceived oral health barriers
Best Practice Ideas

- Don’t reinvent the wheel; there are lots of client-centered resources already available
- Use multiple methods
  - Nutrition/smoking cessation visits
  - Posters, videos, brochures
  - EHR portals/newsletters
  - Chairside instruction
- Tailor education to your client population, e.g.:
  - Clients with dentures
  - Clients who use meth
- Distribute hygiene supplies
The importance of good oral health for people living with HIV/AIDS:

- Overall health depends on your oral health—untreated oral diseases may lead to infections, weight loss, and malnutrition.
- Some HIV medications can cause dry mouth, which leads to an increase in tooth decay and periodontal disease.
- Inadequate oral health care may compromise HIV treatment and compromise quality of life.
- For patients with complex medical needs, it may be necessary to visit the dentist more than two times per year.

What to expect at your new patient exam:

- Meet your new dentist.
- Full mouth set of X-rays & oral health exam performed by your dentist.
- Development of treatment plan. Your dentist will compile a list of all your dental needs based on priority and prices will be listed.
- All of your dental work will be completed at a later date. The new patient exam is only to meet your dentist and create the treatment plan.
- After your new patient exam, you can schedule a cleaning with a dental hygienist for a later date.

Spotlight: Periodontal Disease

The inflammation and infection of the gums and bones that support the teeth is especially important to control periodontal disease in people living with HIV.

Summary of primary care clinical interventions by the Safety Net Medical Home Initiative

Integrating oral health care in HIV primary care settings: A guide to oral health care for people with HIV

California Dental Association fact sheet

Missouri Department of Health and Senior Services

North Carolina Department of Health and Human Services

Oral health nursing education and practice

Smiles for Life

Don’t reinvent the wheel; there are lots of client-centered resources already available.
Intervene: Incorporate Oral Health into Primary Care Treatment

- Prescribing antibiotics for swelling and/or fever related to dental problems
- Prescribing chlorhexidine rinse for recurrent denture-related problems or gum inflammation
- Managing dry mouth (applying oral lubricants, frequent sips of water, sugar-free gum, hard candies, and changing prescriptions)
- Applying fluoride varnish

**Best Practice Idea**

Be proactive: Use your risk assessment data, don’t just rely on client complaints
Tune in on June 6!

Join us on June 6 at 2:00 ET for the second part of this webinar series, Connecting Clients to Oral Health Services
East Carolina University

Grace Wilkins, RN, FNP
East Carolina University
Adult Specialty Care
Greenville, NC
## ECU’s Clients

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1,020</td>
<td>64%</td>
</tr>
<tr>
<td>Female</td>
<td>563</td>
<td>36%</td>
</tr>
<tr>
<td>Transgender</td>
<td>3</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>322</td>
<td>20%</td>
</tr>
<tr>
<td>Black</td>
<td>1,255</td>
<td>79%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>59</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Insurance Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>328</td>
<td>21%</td>
</tr>
<tr>
<td>Medicare</td>
<td>409</td>
<td>26%</td>
</tr>
<tr>
<td>Medicaid, CHIP or other public plan</td>
<td>513</td>
<td>32%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>571</td>
<td>36%</td>
</tr>
</tbody>
</table>
Oral Health Care Delivery

- In 2016, established a partnership with ECU School of Dental Medicine
- PCPs at Adult Specialty Care can initiate referrals for eligible clients
- ~25% of clients were connected to services between 2016 and mid-2018
Oral Health Care Starts in PCP Visits!

- Oral exams are a standard part of visits
- Important to engage clients, explain importance of oral health and educate
  - Stress that oral health is more than just emergency care
- Formalizing and building a process into Epic made referrals easy
Referral Process is Built into Epic

Initiation
• PCP identifies oral health risk or active disease and types “.dent” phrase into Epic

Eligibility
• Eligibility specialist confirms client eligibility

Funding
• Billing specialist checks cost/available funding

Coordination
• Dental patient navigator sets up appointment, provides supports and communicates with oral health team
Referral Process is Built into Epic

---

**Referral Initiation**

1. Referring Provider: D. LEBRON
2. Urgency of Request: [ ] Routine Request [ ] Emergency
3. Insurance: [ ] No [ ] Yes
   Type: N/A
4. County of Residence: BEAUFORT

---

**Eligibility**

[ ] Yes  Expiration Date: 3/31/2019
[ ] No  Date of Denial letter: ________________

1. Reason for Eligibility Denied: ________________
2. Date Submitted for RW funding clearance: 9/21/2018
3. Signature: STACEY HARGROVE
   Digitally signed by STACEY HARGROVE
   Date: 2018.09.21 14:43:23 -04'00"

---

**RW Funding Clearance**

1. Pre-approved for RW funded dental assistance: [ ] Yes [ ] No
2. Approval Date: 09/24/2018
3. Start Date: 04/01/2018  Termination Date: 09/30/2019
4. Signature: Aundrea Williams
   Digitally signed by Aundrea Williams
   Date: 2018.09.24 13:21:44 -04'00"
5. Date submitted to Medical Care Coordination: 09/24/2018
6. Denied: [ ] Has met annual cap for RW funded dental services
   [ ] Other: ________________

---

**Medical Care Coordination**

1. Patient Notification of RW funded dental assistance:
   Date: 09/25/2018
   [ ] Letter  [ ] Phone call
2. Dental approval letter completed: Date: 09/25/2018
3. Dental clinic notified of referral: Date: 09/25/2018
   Person: Amanda Joyner
   ECU School of Dental Medicine
   [ ] Other: ________________
4. Referral Package Sent: Date: 09/25/2018
Grady Infectious Disease Program
Medical/Dental Integration Model

David A Reznik, DDS
Chief, Dental Medicine
Grady Health System - Atlanta

341 Ponce de Lean Ave, Atlanta, GA 30308
Grady’s Legacy of Care

• The Ponce Clinic is one of the largest, most comprehensive programs in the U.S. for people with HIV disease

• Almost 2/3 of patients have advanced, symptomatic HIV disease

Grady treats 1 out of 4 persons living with AIDS in Georgia.
Who are our patients?

- 71% Male, 28% Female, <1% Transgender
- 84% Black/African American, 9% White, 5% Latino
- 14% <= 24, 35% 25-44, 51% >= 45 years of age
- 32% < FPL, 60% < 2X FPL
- 42% uninsured, 26% Medicaid, 21% Medicare
- 64% Stage 3 (AIDS)

CY2017 Data
# Medical Services

<table>
<thead>
<tr>
<th>Primary Care Clinics</th>
<th>Specialty Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Clinic</td>
<td>Cancer Care (Hematology/Oncology) including chemotherapy</td>
</tr>
<tr>
<td>Women, Family and Youth Clinic</td>
<td>Hepatitis Treatment</td>
</tr>
<tr>
<td>Mental Health, Substance Use and Wellness Center</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>Oral Health Center</td>
<td>Neurology</td>
</tr>
<tr>
<td>Nurse Adherence Education</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Evening Hours/Walk-In services</td>
<td>Palliative Care</td>
</tr>
<tr>
<td></td>
<td>Coming soon: Dermatology</td>
</tr>
<tr>
<td>Critical Additional Services (Care Completion)</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Financial Counseling</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Health Education and Peer counseling</td>
<td>Pharmacy including Mail-Order/Specialty Options</td>
</tr>
<tr>
<td>Patient Navigation</td>
<td>Radiology</td>
</tr>
<tr>
<td>Rapid Entry</td>
<td>Nutritionist</td>
</tr>
<tr>
<td>Chaplaincy</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Translation Services</td>
<td>Medical Transportation</td>
</tr>
<tr>
<td>Babysitting</td>
<td>On-site Community Services (Legal Aid, Project Open Hand, The Living Room)</td>
</tr>
</tbody>
</table>
# OHC Patient Demographics compared to the IDP

<table>
<thead>
<tr>
<th>IDP ~ 6,250</th>
<th>OHC ~ 2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>28% Female</td>
<td>25% Female</td>
</tr>
<tr>
<td>71% Male</td>
<td>75% Male</td>
</tr>
<tr>
<td>84% Black/African American</td>
<td>81% Black/African American</td>
</tr>
<tr>
<td>9% White</td>
<td>13% White</td>
</tr>
<tr>
<td>5% Latino/Hispanic</td>
<td>6% Latino/Hispanic</td>
</tr>
</tbody>
</table>
# OHC Patient Demographics compared to the IDP

<table>
<thead>
<tr>
<th>Age</th>
<th>IDP</th>
<th>OHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 and younger</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>25-44</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>45 and over</td>
<td>51%</td>
<td>69%</td>
</tr>
</tbody>
</table>
Severe Periodontitis is More Common in People with HIV particularly older males

• The study assessed prevalence and severity of periodontitis in 258 HIV-infected patients and 539 historical controls with the Dutch Periodontal Screening Index (DPSI).
• Severe periodontitis (DPSI 4) was more prevalent in HIV-infected patients than in controls (66% vs. 36%, p = 0.002).
• HIV-infection, increasing age and male sex were significant risk factors for severe periodontitis.
• CONCLUSIONS: Prevalence and severity of periodontitis are higher in people with HIV compared to controls, particularly in older males. Awareness of the increased prevalence of periodontitis associated with HIV-infection among patients and health-care professionals could significantly improve oral health and quality of life of HIV-infected patients.
Poor Oral and Mental Health Are Related in People With HIV

• HIV Is Independently Linked to Poorer Mental Health
  – The longer people in a British study had been living with diagnosed HIV, the more likely they were to have depression and anxiety.
    – ASTRA (+) and AURAH (-) International AIDS Conference in Amsterdam (AIDS 2018).

• Poor Oral and Mental Health Are Related in people with HIV
  – Depressed participants, compared with those without depression, had worse oral-health indicators, both in terms of their DFMT index score and average number of missing teeth.
  – The depressed individuals also had lower health-related quality-of-life scores in almost all the domains investigated in the SF-36, such as bodily pain, general health, vitality and social functioning.

• People with HIV who have depression, the study authors concluded, deserve particularly close attention to their health-related quality of life and their oral health.
Electronic Medical (EMR)/Dental Records (EDR)

• EMR – The Infectious Disease Program DENTAL SNAPSHOT
  – Patient Care Coordination Note
    • Chronic pain medication for lumbar stenosis
  – Demographics
  – Problem list
  – Allergies
  – Medications
  – Preferred Pharmacy
  – Relevant labs
    • CD4, Viral Load, Hg A1c, Platelet count, ANC, Hg, HCT,
### Patient Snapshot

#### Problem List
- DM (diabetes mellitus)
- bhn
- Down's syndrome
- Adjustment disorder with depressed mood
- ENROLLED - COPD PROG (NOT DX, FOR PROB LIST ONLY)
- ANTICOAGULANT LONG-TERM USE
- ANTERIOR CHAMBER IMPLANTATION CYSTS
- GENETIC SUSCEPTIBILITY TO HERMACHROMATOSIS
- GENETIC SUSCEPTIBILITY TO HERMACHROMATOSIS
- Family planning, emergency contraceptive counseling and prescription
- Rheumatoid arthritis
- Paronychia or onychia of finger
- Down's syndrome
- UNSPECIFIED BACKACHE - lower back
- ENROLLED - ANTIICOAGULATION SVC (NOT DX, FOR PROB LIST ONLY)
- GENETIC SUSCEPTIBILITY TO HERMACHROMATOSIS

#### Allergies/Contraindications
- PENICILLINS (PENICILLINS) - Hives
- NUTS (TREE NUTS)
- CATS (CATS)
- NSAIDS - Anaphylactoid reaction
- AMOXICIL-CLARITHROMY.- LANSOPRAZ
- SULFADIAZINE - Hives

#### Medications
- **Long-Term**
  - Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension
  - test
  - Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension 1 ml
  - Insulin Glargine (LANTUS) 100 unit/mL Subcutaneous Solution 1 vial
  - Fluocinolone 0.025 % Topical Cream 15 tubes
  - Clonazepam (KLONOPIN) 0.125 mg Oral Tablet, Rapid Dissolve testing refreshable
  - Cetirizine (ZYRTEC) 1 mg/mL Oral Solution trim for pain
  - Acetaminophen (CHILDREN'S TYLENOL MELTAWAYS) 60 mg Oral Tablet, Rapid Dissolve testing DO NOT FILL
  - Bupropion HCI 300 mg Oral Tablet Sustained Release 24 hr testing DO NOT FILL - XL Designation
  - Bupropion HCI XL 300 mg Oral Tablet Sustained Release 24 hr testing DO NOT FILL - XL Designation
  - Lisinopril 40 mg Oral Tablet Take 1 tablet daily
  - Lorazepam 0.5 mg Oral Tablet testing DO NOT FILL
  - Fluoxetine (PROZAC) 10 mg Oral Capsule 1 capsule daily; do not stop without consulting clinician

#### Health Maintenance
- HEARING SCREENING (4 YEARS) Completed
- (HEDIS) HEPATITIS B (0-18 YEARS) Completed
- (HEDIS) DIPHTHERIA-TETANUS-PERTUSSIS Completed
- (HEDIS) POLIOMYELITIS Completed
- (HEDIS) MEASLES,MUMPS,RUBELLA (1-5 YEARS) Completed
- (HEDIS) VARICELLA (1-18 YRS) Completed

### Patient Lists
- [Link]
EMR/EDR communication

- All prescriptions written are written in Epic
- Procedure notes are in Epic
- Visits – future appointments are in Epic
- Notes in Dentrix Enterprise and transcribed into Epic
- Scheduling of patients only occurs in Dentrix
- The dental team has access to all pertinent information
HAB Core Measure: HIV Viral Load Suppression
HAB Core Measure: Retention in HIV Medical Care

- OAHS Non-MAI
- OAHS MAI
- Oral Health
- Med. Nutrition
- Med. Case Mgt
- Mental Health
- Substance Abuse
- Referral for Hlth & Support
- Psychosocial
- Med. Transportation
- Linguistics
- Childcare
Questions?
dreznik@gmh.edu
Stay Tuned for the Integration Toolkit

HEALTH RESOURCES AND SERVICES ADMINISTRATION
HIV/AIDS BUREAU

INTEGRATION OF ORAL HEALTH AND PRIMARY CARE TECHNICAL ASSISTANCE TOOLKIT
Next Steps: We Need Your Help!

- Nine TA site visits this spring to fall
- We will work with providers to identify needs and opportunities and develop an action plan for implementation
- If you’re a HRSA RWHAP Part C/D recipient interested in receiving technical assistance for your oral health program, please contact LCDR Tanya Grandison: TGrandison@hrsa.gov
Questions/Answers and Comments