

Original Contributions

Bridging the dental-medical divide

Case studies integrating oral health care and primary health care

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ABSTRACT

Background. The National Academies of Sciences, Engineering, and Medicine commissioned an environmental scan describing the status of health care integration of oral health and primary care services.

Methods. The authors conducted an environmental scan of US integration activities with publications from January 2000 through August 2017. They categorized services as preventive oral health services (POHS) provided by medical care providers, POHS provided by dental providers in nondental settings, preventive health services provided by dental providers, or care coordination using dedicated personnel and technology. The authors chose 4 programs as case studies and interviewed key personnel in each program. One case study illustrates each category of integrated services; additional examples describe category variation.

Results. The case study involving Into the Mouth of Babes illustrates medical professionals delivering POHS to children. The case study involving Grace Health presents dental hygienists embedded in the obstetrics-gynecology clinic to provide oral screening, prophylaxis, and education to pregnant women. At HealthPartners, medical care providers refer patients with diabetes to dentists and waive copays for periodontal care. The InterCommunity Health Network Coordinated Care Organization uses dedicated patient coordinators, technology, and coordinated payment and referral mechanisms to facilitate care.

Conclusions. Integration of dental and medical care increased access to and coordination of patient care by means of offering health care services traditionally provided by the other profession.

Practical Implications. Integration models demonstrate the incorporation of POHS by primary care professionals, the embedding of dental professionals into primary care clinics, and the incorporation of care coordination to increase the delivery of oral health care. Similarly, dentists identify and refer patients with medical needs or preventive gaps to medical homes.

Key Words. Oral health; health promotion; primary health care; preventive dentistry; health care systems; oral health care; dental hygienists; interprofessional relations; diabetes; dental team.

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The US medical and dental professions operate in parallel, with largely nonintersecting education, finance, and delivery systems.¹ Both provide health promotion, disease prevention, routine services, and emergency care to their patients. Dentists focus on the oral cavity, and primary care providers, such as family physicians, are the first contact who coordinate continuing care for the rest of the body. When necessary, each might consult the other type of provider for information to help determine appropriate treatment or refer as needed. The lack of infrastructure, technology, and personnel to connect these separate systems leaves it to the public to navigate across the dental-medical divide on their own, often without the necessary health literacy skills or resources. Increasingly, well-known inequities in access to essential health services and poor health are attributed to these independently functioning dental and medical care systems and missed opportunities to provide services.

There are many reasons why professional organizations and policy makers are realizing that interprofessional collaboration is a better way to provide whole-person health care and are leading the charge toward integration. They include the following:

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- Our understanding of the common risk factors and strong biological relationships between what occurs in the mouth and the rest of the body increasingly indicates a need to better incorporate oral health care into patient care.²
- Integration can reduce the overall cost of health care. Nasseh and colleagues³ reported that screening for chronic diseases in dental offices could decrease US health care costs by \$102.6 million dollars annually. A modeling analysis estimated that over a 10-year period, a savings of \$63.5 billion in health care costs could be accrued, largely in fewer hospitalizations and emergency department visits, by means of covering periodontal treatment for Medicare beneficiaries with diabetes, coronary artery disease, and cerebrovascular stroke.⁴
- Studies indicate that the maldistribution of dental and primary health care professionals that results in medical health care professional shortage areas and dental health care professional shortage areas presents access-to-care issues that do not always coincide.⁵ There are many vulnerable population groups with untreated oral disease that obtain medical care but not oral health care. An estimated 108 million people each year see a physician but not a dentist; conversely, 27 million people each year have a dental visit but no medical visit.⁶ Some in this latter category may have undiagnosed medical conditions such as diabetes or hypertension that could be identified in dental offices.
- Patients with dental problems are increasingly seen in hospital emergency departments.⁷ Improved access to oral health care and cross-training of physicians to treat dental emergencies could help prevent patients from receiving expensive, nondefinitive care that leads to other health crises.

Governmental, philanthropic, and professional organizations, bolstered by preliminary research and demonstration findings, have subsequently added support for integration of dentistry and primary care.⁸⁻¹¹ On the basis of concern regarding the existing voids in knowledge and understanding of integration, the National Academies of Sciences, Engineering, and Medicine (NASEM) Roundtable on Health Literacy commissioned a review of the literature on integration of oral health into primary care and the development of 4 case studies on integration of oral health into primary care. In this article, we briefly describe the resulting environmental scan, the types of integration efforts that medical and dental primary care delivery systems are embracing, and 4 major types of medical-dental integration through the case studies.

METHODS

An environmental scan is a methodology that can be used to gather a broad amount of information about a topic, from both peer-reviewed and gray literature. Gray literature is “information produced on all levels of government, academia, business and industry in electronic and print formats not controlled by commercial publishing,” that is when “publishing is not the primary activity of the producing body.”¹² The methods for the environmental scan are published in detail and are described briefly here.¹³

Sources of information

Inclusion criteria for our literature search were English-language publications from January 2000 through August 2017 describing oral health-primary care integration activities conducted in the United States. We also contacted content experts and posted an announcement on a dental public health listserv and a health literacy listserv to advise people of the environmental scan and ask them to refer any not-yet published descriptions of programs to us. We reviewed Web sites of foundations and governmental agencies that fund programs to look for reports and program announcements.

We categorized the examples we found into the following 4 integration categories according to the services provided, who provided the services, and the location:

- preventive oral health services (POHS) provided by medical care providers in their medical clinics;
- POHS provided by dental providers in medical primary care clinics or nontraditional settings;
- preventive (nondental) health services provided by a dental provider in a dental clinic setting;
- care coordination and case management and referral that can be provided in multiple medical, dental, or community settings.¹³

Case studies

As part of the task from NASEM, we were asked to develop 4 case studies based on innovative integration programs that were ongoing, had performance measures that could demonstrate an impact on the target population, had not been documented in a prior case study, and represented

ABBREVIATION KEY

FQHC:	Federally qualified health center.
FV:	Fluoride varnish.
IMB:	Into the Mouth of Babies.
NASEM:	National Academies of Sciences, Engineering, and Medicine.
OB-	Obstetrician-gynecologist.
GYN:	gynecologist.
POHS:	Preventive oral health services.

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