Medical-Dental Integration: A Case Study

> Anastasia Coutinho, MD MHS While at La Clinica de la Raza



Pediatric Oral Health

- Child oral health linked to prenatal and newborn oral health
- Vertical transmission of bacterial flora prior to tooth eruption
- Critical importance to future oral health
- Challenges of oral health care for children
 - Parental education of importance of oral health
 - Potentially unfamiliar services for some immigration populations
 - Limited appointment availability
 - Frequent no-shows

Pediatric Integration

- Screening
 - Embedded in pre-defined note templates (SmartPhrases in Epic)
- Parental Education
 - As part of anticipatory guidance per Bright Futures
- Fluoride Administration
 - Training of medical assistants for fluoride application
 - Creation of handout for take-home knowledge
- Referrals
 - To Dental through an EMR referral (Epic Workqueue)

Prenatal Oral Health

- Poor oral health linked to perinatal morbidity: preterm delivery, pre-eclampsia, gestational diabetes, etc
- Oral health of the childbearing person linked to child oral health
 - Vertical transmission of bacterial flora prior to tooth eruption
- Challenges of oral health care in pregnancy
 - Education of importance of oral health during pregnancy
 - Frequency of perinatal appointments
 - Limited appointment availability
 - Frequent no-shows



Prenatal Integration

- Screening
 - Embedded in predefined note templates (SmartPhrases in Epic) during prenatal orientation

Screening Questionnaire

1. Do you currently have a dentist?

- 2. Have you had your teeth cleaned in the last 12 months?
- 3. Would you like to be referred to our La Clinica Dental Team?
 - If no, ask: Can we share some information with you about the importance of oral health in pregnancy?
- 4. Do you have any swollen or bleeding gums, a toothache, mouth pain, problems eating or chewing food, or other problems in your mouth?
- 5. Do you have any questions or concerns about oral health care or getting oral health care while you are pregnant?

If YES to any of the #4 triggers >> 'Urgent' dental referral

Prenatal Integration

- Screening
 - Embedded in pre-defined note templates (SmartPhrases in Epic) during prenatal orientation
- Referral
 - To Dental clinic based on screening assessment (urgent v routine) via EMR Referral (Epic Workqueue)
- Parental Education
 - By the prenatal provider: as anticipatory guidance during prenatal orientation, during first prenatal visit, at fluoride administration, during postpartum visit
 - By the dental team: during initial telehealth intake, during dental visit

Prenatal Integration

- Oral Examination
 - Training / confidence-building via dental in-service at our OB staff meeting with a 3-month refresher
 - Completed at the prenatal intake visit (~12 weeks)
 - EMR phrase for components of oral exam in templates



- Fluoride Administration
 - Benefit for adults in a low-income setting; no clear evidence for fetus
 - Training of our medical assistants for fluoride application via in-service
 - Applied at the 15-18 week visit of pregnancy
 - Creation of handout for take-home knowledge

Discussion

Successes

- Medical and Dental providers eager for interprofessional collaboration
- Referrals are sent and received electronically through a system shared by Medical and Dental
- Dental provided several in-services with Medical
- Dental and Medical are co-located

Challenges

- Medical can't see Dental notes/schedule
- No mechanism for Dental to respond to medical provider for quick concerns
- Medical Assistants questioned their role in oral health
- Medical Assistants' reluctance to do fluoride application
- PCP buy-in and completion of oral exam (and documentation)



Thanks!

Contact Information:

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Resources

Consortium for Oral Health Systems Integration and Improvement (COHSII) <u>https://www.mchoralhealth.org/cohsii/</u>

National Maternal and Child Oral Health Resource Center (OHRC) <u>https://www.mchoralhealth.org/</u>

Smiles for Life: A National Oral Health Curriculum <u>https://www.smilesforlifeoralhealth.org/</u>

Additional Slides for Information

Dental Referral Order

		Incuranco:		AI RESTRICTED
General General				
Referral # 18862277	Type Dental, General		ass Referral R ternal Prenata	
Referral Status Status Authorized O Last Updated: 9/7/2023	Auth Reason Scheduled	🔎 CLOSED 🌶 🗌 Auto Assign		
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Reason Reason for open				

Once referral is placed in the EMR:

•Who schedules the dental appointment for patients with a referral and how?

• Dental staff review Epic Workqueue and contact patient

•How does the dental clinic prioritize dental referrals for pregnant patients?

- Appt schedule blocked to reserve space for prenatal pts
- •How does the prenatal provider know they made it to the dentist?
 - Dental staff will change the status of the referral in Epic.

Dental Referral **Workflow**

For Those with Outside Dentists

To whom it may concern, Advice for Dentists,

@NAME@ is under our medical care for pregnancy. Pregnant patients should have all necessary dental prevention and treatment, including procedures, performed, albeit with appropriate precautions.

Oral health - prevention, diagnosis, and treatment - is crucial during pregnancy and poor oral and dental health can be associated with adverse pregnancy outcomes. For example, abscesses and peridontal disease, are associated with preterm deliveries, low birth weight newborns, and poorer obstetrical health outcomes.

Routine radiographs, if needed, may be done at any time during the pregnancy and should be performed with shielding of the abdomen and thyroid.

Routine procedures, such as scaling/root planning, restoration (amalgam or composite), extractions, or root canals are not harmful to the fetus. If not otherwise contraindicated, she may receive local Category B anesthetics and pain medications at any point in her pregnancy. Inhalation anesthesia (NO) is safe in pregnancy and sedatives may be used with proper monitoring. NSAIDs should be avoided, particularly in the third trimester (after 28 weeks of pregnancy).

Antibiotics may be used during pregnancy. However, flouroquinolones and tetracyclines are contraindicated in pregnancy. Pregnant patients do not require antibiotic prophylaxis for pregnancy alone.

Please call our office with any concerns and thank you for supporting our mutual patient with the health of their pregnancy.

Sincerely, @ENCOUNTERPROVIDER@

Educational Topics Discussed

- Oral health of Mom affects health of baby
 - Poor weight gain, preterm delivery, diabetes control
- Basics of when to call the dentist: warning signs
- X-rays are safe during pregnancy
- Certain anesthesia are safe during pregnancy
- Bacteria in parents' mouth can be transferred to baby before they even have teeth!
- Health dental practices: brushing, flossing, fluoride, regular dental cleanings!



SEE A DENTIST WHILE YOU **ARE PREGNANT**

IT IS IMPORTANT TO TAKE CARE OF YOUR TEETH AND GUMS WHILE YOU ARE PREGNANT.

IF YOU HAVE MEDI-CAL, YOU PROBABLY HAVE DENTAL COVERAGE. CALL 1-800-322-6384 FOR MORE INFORMATION ABOUT THIS PROGRAM.



DENTAL X-RAYS:

PROTECTIVE SHIELD.

IF YOUR TEETH AND GUMS ARE NOT HEALTHY, YOU AND YOUR BABY CAN HAVE PROBLEMS:

- YOU MAY HAVE PAIN AND TOOTH DECAY
- YOU MAY HAVE BLEEDING GUMS
- YOU MAY LOSE YOUR TEETH
- YOUR BABY MAY BE BORN TOO EARLY AND/OR TOO SMALL YOUR BABY MAY GET TOOTH DECAY FROM THE GERMS IN YOUR MOUTH

 YOUR DENTIST WILL LIKELY RECOMMEND X-RAYS, X-RAYS ARE USUALLY FINE WHILE PREGNANT, RADIATION

BE SURE TO TELL YOUR DENTIST YOU ARE PREGNANT.

YOUR DENTIST MAY COVER YOUR ABDOMEN WITH A

FROM DENTAL X-RAYS IS VERY LOW.



FOR ALL THESE REASONS, IT IS IMPORTANT TO SEE A DENTIST WHEN YOU ARE PREGNANT.

IF YOU DO NOT HAVE A DENTIST, ASK YOUR HEALTHCARE PROVIDER FOR A REFERRAL

YOU SHOULD:

- BRUSH AND FLOSS EVERY DAY
- SEE A DENTIST FOR A CHECK-UP
- GET YOUR TEETH CLEANED
- GET NECESSARY TREATMENTS FOR DENTAL PROBLEMS

YOU SHOULD SEE A DENTIST RIGHT AWAY IF:

- · YOU HAVE NOT SEEN A DENTIST IN THE LAST YEAR
- YOU HAVE PAIN IN YOUR MOUTH
- YOUR GUMS BLEED OFTEN
- YOU HAVE LUMPS, SORES, OR ANYTHING UNUSUAL IN OR AROUND YOUR MOUTH



DID YOU KNOW MOUTH PROBLEMS INCREASE DURING A. UCSF **PREGNANCY**??

DO I HAVE MOUTH PROBLEMS??

THEY LOOK OKAY ...

...BUT MAYBE THEY ARE NOT !!!





FACT: MOUTH PROBLEMS IN PREGNANCY CAN BE ASSOCIATED WITH **COMPLICATIONS LIKE PRETERM & LOW BIRTH WEIGHT BABIES**

Pre-existing conditions may flare up during pregnancy

Pregnancy Granuloma (swelling)

Impacted wisdom tooth







Gingivitis (gum inflammation)





IT IS SAFE TO GET ORAL TREATMENT DURING PREGNANCY. SCHEDULE YOUR DENTAL APPOINTMENT SOON!!





itis Smiles For Life Retrieved March 7, 2023, from lental.com. Retrieved March 7, 2023 Pirie, M., Cooke, I., Linden, G., & Irwin, C. (2007). Dental manifestations of pregnancy. The Obstetrician &





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PRIMARY CARE PROVIDERS' RAPID DENTAL REFERENCE

Dr. Richa Singhania, DPH Resident UCSF • Dr. Monica MacVane - Pearson



HEALTHY

PERIODONTITIS

CARIES







Dental Caries



Pregnancy Granuloma





Healthy Gums & Teeth



Moderate Periodontitis



Advanced Caries





Concerning Features (look for)-

3.Red/White patches on soft tissues

Advanced Periodontitis

1.Redness of gums

2.Swelling

4.Asymmetry

Decayed tooth (Root stump)





Oral Lichen Planus





Maldenlane dental (2013, August 21). Parulis Fistula: Dental Abscess Treatment and Symptoms. Malder nedental.com, Retrieved March 7, 2023, from https://maidenia edental com/parulis fistula dental abscess treatment and symptoms/ # Pirle, M., Cooke, I., Linden, G., Samp; Irwin, C. (2007). Dental manifestations of pregnancy. The Ob & amp: Gynaecologist, 9(1), 21-26. . Immediate Implant Placement by Internatioual Bone Drilling before Molar Extraction: Clinical Case Report with One-Year Follow-Up. . Zou, J., Mong, M., Law, C. S., Rao, Y., & amp; Zhou, X. (2018). Con al journal of oral science, 10(1), 7 (2015, December 4). 5 Things You Should Know About Gum Disease (Periodontilis). Esthetistentaises, com5-things you should annow about gum disease confo-things you should annow about gum disease you should annow about gum disease you should annow about gum disease you sh tal com/2021/07/20/dental carles cavities/ e.in.d.). Perindontitis. Setiles For Life. Retrieved March 7, 2023, from I aith orgitopic/periodaetitia/ + in d.1. Tongue Disorders, Medline Plus



Provider Fluoride Script

- Having good oral/dental health in pregnancy is important for both you and your baby.
- Having bacteria or infections in the mouth can go through your bloodstream and cause infections during your pregnancy which can lead to preterm births and small babies.
- Having bacteria or infections in your mouth can pass to baby when he/she is born when you kiss and love on them, which can increase their risk of cavities and issues with teeth when they are kids.
- Fluoride application is a way to create strong teeth for you and for your baby who develop their teeth while they are still in your belly!
- It is very safe for you and your baby and can help both of you!

Patient Handout

Directions for Fluoride After Care for Pregnant Women

Fluoride varnish was applied to your teeth today. This treatment safely delivers fluoride through a protective coating to the surface of the teeth. Fluoride helps YOU to support strong, healthy teeth, preventing cavities and decay in the future. Decay can cause bacteria to be passed to your baby during kissing and caretaking, which can cause tooth issues in baby as a child. Additionally, fluoride is passed to YOUR BABY through the bloodstream. Baby's teeth are already forming during pregnancy, so this fluoride helps YOUR caps create strong, healthy teeth. To obtain the maximum benefit, please follow these recommendations:

- Do not brush or floss for at least 4-6 hours.
- If possible, wait until tomorrow morning to start brushing and flossing again
- Eat a soft food diet for the rest of today.
- Avoid hot drinks and products containing alcohol for the rest of today.
- You will be able to feel the varnish on your teeth. Once brushing or flossing is re-started, the varnish will be removed from the tooth surface over the next several days.

☐ After Visit Procedures ≈				
Name	Code Type	Section	Pref List	Re
Application Topical Fluoride Varnish By PHS/QHP	99188 Procedure	s Other	SA186 PROCEDURES	
🗗 During Visit Orders 👻				
	Application Topical Flu	vanhics a Joride Varnish By PHS	/QHP	Since Your Last Visit (7d Ago) &
	14 Priority:	Routine		After office visit After xray Today Routine Wet Read
	no Status:	Normal Standing	Future	
	Class:	Normal	🔎 Normal Outsi	ide Back Office Internal Referral
Fluoride	Quantity:		e maximum orderable quantity	
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+ ADD ORDER

Encounter for prophylactic administration of fluoride		Z29.3- Encounter for prophylactic fluoride administration
Need for prophylactic fluoride administration	Preferred	Z29.3- Encounter for prophylactic fluoride administration
Encounter for prophylactic fluoride administration	Preferred	Z29.3- Encounter for prophylactic fluoride administration
Prophylactic fluoride administration		Z29.3- Encounter for prophylactic fluoride administration
Prophylactic fluoride treatment		Z29.3- Encounter for prophylactic fluoride administration

E ?Notes Orders			
🖉 Dx Association 🕜 Edit Multiple	🗟 Interactions		Options 🔻 🖪
Standard			~
🟠 After Visit			
Application Topical Fluoride Var	nich By PHS/QHP		
🔗 Routine, Normal, Qty-1, Dx: . En	counter for prophylactic fluoride ad	ministration	
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R Select a pharmacy			

Name	MO Clin-Term ICD-10 Codes
Declined dental fluoride treatment	Z53.20- Procedure and treatment not carried out because of patient's decision for unspecifi
Dental fluoride treatment declined	Z53.20- Procedure and treatment not carried out because of patient's decision for unspecifi