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Oral Health in Rural Health!

What might that look like?



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The Expert?



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Ask the Question.....

- What does oral health mean to you?
- What place does it currently hold in your approach to healthcare?
- What place do you think it should play?
- What are the barriers that Oral health faces in your world of healthcare and delivery?
- What changes have you seen in medicine?
- What would it take to integrate Oral Health into Rural Healthcare throughout the system?

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Open Minded



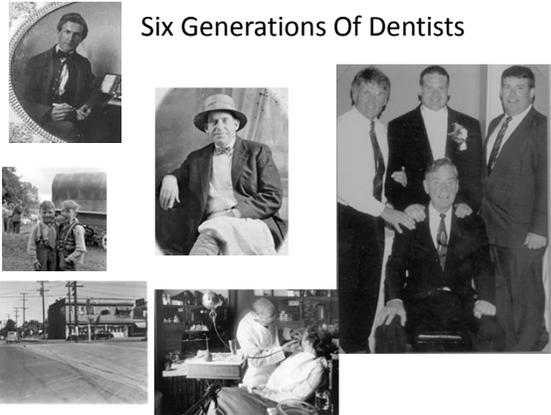
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What we will learn today.....

- The **history** of the dental service delivery model.
- The dental service delivery model **today**.
- AndThe **future** of the dental service delivery model.
- What the status of **Oral Health in Rural Health** is.....could beand should be
- What you probably don't know about Oral Health that could immediately create a **systems effect** in the world and culture of Rural Health.



Six Generations Of Dentists



Peat Bogs, Potato Patches
and Teeth!





Treatment



By the Dentist



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“Triple Aim”



- Improve Health Outcomes
- Lower Health Care Costs
- Improve Health Care Quality



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Dentistry today

Has not changed

- Still procedure based
- Provider centric
- Volume based
- Fragmented and episodic
- Individual focus
- Surgical or treatment approach

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Direction of Quality in Medicine

- Patient centric **not** provider centric
- Value/outcome/performance based **not** volume based
 - Continuous and coordinated **not** episodic/fragmented
- Population focused **not** individual focused
 - Prevention/health/holistic focused **not** treatment focused

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Dentistry at the



The New Face of
Dentistry



The comprehensive health care system supports dental collaborations/integration that treats the patient at the point of care where the patient is most comfortable and applies a patient-centered approach to treatment.



Collaboration or Integration

Collaboration = primary care and oral health working *with* one another



Integration = oral health working *within* and as part of primary care or vice versa.....Provision of dental services *within* primary care by non dental professionals

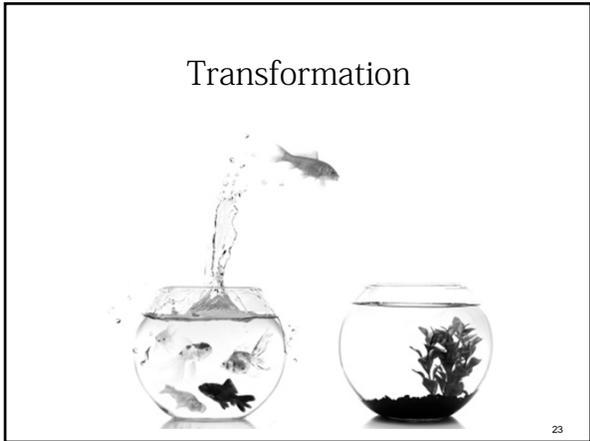
National Workforce Data

- Only 1 in 50 (1.7%) graduating dental students report a long-term plan to practice in a community clinic or rural setting
- Among graduates in 2007, only 2.2% were employed by a dental safety net organization one year after graduation
- More than one-third of health centers are recruiting dentists during any given time

Oral Health and Rural Health







Chronic Disease Model

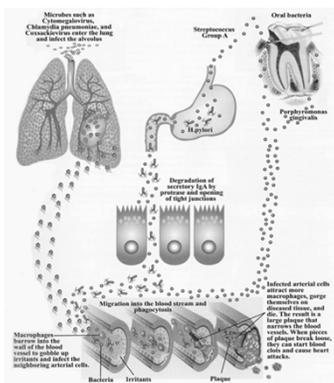
Within the Chronic Disease Model, interventions focus on promoting healthy behaviors through approaches with multiple components and include:

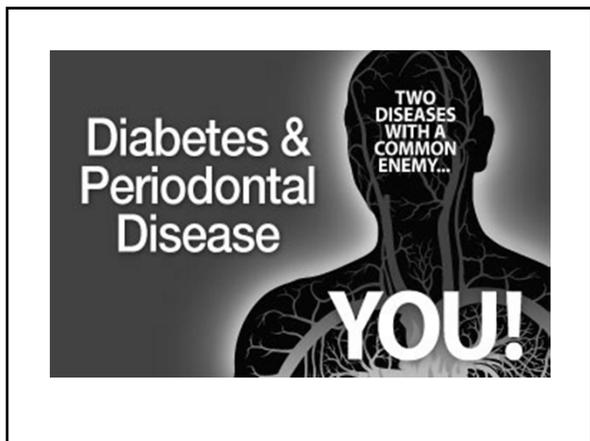
- increasing awareness among individual people, professionals, and policymakers about methods that have been shown to effectively prevent, control, or manage disease;
- encouraging stakeholders to participate in creating policies and organizational changes that support healthy behaviors;
- fostering healthful environments; and
- implementing effective preventive services at clinical and community levels where the science is mature enough to offer reasonable hope of success.

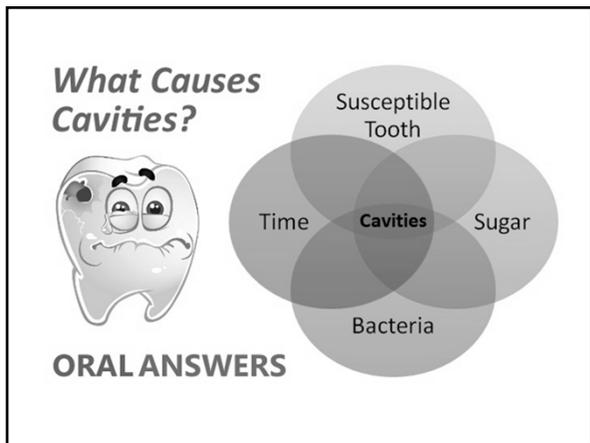
Dental Disease Management Approach

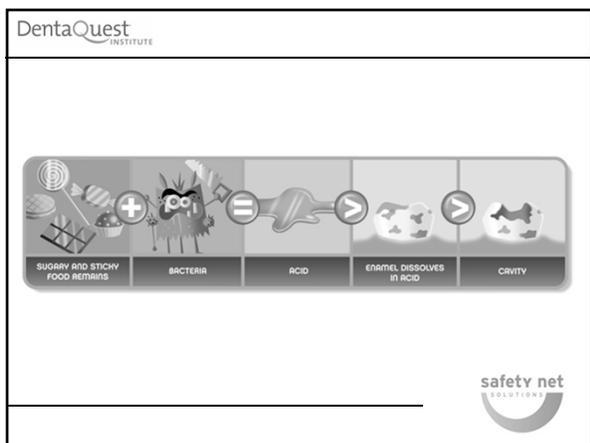
1. Dental Disease Risk Assessment (DDRA); [Caries Risk Assessment]
2. Intra oral Screening and determination of clinical pathway [s]
3. Patient (caregiver/family/health manager) education on Dental Disease etiology and DDM prevention and management strategies;
4. Self-management goals (SMG): introduction and review
5. Prevention protocols, therapies, medicines or other modalities to prevent and manage disease;
6. Conventional restorative treatment (with or without pharmacologic adjunct), interim therapeutic restorative treatment (ITR), based on patient's clinical needs, health status, a priority determination based upon the health team's determination .











Progression of Gum Disease

Healthy Teeth and Gums	Gingivitis	Early Periodontitis	Moderate Periodontitis	Advanced Periodontitis
				
				
Pink gums No bleeding gums with brushing and brushing Fresh breath No bone loss No tooth mobility	Red swollen gums Bleeding gums with brushing and brushing Possible bad breath or taste No bone loss No tooth mobility	Red swollen gums Bleeding gums with brushing and brushing Persistent bad breath or taste Slight bone loss Possible tooth mobility	Red swollen gums Bleeding gums with brushing and brushing Persistent bad breath or taste Moderate bone loss Tooth mobility and root exposure	Red swollen gums Bleeding gums with brushing and brushing Persistent bad breath or taste Severe bone loss Severe tooth mobility and root exposure Possible tooth loss

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PERIDEX
CHLORHEXIDINE GLUCONATE 0.12%
ORAL RINSE

INGREDIENTS: 0.12% chlorhexidine gluconate in a base containing water, 11.5% alcohol, glycerol, PEG-40 sorbitan dicocostate, benzyl alcohol, and FD&C Blue No. 1. To only. Keep out of reach of children.

4 fl oz (118 mL)

Dental Supply Co. No. 12134 70-2010-5822-8

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XYLITOL

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THE WONDER OF
Xylitol

In Part 1 of a recurring series, Marilyn Rothen, RDH, BS, shares her expertise on the value of the natural sweetener—Xylitol—in the prevention of caries and in general health promotion.

Low Carbohydrate Sweetener 0g

Xylo-Sweet
All Natural Xylitol Sweetener

Sugarsweet with no artificial sweeteners

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Locked and Loaded

- Brush and floss
- Power water flosser
- Fluoride toothpaste
- Xylitol gum
- Chlorhexidine rinse
- Space out the sugars and dilute/rinse after
- Go to bed with a clean mouth





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*Partnering to Strengthen and Preserve
the Oral Health Safety Net*

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