



Oral Health in Primary Care
Center for Rural Health
University of North Dakota



Preventing Use of Non-Dental Facilities for Dental Care in North Dakota

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Housekeeping Items

- All attendees are muted and attendees cannot share video during this session.
- Remember to ask questions using the chat box.
- Slides and resources for today's session can be accessed on our [program website](#).
- Continuing education credits are available for today's session. To receive a certificate for continuing education, you must complete the evaluation.
- We have made every attempt to make today's presentation secure. If we need to end today's presentation unexpectedly, we will follow-up with you using your registration information.

Land Acknowledgement Statement

[UND Land Acknowledgement Statement](#): Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

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Objectives

- 1) Describe ED utilization for dental pain in ND using ND Essence data.
- 2) Apply complex aspects of reality from patient, dentist and medical provider perspectives to the data.
- 3) Propose and/or critique new ways to address access to dental care, oral health prevention and early intervention, development of referral relationships, and care coordination between the ED and dental practice.

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Case Presentation

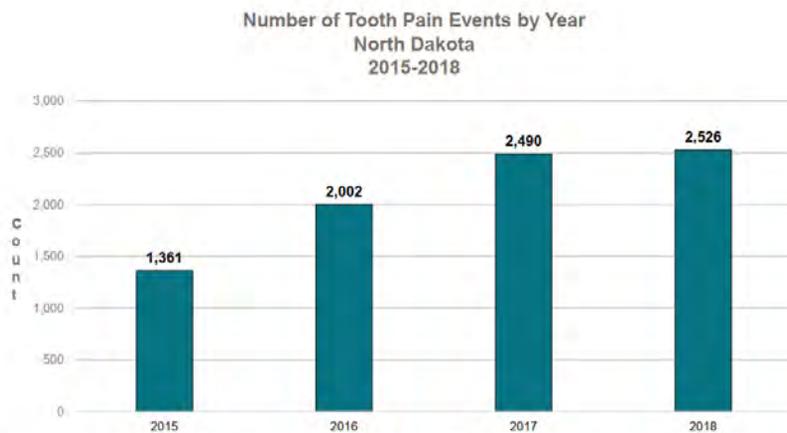
Jane: White female, between ages of 25-34. Held private health insurance through her employer, including vision and dental.

- Limited practices who accepted her insurance
- Out of pocket costs not affordable
- No emergent dental care available

“I was scared the infection was going to go to my brain...I didn’t know what else to do.”

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North Dakota Essence (Data)

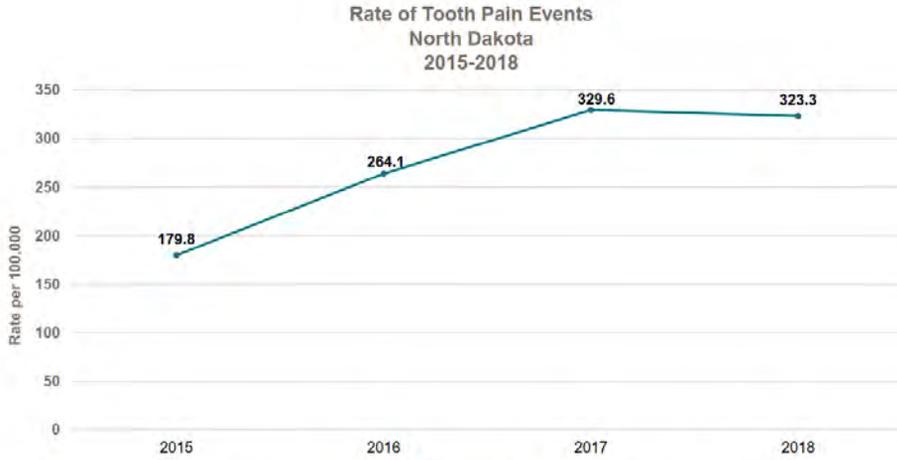


From 2015 through 2018, there were a total of 8,379 tooth pain-related events reported through ND ESSENCE.

Source: North Dakota ESSENCE

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North Dakota Essence (Data)

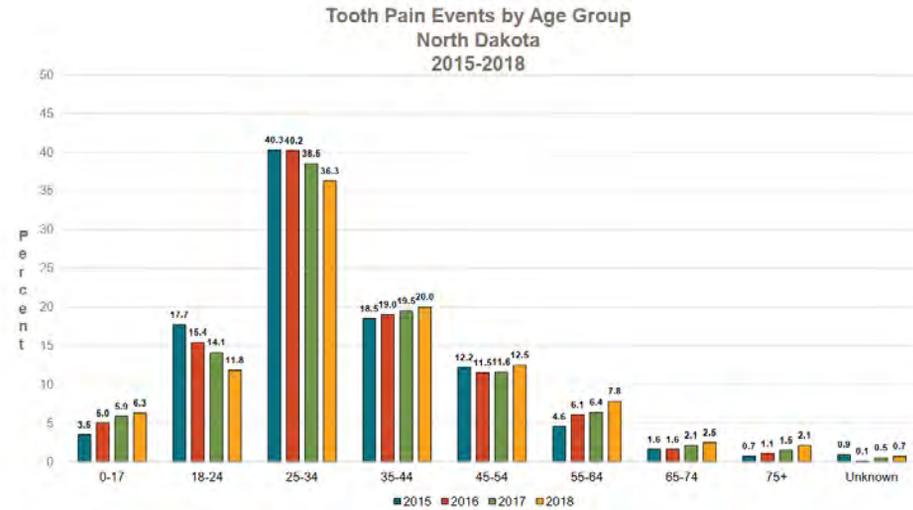


Tooth pain-related events increased by 79.8% from 2015 through 2018.

Source: North Dakota ESSENCE

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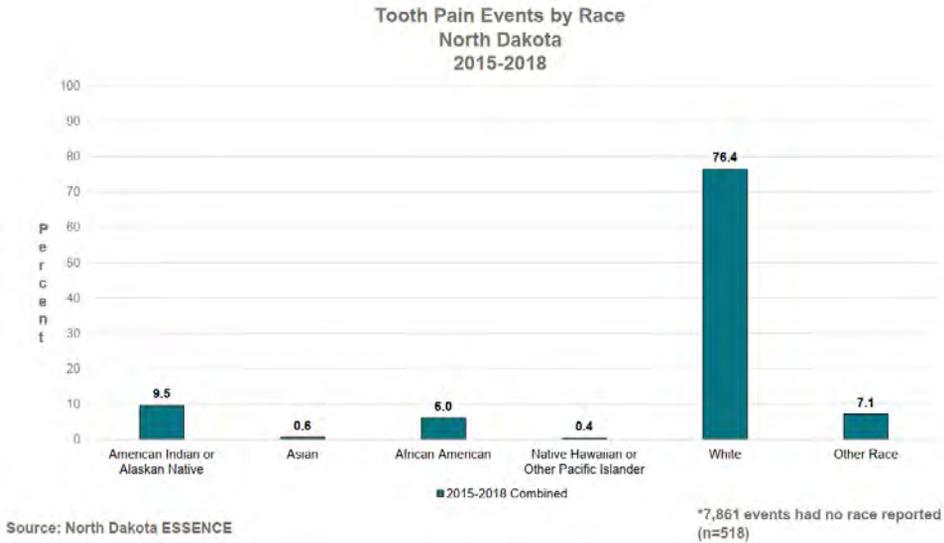
North Dakota Essence (Data)



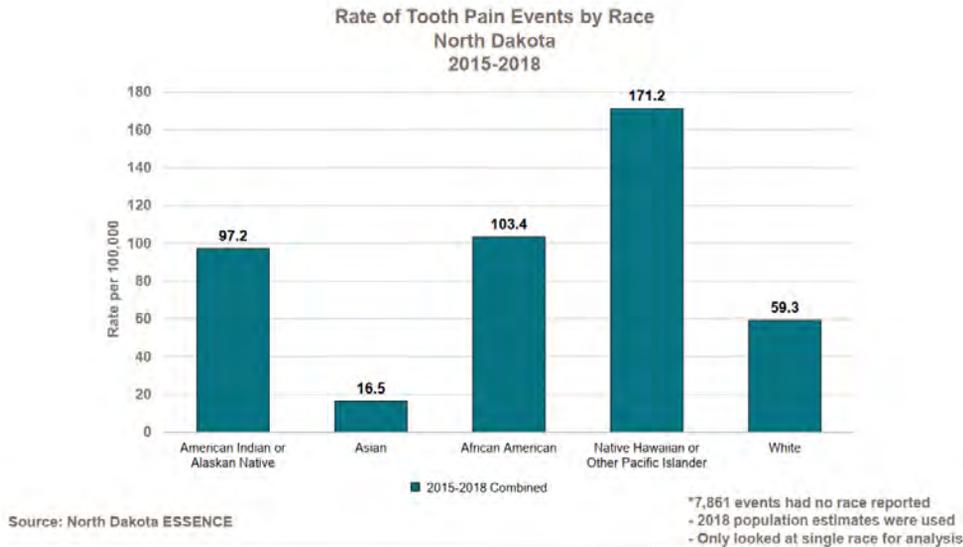
Source: North Dakota ESSENCE

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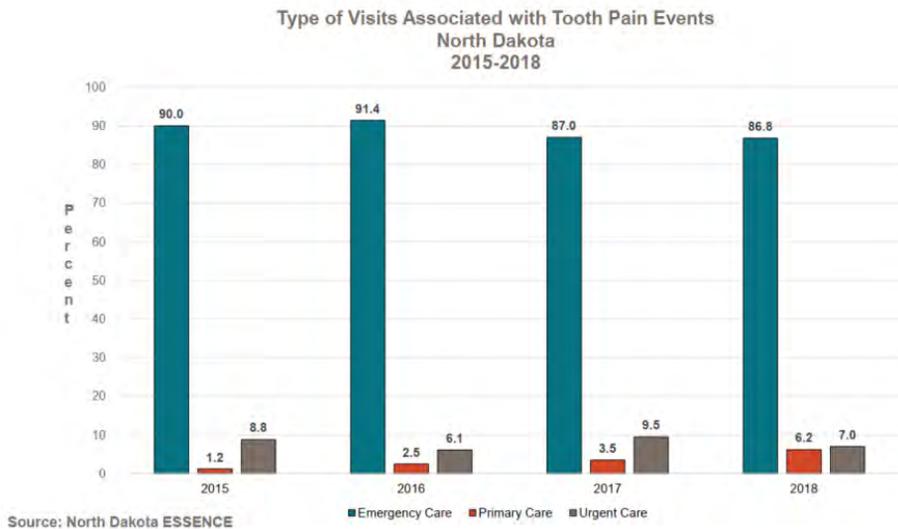
North Dakota Essence (Data)



North Dakota Essence (Data)



North Dakota Essence (Data)



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Why do patients use EDs for dental pain?

- Geography
- Financial hardship
- Poor oral health literacy
- No dental insurance

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Environmental Scans: Minot and Williston

Dental ER Diversion Project Dental Office Facilitation Guide	Dental ER Diversion Project ED Facilitation Guide	ED Diversion Project Patient Facilitation Guide
<p>Scheduling Meeting/Attendance Recommendations</p> <ul style="list-style-type: none"> Suggest including dentists and other staff Ask the dental office who they want to attend meeting Schedule meeting for ____ hours Explain purpose of meeting – Use intro script 	<p>Meeting/Attendance Recommendations</p> <ul style="list-style-type: none"> Including physicians, NPs, nurses, CMAAs, front desk, triage staff, patient navigators (if available) Health system who they want to attend meeting Meeting for ____ hours Purpose of meeting – Use intro script 	<p>From ED Interview</p> <p>Department of Health is seeking to improve access to dental care in North Dakota for input from patients. Would you be willing to be interviewed by our experience regarding your recent visit to the Emergency Department? Please provide contact information: Name, cell phone number, gender, DOB. An ED staff member will contact you to set up a time for a short interview.</p>
<p>Day of Meeting</p> <ul style="list-style-type: none"> Introductions – Use intro script attachment Provide ND data and reason for meeting This meeting will be recorded Explain meeting format/questions <ul style="list-style-type: none"> Have designated facilitator Have designated note taker 	<p>Meeting</p> <ul style="list-style-type: none"> Introductions – Use intro script attachment ND data and reason for meeting Meeting format/questions Designated facilitator Designated note taker 	<p>Self-Interview</p> <p>Would you be interested in being interviewed about your (self-reported) recent visit to the ED for tooth pain? This interview should take about 20 minutes, it will be conducted via phone call.</p>
<p>Questions</p> <ol style="list-style-type: none"> What are the reasons community members are using the ED for oral health care (from perspective of dentist)? Are patients aware of how to access emergency dental care? <ol style="list-style-type: none"> Are appointments available for patients with emergent dental pain needs? Is there a certain treatment protocol you would want providers in ED to use for treating patients with dental pain? Is there a process for you to receive information from the ED/physician when receiving a referral from the ED? Is there a process to provide a report back to ED/physician once patient is received and treated? (NDHHS) Does your office have staff on call to treat patients outside of normal office hours in the case of an emergency? <ol style="list-style-type: none"> Is there any additional cost for patients to be seen emergent or after normal hours for dental pain? If so, what is the average cost? Is there a program for payment assistance for emergent dental pain treatment? <ol style="list-style-type: none"> Do you know the insurance status of patients referred for follow-up after being seen in ED for dental pain? What is your policy on receiving referrals from ED for dental pain that don't have insurance? What is your policy on receiving referrals from the ED with Medicaid? <ol style="list-style-type: none"> Does your office serve Medicaid clients? If no, why? What are your suggestions to reduce ED utilization for dental pain? Would you be willing to hold a shared-care agreement with the local ED to treat patients with acute dental needs? 	<p>Questions</p> <ol style="list-style-type: none"> Are the reasons community members are using the ED for oral health care? <ol style="list-style-type: none"> Referring process in your health system for those patients using the ED for tooth pain? <ol style="list-style-type: none"> What is the process? Is the health system open to incorporating a system by working with local dental care? Is health system using patient navigators for the individuals coming to the ED for tooth pain? If using patient navigators, what process is used for following through with referrals? How do patient navigators or coordinators get notification of these patients? Is health system follow up with patients coming to them for tooth pain? Why/why not? <ol style="list-style-type: none"> What is the process for following through with referrals? Are individuals triaged when they arrive in the ED for oral health issues? Is a standardized used? <ol style="list-style-type: none"> What is the most common prescribing/treatment practices of providers for patients with tooth pain? <ol style="list-style-type: none"> Do they prescribe antibiotics? Do they prescribe pain medication? If they prescribe a pain medication: <ol style="list-style-type: none"> Is it an opioid? How many days prescribed? Are you calculating the number of MME (Morphine Milligram Equivalents)? Is there a limit or protocol that reflects a limit for MME? Is an opioid misuse or overdose risk screening tool (such as OneRx) used? If yes, describe how used and follow up. Are there any other options for prescribing (e.g. refer to a dentist to prescribe and treat)? Is anyone in the ED perform any dental procedures? If so, what procedures? Do you have a protocol for dental procedures? 	<p>Demographics</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/> Gender/Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer <input type="checkbox"/></p> <p>0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+</p> <p>White <input type="checkbox"/> AIAN <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/></p> <p><input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> IHS <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ED tooth pain: _____</p> <p>ED: _____</p>

Emergency Department Perspectives

Reasons patients utilize the ED for oral health concerns:

- Cost of dental care
 - Cannot afford a dentist
 - No dental insurance/dental insurance is not accepted
 - Dentists don't accept Medicaid, especially for adults
 - Dental office requires payment up front, ED does not
- Access to care
 - Easier to walk into an ED than wait for a dental appointment
 - Many dental practices closed to new patients
 - ED is more convenient/immediate results

Emergency Department Perspectives

Role of ED in providing care of patients with oral health concerns:

- Common ED treatment for oral health
 - Antibiotic and pain medication or a dental block
 - Convenience of walk-in vs. appointment (up to a month wait)
 - Rarely prescribe opioid, and then only for 2-3 days
 - Refer to dentist
- Patient follow-up
 - It is expected that the patient will follow-up with a dentist
 - No formal referral process
 - ED does not follow-up with the patient

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Emergency Department Perspectives

Recommendations:

- Need for patient and provider oral health education
 - Need for community education on preventive oral health (effects of street drugs, when to see a dentist, appropriate use of ED)
 - Providers open to education on prescribing/treating and oral health assessment
- Appropriate use of ED for dental pain
 - Most of the time there is no other option
 - Usually pain meds, antibiotics, dental block (rare), x-rays
 - Most of the patients are for dental pain for abscess

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Dental Clinic Perspectives

Reasons patient utilize the ED for oral health concerns:

- Cost of dental care
 - Expect payment at time of service
 - Emergency care for non-established patient—the cost is higher (\$50-\$200)
 - Medicaid for dentistry: “I lose more money seeing the patient than if I didn’t see one at all.”
 - Don’t offer a payment plan, “because people don’t pay”
 - Care Credit – gives 12 months to pay and then high interest

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Dental Clinic Perspectives

Reasons patients utilize the ED for oral health concerns:

- Access to traditional dental care
 - If you call a dental clinic as a non-established patient, they may turn you away.
 - “A first-time patient referred to our dental clinic from the ED, we probably wouldn’t accept them.”
 - “Taking additional MA patients would be an injustice to established patients.”
 - “Not willing to do any after-hours care or weekend type care. Our staff have young families, and we want to keep them happy.”
 - “Dental offices aren’t staffed like an ED where patients can come anytime. We don’t have room for ED patients.”

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Dental Clinic Perspectives

Expectations for ED care and referral related to oral health

- No dental clinic had a formal referral agreement with a local ED
- Only the FQHC stated they frequently receive patients by ED referral
- ED is viewed [by dentists] as appropriate after-hours care and necessary for pain management and antibiotics
- For Medicaid patients or patients unable to pay at time of care, it may be the only option during regular business hours as well

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Dental Clinic Perspectives

Recommendations:

- Need to reach patients before care required is emergent
 - Patients may have forgone preventive dental care or do not prioritize it
 - Patients tend not to establish care; they just go when needed
 - Many patients fear dentistry
- Patient Education
 - Perception of cost is that dental office costs more, though it is the opposite
 - Dental IQ is low (smart people, they just don't know about dental)
 - Understanding how dental insurance really works
 - When they sign up for Medicaid, need to explain how to seek care with this insurance, specifically for dental care.

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Patient Perspective

- Even those with insurance struggle to find affordable dental treatment (and affordable preventive care) locally
- Patients utilize the ED when they have exhausted efforts to receive care in a dental clinic and are in pain
- EDs typically provide an antibiotic and something for pain relief and leave it to the patient to schedule any follow-up dental care
- The two greatest contributing factors to use of ED for oral health is the out-of-pocket-same-day-cost of dental care and access to *timely* dental services

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Findings

- Both ED and dental practices agreed most of the time, EDs are used appropriately for dental care
- For patients who cannot afford dental care, the only option outside of the ED is FQHC (only Northland CHC in western part of the state)
 - Looking for dentist for Ray area for 4 years and also in Bismarck; would hire additional dentists in both Minot, Turtle Lake
- No referral process or exchange of information between ED and dentists
- Not a need for more dentists necessarily, but a need to increase dentists who serve Medicaid and lower income patients
- Hesitation by dentists to participate in a coalition to identify solutions in their community

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Opportunities for Improvement

- Educational messaging regarding the importance of preventive oral health care
- Improved referral relationships
- Improved processes for accreditation and claims
- Expansion of dental care access for low income and Medicaid patients
- Better use of health information exchange (NDHIN) to improve care coordination between ED and dental offices

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Questions



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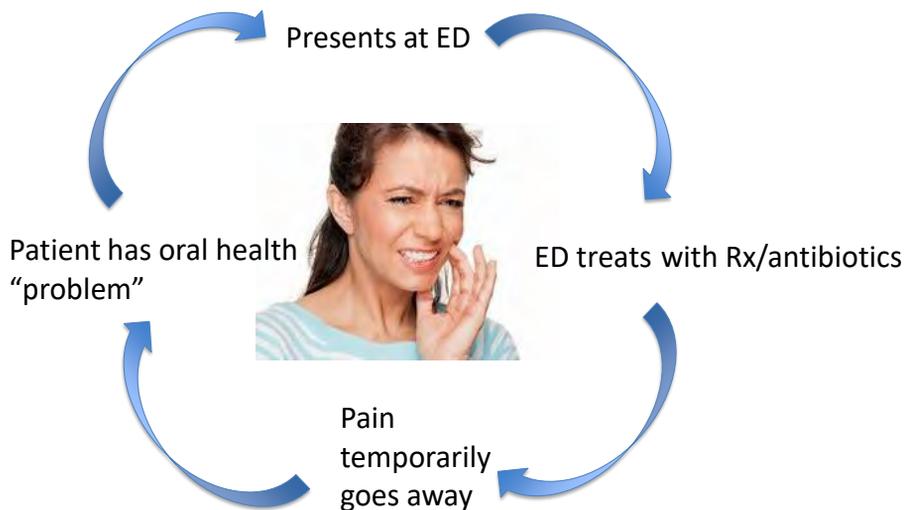
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Objectives

1. Identify warning signs and symptoms of dental discomfort
2. Who and where to screen for potential dental concerns
3. Understand the use of prevention in ED diversion

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Emergency Department Cycle



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Things We Know About ED Visits:

- Most likely Medicaid patients w/o a dental benefit
- Likely women ages 21-34*
- About 40% of these patients *return* to the ED
- Most of these dental “emergencies” are PREVENTABLE!

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Antibiotics
and
pain killers
do NOT treat the problem!

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What do antibiotics do?

- Temporary pain relief
- “buys us time”
- Gets swelling under control
- Allows the dentist to safely and effectively use local anesthesia to TREAT the source of pain

There is a very logical and useful place for antibiotics

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What IS a Dental Emergency?

- Toothache
 - cavity? Preventable, early diagnosis
 - infection? Preventable many times, early diagnosis
 - wisdom tooth? Preventable-ish, timing
- Trauma
 - “I broke a tooth” –see cavity above, possible emergency
 - “My tooth fell out” –see infection above, possible emergency

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- Toothache

-cavity: Prevention, education, dental home

-infection: Prevention, education, dental home

-wisdom tooth dental home

“I broke a tooth” –see cavity above,

“My tooth fell out” –see infection above

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Cavity



Infection

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Treat the Cause and not the Symptoms

Most dental pain will be resolved by a filling, a root canal or an extraction

ED docs are not equipped to CURE the problem

- Anesthetic
- X-ray machine
- Instruments
- Handpieces
- Suction abilities

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The common theme: Prevention!

Dental homes

Community programs

Parent/Guardian education

Schools and Daycares

Primary care providers

Community water fluoridation

School sealant programs

Backpack program

WIC

Sports physicals 😊

Are we all preaching prevention?

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Sign and Symptoms

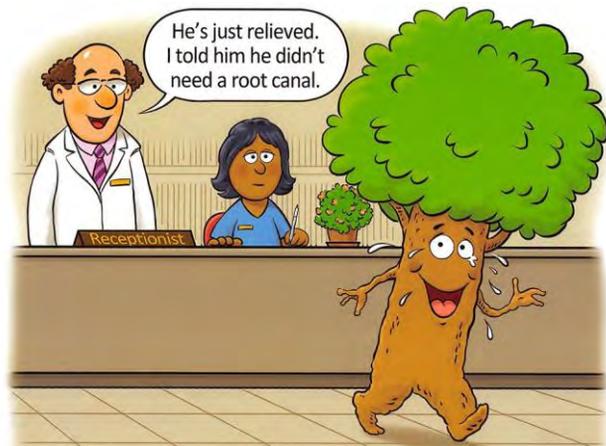
Cavity (Decay): white chalky lesion, yellow patches, brown to dark black, bad smell, pain with sweets or cold



Infection: Fowl smell, bad taste, pimple near tooth, bleeding when brushing, and tooth mobility



When dental problems are discovered early, treatment is less invasive, less costly, and patients have more options

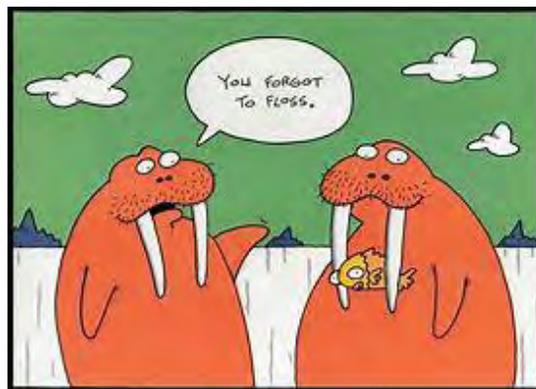


Other thoughts:

- Encourage routine dental visits
- Support Community Water Fluoridation
- Support safety-net clinics, more in North Dakota! (Loan repayment for providers!)
- Support legislation to continue dental benefits for North Dakotans
- Take 5 initiative in dental offices
- Screenings at primary care visits (adults too!)

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Questions?



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Upcoming Clinics

Implementing Medical-Dental Integration in North Dakota

July, 22, 2021
12:00 – 1:00 pm Central

REGISTER HERE:

<https://echo.zoom.us/meeting/register/tJwkcUGrrj8pHd0fMUrbgKJHIMmkMaefBMVW>

CONTACT INFORMATION



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