



Improving Wellness in Chronic Disease Patients

Purpose: To improve overall health by addressing and managing the oral health needs of individuals with chronic disease (e.g. diabetes, heart disease, chronic inflammatory conditions) and ensure appropriate and timely use of the health care system and services. This model is operational when dental and medical is separate or co-located.

Core Clinical and Programmatic Components

- **Leadership:** Administrative staff, primary care providers and dental providers (include pharmacy providers/staff and case managers, as appropriate).
- **Education:** Provide all clinicians and staff with education about oral-systemic health, including information about self-care (fluoride rinse) and new services (for example, training dental providers to check blood sugar).
- **Patient Population:** Assess patient and community needs to determine the population. For example: Identify patient's diagnosis with diabetes and pre-diabetes, at risk for chronic disease.
- **Health Care Services:** Medical providers can deliver oral health education, oral screenings, prescription fluoride rinse and referrals to a dental provider. Dental providers can deliver glucose screenings, blood pressure screenings, oral-systemic education related to chronic disease, nutrition education and smoking cessation counseling, as well as patient screenings in an oral care setting to determine undiagnosed diabetes or risk of developing diabetes, followed by a referral to primary care for diagnosis.
- **Communication and Information Sharing:** Support tools and resources that enable information sharing and coordination between medical and dental providers (co-located or in the community). Tools and resource may include: a protocol for referrals and follow up (co-located and separate offices); access to patient health information and data; electronic health records; and, a shared scheduling system.
- **Measures and Assessment:** Measures can include: diabetes care - HbA1c poor control (>9.0%) (HEDIS); chronic disease patients accessing dental services (HEDIS); periodontal treatment/score; patient satisfaction (PCMH, Chronic Care Delivery model or CAHPS).
- **Financing:** Screening for diabetes in the dental clinic may identify new patients and increase reimbursement as dental providers participate in delivering health screenings. Large health systems have the potential to partner with safety net and/or private practices for care coordination and treatment of patients.
- **Infrastructure:** Identify current supports and changes necessary to implement model. Examples include: expanded capacity in dental/medical clinic; clinical information systems (electronic health records); access to reliable data/ability to collect data; staff training; and, case managers.
- **Community Supports:** Identify additional clinical and social supports (such as substance abuse counseling or transportation).

Key Background Information

- With dental treatment, diabetics had, on average, a 33% reduction in annual hospital admissions and 13% fewer physician visits annually.⁶
- Diabetics receiving periodontal treatment experienced a \$1,814 reduction in annual medical costs.⁶
- Studies suggest that patients with periodontitis may have an increased risk of developing cardiovascular disease.^{8,9}
- Several species of bacteria that cause periodontitis have been found in the atherosclerotic plaque in arteries in the heart and elsewhere, which can lead to a heart attack.¹⁰
- Studies have shown that periodontitis may enhance the risk of respiratory disease.¹¹
- Researchers found that men with gum disease were 49% more likely to develop kidney cancer, 54% more likely to develop pancreatic cancer, and 30% more likely to develop blood cancers.^{12,13}