



Keeping Healthy Smiles Integrating Oral Health Care into a Ryan White Part D HIV Program

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Disclosures

- I have no financial interest or relationships to disclose
- HRSA Education Committee Disclosures
 - HRSA Education Committee staff have no financial interest or relationships to disclose
- CME Staff Disclosures
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UCSD Mother-Child-Adolescent HIV Program



- Comprehensive, Coordinated and Family-Centered HIV Care since 1989
- HIV and primary care for women, children and youth 13-24
- Developmental and mental health evaluations and interventions
- Case management, counseling, and support groups
- Clinical Trials
- RW Part D program since 1996



Oral health is essential to overall health and quality of life and all children and families need access to high quality dental care

1 in 4 children in California have never been to a dentist, including half of all children under 5

More than half of children < 12
and two thirds of youth 13-24
living with HIV in San Diego were
not routinely obtaining dental care



Oral Health Challenges

- In 2009, most Medi-Cal adult dental benefits were eliminated due to the state's budget deficit
- Children's services, as required by federal law, continue
- Only 24% of California's private dentists accept Medi-Cal
- Five Ryan White Part A dental programs, 2010 dental services have been reduced due to limited funds
- No dental school
(Children's dental residency / dental hygiene programs)

Barriers to Dental Care

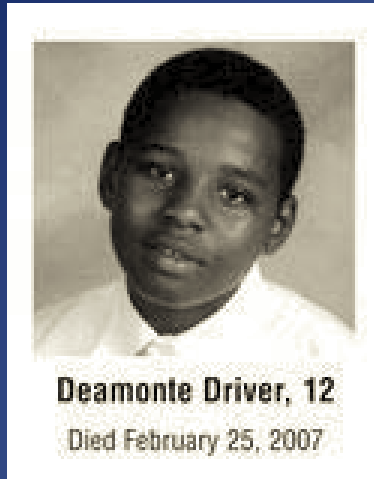


Child/ Family

- Time
- Transportation
- Too many appointments, other aspects of illness
- seen as being more important
- Fear, no positive role models, stigma, shame

Dental System

- Cost
- Language barriers poor interpersonal communication between dental staff and caregiver/child
- Lack of continuity of care



Lack of Dental Care Can Kill a Child

Deamonte complained of severe headaches

In January 2007, he was diagnosed with a brain infection,
caused by an infected tooth

After two brain surgeries and six weeks in the hospital he
died suddenly

Routine dental care: a \$40 sealant or \$80 tooth extraction
could have prevented his death

All children and families need access to dental care

UCSD MCAHP Part D Goals

- ❑ Oral health is a priority in Part D HIV care for children and youth
- ❑ A dental home and regular dental visits for assessment, cleaning, and oral hygiene instruction/education must be available to all



HAB Oral Health Performance Measures

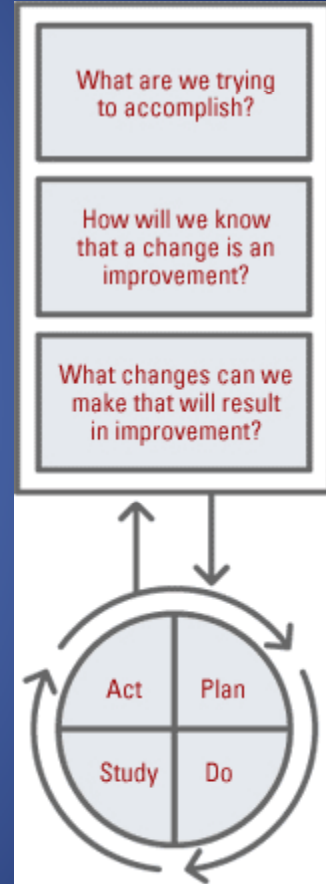


% of HIV infected patients who had:

- ☑ A dental and medical health history (initial or updated) at least once / year
- ☑ Dental treatment plan
- ☑ Received oral health education during year.
- ☑ Periodontal screen or examination
- ☑ Completed treatment plan within 12 months of establishing a plan

UCSD MCAHP Dental Quality Improvement Project

- ✓ Collect data
 - Chart review / focus groups
- ✓ Identified causes
- ✓ Pilot planned changes:
 - Target staff education
 - Provide patient education supplies
 - System for follow up on all referrals
- ✓ Monitor changes 3/6/12 months



Steps to Integrate Oral Health in Ryan White Part D HIV Care

- ✓ Improve oral health literacy



- ✓ Address links between systemic and chronic diseases and oral health through individual, group and community education



Steps to Integrate Oral Health in Ryan White Part D HIV Care

Multidisciplinary effort

Start early: prenatal oral health

Provide family-centered anticipatory guidance:
bottle feeding, oral hygiene, and diet

Perform an initial dental screening at 6-12
months of age and yearly



Steps to Integrate Oral Health in Ryan White Part D HIV Care

Actively refer children to oral health care provider and provide documentation: patient's medical status, meds, nutritional status, lab tests (recent CD4/CD8 counts, viral load, platelet count)



Review impact of HIV treatment on oral health

Discuss preventive and restorative dental treatment plans with oral health provider

Coordinate medical & dental appointments

Track and reinforce participation in oral health



Build Collaborations to Help Maximize Dwindling Funds

- + Incorporate multidisciplinary team
- + County Oral Health Initiatives
- + Local dentists
- + Community Dental Clinics
- + Community Partners
- + Volunteers
- + Pharmacies
- + Funders



Summary

- ☑ Children with HIV infection are at greater risk for oral and dental diseases
- ☑ Oral health promotion needs to be emphasized early in life to develop good dental habits
- ☑ Aggressive dental management is indicated to prevent and manage oral and dental disease and requires increased access
- ☑ Use of HAB Performance standards promote integration of oral health care into the primary management of all children with HIV infection and can eliminate oral health disparities
- ☑ It takes a village ...

Resources

- AIDS Education & Training National Resource Center www.aetc
Slide sets and curricula for provider training
- American Academy of Pediatric Dentistry www.aapd.org/
- American Dental Association ADA
- The professional association of dentists committed to the public's oral health, ethics, science and professional advancement. www.ada.org
- Children's Dental Health Initiative, Pew Center on the States
<http://www.pewcenteronthestates.org/initiatives>
- Healthy Smiles, Healthy Children <http://www.aapd.org/foundation>
- *HIVdent* Information source re: Oral Manifestations/ Healthcare for HIV + individuals as well as funding, infection control, advocacy, post exposure www.hivdent.org/
- HAB/ HRSA Quality of Care HAB Performance Measures
- The HAB HIV/AIDS Core Clinical Performance *Measures* for Adults & Adolescents, a set of indicators for use in monitoring the *quality* of care ...
hab.hrsa.gov/special/habmeasures.htm
- HRSA Ryan White Dental Reimbursement Program Part F
Program of the Ryan White CARE Act administered by the Health Resources and Services Administration (HRSA.) <http://hab.hrsa.gov/publications/cbdpp08/s11.htm>
- Promoting Oral Health for People with HIV infection, pdf nationalqualitycenter.org