

# ORAL HEALTH AND PRIMARY CARE INTEGRATION FOR PEOPLE WITH HIV

## INTEGRATING ORAL HEALTH AND PRIMARY CARE

Mission Analytics Group, Inc. under contract with the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB)

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# Disclosures

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- ❑ Mission Analytics Group, Inc. received funding for this project from: the Health Resources and Services Administration, HIV/AIDS Bureau
- ❑ Disclosure will be made when a product is discussed for an unapproved use
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- ❑ Commercial support was not received for this activity

# Learning Outcomes: Oral Health Institute

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**At the conclusion of this activity, the participants will be able to:**

## Increasing Access to Oral Health Care

- ❑ Identify materials and strategies that teach clients about the importance of oral health care
- ❑ Identify strategies for connecting clients to oral health care services and reducing barriers to care
- ❑ Access materials for teaching non-clinical staff members about oral health care

## Improving Quality of Oral Health Care

- ❑ Learn about HRSA HAB oral health performance measures
- ❑ Identify strategies for using data to measure and improve performance
- ❑ Identify strategies for funding and sustaining oral health care models

## Integrating Oral Health and Primary Care

- ❑ Identify components of oral health care integration
- ❑ Identify best practices for implementing these components at RWHAP clinics
- ❑ Identify best practices for referrals and communication across oral health and primary care settings

# Presentation Outline

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- ❑ Importance of Oral Health Care for People with HIV
- ❑ Components of Integration
- ❑ Methods of Communication
- ❑ Recipient Experiences:
  - ❑ Health Services Center (HSC)
  - ❑ Riverstone Health
  - ❑ Grady Health
- ❑ Q&A

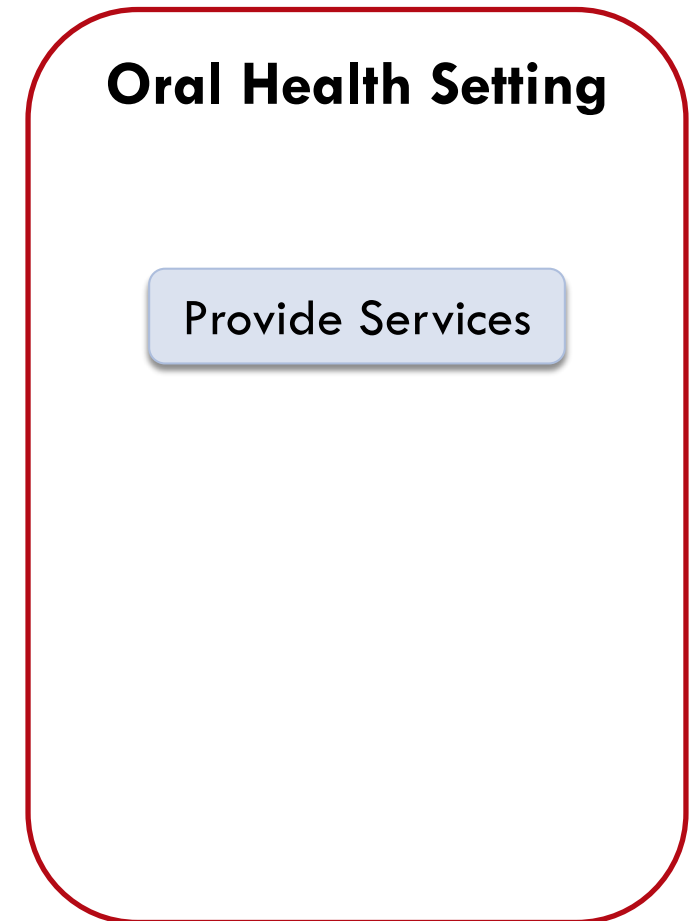
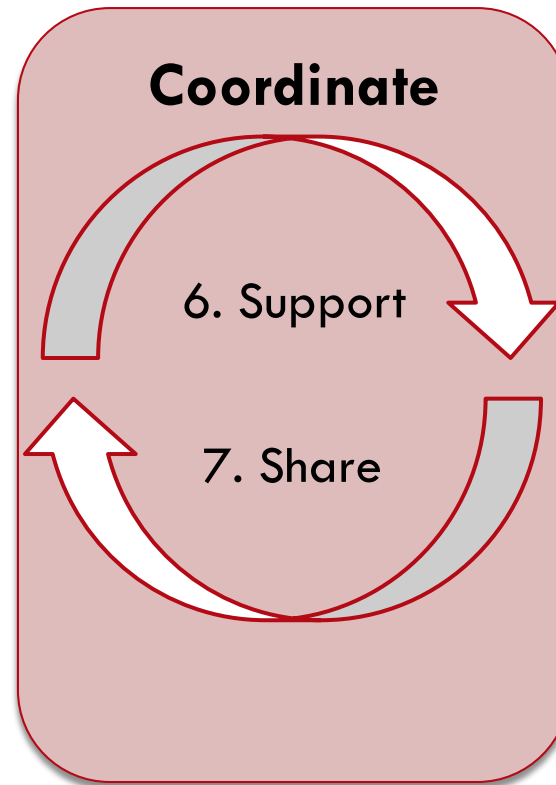
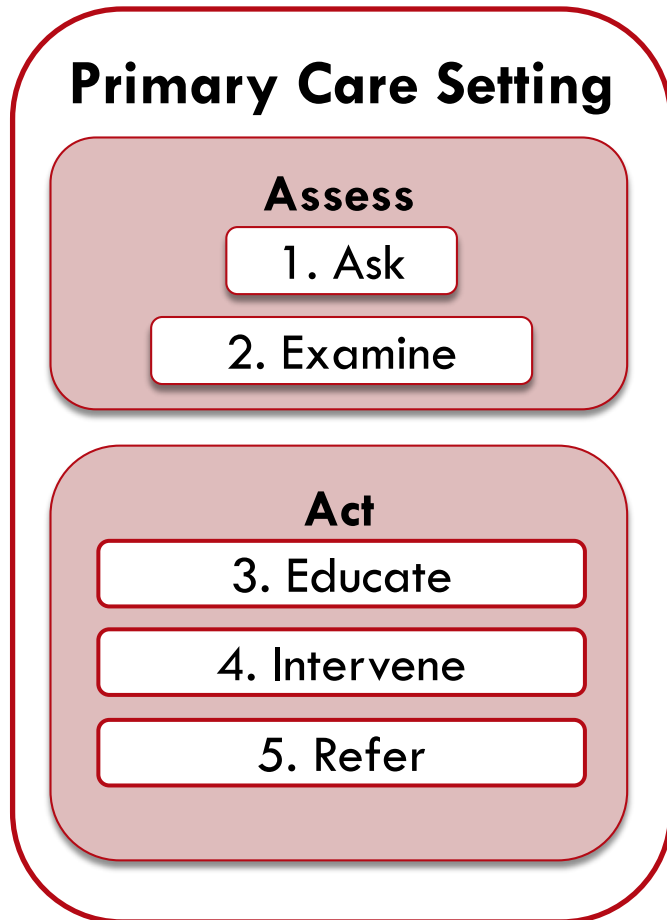
# Oral Health for People with HIV

5

- ❑ Oral health is essential for overall health and quality of life
- ❑ Oral health care is especially important for people with HIV
  - ❑ Untreated oral disease may lead to infections, weight loss, malnutrition, and diseases (e.g., diabetes)
  - ❑ Oral diseases impact quality of life (e.g., psycho-social problems and limited career opportunities)
- ❑ Oral health is one of the top unmet needs for people with HIV who obtain services through the Ryan White HIV/AIDS Program
- ❑ Project aims to promote the integration of oral health and primary care through the identification and dissemination of best practices

# Seven Components of Integration

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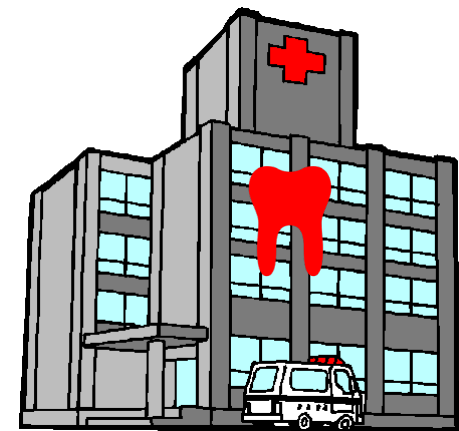
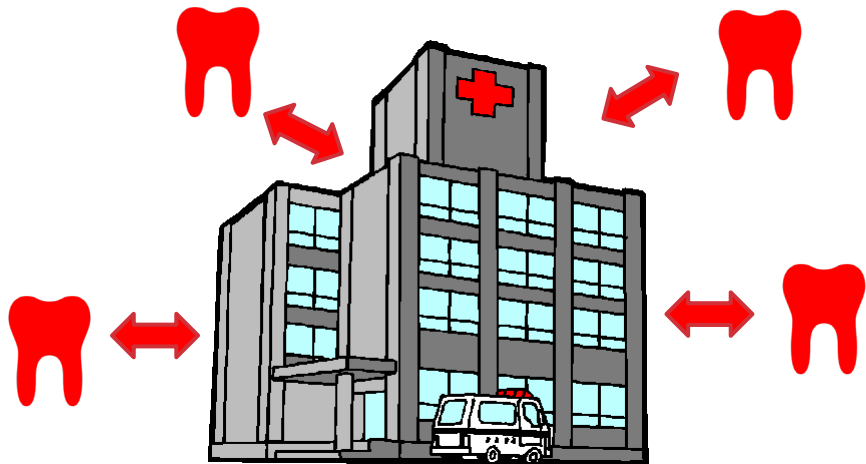
# Models of Oral Health and Primary Care Integration

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Referral Based

Coordinated, but  
not Co-Located

Co-Located



# Ask: Assess Risk for Oral Health Disease

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- ❑ What to ask about:
  - ❑ Oral health care utilization
  - ❑ Brushing habits
  - ❑ Diet
  - ❑ Health conditions, such as dry mouth and acid reflux
  - ❑ Smoking behavior
- ❑ Who does it and when:
  - ❑ Visits with a case manager
  - ❑ Visits with a primary care provider (PCP)
  - ❑ Intake



## **Best Practice Idea**

Be proactive: Use your risk assessment data, don't just rely on client complaints

Ask

Examine

Educate

Intervene

Refer

Support

Share



# Examine: Identify Active Oral Health Disease

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- ❑ What to do and look for:
  - ❑ Examining teeth for signs of decay
  - ❑ Seeing if clients are wearing their dentures and, if not, understanding why
  - ❑ Inspecting soft tissues for thrush (candidiasis), warts (papillomas), and other lesions associated with uncontrolled HIV infection
  - ❑ Palpating the neck and lymph nodes
  - ❑ Swabbing the mouth to diagnose pharyngeal gonorrhea
- ❑ Many PCPs aim to conduct these oral exams at every or “most” visits

Ask

Examine

Educate

Intervene

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Support

Share

# Educate: Teach and Empower Clients about Good Oral Health

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- ❑ Importance and tips for brushing and flossing
- ❑ Importance of preventative dental care, scheduling and coverage
- ❑ Nutrition
- ❑ Client's perceived oral health barriers

Ask

Examine

Educate

Intervene

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Support

Share

# Intervene: Incorporate Oral Health into Primary Care Treatment

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- ❑ Prescribing antibiotics for swelling and/or fever related to dental problems
- ❑ Prescribing chlorhexidine rinse for recurrent denture-related problems or gum inflammation
- ❑ Managing dry mouth (applying oral lubricants, frequent sips of water, sugar-free gum, hard candies, and changing prescriptions)
- ❑ Applying fluoride varnish

Ask

Examine

Educate

Intervene

Refer

Support

Share

# Refer: Build a Referral Network

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- ❑ Virtually all recipients/providers refer out for some procedures
- ❑ What to look for:
  - ❑ Insurance compatibility
  - ❑ Welcoming stigma-free environment
- ❑ How to find them:
  - ❑ Local and state dental societies/associations
  - ❑ Dental and dental hygiene schools
  - ❑ Dental service organizations (DSOs)
  - ❑ Social service programs that assist low-income individuals
  - ❑ Searchable databases

Ask

Examine

Educate

Intervene

Refer

Support

Share

# Support: Address Barriers and Facilitate Oral Health Care Access

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- ❑ Referral coordination and management
  - ❑ Matching clients to oral health providers
  - ❑ Scheduling appointments
  - ❑ Sending appointment reminders
- ❑ Supporting appointment adherence
  - ❑ Financial/insurance enrollment assistance
  - ❑ Arranging transportation and other support services
  - ❑ Helping clients overcome fear
- ❑ Appointment follow-up



## Best Practice Idea

- Use multiple reminder methods
- Stress the importance of visit compliance

Ask

Examine

Educate

Intervene

Refer

Support

Share

# Share: Exchange Information Across Primary Care and Oral Health Settings

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- What do dentists need from PCPs?
- ★ □ Client health information, including up-to-date labs
  - Medication regimen
  - Barriers to care that could affect dentistry (fear, etc.)
- What do PCPs need from dentists?
- ★ □ Appointment attendance
  - Client's care plan
  - Prescribed medications
  - Risk factors that may impact primary health

Ask

Examine

Educate

Intervene

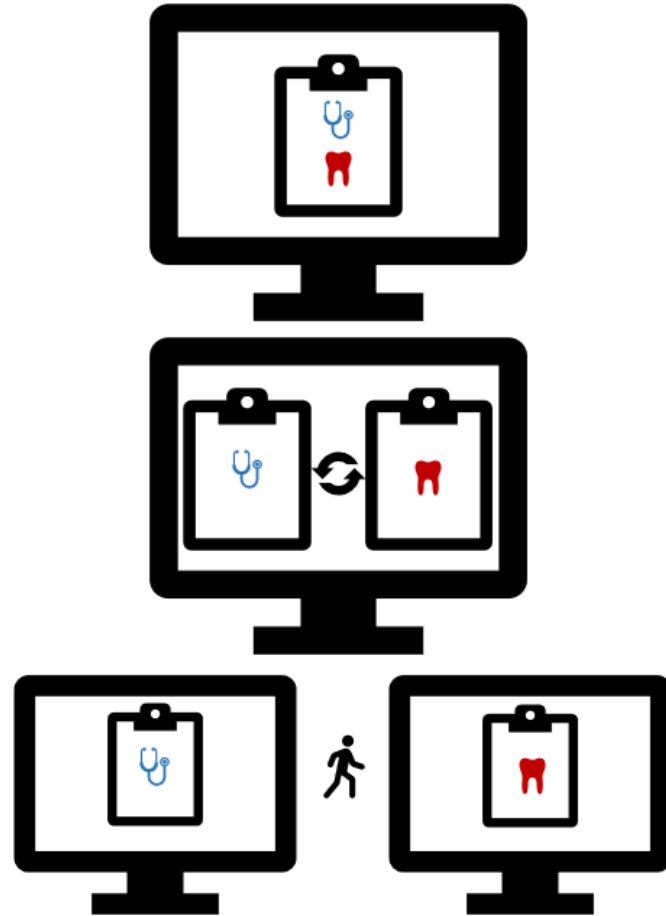
Refer

Support

Share

# Models of Data Exchange

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Integrated EHR and electronic dental record (EDR)

Linked through an electronic bridge

Manual entry or uploads

Ask

Examine

Educate

Intervene

Refer

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Share

# Best Practice Ideas



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- Keep it standard; develop referral forms (ideally linked to EHR)
- Use your data!
- Strike a balance between what you want and what you can get
- Require treatment plans for payment

Referring provider: \_\_\_\_\_ Agency: \_\_\_\_\_  
Primary care provider fax number (for consult note): \_\_\_\_\_

Reason for referral:  General Care  Urgent Care  Other: \_\_\_\_\_

## Patient Medical History and labs:

Please fax or attach a copy of the chronic problem list, medications, allergies, and labs from the patient's record or fill out the necessary fields below. Lab values are not grounds for denying patient oral health services; they are only used to guide treatment decisions. Please see the next page for explanations.

### Medical History

Current medical conditions:

Past medical/surgical history:

Known allergies:

Current medications:

### Lab date:

CD4 c/mm<sup>2</sup>:

Viral Load:

Platelets:

Hemoglobin:

Absolute Neutrophil Count:

HbA1C (if applicable):

INR (if applicable):

Ask

Examine

Educate

Intervene

Refer

Support

Share



# HIV Treatment and Dental Care in the Non-Urban South

Kelly O. Turner, MS, ADC  
Administrative Director  
Health Services Center,  
Inc.(HSC, Inc.)

Cathy Simpson, PhD  
Evaluator  
C.A. Simpson & Associates

# Health Services Center

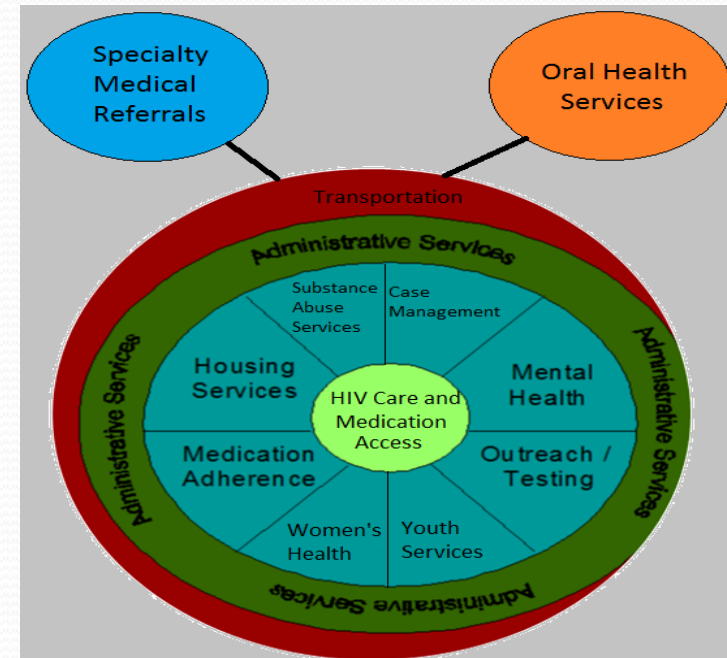
- 1987: Grass roots support agency in Calhoun County, Alabama for PWH.
- 1990: Volunteer Medical Clinic Added
- 1991: Funded by HRSA for Ryan White Title III
- 2000: Funded by SAMHSA to expand Behavioral Health Services (SUD and MH)
- 2001: Funded by CDC for Prevention
- 2005: Funded by HUD for Housing Services
- 2009: Funded by HRSA for Ryan White Part D
- 2020: Funded by HRSA, SAMHSA, HUD/HOPWA, State, Local agencies
  
- Creation of full compliment of services is ongoing and has included successes and challenges.



# Barriers Addressed

- Barriers to Care
  - Poverty
  - Lack of Education
  - Geographic Distances
  - Lack of Behavioral Health Resources
  - Housing/Homelessness
  - Uninsured/Underinsured
  - Racial Inequality
  - Stigma
  - Transportation

- HSC implemented a ray of services to create a safety net for PWH in our service area



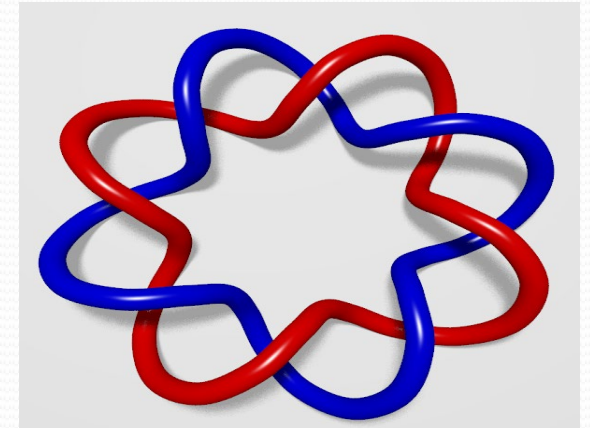
# Gaps Bridged

- HSC service area is a HRSA-designated underserved dental provider area
- Alabama Medicaid provides no dental services
- Geography/Distance and HIV Health Care
  - 5 locations across our 9,000 square miles of service area



# Linking It All Together

- In addition to direct HIV medical care, patients receive:
  - Twice annual MH and SU screening; annual housing survey
  - Referral as needed to contract Psychiatrist (telehealth)
  - Referral as needed to in-house MH/SUD counseling
  - Referral to intensive outpatient SUD programs
  - Referral as needed to housing CM, vouchers, emergency funds and direct housing
  - Oral Health screening and referral
  - Transportation





# Partners and Collaborators

- Patients
- Specialty Medical
- Dental
- Local Colleges and Universities
- Health Departments/ADPH
- FQHC's
- State Mental Health Department
- Faith Communities
- Other social service providers
- Judiciary/Law Enforcement
- Community Stakeholders



# Oral Health Care in 2019

- HSC prioritized 37% (\$189,283) of the Ryan White Part B total budget (\$510,000) toward oral health care
  - Provided oral health care services to 125 non-duplicated patients
  - Many patients have been years without oral health care and require extensive services
  - Average number of appointments per patient=4

# Oral Health Care Referrals

- Ryan White eligibility determined
- Once a patient is Ryan White approved, initial evaluation/treatment plan with Dental Provider (cleanings to major restorative care) and/or referral to specialty care
- Treatment plan reviewed by the billing clerk and approved based on funds available
- Services rendered by Dental Providers
- Paid by HSC





# Lessons Learned

- Dental Providers near each satellite location is key
- Relationships with collaborators are key to continued service
- Evaluate patient satisfaction





# RiverStone Health Ryan White Part C Dental Process

**Molly Hale, BS, CPH, MPH**

**RiverStone Health**

**247-3320**

**[Molly.hal@riverstonehealth.org](mailto:Molly.hal@riverstonehealth.org)**

# Presentation Overview

- RiverStone Health
  - Organization Structure
  - HIV Services Program
- Performance Measure
- Referral Process
  - Onsite clients
  - Offsite clients
- Opportunities for Improvement

# Overview of RiverStone Health

# RiverStone Health

## Mission Statement

*To improve life, health and  
safety*

## RiverStone Health HIV Services

- Ryan White Part C Early Intervention/Primary Care Grant
  - Funded initially in 1995
  - \$384,753
- Ryan White Part B
- Mountain West AIDS Education and Training Center
- CDC HIV Prevention
- EIS/Supplement Housing



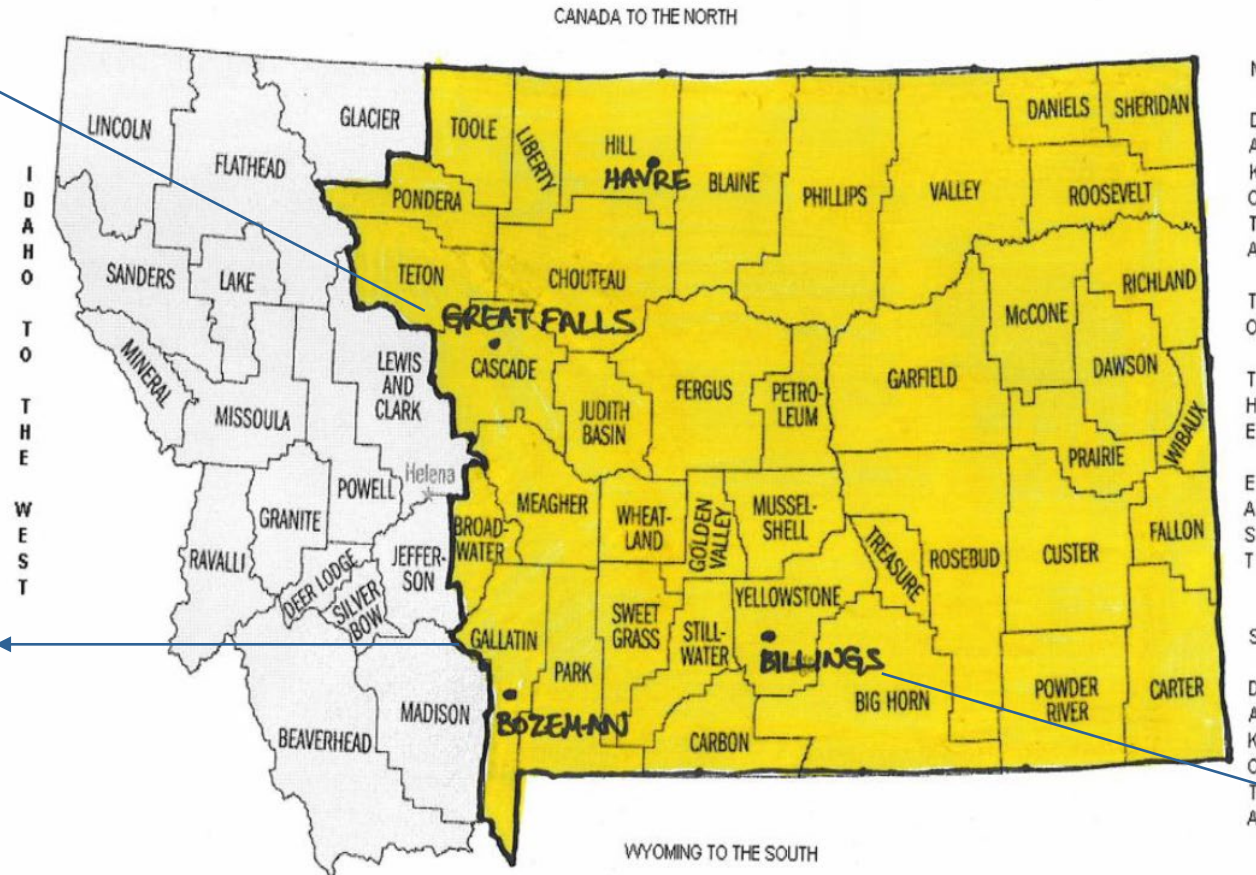
# Ryan White Service Area Map

Montana

27 clients

52 clients

167 clients





# Service Delivery

- Part C pays for diagnostic services such as examinations, radiographs and prophylaxis.
- Part B program provides extra money to help with dentures, extractions and endodontics.
- Currently no cap on expenses, Program Manager reviews the treatment plans for approval, Medicaid covers dental care on a limited basis.

# Ryan White Program Staff

- Program Manager-Molly Hale
- Program Coordinator/Case Manager-Debbie Brown
- Medical Case Manager/Nurse-Cindy Caldwell
- Case Manager-Virginia Norris
- Community Member Peer Support-Nay Naing
- RW Provider-Benjamin Walz, DO, DOE
- RW Provider-Chris Caruso, PA-C
- **Case Managers in Bozeman-Cindi Spinelli and Jill Ellison**
- **Case Manager in Great Falls-Jane Shipek**

# Performance Metrics

- 25% of individuals are receiving oral health care.
- The denominator is the number of individuals with medical care and the numerator is the number of individuals with a dental visit paid for by RWHAP, as documented in CAREWare, which is used for tracking expenses.

# Onsite Referrals

- The nurse, asks all clients whether they have seen the dentist in the last year. If they have not seen a dentist, she offers to make them an appointment. She also educates them on RWHAP financial benefits.
- Sometimes Primary Care Providers (PCPs) conduct oral health examinations at primary care visits, and if they have abnormal findings, they make a note in the chart and let Cindy know to make a referral to the dental clinic.
- Case managers have more extensive questions on oral health, but don't typically make referrals.

# Offsite Referrals

- The nurse, asks all clients whether they have seen the dentist in the last year. If they have not seen a dentist, she offers to make them an appointment. She also educates them on RWHAP financial benefits. Sometimes they keep the appointments, sometimes they do not.

# Opportunities for Improvement

- Not all dental exams are captured
- Case manager and peer support new so nurse makes all referrals. Train case manager/peer support on referral process and dental education.  
Some things they can do:
  - Walk them over or call a dentist over so they meet the dental staff
  - Share the pamphlet and talk through oral health.
  - Potentially add questions to oral health assessment (fear of dentist, dry mouth) to inform education
  - Provide transportation support
  - Provide personalized reminders
  - Accompany them to appointment
  - Share video on patient experiences
  - Conduct oral health Jeopardy

# Opportunities for Improvement

- Program Manager lacks expertise in dental procedures and is uncertain whether the submitted treatment plans are appropriate and reasonable. Looking into having the dental medical director review care plans over \$1,000.
- Primary care does not understand the oral visit types; they want to make sure the reason in eCW is accurate. Dental will send a description of the visit types.
- Ryan White team have weekly case conferencing meetings; potential to have staff from the dental clinic attend.

# Opportunities for Improvement

- Performance metric not calculated correctly.
  - Percent seen a dentist: The data the nurse inputs into the HIV template in eCW can be used to calculate the numerator.
  - Percent with an PCP oral exam: PCPs fill out a box indicating exam results. If box is populated, they can assume the exam was completed.
  - Other metrics for consideration: These would likely need additional fields in eCW, populated by nurse or case management through follow up:
    - Percent not in care who were subsequently referred for care
    - Percent with a referral that completed appointment






**Connecting you to a better life**

**Molly Hale, BS, CPH, MPH**  
**RiverStone Health**

**247-3320**

**[Molly.hal@riverstonehealth.org](mailto:Molly.hal@riverstonehealth.org)**

A grayscale photograph of a large, multi-story hospital building with a grid of windows. The building has a prominent entrance with a set of stairs leading up to it. The word "Grady" is visible on the top of the building, accompanied by a cross symbol. The image is used as a background for the text.

# **Grady Infectious Disease Program Medical/Dental Integration Model**

**David A Reznik, DDS  
Chief, Dental Medicine  
Grady Health System - Atlanta**

**341 Ponce de Leon Ave, Atlanta, GA 30308**

# Grady's Legacy of Care

- The Ponce Clinic is one of the largest, most comprehensive programs in the U.S. for people with HIV disease
- Almost 2/3 of patients have advanced, symptomatic HIV disease

***Grady treats 1 out of 4 persons living with AIDS in Georgia.***

# Who are our patients?



- 71% Male, 28% Female, <1% Transgender
- 84% Black/African American, 9% White, 5% Latino
- 14%  $\leq 24$ , 35% 25-44, 51%  $\geq 45$  years of age
- 32% < FPL, 60% < 2X FPL
- 42% uninsured, 26% Medicaid, 21% Medicare
- 64% Stage 3 (AIDS)

CY2017 Data



# Medical Services

Primary Care Clinics	Specialty Services
Adult Clinic	Cancer Care (Hematology/Oncology) including chemotherapy
Women, Family and Youth Clinic	Hepatitis Treatment
Mental Health, Substance Use and Wellness Center	Pulmonary
<b>Oral Health Center (OHC)</b>	Neurology
Nurse Adherence Education	Ophthalmology
Evening Hours/Walk-In services	Palliative Care
	Coming soon: Dermatology

## Critical Additional Services (Care Completion)

Financial Counseling

Laboratory

Health Education and Peer counseling

Pharmacy including Mail-Order/Specialty  
Options

Patient Navigation

Radiology

Rapid Entry

Nutritionist

Chaplaincy

Physical Therapy

Translation Services

Medical Transportation

Babysitting

On-site Community Services  
(Legal Aid, Project Open Hand, The Living  
Room)

# OHC Patient Demographics compared to the Infectious Disease Program (IDP)

IDP ~ 6,250	OHC ~ 2,000
28% Female	25% Female
71% Male	75% Male
84% Black/African American	81% Black/African American
9% White	13% White
5% Latino/Hispanic	6% Latino/Hispanic

# OHC Patient Demographics compared to the IDP

Age	IDP	OHC
24 and younger	14%	3%
25-44	35%	28%
45 and over	51%	69%



# Severe Periodontitis is More Common in People with HIV

*particularly older males*

- The study assessed prevalence and severity of periodontitis in **258 HIV-infected patients** and 539 historical controls with the Dutch Periodontal Screening Index (DPSI).
- Severe periodontitis (DPSI 4) was more prevalent in HIV-infected patients than in controls (**66% vs. 36%**,  $p = 0.002$ ).
- HIV-infection, increasing age and male sex were significant risk factors for severe periodontitis.
- **CONCLUSIONS:** Prevalence and severity of periodontitis are higher in people with HIV compared to controls, particularly in older males. Awareness of the increased prevalence of periodontitis associated with HIV-infection among patients and health-care professionals could significantly improve oral health and quality of life of HIV-infected patients.
  - [J Infect.](#) 2019 Mar;78(3):171-177.

# Poor Oral and Mental Health Are Related in People With HIV

- HIV Is Independently Linked to Poorer Mental Health
  - The longer people in a British study had been living with diagnosed HIV, the more likely they were to have **depression** and anxiety.
    - ASTRA (+) and AURAH (-) International AIDS Conference in Amsterdam (AIDS 2018).
- Poor Oral and Mental Health Are Related in people with HIV
  - **Depressed participants**, compared with those without depression, **had worse oral-health indicators**, both in terms of their DFMT index score and average number of missing teeth.
  - **The depressed individuals also had lower health-related quality-of-life** scores in almost all the domains investigated in the SF-36, such as bodily pain, general health, vitality and social functioning
    - **Oral health and health-related quality of life in HIV patients.** [BMC Oral Health](#). 2018 Aug 29;18(1):151.
- **People with HIV who have depression, the study authors concluded, deserve particularly close attention to their health-related quality of life and their oral health**

# Electronic Medical (EMR)/Dental Records (EDR)

- EMR – The Infectious Disease Program DENTAL SNAPSHOT
  - Patient Care Coordination Note
    - Chronic pain medication for lumbar stenosis
  - Demographics
  - Problem list
  - Allergies
  - Medications
  - Preferred Pharmacy
  - Relevant labs
    - CD4, Viral Load, Hg A1c, Platelet count, ANC, Hg, HCT,

Select an encounter: No encounter selected

Close patient record

**Xbialidocious, Fuzzy\*** Age Sex DOB MRN Allergies Pt Type PCP LOC MyChart  
 5 yrs. M 1/1/06 70450825 Penicillins, Nuts, Cats, N\* TEST PAT\* MILLER, JAMI\* CAMBRIDGE On

Clinical Review

## Patient Snapshot

## Problem List

Chronic

-  DM (diabetes mellitus)  
bhn
-  Down's syndrome  
Adjustment disorder with depressed mood  
ENROLLED - COPD PROG (NOT DX, FOR PROB LIST ONLY)  
ANTICOAGULANT LONG-TERM USE  
ANTERIOR CHAMBER IMPLANTATION CYSTS  
GENETIC SUSCEPTIBILITY TO HEMACHROMOTOSIS  
GENETIC SUSCEPTIBILITY TO HEMACHROMOTOSIS  
Family planning, emergency contraceptive counseling and prescription  
Rheumatoid arthritis  
Paronychia or onychia of finger
-  Down's syndrome  
UNSPECIFIED BACKACHE - lower back  
ENROLLED - ANTICOAGULATION SVC (NOT DX, FOR PROB LIST ONLY)  
GENETIC SUSCEPTIBILITY TO HEMACHROMOTOSIS

## Health Maintenance

 Late  Due  Soon  Hold

HEARING SCREENING (4 YEARS)	Completed
(HEDIS) HEPATITIS B (0-18 YEARS)	Completed
(HEDIS) DIPHTHERIA-TETANUS- PERTUSSIS	Completed
(HEDIS) POLIOMYELITIS	Completed
(HEDIS) MEASLES,MUMPS,RUBELLA (1-5 YEARS)	Completed
(HEDIS) VARICELLA (1-18 YRS)	Completed

## Allergies/Contraindications

- PENICILLINS (PENICILLINS) Hives
- NUTS (TREE NUTS)
- CATS (CATS)
- NSAIDS Anaphylactoid reaction
- AMOXICIL-CLARITHROMY-  
LANSOPRAZ
- SULFADIAZINE Hives

## Medications

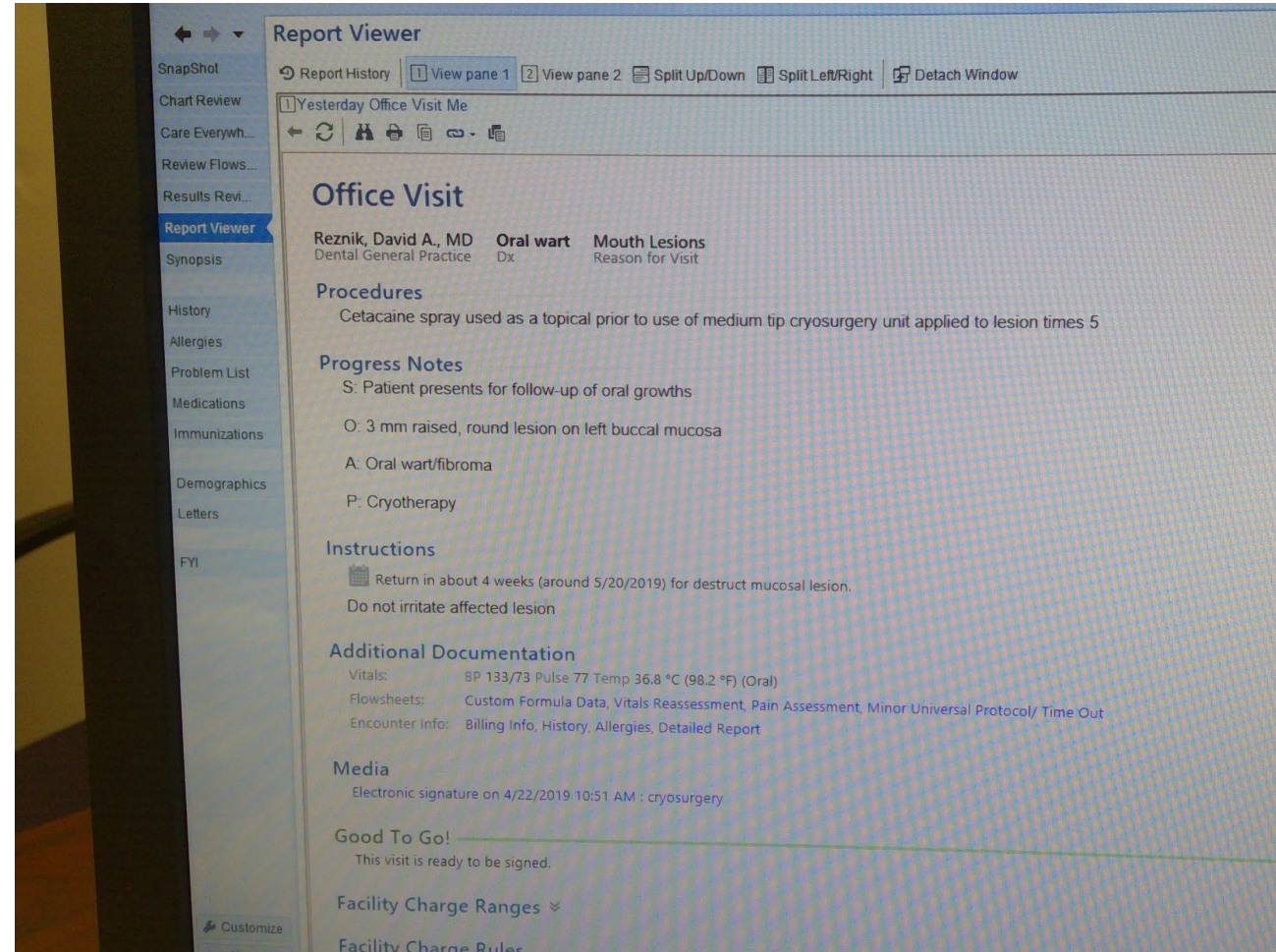
Long-Term

Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension	None Entered
Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension	test
Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension	1 ml
 Insulin Glargine (LANTUS) 100 unit/mL Subcutaneous Solution	1 vial
Fluocinolone 0.025 % Topical Cream	15 tubes
Clonazepam (KLONOPIN) 0.125 mg Oral Tablet, Rapid Dissolve	testing refreshable
Cetirizine (ZYRTEC) 1 mg/mL Oral Solution	testing
Acetaminophen (CHILDREN'S TYLENOL MELTAWAYS) 80 mg Oral Tablet, Rapid Dissolve	prn for pain
Bupropion HCl 300 mg Oral Tablet Sustained Release 24 hr	testing DO NOT FILL
Bupropion HCl XL 300 mg Oral Tablet Sustained Release 24 hr	TESTING DO NOT FILL - XL Designation
Lisinopril 40 mg Oral Tablet	Take 1 tablet daily
Lorazepam 0.5 mg Oral Tablet	testing only do not fill
 Fluoxetine (PROZAC) 10 mg Oral Capsule	1 capsule daily; do not stop without consulting clinician

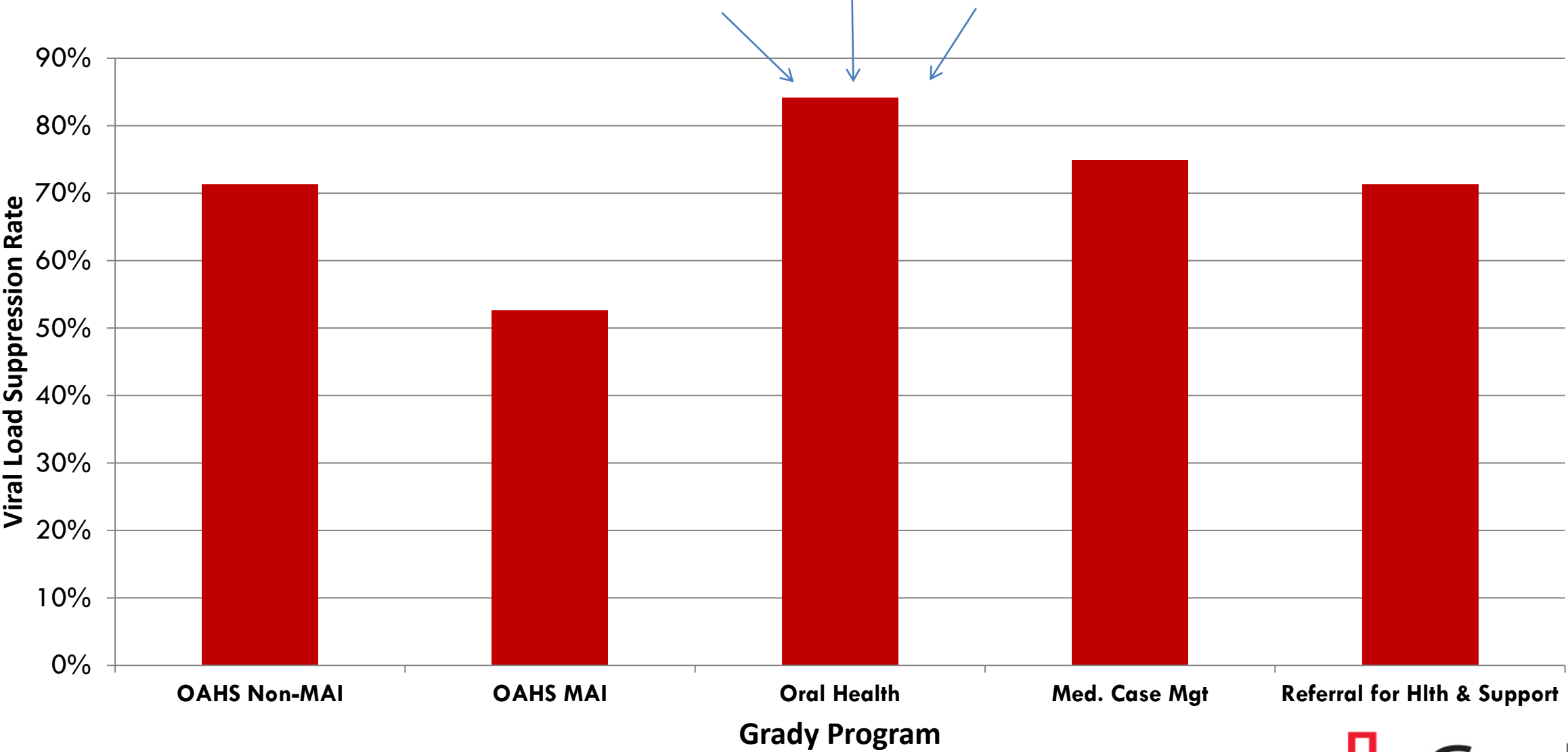


# EMR/EDR communication

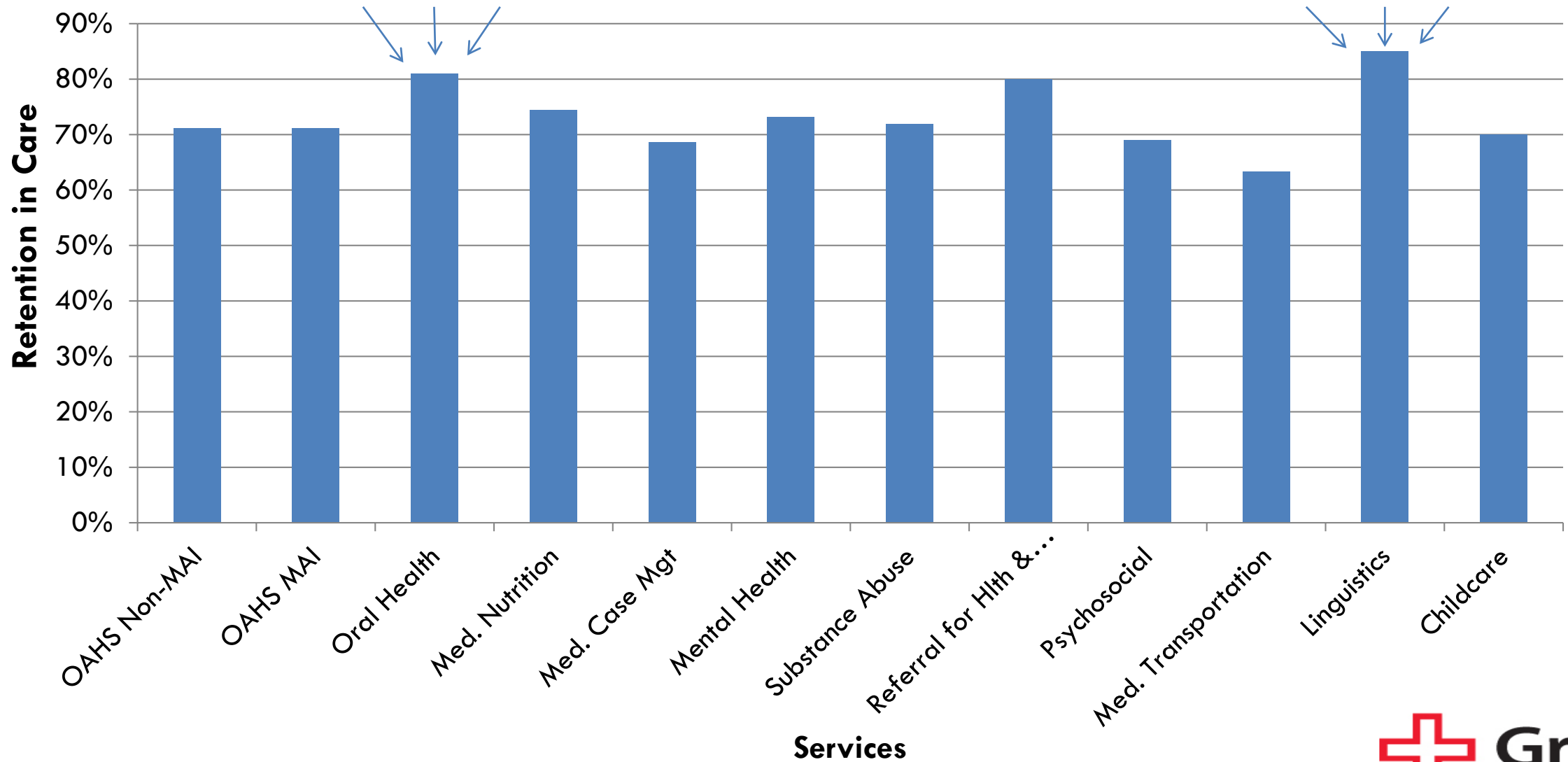
- All prescriptions written are written in Epic
- Procedure notes are in Epic
- Visits – future appointments are in Epic
- Notes in Dentrix Enterprise and transcribed into Epic
- Scheduling of patients only occurs in Dentrix
- The dental team has access to all pertinent information



# HAB Core Measure: HIV Viral Load Suppression



# HAB Core Measure: Retention in HIV Medical Care



Questions?  
dreznik@gmh.edu

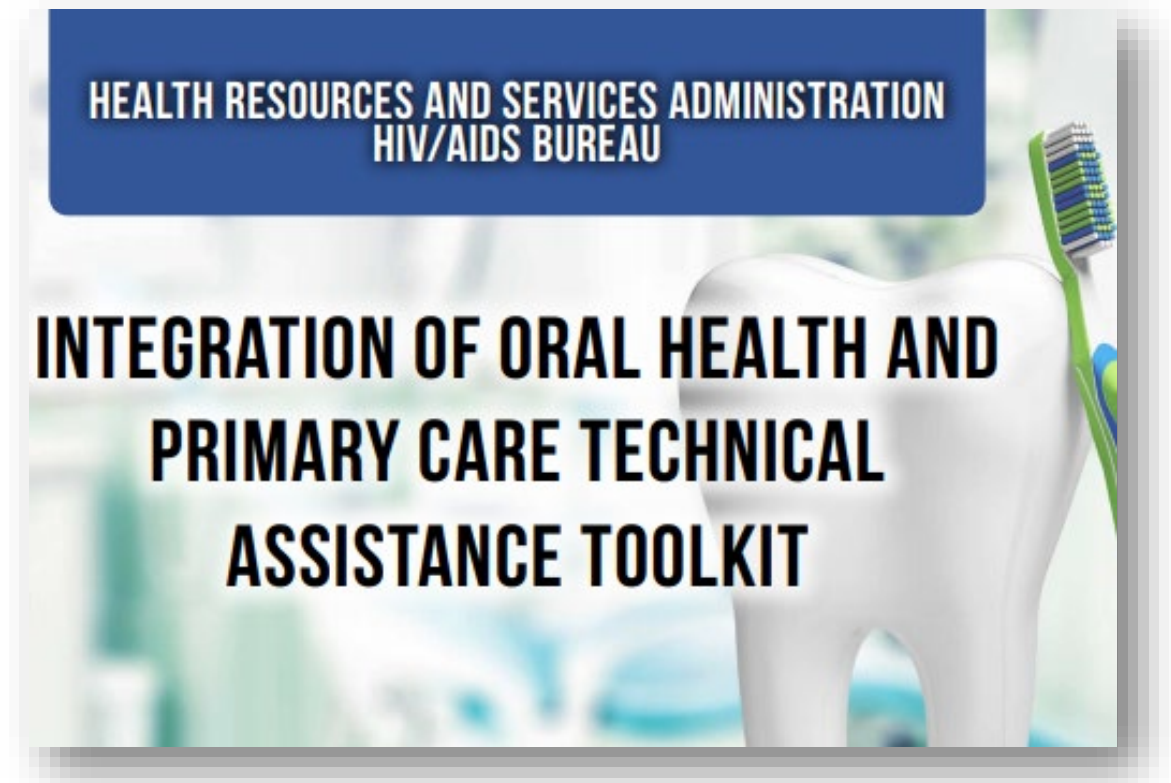




# Learn More about Integration

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- ❑ Integration of Oral Health and Primary Care Technical Assistance Toolkit:  
<https://targethiv.org/library/oral-health-and-hiv-primary-care-integration>
- ❑ Webinars
  - ❑ Assessing Risk and Providing Basic Services:  
<https://targethiv.org/library/oral-health-and-primary-care-assessing-risk-and-providing-basic-services-primary-care>
  - ❑ Connecting Clients to Oral Health Services:  
<https://targethiv.org/library/oral-health-and-primary-care-integration-people-hiv-connecting-clients-oral-health-services>
- ❑ More resources on DropBox:  
<https://www.dropbox.com/sh/ak3jf7cda9bpkc4/AACIGCn6oDlyn1jRBWu3dK5oa?dl=0>



# Questions/Answers and Comments

# How to Claim CE Credit

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[Ryanwhite.cds.pescge.com](https://ryanwhite.cds.pescge.com)