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

Session 675     Ryan White Grantee Meeting     Washington D.C.     8/24/2010

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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
  – Professional Education Services Group staff have no financial interest or relationships to disclose
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
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
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

hab.hrsa.gov/special/habmeasures.htm
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