

A Path to Person-Centered Care: Medical-Dental Integration in Practice

December 5, 2024



Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To Receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, December 13**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



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*Full disclosures available upon request



Thank You

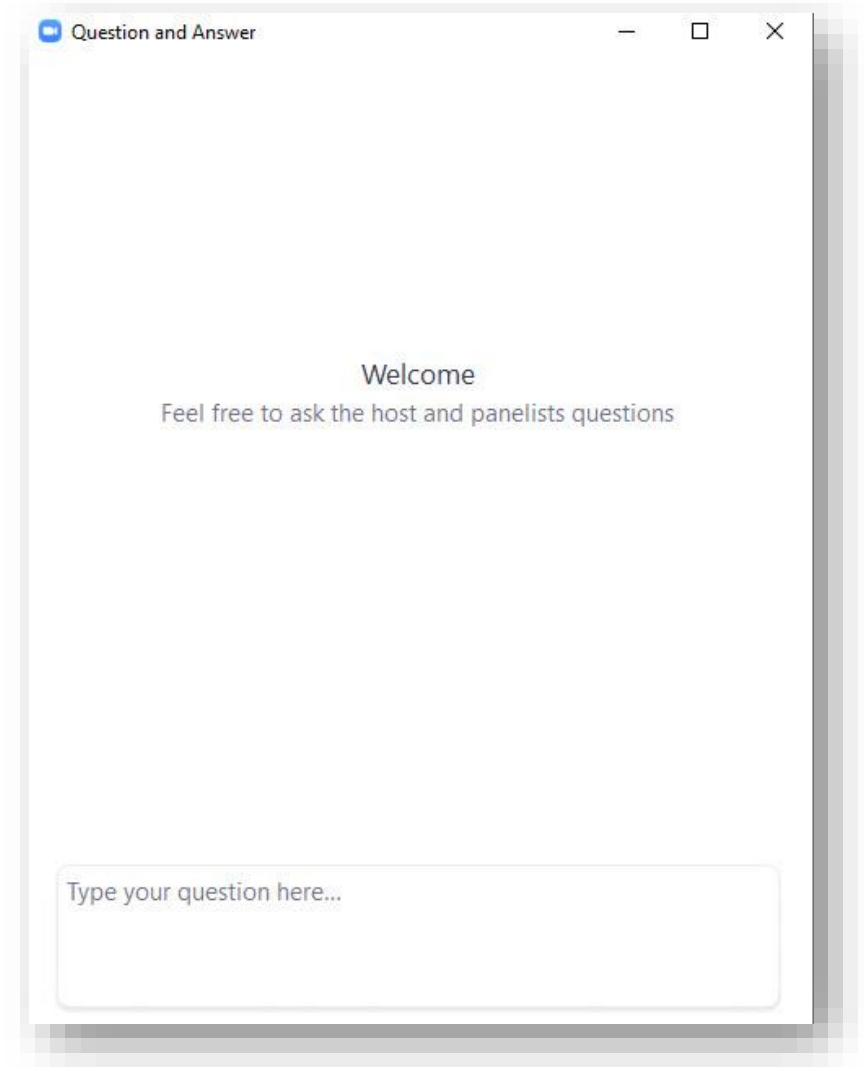


Penn
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Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.





Webinar

A Path to Person-Centered Care: Medical-Dental Integration in Practice

Thursday, December 5, 2024
7-8 p.m. ET

ADA CERP Credits: 1



Moderator

Stephen N. Abel, DDS, MSD
Associate Professor, University of
Pennsylvania School of Dental Medicine



Presenter

Dr. Lisa Simon, MD, DMD
Member of the Faculty,
Brigham and Women's Hospital



Presenter

Nathan Mork, DDS, MPH
Oral Health Promotion Disease
Prevention Officer, Indian Health Service

Learning Objectives

- Describe how MDI is critical for patient-centered care and can lead to improvements in both systemic health issues - such as diabetes, hypertension, and behavioral health — and oral health.
- Recognize practical strategies for incorporating medical screenings into dental workflows in various practice settings.
- Analyze different approaches to addressing challenges teams face in implementing MDI.

A Path to Person-Centered Care: Medical-Dental Integration in Practice

Introduction

Stephen N. Abel, DDS, MSD

Medical Dental Integration (MDI) is Important for Many Reasons Including

Improves patient care:

MDI can improve the patient experience and reduce costs by addressing health issues holistically.

Reduces health disparities:

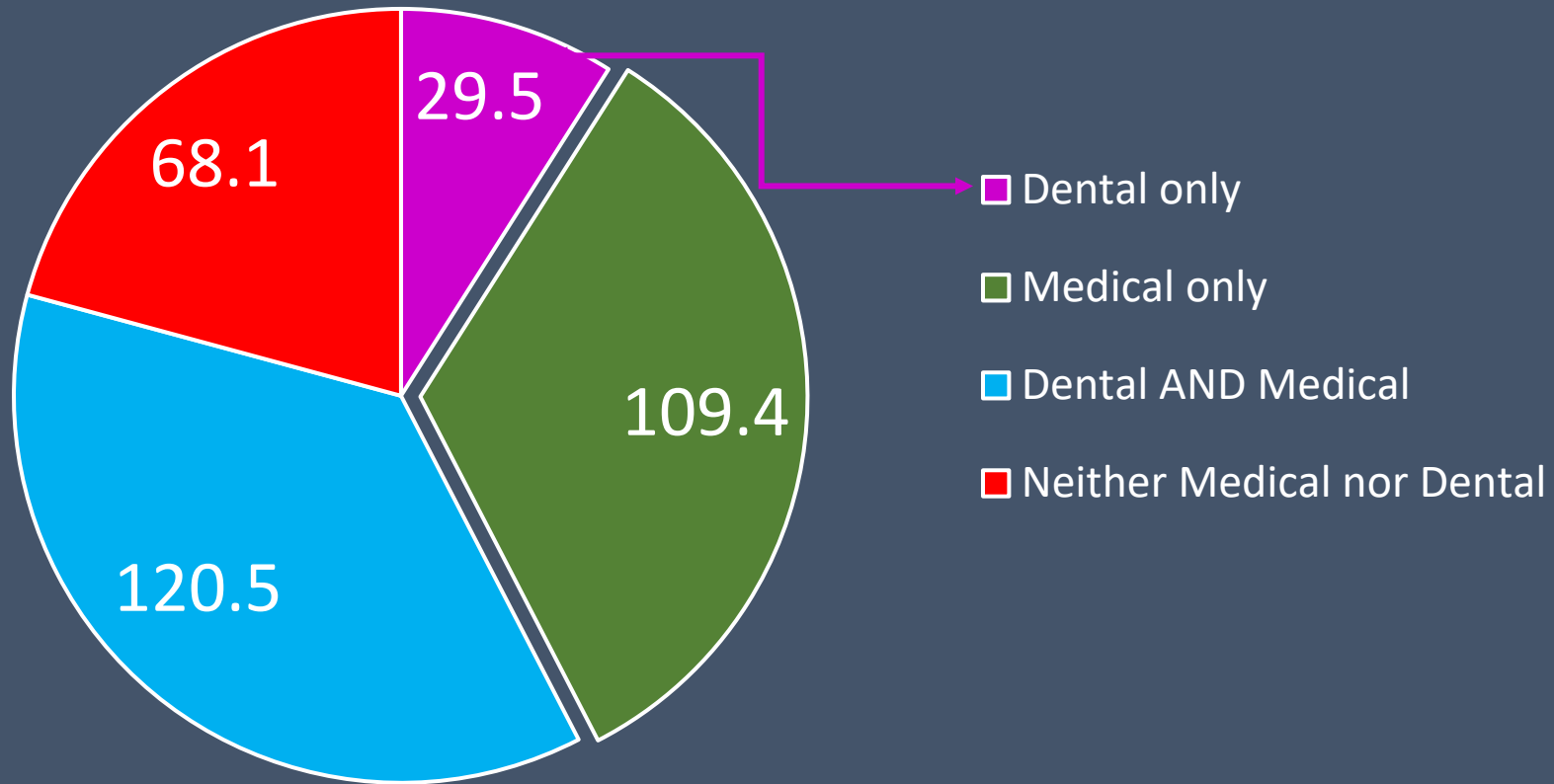
MDI can help reduce health disparities by increasing access to care for vulnerable populations.

Promotes prevention:

MDI can help promote a prevention-first approach to care by identifying and managing health issues early.

Why Consider Integrated Care?

Persons with Visits, in Millions (2019)



Stated Differently

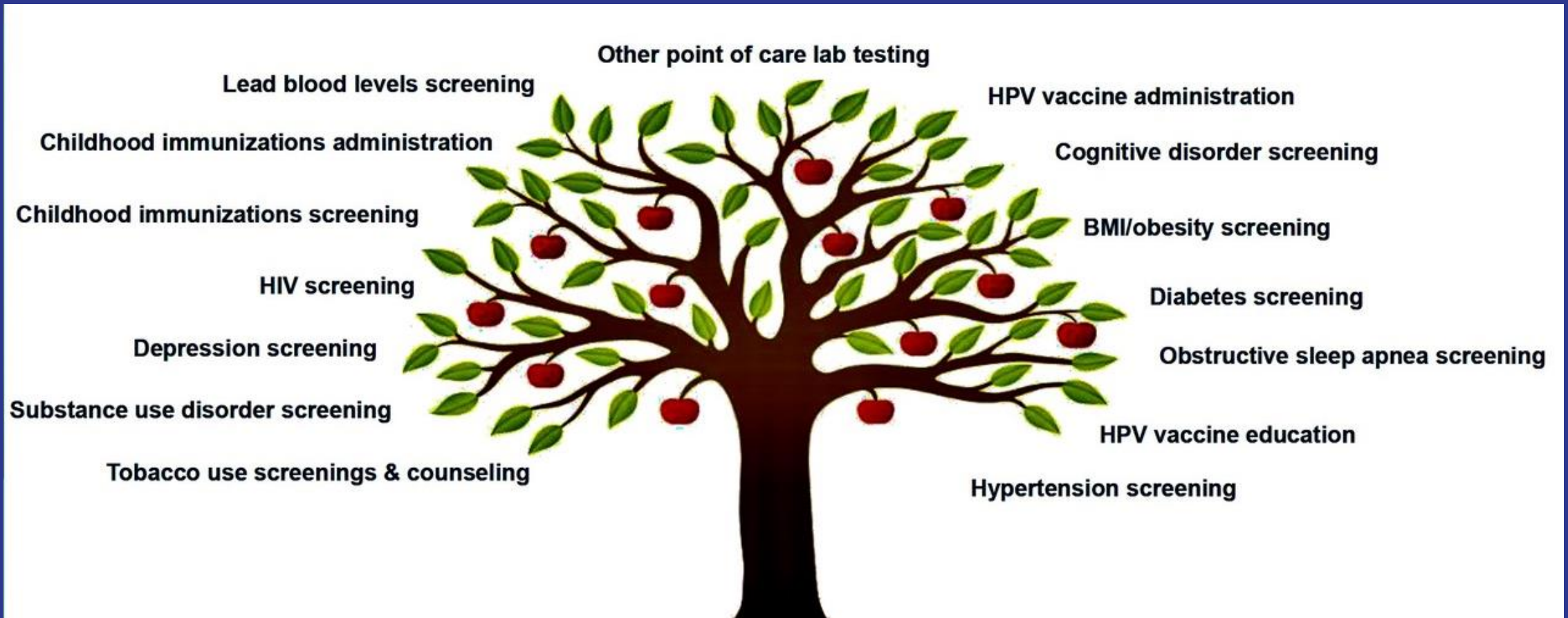
1 in 3 adults in the US will have a medical visit this year but not a dental visit



1 in 10 adults in the US will have a dental visit this year but not a medical visit

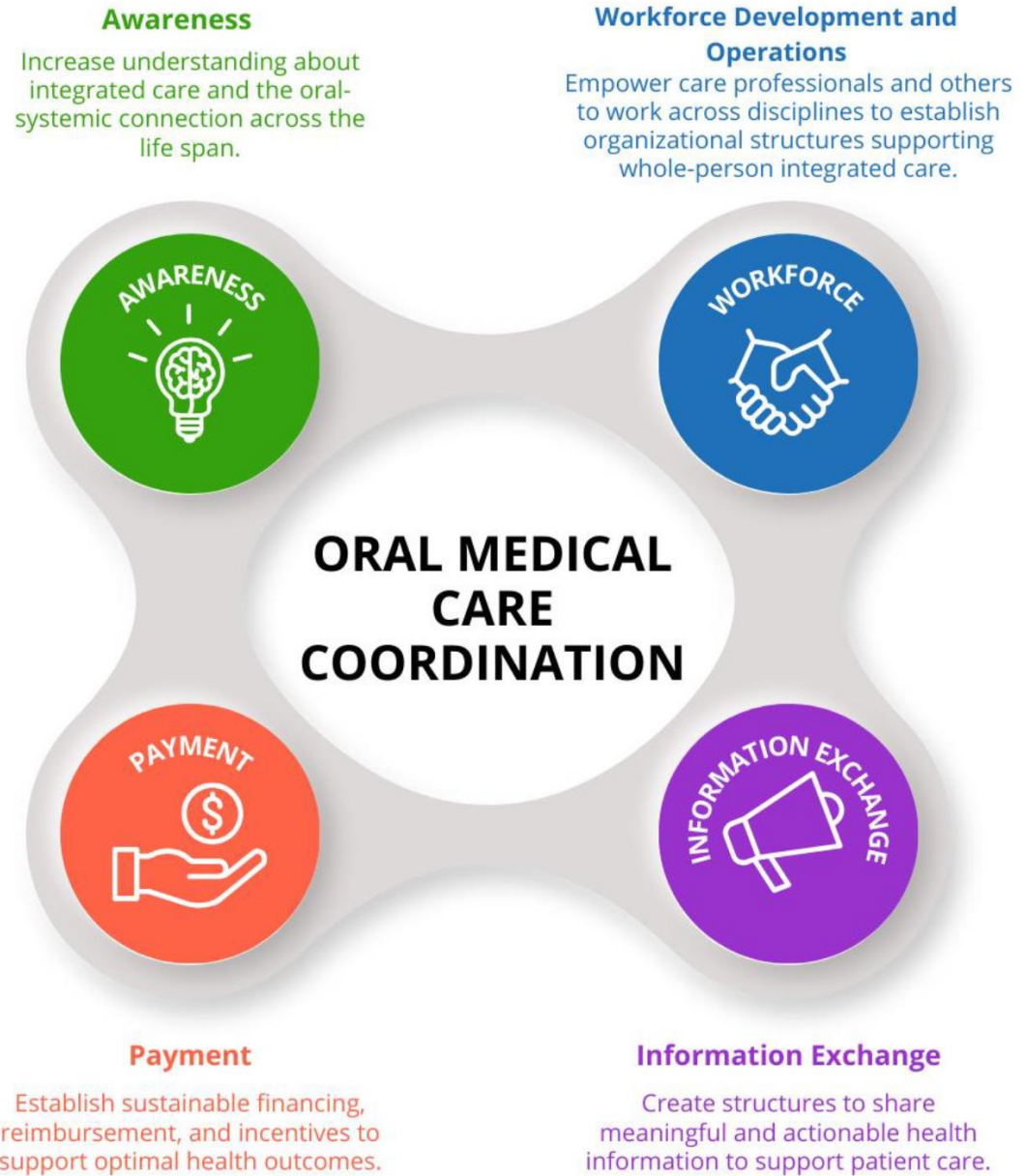
There is opportunity to get out of our own lanes, **bring medical and dental care together and improve patient outcomes, comfort and costs.**

The Opportunities for MDI



Indian Health Service

The Challenges to MDI



Tonight, we will largely discuss the challenge of awareness to MDI implementation.

Awareness

Increase understanding about integrated care and the oral-systemic connection across the life span.





Stephen N. Abel, DDS, MSD

Associate Professor

University of Pennsylvania School of Dental Medicine

abelst@upenn.edu

Why Medical- Dental Integration?

Poll Question

Do you routinely measure blood pressure in your dental setting?

- Yes, for all patients
- Yes, but only for patients receiving dental treatment (not hygiene cleanings)
- Yes, but only for specific patients (e.g., those with certain health conditions)
- Yes, we do but it is inconsistent
- No, we do not measure blood pressure

A Focus on 3 Evidence-Based Screenings

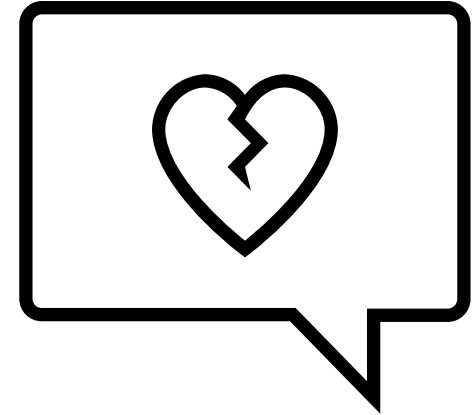
Hypertension



Type II Diabetes



Depression





A and B grade recommendations are services that the Task Force most highly recommends implementing for preventive care and that are also relevant for implementing the Affordable Care Act. These preventive services have a high or moderate net benefit for patients.

The Task Force assigns each recommendation a **letter grade** (an A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service. The Task Force does not **consider the costs** of a preventive service when determining a recommendation grade. The recommendations apply only to people who have no signs or symptoms of the specific disease or condition under evaluation, and the recommendations address only services offered in the primary care setting or services referred by a primary care clinician.

Most private insurance plans are required to cover preventive services that receive a grade of A or B from the Task Force without a copay.

Hypertension

Recommendation Summary

Population	Recommendation	Grade
Adults 18 years or older without known hypertension	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A

April 27, 2021

Screening for Hypertension in Adults

US Preventive Services Task Force Reaffirmation Recommendation Statement

US Preventive Services Task Force

Article Information

JAMA. 2021;325(16):1650-1656. doi:10.1001/jama.2021.4987

Evidence Assessment Using a reaffirmation deliberation process, the USPSTF concludes with high certainty that screening for hypertension in adults has substantial net benefit.

Recommendation The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. (A recommendation)

ADA Hypertension Guidelines

Blood Pressure Level (mmHg)	Elective Dental Care	Emergency Dental Care
<160/100	No modification	No modification
>160/100*	<p>Repeat measurement</p> <ol style="list-style-type: none"> 1. If lowered or within written guidance from a physician, proceed 2. If confirmed, no elective dental treatment and the patient should seek consultation with a physician 	<p>Repeat measurement</p> <ol style="list-style-type: none"> 1. If lowered or within written guidance from a physician, proceed 2. If confirmed systolic pressure 160–180 mmHg and/or diastolic pressure 100–109 mmHg where dental symptoms and pain contribute to hypertension, initiate emergency care with blood pressure monitoring every 10 to 15 minutes during procedure; consider anxiety reduction techniques 3. If confirmed systolic pressure >180 mmHg and/or diastolic pressure >109 mmHg, seek consultation with a physician before proceeding

*Patients with systolic pressure >180 mmHg and/or diastolic pressure >100 mmHg should be referred to their physician as soon as possible or sent for urgent

ACEP Hypertension Guidelines

1. In ED patients with asymptomatic elevated blood pressure, does screening for target organ injury reduce rates of adverse outcomes?

(1) In ED patients with asymptomatic markedly elevated blood pressure, routine screening for acute target organ injury (eg, serum creatinine, urinalysis, ECG) is not required. (2) In select patient populations (eg, poor follow-up), screening for an elevated serum creatinine level may identify kidney injury that affects disposition (eg, hospital admission).

2. In patients with asymptomatic markedly elevated blood pressure, does ED medical intervention reduce rates of adverse outcomes?

(1) In patients with asymptomatic markedly elevated blood pressure, routine ED medical intervention is not required. (2) In select patient populations (eg, poor follow-up), emergency physicians may treat markedly elevated blood pressure in the ED and/or initiate therapy for long-term control. [Consensus recommendation] (3) Patients with asymptomatic markedly elevated blood pressure should be referred for outpatient follow-up. [Consensus recommendation]

Canceling dental procedures due to elevated blood pressure

Is it appropriate?

Steven A. Yarows, MD; Olga Vornovitsky, MD; Robert M. Eber, DDS, MS;
John D. Bisognano, MD, PhD; Jan Basile, MD

ABSTRACT

Background. In 1974, the American Dental Association first considered recommending that dental offices measure blood pressure (BP) routinely, and it has been further encouraged since 2006. Investigators in several dental publications have recommended cancellation of dental procedures based solely on BP greater than 180/110 millimeters of mercury for urgent oral health care and greater than 160/100 mm Hg for elective oral health care, in the absence of prior medical consultation.

Methods. The authors reviewed the evidence for cancellation of any dental or surgical procedures by using an Ovid MEDLINE search for the terms *dental*, *elevated blood pressure*, and *hypertension*. In addition, the authors searched resources at ebd.ada.org using the same criteria. The authors collaborated to develop recommendations in view of 2017 guidelines on this subject.

Results. To the authors' knowledge, there are no professionally accepted criteria or study evidence indicating a specific BP elevation at which to prohibit oral health care. Researchers of a 2015 review on management of comorbidities in ambulatory anesthesia failed to find increased morbidity from hypertension in the outpatient setting.

Practical Implications. It is seldom necessary to cancel dental procedures on the basis of BP measured before a planned procedure for patients under a physician's care.

Our Findings

Objectives

Current guidelines by the American Dental Association (ADA) recommend deferral of elective dental care for elevated blood pressure. However, it is unknown how frequently this impacts dental treatment. The purpose of this study was to evaluate rates of asymptomatic hypertension and treatment deferral at a dental school clinic.

Methods

This was a retrospective study with data extracted from a chart review of all patients presenting for care at a dental school teaching practice. Differences in dental procedures, the time between visits, and the number of antihypertensive medications were calculated between patients with and without a blood pressure reading exceeding current guidelines for elective treatment.

Results

Among 26,821 individuals, 1265 had a visit with elevated blood pressure. Blood pressure readings at the next visit were significantly lower (systolic blood pressure 137 [95% confidence interval {CI} 135–138] mmHg, diastolic blood pressure 82 [95% CI 81–83 mmHg], $p < 0.001$), although only 24 patients reported taking a new medication. Only 4.1% of these patients had a procedure deferred; for those that did, the average intervisit time was 88.2 days (95% CI 77.7–98.7 days).

Conclusions

The majority of patients with blood pressure readings exceeding current ADA recommendations for treatment were treated without evidence of harm. Patients were also unlikely to return to the clinic with new medications for blood pressure after a visit with an elevated blood pressure reading. Oral health providers must weigh the risks and benefits of care deferral and can consider an expanded role in hypertension management in dental settings when caring for patients with elevated blood pressure.

Type II Diabetes

Recommendation Summary

Population	Recommendation	Grade
Asymptomatic adults aged 35 to 70 years who have overweight or obesity	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B

Prevalence of Total, Diagnosed, and Undiagnosed Diabetes in Adults: United States, August 2021–August 2023

Jane A. Gwira, M.D., M.P.H., Cheryl D. Fryar, M.S.P.H., and Qiuping Gu, M.D., Ph.D.

Data from the National Health and Nutrition Examination Survey

- During August 2021–August 2023, the prevalence of total diabetes was 15.8%, diagnosed diabetes was 11.3%, and undiagnosed diabetes was 4.5% in U.S. adults.



Screening for diabetes mellitus in dental practices: A field trial

Robert J. Genco DDS, PhD ¹✉, Robert E. Schifferle DDS, PhD ², Robert G. Dunford MA ³,
Karen L. Falkner PhD ⁴, William C. Hsu MD ⁵, James Balukjian DDS, MBA ⁶

Results: Of the 1,022 patients screened, 416 (40.7 percent) had an HbA1c blood level of 5.7 percent or greater and were referred for diagnosis. The HbA1c and the American Diabetes Association Diabetes Risk Test were correlated ($P < .001$). Of the 416 participants who were referred, 35.1 percent received a diagnosis from their physicians within one year; 78.8 percent of these patients were seen in the community health center and 21.4 percent were seen in private dental offices. The diagnoses were diabetes (12.3 percent of patients), high risk of developing diabetes (that is, prediabetes) (23.3 percent) and no diabetes (64.4 percent).

The CDT Code Entries for These Procedures

D0411 HbA1c in-office point of service testing

D0412 blood glucose level test – in-office using a glucose meter

This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point of service analysis.

Depression

Recommendation Summary

Population	Recommendation	Grade
Adults, including pregnant and postpartum persons, and older adults (65 years or older)	The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults.	B

Our Epidemic of Loneliness and Isolation



2023

The U.S. Surgeon General's Advisory on the
Healing Effects of Social Connection and Community



Accuracy of the PHQ-2 Alone and in Combination With the PHQ-9 for Screening to Detect Major Depression

Systematic Review and Meta-analysis

Brooke Levis, PhD; Ying Sun, MPH; Chen He, MScPH; Yin Wu, PhD; Ankur Krishnan, MSc; Parash Mani Bhandari, BPH; Dipika Neupane, BPH; Mahrukh Imran, MScPH; Eliana Brehaut; Zelalem Negeri, PhD; Felix H. Fischer, PhD; Andrea Benedetti, PhD; Brett D. Thombs, PhD; for the Depression Screening Data (DEPRESSD) PHQ Collaboration

Question What is the accuracy of the Patient Health Questionnaire (PHQ)-2 alone and in combination with the PHQ-9 for screening for depression?

Findings In an individual participant data meta-analysis that included 10 627 participants from 44 studies with semistructured diagnostic interviews, the combination of PHQ-2 (with cutoff ≥ 2) followed by PHQ-9 (with cutoff ≥ 10) had a sensitivity of 0.82, specificity of 0.87, and area under the receiver operating characteristic curve of 0.90.

Meaning PHQ-2 followed by PHQ-9 may provide acceptable accuracy for screening for depression.

Over the **last 2 weeks**, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

1. Little interest or pleasure in doing things

0

+1

+2

+3

2. Feeling down, depressed or hopeless

0

+1

+2

+3

TDIC Risk Management Analyst Trina Cervantes recalls a case in which a patient, whose depression and suicidal thoughts were noted in her medical history, came in for an appointment and mentioned to staff that she “just wanted to end it.” The dental staff asked her if she would accept a referral to an advice line, which she agreed to. They asked for permission to reach out to her family, which she declined. They chose not to report the situation to the authorities, but followed up with a phone call that evening to check on her and asked if there was anything they could do. She informed them that she planned to call her medical doctor.

Cervantes said the office staff did everything they could in this case, both legally and ethically, to help the patient, as her comment did not appear to be an immediate threat. Had she said “I’m going to end it all tonight” or “I’m going to kill myself today,” staff would have reconsidered contacting the authorities.

D1321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use

Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals.



Lisa Simon, MD, DMD

Assistant Professor

Brigham and Women's Hospital

Harvard Medical School

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Implementing Medical Dental Integration in Your Practice

Poll Question

Do you routinely conduct behavioral health screenings in your dental setting?

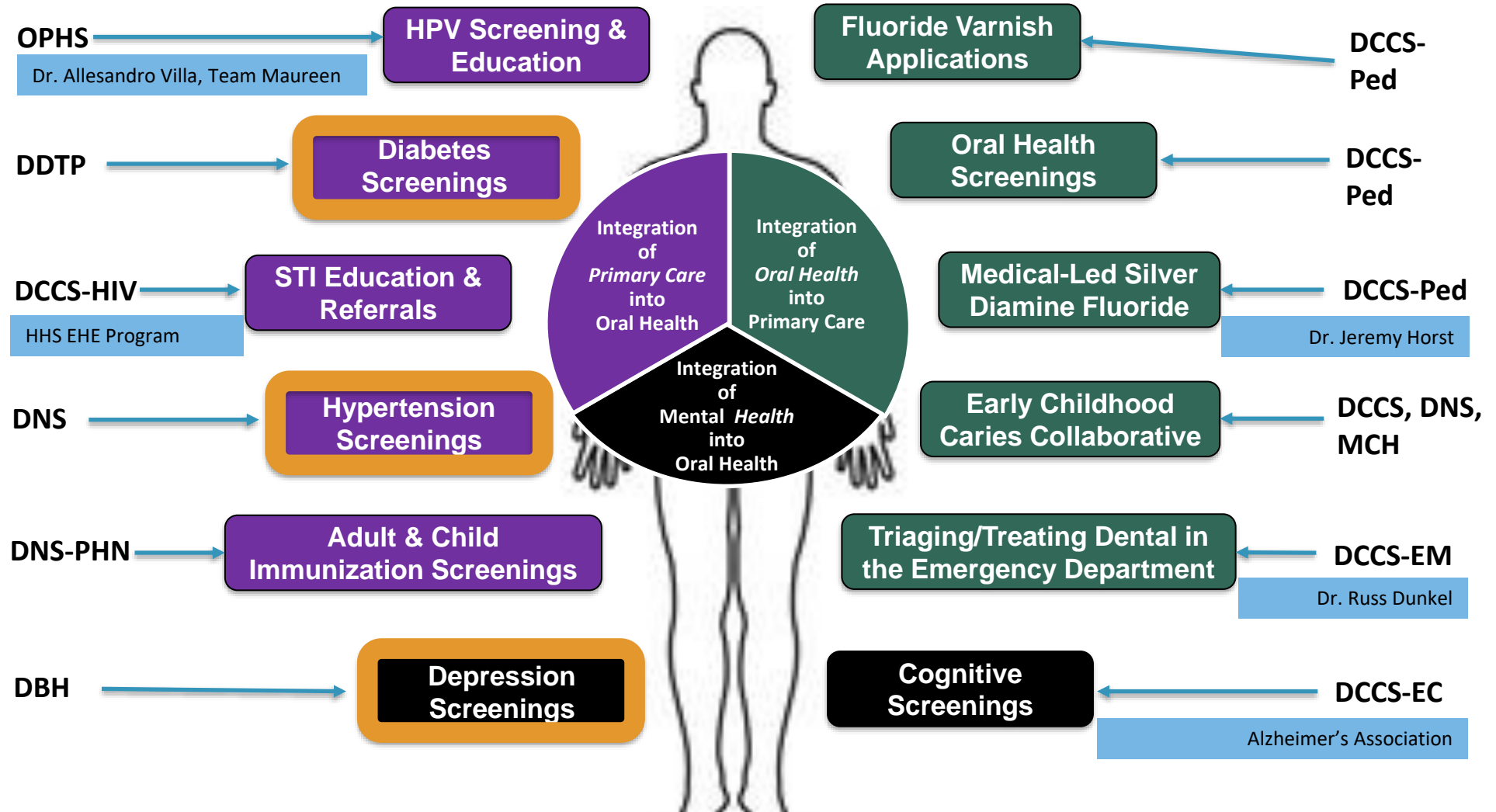
- Yes, for all patients
- Yes, but only for patients receiving dental treatment (not hygiene cleanings)
- Yes, but only for specific patients (e.g., those with known health risks or conditions)
- Yes, sometimes, but it is inconsistent
- No, we do not conduct behavioral health screenings



IHS Profile

- **574** federally recognized tribes in **37 states**
- IHS serves **2.8 million** American Indians and Alaska Natives
- **43** hospitals; **383** health centers
- **414** dental programs, **99% are co-located with primary care**
- **4,223** IHS and tribal dental staff
- *The IHS Division of Oral Health **strives to improve the oral health, and overall health,** of AI/AN children, adolescents, and adults.*

Opportunities: IHS Multi-Directional Integration Initiatives



Collaborators: OPHS – Office of Public Health Support; DDTP – Division of Diabetes Treatment and Prevention; DNS – Division of Nursing Services, DNS-PHN – Public Health Nursing; DBH – Division of Behavioral Health; DCCS – Division of Clinical and Community Services; Ped – Pediatric Chief Consultant; EM – Emergency Medicine Chief Consultant; EC – Elder Care Program; HIV – HIV/STI Program; MCH – Maternal & Child Health; DDTP, DNS, DCCS, MCH, and DOH are all components of OCPS, the Office of Clinical and Preventive Services.

Hypertension Screenings in a Dental Setting

- Blood pressures are routinely performed at many IHS, Tribal, and Urban dental programs
- To encourage additional dental programs to perform hypertension screenings, this screening was included in **2023-2024 IHS Multi-Directional Integration Project**
 - Six IHS/Tribal dental programs participated
 - Six-month project period
 - Monthly check-in meetings with participating sites

Hypertension Screenings in a Dental Setting

- **Who:** Asked selected programs to screen all patients ages 18 and over for hypertension at least at the dental examination appointment
- **How:** Manually by blood pressure cuff and stethoscope or automatically with a blood pressure monitor
 - Performed by any trained member of the dental staff – dentist, therapist, hygienist, or assistant
 - Programs set parameters (e.g. 160/100) for referral to a medical provider

Results: Hypertension Screenings in a Dental Setting

- 1,203 adults received a hypertension screening
 - Of these, **82 patients (6.8%)** exhibited hypertensive readings that warranted a referral to a medical provider
- Lessons Learned
 - Establish BP parameters based on current recommendations (e.g. ADA or AHA guidance*)
 - Short and/or easy assessments are easily adopted
 - Proper BP technique is important – e.g. proper arm position and patient's feet, flat on the floor

*<https://www.ada.org/resources/ada-library/oral-health-topics/hypertension>

<https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings/monitoring-your-blood-pressure-at-home>



BLOOD PRESSURE MEASUREMENT INSTRUCTIONS

IN THE 30 MINUTES BEFORE YOUR BLOOD PRESSURE IS TAKEN:

- NO SMOKING
- NO EXERCISE
- NO CAFFEINATED BEVERAGES
- NO ALCOHOL

RIGHT BEFORE:

PLACE THE BOTTOM OF THE CUFF ABOVE THE BEND OF THE ELBOW. WRAP IT AGAINST YOUR BARE SKIN, NOT OVER CLOTHING.

USE A PROPERLY CALIBRATED AND VALIDATED DEVICE

CHECK THE CUFF SIZE AND FIT.

REST FOR AT LEAST 5 MINUTES. SIT CALMLY AND DON'T TALK.

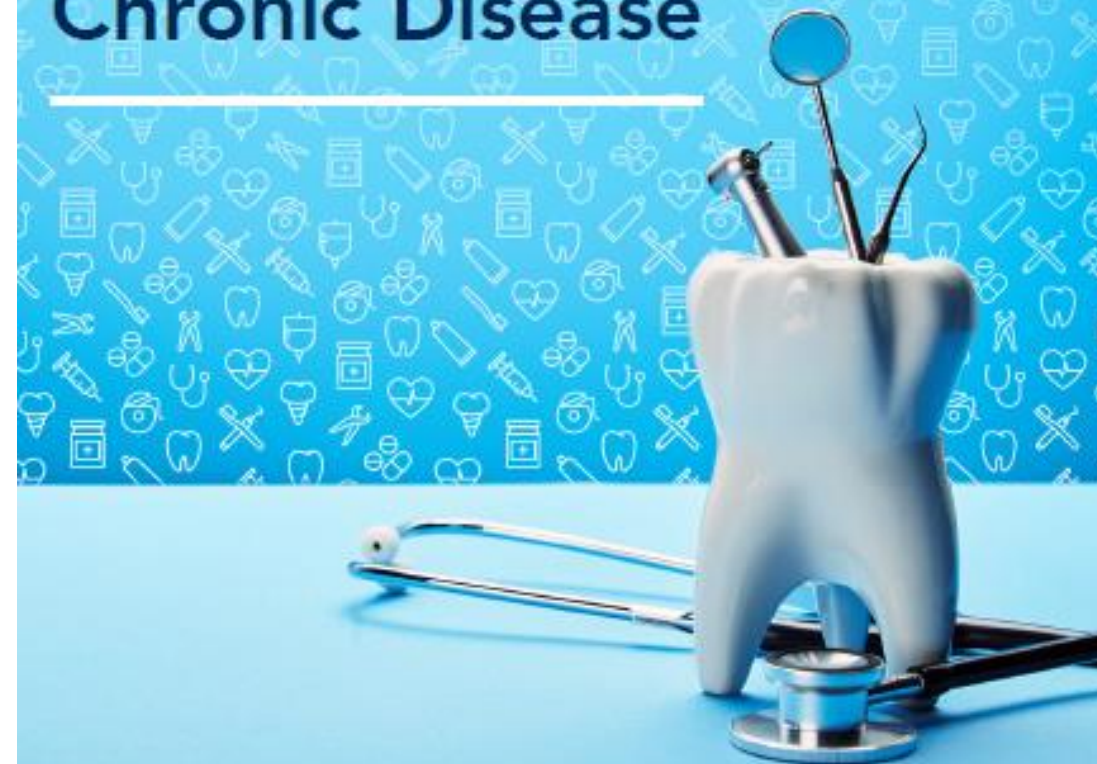
WHILE YOU PREPARE TO TAKE YOUR BLOOD PRESSURE:

- RELAX.
- DON'T TALK.
- REST YOUR ARM COMFORTABLY ON A FLAT SURFACE AT HEART LEVEL.
- SIT UPRIGHT, BACK STRAIGHT AND SUPPORTED.
- KEEP LEGS UNCROSSED AND FEET FLAT ON THE FLOOR.

TAKE AT LEAST TWO READINGS 1 MINUTE APART IN THE MORNING BEFORE TAKING MEDICATIONS, AND IN THE EVENING BEFORE GOING TO BED. RECORD ALL RESULTS.

(IF YOU NOTICE THAT ONE ARM SHOWS A HIGHER READING THAN THE OTHER, USE THE ARM WITH THE HIGHER READING.)

The Connection Between Poor Oral Health and Chronic Disease



 NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health, Preventing Disease.

North Dakota: Blood Pressure Screening in Dental Offices

Project successes, 2019-2024



12

dental practices
with 14 offices



121

dental providers
trained



112,436

blood pressure
screenings



13,930

high blood pressure
readings



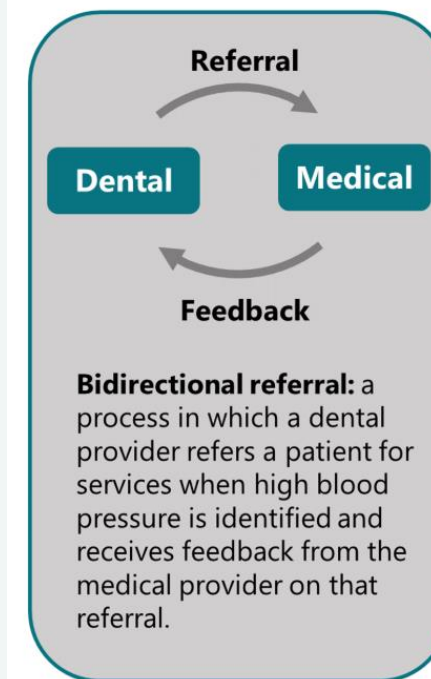
2,057

referrals

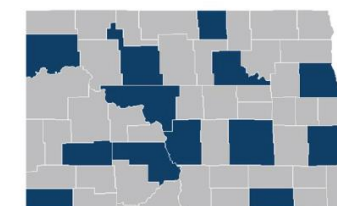


824

referral follow-up
connections



Referral rate: 1.8%



■ North Dakota counties with at least one partner dental provider participating in the blood pressure screening project

North Dakota: Blood Pressure Screening in Dental Offices

Developing Referral Relationships

Referral relationships are important to have in place before you need them. Like any other relationship, it takes effort to cultivate and develop trust and rapport. Consider whether your dental office has a relationship with your local clinic(s).

- Is there someone that could be contacted at your local clinic who would answer questions you might have about a patient's blood pressure or other health condition that may impact your work?
- Would they be able to easily speak to a dentist in your office if they had a question about oral health?
- Does your local clinic know that you are taking blood pressures and have been trained to make referrals based on American Heart Association criteria?
- Do you know which clinics in your community are taking new patients?
- Do you know other resources in your community where a patient could have their blood pressure checked, such as a local public health office or pharmacy?

If the answers to any of these questions is no, then you may want to take some time to connect with them. **Appendix D** offers a guide to developing referral relationships and getting to know other resources in your community that could support your work.

<https://www.hhs.nd.gov/health/oral-health-program/blood-pressure-screening-dental-offices>

Blood Pressure Screening at Your Dental Office

There are patients in your practice with hypertension; you have the potential to reduce their risk of heart disease.



1 in 2 adults in the U.S. has hypertension.



In North Dakota, nearly **1 in 3 adults** is diagnosed with hypertension.



1 of every 4 adult deaths in the U.S. is from heart disease.



Uncontrolled hypertension or high blood pressure increases the risk of heart disease and often has no symptoms.



As part of the healthcare team, dental professionals should measure their patients' blood pressure to assist with detecting, treating, and managing hypertension in its early stages.



Blood pressure screenings also present opportunities for dental teams to discuss other habits, such as physical activity, nutrition, and tobacco and alcohol use.



All pregnant patients, regardless of age, should be screened for hypertension. Hypertensive disorders in pregnancy can cause significant maternal and fetal morbidity and mortality.

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

More Information

Access the manual prepared for North Dakota dental practices, *Blood Pressure Measurement in Dental Practice: Information and Guidelines*.

Contact Melissa Kainz
Community Clinical Coordinator
(701)328-4568
mkainz@nd.gov

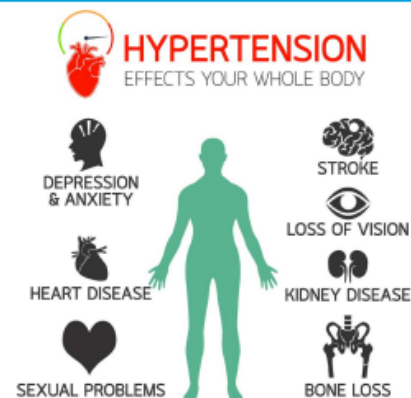


Follow-up for Hypertension

High blood pressure (hypertension) raises your risk for heart disease and stroke, which are the leading **causes of death in the U.S.**

Nearly **1 in 3 adults in North Dakota** is diagnosed with hypertension.

1 in 3 U.S. adults is unaware they have high blood pressure.



When and How to Follow-up

If your blood pressure readings are high in the dental office, your dental provider should provide a referral to your primary care provider to prevent long-term consequences of hypertension. If you don't have a primary care provider, ask your dentist where you can go for a checkup.



MYTH

If you have "white coat hypertension" (where your blood pressure is thought to be higher in clinical settings than at home), you do not need to follow up because your blood pressure will be normal after you leave the clinic.

FACT

White coat hypertension may signal that you are at risk of developing long-term hypertension and may be at higher risk of developing certain cardiovascular problems.

Tips for Success

- Eat Smart** → Eat a healthy diet of vegetables, fruits, whole grains, beans, legumes, nuts, plant-based proteins, lean animal proteins, and fish. Limit sodium, saturated fats, and added sugars.
- Move More** → Physical activity helps control blood pressure, weight, and stress levels.
- Manage Weight** → If you're overweight, even a slight weight loss can reduce high blood pressure.
- Don't Smoke** → Every time you smoke, vape, or use tobacco, the nicotine can cause a temporary increase in blood pressure.
- Sleep Well** → Short sleep (less than six hours) and poor-quality sleep are associated with high blood pressure.

tinyurl.com/MSUhypertensionScreening
health.nd.gov/prevention/oral-health-program/blood-pressure-screening-dental-offices
tinyurl.com/AHAhealthyLiving
topdowndental.com/blog/sleep-apnea-hypertension-infographic/
tinyurl.com/CDCandSBPFacts



Blood Pressure Measurement in Dental Practice

Information and Guidelines

NORTH
Dakota | Health & Human Services
Be legendary

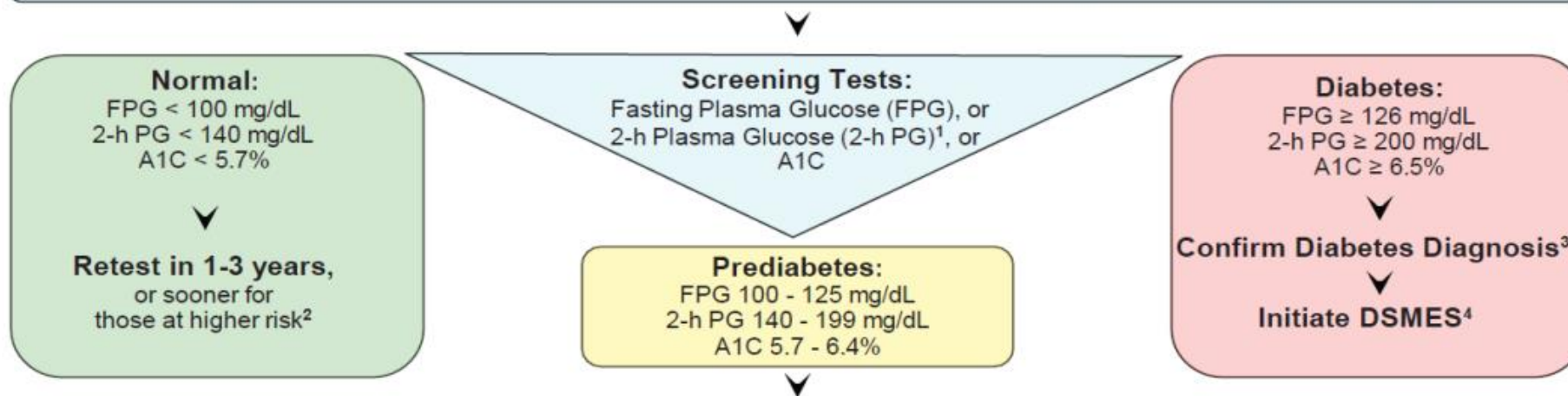
<https://www.hhs.nd.gov/health/oral-health-program/blood-pressure-screening-dental-offices>

Diabetes Screenings in an IHS Dental Setting

- 2023-2024 IHS Multi-Directional Integration Project
 - Five IHS/Tribal dental programs participated
 - Six-month project period
 - Monthly check-in meetings with participating sites
 - Participating clinics worked with their respective medical program to determine best approach – glucometer or point-of-care glycated hemoglobin (HbA1c)

Diabetes Screening and Prevention

Screen all asymptomatic American Indian/Alaska Native adults, and overweight or obese youth > 10 years old



Please Note: These prediabetes interventions are not intended for children or adolescents⁵ or for women who are pregnant.

Refer for Lifestyle Interventions

Goals: 5-7% weight loss and at least 150 minutes of physical activity per week

- Diabetes Prevention Curriculum: CDC PreventT2⁶ or a program based on the National Diabetes Prevention Program
- Native Lifestyle Balance online <https://www.ihs.gov/nlb/>
- Dietitian or lifestyle coach for individualized nutrition, weight loss, and a physical activity plan

Consider Metformin⁷ (if Lifestyle Interventions are unsuccessful or unavailable)

Treat with 850 mg twice a day or less if unable to tolerate dosage. Side effects: diarrhea, bloating, B12 deficiency

Metformin is particularly effective in individuals:

- History of gestational diabetes mellitus (GDM)
- Younger than 60 years of age
- BMI ≥ 35 kg/m²
- FPG ≥ 110 mg/dL

**Retest
Annually**

1. During 75 gm Oral Glucose Tolerance Test
2. Higher risk: e.g. history of GDM, PCOS, overweight or obese, family history, or other risk concerns
3. Confirm diabetes with a second test (FPG or A1C).
4. Diabetes Self-Management Education and Support (DSMES)

5. Prevent Type 2 Diabetes in Kids: <https://www.cdc.gov/diabetes/prevent-type-2/type-2-kids.html>
6. CDC PreventT2: <https://www.cdc.gov/diabetes/prevention/resources/curriculum.html>
7. No medication is FDA approved for the prevention of diabetes.



Diabetes Screenings in an IHS Dental Setting - Results

- **521 patients screened** for diabetes (either directly by the dental clinic or by the medical lab as ordered by a dental provider)
- **7 patients (1.3%) referred** to the medical department for follow-up consultation
- **Barriers:** fasting status required for screening with glucometer; medical laboratory staff (instead of dental staff) administered HbA1c screening.

Prediabetes Risk Test



1. How old are you?

- Younger than 40 years (0 points)
- 40–49 years (1 point)
- 50–59 years (2 points)
- 60 years or older (3 points)

Write your score in the boxes below

2. Are you a man or a woman?

- Man (1 point)
- Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

- Yes (1 point)
- No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?

- Yes (1 point)
- No (0 points)

5. Have you ever been diagnosed with high blood pressure?

- Yes (1 point)
- No (0 points)

6. Are you physically active?

- Yes (0 points)
- No (1 point)

7. What is your weight category?

(See chart at right)

Total score:

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	1 Point	2 Points	3 Points
	You weigh less than the 1 Point column (0 points)		

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher

- You are at increased risk for having prediabetes and are at high risk for type 2 diabetes
- However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes

Colorado: DIABETES CARDIOVASCULAR DISEASE- ORAL HEALTH INTEGRATION (DCVDOHI)

DCVDOHI TOOLS TO PREVENT AND TREAT DIABETES

- 1** Train dental providers to screen for prediabetes and diabetes
- 2** Take regular and accurate HbA1C and blood glucose measurements in dental and medical offices
- 3** Engage at-risk patients
- 4** Close the loop with bidirectional referrals between dental and medical providers
- 5** Refer to evidence-based programs such as the National Diabetes Prevention Program and the Diabetes Self Management Education Program

Colorado: DIABETES CARDIOVASCULAR DISEASE- ORAL HEALTH INTEGRATION (DCVDOHI)

Clinic Successes

Hypertension Screening
and Referrals from
Dental to Medical

6

clinics implemented this work

4.3 years

average length of
implementation

80,000

blood pressure screens
reported in dental clinics

37,000

screens indicating potential
hypertension

7,654

documented referrals

(Pre)diabetes Risk
Assessments and Referrals
from Dental to Medical

6

clinics implemented this work

3.0 years

average length of
implementation

8,000

risk assessments administered

1,300

risk assessments indicating
high risk for (pre)diabetes

279

documented referrals

A1c Screening
and Referrals

2

clinics implemented this work

3.5 years

average length of
implementation

1,300

A1c screens administered

400

A1c screens indicating
potential (pre)diabetes

Items to Consider for Diabetes Screening

- **Review the American Dental Association (ADA) resource guide**
 - Check your state’s Dental Practice Act to determine if testing is within the scope of your license.
 - Providers performing in-office testing are regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).
 - Dental staff will need training to properly use equipment
 - Know how to close the referral loop
 - Know dental benefit plan coverage for CDT code(s)

D0411 and D0412 ADA Quick Guide – Version 2 – December 15, 2022 – Page 1 of 4
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D0411 and D0412 – ADA Quick Guide to In-Office Monitoring and Documenting Patient Blood Glucose and HbA1C Level

Introduction

Diabetes, in its various types, is one of the most common conditions and practicing dentists are likely to encounter it frequently. Diabetes is also a risk factor for periodontal disease.

This ADA guide is published to educate dentists and others in the dental community on coding for two unique in-office monitoring procedures pertinent to this chronic disease. The procedures reported with these codes can help dentists better manage patients with medical comorbidities by assessing their condition chair-side. Findings from these procedures can affect planned oral care treatment, and may also prompt dentists to refer patients who may need to be seen by their physicians for follow-up and management of the chronic condition.

The CDT Code Entries for These Procedures

D0411 HbA1c in-office point of service testing

D0412 blood glucose level test – in-office using a glucose meter
This procedure provides an immediate finding of a patient’s blood glucose level at the time of sample collection for the point of service analysis.

Why are these Procedures Needed?

Dentists are not expected to diagnose diabetes but in-office monitoring of patient blood glucose levels on an ongoing basis or immediately prior to treatment are appropriate activities. Findings from monitoring the patient’s glycemic control may prompt a dentist to amend the patient’s oral care treatment planning.

There are several factors associated with increased risk of diabetes, some of which may already be in their dental records, such as:

- Obesity or being overweight
- Ethnic background (diabetes happens more often in Hispanic/Latino Americans, African-Americans, Native Americans, Asian-Americans, Pacific Islanders, and Alaska natives)
- Sedentary lifestyle (exercise less than three times a week)
- Family history (parent or sibling who has diabetes)

A resource that helps a dentist identify patients who might be candidates for referral to a diabetes prevention program is the Centers for Disease Control and Prevention (CDC) online publication – [Preventing Type 2 Diabetes \(cdc.gov\)](#). For patients who have not had a medical diagnosis of diabetes there are two self-administered risk assessment tests to identify high-risk individuals:

1. The CDC’s paper form that a patient may download and complete – [Prediabetes Risk Test \(cdc.gov\)](#)
2. The American Diabetes Association online questionnaire, with results returned by email – [Risk Test | ADA \(diabetes.org\)](#)

ADA American Dental Association®
America’s leading advocate for oral health

IHS Depression Screenings in a Dental Setting 2016- 2017

- **Goal:** Demonstrate that dental programs can effectively screen for depression and embrace integration of mental health into oral health
 - Key Steps:
 - **Pre-project survey** - assessed current knowledge and level of screenings
 - **Four webinars** – designed for dental clinic coordinators to provide updates and discuss lessons learned with the group
 - Clinics used **Plan-Do-Study-Act** model
 - **Final survey** – assessed project outcomes
 - Disseminated **clinical guidelines** to IHS dental programs

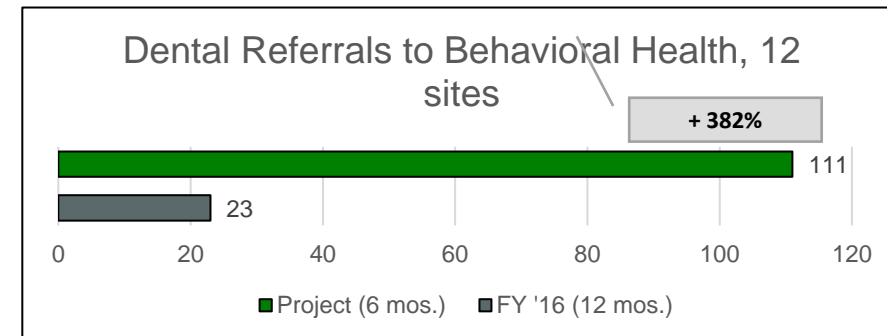
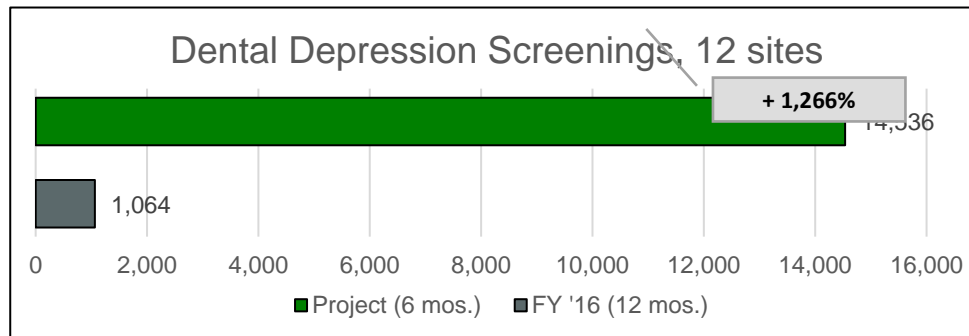


Depression Screenings in a Dental Setting Outcomes

The IHS Division of Oral Health recommends that IHS, Tribal, and Urban dental programs screen all patients \geq 12 years for depression at least once annually using the scored PHQ-2 form.

- Frequency: Annually or at every visit
- Ages: 12 years and over
- Form: PHQ-2 Scored, Adult & Adolescent versions
- Referral: When the patient has a score of 3 or higher overall

In the past 2 weeks, have you?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3



IHS Dental Patient Medical History Form

IHS-42-1 Page 2-5 (Rev 4/2021)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service
DENTAL PATIENT MEDICAL HISTORY

Page 1 of 2

Patient Name: _____ Date of Birth: _____ - _____ - _____
Last Name First Name MI Month Day Year

Please complete this form so that we can better provide care for your oral health needs.

What is the purpose of your visit to our office today? _____

Do you have a toothache now? Yes No If yes, for how long? _____

On a scale of 0-10, with 10 being the most painful, what is your pain level today? _____

How confident are you filling out medical forms by yourself? (Check one)
 Not at all A little bit Somewhat Quite a bit Extremely

If you are unsure of how to answer any of the questions, please ask the dental staff for help.

Please respond by circling the number that mostly closely answers	Not At All	Several Days	Over Half the Days	Nearly Every Day
Over the past 2 weeks, have you had little interest or pleasure in doing things?	0	1	2	3
Over the past 2 weeks, have you felt down, depressed, or hopeless?	0	1	2	3
Personal Safety				
Do you feel safe at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to discuss your safety with a provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

IHS: Depression Screening Example

Allergies: Amoxicillin (Posamax)
Clindamycin
Penicillin
Since Last Visit: Medical Alert: No Change
Medications: No Change
Allergies: No Change
Pain Scale Type: Numeric Pain Scale Pain Level: 0
Description: Blood pressure: 124/88 Pulse: 77

Depression Screening Completed:
Little interest or pleasure in doing things: (1) Several days.
Feeling down, depressed, or hopeless: (2) More than half the days.
Thoughts that you would be better off dead, or of hurting yourself: No.
Results of Screening: Positive result, referral completed.

- Dental assistant (DA) walks patient to dental chair.
- DA reviews completed medical history form (completed annually) and takes patient's blood pressure.
- DA opens note template and asks patient the depression screening questions.
- Screening results are reviewed by dental provider; referral completed, if needed.

Example: Six-Month IHS Depression Screening Project

- 2023-2024 IHS Multi-Directional Integration Project
- Five participating programs
 - 2,371 depression screenings
 - 33 scoring a 3 or higher on the PHQ-2 (1.4 percent)
 - 9 of these patients reported they were already being treated by behavioral health provider
 - 2 patients refused a referral
 - 22 were referred to a primary care provider or mental health provider. (Unknown # were seen by medical/mental health provider)
 - <1% overall referral rate

Mental health screenings in dental settings

Feasibility and outcomes from a study by The National Dental Practice-Based Research Network

Todd B. Smith, PhD, MSHA, MBA, RN; M. Blake Berryhill, PhD, LMFT; Nathan Culmer, PhD; Mary Ann McBurnie, PhD; Dorota Kopycka-Kedzierawski, DDS, MPH; Gregg H. Gilbert, DDS, MBA; Danyelle Barton, BA, BS; Celeste Machen

ABSTRACT

Background. With the rising importance of mental health screenings in nontraditional settings, dental offices offer an important opportunity to provide these services. This feasibility study examined mental health screenings and referral to treatment procedures in dental practices.

Methods. A total of 17 dentists, dental hygienists, and dental office staff members (dental office personnel [DOP]) from 5 dental practices enrolled 36 patients in the study. Patients completed 4 validated mental health screening instruments. In addition to training in study procedures, DOP also were trained on how to review patient screening measures and provide appropriate mental health follow-up (ie, provide a list of area mental health resources) when necessary.

Results. Twenty-two patients (61.1%) met the study threshold for follow-up on any mental health screening form. DOP provided appropriate follow-up for all 22 patients, which included providing a list of area mental health resources. DOP reported that the mental health screening procedures did not disrupt the workflow in 93% of patient encounters.

Conclusions. Overall, DOP reported minimal disruption in their workflow. The findings suggest the viability of incorporating regular mental health screenings as part of the regular dental patient workflow. This study also highlights the potential for the scalability and impact of screening procedures in dental practices.

Practical Implications. This feasibility study highlights the potential of dental offices becoming an avenue for screening patient mental health concerns and providing area resources, thus enhancing comprehensive patient care and overall patient well-being.

Screenings: Barriers and Solutions

Barriers

- Buy-in from *dental staff* and *dental patients*



Solutions

- Educate dental staff and patients on “why” screenings are important.
- Identify a ‘local champion’

- Communication between the dental program and medical/behavioral health program



- Introductory meeting/phone call
- Develop plan/process with behavioral health / medical clinic.

Screenings: Barriers and Solutions

Barriers

- Documentation and coding of screenings
- Location (co-located vs. located in different facilities)



Solutions

- Review guidance documents
- Develop templates
- Create a standard operating procedure document
- Communication is key – phone call/secure e-mail/ with behavioral health clinic or primary care office; follow-up with patient/provider.



Screenings: Barriers and Solutions

Barriers

- Patients may feel like dental office personnel are asking about something that is personal (too invasive)
- Timely workflows & Reimbursement for screenings



Solutions

- Communicate with respect in a non-judgmental manner
- Establish trusting relationship
- Explain how mental health/hypertension/diabetes can affect oral health
- Screening questions can be added patient forms (e.g. depression screening and diabetes screening)
- Generally, minimal time required
- Generally, low positivity/referral rate
- If dental benefit plans see value in screening procedure(s), they may consider reimbursement in the future (if they are not already covered).



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- IHS Dental Portal (data briefs, initiatives)
 - <https://www.ihs.gov/doh>
- IHS Recruitment Page (job opportunities)
 - <https://www.ihs.gov/dentistry>





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Question and Answer

Webinar Evaluation

Complete the evaluation by **Friday, December 13** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Dental Therapy: Examining the Misconceptions and Opportunities on January 9 **at 7 p.m. ET**

And we invite you to take a minute to sign up for our newsletter to get more information on future webinars!

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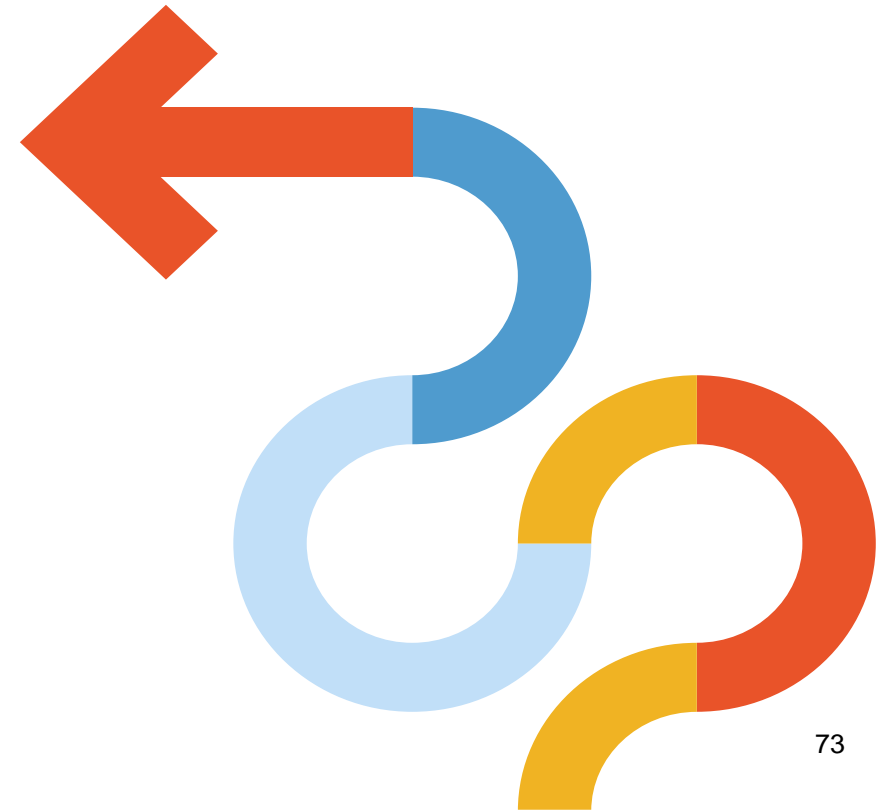
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