

# Partnership to Prevent Oral Disease & Associated Complications Among AAA Clients

Home and Community Based Services  
Conference – September 1, 2015



Washington State Department  
of Social and Health Services

**Washington Dental Service  
Foundation**

*Community Advocates for Oral Health*

# Presenters

**Karen Lewis**, Washington Dental Service  
Foundation

**Andrea Sanchez**, DSHS, Aging and Long  
Term Support Services

# Washington Dental Service Foundation

WDS Foundation's mission is to prevent oral disease and improve overall health.

The Foundation works closely with partner organizations, like AL TSA, to implement innovative programs and policies that produce permanent changes in the healthcare arena and improve the public's long-term oral health.

**Washington Dental Service  
Foundation**

*Community Advocates for Oral Health*

# AL TSA Home & Community Services

Aging and Long-Term Support Administration's mission is to transform lives by promoting choice, independence, and safety through innovative services.



# Presentation Goal

1. Make the connection between oral health and overall health
2. Share ideas for improving the oral health of clients through existing AAA programs
  - Case Management & Personal Care Providers, including unpaid family caregivers
  - Senior & Community Centers, including congregate meal settings

# Why Address Oral Health?

In Washington, of adults 65 and older:

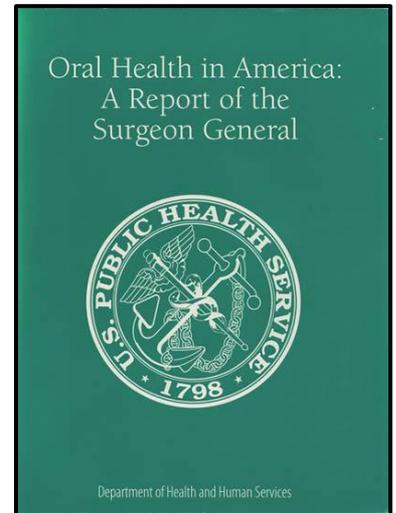
- 32% have lost 6 or more teeth
- 17% have a dental issue that needs to be addressed within the next month
- 32% report tooth decay
- 62% have moderate or severe gum disease
- No dental benefit in Medicare, Medicaid coverage is limited

# Why Address Oral Health?

***You are not healthy without good oral health.***

- Surgeon General's Report on Oral Health, 2000

- Oral disease is largely preventable or at least controllable
- Dental care is the most common unmet health need
- Oral disease can severely affect systemic health



# Why Address Oral Health?

***Because oral health is linked to overall health, the effects of poor oral health are felt far beyond the mouth.***



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

The 2011 Institute Of Medicine report validates the clear links between oral disease and respiratory disease, cardiovascular disease, and diabetes.

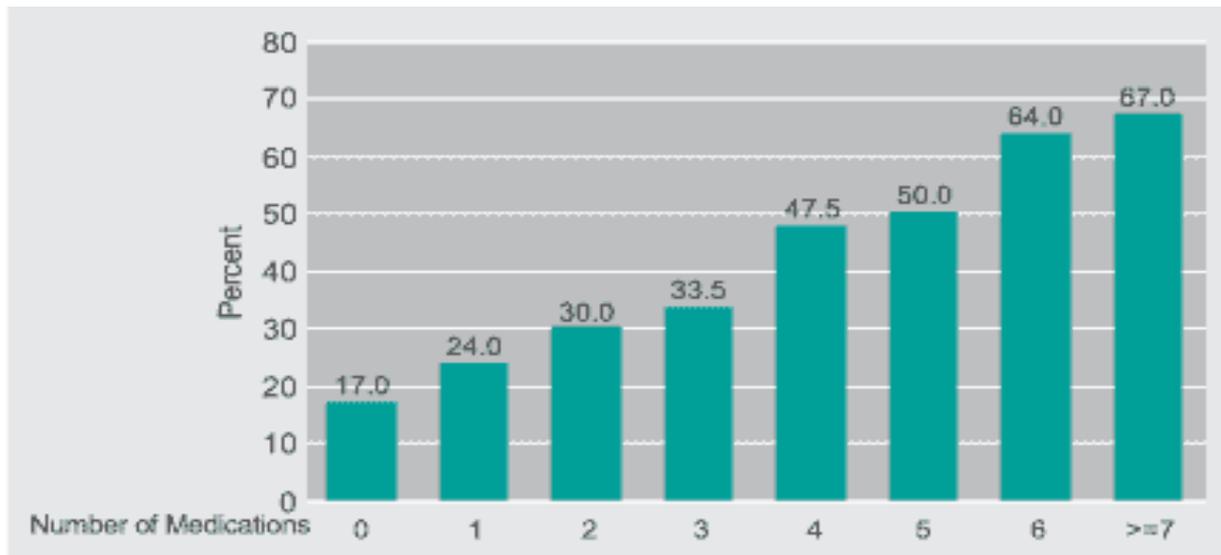
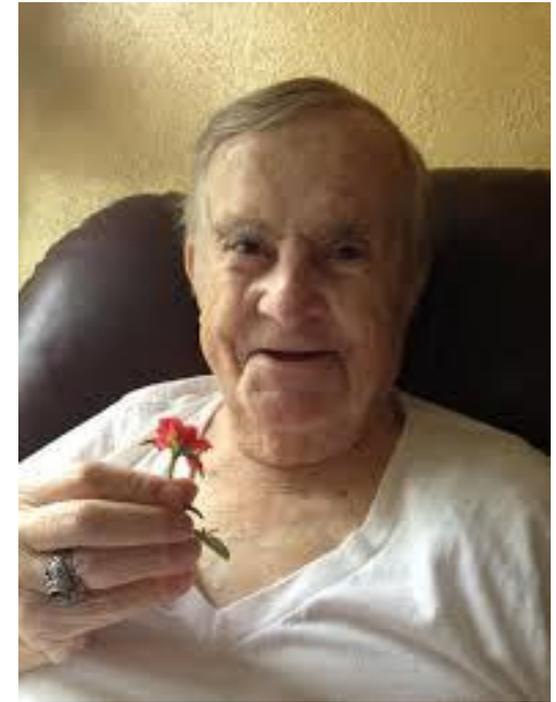
# Consequences of Poor Oral Health

- **Pain** that makes it difficult to concentrate, sleep, and eat
- **Poor eating** habits and nutrition
- **Reduced self-confidence** and/or problems obtaining employment because of decayed or missing teeth
- **Infections** that must be controlled with antibiotics
- **Social isolation** due to all of the above
- **Complications** of chronic diseases like diabetes



# Populations at Higher Risk for Oral Disease

- Clients with chronic diseases like diabetes and heart disease
- Non-verbal clients
- Clients on multiple medications



# Why Should AAAs Address Oral Health?

- Natural network to disseminate information; individual contact with community members
- Clients expect health and social service providers to talk about important health and lifestyle behaviors
- Case managers are experts in assessing risk, promoting prevention, and sharing health messages and resources
- Case managers provide direction for daily care to family and paid caregivers



# Benefits of Addressing Oral Health

- Clients understand the connection between poor oral health and chronic diseases
- Able to catch disease early and reduce cost and pain
- Reduced expensive dental related Emergency Room visits
- Reduced medical costs from diabetic complications
- Maintain a nutritious diet with healthy teeth
- Increase access to preventive oral health care
- Keep a healthy smile and fresh breath

# Improving Oral Health Through Diabetes Management

- Untreated periodontal disease can lead to costly diabetes complications
- Diabetes and pre-diabetes affects nearly one million adults in Washington
- Improving an individual's oral health may reduce diabetic complications, positively impacting overall health

# Oral Disease ↔ Systemic Diseases

People with serious gum disease are 40% more likely to have a chronic condition on top of it.<sub>1</sub>

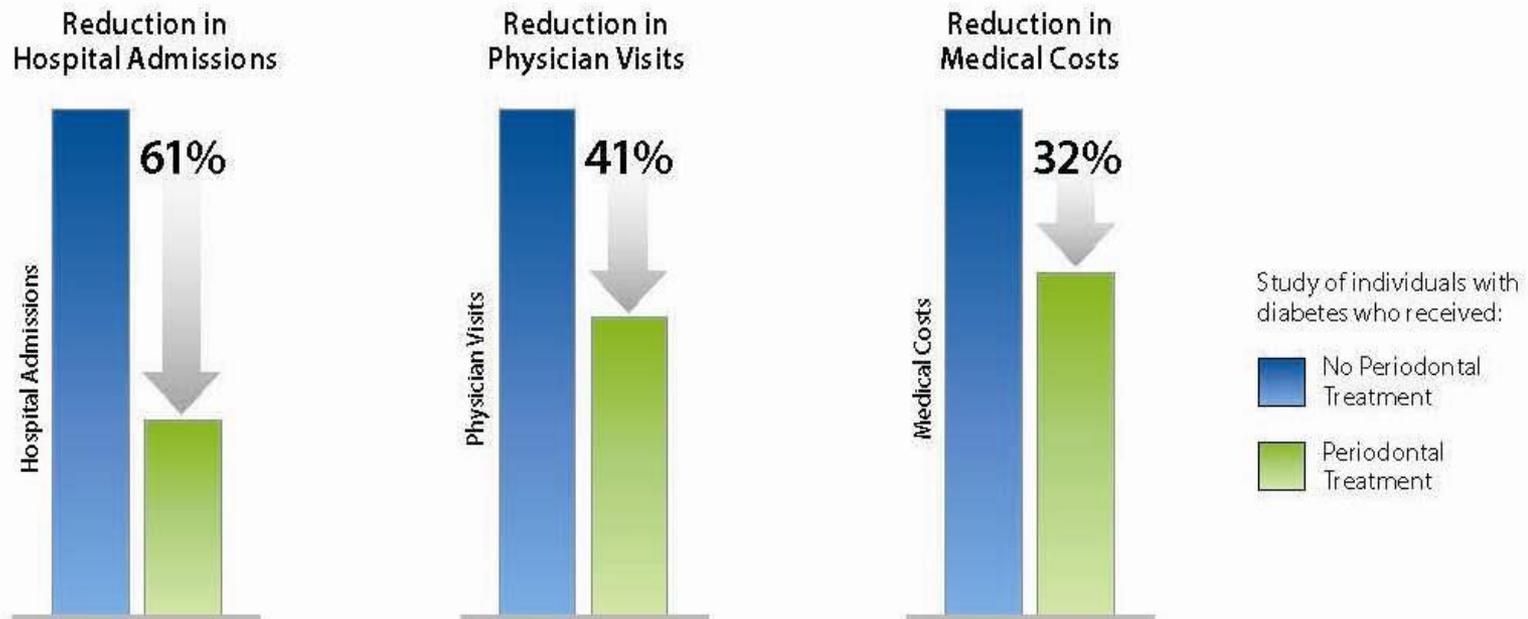
- Oral Disease ↔ Systemic Disease  
Implications
  - Cardiovascular disease, respiratory infections, diabetes, HIV
- Systemic Disease ↔ Oral Diseases  
Implications
  - Dementia
  - Medications that cause dry mouth (xerostomia)
  - Diabetes

# Diabetes and Periodontitis

32% reduction in medical costs

61% reduction in hospital admissions

41% reduction in physician visits



UC Wellness Oral Health Study: University of Pennsylvania School of Dental Medicine

# Improving Oral Health Through Case Management

- Risk assessment tools
- Client and caregiver education
- Referral to dental care, when needed
- Prevent hospital re-admissions



# Assessments and Oral Health

The logo for CARE is displayed in a large, black, serif font. The letters 'C', 'A', and 'E' are solid black. The letter 'R' is stylized, with a black square at its base and a green square positioned to its right, partially overlapping the 'R'.

The following slides outline areas in CARE where oral health can be addressed.

# Prepare for the Assessment

- Which client(s) am I going to see today?
- Do they have diabetes; depression, heart disease; respiratory issues, e.g. asthma?
- What medications are they taking?
- What, if any, nutrition or oral health issues do they have?
- What tasks are assigned to the caregiver?

# CARE Assessment: Short Term Stay

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: sanchac On: 08/19/2015 04:37

File Action Administration Help

Online

- Tickler Inbox
- Caseload Auth Errors
- Working Files
- Reports
- Transfer In
- McGee, Poppy X
  - Client Details
    - Overview
    - HIPAA
    - Client Contact
    - Residence
    - Short Term Stay**
    - Collateral Contacts
    - Caregiver Status
    - Community First Choice
    - Financial
    - Employment
  - SSPS Submission
  - Authorization
  - Pre-Transition & Sustainability
  - Referrals
  - DDD Service Requests
  - ETR/ETP
  - PAN
  - RAC Eligibility
  - APS / RCS / CPS
- LTC Pending Interim 08-03-2015
- LTC Current Interim 03-17-2015
- History

### Short Term Stay

Edit +

| Residence Name      | Start Date | End Date   |
|---------------------|------------|------------|
| Providence Hospital | 08/01/2015 | 08/02/2015 |

Including hospital admission

### Short Term Stay Detail

Residence **RHC**

Residence Type: Medical Hospital Start Date: 08/01/2015

Residence Name: Providence Hospital End Date: 08/02/2015

Reason for Stay: Medical Evaluation/Treatment Leave

Comments  
Extremely high blood sugar episode, adjusted insulin levels

Online Only

# CARE Assessment: Link with Overall Health

The screenshot displays the CARE software interface for a patient named McGee, Poppy X. The left sidebar shows a tree view of the patient's data, with 'Diagnosis' selected under the 'Medical' category. The main window is titled 'Diagnosis' and contains the following sections:

- Diagnosis List \***: A table listing the patient's diagnoses.

| # | Diagnosis                           |
|---|-------------------------------------|
| 1 | Hypertension                        |
| 2 | Diabetes - Insulin dependent (IDDM) |
| 3 | Neuropathy                          |
| 4 | Arthritis, Osteoarthritis           |
| 5 | Allergies                           |
| 6 | Depression                          |
- Diagnosis Details**: A section for the selected diagnosis, 'Diabetes - Insulin dependent (IDDM)'.
  - Diagnosis:** Diabetes - Insulin dependent (IDDM)
  - Comments:** Frequent ER visits due to high insulin levels
- Functional Limitation**:
  - Poor balance
  - Unsteady gait
  - Weak grip
  - Limited fine motor control
  - Poor hand/eye coordination
- Indicators**:
  - Dry cough
  - Short of breath/exertion
  - Fatigue
  - History of recurrent infections
- Is Client Comatose? \***: No

A purple callout box with a white border points to the 'Diagnosis' item in the sidebar and contains the text: 'Including diabetes, heart disease, stroke, pneumonia, Alzheimer's'. The window title bar indicates the case is updated by 'sanchac' on '08/19/2015 04:42'. The bottom right corner has an 'Online Only' button.



# CARE Assessment: Pain

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: AmesRL On: 08/03/2015 10:41

File Action Administration Help

Online

- Tickler Inbox
- Caseload Auth Errors
- Working Files
- Reports
- Transfer In
- McGee, Poppy X
  - Client Details
  - LTC Pending Interim 08-03-2015
    - Environment
    - Medical
      - Medications
      - Diagnosis
      - Seizures
      - Med. Mgmt.
      - Treatments
      - ADH
      - Pain
    - Indicators
    - Communication
    - Psych/Social
    - Personal Elements
    - Mobility
    - Toileting
    - Eating
    - Hygiene
    - Household Tasks
    - Functional Status
  - Care Plan
  - LTC Current Interim 03-17-2015

Pain (Last 7 days) Changes?

Pain Identified? \* Yes

Pain List \*

| # | Pain Site  | Score |
|---|------------|-------|
| 1 | Joint pain | 6     |
| 2 | Nerve pain | 6     |
| 3 | Mouth      | 4     |

Frequency with which client experiences pain:  
Pain daily

Pain Management: \*  
No pain treatment

Impact  
Activity limited  
Irritability

Comments/Referral  
Client requested that CM communicate pain level with Dentist

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**Infection, bleeding, broken tooth or denture? Affecting nutrition?**

# CARE Assessment: Nutrition/Oral Health

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: AmesRL On: 08/03/2015 10:56

File Action Administration Help

Online

- Tickler Inbox
- Caseload Auth Errors
- Working Files
- Reports
- Transfer In
- McGee, Poppy X
  - Client Details
  - LTC Pending Interim 08-03-2015
    - Environment
    - Medical
    - Indicators
    - Communication
    - Psych/Social
    - Personal Elements
    - Mobility
    - Toileting
    - Eating
    - Nutritional/Oral**
    - Eating
    - Meal Preparation
    - Hygiene
    - Household Tasks
    - Functional Status
  - Care Plan
  - LTC Current Interim 03-17-2015
  - History

Nutritional/Oral Changes?

Nutrition Problems \*  
Leaves 1/4 or more on plate  
Insufficient fluid intake/last 3 days

Oral / Dental Problems \*  
Inflamed, swollen/bleeding gums

Special Diet  
Nutritional Approaches: Last 7 days \*

| # | Diet | Adhere To |
|---|------|-----------|
| 1 | ADA  | Yes       |

Options

Options  
Broken, loose, decayed teeth  
Dentures do not fit  
Oral abscesses  
Some/all teeth lost  
Ulcers/rashes  
None of these

Selected  
Inflamed, swollen/bleeding gums

Date of last dentist visit: 12/30/2013  
Dentist's Name:

Comments/Referrals  
Gums are very

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Are oral issues causing poor nutrition?

Make referral to care and provide home care instructions for caregivers.

# CARE Assessment: Eating/Strength

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: AmesRL On: 08/03/2015 11:12

File Action Administration Help

Online

- Tickler Inbox
- Caseload Auth Errors
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- Reports
- Transfer In
- McGee, Poppy X
  - Client Details
  - LTC Pending Interim 08-03-2015
    - Environment
    - Medical
    - Indicators
    - Communication
    - Psych/Social
    - Personal Elements
    - Mobility
    - Toileting
    - Eating
    - Nutritional/Oral
    - Eating
    - Meal Preparation
  - Hygiene
  - Household Tasks
  - Functional Status
  - Care Plan
- LTC Current Interim 03-17-2015
- History

**Eating** (Last 7 days) Changes? [v]

Self Performance: \*  
Independent

Status: \*  
Unmet

Support Provided: \*  
Setup help only

Assistance Available: \*

**Strengths**  
No swallowing problems  
Client has own teeth

**Limitations**  
Chewing problem  
Mouth pain

**Preferences**  
Prefers small portions  
Nutritional shakes  
Slow eater

**Caregiver Instructions**  
Bring food to client  
Encourage liquids

**Equipment/Supplies**

| # | T |
|---|---|
| 1 |   |

**Comments/Caregiver Instructions**  
Prefers to use straw when drinking

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Reinforce importance and benefits of good oral care to keep teeth and enjoy favorite foods.

# CARE Assessment: Hygiene/Limitation

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: AmesRL On: 08/03/2015 11:20

File Action Administration Help

Online

- Tickler Inbox
- Caseload Auth Errors
- Working Files
- Reports
- Transfer In
- McGee, Poppy X
  - Client Details
  - ◆ LTC Pending Interim 08-03-2015
    - ◆ Environment
    - ◆ Medical
    - ◆ Indicators
    - ◆ Communication
    - ◆ Psych/Social
    - ◆ Personal Elements
    - ◆ Mobility
    - ◆ Toileting
    - ◆ Eating
    - ◆ Hygiene
      - ◆ Bathing
      - ◆ Dressing
      - ◆ Personal Hygiene
    - ◆ Household Tasks
    - ◆ Functional Status
  - LTC Current Interim 03-17-2015
  - History

Personal Hygiene (Last 7 days) Changes? ▾

Self Performance: \*  
Limited assistance ▾

Status: \*  
Partially met ▾

Support Provided: \*  
One person physical assist ▾

Assistance Available: \*  
Over 3/4 but not all of the time ▾

Strengths  
Able to brush/comb hair  
Can brush teeth  
Client is cooperative with caregiver  
Able to do own peri-care

Limitations  
Sensitive to some products  
Needs encouragement  
Cannot do oral hygiene care

Preferences  
Prefers assist after eating

Caregiver Instructions  
Cue client to brush teeth

Equipment/Supplies

| # | Type                |
|---|---------------------|
| 1 | Dental floss holder |
| 2 | Adapted toothbrush  |

Comments/Caregiver Instructions  
Flossing is difficult due to arthritis and gum pain. Needs reminder to use dental floss holder and visit to dentist for assessment.

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Discuss adaptive devices; probe for oral issues.

# Care Plan: Triggered Referrals

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: On:

File Action Administration Help

**Online**

- Tickler Inbox
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- Transfer In
- McGee, Poppy X
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    - Hygiene
    - Household Tasks
    - Functional Status
  - Care Plan
    - Triggered Referrals**
    - Supports
    - Environment Plan
    - Equipment
  - LTC Current Interim 03-17-2015
  - History

### Triggered Referrals

**Critical Indicators List**

| # | Indicator                               |
|---|---|
| 1 | Immobility issues affecting plan        |
| 2 | Pain                                    |
| 3 | Unstable/potentially unstable diagnosis |

**Data Elements per Indicator**

| Screen              | Data Element   | Value      |
|---------------------|----------------|------------|
| Diagnosis           | Diagnosis      |            |
| Diagnosis           | Diagnosis      |            |
| Diagnosis           | Indicator      |            |
| Indicators/Hospital | BMI            | 35.01270   |
| Treatments          | Provider       | Client     |
| Treatments          | Treatment Name | Injections |

**Refer?**  
Yes

**Referral Date:**  
08/18/2015

**Reasons**

- Discussed referral with client
- Recent hospitalization
- Client/caregiver education

**Comments**

Referral to dental clinic for an assessment of potential gum infection. Referral to primary care doctor due to frequent ER visits and uncontrolled blood sugar.

Online Only



# Care Plan: Supports

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: sanchac On: 08/19/2015 05:07

File Action Administration Help

Online

- Tickler Inbox
- Caseload Auth Errors
- Working Files
- Reports
- Transfer In

McGee, Poppy X

- Client Details
- ◆ LTC Pending Interim 08-03-2015
  - ◆ Environment
  - ◆ Medical
  - ◆ Indicators
  - ◆ Communication
  - ◆ Psych/Social
  - ◆ Personal Elements
  - ◆ Mobility
  - ◆ Toileting
  - ◆ Eating
  - ◆ Hygiene
  - ◆ Household Tasks
  - ◆ Functional Status
- Care Plan
  - Triggered Referrals
  - **Supports**
  - Environment Plan
  - Equipment
- LTC Current Interim 03-17-2015
- History

Supports

Provider List

| # | Paid/Unpaid * | Provider *   |
|---|---------------|--------------|
| 1 | Paid          | PARK PLACE   |
| 2 | Unpaid        | McGee, Poppy |
| 3 | Unpaid        | Hoang, Dr    |

Provider Hours

Total Hours:

Provider's Schedule

| # | Day     | Time of Day | Start Time | End Time |
|---|---------|-------------|------------|----------|
| 1 | Summary |             | 00:00 AM   | 00:00 AM |

Assigns needs to paid and unpaid supports.

Provider with assigned Needs

- PARK PLACE
  - Eating - U
  - Med. Mgmt. - U
  - Personal Hygiene - P
  - Injections
  - Application of medication
  - Blood glucose monitoring
  - Diabetic foot care
  - Application ointments/lotions
- McGee, Poppy
  - Injections
  - Application of medication
  - Blood glucose monitoring
- Hoang, Dr
  - Nails trimmed in last 90 days

Unassigned Needs

- Eating
  - Meal Preparation - U
- Household Tasks
  - Essential Shopping - M
  - Housework - P
- Hygiene
  - Bathing - U
  - Dressing - U
- Mobility

Online Only

# Case Manager Training Evaluation

| Oral Health Knowledge                             | Pre-training | Three months post-training |
|---|--------------|----------------------------|
| Connection between oral health and overall health | 60%          | 90%                        |
| Effects of medications on oral health             | 28%          | 79%                        |
| Relationship between gum disease and diabetes     | 16%          | 86%                        |
| Strategies to gain cooperation for oral care      | 20%          | 82%                        |

“Incorporating oral health enriched our core programs and has helped our social workers, case managers, information specialists, and nurses do what they do best – share information, teach, and coach for improved life outcomes for the people we serve.”

*- Lori Brown, Director, Southeast WA Aging and Long Term Care*

# Oral Health Flags

Tool for case managers to use with clients and caregivers

Seniorsoralhealth.org

| Oral Health Self-Management Plan   |   |   |  |   |                            |
|--|---|---|--|---|----------------------------|
|    | Eat less sugar and starch   |    | Brush 2 times every day                  |    | Floss every day            |
|    | Drink more water  |    | See your dentist                         |    | Talk to your doctor        |
| Green Flags – All Clear  |   |   |  |   |                            |
|    |    |    | No pain or bleeding                      |    | No problem eating          |
| Keep up the great work!  |   |   |  |   |                            |
| Yellow Flags – Caution   |   |   |  |   |                            |
|    |    |    | Dry mouth<br>Low saliva<br>Bleeding gums |    | Dentures don't fit         |
| Call your doctor, nurse, or dentist if you notice any changes in your oral health.   |   |   |  |   |                            |
| Name: _____  |   |   | Name: _____                              |   |                            |
| Number: _____  |   |   | Number: _____                            |   |                            |
| If you notice a Yellow Flag, work closely with your health care team.                |   |   |  |   |                            |
| Red Flags – Stop and Think   |   |   |  |   |                            |
|  |  |  | Bleeding doesn't stop                    |  | Pain keeps you from eating |
| You need to be evaluated by a doctor or dentist right away.                          |   |   |  |   |                            |
| Name: _____  |   |   | Number: _____                            |   |                            |
| If you notice a Red Flag, call your doctor or dentist immediately.                   |   |   |  |   |                            |

# Improving Oral Health Through Caregivers

**In Washington, family caregivers are caring for 324,000 individuals with Alzheimer's and other dementias at home**

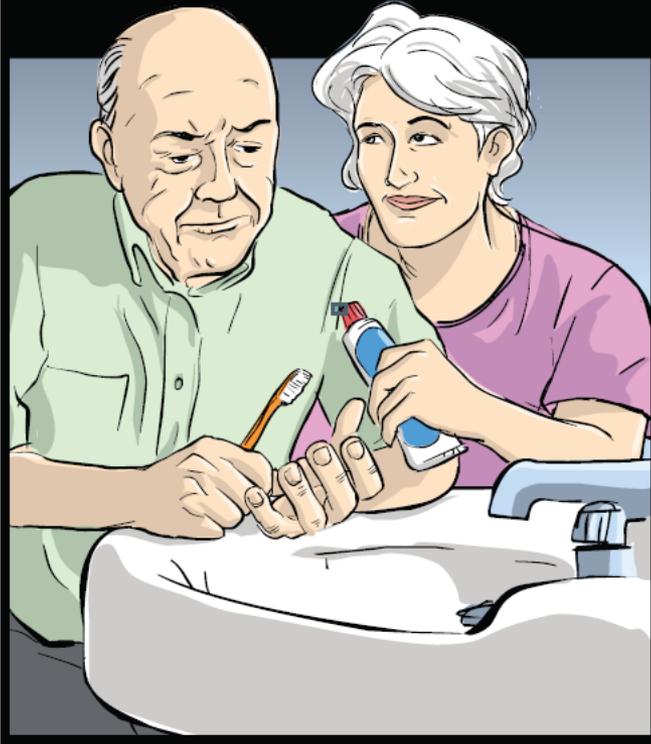
Growing evidence of link between periodontal disease and Alzheimer's disease:

*Chronic infection can cause slow progressive dementia...*

*...discusses how infectious pathogens and systemic infection may play a role in Alzheimer's disease.*

# Improving Oral Health Through Caregivers

## Oral Care Cards for Caregivers



Washington Dental Service  
Foundation  
Community Advocates for Oral Health

alzheimer's  association®

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- Practical ideas for caregivers to improve the oral care they provide for their loved ones.
- Based on Dr. Rita Jablonski's research – University of Alabama, Birmingham
- Available at caregiver support group meetings, medical offices, Alzheimer's Association

[https://www.youtube.com/watch?v=0j6EY95t\\_Q0](https://www.youtube.com/watch?v=0j6EY95t_Q0)

# Senior/Community Centers



## Community access points:

- Education
  - Seniors, paid and unpaid caregivers
- Connecting to services
  - Community information & assistance
  - Evidence based programs
- Information library

[www.SeniorsOralHealth.org](http://www.SeniorsOralHealth.org)

# Improving Oral Health Through Senior Centers

## Senior Center Dental Hygiene Program

RDHs partner with senior centers and each provides:

### RDH

- Oral health and cancer prevention screenings
- Teeth cleaning
- Health education
- Referral to dentists for additional care, if needed

### Senior Center

- Promote the service at the center and in community
- Schedule appointment
- Confirm/remind
- Assist with transportation coordination

# Discussion



# Thank you!

## [www.SeniorsOralHealth.org](http://www.SeniorsOralHealth.org)

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Washington State Department  
of Social and Health Services