

Oral Health, Primary Care, and The COVID-19 Pandemic

CareQuest Institute Webinar

April 29, 2021

DOI: 10.35565/CQI.2021.3030

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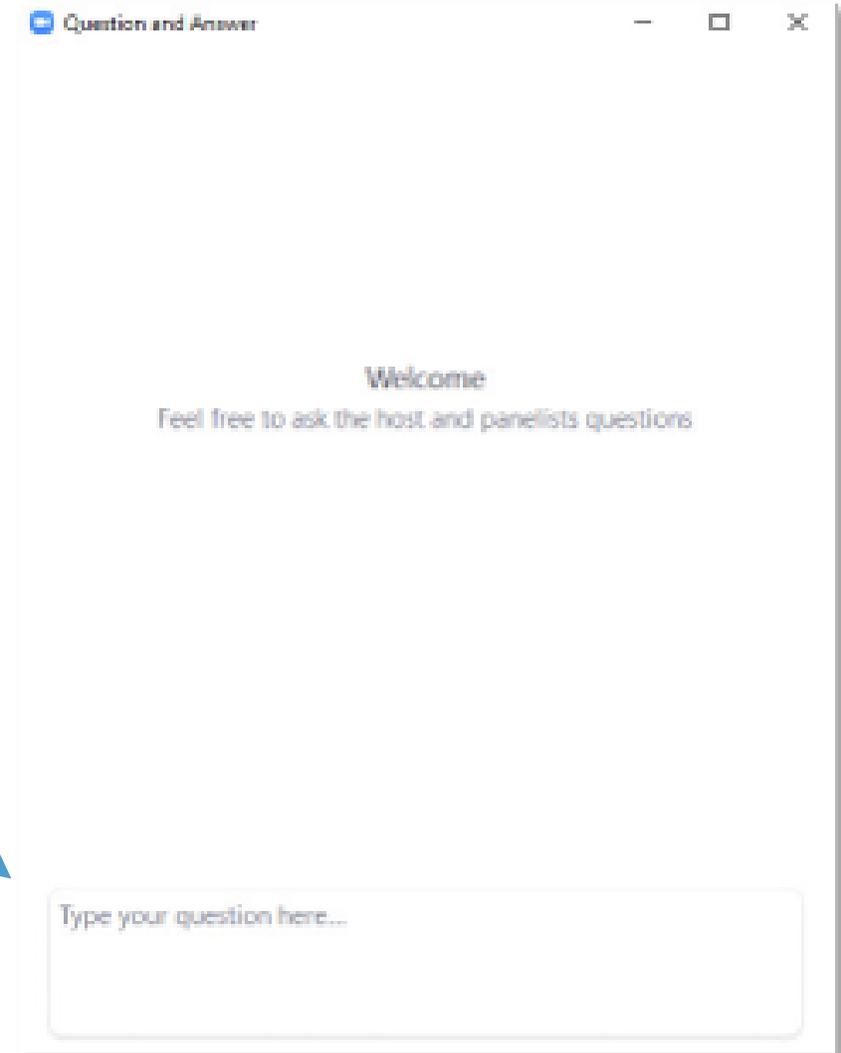


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*Full disclosures available upon request

Question & Answer Logistics

- After the presentations we have time allocated for audience Q&A.
- We are not going to take any questions in between presentations. We will be monitoring the Zoom Q&A box through the entire presentation and we will do our best to answer all your questions at the end.
- Type your question in the **Question-and-Answer** box.



Learning Objectives

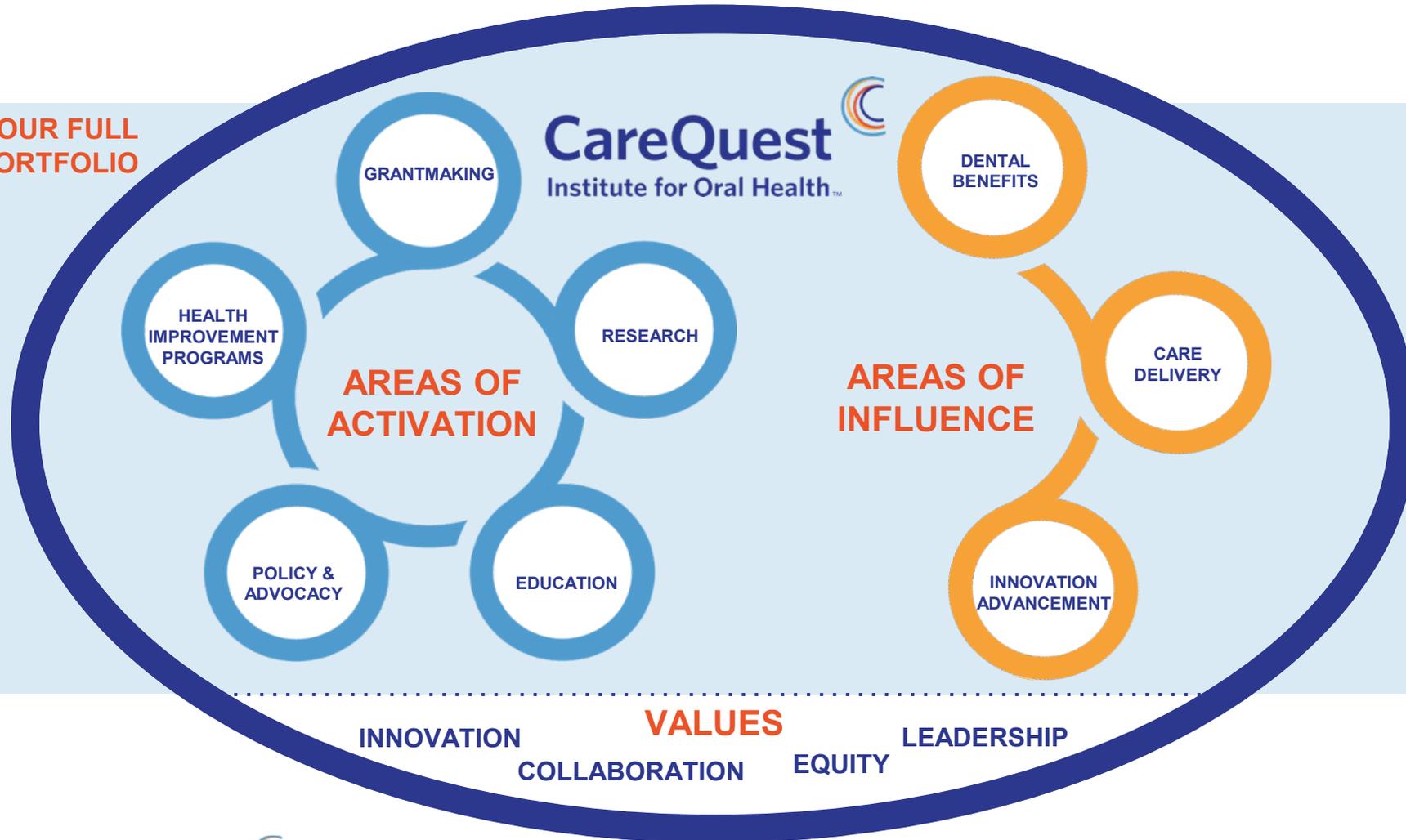
- Understand how primary care and dental care has changed since the pandemic began.
- Understand how each field has adapted their practices to address the nuances when operating during pandemics.
- Understand how future practice and care will now shift based on learnings over the past year.

CareQuest Institute for Oral Health

As of April 8, 2021

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Through our Areas of Activation and Influence, we bring forth ideas and solutions to create a more equitable, accessible, and integrated health system for everyone.

Presenters

Oral Health, Primary Care, and the COVID-19 Pandemic



Thurs., April 29, 2021 | 1 p.m. (EST) – 2 p.m. (EST) | CE Credits: 1



Caswell Evans
University of Illinois
College of Dentistry



Lisa Emily Simon
Harvard School of
Dental Medicine



Patrick D. Smith
University of Illinois
College of Dentistry



Hugh Silk
University of Massachusetts
Medical School

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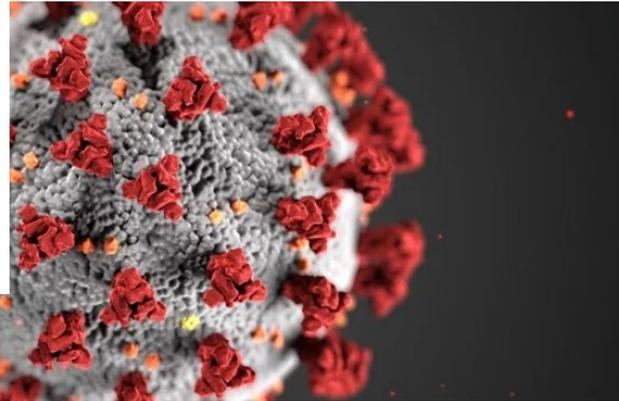
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Primary Care During COVID Report:



Primary care in the COVID-19 pandemic:

Improving access to high quality primary care, accelerating transitions to alternative forms of care delivery, and addressing health disparities

Edited by:

Sanjay Basu, MD, PhD, HMS Center for Primary Care Director of Research

Jessica Alpert, Center for Primary Care

Russell S. Phillips, MD, HMS Center for Primary Care Director, William Applebaum Professor of Medicine; Professor of Global Health and Social Medicine

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https://info.primarycare.hms.harvard.edu/primary-care-during-covid-0?hs_preview=UGbOsdDT-43351685945

Drawing parallels: COVID-19 in Medical and Dental Practice

Lisa Simon MD DMD

Harvard School of Dental Medicine

Harvard Medical School Center for Primary Care

University of Massachusetts Medical School

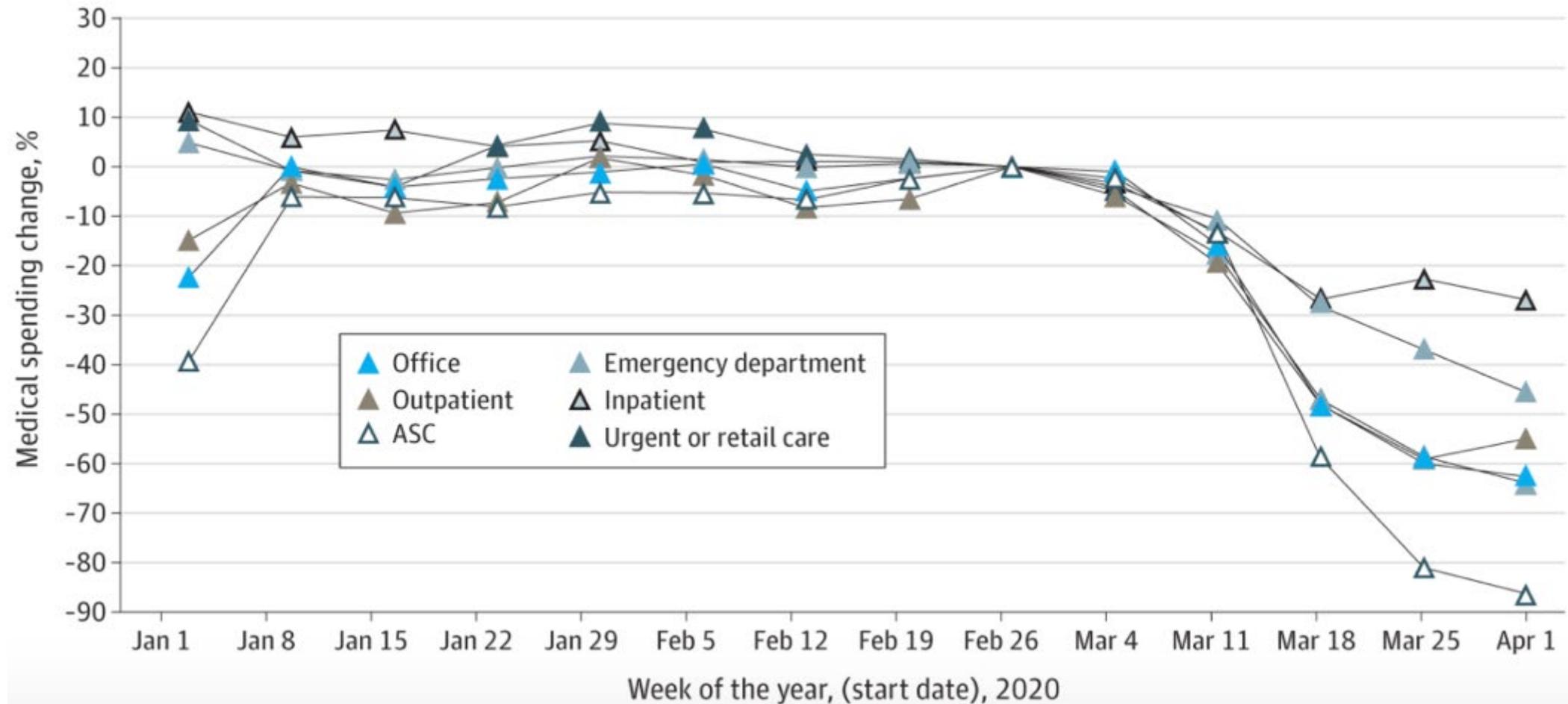
Recent history

- March 6, 2020: Massachusetts Department of Public Health email to dentists stating “the risk for COVID-19 in the Commonwealth remains low; the risk for the flu is high.”
- March 16, 2020: ADA and CDC publish guidelines to cease all non-emergency care
- April 2020: 45% of dental practices have furloughed staff, 95% had closed practices for all but emergency care
- Interim reimbursement by public and private insurers for teledentistry codes

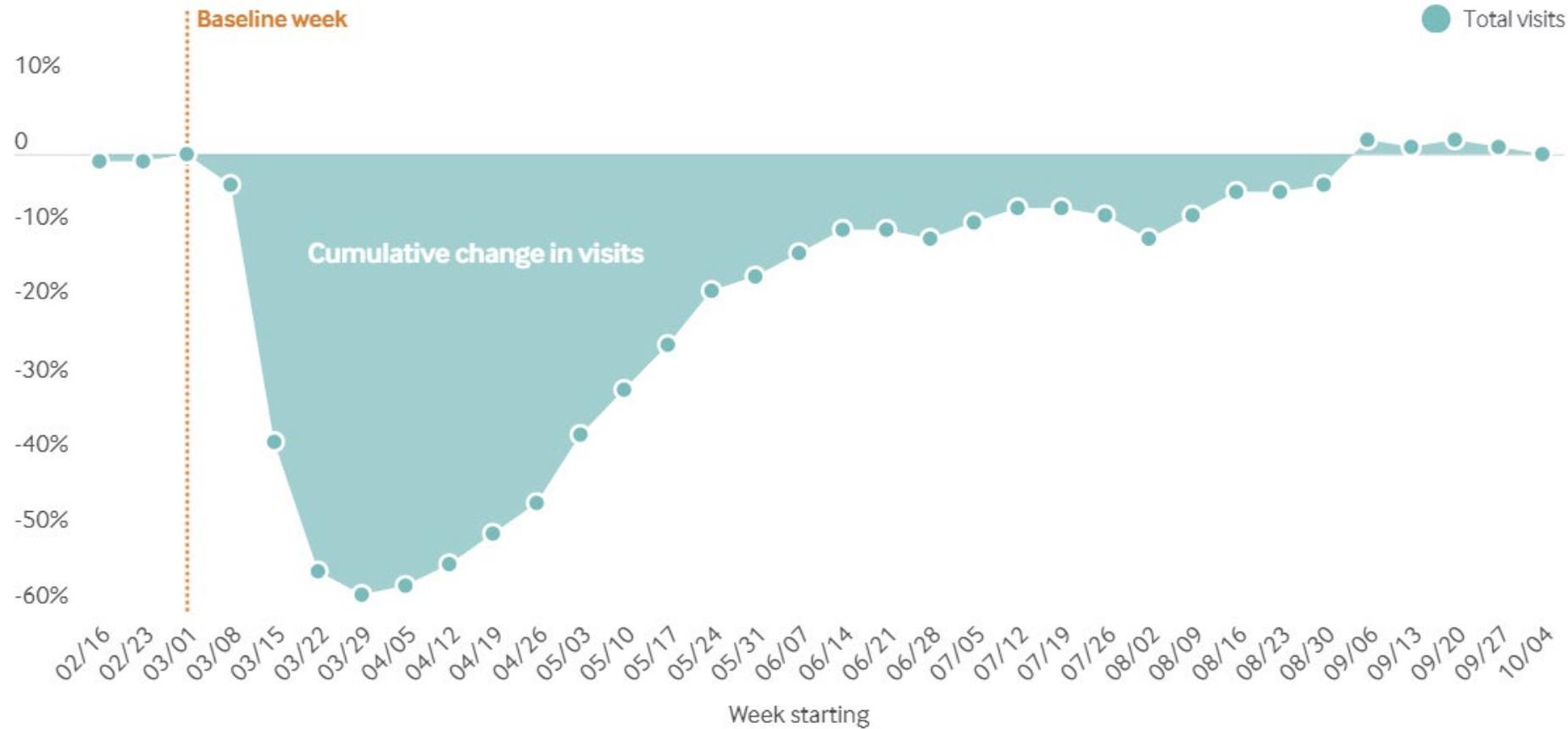
How does this week compare to what is typical in your practice, in terms of: - Total patient volume?



Early dental decline mirrors medical decline

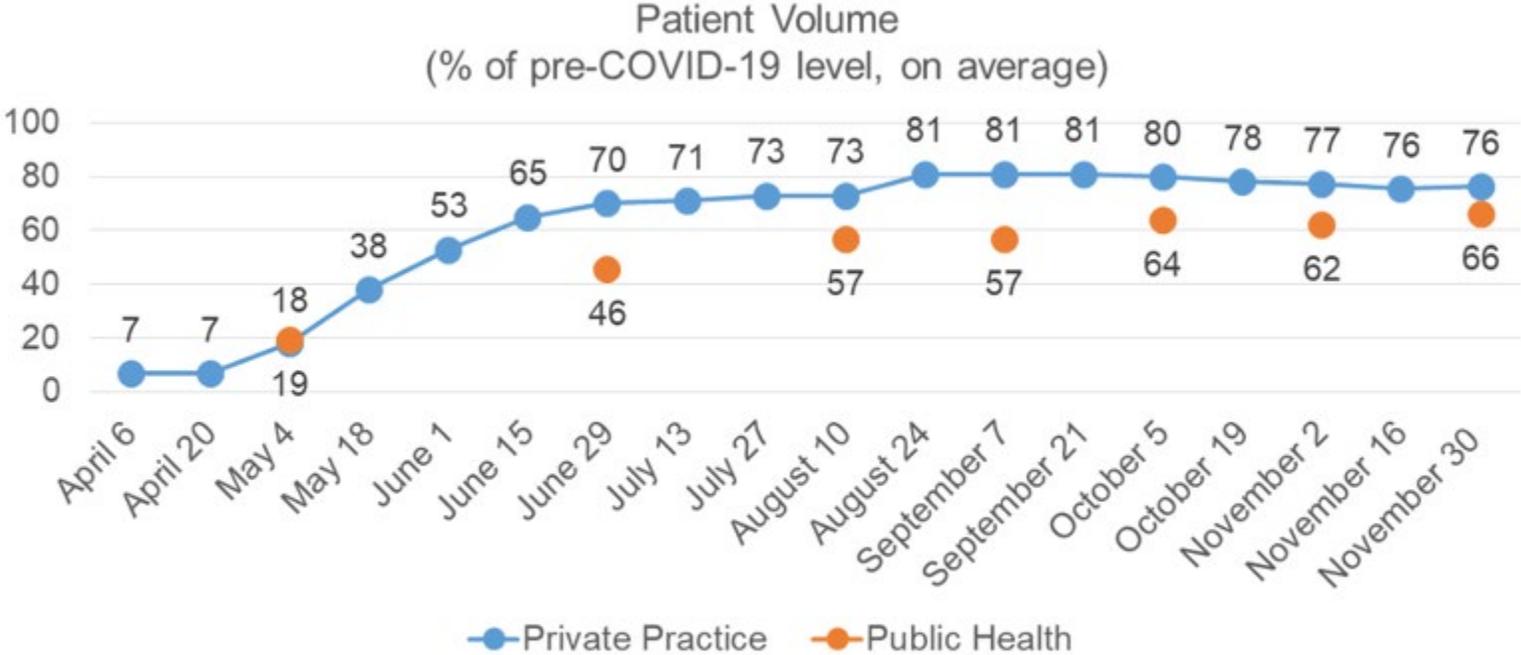


But later patterns diverge

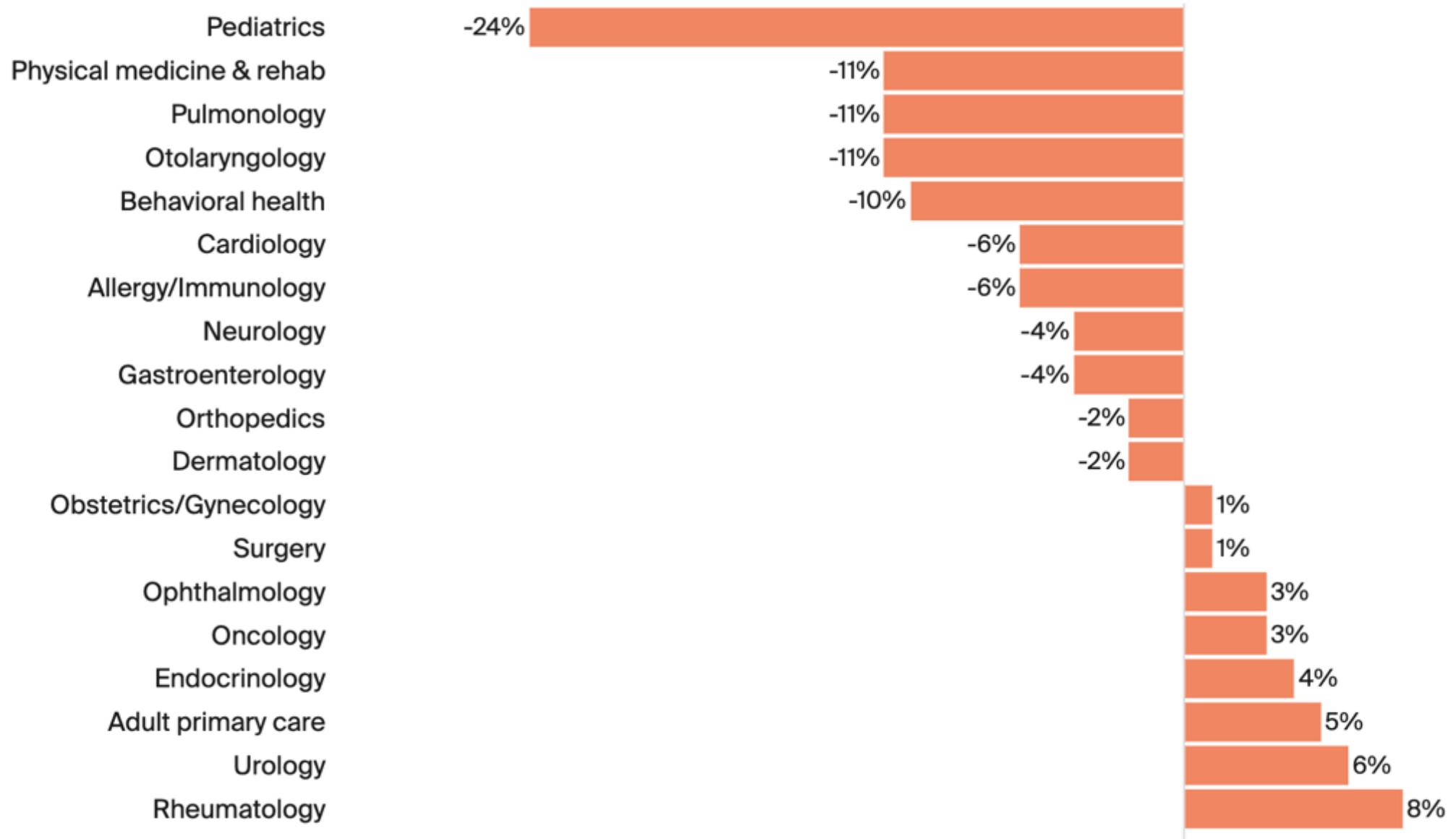


How does this week compare to what is typical in your practice, in terms of... *

Total Patient Volume



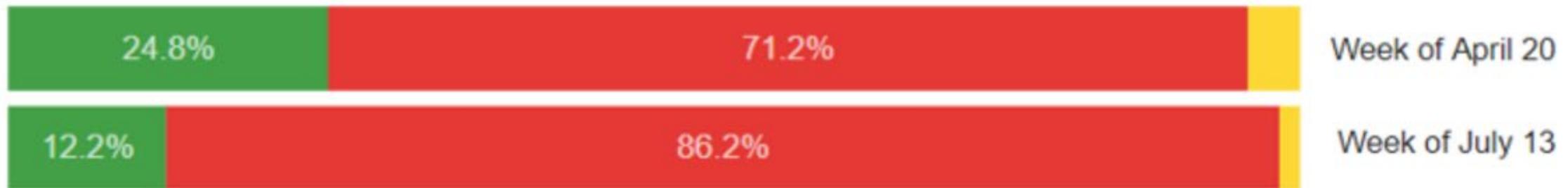
Percent change in visits from baseline, by specialty



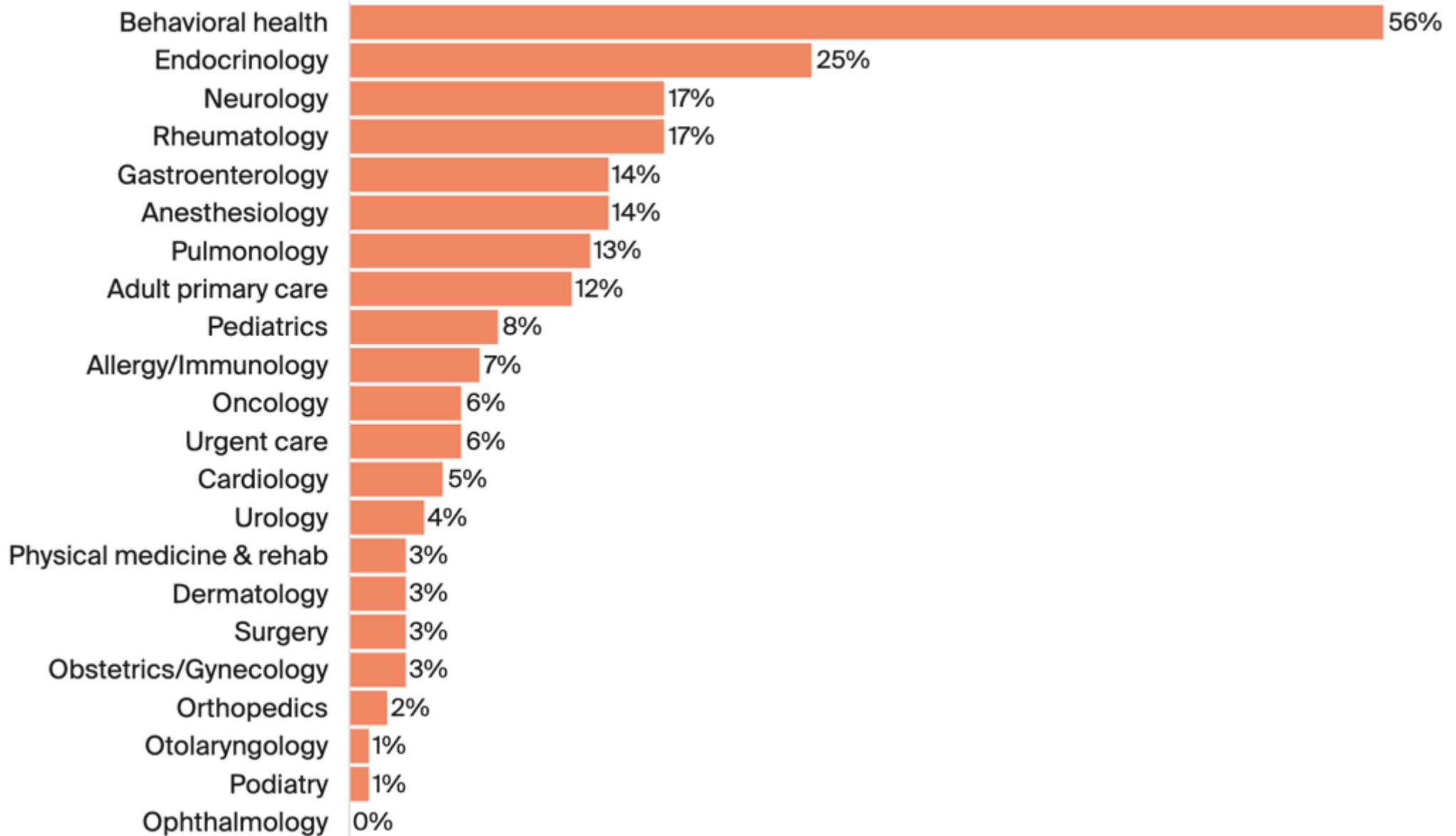
Dentistry's quick bounce back

Is your practice currently using virtual technology/telecommunications to conduct remote problem-focused evaluations (CDT Code D0140)?

Dentists in private practice



Telemedicine visits as a percentage of baseline



ADA: Dentistry is essential health care

House of Delegates adopts policy recognizing oral health's role in systemic health

October 29, 2020

By Mary Beth Versaci

Dentistry is essential health care, according to a resolution passed Oct. 19 by the American Dental Association House of Delegates.

"Oral health, as we know, plays a key role in a person's systemic health. Without dental treatment, there can be major impacts on a person's overall well-being," ADA President Daniel J. Klemmedson, D.D.S., M.D., said. "This resolution helps to ensure that patients have access to a full range of dental care whenever they need it in the current pandemic or other future crises. Dentistry is integral to keeping all Americans healthy."

Resolution 84H-2020 states oral health is an integral component of systemic health and explains dentistry is essential health care because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health.



Dr. Klemmedson

ABSTRACT

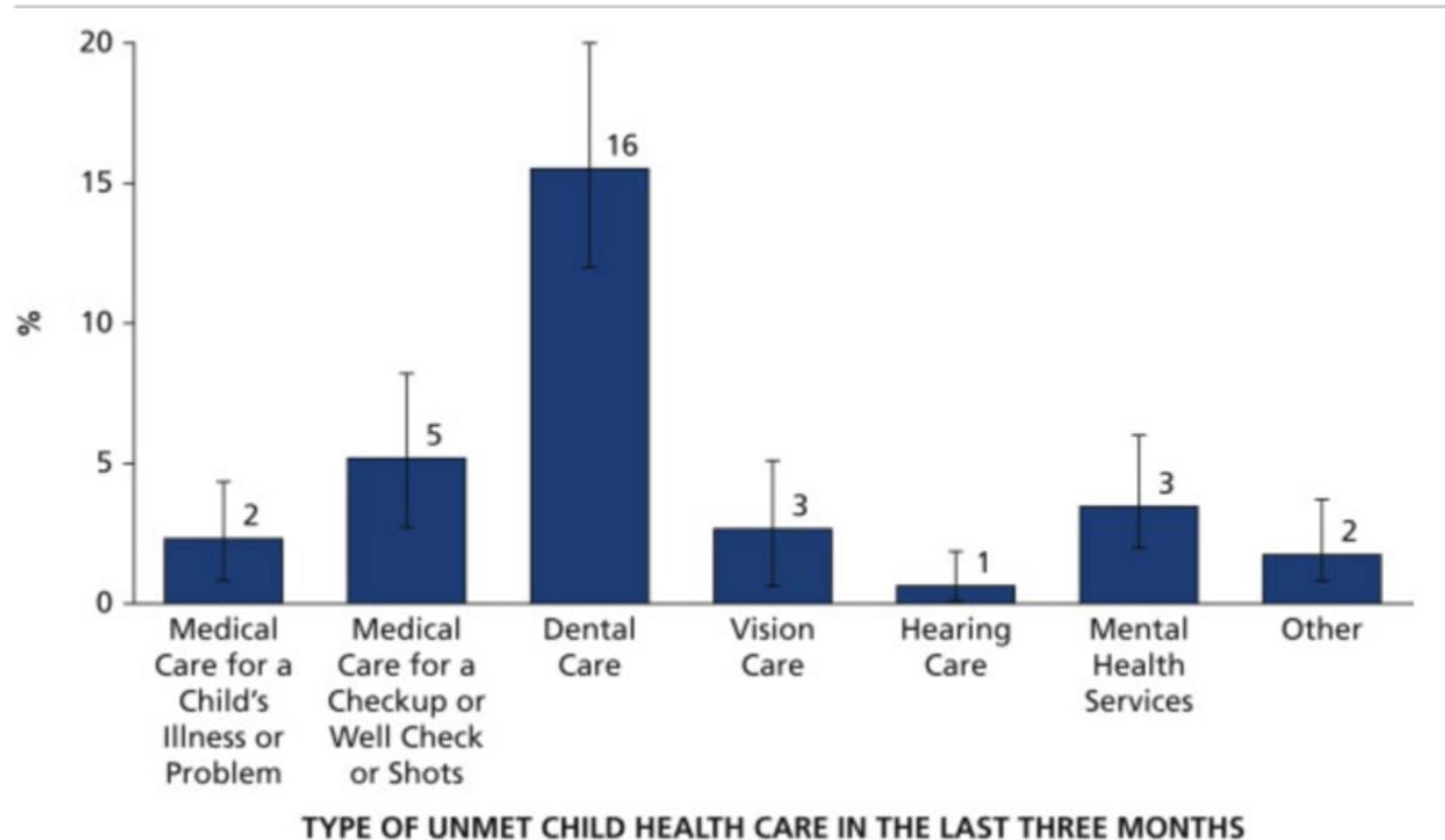
Background. Understanding the risks associated with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission during oral health care delivery and assessing mitigation strategies for dental offices are critical to improving patient safety and access to oral health care.

Methods. The authors invited licensed US dentists practicing primarily in private practice or public health to participate in a web-based survey in June 2020. Dentists from every US state (n = 2,195) answered questions about COVID-19—associated symptoms, SARS-CoV-2 infection, mental and physical health conditions, and infection control procedures used in their primary dental practices.

Results. Most of the dentists (82.2%) were asymptomatic for 1 month before administration of the survey; 16.6% reported being tested for SARS-CoV-2; and 3.7%, 2.7%, and 0% tested positive via respiratory, blood, and salivary samples, respectively. Among those not tested, 0.3% received a probable COVID-19 diagnosis from a physician. In all, 20 of the 2,195 respondents had been infected with SARS-CoV-2; weighted according to age and location to approximate all US dentists, 0.9% (95% confidence interval, 0.5 to 1.5) had confirmed or probable COVID-19. Dentists reported symptoms of depression (8.6%) and anxiety (19.5%). Enhanced infection control procedures were implemented in 99.7% of dentists' primary practices, most commonly disinfection, COVID-19 screening, social distancing, and wearing face masks. Most practicing dentists (72.8%) used personal protective equipment according to interim guidance from the Centers for Disease Control and Prevention.

Conclusions. COVID-19 prevalence and testing positivity rates were low among practicing US dentists. This indicates that the current infection control recommendations may be sufficient to prevent infection in dental settings.

Impact on dental practice doesn't tell the whole story



Predicted loss of dental insurance

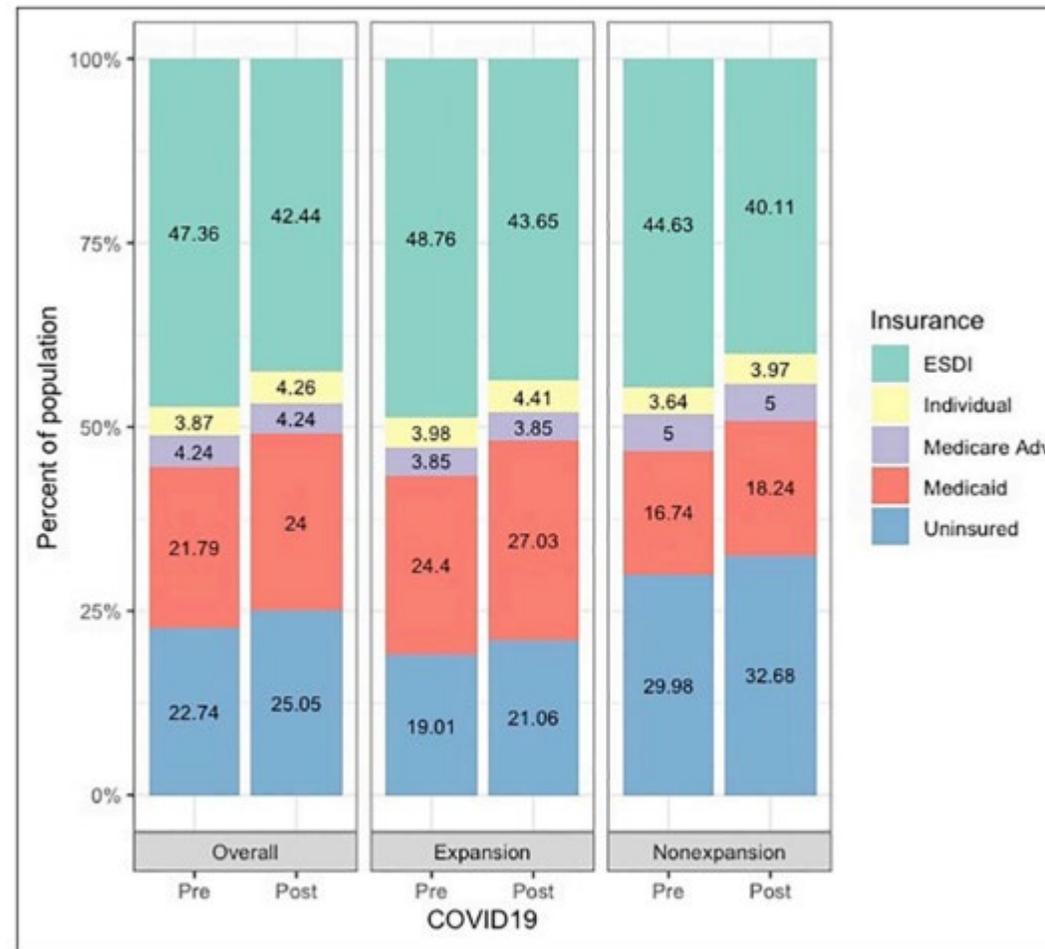
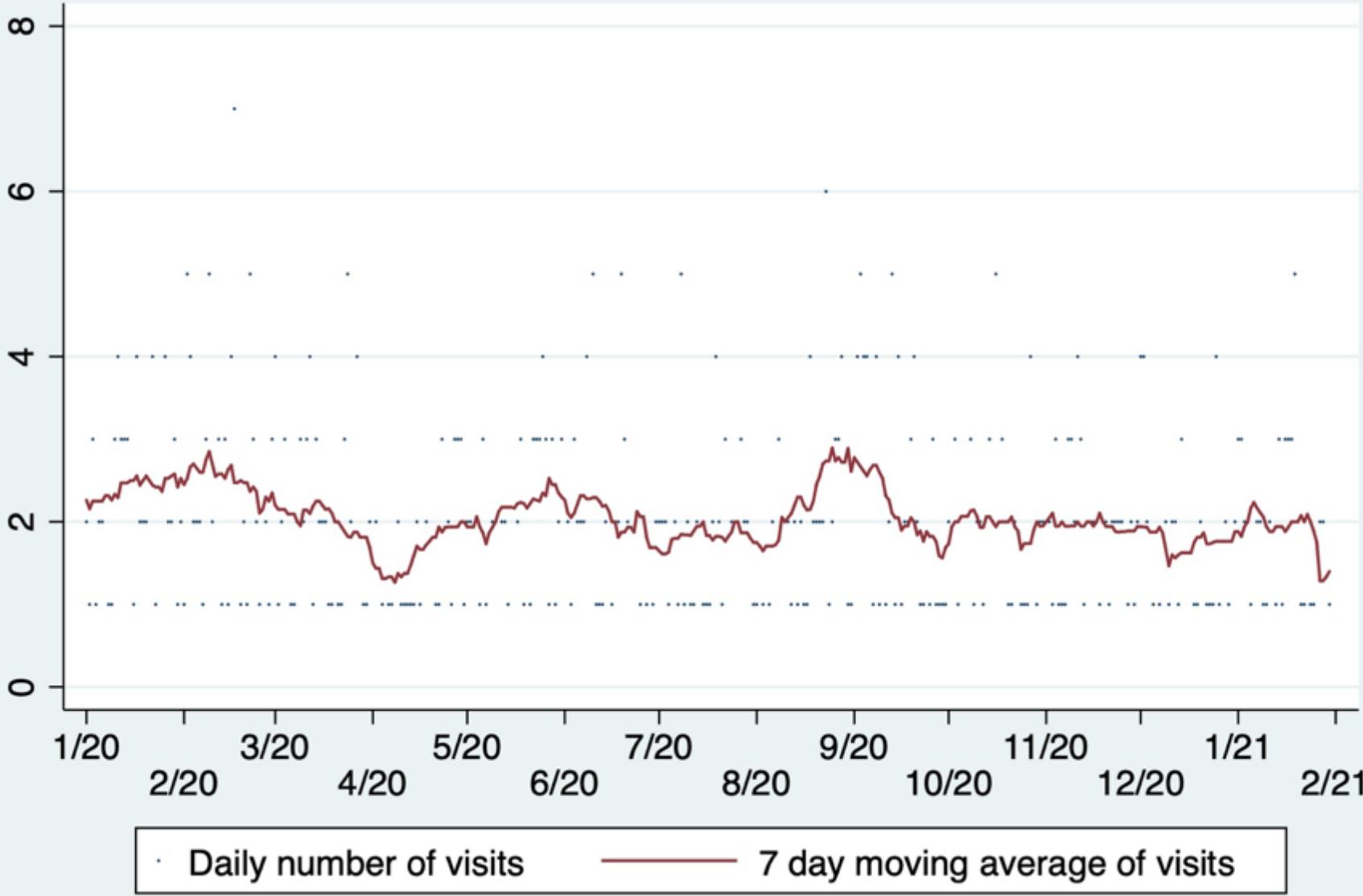


Figure 1. Estimated distributions of dental insurance coverage before and after the COVID-19. "Individual" insurance includes marketplace. ESDI, employer-sponsored dental insurance; Medicare Adv, Medicare Advantage.

Choi SE, Simon L, Riedy CA, Barrow JR. 2021. Modeling the Impact of COVID-19 on Dental Insurance Coverage and Utilization. *Journal of Dental Research*. 100(1):50–57. doi:10.1177/0022034520954126.

Daily ED dental visits, Jan 2020 - Feb 2021



Potential long-term changes

- New standards of universal precautions and PPE (analogous to HIV pandemic)?
- Vaccines in the dental office (compounding or reducing inequities)?
- Avoidance of aerosol-generating procedures increasing adoption of SDF and medical management of caries?
- Increased consolidation?

What hasn't changed

- Fee-for-service
- Largely private practice and solo provider model of care delivery
- Lack of communication with the medical system
- Unacceptable inequities in dental access and oral health outcomes (perhaps worsened by the pandemic)

Takeaways

- COVID-19 paused but **did not transform** most dental practice in the US.
- Some demonstrations of innovation: telehealth, provider skill-sharing, emphasis on prevention, but **most practitioners reverted to the status quo**
- **Making oral health to be more equitable and accessible will need to come from proactive transformation**

Solutions to Oral Health Inequities



Section Contributors:

- Caswell Evans Jr., DDS, MPH
- Patrick D. Smith, DMD, MPH
- Alex Narváez, DDS
- Chelsea Fosse, DMD, MPH
- Julie Frantsve-Hawley, PhD, CAE

Acknowledgements:

Sean Boynes, DMD, MS

Myechia Winter-Jordan, MD, MBA

Inequity and Population Oral Health

Common Oral Health Indicators

- Tooth decay
- Tooth loss
- Periodontal disease
- Oral cancer
- Utilization
- Sealants



Poor Populations Outcomes

- Racial minority groups
- Lower income
- Lower education levels
- Special needs
- Social contexts
 - Homelessness
 - Incarceration
 - Etc.

Dentalcare System

- Adult Medicaid coverage
- Medicare coverage
- Dental Health Professional Shortage Areas
- Racial underrepresentation
- Rising costs and demand
- Population health intervention

Social and Structural Determinants

Beliefs

Chronic Disease

Access to Care

Attitudes



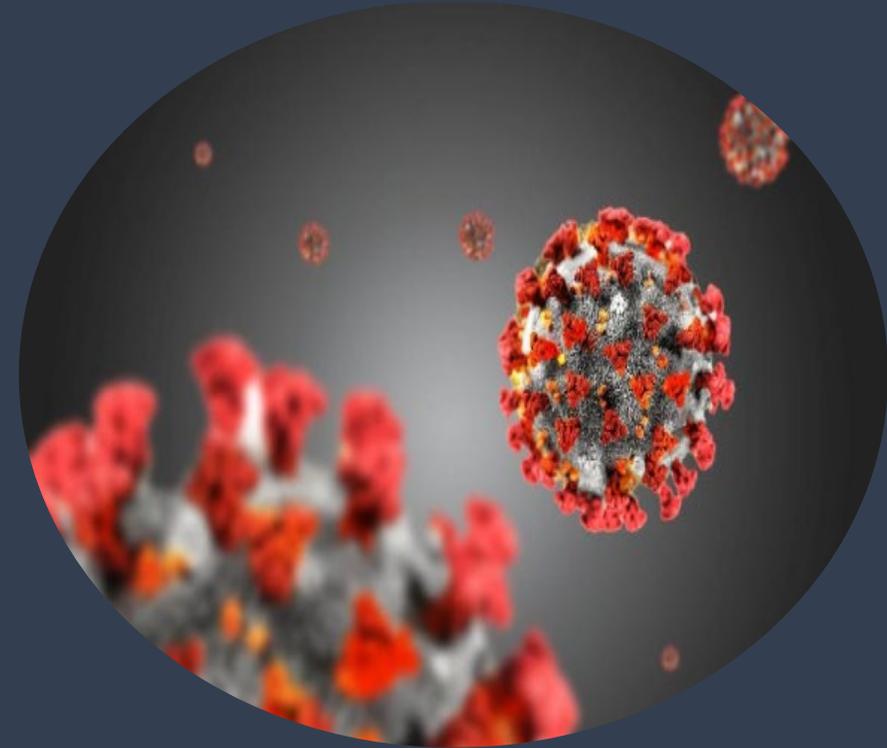
Dental Providers

- Rising costs
- Medicaid provider participation
- Competition
- Quality assurance
- Patient safety
- Limited focus on prevention
- Professional ethics

Pre-COVID Framework For Oral Health Inequity

COVID-19 and Determinants of Poor Health

- Job and wage loss
- Food insecurity
- Emotional trauma
- School closures
- Social isolation
- Domestic violence
- Chronic disease morbidity and mortality



From Bad to Worse: Early Impact on Dental Care Delivery

COVID-19 and Dental Emergencies

You should call your dentist if you experience:

- Limited appointment availability
- Treatment delays
- Limited affordability
- Limited safety-net funding
- School-based oral health program disruptions
- Medicaid provider disenrollment

What COVID-19 Adjustments Revealed About Approaches to Oral Health Inequity



- **Teledentistry** can help millions of people
- **Minimally invasive dentistry** is evidence-based practice and prevention
- **Integrated care** is primary care

What COVID-19 Adjustments Revealed About Approaches to Oral Health Inequity



- **Workforce** maldistribution and lack of diversity worsens the problem
- **Value-based care** is a practical approach
- **Government funding** for dental care isn't so bad after all

Integration of Primary Care and Oral Health: What Does the Future Hold

Hugh Silk, MD, MPH
Professor



Family Medicine and Community Health

What the pandemic highlighted

- Primary Care not ready to do oral health
- Together we can be better
 - Therefore the opposite was true
- Inequities!
 - A lack of care for those who need it became larger



Siloes and Gaps



- Minimal working together to:
 - Communicate about care availability
 - Screening of patients for care
 - Coordinating vaccine efforts

Ripples of Hope



- ITMB
- Colorado
- MORE Care
- Marshfield Clinic
- Dimock CHC

Highlighted Outcomes from Program Evaluation Studies

- Children receiving four or more IMB visits before age 3 show a 17.7% reduction in tooth decay.¹
- IMB reduces the need for dental treatment services as well as increases dental access when medical providers refer children for care.²
- IMB has contributed to a statewide decline in decay rates since 2004 and helps reduce the gap in tooth decay between children from low- and other-income families at the community level.³
- NC ranks 3rd nationally in the percentage of Medicaid-insured children 0–5 years of age receiving oral preventive care from a medical or dental provider.⁴

¹Kranz et al. Pediatrics. 2015, 136(1) 111-114. <http://pediatrics.aappublications.org/content/136/1/107>

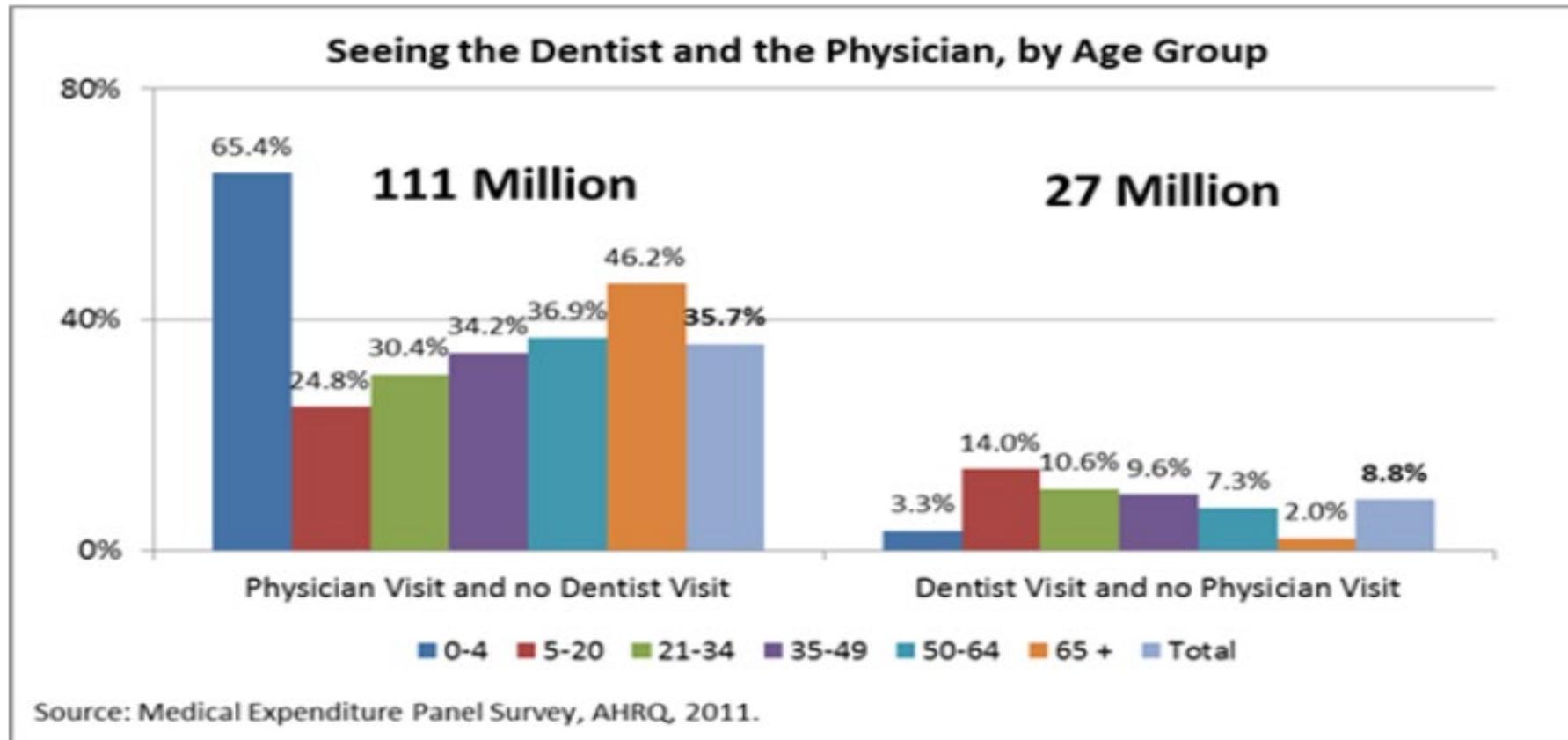
²Pahel et al. Pediatrics. 2011, 127(3) 682-689. <http://pediatrics.aappublications.org/content/127/3/e682?ss0>

³Achembong et al. Pediatrics. 2014, 133(4) 827-834. <http://pediatrics.aappublications.org/content/133/4/e827>

⁴Tania A, Rozier RG. Pediatrics. 2016, 137(2) 1-7. <http://pediatrics.aappublications.org/content/pediatrics/137/2/e20153436.full.pdf>

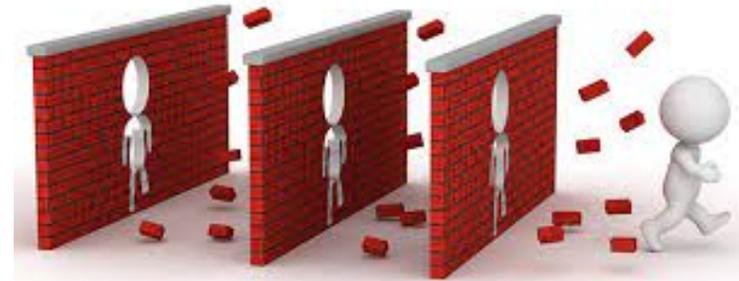
Why we need integration

- ~150,000 general & pediatric dentists
- ~ 335,000 PCPs (MDs, DOs, NPs, PAs)

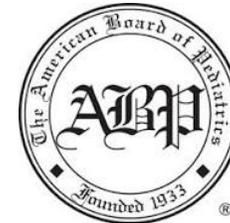
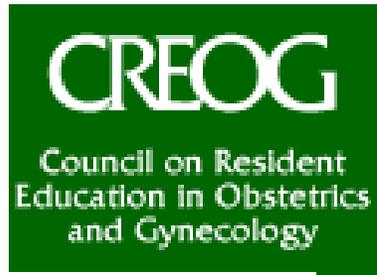
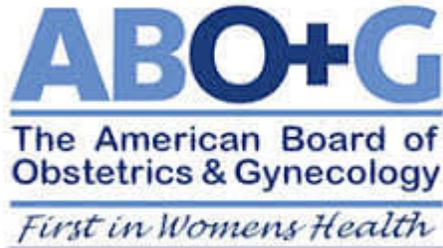


How we get there

- Overcome Barriers
- Be creative
- Get over Turf Wars
- Remind ourselves - Why did we go into our professions



What it would take to address prenatal oral health



Thank You!

Hugh Silk, MD, MPH hugh.silk@umassmemorial.org

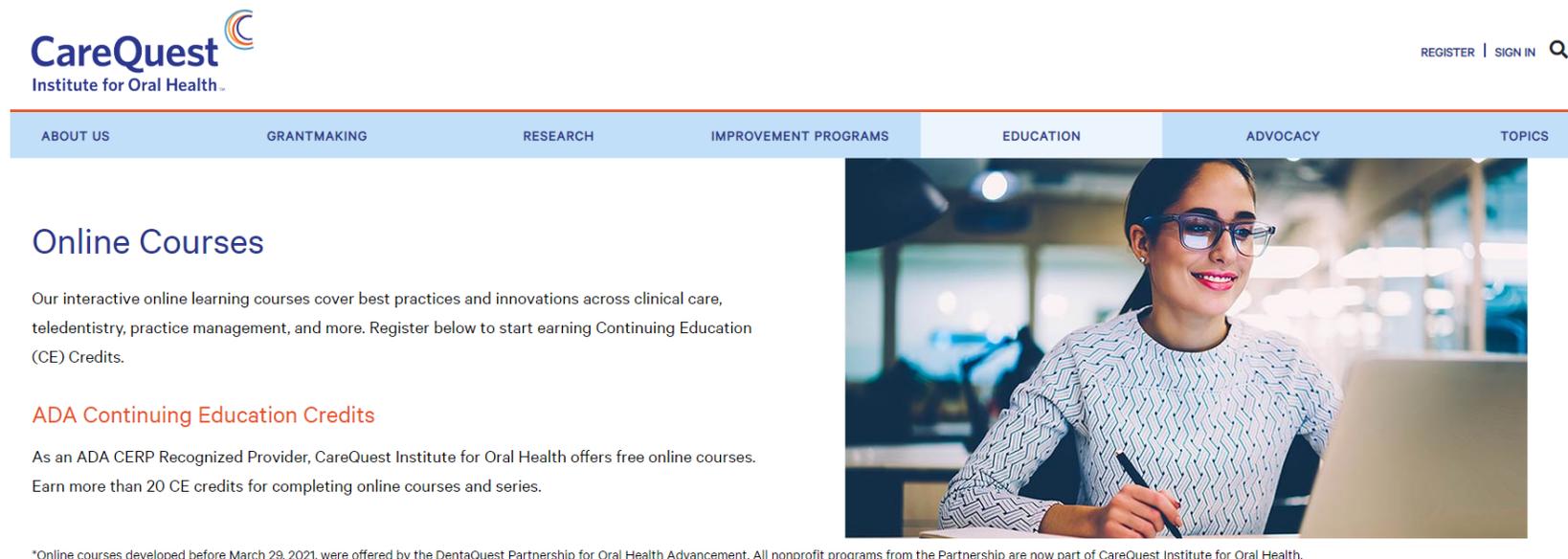


<https://cipcoh.hsdm.harvard.edu>

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May 13, 2021

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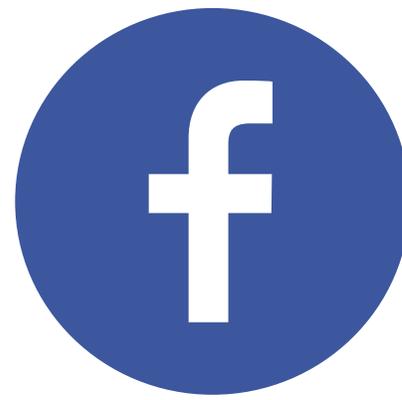
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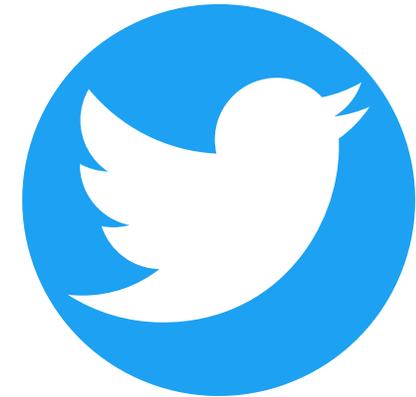
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