

## Oral Health Partnership: Focused Research Questions for PCORI

### **SUMMARY OF TIER I ORAL HEALTH PARTNERSHIP DISCUSSIONS TO DATE**

#### **Background**

During Tier I (4/1/15- 3/31/15), PCORI funding was used to **create and support a partnership** to come up with new ideas regarding ways to improve oral health for individuals with intellectual and developmental disabilities (IDD). These discussions extended beyond the traditional dental office-based approaches to oral health to include individual, caregiver and community influences. Currently, no oral health preventive or disease management strategies are proven to reduce oral disease in this vulnerable population. During Tier II (4/1/16-3/31/17), the Oral Health Partnership received funding to help members **collect whatever information they need in order to be able to select one or two interventions** to improve the oral health of adults that can be tested through comparative effectiveness research (CER). CER ideas must:

- Compare two or more options that are feasible, doable and measurable in the context of the lives of adults with IDD
- Study the risks and benefits (outcomes) of the option
- Compare options proven to be effective
- Assess which options are better for adults with IDD.

**Value statement:** The Oral Health Partnership is committed to promoting the value of ‘self-determination’ in oral health, i.e., ‘I’m in charge of my own health’. This means finding ways to support adults with IDD so they want to take good care of their teeth at home and go to the dentist. More personal ownership of oral health may lead to better outcomes.

#### **Specific ORAL HEALTH OUTCOMES we’ve discussed so far:**

- Tooth preservation (retaining ability to chew)
- Mouth pain and discomfort
- Cavities
- Sore/bleeding gums (periodontal disease)

#### **Some individuals with IDD were thought to have especially complex oral health issues. These included:**

- Individuals with autism spectrum disorders
- Individuals turning 22

- Children living at Seven Hills Pediatric Center in Groton and Individuals with complex medical issues supported throughout Seven Hills
- Individuals with communication differences who are unable to tell their caregivers when they have dental-related pain (may express pain behaviorally which leads to behavioral interventions and not the dental treatments they need)
- Individuals in ‘shared living’ or ‘adult foster care’ residential arrangements (Mass Dept. of Developmental Services (DDS) designations); supervisory staff may visit periodically but it’s unlikely they check on oral health)

ORAL HEALTH INFLUENCES discussed so far	CONNECTIONS between influence and oral health outcomes	Suggestions for ADDRESSING INFLUENCE		
<i>Individual and caregiver-related influences</i>				
Genetic factors (e.g., may affect saliva production)	Dentists and caregivers may not have this information or know it affects oral health	<ul style="list-style-type: none"> <li>-Learn medical histories</li> <li>-Set up individual treatment plans for dental care and home care based on personal risk factor assessments</li> <li>-Provide special mouthwash or tooth paste</li> </ul>		VD
Chronic illness or medication that increases risk for caries or gum disease (e.g., seizure, anti-anxiety meds, meds for depression, asthma inhalers)	-Dentists, physicians and caregivers may not have this information or know it affects oral health	<ul style="list-style-type: none"> <li>-Review meds (labels and inserts may not be helpful)</li> <li>-Set up individual treatment plans for dental care and home care based on personal risk factor assessment</li> <li>-Provide special mouthwash or tooth paste</li> </ul>	3	VD
Diet high in sugar-sweetened foods and beverages	-Individuals and their caregivers may not know how much sugar they’re eating or drinking or be familiar with healthier alternatives, including foods like calcium that strengthen teeth	<ul style="list-style-type: none"> <li>-Improve healthfulness of diets</li> <li>-Provide education on healthy eating (e.g., web-based, classes or clinics)</li> <li>-ASPiRE participants will adapt “Rethink Your Drink” poster for ASPiRE Cafe</li> </ul>	4	VD
Unhealthy behaviors that increase risk for oral diseases (e.g., smoking, alcohol use)	-Individuals and caregivers may not know that these behaviors affect oral health	-Provide education on healthy lifestyles		SD
Brushing teeth properly (with	-Caregiver supervision and	-Create a culture around wanting good oral health in	1	VD

ORAL HEALTH INFLUENCES discussed so far	CONNECTIONS between influence and oral health outcomes	Suggestions for ADDRESSING INFLUENCE		
<p>fluoride toothpaste for at least 2 minutes) at least twice/day and, after eating, if possible</p>	<p>support not always available -Adaptive tools not available</p>	<p>residences/day programs (work with ASPIRE Visual and Performance programs – ‘the whole building’ – to promote culture around oral health, including design of ‘teaching tool kit,’ oral health rap songs, oral health PSA produced by ASPIRE radio station, oral health video produced by ASPIRE participants demonstrating proper brushing/flossing techniques and adaptive tools use; puppet show, adapting ‘Rethink our drink’ poster for ASPIRE café.) -Improving frequency and quality of daily tooth brushing -Create a ‘daily contract’ for individuals to use to self-monitor brushing (check off ‘yes”) on mobile app or paper chart -Provide picture cards or use other media to show how to brush and floss correctly; -Provide adaptive tools and demonstrate proper use; -Have dentist/hygienist remove plaque and tartar -Duplicate ADH health group nurses program that trains/educates participants via small group demonstrations &amp; mobile apps</p>		
<p>Flossing teeth properly at least once/day</p>	<p>-Caregiver supervision and support not always available -Adaptive tools not available -Lack ways to determine how well flossing is removing plaque at home</p>	<p>- See suggestions for creating an oral health culture listed above -Improving frequency and quality of daily flossing -Show individuals how to floss properly 1:1 or in group (e.g., adult day health program group flosses together daily) -Provide adaptive floss tools (can be \$\$) -Create a ‘daily contract’ for individuals to use to self-monitor flossing (check off ‘yes”) on mobile app or paper chart - Measure how much plaque flossing is actually removing and use results to motivate individuals and caregivers</p>		SD

ORAL HEALTH INFLUENCES discussed so far	CONNECTIONS between influence and oral health outcomes	Suggestions for ADDRESSING INFLUENCE		
		-Have dentist/hygienist remove plaque and tartar		
Using mouth rinse as indicated (should be selected specifically to address caries and/or periodontal disease)	-Mouth rinse may not be available -Caregiver supervision and support not always available -Bottles can be hard to open	-Provide mouth rinse (specific to caries or periodontal disease) in accessible bottles and demonstrate proper use		SD
<b><i>Dental care influences</i></b>				
Going to the dentist on a regular basis	Visiting dentist can be scary	-Improve preparation for dental visits -Form relationship with dentist/hygienist (meet beforehand in-person or via Skype); introductory video on dentist website (pts. can see face/hear voice) -Schedule appointments differently (don't 'spring' visits on people; remind; reinforce) -Create welcoming waiting rooms (front office staff; greeters (self-advocates, assistance animals); treasure chest with sensory calming toys -Decrease wait time in office -Make dental 'house calls' (portable dental sites in day programs, residences, van)	2	VD
Going to the dentist on a regular basis	Financial barriers: -MassHealth-associated limitations (Medicaid) –not all dentists accept MassHealth -MassHealth may not cover certain procedures for adults  Personal oral health risk factors require more frequent	-Changing MassHealth reimbursement policies for dental treatments for adults with disabilities	5	SD

ORAL HEALTH INFLUENCES discussed so far	CONNECTIONS between influence and oral health outcomes	Suggestions for ADDRESSING INFLUENCE		
	professional cleaning than MassHealth will fund			
Going to dental specialists (e.g., periodontists, oral surgeons) when needed	<p>Financial barriers:</p> <ul style="list-style-type: none"> <li>- MassHealth-associated limitations (Medicaid) –not all dentists accept MassHealth</li> <li>-MassHealth does not cover some specialty procedures for adults</li> </ul> <p>Treatment concerns:</p> <ul style="list-style-type: none"> <li>-Periodontists typically expect patients to demonstrate good oral home care before they'll treat them</li> </ul>	<ul style="list-style-type: none"> <li>-Create directory of dental specialists who treat patients with special needs</li> <li>-Changing MassHealth reimbursement policies for dental treatments for adults with disabilities</li> <li>-Revisit goals of periodontal therapies and advocate for a different perspective for patients with different needs</li> </ul>		SD