Agenda

• Recap PCORI changes in Washington and impact on Oral Health Partnership
• Discuss options for building on what we’ve accomplished to date
• Brainstorm about ways to improve oral health
• Decide on next steps
PCORI Happenings

• Recall that PCORI is linked to Affordable Care Act (ACA)
• Pipeline to Proposal (P2P) Award initiative was eliminated
• Changes were made in allowable expenses in PCORI research grants
  • $ can’t be used to develop new tools, materials or supports
• Our CER Q1
  • testing a caries chronic disease management intervention
  • would require developing a new Caries Risk Assessment Tool for Adults with IDD and new materials to support participants and caregivers
• We learned about Engagement Awards
The Question

• Now that a comparative effectiveness research study is off the table,
  • What would we like to accomplish?
  • What are our options?
PCORI Engagement Awards

• Research-support not research awards
• $20.5 million to be awarded in FY 2018
• Up to $250,000 in total costs for up to 2 years
• Engagement Awardees:
  • Franciscan Children’s Hospital
  • Health Care for All
• Allow grantees to:
  • *Collect information* [to identify barriers to ensuring good oral health for adults with IDD in current service/support network]
    • From availability of fluoridated tooth paste to caregiver training to access to dental specialists]
  • Brainstorm about best ways to overcome these barriers
  • Work with stakeholders to spell out possible policy and programmatic solutions [Working Paper]
Aim: develop a network to connect parents of children with medical complexity (CMC) to each other and to their key healthcare providers to identify most common challenges for CMC in the healthcare continuum.

• Four parent-generated online surveys conducted to identify obstacles parents encounter when obtaining medical care for their child with CMC

• A meeting of project collaborators to review survey data and identify root causes and potential solutions to parent-identified problems

• A 5th survey administered to obtain additional parent input regarding these potential solutions

• Final collaborators meeting to formalize project recommendations for future research efforts.

• Written policy recommendations
Can we use an Engagement Award to help define the basic package of services & supports needed to promote oral health/prevent cavities in adults with IDD who live in community settings?

Recall . . .
Cause of Tooth Decay

- For tooth decay to occur, bacteria (plaque) use sugars in your diet to produce acids which dissolve the tooth surface.
- Dan Cohen Amendment: Not all sugar ingestion is the same.
Many Factors Can Modify Tooth Decay Process

• Saliva
• Frequency of sugar intake
  • Sugar-sweetened food and beverages
  • Medication
  • Nutritional Supplements
• Fluoride Use
  • Drinking fluoridated water
  • Brushing with fluoridated toothpaste
  • Having dental professionals apply fluoride in dental office (or sometimes in other community-based settings)
Preventing Tooth Decay . . .

• How much time do we spend at the dentist’s office?
• How much time do we spend OUTSIDE of the dentist’s office?
• Can we do more OUTSIDE the dentist’s office to prevent tooth decay?
Spheres of Influence
Oral Health of Adults with Disabilities

Community Level
- Residence Type,
- Availability of Affordable Dental Care, Policies, Laws and Regulations

Interpersonal Level
- Family/Paid Caregiver Role – Diet, Oral Home Care Support, Facilitate Access to Dental Care

Individual Level
- Diet, Medications, Oral Home Care,
- Level of Disability, Ability to Cooperate,
- Receipt of Dental Care Services

Oral Health Status of Adults with IDD
Brainstorming Exercise

What could be done to influence these factors and reduce the risk of tooth decay?

• Caregiver’s perspective
• Residential service perspective
• Participant’s perspective
Next steps?