

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 ALTSA, 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

ALTSA 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:

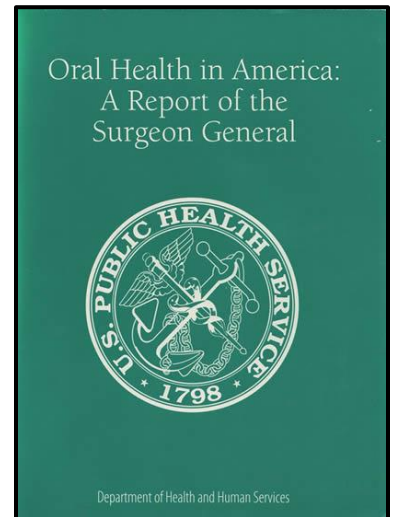
- 32% have lost 6 or more teeth
- 17% have a dental issue that needs to be addressed within the next month
- 32% report tooth decay
- 62% have moderate or severe gum disease
- No dental benefit in Medicare, Medicaid coverage is limited

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.



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

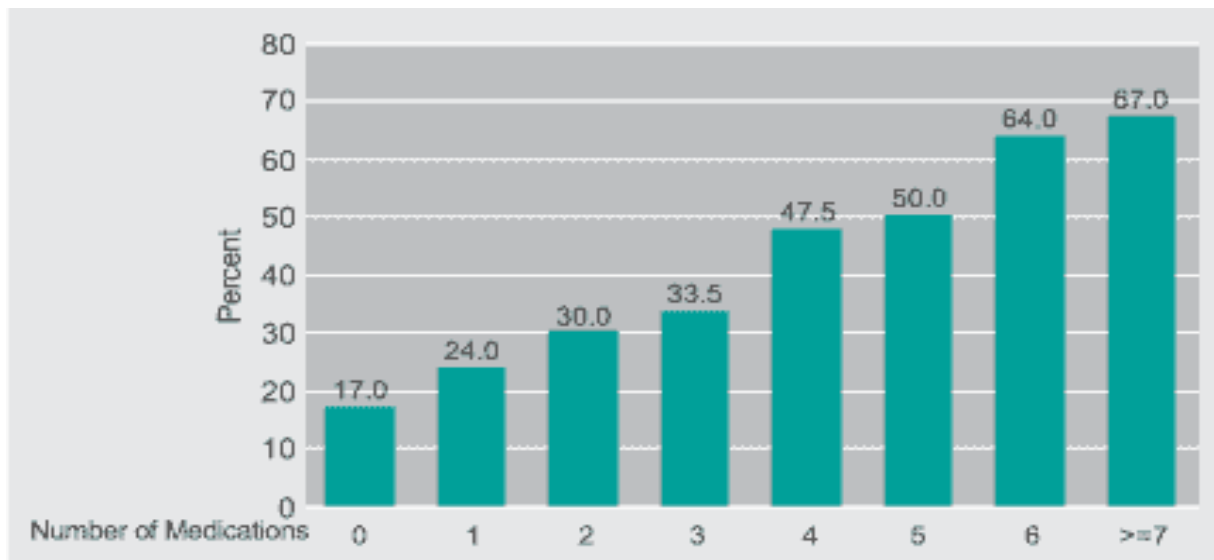
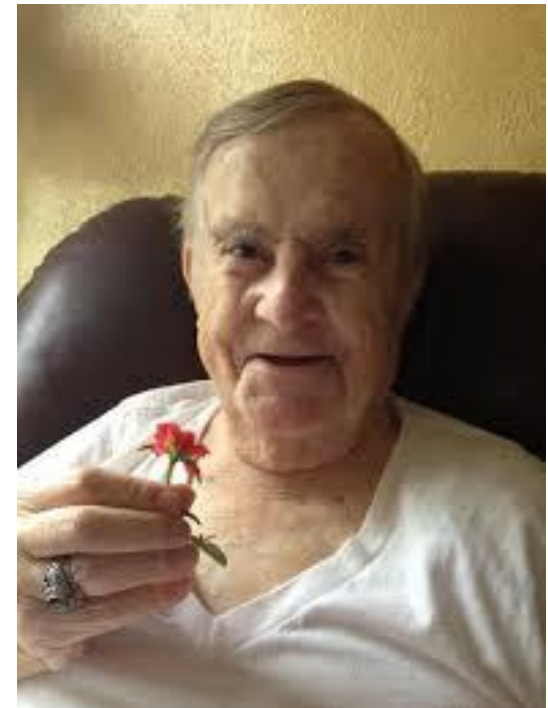
Consequences of Poor Oral Health

- **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.₁

- Oral Disease ↔ Systemic Disease
Implications
 - Cardiovascular disease, respiratory infections, diabetes, HIV

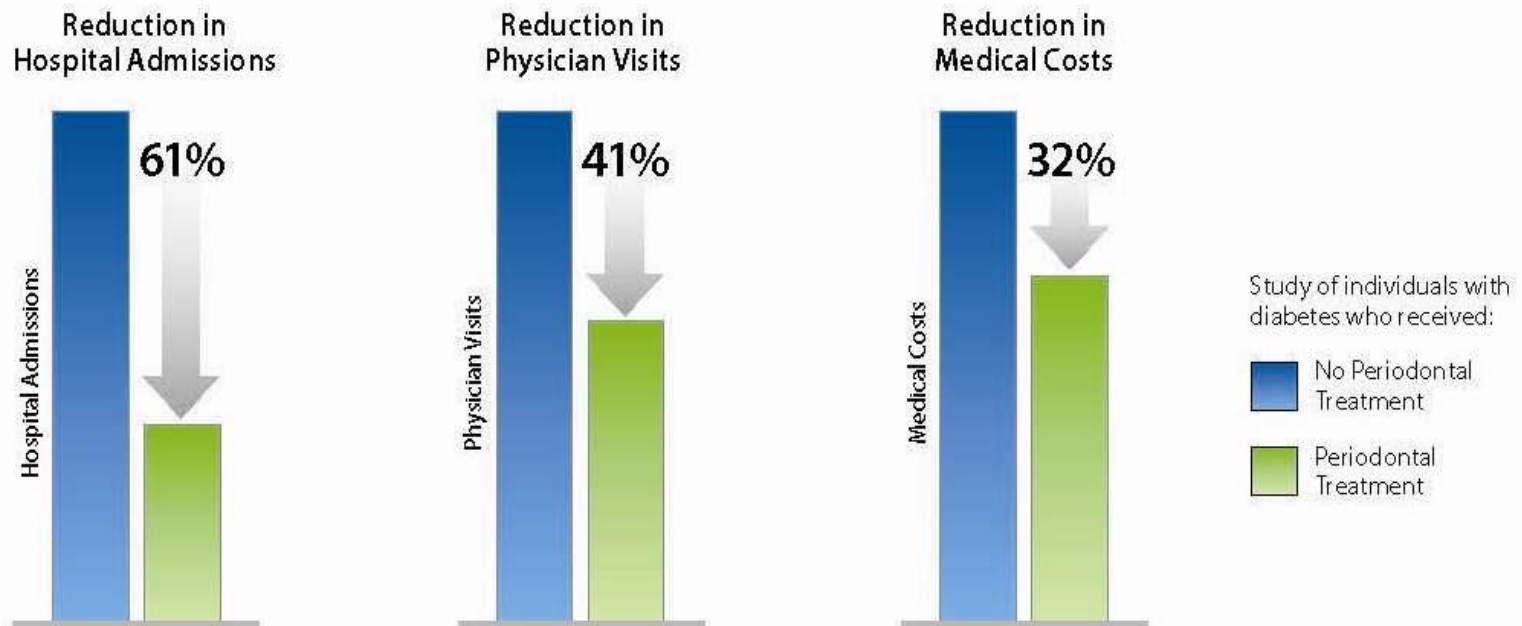
- Systemic Disease ↔ Oral Diseases
Implications
 - Dementia
 - Medications that cause dry mouth (xerostomia)
 - Diabetes

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 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

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: sanchac On: 08/19/2015 04:42

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Online

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- 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
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Diagnosis

Changes?

Diagnosis List *

#	Diagnosis
1	Hypertension
2	Diabetes - Insulin dependent (IDDM)
3	Neuropathy
4	Arthritis, Osteoarthritis
5	Allergies
6	Depression

Diagnosis Details

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

Online Only

Including diabetes, heart disease, stroke, pneumonia, Alzheimer's

CARE Assessment: Medications

CARE Office: ADSA HQ Case: McGee, Poppy X Updated By: sanchac On: 08/19/2015 04:46

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Medications (Last 7 days)

Medications Used? * Yes

Changes?

Medication List *

#	Description
1	CLARITIN D 24 HOUR TABLETS EXTENDED RELEASE
2	LANTUS INSULIN
3	LISINOPRIL TABLETS
4	SPIRIVA HANDIHALER
5	ZOLOFT

Medication Detail

Description: LANTUS INSULIN

Dosage

Quantity: Measure:

Frequency: TID (3xday) Route: Injections

Prescription: Yes

Why Taken

Diabetes

Comments

Recent adjustments made in insulin dosage

Online Only

Dry mouth questions?

CARE Assessment: Pain

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

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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

Online Only

Annotation: 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

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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

Are oral issues causing poor nutrition?

Date of last dentist visit: 12/30/2013

Dentist's Name:

Comments/Referrals

Gums are very

Online Only

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

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- Reports
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Eating (Last 7 days) Changes?

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

#	Type
1	

Comments/Caregiver Instructions
Prefers to use straw when drinking

Online Only

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

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 - Environment
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 - Indicators
 - Communication
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 - Hygiene
 - Bathing
 - Dressing
 - Personal Hygiene
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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.

Online Only

Discuss adaptive devices; probe for oral issues.

Care Plan: Triggered Referrals

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

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 - ◆ Mobility
 - ◆ Toileting
 - ◆ Eating
 - ◆ Hygiene
 - ◆ Household Tasks
 - ◆ Functional Status
- Care Plan
 - ◆ Triggered Referrals
 - Supports
 - Environment Plan
 - Equipment
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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?

Referral Date:

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

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 - Triggered Referrals
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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 Low saliva 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

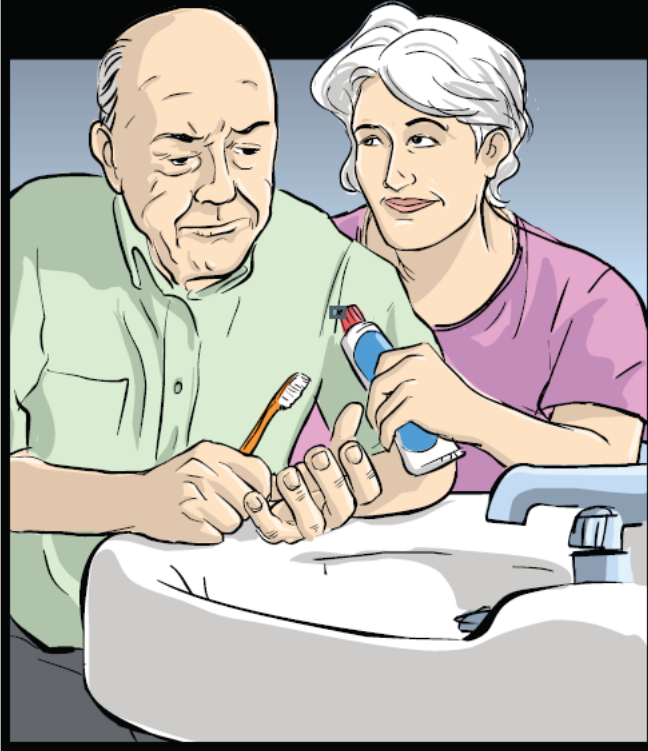
Growing evidence of link between periodontal disease and Alzheimer's disease:

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

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

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

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