

## I'M A PRIMARY CARE PROVIDER: HOW DO I GET STARTED?

- **Determine population of focus** —Begin by deciding with which subset of your patient population you would like to begin integrating oral health. Many primary care providers find that beginning with young children is the easiest place to start because they are seen frequently for well child visits and there is a financial incentive for doing so in many states. You may decide, for example, to begin integrating oral health into all well child visits for children ages 0-5.
- **Seek out training** —There are several opportunities for primary care providers to receive training on the basics of oral health in primary care. *Smiles for Life* provides free, comprehensive self-guided online modules that will cover the necessary information. Also, many states have on-site/in-person oral health training programs for primary care providers. Whether in-person or

online, all of these programs are designed to set a baseline with all primary care providers and staff in your office about the oral-systemic connection and how oral health can be effectively addressed in primary care.

- **Draft a workflow for the 4 key components** — Keep in mind that oral health integration is a team effort, and sole responsibility should ideally not be held by a single individual. However, having an oral health champion in the practice is helpful for leading the team through change. Front office staff, billing and coding specialists, medical assistants, nurses, nurse practitioners, physician's assistants and physicians can all play an active role in oral health integration. Depending on the makeup of your practice and the constraints of what your State Practice Act allows, oral health integration workflows can happen in a variety of ways.

## TIPS FOR SUCCESSFUL IMPLEMENTATION

As you begin to address oral health in your primary care practice, the following tips may help to ease the transition of adding new components to your workflow:

1. **Start Small!** When introducing a new oral health component into your practice, start with small tests of change to build experience and work out any unforeseen challenges. Testing a new component with one age group, one provider, or on one patient is a great way to build buy-in and confidence, while minimizing disruptions to the entire practice. As the process is refined, it will smoothly spread to more patients and providers.
2. **Track your progress with data** —Data collection can feel burdensome, but it doesn't have to be overly complicated. Tracking a few measures, allows you to determine if the processes that

are being integrated into the practice are, in fact, making an improvement. The *Using Data for Improvement* primer can provide some suggestions about measures that your practice may want to consider tracking.

3. **Must Be Sustainable**—Activities such as building the oral health evaluation form into the Electronic Health Record well-child visit template can go a long way in creating a culture that views oral health as an essential element of overall health within your practice.

Looking for more in-depth help with integrating oral health into your primary care practice? For more strategies and tips, check out our



# THE PRIMARY CARE GUIDE

## To Creating Interprofessional Oral Health Networks

### WHY ORAL HEALTH IN PRIMARY CARE?

Tooth decay is a preventable, infectious disease that impacts millions of Americans every year. It is a disease that has *systemic connections*, and can impact multiple areas of overall health and well-being. Although the dental workforce works to treat dental disease, access to dentists in all areas of the country is not sufficient to meet the needs, particularly the needs of the country's most vulnerable populations. Interprofessional strategies are necessary for keeping patients' mouths healthy and triaging patients that are in need of dental care.

### WHAT CAN PRIMARY CARE DO ABOUT TOOTH DECAY?

This is not a problem that can be solved by dentists alone. A coordinated, integrated approach to addressing oral health in primary care can be implemented with four key components:



Evaluate and monitor patients' oral health risk



Reinforce and co-design healthy oral health strategies for patient at-home care



Complete appropriate preventive activities (apply fluoride agents)



Coordinate care with dental providers when necessary

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### Evaluate and monitor patients' oral health risk

The first step to effectively include oral health in primary care visits is to gather information about the risk factors and protective factors that impact your patients' oral health, otherwise known as the oral health evaluation or risk assessment. There are many oral health evaluation tools and templates available for primary care teams to use, so you may select one that works best for your practice. See an example [here](#). Available oral health evaluation templates include three components:

- a. A series of questions/discussion topics that point toward the patient's oral health habits
- b. A section for the provider to note the findings from a brief visual assessment of the oral cavity
- c. A section to indicate what action or goal the patient will take to improve their oral health risk



### Reinforce and co-design healthy oral health strategies for patient at-home care

Setting self-management goals (at-home care) with patients is part of most oral health evaluation tools and helps ensure that patients take ownership of their health. [Self-management goals sheets](#) that patients can take home are one way to involve patients in selecting a goal and allowing them to take ownership of it for greater buy-in. There are many resources available for [facilitating effective conversations](#) with patients about oral health. Review ["Strategies to Elicit Change Talk"](#) document for specific tips, and [a video on effective communication](#) for a more in-depth overview of the topic. The key to setting self-management goals with patients is to involve the patient/parent in deciding what they would like to work on, and making goals achievable based on their unique circumstances (such as brushing teeth nightly and leaving toothpaste foam in the mouth).



### Complete appropriate preventive activities (apply fluoride agents)

The most common oral health preventive measure employed in primary care is the application of fluoride to the patient's teeth. Fluoride application is often used to reduce the incidence of tooth decay among high-risk patients. See ["How do I Get Started"](#) section on the next page for more details about receiving specific training for applying fluoride varnish. Once staff and providers have been trained, order fluoride varnish supplies and begin. For more information, see [Fluoride Q&A for Primary Care](#). Other oral health preventive activities that can be accomplished in the primary care office include medication management of dry mouth, dietary counseling, and the application of other preventive measures such as Silver Diamine Fluoride.



### Coordinate care with dental providers when necessary

Patients who have active decay or are at high risk for decay will need to be referred to a dental provider for treatment. [This referral pyramid](#) can help determine when and how quickly a patient may need to be seen by a dental provider.

If your practice does not currently have a referral relationship with any dental providers in your area, a few phone calls to area dental practices can help to establish a baseline understanding of the oral health network in your community. See [Scripting for Dental Community Calls](#). Once a referral relationship has been established, primary care and dental teams work together to determine how information is communicated between dental and primary care offices. An [Oral Health Referral Template and Patient Treatment Report Template](#) provides guidelines for the type of information each practice plans to collect.