

The Dental Care Race



The Importance of Oral Healthcare

For
Elderly Patients in
Long Term Care Facilities

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Credentials and Memberships

- American Dental Association
- Oklahoma Dental Association
- Graduate of Southern Nazarene University
- Internet Dental Alliance
- Graduate of Pride Institute Program
- Graduate Pinnacle Advanced Leadership
- Crown Council Member
- Graduate of University of Oklahoma College of Dentistry
- Special Care Dentistry Association
- American Society for Geriatric Dentists

And the problems are...?

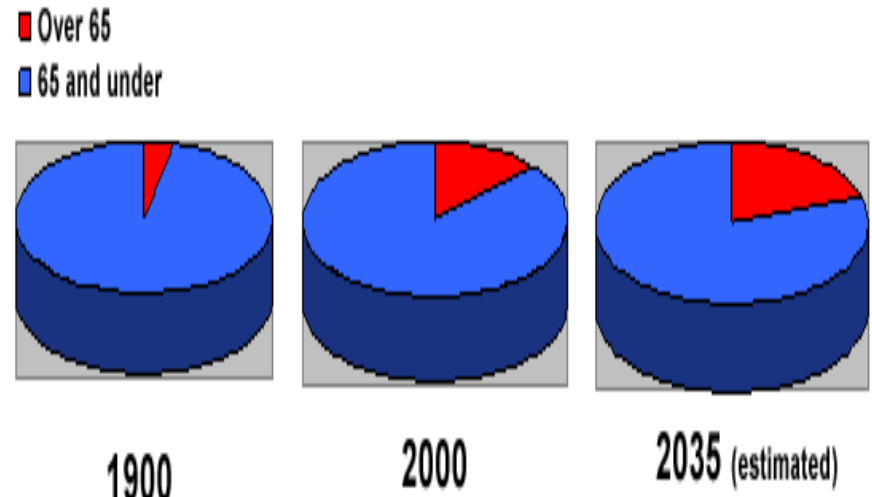
- Rapidly increasing numbers of the elderly, and the resultant rise in long term care facility population.
- As we age, we are keeping more and more of our teeth.
- As we age, we gradually lose the ability to maintain our teeth, creating the worst possible scenario for our elders (and us...)

How it affects us...

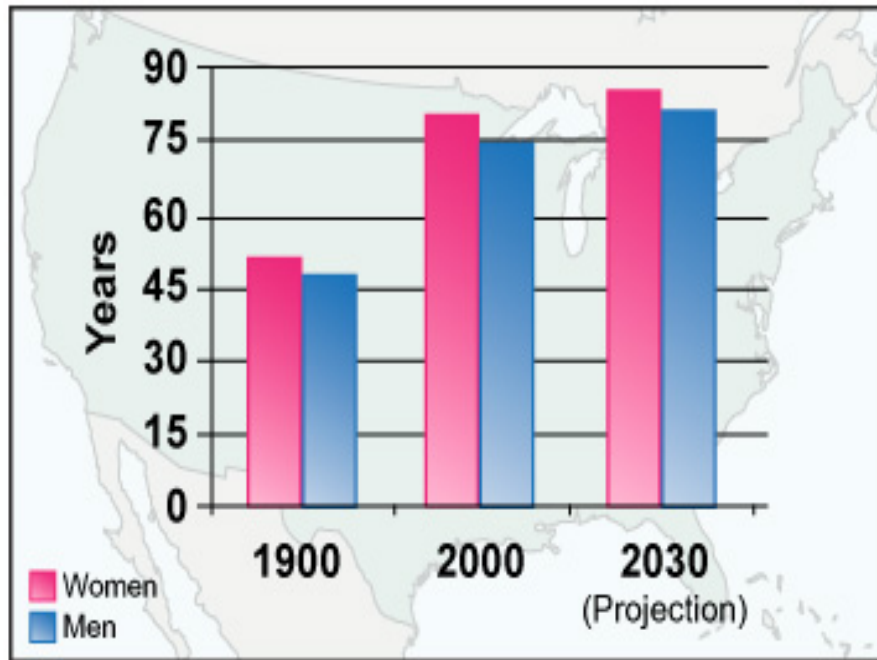
Not enough care givers,
with not enough time,
providing not enough oral healthcare!

The Aging Boomers

- 1900-only 4% of pop. Was 65+.
- 2000-13% of population, or 35 million people, are 65+.
- By 2030, 70 million people, or 20% of the population will be 65+!



More people, living longer...



Life Expectancy

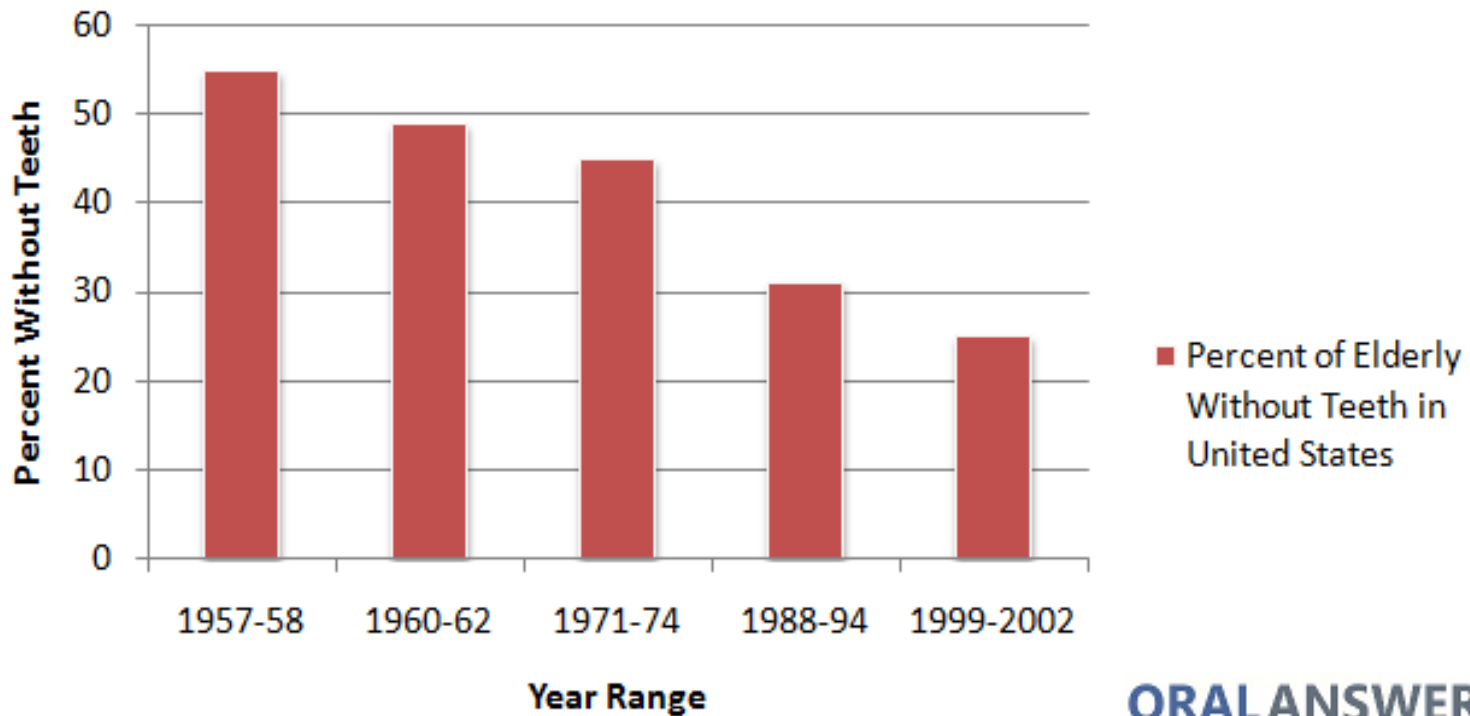
- 1900 – about 48 and 46 years for females and males.
- 2009 – about 81 and 76 years, respectively.

High tech advances, better screening tools, and better disease management are increasing our lifespan!

Keeping our teeth much longer.

Today, greater than 75% have retained at least some of their teeth!

Percent of Elderly Without Teeth in United States



ORALANSWERS

Get ready for the flood...

- 10,000 folks a day are turning 65 in U.S.
- Lifespans in the 80's
- More and more people keeping more and more of their teeth...with declining ability to care for them!



Impacts!



- Overall Health
- Oral Health
- Quality of life

Overall Health Impact

Cardiovascular Disease



- Association exists between CVD and Periodontal Disease.
- Common element is inflammation. Causes narrowing of arteries in CVD, tissue destruction in perio.



- Host response to perio thought to trigger atherosclerotic plaque ruptures, the cause of most heart attacks.
- CVD meds create gingival hyperplasia, xerostomia, and taste impairment.

Overall Health Impact Diabetes

- Increases risk and severity of perio.
- Longer healing, raises risk of infection.
- Perio worsens effect of diabetes.
- May worsen glycemic control
- May contribute to the complications of diabetes, such as heart and kidney disease.
- Triangle Effect-perio, diabetes, obesity. Fat triggers inflammation, intensifies infections (perio), promotes insulin resistance (diabetes).



Overall Health Impact

Rheumatoid Arthritis



Overall Health Impact

Rheumatoid Arthritis

- Rheumatoid Arthritis: “Chronic disease linked with inflammatory factors, results in destruction of connective tissue and bone deterioration”
- Common link is... chronic inflammation.
- Rheumatoid arthritis patient is 8 times more likely to have periodontal disease.
- Periodontal Disease: “Chronic disease linked with inflammatory factors, results in destruction of connective tissue and bone deterioration”
- RA is the strongest risk indicator for perio induced tooth loss when looking at risk factors for severe perio disease.

Dental Impact

- Periodontal Disease
#1 Killer of teeth.

Known as the “silent killer of teeth” since most aren’t aware until it’s too late!

Bleeding gums, bad breath, pain, mobile teeth.

- Dental Caries
“Cavities”- the next largest cause of lost teeth.

Left untreated, can cause sensitivity, pain, abscess, and tooth loss.

Dental Impact

Periodontal Disease and Dental Caries are caused by the same substance...

Bacteria laden PLAQUE!

Left at and below the gumline too long and you have periodontal disease. Left on the teeth too long and cavities are created.

Dental Impact



Overwhelmed?

There is a magic bullet.

A single thing that can significantly affect the oral health of the “silver tsunami” that is headed our way with lots of dental problems...

The Toothbrush!



The Toothbrush!

“During toothbrushing, the removal of dental plaque is achieved primarily through direct contact between the filaments of the toothbrush and the surfaces of the teeth and soft tissue.”

A Review of Mechanical Dental Plaque Control-Joo H. Kim, DDS
Surgical – Restorative Resource

The toothbrush is the primary tool used to defeat the problems created by plaque!

The Toothbrush!

- Regular personal and professional plaque removal measures are the most important aspect of maintaining oral health.
- Removal of the plaque you can see on the teeth and gums not only reduces cavities, but also diminishes the effect of sub-gingival plaque.

The Toothbrush!

The best toothbrush will always be the one that is used (properly) by the patient and/or caregiver.

- Angled into sulcus of gums at 45 degrees.
- Short strokes, back and forth.
- Don't disengage from the gums.
- Small segments at a time (don't miss any)
- Gentle is better than rough!

Alternative

Electric Toothbrush

- Easier in difficult situations
- Proven faster...saves TIME!
- Don't worry as much about WHAT you're doing, but WHERE!
- Better in plaque removal and motivation.

Toothbrushes

About \$.83 apiece.

Bulk lots of cheaper brushes can be purchased for as little as \$.08 apiece.



Toothbrushes



About \$4.00

Goal

Every tooth completely clean
every time you brush!

You need to see it...
to achieve it!

Adjunctive/Additive



Toothpaste

- Fluoride!
- Fluoride treatment every time the teeth are brushed.
- Better taste means better compliance.
- A clean, fresh mouth greatly improves self image.

Floss

- Where the brush can't reach...
in between the teeth.
- Remember: you're cleaning two teeth...
not one space!
- Floss holders / tools greatly improve the
ability to clean the side of the teeth.

Rinses

- Water will remove food debris, and re-hydrate the oral cavity.
- Over-the-counter rinses will do the same, but with a fresh, minty taste!
- A rinse with Fluoride achieves this AND a fluoride treatment every time it is used!
- Avoid alcohol – damaging to tissues.
- Rinse and spit!

A Take-away...

Xerostomia, or dry-mouth, affects up to 30% of LTC patients.

Xerostomia plus poor oral hygiene is a major contributor to aspiration pneumonia in LTC settings.

Research finds up to 100 billion micro-organisms in each milligram of plaque that can colonize the lungs with gram negative anaerobes from the gingival sulcus.

My Part

Regular personal and **professional** plaque removal measures are the most important aspect of maintaining oral health.

We strive to see our patients in the LTC facilities we serve at least 4 times per year, twice for exams by a dentist, and twice for cleanings by a hygienist.

Mobile Provider Considerations

- Frequency of visits
- Type of work performed in your home;
- Which types of residents will be treated;
- Rates for Private Pay residents;
- Denture replacement policy;
- Compliance documentation;
- Referrals on Emergencies;
- Annual production reporting.



OK 2017 Dental Production

- 12,891 Exams
- 856 Restorative
- 1,645 Extractions
- 506 Emergency Visits
- 417 Dentures
- 9423 Cleanings
- 80 Free Dentures from

Sterling Angle of Smiles



Dental Regulations

David Goubeaux, LNHE
President, Sterling Dental

Independent Senior Living
Assisted Living

Full Skilled Nursing
NAB License, Operators License

Final Rules F411 Dental

- Appointments
- Transportation
- Dental Reimbursements
- Policy on Dentures
- Denture Replacement
- Referrals



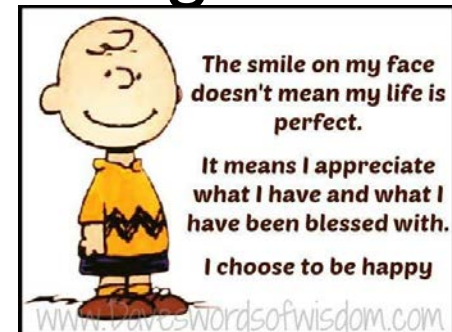
Phase 1: 11-28-2016

- Assist Residents in Scheduling Dental Treatment
- Arrange Transportation to Dental Apts.
- Assist in Applying for Dental Reimbursements



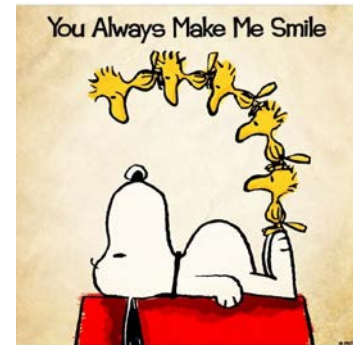
Phase 2: 11-28-2017

- Denture Policy on Replacing Dentures
 - Must pay for replacement dentures
 - Can exclude replacement to residents that were out of the building and in the care of another provider
- Dental Referral on Lost or damaged Dentures
 - Must occur within 72 hours



Sample Dental Policy

- Dentures will be replaced at no charge to any resident that loses or breaks a denture with one exception. In the case of a resident that loses or breaks a denture while they are out of the building and in the care of another provider.



Federal Required Oral care in Nursing Homes

- Annual Exam By A Dentist
- Routine and Emergency Dental
- Contract with Dentist
- Can Charge Medicare Residents
- May Not Charge Medicaid Residents

- OBRA 1987



What is an Exam?

- Must be performed by a licensed Dentist;
- Must have a signed Consent to Treat.



Denture Replacement Charity

- Sterling Angel of Smiles
- Free Denture
 - No Income
 - No Adjusted Income
 - Application to Board
 - Any Nursing Home

