Oral Health Integration Clinical Content FAQs

1. Are there ICD-10 codes that can be used for primary care oral health integration? What codes can I use to indicate that screening has been performed/education has been provided?
   There are a number of ICD-10 codes that can be used to document signs of active disease observed during the oral health screening assessment, if entering a finding as a temporary encounter diagnosis or on the problem list is determined to be the best way to capture the finding as structured data. Codes for modifiable risk factors such as poor oral hygiene, excess sugary snacks, and presence of tooth decay in family members are not available. Below are examples of appropriate ICD-10 codes for signs of active oral disease identified using the Oral Health Delivery Framework.

Clinical Finding	ICD-10 code	ICD-10 term
Oral dryness	K.11.7	Disturbances of salivary function
Tooth decay	K02.9	Dental caries, unspecified
Gingivitis	K05.6	Periodontal disease, unspecified

   Depending on the circumstances, practices may wish to use more specific codes, which can be found here.

2. Is there a list of medications that commonly cause dry mouth?
   A large number of medications are known to interfere with salivary function, and the list grows with time. Periodically, papers are published on the topic with lists of medications and drug classes that are particularly notorious.

3. How do I know what to look for in the gums, teeth, and mouth in general?
   The job of the clinician in oral health screening is to decide whether the patient's teeth and gums appear normal or not. The clinical skills to do this are learned, as with every other organ system, through a combination of guidance in what to look for and experience in looking in patients' mouths. The best source for guidance in the normal and abnormal appearance of the teeth and gums is the Smiles for Life National Oral Health Curriculum. The best way to gain experience is to spend a few seconds carefully looking at the teeth and gums of every patient you screen for oral health.

   Refer to the Smiles for Life National Oral Health Curriculum, available here.

4. What trainings are available to care teams integrating oral health screening into primary care?

Smiles for Life: A National Oral Health Curriculum is a self-paced, online education program that is certified as continuing education for both clinicians and non-clinician care team members. A clinical champion or local dentist may be able to provide in-service training as an introduction to the clinical content, which can be augmented at greater depth with the Smiles for Life curriculum.

See the Organized, Evidence-Based Care Supplement: Oral Health Integration, Section 4: How to Prepare for Successful Implementation, for a comprehensive discussion of training.

The Safety Net Medical Home Change Concepts for Practice Transformation provides a framework for patient-centered medical home (PCMH) transformation to help guide practices through the transformation process. The framework includes eight change concepts in four stages:

- Laying the Foundation: Engaged Leadership and Quality Improvement Strategy.
- Building Relationships: Empanelment and Continuous and Team-Based Healing Relationships.
- Changing Care Delivery: Organized, Evidence-Based Care and Patient-Centered Interactions.
- Reducing Barriers to Care: Enhanced Access and Care Coordination.

These change concepts are supported by a comprehensive library of training materials that provide detailed descriptions and real examples of transformation strategies. These resources are free and publicly available. To learn more, see Change Concepts for Practice Transformation.

Clinical content training presentations and associated case studies focused on the three high-risk target populations selected by the field-testing sites (diabetes, pregnancy, pediatrics) are offered in the Oral Health Integration Toolset here.

The Minnesota Oral Health Coalition has created a brief fluoride varnish application training video, available here.

Organizations in many states make no-cost oral health training available to medical practices, such as the Washington Dental Service Foundation's Mighty Mouth in Primary Care Training and the Oregon Oral Health Coalition's First Tooth Training, in which trainers come onsite to provide free training and supply informational tools, guides, and education materials for patients. A list of state-based pediatric oral health training programs can be found under the Resources section of the American Academy of Pediatrics Children's Oral Health website.

5. What are the links between poor oral health and chronic conditions, such as diabetes?
The Smiles for Life National Oral Health Curriculum Module 1 provides a focus on correlations between oral and systemic health.

Periodontal disease is linked to worse outcomes in systemic conditions, most notably diabetes and pregnancy.

- Adults 45 years of age and older with poorly controlled diabetes are nearly three times more likely to develop severe periodontal disease compared to people without diabetes.[1]
- Periodontal disease is considered one of the major complications of diabetes.[1, 2] The inflammatory response to bacteria in the mouth can generate and perpetuate systemic inflammation, triggering insulin resistance and leading to diabetic complications.
- Periodontal disease predicts the development of end-stage renal disease and deaths from cardiovascular disease among people with diabetes.[3, 4]
- There is a growing body of evidence that periodontal disease adversely affects glycemic control and that periodontal treatment can improve blood sugar control.[5-11]
- Hormonal changes in pregnancy accelerate the process of periodontal disease. For unclear reasons, periodontal disease is associated with poor pregnancy outcomes, primarily through increased risk of premature birth.[12]
- Nearly 25 percent of women have active tooth decay. Unless they are treated during pregnancy, the bacteria that cause tooth decay are very likely to colonize their baby's mouth before the baby's first tooth erupts.[13]

There is less well-documented evidence that periodontal disease may also contribute to poorer clinical outcomes in patients with cardiovascular disease, including stroke and respiratory diseases.

6. What are other patient-specific conditions/treatments that affect oral health?
Dry Mouth: In addition to medications, many diseases affect salivary function and the oral mucosa. Among them are autoimmune rheumatologic diseases that are frequently associated with dysfunction of exocrine glands that produce tears and saliva. Saliva is adversely affected by normal aging, hypothyroidism and major organ system failure, including heart and kidneys.[14] Salivary glands are very sensitive to the effects of ionizing radiation and can be irreparably damaged by radiation therapy for head and neck cancer.

Acid Exposure: The teeth are sensitive to erosion from acid both from energy drinks and from exposure from acid reflux, which is associated with other conditions such as pregnancy, obesity, and bulimia. Contact sports are a common threat to teeth, and preventive measures including mouth guards are an important part of oral health.

Tobacco Use: Tobacco, both through exposure to smoke and smokeless forms, is a leading cause of oral cancer. There is no evidence to suggest that electronic nicotine delivery systems are safer overall than more traditional methods of ingestion.

7. How do I educate patients with chronic conditions on ways to improve oral health? Where can I find resources in different languages for patients regarding the connections between chronic conditions and oral health?
   A list of patient education resources has been provided in the Oral Health Integration Toolset. This list highlights resources that are available in languages other than English.

8. How do I handle patients who clearly have dental disease but don't want to see a dentist or get a referral because they have dental fear/anxiety?
   Recently published evidence suggests that incorporating psychosocial aspects of behavioral change, including well-established counseling strategies, such as motivational interviewing, may lead to improved patient outcomes.[15] See the Primary Care Oral Health Interventions tool, which reviews the evidence for oral health interventions and provides links to several different behavior change strategies. Additional professional information and insight can also be found on the Dental Anxiety Network. A related website, Dental Fear Central, offers well-organized information for patients, as well as professionals.

9. What if reporting capability is not available, as mentioned in the coaching guide? What are some options or workarounds to ensure that you still have access to data and can use it for improvement?
   See Data Flow for Oral Health Reporting for a discussion of generating reports, and how a coach might assist a practice that has limited reporting capability.

Citations

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About the Oral Health Integration in Primary Care Project

Organized, Evidence-Based Care Supplement: Oral Health Integration joins the Safety Net Medical Home Initiative Implementation Guide Series.

The goal of the Oral Health Integration in Primary Care Project was to prepare primary care teams to address oral health and to improve referrals to dentistry through the development and testing of a framework and toolset. The project was administered by Qualis Health and built upon the learnings from 19 field-testing sites in Washington, Oregon, Kansas, Missouri, and Massachusetts, who received implementation support from their primary care association. Organized, Evidence-Based Care Supplement: Oral Health Integration built upon the Oral Health Delivery Framework published in Oral Health: An Essential Component of Primary Care, and was informed by the field-testing sites' work, experiences, and feedback. Field-testing sites in Kansas, Massachusetts, and Oregon also received technical assistance from their state's primary care association.

The Oral Health Integration in Primary Care Project was sponsored by the National Interprofessional Initiative on Oral Health, a consortium of funders and health professionals who share a vision that dental disease can be eradicated, and funded by the DentaQuest Foundation, the REACH Healthcare Foundation, and the Washington Dental Service Foundation.

For more information about the project sponsors and funders, refer to:

- National Interprofessional Initiative on Oral Health: niioh .org .
- DentaQuest Foundation (now CareQuest Institute for Oral Health): carequest .org .
- REACH Healthcare Foundation: reachhealth .org .
- Washington Dental Service Foundation (now Arcora Foundation): arcorafoundation .org .











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