

# Integration of oral health care into geriatric primary care: proposal for collaboration

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## Challenges

Many people who are elderly, especially those who are homebound, discontinue regular oral health care due to their inability to access care. Reasons for this include transportation challenges, difficulty in finding a provider, inability to schedule personal appointments, and funding. Lack of regular oral health care results in tooth decay, broken teeth, abscessed teeth, and inflamed gingival tissues. Subsequent issues include difficulty eating, difficulty speaking, pain, and acute medical needs. Since dental professionals are unable to provide preventive services and monitor oral health when patients discontinue office visits, the role of the geriatric primary care team is critical in identifying persons who need to be connected to regular oral healthcare services.

## Goal

**Education:** A goal of this collaboration is to educate the geriatric primary care team (physicians, nurses, social workers) on the oral healthcare needs and the importance of oral health care for people who are elderly, especially those with cognitive and physical decline.

**Resources:** A goal of this collaboration is to identify oral healthcare resources available to provide regular care for people who are elderly.

**Clinical Care:** A goal of this collaboration is to facilitate obtaining oral health care for people who are elderly.

## Education

The geriatric primary care team (physicians, nurses, social workers) plays a critical role in identifying people who need to be connected to regular oral healthcare services. Oftentimes, family members are unaware that a person is no longer receiving regular oral health care. Knowledge of the importance of oral health care and the oral healthcare needs of people who are elderly, especially those with cognitive and physical decline, will be presented. Oral healthcare assessment must be incorporated into the geriatric assessment. Practical interventional tools to be incorporated into the geriatric assessment will be given, including Daily Oral Care Plans. Triggers precipitating referrals will be identified.

**Practical Tools:** Oral health care is useful for evaluating disease progression (cognitive and physical decline).

1. Identification of a person no longer going to the dentist for regular oral care and cleanings.
  - Ask when the person last visited the dentist.
  - Ask when the last dental cleaning occurred.

*Trigger:* If greater than 6 to 12 months, need for immediate referral.

*Trigger:* Oftentimes this person is having difficulty with IADLs and some ADLs.

2. Identification of a person with a decrease in daily oral care.

- Evaluate oral appearance (presence of plaque and food debris on teeth).

*Trigger:* If oral appearance has declined, this person will typically demonstrate decline in other ADLs as well. The Daily Oral Care Plan needs to be updated and discussed with caregivers.

3. Identification of a person who is no longer able to provide his or her own daily oral care.
  - Evaluate oral appearance (presence of plaque and food debris on teeth).

*Trigger:* If oral appearance has declined to a level where the person is unable to maintain oral health, he/she will need assistance with other ADLs as well. Intervention is required to assign a person to provide assistance. The Daily Oral Care Plan needs to be updated and discussed with caregivers.

4. Evaluation at regular care plan meetings.
  - Evaluate appropriateness of the Daily Oral Care Plan.
  - Determine if the Daily Oral Care Plan is being followed.
  - Verify whether needed changes have been made.
  - Determine date of last visit to dentist and last cleaning.
  - Determine any acute needs.

## Resources

Prior to evaluating resources, a needs assessment must be completed to determine what resources are needed. This will

include evaluating the types of providers needed (RDH for cleanings/radiographs; dentists for extractions/restorations/prosthetics/etc.), locations of services (dental office/homebound/daycare and community settings/long-term care facilities), and funding (insurance/private pay/sliding scale/Medicaid).

Determination of existing resources will be made. The creation of resources and models of care will be explored. It is critical that physicians, nurses, social workers, and caregivers have access to information about available oral healthcare resources. These will be identified and provided so they may be easily disseminated to those needing care. These resources can include the person's previous dentist (identify the barriers that have precluded continuing care, such as transportation, inability to make the appointment, etc.). Dental insurance options will be identified. Low-cost options such as dental schools and FQHC dental clinics will be considered. Additional resources will be identified for persons who are homebound and unable to return to the dental office. Utilization of dental hygiene services through collaborative practice programs will be explored.

### Clinical care

The provision of clinical care often includes identifying the appropriate location to obtain oral healthcare services, a referral for oral health care, assistance in making appointments and arranging transportation, navigation of large healthcare systems, accompaniment to the appointment, determination of funding options, making payment for services, and follow-up care. The geriatric primary care team (physicians,

nurses, social workers) plays a critical role in facilitating these functions.

## Daily Oral Care Plan for

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

- No changes in oral hygiene regimen recommended at this time.
- Recommend changes in current oral hygiene regimen to prevent tooth decay and gingival inflammation.

### Care of Patient's Teeth:

- The patient has been instructed to brush their teeth daily with a toothbrush and fluoride toothpaste two (2) times per day: after breakfast and before bedtime.
- The patient needs assistance to brush their teeth daily with a toothbrush and fluoride toothpaste two (2) times per day: after breakfast and before bedtime.
- An order was written for fluoride gel application: using a toothbrush, apply fluoride gel to all tooth surfaces before bedtime, following toothbrushing. Patient must not eat, drink, or rinse for two (2) hours following application. If uncooperative, apply a thin layer to the cheekside of teeth using a Toothette.
- Other: \_\_\_\_\_

### Care of Patient's Dentures

- The patient has been instructed to remove their upper and/or lower

dentures at night. Dentures should be cleaned with toothbrush and toothpaste and placed in a denture cup with water and tablet of effervescent denture cleanser (Polident or Efferdent or other generic denture cleanser) overnight. The denture should be placed back in the mouth in the morning before breakfast.

- The patient needs assistance to remove their upper and/or lower dentures at night. Dentures should be cleaned with toothbrush and toothpaste and placed in a denture cup with water and tablet of effervescent denture cleanser (Polident or Efferdent or other generic denture cleanser) overnight. The denture should be placed back in the mouth in the morning before breakfast.
- The patient has been instructed to place a very thin and even layer of denture adhesive in their upper and/or lower denture each morning.
- The patient needs assistance to place a very thin and even layer of denture adhesive in their upper and/or lower denture each morning.
- The patient has been instructed to remove their upper and/or lower dentures following each meal, rinse with water, and place back in mouth.
- The patient needs assistance to remove their upper and/or lower dentures following each meal, rinse with water, and place back in mouth.
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_