Community Collaboration: Bridging the Gap in Healthcare

Providing Total Care
- Patients have more dental visits vs. medical visits
- Screenings treat entire patient
- Screenings detect undiagnosed disease
- Screenings save money-$102M/year
- Screenings differentiate your practice

Medical Screenings
- Blood Pressure
- Oral Cancer
- Age Related
- Depression “You seem sad, what’s going on in your life?”
- Skin Cancer

Health Guidelines according to American Cancer Society
- Men and women age 50+: colonoscopy every 5 years
- Women age 40+: mammograms annually
- Women age 20-30: clinical breast exam every 3 years
- Women age 40+: clinical breast exam annually
- Skin cancer screenings vary
- Bone density screenings vary—National Osteoporosis Foundation recommends both men and women over age 65

Screening Devices
- BP Screenings: Wrist monitors

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic mm Hg (upper #)</th>
<th>Diastolic mm Hg (lower #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>less than 120</td>
<td>and less than 80</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120 – 139</td>
<td>or 80 – 89</td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 1</td>
<td>140 – 159</td>
<td>or 90 – 99</td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 2</td>
<td>160 or higher</td>
<td>or 100 or higher</td>
</tr>
<tr>
<td>Hypertensive Crisis (Emergency care needed)</td>
<td>Higher than 180</td>
<td>or Higher than 110</td>
</tr>
</tbody>
</table>

Linda Blackiston, RDH, BS
Manager, Professional Education Mid-Atlantic
Linda.Blackiston@philips.com

Linda received her Bachelor of Science in Dental Hygiene from, University of Maryland Dental School. Her professional and clinical background includes; corporate pharmaceuticals, general practice, periodontics and staff position in pediatric dentistry at University of Maryland Linda is a manager of Professional Education for Philips North America. She is an industry author writing and lecturing nationally

Linda volunteers with Mid-Atlantic PANDA (Prevent and Abuse Neglect Through Dental Awareness) providing courses on recognizing and reporting cases of abuse and neglect. Linda serves on The Samaritan Women board of directors; which is a long-term restoration program for victims of human trafficking. She also volunteers educating the community on human trafficking issues.

Notes:

Resources:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2685263/
http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/wrist-blood-pressure-monitors/faq-20057802

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Oral Cancer Screenings
- Consistent
- Routine
- Intra-Oral
- Extra-Oral: face, head, neck, palpation of lymph nodes
- Recommended order: preauricular, submandibular, anterior cervical, posterior auricular and posterior cervical regions

Oral Pathology Detection
- Palliative-provides relieve care
- Supportive-Topical or Systemic Interventions
  ⇒ OHI
  ⇒ Treatment of local discomfort, secondary infection, nutritional therapy
- Curative-provides care with intent to improve symptoms and cures the patient’s medical problem

Optimal Care
- Suspicious lesion: biopsy if not resolved in 2 weeks
- Supportive care: topical or systemic interventions which may include nutritional therapy, oral discomfort mgmt., oral hygiene instructions, mgmt. of secondary infection, local disease control, referral as necessary

Skin Cancer Screening
  A. Asymmetry: 1/2 abnormal area is different from other 1/2
  B. Borders: edges of growth are irregular
  C. Color: color changes from one area to another
  D. Diameter: area is usually (but not always) larger than 6mm
  E. Evolution: area changes appearance

The Cancer Journey

Integrating Risk into Diagnosis / Treatment Planning
- Philips Risk Assessment Tool: Three Assessments
  1. Caries
  2. Periodontal Diseases
  3. Oral Pathology

Notes:

Resources:
http://philipsoralhealthcare.com/CARE

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AAOSH—American Academy for Oral Systemic Health
- Founded 2010
- Stephanie Lodding, RDH—1st RDH President
- Dedicated to relationship of oral health and whole body health

Medical Emergencies: 1st Steps
- Awareness—be aware of pt’s medical conditions
- Knowledge of condition, severity and control provides indication of pt’s risk level for medical emergency
- Assessments—proper medical hx, physical evals, medical consultations can prevent a medical emergency

Endocrine Disease
- Diabetes
  ⇒ Type 1: Insulin Dependent
  ⇒ Type 2: Insulin Resistant
- Gestation: Pregnancy
- PreDiabetes
  ⇒ Impaired Glucose Tolerance
  ⇒ Impaired Glucose Fasting

Diabetic Management
- Avoid aspirin/NSAIDS
- Blood Pressure—monitor due to associated HTN (hypertension)
- Cardiovascular—beta blockers increase HTN
- Devices—insulin pump? Confirm attachment and working
- Drugs
  • Emergency—advise patient to inform dentist and team of any reactions occurring during dental visit.
  • Follow-up—evaluation advised. Inspect for oral lesions. Assess perio health (often at risk due to poor glycemic control)

Diabetes Management Calculating A1C

Resources:
Whitney C. How dentists can collaborate with physicians to bridge the oral-systemic gap.
http://www.3rderadentistry.com/
http://www.aash.org


http://www.diabetes.org
http://www.perio.org/consumerNonsurgical_Diabetes

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eAG— A New Term
- Calculates in units that patients are familiar
- May improve discussion of glucose control
- 7% A1C = 154 mg/dl (eAG)
- Recommended by American Diabetes Association

Transplant Patients
- Consult with medical team
- Evaluate dental health
- Treat active disease before transplant
- Pre-med? Follow AHA guidelines

Post-Transplant Patients
Phase 1: Immediate post-transplant (up to 6 mos)
  - No routine dental tx
  - Only emergency dental care confirmed by medical consultation

Phase 2: Stable
  - Transplant/Graph has healed, acute rejection reaction has been controlled
  - Medical confirmation required—any indicated dental treatment can be performed

Phase 3: Chronic Rejection Period
  - Significant signs/symptoms of chronic rejection—established after medical consult
  - Only emergency or immediate dental needs treated

Applied Principles: Stable Graph Period

Are You Prepared for a Medical Emergency?
- Quick recognition of signs and symptoms
- Fast response time (4-6 min w/out oxygen=brain damage)
- Systematic monitoring of patient's well being using an algorithm
- Positioning: Supine, except conscious insulin shock (upright)

Philips HeartStart
- Designed for rapid response
- Easy to use

Resources:

http://professional.diabetes.org/
GlucoseCalculator.aspx

Dental Management of the Medically Compromised Patient
http://www.nidcr.nih.gov/oralhealth/Topics/OrganTransplantationOralHealth/
OrganTransplantProf.htm

http://www8.healthcare.philips.com/ems/Product/FR3.aspx#s3

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Team Communication - INTRA-Office Communication
- Hiring the right team
- Annual meetings
- Monthly meetings
- Daily huddles

Annual Meeting
- Yearly action plan
- Detailed agenda
- Special event
- Team attendance

Office / Department Monthly Meetings
- Follow up on annual meeting
- Reflect on previous month
- Prepare for next month

Morning Huddle
- Daily
- On-Time
- Entire team
- Checklist

Protecting Your Practice-Chart Audits
- Reactivates patients
- Tracks active patients
- Increase revenue
  ⇒ Incentivize team members on schedule success
- SOP
  ⇒ Include all team members
  ⇒ Conduct during down time
  ⇒ Maintain records of correspondence and follow up
- Monitor chart accuracy

The Six X’s
- Hx
- Ex
- Dx
- Tx
- Rx
- Nx

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Resources:


Inspired Hygiene, Rachel Wall, 12 Months of Hygiene Department Meetings, 2014.

http://www.mckenziemgmt.com

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Maximize Dental Software Program Features
- Specialist referral notations
- Summary of conversations specialists
- Record patient refusal/decline of referral recommendation

Professional Ethics
- Organized
- Legible
- Readily accessible
- Understandable

Record Considerations
- Consistent
- Checklist
- Specific vocabulary
- Legible
- Accurate
- Objective
- Factual
- No destroying
- No re-writing
- No judgment

Team Communication—INTER-Office Communication
- Involves clear and decisive leadership from the dentist
- Can involve dental and medical specialty practices
- Collaborate as a multi-disciplinary team

Successful Hand-Off
- Eliminate confusion
- Creates consistent flow
- Streamlines & simplifies
- Involves patient
- Promotes patient confidence

Dental Specialist Referrals
- Endodontist
- Periodontist
- Pediatric
- Oral Surgeon
- Prosthodontist
- Orthodontist
- Cosmetic
- Oral Medicine

Interspecialist Collaboration
- Cardiologist
- Endocrinologist
- Oncologist
- ENT
- Integrative Medicine
- Dietician
- Mental Health
- Dermatologist
- Pediatrician

Resources:
http://www.steppingstonestosuccess.com/products/selfstudy1.htm

Guidelines May 2008, Dental Record Keeping: The Guidelines of the Royal College of Dental Surgeons of Ontario

http://www.lindaharvey.net/resources/free-tools/top-ten-best-practices-for-record-keeping/

Team communication tips: How to reframe accountability, Ginny Hegarty
http://dentalproductsreport.com, July 2013

Inspired Hygiene October 2013 Mastermind Call “Secrets to Successful Handoffs w/Angela Sullivan
http://www.inspiredhygiene.com

http://www.dentistrytoday.com/management/1396


http://www.periofrogz.com


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Terminology Trends

<table>
<thead>
<tr>
<th>Past</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Cleaning</td>
<td></td>
</tr>
<tr>
<td>Inflammation</td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td></td>
</tr>
<tr>
<td>Probing</td>
<td></td>
</tr>
<tr>
<td>A Little Gum Problem</td>
<td></td>
</tr>
<tr>
<td>Homecare</td>
<td></td>
</tr>
<tr>
<td>Waiting Room</td>
<td></td>
</tr>
<tr>
<td>Bill</td>
<td></td>
</tr>
<tr>
<td>“I found”</td>
<td></td>
</tr>
</tbody>
</table>

Significance of Referrals
- Superior Inter-Office Communication
- Easier Referral Process
- Well-Controlled Process
- Vibrant Study Club

When To Refer
- Comfort level of dentist
- Complexity of treatment
- Medical complications
- Patient desires
- Behavioral concerns

Management After Referral
- Establish tracking procedure
- Follow-up phone calls
- Clear communication

Harmony of Referrals
- Protocol awareness
- Assigned team member manages
- Aligned goals/expectations

What Could Go Wrong? True Story:
- 1st Referral to Specialist-Pt took no action
- 2nd Referral-Office Mgr scheduled w/Specialist but patient canceled the next day
- 18 mos later, patient sued both dentist and specialist for malpractice
- Malpractice insurer settled case out of court in patient’s favor

Referral Documentation
- Mandatory
- Conversations
- Correspondence
- Patient consent
- HIPPA

Electronic Referrals: Streamlines the referral process

Notes:

Resources:


http://www.rcseng.ac.uk/publications/docs/sds.html/@download/pdfview/Good%20Practice.pdf-General Dental Council, Maintaining Standards, paragraph 3.3


PBHS Protective Business and Health Systems Collaborator http://www.pbhs collaborate.com

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Interdisciplinary Team: a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient.

Notes: __________________________________________
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Game Changers in Dentistry
- OSHA
- Implants/Cosmetic Dentistry
- Risk Assessment
- Biofilm Disruption/Power Toothbrushes

Dentistry + Medicine
- Be in the “correct lane”
- Use proper signals
- Anticipate what others will do

Communication
- Health Care Systems
- Health Care Professionals
- Finance

Interprofessional Education (IPE)
- ADEA studied IPE in US and Canadian dental schools
- New CODA Standards implemented July 13, 2013
- Two standards related to IPE were implemented

What’s Our Role in IDC?
- Continuing Education
- Improve Communication
- Collaborate in Community

Other Opportunities
- Teledentistry
- Real Time Consultation
- Store and Forward: RDH collects, stores images, clinical information and later forwards for consultation and treatment planning

According to the Centers for Disease Control:
- 8.1 million undiagnosed diabetes
- 31.5 million undiagnosed hypertension
- 47 million high cholesterol

27 million dental visits annually but no medical visits

Resources:
https://www.philipsoralhealthcare.com/systemichealth
Philips Oral Healthcare Professional Education Program Evaluation

Thank you for attending the program. We appreciate your feedback.

Date: 
Instructor: Lindda Blackiston RDH, BS 
Methodology: Lecture 
Course Location: 
AGD Subject Code: 550
AGD Verification Code: 041015LB

Course: Community Collaboration: Bridging The Gap 
Organization:

Participants: Dentist Dental Hygienist Dental Assistant Business Administrator 
Faculty Dental Student DH Student DA Student

What other topics would you like to have offered?
________________________________________________________________________________

Rate each criterion using the following scale:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course objectives were consistent with the course as advertised</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the course objectives adequately addressed and achieved</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course material was up-to-date, well-organized, and presented in sufficient depth</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor demonstrated a comprehensive knowledge of the subject</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor appeared to be interested and enthusiastic about the subject</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio-visual materials used were relevant and of high quality</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handout materials enhanced course content</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, I am satisfied with this course</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, I am satisfied with this instructor and teaching methods</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, this course met my expectations</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting site was adequate in size, comfortable, and convenient</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course administration was efficient and friendly</td>
<td>1 2 3 4 5 NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What did you find to be the most valuable part of this course?
________________________________________________________________________________

What sections/topics in the program should be shortened?
________________________________________________________________________________

What will you immediately implement or change as a result of attending this course?
1.________________________________________________________________________________
2.________________________________________________________________________________

Comments (positive or negative):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Additional comments can be e-mailed to Cindy Sensabaugh, Sr. Mgr. North America Professional Education at Cynthia.Sensabaugh@Philips.com