

# Oral Health & Behavioral Health: Rationale for Increased Coordination and Integration

**Wednesday, July 22, 2020**

2:00 – 3:00pm Eastern Time



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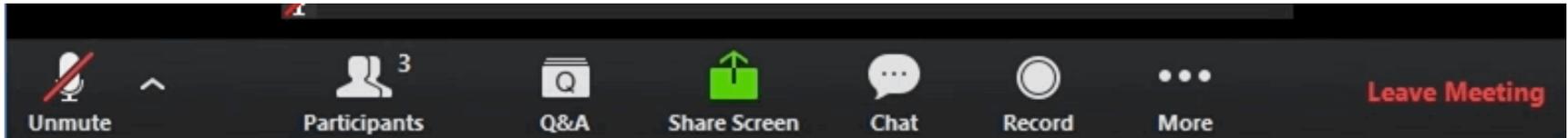
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# How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**  
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Both are located at the bottom of your screen.  
We'll answer as many questions as we can at the end of  
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# Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)



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## Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Oral Health Provider
- Mental Health Provider
- Substance Use Provider
- Other (specify in chat box)



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# Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



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# Introductions



**Rachael Matulis,**  
Principal, Bowling  
Business Strategies



**Lorraine (Lori) LaPorte,**  
Health care consumer



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# Introductions



**Dr. Danielle Rulli,**  
Director, Graduate  
Dental Hygiene Program,  
Clinical Assistant  
Professor, University of  
Michigan School of  
Dentistry



**Dr. Adrienne Lavidos,**  
Clinical Assistant Professor,  
Department of Psychiatry,  
Program for Mental Health  
Innovation, Services and  
Outcomes, University of  
Michigan Medical School



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# Today's Agenda

1. Introductions & Background
2. Consumer Perspective: Insights from a Consumer – No Health without Oral Health
3. Rationale for Increased Coordination and Integration for Oral and Behavioral Health
4. Academic Perspective: Insights from the University of Michigan
5. Conclusions and Next Steps



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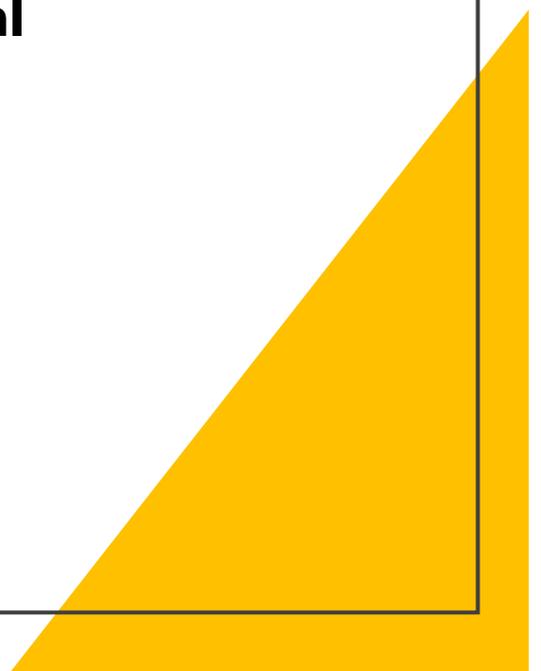
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# **Lori's Story**

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**Consumer Insights: No  
Health without Oral  
Health**



# Rationale for Increased Coordination and Integration for Oral and Behavioral Health

- Increased focus in the past decade on health care value (i.e., health outcomes achieved per dollar spent) in the United States
- Oral health is viewed as separate from general health, despite it being a key contributor to overall health and well-being
- Behavioral and oral health conditions affect millions of adults and children in the United States, and both contribute heavily to the nation's burden of disease
- Oral health and behavioral health – including both mental health conditions and substance use disorders – are very closely related

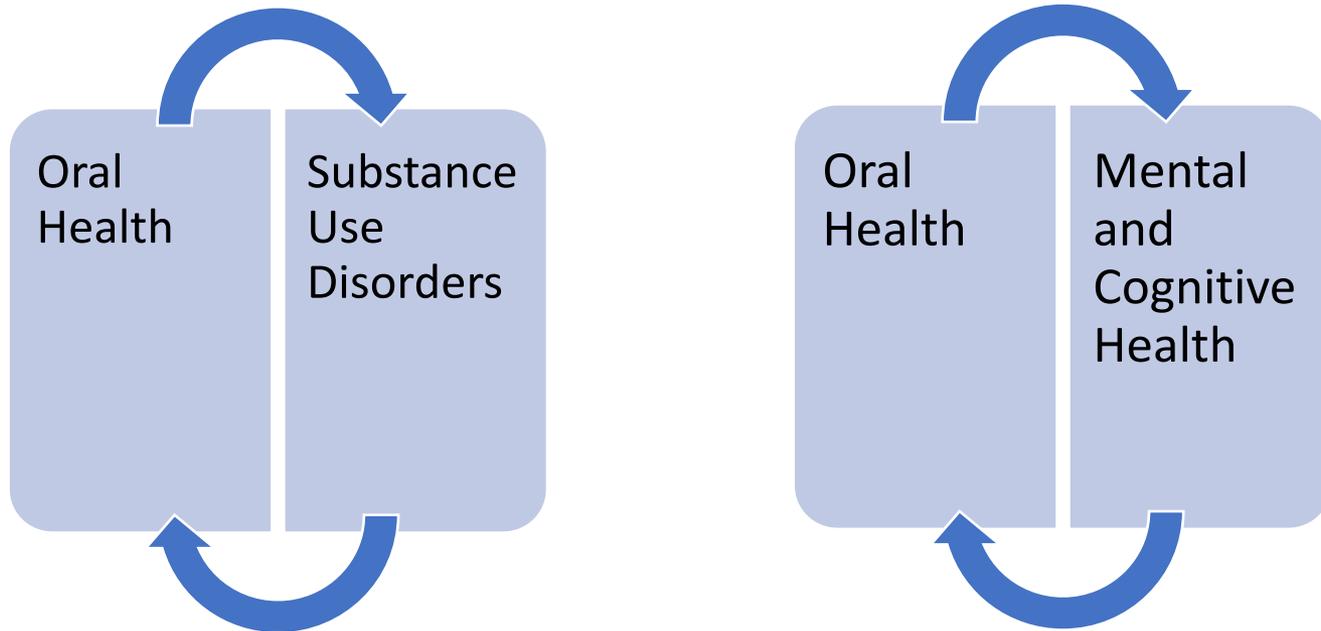


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# Rationale for Increased Coordination and Integration for Oral and Behavioral Health

- Not only can behavioral health directly impact oral health, but oral health can impact behavioral health



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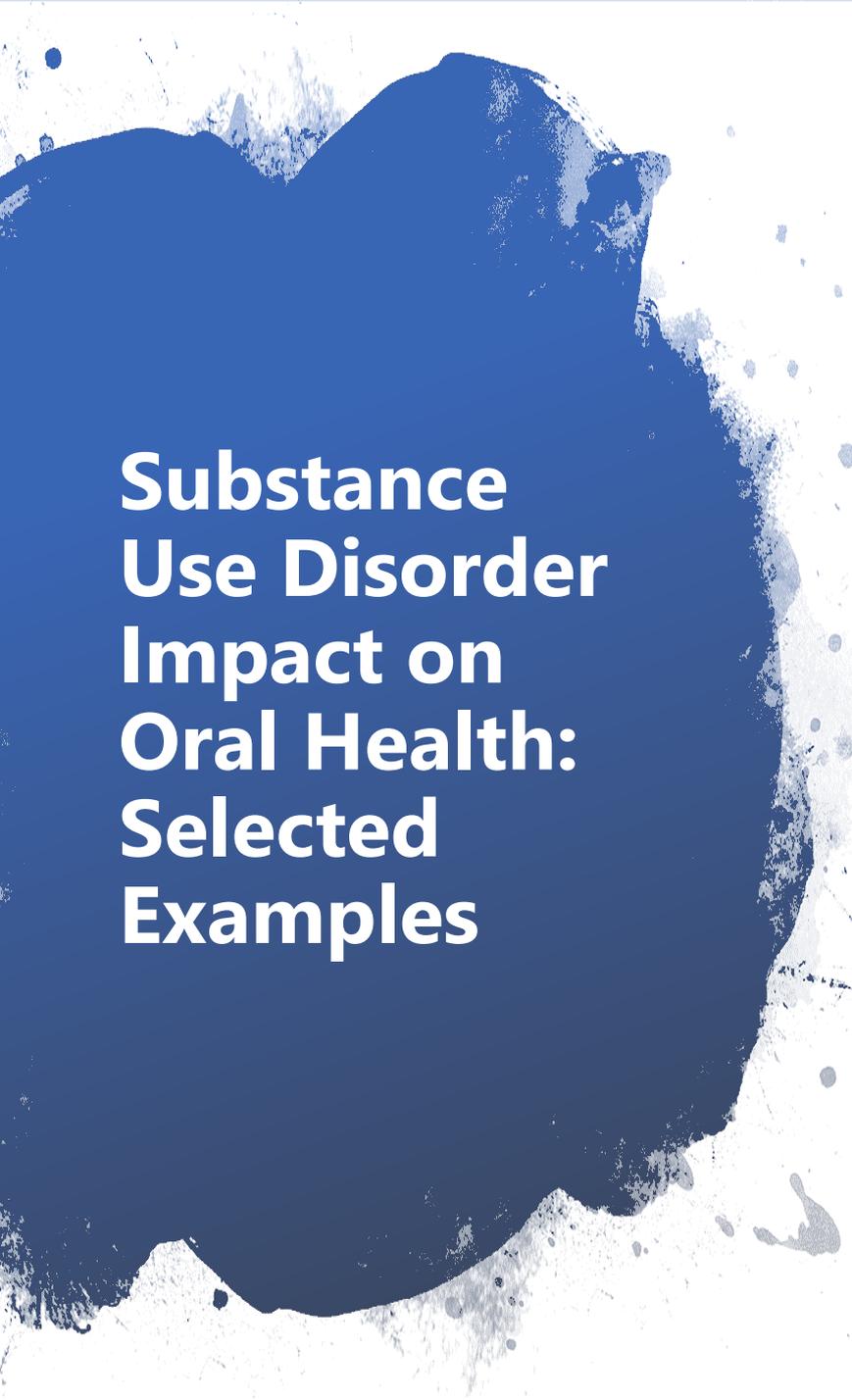
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# Mental Health Impact on Oral Health: Selected Examples

- **Anxiety:** Bruxism (teeth grinding) is associated with anxiety
- **Bipolar & Obsessive-Compulsive Disorder:** Patients with these conditions can be overzealous with brushing, flossing, and mouth washing
- **Depression:** Patients with depression tend to have high levels of dental caries (decay) due to self-neglect and dry mouth related to anti-depressant use
- **Eating Disorders:** Patients with self-induced vomiting, in particular, suffer from tooth erosion
- **Trauma:** Patients with significant trauma histories associated with habitual bruxism and clenching, and increased risk of periodontal disease
- **Medications for Mental Health:** Xerostomia (dry mouth) common side effect of anti-depressants, anti-anxiety, and anti-psychotic medications



# Substance Use Disorder Impact on Oral Health: Selected Examples

- **Cannabis:** Use of cannabis (e.g., marijuana) can lead to increased risk of oral cancer, dry mouth, and periodontitis (gum disease)
- **Cocaine:** Cocaine snorting associated with nasal septum perforation; use of crack cocaine produces burns and sores on lips, face, and inside mouth
- **Methamphetamine:** Use of methamphetamine associated with bruxism (grinding), tooth wear, xerostomia (dry mouth), and rampant caries (decay)
- **Opioids:** Use of opioids associated with tooth loss, tooth extractions, generalized decay
- **Medications for Substance Use Disorders:** Medications used to treat substance use disorders (e.g., buprenorphine, methadone) can result in tooth decay and xerostomia

# Other Social Risk Factors Associated with Behavioral Health that Impact Oral Health

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**High sugar diets  
& malnutrition**



**Homelessness**



**Neglected oral  
hygiene**



**Domestic  
violence**



**Sporadic dental  
visits**



**Tobacco use**



## Oral Health Impact on Mental and Cognitive Health: Selected Examples

- **Cognitive Functioning:** Physical inflammation from periodontitis (gum disease) can be a risk factor in exacerbating cognitive decline
- **Dental Phobia:** Significant number of individuals suffer from severe anxiety about dental visits
- **Quality of Life:** Poor oral health can negatively impact employment, school, and relationships
- **Self-Esteem:** Tooth loss and severe tooth decay negatively impact self-esteem and quality of life
- **Vital Functioning:** Poor oral health can impair vital functions such as eating, breathing, swallowing, and chewing, which in turn can impact mental health

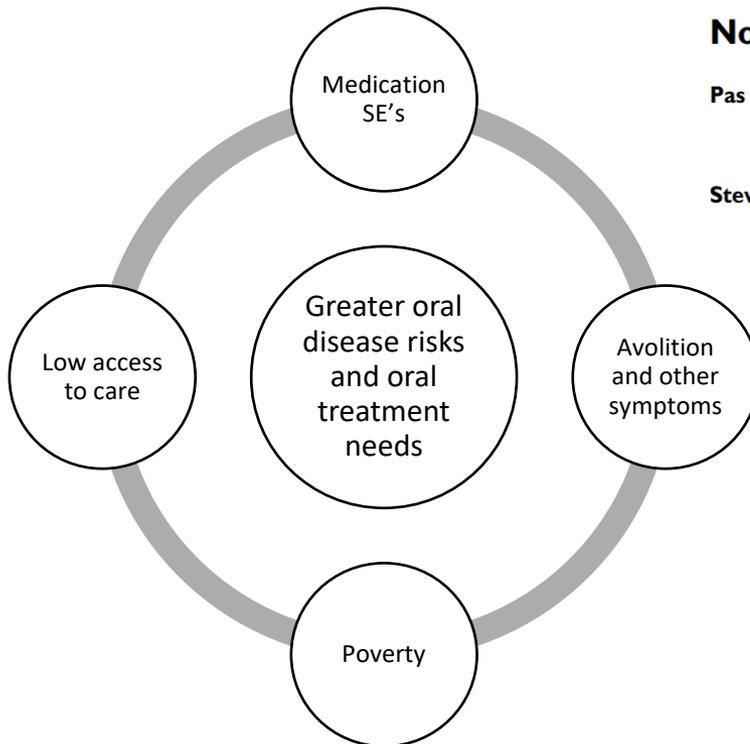


# Oral Health Impact on Substance Use Disorder: Selected Examples

- **Oral Pain:** Oral pain can exacerbate factors that lead to substance abuse (in part as a pain reliever) or impede substance use recovery
- **Opioid Prescribing Patterns:** Oral health providers have been among the top prescribers of opioids in recent years, including for individuals age 10 to 19 (often after wisdom teeth removal)
- **Use of Emergency Rooms:** Individuals seeking care for oral health problems in emergency rooms often prescribed pain medications rather than receiving complete oral care

# Academic Insights: University of Michigan

## The need for integration



Perspective

### No Mental Health without Oral Health

Pas de santé mentale sans santé buccodentaire

Steve Kisely, MD, PhD<sup>1</sup>

Association des psychiatres  
du Canada

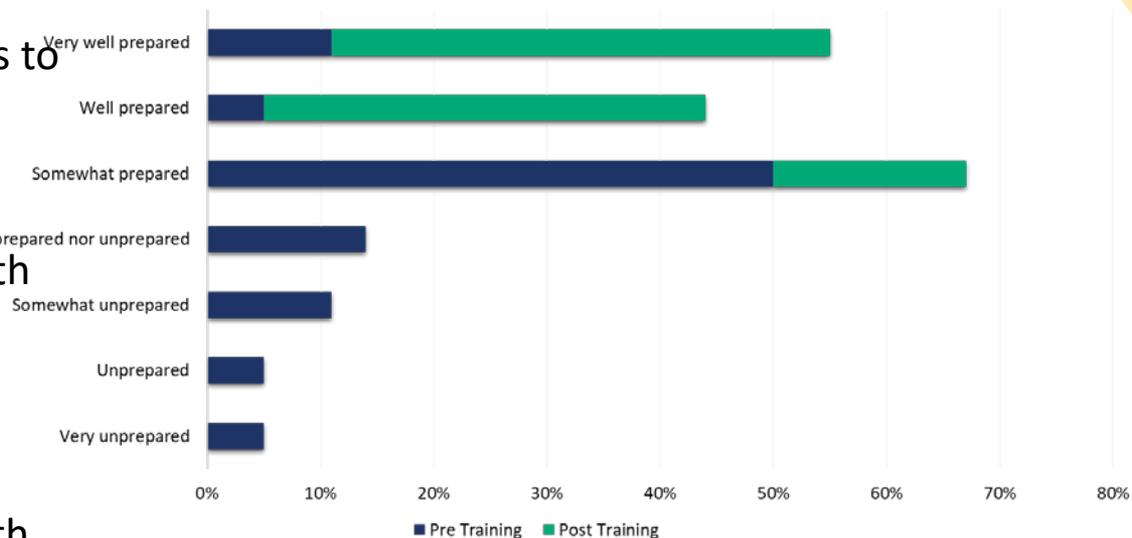
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# Academic Insights: University of Michigan

- Researchers at the University of Michigan, in partnership with MDHHS and the Michigan Community Health Worker Alliance, received funding from the Michigan Health Endowment Fund to develop an oral health online training module for Certified Peer Support Specialists and Community Health Workers.
- It allows these community workers to learn about oral health during certification and/or continuing education.
- It is designed to improve oral health literacy among workers chiefly in behavioral health or primary care settings in order to improve integration.
- Next step is to launch an oral health education and linkages intervention delivered by Peer Specialists to people living with behavioral health challenges

**Trainee Level of Preparedness**  
“How well prepared do you feel about providing the people you serve with information or support about oral health topics like cavities, gum disease, or going to the dentist?”



# Academic Insights: Opportunities for Cross-Program Collaboration

- Assess new types of provider education within dental schools and behavioral health programs that help to foster interprofessional education
- Develop academic partnership across behavioral health and dental schools within colleges and universities
- University of Michigan's School of Dentistry offers a course for dental hygienists titled "*Patient- and Family-Centered Care with Diverse Populations*" which covers working with diverse and medically-underserved populations from a social welfare perspective

# Economic Impacts of Uncoordinated Oral Health Care

- Poor oral health is associated with higher health care costs and worse patient outcomes overall
- Dental-related emergency room visits nearly doubled from 2000 to 2010, now estimated at over 2 million visit annually
- Each emergency department visit is estimated to cost approximately \$1,000, and usually does not resolve the underlying oral health condition
- Several private insurers have demonstrated that appropriate periodontal treatment has reduced annual medical costs by:
  - 25% for patients with heart disease
  - 28% for patients with diabetes
  - 35% for patients with stroke history

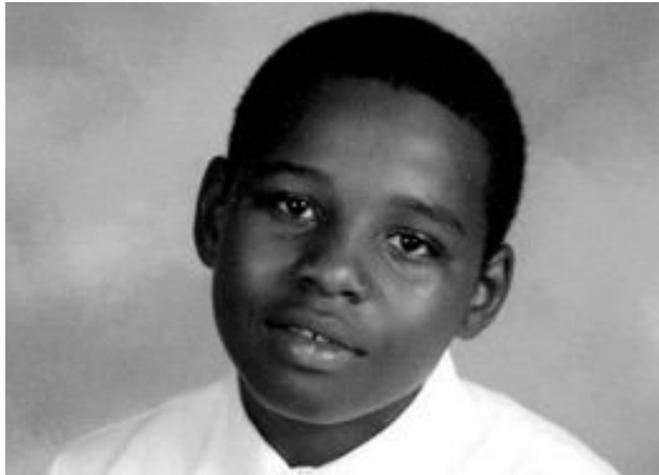


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# Lack of Oral Health Access and Impact on Outcomes and Disparities

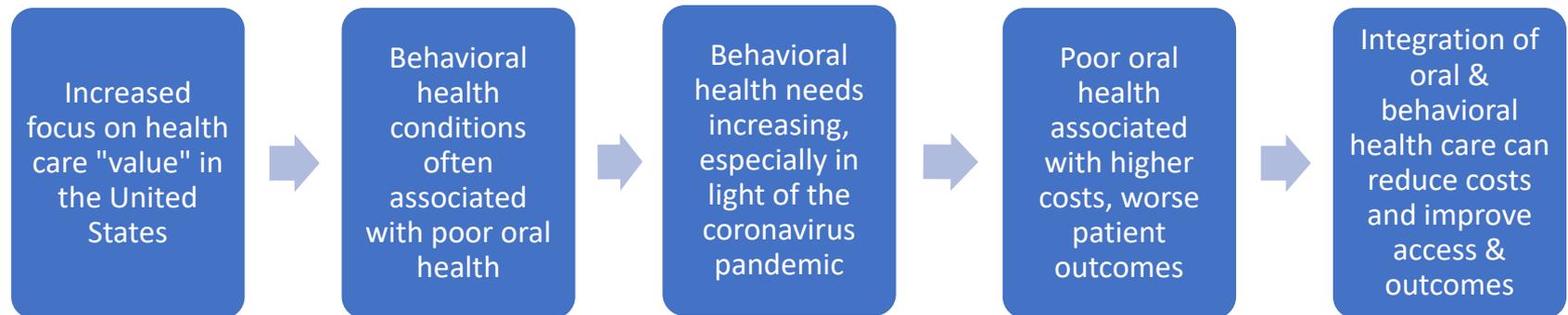
- Profound oral health disparities remain in the United States, including lack of access dental insurance
- While Medicaid provides comprehensive dental coverage for children in all states, **only 27 states and the District of Columbia provide dental benefits beyond emergency dental services for adults**
- Non-Hispanic blacks, Hispanics, and American Indians and Alaska Natives generally have poorest oral health
- Black Americans almost twice as likely to have tooth loss compared to white Americans
- Most groups of color more likely to go without a dental visit compared to white Americans



## **The Story of Deamonte Driver: Importance of Oral Health Access**

- In February 2007, twelve-year-old Deamonte Driver died of complications associated with a toothache in Maryland
- Deamonte needed a simple \$80 tooth extraction. Such a procedure would have saved his life
- His mother was not insured. The family had lost their Medicaid coverage
- Bacteria from the abscess in Deamonte's tooth had spread to his brain by the time he received attention for his toothache
- Following six weeks in the hospital and two operations, Deamonte died

# Value Proposition for Integration of Oral and Behavioral Health Care

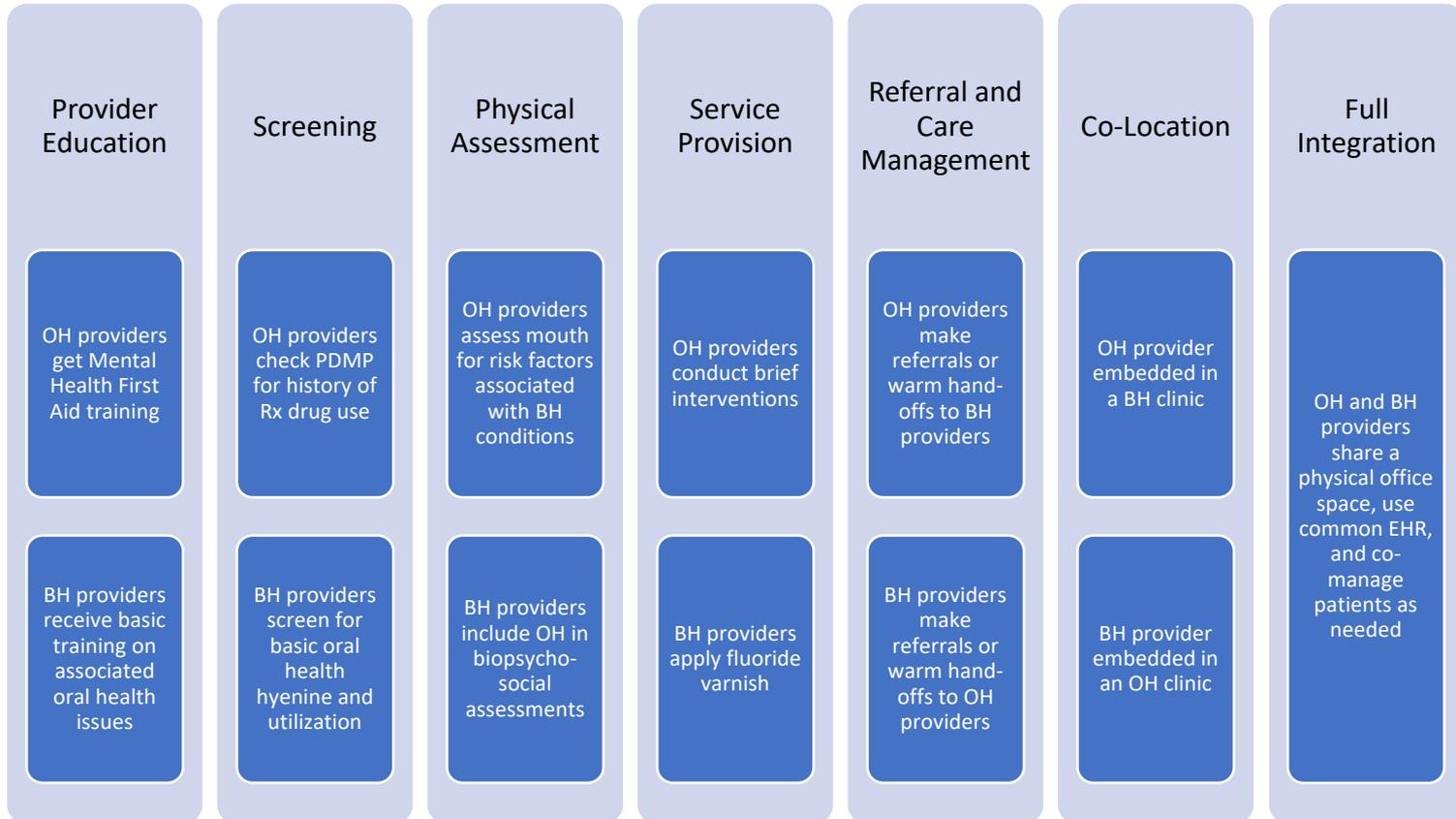


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# Example Integration Framework for Oral Health & Behavioral Health



**Definition of acronyms used above:** OH = oral health; BH = behavioral health; PDMP = prescription drug monitoring program; EHR = Electronic Health Record



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# Conclusions & Next Steps

- Individuals with behavioral health conditions have unfortunately not shared in the improving oral health of the general population
- Models of care that are more integrated across oral and behavioral health hold promise to improve access, as well as overall cost and outcomes of care
- A forthcoming webinar to be held in August will present examples of integrated and coordinated models being used across the country
- It will also cover barriers, facilitators, partnership options, and policy considerations to help advance integration of oral and behavioral health
- If you have questions or are interested in being part of a small learning community helping to advance this work, please e-mail Rachael Matulis at [Rachael@bowlingbizpa.com](mailto:Rachael@bowlingbizpa.com)



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# Upcoming Webinars and Events

## Webinar – Responding to the Opioid Overdose Epidemic

Wednesday July 29, 3 – 4pm ET

Register here: [https://zoom.us/webinar/register/WN\\_G6QRxsxuTaSmdSHsa1pDFQ](https://zoom.us/webinar/register/WN_G6QRxsxuTaSmdSHsa1pDFQ)

**Learning Communities and ECHOs** – Learn more on our website here:  
<https://www.thenationalcouncil.org/integrated-health-coe/learning-collaboratives/>

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# Questions?

Email [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

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