

INSIDE THIS ISSUE:

From Strategies to Solutions	2
Adverse Effects of Medication on Dental	2
Medical Dental Linkage	3
Successful Visits	4
How to Find a Dentist	5
Did You Know	5
Dental Day	6
Coalition Members	6

Access to *Quality* dental care has been high on the list of Pennsylvania's health care issues for people with disabilities for some time. A Dental Summit was held in June 2007 with fifty attendees representing different roles and parts of the state, half of which were dentists. Representatives included ODP, PDA, HCQUs, counties, provider staff, advocacy groups and parents.

The goal was simple: to discuss positive ways to increase appropriate dental care services for people with special needs. The top three recommendations were: 1.) outreach to increase providers who accept Medical Assistance, 2.) training/education/outreach for dental providers and students and 3.) connecting level of care to level of need by assessing appropriate level of anesthesia required for routine dental care.

A dental stakeholders meeting was held in May 2008 with the theme: "**Advancing Oral Health – From Strategies to Solutions**". ACHIEVA hosted the meeting having been awarded a grant through the Developmental Disabilities Council (PADDC) and the FISA Foundation to continue the focus around access to dental care first begun by Elwyn, INC. in 2006 with a similar PADDC grant.

Since the summit was held, much attention and focus has been centered on discussing ways to better enhance dental services for people with intellectual and developmental disabilities across the commonwealth. Some great initiatives, projects and training programs have been instituted statewide. This newsletter is a report on progress in improving dental care and is the result of a culmination of various stakeholders from the Dental Summit comprising the PA Dental Resource Coalition.

We hope you will find this newsletter a valuable source of information.

Please feel free to disseminate this publication to as many people as possible.

*If anyone would like to receive a complete copy of the recommendations produced at the 2007 Dental Summit, please contact Melissa DiSipio, Assistant Director, Philadelphia Coordinated Health Care (PCHC) @mdisipio@pmhcc.org

Attention Self-Advocates & Family Members

Have you had difficulty finding a dentist who:

- Accepts patients with disabilities?
- Has an office that is fully accessible?
- Is prepared to treat people with disabilities?
- Will accept Medical Assistance?

If the answer to any of these questions is yes **YOU ARE NOT ALONE**. People with disabilities in Pennsylvania –and all across the US–often face challenges getting proper dental care. However, medical research shows that poor oral health is linked to a higher risk of heart disease, strokes and other serious conditions.

Healthy teeth and gums are not a luxury they are fundamental to overall good health. Even when there is no discomfort, untreated dental problems do not 'heal themselves.' They get worse.

Chronic oral infections can become so serious they require emergency room visits, hospitalizations or in rare cases, become fatal.

Many people with disabilities can safely receive dental care at their local dentist.

Behavior management techniques, a sensitization plan or pre-sedation can often enable a community dentist to serve people with disabilities.

This publication is supported by a grant from The Pennsylvania Developmental Disabilities Council & The FISA Foundation



2008 Dental Stakeholder's Meeting "From Strategies to Solutions"

During the last several years, key strategies have been devised on how to support people with disabilities in their efforts to receive dental care. On May 21, 2008, fifty invited stakeholders from around the state were invited to participate in a forum hosted by ACHIEVA to look at the most promising strategies and determine which of those are most viable.

The meeting resulted in the formation of seven committees to further those ideas.

The committees are:

- Loan Repayment-This committee will look at different ways to structure loan repayment for dental professionals and specifically to look at people with disabilities as a underserved population, rather than just looking at places that are underserved.
- Legislative Education
- Professional Dental Education (All Health Care Providers)
- Education for Consumers and Families
- Levels of Care (Tied To Repayment;)
- Dental Coordinator Position
- Data, Statistics and Information

The Stakeholder Meeting was part of a larger project at ACHIEVA, "Advancing Oral Health", which is part of ACHIEVA's Disability Health Policy Forum. This project is supported by grants from the Pennsylvania Developmental Disabilities Council and the FISA Foundation. For more information contact Mary Hartley at mhartley@achieva.info, 412.995.5000 ext.569.

Adverse Effects of Medication on Dental Health

It is very important that you share with your dentist what medications you take. Did you know that about 40 % of people that need to take medication take at least one medication that could cause tooth damage? Did you know that there are more than 600 medications that decrease the flow of saliva in your mouth which increases your risk of tooth decay and gum disease?

Some Medications Can Cause Tooth Damage

Some prescription and non-prescription medications can damage your teeth. These medications include:

- **Antihistamines**- Can Cause dry mouth which increases the risk for cavities.
- **Aspirin**- Chewing aspirin can damage tooth enamel. Aspirin should be swallowed whole with a full glass of water
- **Asthma medications**-Some inhaled asthma medications are highly acidic and can dissolve tooth enamel. You should always wash out your mouth after taking these asthma medications.
- **Liquid Medications/Syrups**-Many medications in liquid form contain sugar which can raise the risk of tooth decay. It is important to brush your teeth after taking these medications.

Other medications may also cause tooth damage. Talk to your doctor, dentist, and pharmacist to find out if any of the medications you are taking could cause tooth damage.

Some Medications May Cause Problems with Your Gums

Some medications can cause gum problems such as inflammation, bleeding or ulceration. Diseased gums can lead to tooth loss.

Some medications that may cause gum problems include:

- **Antihistamines**
- **Antihypertensives**
- **Chemotherapy Drugs**
- **Immunosuppressive drugs**
- **Oral contraceptives**

Some medications can cause an overgrowth of gum tissue or gingival hyperplasia. Medications with a know risk for gingival hyperplasia include Dilantin (an anti-epileptic medication), cyclosporine (an organ transplant rejection medication) and calcium channel blockers (a class of medications used to treat high blood pressure and other conditions).

Other medications may also cause gum damage. Talk to your doctor, dentist, and pharmacist to find out if any of the medications you are taking could cause tooth damage.

If you are taking medications that may cause tooth or gum damage, you may need to see your dentist more often. If you are having a tooth or gum problem because of a medication, maybe another medication that treats your condition could be prescribed. Brush your teeth at least twice a day.

Jack Toomey, RN, CDDN
Philadelphia Coordinated Health Care (PCHC)

Medical Dental Linkage

As the video gaming industry reminds us, there is an awful lot of advanced technology right in front of us that we take for granted. But it's not just in gaming that incredible advances are made, a stroll through a hospital will remind you that there are lots of technological advances in our healthcare industry. As our healthcare research has matured, more recognition has been placed on the linkages between the mouth and health conditions in the rest of the body.

When a dentist performs an exam, he or she is not only looking to observe the condition of the teeth, but also the condition of the mouth. That is a reason why it is so important for your dentist to take and keep good x-rays. They will observe both hard and soft tissue anomalies in order to make a professional determination of required care. During an oral examination, dentists may find signs that point to everything from anemia to diabetes to heart or liver disease, diet deficiencies and eating disorders, gastrointestinal problems, arthritis, HIV, osteoporosis, some autoimmune diseases, and even some pregnancy risks.

As part of the public recognition of the importance of intra-oral disease management, the American Dental Association and the American Medical Association held its first-ever joint news conference in February 2006 concerning "Oral and Systemic Health: Exploring the Connection." Among the points discussed was the need for greater communication and professional collaboration between dentists and physicians to reduce patients' risks for heart disease and stroke, worsening diabetic control, lung infections, and even premature births. These were all noted as risks that can manifest themselves in the patients' mouths.

Some of the signs of an unhealthy mouth include symptoms like dry mouth, gum swelling or infection, slow healing of sores in the mouth, or rapidly advancing tooth decay and gum disease. It is estimated that 90% of all systemic diseases produce some sort of oral signs and symptoms. Currently, saliva testing is routinely used to measure illegal drugs, environmental toxins, hormones, and antibodies indicating hepatitis or HIV infection. Some dental schools are starting to teach new dentists that one day, saliva testing might replace blood testing as a means of diagnosing and monitoring diseases such as diabetes, Parkinson's disease, cirrhosis of the liver, and many infectious diseases.

According to Dr. Lee Radke, an Assistant Professor of Surgery at the Medical College of Wisconsin, "If the mouth is pale-colored, rather than the normal healthy pink color, it could indicate anemia. Unusual bleeding could indicate liver disease, medication overdoses, or coagulation disorders. A red, smooth tongue can indicate GI problems or diet deficiencies, especially a lack of vitamin B12 or folate. Erosion of tooth enamel can point to reflux or eating disorders. Erosions and patchy lesions could indicate cancers or immune diseases."

The goal and continued direction of our professional dental community is to help patients avoid and eliminate infection, tooth decay, weakened teeth, bad breath or mouth sores ... in addition to helping them to understand the connection between physical health and oral health maintenance. With the advent of additional technology that will certainly arise to assist us in our mission to care for patients, we have no need to wait for increasing education to our patients. Now is the perfect time to help improve oral and systemic health conditions.

Written by Dr. David Williams and Dr. Larry Paul, Qualdent

***"...Erosions
and patchy
lesions could
indicate
cancers or
immune
diseases..."***

Tools to Prepare for a Successful Dental Health Care Visit

Mary Ellen Bernotsky BSN, RN
The Advocacy Alliance Northeastern Health Care Quality Unit

It is well documented that dental care is an integral part of every person's overall health care. Poor oral health and untreated oral diseases and conditions can affect the most basic human needs, including the ability to eat and drink, swallow, maintain proper nutrition, smile, and communicate. Individuals with developmental disabilities are at an increased risk for dental malformations and dental disease. Today, the majority of individuals with developmental disabilities live in community-based group residences or at home with their families, and they and their caregivers look to providers in the community for dental services. Meeting the special needs of these individuals is vital to their quality of life.

According to The Agency for Healthcare Research and Quality's, "**The Pocket Guide to Good Health for Adults**" all adults age 18 and over should receive a dental/oral health exam one to two times per year. During a comprehensive dental exam the dental professional will review the medical and dental history and perform a clinical examination of the teeth, gums, and supporting structures of the teeth to identify signs of decay, gum disease or periodontal disease. Other components of this clinical assessment include an examination of the head, neck and soft tissues of the mouth to identify any signs of disease or other problems. Often, depending on the results of this clinical exam, radiographs or x-rays are taken to help identify any oral health problems that cannot be seen on exam. A dental hygienist performs a dental cleaning to remove the hard calculus or tartar from above and just below the gum line, followed by polishing. The polishing removes surface stains from the teeth. Finally, based on the results of the exam, each individual will receive a personalized plan for oral health care at home.

For many individuals with special needs an exam as described is not always easy. There are many challenges that can affect the dental/oral health of individuals with developmental disabilities such as: congenital anomalies and oral motor disorders; physical limitations and sensory deficits; underlying medical conditions; side effects of medications; cognitive and communication levels; and challenging behaviors. The challenges affect the dental health of these individuals and call for an assessment of the appropriate level of care needed by these individuals to complete comprehensive dentistry. The Advocacy Alliance's Northeastern PA Health Care Quality Unit has developed two tools for individuals, their caregivers or support team, and dental providers to use as a foundation to address the challenges to consider for successful dental health care visits. The first tool, *the Assessment Tool to Determine the Level of Care Needed by an Individual Requiring Comprehensive Dentistry* is a checklist of medical, dental, and behavioral issues that may affect an individual's dental care visit. The tool results in identification of three levels of care adopted from *The Arc of Pennsylvania Position Paper – Access to Dental Care for People with Disabilities* defined as follows:

- Level 1 – Community-based care for individuals who are cooperative in a dental office or not excessively fearful of the dentist and require little or no intervention to complete comprehensive dentistry.
- Level 2 – Community-based care for individuals who are fearful and may therefore have difficulty cooperating and may require analgesia or conscious sedation to complete comprehensive dentistry.
- Level 3 – Community or specialty clinic-based care for individuals who require intravenous or general anesthesia due to maladaptive behaviors or medical complexity, and who therefore require a specialized setting, ambulatory surgical center, or hospital to complete comprehensive dentistry.

A second tool, *Strategies for Managing Challenging Behaviors Related to Oral Care Visits* is a communication tool used to identify an individual's specific challenging behaviors, likes and dislikes, and strategies used to address the challenging behavior.

Both tools, the *Assessment Tool to Determine the Level of Care Needed by an Individual Requiring Comprehensive Dentistry* and the *Strategies for Managing Challenging Behaviors Related to Oral Care Visits*, can be viewed and printed for reproduction by visiting <http://www.nepa-hcqu.org/>.

How to Find a Dentist

Medicaid-funded managed care organizations (Medical Assistance-MA) in Pennsylvania are required to help make dental care available to people with disabilities.

To find a dentist with your Insurance

1. Turn over the insurance card.
2. Locate the "member services" phone number or "concierge" for your plan.
3. When you get them on the phone ask for "the Special Needs unit."

Medical Assistance MCO's Pennsylvania Special Needs Units Phone Numbers:

AmeriChoice of Pennsylvania

215.832.4571; TTY 800.654.5984

AmeriHealth Mercy Health Plan

888.991.7200; TTY 888.987.5704

Gateway Health Plan

800.392.1146; TTY 800.654.5988

Health Partners of Philadelphia, Inc.

215.991.4370; TTY 215.849.1579

Keystone Mercy Health Plan

800.521.6860; TTY 800.684.5505

Unison Health Plan/MedPLUS

877.844.8844; TTY 800.473.0989

UPMC Health Plan, Inc./UPMC For You

800.286.4242; TTY 800.361.2629

If you use "Fee For Service":

Medical Assistance Call Center 866.542.3015
(TDD/TTY 1.877.202.3021). (M-F 8AM-5PM)

If you use "ACCESS Plus":

Children and Adults 800.432.7633

Still Having Problems?

Office of Medical Assistance Programs (OMAP)

www.dpw.state.pa.us/omap "contact OMAP"

PO Box 2675 Harrisburg, PA 17105-2675

Commonwealth Information Center (State of PA)

800.932.0784 TDD/TTY 800.324.8040

opinions, comments, complaints

PA Dental Society 717.234.5941 or www.padental.org

Dental Society of Western PA 412.321.5810

or www.dswp.org

ACHIEVA is working to improve access to dental care for people with disabilities. Contact us:

mhartley@achieva.info 412.995.5000 x569.

Websites

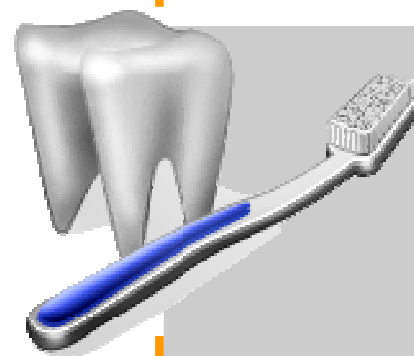
State of Pennsylvania Medical Assistance:

www.dpw.state.pa.us/ServicesPrograms/MedicalAssistance

(click on Dental Services)

Achieva's new website for dentists and families

www.ACHIEVA.info/advancingoralhealthcare



Did You Know?

Many people on Medical Assistance and who have developmental disabilities are unable to access quality dental care because they cannot find a dentist that will take their insurance. The Pennsylvania Department of

Public Welfare, Office of Medical Assistance Programs issued revised rates for some dental services on November 1, 2007.

These revised rates included increases for services such as detailed and comprehensive oral evaluations, anesthesia, and behavior management, among others. For behavior management, dentists can bill up to \$125 per appointment, up to four times per year for the additional time it takes to treat a patient with a developmental disability.

For more information on the current Medical Assistance rates for dental services see the OMAP website at

www.dpw.state.pa.us/omap/provinf/promhb/omapprom_ADADentalhb_Sect12.xls.



LOOK WHAT'S COMING....
DENTAL HEALTH Awareness Day!

Monday, September 22, 2008
 9:30am – 2pm

Sponsored by: The Luzerne-Wyoming Counties MH/MR Program in concert with the Advocacy Alliance's Health Care Quality Unit (HCQU) and the Mental Retardation Training Council

This program will offer an opportunity for every participant to increase his or her dental health awareness including:

- The importance of good oral/dental health
- The consequences of poor oral/dental health
- Types and nature of dental diseases/conditions
- The relationship of oral health to overall health

An Exhibitors' Hall will offer a multitude of educational resources to ensure good dental care along with **FREE** dental giveaways!

Luzerne County Community College (LCCC)
 Educational Conference Center
 133 S. Prospect Street
 Nanticoke, PA

For more information and to register:
 Phone the Luzerne-Wyoming Counties MH/MR Program at
 (570) 825-9441 or toll free at 1-800-732-6330



PA Dental Resource Coalition Task Force Members

- Mary Anderson Hartley, Coordinator, Advancing Oral Health, ACHIEVA
- Erika Shulkusky, Coordinator of Health Services, KenCrest Services, Youth and Adult Services Division
- Susan Proulx Psy.D., Executive Director, Corporate Clinical Services, Elwyn
- DR. DAVID WILLIAMS, CONSULTANT, SPECIAL TOUCH DENTISTRY
- Sharon Falzone Ph.D., RN, Director, The Advocacy Alliance, Northeastern PA Health Care Quality Unit
- Mary Ellen Bernotsky BSN, RN, The Advocacy Alliance, Northeastern PA Health Care Quality Unit
- Valerie J. Kiltie, RN, BS, Physical Health Coordinator, The Advocacy Alliance, Eastern PA Health Care Quality Unit
- Dina McFalls, MS, Director, Philadelphia Coordinated Health Care (PCHC), Southeastern PA Health Care Quality Unit
- Melissa DiSipio, MSA, Assistant Director, Philadelphia Coordinated Health Care (PCHC), Southeastern PA Health Care Quality Unit
- Sarah Mirel, BS, Health Care Community Outreach Specialist, Philadelphia Coordinated Health Care (PCHC), Southeastern PA Health Care Quality Unit
- Joi E. Goodwin RN, Program Director, Special Smiles, Ltd
- June Sisson, DDS, MPH, Assistant Professor, Restorative Dentistry, Kornberg School of Dentistry, Temple University