

Coverage and Care

Adopting Oral Health Integration to Advance Minimally-Invasive Care

Dental Access Project

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When traditional dental procedures - like filling cavities and pulling teeth - are medically necessary, access to them is a critical part of ensuring oral health equity. However, less invasive services, collectively referred to as minimally-invasive care (MIC), are often an option. Having access to a full range of oral health services can improve peoples' oral and overall health, their dental care experience, and their ability to choose the care that's right for them.

MIC is one tool that can help the oral health system move toward person-centered care, offering additional choices and empowering people to ask for the type of care they want. Ensuring a variety of care options are available will require **oral health integration**, [understanding the link between oral and overall health](#) and coordinating care across medical and dental settings. It also warrants a focus on the **social determinants of oral health**.

Oral Health Integration is Important to Improving Health and Advancing Equity

Most people are open to receiving [integrated medical and dental care](#). Enhancing opportunities for people to engage with a health system that connects their medical and dental needs is critical for better overall health. Integration, alongside MIC, can also advance health equity and reduce barriers to care that are influenced by social, economic, and policy conditions.

Integration is also especially important given the deep relationship between oral health and chronic diseases. Conditions like [diabetes](#), [HIV](#), and [Alzheimer's](#) disease can worsen oral health problems. At the same time, poor oral health can complicate [heart disease and other cardiovascular problems](#), as well as [pregnancy and birth outcomes](#). Integrated care teams can better manage chronic disease and any comorbid dental conditions.

Integration that Incorporates MIC is a Matter of Health Equity

[People with disabilities](#) also face steep barriers to accessing oral health care and [people of color with disabilities](#) face the poorest access to care and higher levels of unmet need. Having a variety

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of available options for dental services, including forms of MIC, can be especially helpful for people who face barriers to accessing care in traditional dental offices and clinics. For example, if a person with a disability has a relationship with a primary care provider (PCP) they trust, that provider could offer silver diamine fluoride (SDF) as an interim solution to prevent further oral health problems. Meanwhile, the patient could work to find dental care that is accessible and an oral health provider with whom they feel comfortable. This is particularly important given [limited availability of dental providers](#) trained to provide care and/or offer accommodations for people with disabilities.

Integration Can Address Social Determinants of Health

Oral health integration can also make care more accessible by address social determinants of health and cutting down on some of the social and economic barriers that often stand in the way of access to care. When people can get multiple services in one location, it can cut down on transportation, childcare needs, and taking time off work. All of these barriers, among others, can interrupt a person's ability to get to appointments and increase the total cost of a visit.

Advancing access is a positive outcome on its own, but pairing it with use of MIC could further improve oral health outcomes. At the same time, health care providers are being urged to do more to learn about the social determinants of health and to [address social and economic circumstances](#) that affect peoples' health, such as financial strain, unemployment, and housing instability.

Effective Strategies for Medical–Dental Integration that Promote MIC

Many different opportunities exist for coordinating the oral health and medical systems, such as:

- Cross-training medical and dental providers
- Sharing electronic health records (EHR) systems
- Making medical and dental services available in one location
- Offering care in community settings

Across various opportunities to better integrate dental and medical care, MIC can improve access to care, health, and patient experience. What follows is a deeper look at some of these solutions.

Cross-training of health care providers

One opportunity for oral health integration involves cross-training of providers, also sometimes referred to as interprofessional training. There are many opportunities for medical providers to

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screen for and offer oral health services and for oral health providers to supplement primary care services. For example, [application of fluoride varnish in primary care settings](#) is already considered standard of care and [dental providers have been authorized to offer COVID vaccinations](#).

This type of cross training can allow patients to receive the kind of care they need from a provider they trust and can cut down on the need for referrals and additional appointments. While linkages to a dental home for more complex care will always be necessary, many forms of MIC are easily provided in non-dental settings by primary care or auxiliary dental providers.

Co-locating medical and dental services

While cross-training of providers offers many benefits, it still maintains two separate systems of care that largely leave oral health siloed from the rest of the health care system. Oral health integration can be further facilitated by offering medical and dental services in the same physical location.

Many federally-qualified health centers (FQHCs) and community clinics already offer both oral health and broader medical care under one roof. This type of integration can support cross-collaboration among providers – especially where medical and dental EHR systems work together. It can also enable medical providers to understand the oral health of their patients and how it might affect their medical care and health outcomes, and vice versa.

For example, one organization in Oregon sought to address the [poorer oral health of people with mental health and substance use disorders](#). They found success with placing [dental hygienists in behavioral health clinics](#). The hygienists conduct oral health risk assessments and offer preventive and MIC services, including fluoride varnish and silver diamine fluoride (SDF). This allows for a more holistic understanding of patient needs and coordination of oral health services with other medical and behavioral health care. As a result, this model can help catch dental problems earlier, before more invasive care is needed.

Investing in Care Coordination

A key component of MIC is patient choice and self-determination. Oral health integration can facilitate more comprehensive conversations between patients and providers about what type of care someone wants. It can also ensure a warm handoff to other providers better equipped to deliver that care. A seamless process to coordinate care, grounded in the patient's decision, can facilitate trust and whole-person care. If a primary care provider (PCP) does an oral health

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screening as part of a standard visit, and identifies dental disease, the PCP can discuss treatment options with the patient, which might include:

- The PCP providing SDF
- The PCP connecting the patient with on-site dental staff for MIC
- Facilitating an appointment with a dentist for more complex care

For example, in California, one [dental care coordination model](#) showed improved patient experience and increased use of care. It also expanded access to care for communities that previously experienced barriers.

Leaders can Advance Integrated Care that Employs MIC to Support Community Health

When people have more regular access to integrated dental and medical care, they and their providers can catch oral health problems early. Such care can also effectively address some of the social and economic factors that might put people at risk for dental disease. As a result, integration can prevent the need for more complex, painful care down the road.

Policymakers, health care leaders, and advocates can look to existing models that successfully use integration and MIC across the US and build on these examples to advance this effective strategy. Pairing co-location and other forms of integration with MIC allows a broader slate of preventive and early treatment approaches. Taken together, they can support health equity and long-term oral and overall health.

Acknowledgements

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