Improving Oral Health for Individuals in Long-Term Care

Innovative Workforce Efforts in Virginia Communities
The pilot Study

Who

What

Why

How

Where
The pilot study

• What and Where
  • Oral health study on patients in long-term care facilities
    Age, ability, facilities

• Who
  • Multiple oral health professionals
  • Altria, Dental Trade Alliance Foundation (DTAF) and the ADA State Public Affairs (SPA)

• How
  • Treatment overall
  • Each week

• Why
  • To determine (prove) the efficacy, both financially and on patient health, of staffing long-term facilities with a Community Dental Health Coordinator
Let’s face it

• What if I asked each of you........

• Patient care as it stands

• The ever-growing population and what it means for us
More of What

• When we began
  • Many of the patient’s oral cavities looked like this
    • Many had never had anyone to a TBP much less other oral care

• Treatment during the study
  • Patients were given a TBP multiple times per week
  • Patients who were able were sent for restorative care or extractions at offices or treated at the facilities
  • Info collected: Age, gender, race, BIM score Mobility, transport, insurance, OHAT, Diagnosis, dental needs, hospitalizations with cause, morbidity

• Future treatment
Training for staff at the facility

• Does my patient have
  • What type of hard tissue care, decay, loose teeth, plaque and food buildup present, red or bleeding gums, dry mouth, cracked lips, what condition are the soft tissues in

• Special considerations with cooperation
  • Dementia, constant motion/spastic/combative, posture, clenching/grinding

• Risk factors for oral disease
  • Limited dexterity, excessive drooling, xerostomia, poorly controlled diabetes, present decay, tube fed, immunocompromised

• How to care for patients with individualized care
  • Natural, mixed, dentures, edentulous
Can it be done again?

• Now what?
  • Until the care is established within each and every care facility........volunteer

• What is planned
  • Remote supervision has passed for Dental Hygienists and they will be able to help take care of this population in the future.
  • Virginia has started a new training program for Community Dental Health Coordinators with a projected annual salary of 30-40K per year.
  • A future study on the effects of their implementation would be worthwhile. This could save money for patients, facilities and insurers. Most importantly it would increase the overall quality of life for long-term care residents.

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https://www.youtube.com/watch?v=HJ5o8gIP7tI