



Improving Wellness for Individuals with Serious Mental Illness (SMI)

Purpose: To improve a patient's overall health by addressing issues related to oral self-care, medication side effects (including dry mouth) and the importance of cross referrals. This model is operational if services are separate or co-located.

Core Clinical and Programmatic Components

- **Workforce:** Continuing education/dental school curriculum for providers to treat patients with SMI and/or substance use disorders.
- **Leadership:** Administrative staff, medical providers, behavioral health providers, dental providers, and pharmacy providers/staff (case managers, as appropriate).
- **Education:** Provide clinicians and staff education about oral-systemic health and issues related to SMI, such as dry mouth or oral hygiene habits. Dental providers receive training to increase comfort with treating individuals with SMI/special needs, and all staff receive training on the model when it is designed.
- **Patient Population:** Identify and assess patient population and determine if you will focus on a particular diagnosis or multiple. Consider combining efforts with chronic disease integration, as appropriate.
- **Health Care Services:** All providers offer oral health education, smoking cessation and fluoride rinse, as appropriate. Dental providers are trained to provide necessary dental care as well as blood pressure and diabetes screening, as appropriate.
- **Communication and Information Sharing:** Support tools that enable information sharing and coordination between medical and dental providers (co-located or in the community). Tools may include: electronic health record templates; a shared scheduling system; protocol for referrals and follow up; access to patient health information and data; and, a patient portal.
- **Measures and Assessment:** Measures can include: diabetes care - HbA1c poor control (>9.0%) (HEDIS); chronic disease patients accessing dental services (HEDIS); periodontal treatment/score; and, patient satisfaction (PCMH, Chronic Care Delivery model or CAHPS).
- **Financing:** New patient referrals to a dental clinic may result in increased utilization of services (safety net clinics have a sliding scale for adults). Larger health systems may partner with safety net dental providers and/or private practices to coordinate care and provide patient treatments.
- **Infrastructure:** Consider the need for provider training needs, clinical information systems and case managers.
- **Community supports:** Identify additional clinical and social supports (such as substance abuse counseling or transportation).

Key Background Information

- Patients with SMI have high rates of diabetes and other chronic diseases that share a two-way relationship with periodontal disease; individuals with SMI also have a high smoking rate, which increases the likelihood of oral cancer.
- Many of the medications used to treat SMI lead to severe xerostomia (dry mouth), which significantly increases the risk of caries (cavities), erosion, tooth loss, mouth infections, loss of taste and difficulty chewing and swallowing, which can lead to poor nutrition and failure to thrive.
- Individuals affected by SMI often do not seek oral health care services that could assist in disease management and help curtail disease process.
- SMI patients who do seek care are often unable to receive services due to severe workforce shortages in providers that treat SMI patients.