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303.320.7790, 405.812.0685 (cell), maggie@morethanpr.com**National Journal Recognizes Colorado's Innovative Models for Providing Oral Health Care in Pediatric Medical Settings**

The Journal of Evidence-Based Dental Practice highlights initiatives to integrate medical and dental care in its June 2016 issue.

DENVER – June 7, 2016 – Unique methods of delivering preventive dental services in pediatric medical settings to reduce oral health disparities are highlighted in a new report published in *The Journal of Evidence-Based Dental Practice*. [Associate Professor of Pediatrics and Family Medicine at the University of Colorado Denver School of Medicine](#), Patricia Braun, MD, and [Delta Dental of Colorado Foundation \(DDCOF\) Senior Program Officer Allison Cusick, MPA](#), authored the report.

According to the Centers for Disease Control and Prevention, tooth decay is the most common chronic disease among U.S. children ages 6 to 11. While largely preventable, the risk of childhood cavities is commonly insurance and income dependent. *Pediatrics* reports that low-income children insured by Medicaid or without dental insurance have more than twice the rate of cavities as commercially or privately insured children. Long-term implications of childhood tooth decay include gum and tooth infections as well as an increased risk of tooth loss.

Socioeconomic and insurance status may limit children's access to dental care, but the majority of children ages birth to three see pediatricians for regular well-child visits. As a result, a movement has been developing nationwide to expand the delivery of preventive dental care in medical settings to reach these children.

The Journal of Evidence-Based Dental Practice report provides an overview of four options for medical and dental professionals to build collaborative relationships aimed at reducing oral health disparities among low-income children:

1. Basic preventive oral care delivered by medical providers.

As a result of Medicaid expansion, all states, except Indiana, now reimburse medical providers for basic oral health services (screenings, fluoride varnish and patient education). However, many medical providers have yet to embrace the expansion of preventive dental care in their practices due to time constraints, limited understanding of how to be reimbursed through Medicaid and few referral resources for restorative care.

2. Co-locating dental hygienists in primary care settings.

Dental hygienists are able to practice completely independent from dentists in Colorado. This flexibility allowed DDCOF to pilot the Colorado Dental Hygiene Co-Location Project in 2008, which the authors of this report reviewed.

The project co-located dental hygienists in five primary care practices serving low-income families. Co-location involves providing medical and dental services under one roof, with appointments/referrals being made to the hygienist on-site. The model has been used within community health centers for decades, but is a newer concept for primary care medical practices. It has the potential to save medical providers time while still expanding dental services in medical practices.

Five years after the Colorado Co-Location Project began, four of the hygienists remained at their practices, indicating the long-term feasibility of this care delivery model.

3. Fully integrating dental hygienists into medical care teams.

A step beyond co-location, fully integrating oral health into medical care creates a whole health home rather than simply a medical home. The report authors reviewed the DDCOF [Colorado Medical Dental-Integration](#) (CO MDI) Project, which launched in 2015 following the Co-Location Project.

DDCOF has funded 16 organizations to place dental hygienists in their care teams through CO MDI. These hygienists provide preventive dental services, coordinate dental care with well-child checkups and collaborate with community dentists who deliver restorative care. The 16 diverse organizations – nonprofits, private practices, community health centers, school-based health centers and federally qualified health centers – were selected to reach families with limited access to dental care due to insurance, geographic or transportation barriers.

Over the past year, the CO MDI grantees have seen more than 10,000 patients.

4. Using telehealth to implement the virtual dental home.

Telehealth is becoming more common in rural areas to provide health and dental services to residents. Colorado is currently piloting the [SMILES \(Spanning Miles in Linking Everyone to Services\) Dental Home Project](#). This project connects dental hygienists in 30 counties to dentists at remote office sites. Technology helps bridge the gap between the providers – dental screening findings are uploaded through a

secure electronic dental record and the dentists work with the hygienists to establish a treatment plan.

“The models of integration outlined in this report show real promise in helping to eliminate barriers to receiving dental care,” said Dr. Braun. “There is no one-size-fits-all model of medical/dental integration. In fact, the best approach may be a mixed model. Our research indicates that a breadth of collaborative options are available, and can be customized depending on practice size, need and willingness of the dental hygienist to work in a nontraditional setting.”

“Each of these models has its benefits and challenges,” said Ms. Cusick. “However, because they are so innovative, they are also understudied. What’s exciting for the field is that many opportunities exist to provide preventive dental services during medical visits. Colorado is serving as a national leader in expanding medical/dental integration with an end goal of improving children’s oral health.”

The Journal of Evidence-Based Dental Practice report is available online at www.jebdp.com. For more information on Delta Dental of Colorado Foundation, including the CO MDI Project, visit www.deltadentalcofoundation.org.

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About Delta Dental of Colorado Foundation

Delta Dental of Colorado Foundation’s mission is to improve the state’s oral health by eradicating childhood tooth decay. Over the past 15 years, the Foundation has been solely funded by Delta Dental of Colorado. Its initiatives have included educational programs targeting low-income, high-risk families; support of dental health education for medical and dental students as well as providers; and opportunities to teach good dental habits and cavity prevention among pregnant women and children. As a 501(c)(3) organization, the Foundation works to make good dental health a community priority. A core belief is that, because dental disease is almost 100 percent preventable, efforts to improve oral health will result in a healthier Colorado overall. To learn more about Delta Dental of Colorado Foundation, please visit www.deltadentalcofoundation.org.