

Nursing Home Dentistry In Texas: “Straight From the Trenches”

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TXOC - “State of the State Symposium”

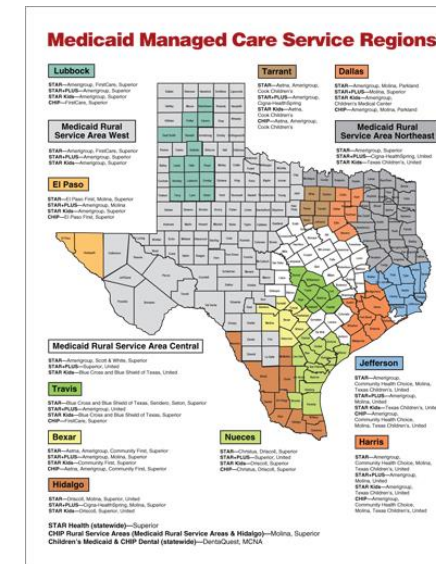
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Topics: Long Term Care Population

- ▶ Emergency Dental since March 2015
- ▶ Federal Regulations versus State Regulations
- ▶ Positive Momentum in Texas

Topics: Long Term Care Population

- ▶ March 2015
 - ▶ State managed Medicaid care changed to **MCO** Medicaid managed care
 - ▶ MCO = Managed Care Organizations
 - ▶ Long-term care facilities were “carved into” managed care



Emergency Dental Care in Nursing Homes in Texas

Pre March 2015

- ▶ State managed emergency dental for residents.
- ▶ Emergency fees are same as in 1999.
- ▶ Example: \$60 routine extraction
- ▶ Payment for emergency dental care was elusive and pragmatically nonexistent.

Topics: Long Term Care Population

- ▶ Emergency Dental since March 2015
- ▶ **Federal Regulations versus State Regulations**
- ▶ Positive Momentum:
 - ▶ CMS Quality Momentum + Texas as a Leader
 - ▶ Messaging: Medically Necessary Oral Care

Regulatory “Big Picture”

Federal Regulations



- ▶ Very basic/set up as a “minimum” for states to use.
- ▶ Nursing home staff are generally unaware of Federal Regulation specific to dentistry.
- ▶ Surveyors, if looking for dental violations, are typically looking at federal regulation violations only.
- ▶ **Minimum Data Set = MDS**
 - ▶ **Section L: Oral/Dental Status**

Texas Regulations



- ▶ More proactive and comprehensive.
- ▶ Nursing homes are not aware of Texas specific regulations.
- ▶ Surveyors are not looking at Texas specific regulations.
- ▶ *If current Texas regulations were followed, oral health in Texas nursing homes would be revolutionized.*

Minimum Data Set: 3rd Quarter - 2017

Section L: Oral/Dental Status of Residents

- Broken or loosely fitting full or partial denture
- No natural teeth or tooth fragments
- Abnormal mouth tissue
- Obvious or likely cavity or broken natural teeth
- Inflamed gums, bleeding gums, loose natural teeth**
- Mouth or facial pain or discomfort with chewing
- None of the above

Question: 3rd Quarter Data - 2017

Texas Data:

- What % of residents do you think have inflamed gums, bleeding gums, loose natural teeth?
 - (a) 85.17%
 - (b) 75.17%
 - (c) 65.17%
 - (d) 55.17%
 - (e) 25.17%
 - (f) Less than 1%

Minimum Data Set: 3rd Quarter 2017

- Broken or loosely fitting full or partial denture
- No natural teeth or tooth fragments
- Abnormal mouth tissue
- Obvious or likely cavity or broken natural teeth
- Inflamed gums, bleeding gums, loose natural teeth
- Mouth or facial pain or discomfort with chewing
- “None of the above”**

3rd Quarter Data - 2017

National Data for “none of the above”:

- Ranges from 56.27% to 80.74%
- Average of all States = 67.97%

Texas Data?

- What % of residents do you think have “none of the above” ?
 - (a) 80.74%
 - (b) 70.48%
 - (c) 60.74%
 - (d) 50.48%
 - (e) 20.74%
 - (f) Less than 1%

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- ▶ **Positive Momentum:**
 - ▶ **CMS Quality Momentum + Texas as a Leader**
 - ▶ Messaging: Medically Necessary Oral Care

CMS, Texas, and Quality Momentum

- ▶ Recognize, communicate, and enforce Texas specific regulations.
- ▶ Communicate the need for accurate minimum data set collection.
- ▶ Prior to making a referral for admittance to a particular nursing facility
will there be more scrutiny of:



Quality Momentum & Referrals

Prior to making a referral for admittance to a particular nursing facility
will there be more scrutiny of:

- ▶ Hospital readmissions data?
- ▶ Preventable infections data?
- ▶ Aspiration pneumonia data, etc.?
- ▶ Compliance with dental regulations in Texas?
- ▶ Oral health of residents?



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Interdisciplinary Approach = Goal Focused

~~Dentists “fix teeth”~~

~~RDH’s “clean teeth”~~

- ▶ Fix a broken tooth.
- ▶ Fill a cavity.
- ▶ Toothache.
- ▶ Clean teeth.
- ▶ Refit dentures.
- ▶ Replace dentures.
- ▶ Teach patient how to floss.
- ▶ Etc.

Dental Team & Medically Necessary Goals

- ▶ Medical Director, Primary Care Provider, Director of Nursing, Speech Pathologist, Nutritionist, Hospice Nurse, Geriatric Psychiatrist, Social Worker, Case Manager, Geriatrician.
- ▶ Improve oral health to lower potential hospital readmissions due to poor oral health/dental infection, fever of unknown origin, etc., unexplained delirium/agitation, improve A1c, lower aspiration risk, pain relief, reduce pneumonia, reduce the risk of bacterial endocarditis, unexplained weight loss, infection, cancer screening, septicemia, bisphosphonate osteonecrosis, oral neglect, tissue infection, oral wound care, reduce risk of choking due to dysphagia, rehabilitation of speech post stroke, improve PO nutrition, assist with diet upgrade, evaluate potential dental cause of unexplained weight loss, needed for comfort care, low self esteem contributing to depression, unexplained agitation, improve quality of life, return to masticatory function, relief of chronic oral suffering.

New Patient Referral in 2017



- ▶ Admitted to nursing facility in 2011
- ▶ Abnormal weight loss/malaise
- ▶ Rheumatic heart disease - multiple valves involved
- ▶ Multiple hospitalizations



Thank you!

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