

A Dental Visit Might Save a Patient's Life

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Registered nurse Sandy Wexler never imagined that a routine visit to her dentist for a cleaning might save her life.

That's what happened in July 2012 when her dentist noticed an enlarged lymph node on the right side of her neck and recommended that she make an appointment with an ear, nose and throat specialist to have it checked out. The specialist diagnosed Sandy with metastatic squamous cell oropharyngeal cancer, and she began treatment immediately.

After six weeks of radiation and seven weeks of chemotherapy, Sandy is cancer-free. She credits the dentist that performed the exam with saving her life.

Sandy's story exemplifies a health care system that is successfully working to diagnose and treat patients. Sandy visited her dentist, her dentist made a referral to another specialist, and Sandy received the treatment that she needed.

Every year, though, as public health officials know all too well, millions of patients fall through the cracks and live with dental disease or other illnesses that go undiagnosed or untreated.

Tooth decay is the number one chronic infectious disease among children in the U.S. About one in five children between the ages of 5 and 11 have at least one untreated decayed tooth, according to the CDC.¹ As a result, public health programs that aim to improve the overall health of the population are incomplete if they do not include components aimed at improving the oral health of the population.

Millions of Americans suffer from untreated dental disease, not just kids. Nationwide, about half of the population over 30 years old suffer from some form of gum disease, according to the CDC.² In Delaware, where I practice dentistry, one in five low income adults say their mouth and teeth are in poor condition and three in 10 Delaware adults avoid smiling due to the condition of their mouth and teeth.³

Moreover, only 61 percent of adults in Delaware reported visiting a dentist in the past 12 months, according to a 2013 survey, compared to 59 percent nationally,⁴ despite the fact that 98 percent of publicly insured children live within 15 minutes of a Medicaid dentist and only one percent of the population lives in an area with no dentist within a 15-minute travel time.⁵

In addition, many adults with dental benefit plans don't regularly see a dentist. More than one in three adults ages 19 to 64 with private dental benefits do not use them.⁶

When I look toward the future of oral health in the U.S., any steps we take toward improving health must be based on this simple principle: healthy teeth and gums aren't a luxury. They're essential.

All Americans can achieve good oral health, and public health professionals can help make this vision a reality. The best way to ensure positive patient outcomes, while also managing the costs associated with dental health, is to ensure that every American has access to a dental home that not only treats issues as they arise, but more importantly provide preventive services and education to reduce the need for complex dental treatment.

As a nation, we've seen so much progress in addressing the oral health needs of underserved populations.

Since 2000, the number of children in the U.S. without dental benefits has been cut in half. That's great news, but we can't continue to make progress unless we work together—health care providers, government, educators and industry.

There has never been a more critical time in health care than right now, and that's why as health care continues to evolve, health care providers interested in improving oral health in the community should focus their efforts in three distinct areas.

First, we have to focus on providing care now to people who are suffering from untreated disease.

Each year millions of patients in need of dental care either don't receive it, or they receive care from medical professionals who are not dentists.

For example, many people without dental coverage don't seek treatment until their pain grows so severe that it sends them to a hospital emergency department (ED), where both the staff and equipment are often not able to treat complex dental conditions. The American Dental Association is working with hospitals, and also with the American College of Emergency Physicians, to get patients out of the ED and into dental chairs, the right place for treatment. ED referral programs now exist in all states with new programs being continually developed.

Efforts are also underway to advocate for increased dental health protections under Medicaid, to expand the number of communities that fluoridate their community water supplies, to provide charitable outreach, to facilitate connections between dentists and Federally Qualified Health Centers, and to collaborate with other health professionals and organizations to help people understand that good oral health is a crucial part of good overall health.

The aim of these programs is to connect patients in need of dental care with dentists. Public health professionals who encounter these patients can facilitate these connections.

Second, we have to strengthen and expand the public/private safety net to provide more care to more people.

In its landmark report *Oral Health in America*, the U.S. Surgeon General noted that “the public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups and integration of oral health and general health programs is lacking.”

Strengthening and expanding the public/private safety net requires a multifaceted approach. This includes facilitating connections between private-practice dentists and Federally Qualified Health Centers. By partnering, private dentists can help community health centers expand their capacity to provide care to under-served populations without increasing the clinics' “bricks and mortar” expenses and staffing overhead. Patients benefit because quality care is quickly and efficiently delivered, and access to dental specialty services can be increased, thereby improving the Quality Assurance footprint of the health center.

In addition, we have to continue to fight for increased dental health protections and simplified administration under Medicaid. Getting dental providers efficiently credentialed in the Medicaid

program so they can quickly begin to treat patients (instead of waiting months for paperwork to be processed) is a priority for the ADA.

Third, we have to focus on disease prevention and dental health education.

Better collaboration among dental and medical professionals can be a means to ensure all Americans understand that their dental health is a crucial part of overall health. For example, more than ever, dentists work with other medical providers as they treat patients with diabetes, a condition that can increase the risk of dental disease.

Physicians, nurses, educators and others can dramatically increase the number of patients and caregivers who receive basic dental health education. These professionals can also be trained to recognize conditions needing comprehensive diagnosis and possible treatment by a dentist.

At the national level the American Dental Association is working to advance the role of Community Dental Health Coordinators (CDHCs), which are specially trained members of the dental team. These dental professionals acquire a community health worker skillset and can reach people who typically don't receive dental care for a variety of reasons. These reasons include poverty, geography, language, culture, and a lack of understanding of the importance of oral hygiene and regular dental visits. They work in communities across the country to increase oral health awareness and to connect individuals to regular dental care within established dental homes. CDHC training is available in all 50 states, including Delaware. In fact, there are two Delaware individuals currently engaged in CDHC training.

You're vital to improving oral health in the U.S.

Most dental disease is preventable. Together we can dramatically reduce dental disease in this country and set patients on a path to a lifetime of good oral health.

There has never been a more critical time in health care than right now. The ADA remains confident in our comprehensive agenda to improve the oral health of the public and bring more care to more patients. I ask you to join me in strengthening your commitment to these solutions.

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