

## **The Population Health Partnership:**

### **Medicine and Dentistry Working Together to Improve the Lives of Delawareans**

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Delaware's challenges in managing the health of its population are not so different than those experienced in other states. A shift from fee-for-service reimbursement to one that pays for value is still trying to get its footing while Republicans attempt to undo the Affordable Care Act. The current systems of reimbursement have led many primary care physicians to opt out of the insurance game altogether and pursue concierge practices. We are seeing far fewer primary care practices opening, and unsurprisingly patients are having difficulties accessing the remaining overworked and burned out physicians. Delaware has unique challenges in recruiting physicians and part of this is due to the lack of a medical school. Indeed, fixing the root causes of a dwindling primary care community is essential.

But we can simultaneously develop collaborative working relationships with other highly skilled health professionals who also see Delawareans with regularity to help deliver needed care. Our dental community comes to mind.

In this vein, I see an opportunity for physicians and dentists to work together to promote the care of our citizens. Just today, I saw a patient in my clinic after a recent dental procedure was canceled due to high blood pressure. In 12 years of practice, I had never seen a note from a dental clinic before. I found this information quite usable. It included her blood pressure, a reconciled medication list and the reason for which she was seeing the dentist. It also explained why her procedure was canceled. As high blood pressure, the silent killer, usually presents with no symptoms, additional clinical touch points like this one at her dentist's office become increasingly important in recognizing how well her blood pressure is controlled in the ambulatory setting. After counseling her on a sodium restricted diet, exercise and weight loss, I did adjust her medications to get better control of her blood pressure. Finally, I communicated with her dentist about when to proceed with her dental procedure. While we in medicine may communicate more frequently with other medicine specialists, this encounter taught me that our dental colleagues can be helpful in monitoring some disease conditions.

Another example of how physicians and dentists can collaborate to promote the health of Delawareans is in the setting of diabetes and periodontitis. Diabetes is the most common risk factor for chronic periodontal disease.<sup>1</sup> While some patients may be asymptomatic, chronic periodontitis may be characterized by bleeding while brushing (indicative of gingival inflammation), discomfort from extensive mobility of a tooth (resulting from bone loss), or fetid odor.<sup>2</sup> Uncontrolled diabetes is associated with more severe periodontal disease. These patients usually require follow up in the dental clinic 3 to 4 times a year for cleaning and periodontal therapy.

“Therefore, these visits would provide ideal points in performing tests such as point-of-care hemoglobin A1c or random blood glucose monitoring to assess diabetes control status.”<sup>3</sup>

Providing this feedback to the patient's primary care physician or endocrinologist can lead to timelier dietary counseling and adjustment of diabetes medication, thus avoiding or delaying the complications of persistently uncontrolled diabetes such as vascular disease, retinopathy and kidney failure.

Another excellent example of medicine and dentistry working together is in the treatment of obstructive sleep apnea (OSA). The American Academy of Sleep Medicine (AASM) and American Academy of Dental Sleep Medicine (AADSM) worked together to create guidelines regarding the use of oral appliance therapy for the treatment of OSA and snoring.<sup>4</sup> While positive airway pressure remains the gold standard for the treatment of OSA, oral appliances have also been shown to be effective in the management of OSA. The guidelines provide recommendations and suggestions to both sleep physicians and dentists in the prescribing and oversight of dental appliance use in these conditions.

For these partnerships to work, we definitely need effective communication between providers. This has been a major stumbling block in attempts to deliver on value-based care here and across the country.

Delaware is fortunate to have a central registry for health information in the form of the Delaware Health Information Network (DHIN). This could be a repository for this communication.

These are just a few examples of how medicine and dentistry can improve the lives of Delawareans, but there may be many more. I look forward to hearing about new and innovative collaborations that can capitalize on the training and expertise of these two highly skilled groups of doctors.

## References

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