

# The Dental Care Race



# The Importance of Oral Healthcare

For  
Elderly Patients in  
Long Term Care Facilities

# Sterling Stalder, DDS

Founder,  
OKC, OK

Southern Nazarene University

University of Oklahoma

# Mobile Dental since 2001

## Credentials and Memberships

- American Dental Association
- Oklahoma Dental Association
- Graduate of Southern Nazarene University
- Internet Dental Alliance
- Graduate of Pride Institute Program
- Graduate Pinnacle Advanced Leadership
- Crown Council Member
- Graduate of University of Oklahoma College of Dentistry
- Special Care Dentistry Association
- American Society for Geriatric Dentists

# And the problems are...?

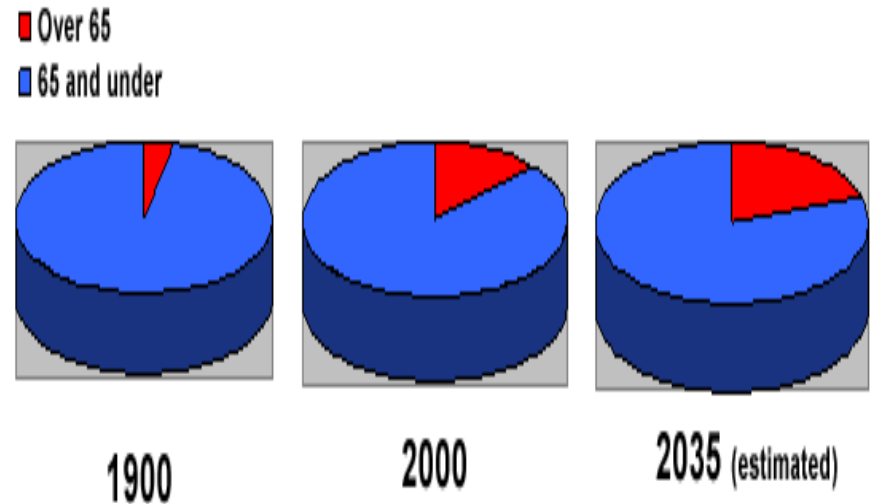
- Rapidly increasing numbers of the elderly, and the resultant rise in long term care facility population.
- As we age, we are keeping more and more of our teeth.
- As we age, we gradually lose the ability to maintain our teeth, creating the worst possible scenario for our elders (and us...)

# How it affects us...

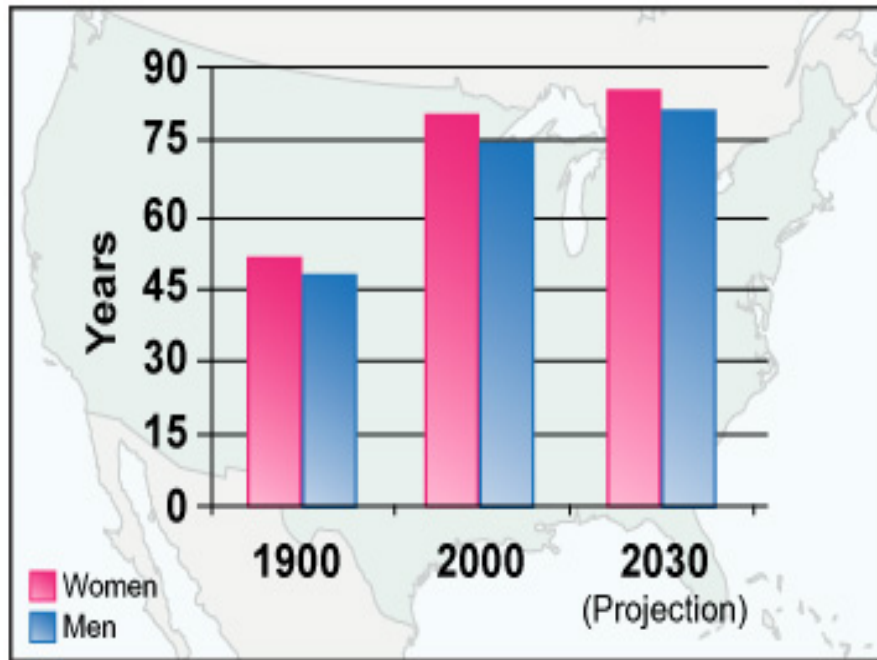
Not enough care givers,  
with not enough time,  
providing not enough oral healthcare!

# The Aging Boomers

- 1900-only 4% of pop. Was 65+.
- 2000-13% of population, or 35 million people, are 65+.
- By 2030, 70 million people, or 20% of the population will be 65+!



# More people, living longer...



## Life Expectancy

- 1900 – about 48 and 46 years for females and males.
- 2009 – about 81 and 76 years, respectively.

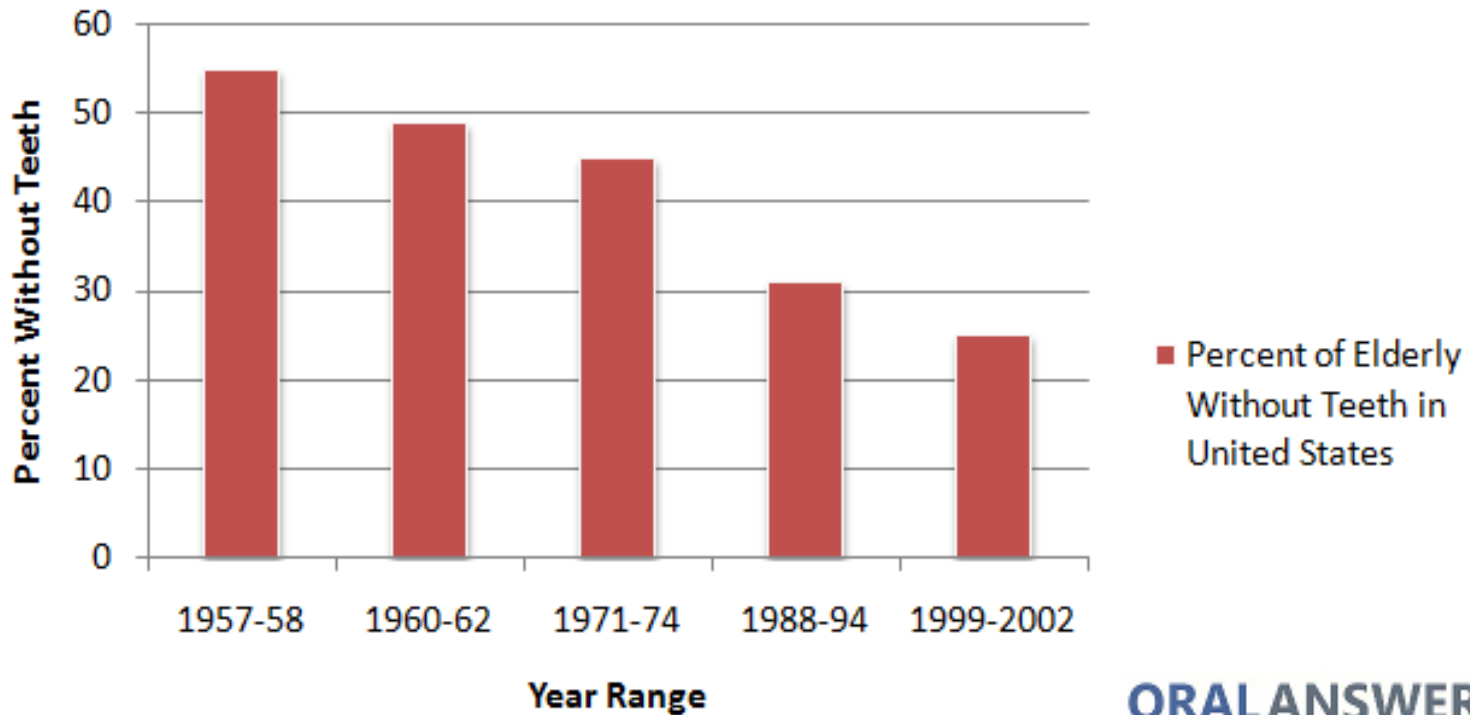
High tech advances, better screening tools, and better disease management are increasing our lifespan!



Keeping our teeth much longer.

Today, greater than 75% have retained at least some of their teeth!

### Percent of Elderly Without Teeth in United States



**ORALANSWERS**

# Get ready for the flood...

- 10,000 folks a day are turning 65 in U.S.
- Lifespans in the 80's
- More and more people keeping more and more of their teeth...with declining ability to care for them!



# Impacts!



- Overall Health
- Oral Health
- Quality of life

# Overall Health Impact

## Cardiovascular Disease



- Association exists between CVD and Periodontal Disease.
- Common element is inflammation. Causes narrowing of arteries in CVD, tissue destruction in perio.



- Host response to perio thought to trigger atherosclerotic plaque ruptures, the cause of most heart attacks.
- CVD meds create gingival hyperplasia, xerostomia, and taste impairment.

# Overall Health Impact Diabetes

- Increases risk and severity of perio.
- Longer healing, raises risk of infection.
- Perio worsens effect of diabetes.
- May worsen glycemic control
- May contribute to the complications of diabetes, such as heart and kidney disease.
- Triangle Effect-perio, diabetes, obesity. Fat triggers inflammation, intensifies infections (perio), promotes insulin resistance (diabetes).



# Overall Health Impact

## Rheumatoid Arthritis



# Overall Health Impact

## Rheumatoid Arthritis

- Rheumatoid Arthritis: “Chronic disease linked with inflammatory factors, results in destruction of connective tissue and bone deterioration”
- Common link is... chronic inflammation.
- Rheumatoid arthritis patient is 8 times more likely to have periodontal disease.
- Periodontal Disease: “Chronic disease linked with inflammatory factors, results in destruction of connective tissue and bone deterioration”
- RA is the strongest risk indicator for perio induced tooth loss when looking at risk factors for severe perio disease.

# Dental Impact

- Periodontal Disease  
#1 Killer of teeth.

Known as the “silent killer of teeth” since most aren’t aware until it’s too late!

Bleeding gums, bad breath, pain, mobile teeth.

- Dental Caries  
“Cavities”- the next largest cause of lost teeth.

Left untreated, can cause sensitivity, pain, abscess, and tooth loss.



# Dental Impact

Periodontal Disease and Dental Caries are caused by the same substance...

**Bacteria laden PLAQUE!**

Left at and below the gumline too long and you have periodontal disease. Left on the teeth too long and cavities are created.

# Dental Impact



# Overwhelmed?

There is a magic bullet.

A single thing that can significantly affect the oral health of the “silver tsunami” that is headed our way with lots of dental problems...

# The Toothbrush!



# The Toothbrush!

“During toothbrushing, the removal of dental plaque is achieved primarily through direct contact between the filaments of the toothbrush and the surfaces of the teeth and soft tissue.”

**A Review of Mechanical Dental Plaque Control**-Joo H. Kim, DDS  
Surgical – Restorative Resource

The toothbrush is the primary tool used to defeat the problems created by plaque!

# The Toothbrush!

- Regular personal and professional plaque removal measures are the most important aspect of maintaining oral health.
- Removal of the plaque you can see on the teeth and gums not only reduces cavities, but also diminishes the effect of sub-gingival plaque.

# The Toothbrush!

The best toothbrush will always be the one that is used (properly) by the patient and/or caregiver.

- Angled into sulcus of gums at 45 degrees.
- Short strokes, back and forth.
- Don't disengage from the gums.
- Small segments at a time (don't miss any)
- Gentle is better than rough!

# Alternative

## Electric Toothbrush

- Easier in difficult situations
- Proven faster...saves TIME!
- Don't worry as much about WHAT you're doing, but WHERE!
- Better in plaque removal and motivation.



# Toothbrushes

About \$.83 apiece.

Bulk lots of cheaper brushes can be purchased for as little as \$.08 apiece.



# Toothbrushes



About \$4.00

# Goal

Every tooth completely clean  
every time you brush!

You need to see it...  
to achieve it!

# Adjunctive/Additive



# Toothpaste

- Fluoride!
- Fluoride treatment every time the teeth are brushed.
- Better taste means better compliance.
- A clean, fresh mouth greatly improves self image.

# Floss

- Where the brush can't reach...  
in between the teeth.
- Remember: you're cleaning two teeth...  
not one space!
- Floss holders / tools greatly improve the  
ability to clean the side of the teeth.

# Rinses

- Water will remove food debris, and re-hydrate the oral cavity.
- Over-the-counter rinses will do the same, but with a fresh, minty taste!
- A rinse with Fluoride achieves this AND a fluoride treatment every time it is used!
- Avoid alcohol – damaging to tissues.
- Rinse and spit!

# A Take-away...

Xerostomia, or dry-mouth, affects up to 30% of LTC patients.

Xerostomia plus poor oral hygiene is a major contributor to aspiration pneumonia in LTC settings.

Research finds up to 100 billion micro-organisms in each milligram of plaque that can colonize the lungs with gram negative anaerobes from the gingival sulcus.



# My Part

Regular personal and **professional** plaque removal measures are the most important aspect of maintaining oral health.

We strive to see our patients in the LTC facilities we serve at least 4 times per year, twice for exams by a dentist, and twice for cleanings by a hygienist.

# Mobile Provider Considerations

- Frequency of visits
- Type of work performed in your home;
- Which types of residents will be treated;
- Rates for Private Pay residents;
- Denture replacement policy;
- Compliance documentation;
- Referrals on Emergencies;
- Annual production reporting.



# OK 2017 Dental Production

- 12,891 Exams
- 856 Restorative
- 1,645 Extractions
- 506 Emergency Visits
- 417 Dentures
- 9423 Cleanings
- 80 Free Dentures from

Sterling Angle of Smiles



# Dental Regulations

David Goubeaux, LNHE  
President, Sterling Dental

Independent Senior Living  
Assisted Living

Full Skilled Nursing  
NAB License, Operators License

# Final Rules F411 Dental

- Appointments
- Transportation
- Dental Reimbursements
- Policy on Dentures
- Denture Replacement
- Referrals



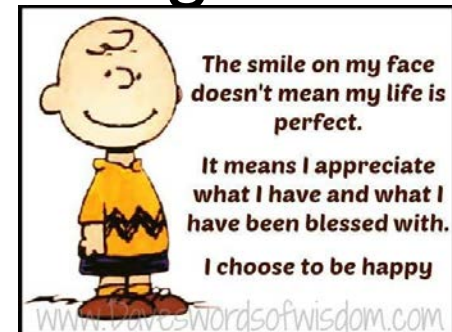
# Phase 1: 11-28-2016

- Assist Residents in Scheduling Dental Treatment
- Arrange Transportation to Dental Apts.
- Assist in Applying for Dental Reimbursements



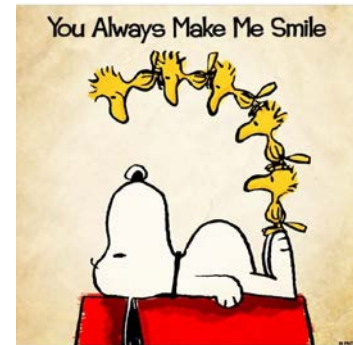
# Phase 2: 11-28-2017

- Denture Policy on Replacing Dentures
  - Must pay for replacement dentures
  - Can exclude replacement to residents that were out of the building and in the care of another provider
- Dental Referral on Lost or damaged Dentures
  - Must occur within 72 hours



# Sample Dental Policy

- Dentures will be replaced at no charge to any resident that loses or breaks a denture with one exception. In the case of a resident that loses or breaks a denture while they are out of the building and in the care of another provider.





# Federal Required Oral care in Nursing Homes

- Annual Exam By A Dentist
- Routine and Emergency Dental
- Contract with Dentist
- Can Charge Medicare Residents
- May Not Charge Medicaid Residents

- OBRA 1987



# What is an Exam?

- Must be performed by a licensed Dentist;
- Must have a signed Consent to Treat.



# Denture Replacement Charity

- Sterling Angel of Smiles
- Free Denture
  - No Income
  - No Adjusted Income
  - Application to Board
  - Any Nursing Home

