

Skilled Care Facility Task Force Meeting

February 14, 2014

Attendees: Dr. Curry, Dean Johnsen, Dr. Owais, Mary Kelley, Jane Slach, Lori Elmitt, Phil McCollum, Cindy Marek, Dr. Kanellis, Dr. Caplan, Dr. Marchini, Eileen, Dr. Cowen, Brian Darling

Other members who called in by conference call: Dr. Bradley, Dr. Fuller, Cindy Baddeloo, Tracy Rodgers, Lean Howland

1. Intro of Guest - Cindy Marek - College of Dentistry Pharmacy. Cindy will be talking about Chlorhexidine Gel
2. Dr. Kanellis updated the group on information obtained from the CDC website by Dr. Cowen concerning the average length of stay in a skilled care facility. In 2004 the average stay was 2.3 years.
3. New business - Brian Darling, a D2 student at the College of Dentistry, is looking for a research topic either separately or as part of the task force.

Cindy Marek - As part of a project a number of years ago, the dental pharmacy developed a 1% Chlorhexidine gel to be used in dental care. It is not available commercially but can be compounded. History – Chlorhexidine was used beginning in 1959 for hand washes and surgical scrubs. Chlorhexidine is active against a lot of microbes. In its lower concentration it is bacteriostatic and at higher concentrations it is bactericidal. The use of higher concentrations does not require as many applications. Burning and stinging has been a problem with commercial gels due to high alcohol content. Gels have been proven to control caries but there can be extrinsic staining of teeth. The stain means it is binding which means it is working. Ideally a tray delivery system is the best. Brush-on can still be effective. True allergies to Chlorhexidine are rare, though some may have sensitivity to it. The sensitivity can be minimized by diluting it. Dr. Kanellis asked about periodontal issues. The brush on application would get deeper into the tissue than a straight rinse, though you cannot use the same brush you use for toothpaste because the Chlorhexidine will bind to the toothpaste and you will not get the full effect.

Q: Would it react to silver nitrate?

A: Yes it would deactivate the silver nitrate

Comment: Staining is a big issue; it only comes off with scaling.

Response: There shouldn't be a lot of staining if they are doing a good job brushing daily. Cindy M. suggested an electric (Power) toothbrush. Dr. Kanellis said the department of Pediatric Dentistry has been using this gel since 2002. They have not found staining to be a problem.

Dr. Cowen and Dr. Marchini are planning a research study in a nursing home facility using an every-other-week application of a Chlorhexidine varnish.

Dr. Curry reminded the group that we are talking about the greatest amount of care to a population that is not getting any care at the moment. He is not going to worry about a little bit of staining. The provider and patient should be aware of staining but it won't be a deal breaker.

Dean Johnsen - There is potential for a public health measure due to benefits of slowing disease. Cindy Marek commented that a good portion of this population is currently receiving substandard care. The delivery of the gel is a viable option.

Who is going to deliver the gel and are they going to get the right areas? It is a therapeutic medicament so it should be delivered by a dental professional. In a nursing home facility the med aids (certified) could administer this.

Dr. Fuller asked if we are addressing the possibility of xerostomia because of the amount of meds these people are on - Cindy Marek says not with Peridex (mouth rinse).

Dr. Kanellis asked if we should be discussing how to deal with xerostomia; are there other options? Cindy Marek stated dehydration can be an issue; some by choice (bladder control, etc.) so keeping patients hydrated is a start. Saliva Sure tablets can be used to increase saliva flow. Patients prefer this. MI paste gives you back the slick feeling of saliva. The provider needs to make sure there are no allergies, particularly to milk products. MI paste cannot be applied with a brush, and should be applied with a finger. MI paste needs to be applied several times a day for the best benefit.

Eileen Cacioppo asked, if trays are the best way to apply Chlorhexidine gel, what about gaggers?

Dr. Cowen asked if a CNA in a nursing facility is legally allowed to apply a prescribed product (e.g. Prevident 5000). Cindy Marek will check into it from a legal standpoint.

4. Draft outline of a report for the Iowa Dental Board. The report has to have compelling evidence to support what the group wants. Dr. Kanellis would like to assign a couple people to each topic who will then write a paragraph or two for the report. The draft topic areas and volunteers for the individual components are:

- I. Background (Mike Kanellis)
 - a. Taskforce creation
 - b. Charge from Board
 - c. Membership
 - d. Meetings
- II. Definitions (Mary Kelly, Eileen Cacioppo, Cindy Baddeloo)
 - a. Name of taskforce (need to define the name of the committee – include term “functionally dependent adults” – then need to define functionally dependent)
 - b. Populations/living arrangements covered by taskforce recommendations
 - i. Population and distribution within Iowa
 - ii. Number of facilities and number of residents
- III. Oral Health-Related Problem List of Population (Leo Marchini; Dan Caplan; Howard Cowen)
 - a. Caries
 - b. Perio
 - c. Aspiration pneumonia
 - d. Access to care
 - e. Oral hygiene

- IV. Current Approach to Oral Health in Nursing Facilities
 - a. What is required by state and/or federal law?
 - b. Current efforts aimed at education, oral hygiene, diagnosis, treatment
 - c. Efficacy or problems associated with current activities
 - d. What is current standard of care?
 - e. What are problems and/or barriers to achieving current standard of care?
 - f. Current new approaches and programs underway or in development (Beth)
- V. Novel Treatment/Prevention Approaches discussed by Task Force (Mike Kanellis; Arwa Owais)
 - a. Discussion of overall strategy to move towards medical management of disease, and to prevention
 - b. Silver Nitrate (Owais)
 - i. Safety
 - ii. Efficacy
 - c. Chlorhexidine Gel
 - i. Safety
 - ii. Efficacy
- VI. Workforce Issues (Phil McCollum; Mary Kelly)
 - a. Capacity and distribution of Dental Hygiene workforce in Iowa
 - b. State regulations regarding general supervision of hygienists
 - c. State regulations regarding public health supervision of hygienists
- VII. Taskforce Recommendations to Iowa Dental Board

Dr. Cowen commented that all patients enrolled in Medicaid have their social security benefits signed over to the nursing facility. These benefits should be available to reimburse up to \$100 per month for health care not covered by Medicaid (vision, dental, etc). He also commented that Iowa has recently seen an influx of corporate dentistry to the nursing home industry, using this Medicaid benefit (known as Incurred Medical Expense) as a type of insurance policy for dental services.

5. Next meeting: Friday, March 14, 2014, 12:00 noon – 2:00 p.m.