

Skilled Care Facility Task Force Meeting

January 10, 2014

Present: Michael Kanellis, Mary Mariani, Steven Bradley, Mary Kelly, Howard Cowen, Leonardo Marchini, Lori Elmitt, Beth Jones, Lynn Curry, Tracy Rodgers, LeAnn Howland, Maria Fuller, Steve Thies, Cindy Baddeloo, Dan Caplan, Brian Darling, Ann Huss, Phil McCollum, Arwa Owais, Mary Jan Venteicher, Karin Weber-Gasparoni

1. Introductions

Task force members and invited guests introduced themselves.

The group will try to meet on the 2nd Friday of each month. Those that are unable to make it to Iowa City will have the option of teleconferencing in as well.

2. Discuss/refine the charge to the committee

Current charge is to have the task force look at “best practices for oral health in nursing home settings”.

This could include skilled nursing facilities, end of life facilities, rehabilitation facilities, dementia facilities. It was suggested that the group should try to be as inclusive as possible.

The goal of this task force is in three parts:

- a. Summarize the problem and or need
- b. Explain how the problem/need is currently being addressed
- c. Give recommendations

3. Statement of Problem

Dr. Howard Cowen, head of the Geriatric Mobile Unit for the College of Dentistry, stated that in 1990 50-70% of nursing home residents were totally edentulous. Presently the number is right around 20%. This makes the disease processes (perio and caries) a problem due to increased number of teeth present. 80% of the teeth present have some sort of caries and 90% of the residents have periodontal disease which is problematic for the patient’s systemic system.

Dr. Maria Fuller, an IDA representative, stressed the importance of prevention in the facilities.

Dr. Lynn Curry, past president of the IDA, stated that in November 2012 Delta Dental held a meeting. Part of the presentation was the occurrence and mortality rated of pneumonia in care facilities. Morbidity and mortality from aspiration pneumonia can be caused by infection in the mouth. Studies have shown that improved oral hygiene leads to a decrease in aspiration pneumonia cases. He stressed that prevention is the direction the task force should go towards. Dr. Curry also stated treatment can become an economic issue as well as an access to care issue.

Dr. Cowen also stated that consent to care and treatment has increased in the past 30 years. Expectations are changing; the population is used to having dental care.

4. Current Approach to prevention and treatment: what's working and what isn't

5. Current research projects, demonstration projects, going on statewide

Beth Jones from Delta Dental states that there is not a lot of data available which makes it difficult to assess the problem. Delta Dental is forming a coalition to come up with a long term strategy. There are three work groups: 1) Education and Training – CE courses and training programs for direct care workers; 2) Reimbursement & Policy; 3) Oral Health Coordination – is there a program that could be developed similar to the I-Smile program for children.

Dr. Karin Weber-Gasparoni, Department Head of Pediatric Dentistry at the College of Dentistry, received a grant from Delta Dental to train direct care workers and caregivers in group homes to provide better Oral Health Care. She would be happy to share the program details with others.

Dr. Fuller mentioned that there is a reoccurring problem of employee turn-over in these nursing facilities.

Dr. Cowen suggested a registered dental hygienist have advanced training with assigned “districts” and work continually with the care facilities.

Dr. Michael Kanellis, Associate Dean for Patient Care at the College of Dentistry gave information on a program currently being evaluated for use in the Indian Health Service. Oregon's Medicaid program reimburses by capitation. Some participating dentists are not restoring carious primary teeth and instead are painting silver nitrate over asymptomatic caries followed by fluoride varnish. Dr. Steve Duffin from Oregon claims to have over 90% success rate with this approach.

6. Novel approaches for disease prevention and management.

Dr. Kanellis suggested that there may be a roll for silver nitrate for management of root caries in long-term care facilities.

Dr. Curry worked for an Indian Reservation for five years. He stated silver nitrate turns the area of caries black. The upside is that it works, the downside is the esthetics.

Dr. Steve Bradley, Iowa Dental Board Chair, stated he has heard that if potassium iodine is place on the area it will not discolor.

Dr. Arwa Owais, Pediatric Faculty Member of College of Dentistry, has done a lit review on silver nitrate. The practice of using silver nitrate began in the 1800s. Silver nitrate can be used as a desensitizing agent (if applied every two weeks) or on caries (applied yearly). There have been no clinical trials on the use of silver nitrate but there are 123 articles that could be used to try to find a clinical basis for use.

Dr. Mary Mariani, IDA president, asked about silver nitrate's use on interproximal caries. Dr. Kanellis stated that a drop of silver nitrate could be placed on super floss to apply to interproximal areas.

Dr. Kanellis also stated that the use of Chlorhexidine for caries prevention (1% gel or varnish) inactivates strep bacteria. This works well with periodontal disease. Care facility staff could use this. This is currently the agent of choice (liquid form) for the College of Dentistry Geriatric Mobile Unit. The College of Dentistry pharmacy and NuCara pharmacy can compound the 1% gel.

Dr. Dan Caplan, Department Head of Preventive and Community Dentistry at the College of Dentistry, suggested incentives to patients to seek preventive care prior to placement in the facilities.

Dr. Curry stated that if the task force can double the number of patients receiving care then they have made a huge advancement.

Mary Kelly, Iowa Board Member, Registered Dental Hygienist, and current resident in Preventive and Community Dentistry at College of Dentistry, stated that some registered dental hygienists are underemployed. Tracy Rodgers, Registered Dental Hygienist and Iowa Department of Public Health member clarified that if a dentist sees a facility resident, the care then provided by a hygienist would fall within general supervision. Public health supervision is allowed for nursing facilities; there aren't many agreements currently in place for this. Phil McCollum, interim director with the Iowa Dental Board, agreed with the determination of general supervision with the scenario described.

7. Strategies for effective meetings.

Dr. Kanellis charged the group with reading the book Six Thinking Hats by Edward De Bono or at least reading the Wikipedia description of the book.

8. Next Meeting will be Friday February 14, 2014, from 12-2:00, at the College of Dentistry