Returning the Mouth to the Body: Integrating Oral Health and Primary Care

ABSTRACT
Primary health care found its existence in Alma-Ata conference held in 1978. Primary health care has been the basis of health care in many low- and middle-income countries. There have been ways to address general health problems, but low priority has been given for oral health in relation to general health. Integrating primary care and oral health care would increase the effectiveness and efficiency of both dental and medical professionals. By sharing information, providing basic diagnostic services, and consulting one another in a systematic and sustained manner, dental and medical professionals in integrated practice arrangements would aid in identifying disease precursors and underlying conditions in a patient-centered model of care. Integration would also raise patient's awareness of the importance of oral health, potentially aiding in their access to dental services sooner than later.

Keywords: General health, Integrating oral health, Primary care.


INTRODUCTION
Oral health care is still enjoyed by the affluent people of the society. Dental disease is one of the great preventable public health challenges of the 21st century. According to US Surgeon, in general, dental disease is named as “silent epidemic” among chronic health conditions. The goal of primary health care is to achieve health for all. It is universally prevalent, but a number of subpopulations are particularly vulnerable, including seniors, children, and adolescents, low-income people, minority groups, and people with special health care needs. Primary dental care can be a way of achieving good oral health for the community. This can be achieved by integration of oral health care with the existing primary health care activities through training of primary health care workers in aspects of oral health.

India is a vast country with the majority of people living in rural areas. Following the Alma-Ata declaration of 1978 on the appropriateness of “primary health care,” rural health infrastructure has been designed to cover rural population through subcenters, primary health centers (PHC), and community health centers. As oral health is an integral component of general health, oral health care of the necessity has to be delivered through primary health care infrastructure.

Oral health is integrated with general health, and support for community programs offering “essential oral health” within PHC is increasing. The WHO Global Goals for Oral Health 2020 has gained public health orientation, and the Global Oral Health Program mostly focuses on modifiable oral risk behaviors. Integrating primary care and oral health makes logical sense for a number of reasons. By disseminating various information, making diagnostic services available, and taking consult from one another in an organized way, dental and medical professionals would have a far better chance of dealing with the various health conditions in an integrated manner.

ADVANTAGES OF INTEGRATION
- Increase the effectiveness and efficiency of both dental and medical professionals in preventing disease, thereby reducing the large number of preventable dental conditions, which are far too often treated in emergency rooms.
- Improve chronic disease management and prevention.
- Address significant oral health care access issues by expanding entry points into the dental care system, especially for at-risk and underserved populations.
- Facilitate the use of interdisciplinary techniques to overcome patient-specific barriers to accessing services, such as patient apprehension and anxiety about visiting the dentist.
- Provide significant cost savings to the health care system by controlling for and reducing risk factors common to dental disease and various chronic diseases, like diabetes.
PRACTICAL CHALLENGES AND CONSIDERATIONS

While integration of oral health and primary care clearly makes sense from a theoretical perspective, there are numerous practical challenges to implementation even on a small scale. These challenges range from the systemic separation of primary care and dental practices to widespread access barriers.2

Traditional Separation of Services

According to “William Mass,” care to maintain oral health is not dental care per se. Oral health care is a branch of primary care. After all, the mouth is part of the body. In 19th century, dental and medical services have traditionally been delivered separately via differentiated delivery systems. There is little to no communication between the dental and medical care practitioner silos.16 In this example, Flow Chart 1 shows the flow of information about the diagnosis, and treatment of diabetes is heavily reliant upon the patient acting as the conduit, which is not only a serious burden on the patient, but also an unreliable means communicating critical health information. Unfortunately, this scenario is more as a norm than the exception, despite a growing recognition of the value and importance of integrated (or at least coordinated) care systems.17

Provider Training and Skills

Despite the high prevalence of oral health disease and its far-reaching impacts, medical and dental practitioners effectively treat the mouth as a separate entity from the rest of the body. Physicians and other medical personnel have little or no knowledge about oral health treatment modalities.18,19 Meanwhile, dentists and other dental personnel conversely have little or no training working together let alone in interfacing with the medical community or in operating in a multidisciplinary team.

Insurance and Financing

A critical challenge facing any attempt to integrate oral health and primary care is the current financing system for dental care. A significant number of children and adults simply do not have the means to pay for dental services because they lack dental insurance coverage, either public or private. According to the 2008 National Health Interview Survey, 45 million Americans (about 25%) under the age of 65 with private medical insurance had no dental coverage; low-income and less-educated people were even less likely to have dental insurance coverage.20

Provider Access

Integration of oral health and primary care in many cases requires access to dental providers. Even in cases where primary care providers provide preventive oral health services, there are clearly services and expertise that require dental professionals. Unfortunately, there are many places that lack dental providers or lack providers willing to treat the underinsured, uninsured, and patients covered by public dental insurance.2

Public Awareness

There is a pressing need for greater public education about oral health care and dental disease. The public, especially those communities most at-risk and underserved, does not realize the necessity and benefits of accessing dental services and preventive care, so integration into primary care will face an uphill battle and will lack broad support from the community. Paradoxically, integration of oral health into primary care could be a solution to the problem of misinformation and low awareness about oral health issues.2 Patient education is of utmost importance in a developing country like India as it creates awareness about the importance of oral health from infancy and the relationship between oral health and general health, and thus motivates the patient/parents to take greater interest in the development of overall health.21

AREAS FOR GRANTMAKER INVESTMENT AND ACTION

Although the benefits of integrating oral health and primary care are evident, there are a number of barriers and practical challenges to achieving this goal. They include different approaches for treatment, manpower needs, levels of stakeholder education, and financial

Flow Chart 1: Information in patient care for providers
Implications. Some of the approaches are supported by evidence, whereas others are untested and need to be explored in future. More exploration and assessment of various integration approaches will give a better idea of what works best in different communities and settings.\textsuperscript{2}

**Implementation of Integration Models**

The most obvious area where grantmakers can invest is in supporting the implementation of an integrated model. Several models that are different in scope and intensity co-exist, which integrate oral health and primary care.\textsuperscript{12,22} There are four general models: Full integration, colocation, primary care provider service focus, and collaboration. Figure 1 shows the continuum of integration.\textsuperscript{23}

Integration can occur along a continuum and through various models, all of which share the goal of increasing patient access to dental and oral health services through the primary care system. Implementation of an integrative program would be relatively easy and potentially effective in populations, such as school-based health centers and nursing homes. The medical home for patients is another support of integration.\textsuperscript{16} Typically, there is little to no communication between dental and medical silos, which has led to the mouth being treated as a separate entity from the rest of the body by medical and dental practitioners. Physicians and other medical personnel receive little or no training in oral health procedures or practices.\textsuperscript{18,19} Dentists and other dental personnel conversely have little or no training working together, let alone in interfacing with the medical community or in operating in a multidisciplinary team.\textsuperscript{24}

Funders can also consider grants to enable the development, evaluation, and implementation of curricula to train dental practitioners, especially dental school faculty, and students to work in team-based and group practice settings. Grants to support the development and implementation of interdisciplinary education programs are another way to help integrate oral health, as is working with schools and accreditation boards to remove accreditation standards that are barriers to implementing new curricula. Leadership development is another important element of workforce development. The oral health care workforce is a critical component of access to care for vulnerable and underserved populations in that access is dependent, in part, on the availability of a sufficient supply of competent oral health care professionals.\textsuperscript{25}

**Stakeholder Education**

Limited public awareness of the need for dental care and dental disease prevention is a serious barrier, i.e., especially prevalent among populations that could benefit most from integrated oral health and primary care. Most of the people are not much concerned about their oral health and they lack the basic knowledge too. Even the health care professionals need to be educated about the importance of oral health because it has been seen that sometimes practitioners themselves are not aware about this system of integration.\textsuperscript{2} Dental professionals’ efforts to reduce oral health disparities often focus on improving access to dental care.\textsuperscript{26} Integration improves the access to dental providers. There are many places that lack dental providers and lack providers who are willing to treat the underinsured, uninsured, and patients covered by public dental insurance. Little attention is given to access as well as affordability of dental care though proper dental hygiene and preventive dental care are most important steps in maintaining oral health and overall well-being.\textsuperscript{27} The debate over how best to increase access to oral health and dental services provides a strategic window of opportunity to introduce the integration of oral health and primary care as part of the solution.

**Reform Financing of Oral Health**

Financial issues have been shown to be significant barriers to accessing the dental care. The current financing system for dental care represents a serious barrier to integration because of the divide between medical and dental insurance realms. Given that the current system for financing and paying for dental and oral health services leaves many people without a means to pay for oral health services and actually hinders efforts to integrate oral health and primary care, there is interest among some funders in reforming the system. These grantmakers have worked with policymakers, dental and primary care providers, and insurers to develop reimbursement policies for oral health services provided by primary care clinicians. By bringing considerable changes in payment options, both...
in public and private sectors, can significantly improve the access to oral health care services.28

**Research and Pilot Projects**

There is a lack of documented research and experience on the subject of integrating oral health and primary care. The research base for the various models and approaches to integrating oral health and primary care are extremely limited; thus, there is a need for solid process and outcomes data. Pilot projects related to the integration of oral health and primary care, using a chronic disease case management approach, have drawn funder interest. Another area for potential investigation is clinical interventions commonly used in other fields, such as behavioral health, that can effectively integrate oral health and primary care. For example, although there is interest in using “warm handoffs” between primary care clinicians and dental providers to promote oral health integration, there is little or no hard data on their effectiveness. In fact, there are many gaps in the research base for handoffs in general.29

**Setting an Example: Integrating Oral Health and Philanthropy**

Health funders have an opportunity to lead by example and raise awareness of oral health’s importance by integrating oral health into their own work. Similarly, funders could consider including dentists or others with oral health expertise on their boards or advisory committees to act as a resource and champion for oral health within the organization. Philanthropy can make a significant contribution by taking on any number of roles: Convener, researcher, educator, benefactor, and advocate. Grantmakers can play a leadership role in this effort and be powerful agents in reversing a century-and-a-half-long schism between the mouth and the body. For example, in a recent report on integrating public health and primary care by an Institute of Medicine, behavioral health was part of the discussion but oral health was omitted.30

**CONCLUSION**

Integrating oral health and primary care can potentially solve a number of issues that contribute to the oral health crisis. By incorporating oral health into the primary care system’s standard of patient care, the oral health needs of those communities and populations most in need can be addressed. But still a lot of work is to be done. More research into the effectiveness of and processes for achieving oral health integration is needed, if widespread acceptance and adoption is to occur. There is also much to be done to educate providers, policymakers, and the public about potential benefits.

**REFERENCES**

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