



<b>Body System:</b> Special Sensory		
<b>Session Topic:</b> Geriatric Oral Health		
<b>Educational Format</b>		<b>Faculty Expertise Required</b>
<b>REQUIRED</b>	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
<b>Professional Practice Gap</b>	<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<ul style="list-style-type: none"> <li>Family physicians have a knowledge gap related to the identification of oral manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders.</li> <li>Oral health disparities exist in the aging population regarding untreated dental caries and edentulism related to income, sex, race and ethnicity, and education level.</li> <li>Access to dental care in older adults may be complicated by several factors including finances; transportation; medical and psychological complexities; and attitudes of patients, caregivers, and providers.</li> <li>Oral health has far greater implications on quality of life for older adults than</li> </ul>	<ol style="list-style-type: none"> <li>Identify the elements of a complete and accurate oral assessment of elderly patients.</li> <li>Identify and manage common oral conditions in the elderly.</li> <li>Recognize oral-systemic relationships in the elderly.</li> <li>Implement effective oral preventive measures for the elderly and their caregivers.</li> </ol>	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



generally recognized, including employment opportunities. Disparities in public policy regarding oral health for older adults nationally may compound social inequities.			
<b>ACGME Core Competencies Addressed</b> (select all that apply)			
X	Medical Knowledge		Patient Care
	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism	X	Systems-Based Practice
<b>Faculty Instructional Goals</b>			
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> <li>• Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy &amp; reference citations</li> <li>• Facilitate learner engagement during the session</li> <li>• Address related practice barriers to foster optimal patient management</li> <li>• Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start             <ul style="list-style-type: none"> <li>○ Visit <a href="http://www.aafp.org/journals">http://www.aafp.org/journals</a> for additional resources</li> <li>○ Visit <a href="http://familydoctor.org">http://familydoctor.org</a> for patient education and resources</li> </ul> </li> <li>• Describe how socioeconomic issues affect geriatric oral health.</li> <li>• Provide recommendations regarding performing a complete and accurate oral assessment of elderly patients.</li> <li>• Provide strategies for identifying and managing common oral conditions in the elderly.</li> <li>• Provide recommendations for identifying oral-systemic relationships in the elderly.</li> <li>• Discuss common oral effects of medications.</li> <li>• Provide strategies for implementing effective oral preventive measures for the elderly and their caregivers.</li> <li>• Provide recommendations and resources for establishing effective primary care-dental collaboration.</li> <li>• Provide recommendations regarding guidelines for Medicare reimbursement.</li> <li>• Provide recommendations to maximize office efficiency and guideline adherence to the care management of geriatric oral health.</li> <li>• Provide an overview of newly available treatments, including efficacy, safety, contraindications, and cost/benefit relative to existing treatments.</li> </ul>			

**Needs Assessment**



Healthy People 2020 made oral health one of its top nine health indicators, however, only 44.5 percent of people age 2 years and older had a dental visit during the past 12 months, and half of U.S. seniors perceive their dental health as poor or very poor.<sup>1,2</sup> Physicians regularly encounter oral health issues, such as oral lesions, in practice. Fever blisters and canker sores, the two most common recurrent oral lesions, frequently occur in 80% of the U.S. population between the ages of 10 to 20.<sup>3</sup> Many oral lesions are benign, but physicians must be prepared to identify neoplasia, or oral cancer.<sup>4</sup> Oral cancer of the oral cavity and pharynx, which may appear as a cancerous oral lesion, are diagnosed in more than 30,000 new cases each year, and cause over 8,000 deaths annually.<sup>5</sup> Diagnosis of oral cancer can be delayed by several months if clinicians treat the patient's complaints with drugs, rather than providing a thorough physical examination and workup.<sup>6</sup>

Despite major improvements in oral health for the population as a whole during the 20<sup>th</sup> century, gaping disparities still exist among many Americans, including racial and ethnic minorities, people with disabilities, the economically disadvantaged, and people living in rural and medically underserved areas. Oral health problems are preventable, common, and painful. Tooth decay affects one-fourth of U.S. children aged 2-5 years, half of those aged 12-15 years, and two-thirds of adolescents aged 12 to 19 years; more than 7,800 people die from oral and pharyngeal cancers each year, with nearly 36,000 new cases diagnosed annually.<sup>7</sup>

The CDC and the American Dental Association (ADA) both report that many social factors, including tobacco use, frequency of alcohol use, and poor dietary choices, as well as economic factors, such as the lack of access to dental care (including lack of insurance), affect people's oral health in much the same way as they affect their overall health.<sup>8,9</sup>

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have knowledge gaps with regard to screening, diagnosing, and managing oral health issues.<sup>10</sup> More specifically, CME outcomes data from 2012-2013 AAFP Assembly: *Oral Health* sessions suggest that physicians need continuing medical education with regard to advocating for dental care for pediatric patients, screening for oral lesions and other acute oral issues (e.g. gingivitis, aphthous ulcers, etc.), using pediatric fluoride seals, knowledge of the Healthy Smiles program, and counseling parents about oral care and prevention.<sup>11,12</sup> Primary care physicians have a knowledge gap with regard to making timely diagnoses in the outpatient setting; and therefore, require education and training to help them consistently apply evidence-based clinical recommendations and guidelines to practice.<sup>13</sup>

Family physicians are in a position to provide oral health screening and management for adult and pediatric patients during wellness visits; and especially to patients at higher risk for developing common dental problems, such as children, pregnant patients, older adults, and patients with chronic health conditions such as diabetes. However, family physician residents are not consistently receiving adequate education and training, and may lack competency in providing oral health management to patients.<sup>14</sup>

It is particularly important for family physicians to be able to identify red flags, such as oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders.<sup>4,15-17</sup>



There also exists a gap in quality care provided to older patients, and it is important that family physicians follow evidence-based recommendations when providing oral health care to older patients, especially as they are at risk of chronic diseases of the mouth.<sup>17,18</sup> Family physicians should be prepared to help older patients maintain good oral health by assessing risk, recognizing normal versus abnormal changes of aging, performing a focused oral examination, and referring patients to a dentist, if needed.<sup>17</sup> Recent studies indicate the following oral health disparities and risk factors among older adults:<sup>19,20</sup>

- Oral health disparities exist in the aging population regarding untreated dental caries and edentulism related to income, sex, race and ethnicity, and education level.
- Access to dental care in older adults may be complicated by several factors including finances; transportation; medical and psychological complexities; and attitudes of patients, caregivers, and providers.
- Oral health has far greater implications on quality of life for older adults than generally recognized, including employment opportunities. Disparities in public policy regarding oral health for older adults nationally may compound social inequities.
- Oral health generally declines when cognitive impairment progresses.
- Oral hygiene care is often challenging even in the absence of resistive behavior.
- Functionally impaired adults may require assistive oral hygiene aids in order to maintain independence (e.g., modified toothbrush handles, electric toothbrushes).
- The patient's location of residence influences the level of risk for oral diseases.
- Medications and radiation used for the treatment of systemic diseases can also influence risk for oral problems due to various side effects.
- Tobacco use has been estimated to account for over 90% of cancers in the oral cavity.
- Perception of oral health, attitudes toward oral hygiene care, and dental-seeking behavior influences a patient's risk for oral problems.

Physicians may improve their care of geriatric patients with by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:<sup>17,19,21-23</sup>

- An oral health assessment should be part of the geriatric assessment.
- Dysphagia (oral/gum problems) may be a telltale symptom of unintentional weight loss.
- Fluoride gels, rinses, and varnishes may prevent or reduce root caries.
- Patients with xerostomia should be encouraged to drink water, avoid alcohol and foods and drinks that contain sugar, and use over-the-counter saliva substitutes as needed.
- Topical antifungal therapies are effective for treating denture stomatitis and angular cheilitis caused by candidiasis.
- Communication among health care professionals is essential in the transitional care of nursing home residents, and policies should be developed that promote high-quality transitional care.
- Do not use chlorhexidine and fluorides together as fluorides can interfere with the action of chlorhexidine - allow at least 1-2 hours between their use.
- Prescription strength fluoride is contraindicated for those unable to follow directions or expectorate adequately or tend to swallow inadvertently.



- MI Paste is contraindicated if a true milk allergy exists; lactose intolerance is not a contraindication.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Family physicians providing care for a broad spectrum of patients, from birth to geriatric care, can be challenged to remain up to date on evidence-based guidelines and recommendations, especially when those guidelines are updated, vague or contradictory. Physicians need continuing medical education that will help them to apply the most current and clinically relevant evidence-based recommendations to practice.

Physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.<sup>24,25</sup>

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Oral hygiene care for functionally dependent and cognitively impaired older adults.<sup>19</sup>
- Common oral conditions in older persons<sup>17</sup>
- Common oral lesions: Part I. Superficial mucosal lesions<sup>16</sup>
- Common oral lesions: Part II. Masses and neoplasia<sup>4</sup>
- Oral manifestations of systemic disease<sup>15</sup>
- The geriatric assessment<sup>21</sup>
- Unintentional weight loss in older adults<sup>22</sup>
- Nursing home care: part I. Principles and pitfalls of practice<sup>23</sup>
- Engaging Patients in Collaborative Care Plans<sup>26</sup>
- Health Coaching: Teaching Patients to Fish<sup>27</sup>
- Offering oral health services in your office<sup>28</sup>
- Simple tools to increase patient satisfaction with the referral process<sup>24</sup>
- FPM Toolbox: Referral Management<sup>25</sup>
- Encouraging patients to change unhealthy behaviors with motivational interviewing<sup>29</sup>
- Documenting and coding preventive visits: a physician's perspective<sup>30</sup>
- FamilyDoctor.org. Mouth and Teeth: How to Keep Them Healthy (patient resource)<sup>31</sup>



## References

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