There is not a shortage of money, there is a shortage of Vision, Courage and Commitment to do the right thing!

D. R. Johnson,
DR Johnson Lumber Company
THE CROCODILE'S TOOTHACHE

The Crocodile
Went to the dentist
And sat down in the chair,
And the dentist said, "Now tell me, sir,
Why does it hurt and where?"
And the Crocodile said, "I'll tell you the truth,
I have a terrible ache in my tooth,"
And he opened his jaws so wide, so wide,
That the dentist, he climbed right inside,
And the dentist laughed, "Oh isn't this fun?"
As he pulled the teeth out, one by one.
And the Crocodile cried, "You're hurting me so!
Please put down your pliers and let me go."
But the dentist just laughed with a Ho Ho Ho,
And he said, "I still have twelve to go—
Oops, that's the wrong one, I confess,
But what's one crocodile's tooth, more or less?"
Then suddenly, the jaws went SNAP,
And the dentist was gone, right off the map,
And where he went one could only guess . . .
To North or South or East or West . . .
He left no forwarding address.
But what's one dentist, more or less?
Early Dental Infection
Adolescence Dental Infection
Young Adulthood Dental Infection
Middle Age Dental Infection
Older Age Dental Infection
NORMAL PRIMARY DENTITION
Falling Short
Most States Lag
On Dental Sealants
A dental crisis

Lack of access to dental care driving more low-income patients to emergency rooms for tooth woes

By Betsi Q. Cliff
The Bulletin

Terrible tooth pain sent Carolyn Bright to Pioneer Memorial Hospital’s emergency room at least seven times in seven months, she said.

The 39-year-old Prineville woman does not have dental insurance, as ahousemaid seasonal worker, she said she has no way to pay for dental care. So, when a crack in her bite caused what she described as excruciating pain, she felt she had nowhere else to go.

Most recently, she went in two months ago, she said, because the pain had kept her from sleeping for two days.

Bright’s situation is common. In 2010, more patients visited Pioneer Memorial’s ER for dental issues than for any other reason, said the department’s medical director, Dr. Josh Cook.

“Dental pain is excruciating,” said Cook.

“A lot of people can’t afford good dentistry. Many of the people who (the Oregon Health Plan) or no ability to pay come to the emergency room as a place of last resort,” Cook said.

This is why Pioneer Memorial is part of a nationwide trend. A national report by the Pew Center on the States found that dental conditions were the primary diagnosis for more than 500,000 emergency room visits across the country in 2008. The report found a 16 percent increase in dental visits to emergency rooms between 2000 and 2008.

In Oregon, the Pew report found the number of dental-related emergency room visits by patients enrolled in OHP, the state’s Medicaid program that provides health care for sometimes dental care coverage, increased 31 percent between 2008 and 2010.

Percent of Oregonians without dental insurance

Without health insurance

Worried about not having had a routine dental checkup

Age 6-18 without routine dental checkup

Age 19-44 without routine dental checkup

Age 45-plus without routine dental checkup

Source: Kaiser Family Foundation, Oregon Health Authority

By Andy Bargon, The Bulletin

Nest Dental Group
Dental care in the ER: wrong place, wrong time

May 17, 2011 - When someone shows up in a hospital emergency room with a toothache, it's not just the patient who hurts. Dental treatment in the ER — inefficient, costly and untimely — is a sign of missed opportunity for preventive health and a failure for coordinated care.

Unfortunately, it happens a lot. For example, 2,085 patients of a leading Lane County medical group went to hospital emergency rooms for dental problems last year. That accounts for more than 4 percent of the group's ER visits. The most common diagnosis was tooth decay — the most preventable of chronic diseases in adults and children.

"ERs are not the place to go for dental care," says Dr. John Sattenspiel, chief medical officer of Lane Individual Practice Association (LIPA), a Eugene-based doctors group that contracts with the state to take care of Oregon Health Plan clients. "All they can do is something temporizing," such as prescribe antibiotics for a presumed infection or narcotics for pain. Meanwhile, the underlying problem, a lack of preventive oral health, goes untreated.

"It's not the kind of system that anybody who actually wanted to take care of the issue would set up," Sattenspiel says.

Several factors combine to bring dental patients to the ER, the most expensive and least effective place for treatment. Many Oregonians have no source of routine dental care, either because they lack insurance or can't find a dentist to see them. When coverage of preventive dental care is limited or people have a hard time making appointments, they tend to wait until dental problems turn into emergencies such as infection, inflammation or pain. Wait times for dental appointments are long. Few clinics have walk-in hours, and those that do often cannot see patients right away.

In a better-coordinated system, as in Oregon's proposed health transformation, patient-centered teams would help steer patients toward timely preventive care, including dental checkups.
New Paradigm Needed

Oral Health Paradigm

“A paradigm is a set of rules and regulations (written or unwritten) that does two things: 1) it establishes or defines boundaries; and 2) it tells you how to behave inside the boundaries in order to be successful.”

Joel Arthur Barker
The Business of Discovering the Future

A new paradigm is needed to solve the oral health problems for those whose dental infections are out of control and thus ineffective to solve the problem with the Replacement/Surgical Paradigm.
“I’m just saying, the more teeth you pull, the more money we both make!”
Dental Home

Let’s Stop Being Dental Repair Men!

By ROBERT F. BARKLEY, DDS
Reprint from the Arizona Dental Journal, April, 1970

“You can and should shape your own future. Because if you don’t, someone else surely will.”

Joel Arthur Barker, Paradigms, the Business of Discovery the Future
“A difficult dilemma confronts us when we consider the topic of will, discussion, and responsibility in relation to health. The dilemma is that the new scientific discoveries and techniques for curing people, within the physical and psychological spheres, tend to take away the patient's responsibility, make him (or her) and object of cure; whereas health in its deeper and authentic sense can come only with the growth of the sense of responsibility on the part of the patient. (Unknown)

Aid, by its very nature will flow toward the problems rather than toward opportunities. It will go where the needs are greatest rather than where the results are. It will, there for, tend to create, or at least, perpetuate dependence … Reliance on aid also encourages diversion of scarce resources to the wrong projects whose developmental impact is minimal.”

~ Robert Barkley, DDS

Successful Dental Practices Published by Yeast Offset Printing in 1972

“What do I believe is impossible to do in my field but, if it could be done, would fundamentally change my business?”

- Paradigms, The Business of Discovering the Future

Joel Arthur Barker
Perhaps it is time to think about prevention as the management of oral health risks, including the identification, assessment and prioritization of these risks, and to take actions designed to mitigate the risks of oral disease or dysfunction.

William R. Calnon, DDS, President, American Dental Association, J Evid Base Dent Pract 2012
Goals & Expectations

• Increase preventive visits for pregnant women and Birth–12 months
• Decrease pediatric patients receiving care in the OR
• Decrease ER visits for dental concern
• Decrease unnecessary drug use
• Control infection/decrease disease burden
• Graduate students from high school without dental decay
GOAL: Triple AIM
A New Vision for a Healthy Oregon

1. Better Health
2. Better Care
3. Better Costs
Did you know you can catch a cavity?

Cavities are made by germs in our mouth that feed on the sugar we eat. The germs can pass from person to person through spit. Keep the mouth germs away and you'll keep the cavities away!

- Mom had a dental check-up and got all her needed dental treatment.
- Mom chooses gum or mints that have Xylitol and brushes twice a day with fluoride toothpaste.
- Baby arrives! Mom wipes off baby's gums before bed.
- Baby has his own spoon. That's super!
- Clean pacifier and bottle with soap and water, not spit.
- Each family member uses his or her own toothbrush, spoon, fork or cup.
- Give only water in the bottle at bed time.
- Only use a dab of fluoride toothpaste every time you brush your baby's teeth.

Healthy Teeth Checklist

- Visit your dentist during pregnancy. Dental treatment is safe.
- Wipe baby's gums twice a day in the morning and right before bed.
- Choose gum or mints that have Xylitol (Zy-lih-tall) in them.
- Clean pacifier and bottle with soap and water, not spit.
- Each family member uses his or her own toothbrush, spoon, fork or cup.
- Give only water in the bottle at bed time.
- Only use a dab of fluoride toothpaste every time you brush your baby's teeth.

You won! You kept the germs away.

You win! You kept the germs away.

Mom took baby to the dentist before his first birthday.

Healthy foods help keep cavities away.

Dad put water in baby's bottle at bedtime.

Yay! First tooth. Baby gets his own toothbrush.

Mom cleaned pacifier off with soap and water.
Streptococcus mutans
Transmission
Bacterial Infection with a Behavioral Overlay

• Infection passed from Primary Caregiver (Usually the Mother) to child in the first 6 months of the child’s life

• The transmission can be presented

• Once Infected then must be Controlled by behaviors
Caries Risk Assessment

• Every patient should have one
• Assists dental team in personalizing treatment
• Provides a tool to get patients thinking of where they are
MYTH #1: Pregnant women can receive dental treatment for emergency needs only.

FACT: Pregnant women CAN receive dental treatment other than emergency care.
MYTH #2: Children should not be seen by the dentist until they get all their primary teeth at age 3.

FACT: Children **should** be seen by the dentist by age 12 months or when they get their first tooth.
A small pea-sized amount of toothpaste weighs 0.4 gm = 0.6 mg Fluoride.
Xylitol gum--impact of preventing transmission

Xylitol is a naturally occurring sugar alcohol with 1/3 less calories than sucrose. FDA approved food additive. Safe for diabetics. Effective dose 6 mg/day in gum or mints.
Fluoride Varnish Application

- Safe for infants and toddlers
- May be combined with topical iodine (10%)-FDA approved
- Quickly completed
Povidone PVP Iodine (Betadine) Topical

- Protect eyes & clothes
- Dry teeth with gauze
- Paint all teeth front and back including biting surfaces
- Dry teeth again
- Apply fluoride varnish
- Eat and drink as necessary
- Do not brush until next day

**Caries Management by Risk Assessment: Consensus Statement, April 2002 (California Dental Association Journal, March 2003**
Silver Diamine Fluoride

Although there has been a decrease in the prevalence and the severity of dental caries in children over the past few decades, the benefits have not been equally shared by many low-income or underserved children in many industrialized countries, or children in developing countries. Dental caries is still the most common and challenging dental disease in children for a clinician to treat. Silver diamine fluoride (SDF) has been in use to arrest dental caries in many countries. A 38% (44,800 ppm fluoride ions) SDF solution is commonly used to arrest caries in primary teeth of children, especially those children who are young and difficult to manage. Application of SDF to arrest dental caries is a non-invasive procedure that is quick and simple to use. However, it stains the carious teeth and turns the arrested caries black. It also has an unpleasant metallic taste that is not liked by patients, especially children. The low cost of SDF and its simplicity in application suggest that SDF is an appropriate therapeutic agent for use in community dental health projects. Reports of available studies found no severe pulpal damage after SDF application. The current literature suggests that SDF can be an effective agent in preventing new caries and in arresting dental caries in the primary teeth of the children. It can be used to arrest caries progression in very young children who are less cooperative, and it allows definitive restoration to be performed when they grow older and become more receptive to dental procedures.
## Hospital Referrals

<table>
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<th>Year</th>
<th>Hospital Referrals</th>
<th>Enrollment</th>
<th>% Change</th>
<th>Ratio of Referrals Per Life</th>
<th>% Change</th>
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<td>600</td>
<td>163,214</td>
<td></td>
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<td>821</td>
<td>185,045</td>
<td>+ 13.4%</td>
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<td>191,084</td>
<td>+ 17.1%</td>
<td>0.00337</td>
<td>- 8.4%</td>
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