Assessing and Improving Oral Health for Older Adults Residing in Long-Term Care Facilities: a Virginia Dental Association Initiative

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Abstract
- Older adults are more likely to retain dentition into later life
- Barriers exist in the Long-Term Care Facility (LTCF) setting for access of preventive and routine dental care by older adults
- Current surveillance/evaluation practices for oral health in LTCF employ the Minimal Data Set (MDS) and may be inadequate in consistency and accuracy to aid in targeting primary prevention strategies

Introduction: oral health for today's older adults
- 4% >65yo reside in LTCF settings such as nursing homes (1.4 million)1
- 1 in 5 individuals in the US will be >65yo in 20302
- In 2050, 89 million will be >65yo (double that in 2010), 19 million >89yo (5.5 million in 2010)3
- Older adults now exhibit lower edentulous rates4
- Older adults exhibit an increased chronic disease burden1-6
- Unmet dental needs in LTC residents estimate 80%-96%7
- Daily oral care is known to be poor
- Unmet dental needs in LTC residents estimate 80%-96%
- • Barriers to regular access to dental care include lower dental insurance coverage, transportation issues, physical frailty/complexity
- • Ignoring oral health problems can lead to needless pain and suffering, causing devastating complications to an individual’s well being, with financial and social costs that significantly diminish quality of life and burden American society10
- • The purpose of this study was to obtain a baseline evaluation of oral health status of older adults residing in LTCFs across Virginia to serve as a reference for the work of the VDA LTC Work Group. The methods used may not have yielded data that serves this purpose but have elucidated the means by which oral health and possible complications of oral disease are currently monitored in the LTC setting.

Background: the LTCF Access to Care Work Group responds
- Convened a group of diverse stakeholders in August 2013 to identify oral health needs in LTCF and propose ways to alleviate this financial and health burden
- Organized a Mini-MOM Project in July 2014 to refine methods for a larger pilot program
- Has been funded to run a pilot program in 3 VA LTCFs, employing a hygienist and dental assistant to provide oral care ≥2 times weekly, facilitating regular oral exams and arrange referrals
- Measuring emergency room visits, oral exam findings, and qualitative components to evaluate efficacy of preventive services offered

Methods: utilizing the current LTCF oral health surveillance infrastructure
- The State Operations Manual requires LTCFs to assess the status of each resident annually or after each major event in a Minimal Data Set (MDS)
- Many facilities track emergency room visits and often categorize these per cause
- The Virginia Health Care Association (VHCA) is a voluntary network of >350 LTCF
- A REDCap survey was administered via VHCA network via email to facility administrator to assess oral health status of LTCF residents across Virginia
- Results demonstrate demographics of facilities and trends

Discussion: evaluating current surveillance and implications
- The majority of MDS data is gathered by LPN/RN staff → Opportunities for education and competency training in oral health examination
- MDS reporting data as an oral health surveillance tool seems inadequate even within a voluntary network of LTCFs → State or organizational support ought to support LTCFs in accurately monitoring and responding to disease states
- Emergency room visit tracking is variable among LTCFs and may not be accurately tracked per etiology → More standard reporting methods ought to be employed in LTCFs, perhaps matched with ER EHR records
- The VDA LTCF Access to Care Work Group pilot program seeks to demonstrate the efficacy of facilitating routine daily oral care and timely dental treatment in preventing costly emergent needs that add to the chronic disease burden of older adults residing in LTCFs.

- Education and advocacy in organized and academic dentistry needs to occur for policy-makers to understand the value and importance of oral health in an aging dentate population that is increasing in size and complexity

Summary of Results: outcomes and lessons
- A large ratio of LTCF residents in Virginia are insured under Medicaid
- Most LTCF residents in Virginia are 80-84, the "elder older adults"
- RN and LPN employees most often administer and record the MDS
- Most facilities utilize DMAS-225 alternative payment methods either 1-5 times a month or 1-5 times a year
- Emergency room visits appear to have a diffuse linear trend, increasing as a function of facility size (and/or Medicaid census size)
- MDS dental findings from Section 1 appear to have a variable detection/reporting rate

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