

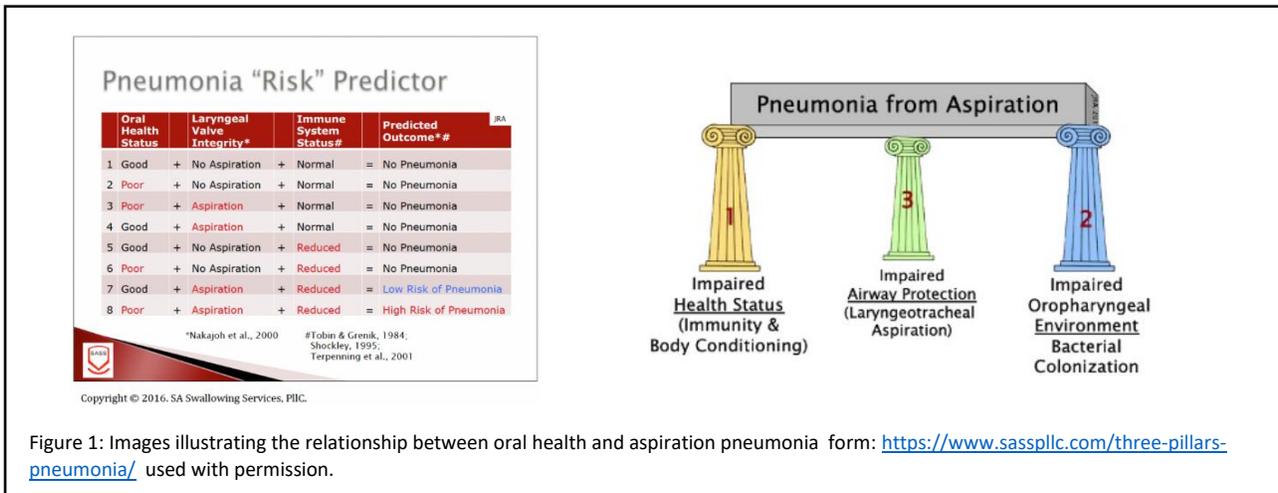


Your Special Smiles PLLC: Long-Term Care Facility Oral Health Observations and Plan of Action

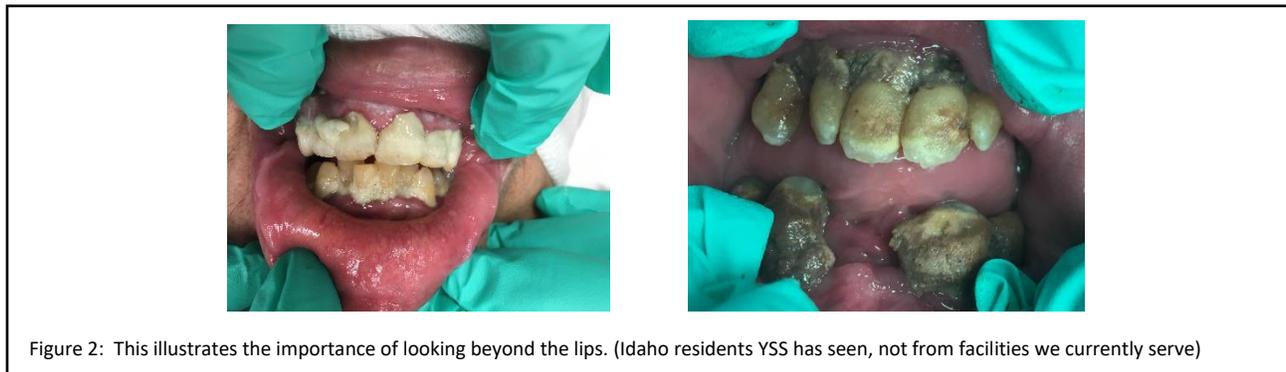
Brooke MO Fukuoka DMD, FSCD owner dentist Your Special Smiles PLLC

Partnered with Mr. Robert Vande Merwe Executive Director of the Idaho Health Care Association

Oral health is much more than esthetics: Oral health has been linked to many systemic conditions and improving oral health will improve overall health of residents living in long-term care. For example, the three pillars of aspiration pneumonia are: health status, airway protection, and oropharyngeal environment. This means, that decreasing oral disease burden will decrease the risk for aspiration pneumonia.



Oral Health is Easy to Overlook: If a resident went a week with tangled hair, it would be unacceptable. If a resident had a non-healing sore on their skin, it would be aggressively monitored and addressed. If a resident had infection in their mouth, would anyone even notice? Though frequently hidden, oral infections can be just as painful for a resident, especially those who struggle to express their needs.





A Team Approach is Required for a Sustainable Solution: This is NOT a problem that can be blamed on the facilities. It is a complex problem that can only be solved utilizing a team approach. This team needs to involve oral health professionals, long-term care professionals, residents, families, and payers.

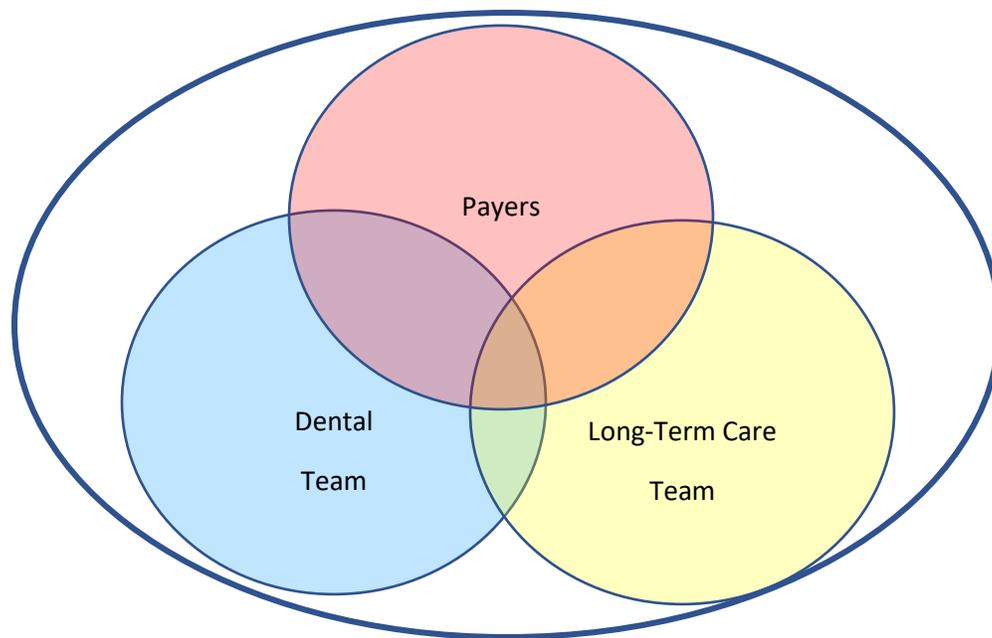


Figure 3: The outer blue circle represents the patient and their family. The inner circles represent the groups that need to work together to find a sustainable solution to improve oral health for adults living in long-term care. For a system to be sustainable it needs a dedicated dental team, support from the facility, and a payor who is willing to fund the program. Charity care is admirable, but not a sustainable long-term solution.

Long-Term Care Residents Have Higher Risk for Oral Disease: There are many factors that put this population at higher risk for oral disease. The following are some of the more common challenges we see:

- Loss of dexterity can make it harder for residents to independently perform the fine motor functions required to thoroughly clean their teeth. The presence of fixed dental prosthesis, such as bridges, can create an obstacle course that may add to this challenge.
- Exposed root surfaces are more susceptible to cavities.
- Lower levels of saliva hinder the mouth's natural cleaning and buffering capacity. Aging as well as medications can lead to dry mouth.
- With dry mouth, some residents choose to suck on candies, peppermints and cough drops to increase salivation. This increased sugar consumption is also a risk factor for oral disease.
- The loss of cognitive function can lead people to forget to brush and floss, or they may just forget why it is important. Severe loss can lead to lack of cooperation when help is offered.



High Turnover Rate of Long-Term Care Staff Can Lead to an Educational Gap: Caregiver turnover is a problem in long-term care. Dental professionals and students develop and implement valuable oral health educational programs; however, those programs are only helpful if the caregivers retain their positions and motivation.

Providing Quality Oral Home Care Takes Time: Two minutes twice per day brushing followed by flossing is an accepted standard for oral health when taking care of yourself. This does not take into consideration the extra time it takes when helping someone else with their oral hygiene. In our experience, we have found each assisted oral hygiene session actually takes approximately 20 minutes. Some factors that increase the time it takes are, donning and doffing PPE, locating supplies, documentation, and making the resident feel comfortable. Under these time considerations, in a 30-resident home, we would be looking at 600 minutes or 10 hours per day dedicated entirely to oral hygiene. We recognize that at this point in time, this is not a realistic expectation. We have found that if each resident has at least one 20-minute session per week we can improve their oral health with a more realistic time commitment. This does not replace the daily basic oral care that is required of facilities. These more thorough and focused sessions help address struggles that may exist in standard daily care. If the facility chooses to use it, the corresponding documentation system can be used to increase accountability for daily oral care outside of this program.



Figure 4: Top: What it can look like when we need to have two staff help to floss one resident's teeth Bottom: Before and after photos after providing the service over a few months.

Challenges Exist Funding Oral Health Programs in Long-Term Care: While homecare is essential for oral health, it is not something that is traditionally funded. Paying for services, such as professional cleanings and fillings, are more familiar to patients, families and third-party payers. It is assumed that such services have an affiliated charge. Services like focused oral hygiene instructions and the provision of assisted oral hygiene, are not services that are



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commonly required in the general public and therefore people are not accustomed to paying for such services. The challenge comes in when we look at the time it takes to provide these necessary services. These services take significant time and resources. They are a financial sink on the business providing the service if it is not compensated. For dependent or semi-dependent adults, these services can take more time than a dental restoration. Our largest obstacle to overcome in this area is the perceived lack of value of these services and the expectation that these services should be provided pro-bono. Considering wages alone (based on average wages and associated taxes for similar positions in Jerome, Idaho) these sessions cost the business approximately \$11.50/session. This does not take into consideration the necessary supplies, insurances, trainings, and PPE needed. When the cost of delivering this service exceeds reimbursement, it is a barrier to providing this service.

Solutions: With the higher risk of oral disease, we must be more aggressive with prevention. We must deliver this preventative care in a way that it can be received by the resident, and we must design a system that is sustainable financially for both the payers and the partnering dental practices.

Our System: Assisted Oral Hygiene, Guided Oral Hygiene, Topical Treatment Options and Teledentistry

Having a Regular Presence in the Long-Term Care Facility: To work with the turnover rate issue, we provide consistent personnel. These personnel consist of an assistant and a CNA both that are hired and paid by us to be leaders of oral hygiene at the facility. This person will provide at least an annual formal oral hygiene training for the caregivers. They also will provide a thorough brushing and flossing for every resident who is participating in our program on a weekly basis. They will be able to communicate with a dentist and hygienist utilizing teledentistry. They are NOT the exclusive providers of oral hygiene at the facility, but they rather serve as leaders.

Having a Documentation System in Place for Accountability: We expect facility staff to perform daily oral hygiene for all patients and not to rely on our team for this. Our assisted oral hygiene professional will come out weekly and perform a thorough cleaning. Our assisted oral hygiene professional also will help staff trouble shoot challenges in oral hygiene. Our team's physical presence will serve as a regular reminder of the importance of oral hygiene. We offer the Your Special Smiles Oral Hygiene Ability Spectrum Documentation System to help caregivers record regular provision of oral hygiene on a daily basis. It is a simple sheet that caregivers can initial but it is customized for each resident to meet their unique needs. While we are not responsible for enforcing this system, we highly encourage the facility to utilize it and we are happy to help in any way we can with it.

Assisted Oral Hygiene and Guided Oral Hygiene Services: Our Oral Hygiene Assistant will provide assisted oral hygiene services weekly. Every six months they will touch base with the dentist and/or hygienist. At these virtual visits fluoride varnish and possibly Silver Diamine Fluoride may be applied. Ideally, these visits will be scheduled three months from the portable hygienist professional cleanings. This enables the residents to have contact with a dentist and/or hygienist every three months and provides regular access to professional preventative medicaments. Here is a quick video to explain these programs: <https://youtu.be/amvo5Stkm1Y>

Medical History and Treatment Modifications Review by Dentist: The dentist will review the medical history and write up any modifications needed for the safe provision of assisted oral hygiene services as well as portable preventative services. This is included in the program and is very important as populations living in long-term care may have complex medical histories that necessitate modifications or additional precautions.



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Limited Teledentistry Exams with Dentist: Participating facilities will be equipped with an intraoral camera and a method to utilize it to communicate problems that arise with the dentist. It is up to the individual dental practices how they charge for these services. Having the camera is part of the program, providing the examination may be charged separately.

Portable Preventative Services: We strive to have a hygienist go out to the facility every 6 months and provide basic cleanings, radiographs, photographs, intraoral videos and application of fluoride or topical medicaments. This will be billed the same as a private practice. In our practice we will accept Delta Dental of Idaho and Idaho Smiles. We also will accept private payment. This is NOT included in the program however, program participants will receive a discount on these services.

Funding: This program is expensive. We will need community support from multiple sources to help make it possible. In partnership with the Idaho Healthcare Association Foundation (IHCAF). We have made it possible to make tax-deductible donations to support this program. Tax Deductible Donations cannot be earmarked for specific residents but rather to support the program as a whole. Money will be used to offset the costs for residents. We will pilot this program in two participating facilities for two years. If it is successful, we hope to open this up to other practices, businesses and facilities statewide.

Overall costs: \$63,286 for 20 residents

- Cost for Program for Year for 20 residents: \$63,286 for all or \$3,164.30 per resident
- Cost for Program per Month \$5,275 for 20 residents or \$265 per resident
- Cost of Program per Day: \$175 per day or \$9 per resident

The cost of this service per resident can go down if there are more participants. This is due to overhead costs that do not vary based on how many are seeking services. (Insurances, reusable equipment ect.)

- We can provide this service for 30 residents for: \$79,486 per year
 - This is 2,650 per resident per year, or \$221 per month, or \$7.36 per day
- We can provide this service for 40 residents for: \$95,686 per year
 - This is \$2,393 per resident per year, or \$200 per month, or \$6.65 per day

If we do not receive enough donations to run the program, it may be saved for a reasonable amount of time until we can, or money donated will go to purchasing oral hygiene supplies for the residents. If we are not able to provide the services due to inadequate staffing, services will not be billed and funds will be shifted to another month or to oral hygiene supplies for residents. If we are not able to provide services based on resident cooperation, we will design a more detailed plan for them. Services will still be billed and what was done to improve oral health despite refusal of services will be documented. Nobody will be forced to do anything or made uncomfortable.

Current Pilot Facilities: Creekside Care and Desano Place – Jerome, ID 83338

Current Pilot Dental Practice: Your Special Smiles PLLC

Program Administrator: Idaho Healthcare Association Foundation



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To help make this program possible there are two ways you can donate:

Go to this website: <https://www.idhca.org/about/ihca-foundation/> (further instructions on the next page) and make a tax-deductible donation using a credit or debit card. From this website you can download their W9 and a receipt will automatically be sent to you.

Mail in a Check: Make check out to: IHCA Foundation. Write Your Special Smiles Program in the Memo line. Send a check to 13945 W. Wainwright Dr, Suite 101, Boise, ID 83713. Include your return address or email and the Foundation will send you a receipt. You can still go online and download their W9.



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TO DONATE TO "YOUR SPECIAL SMILES" PROJECT -
CLICK HERE

Your Special Smiles Project mission is to increase oral health & quality of life for adults who have special needs and geriatric patients who have limited mobility. More information about the project: [HERE](#). W-9 [HERE](#).

If you wish to donate by check, please mail to: IHCA Foundation, 13945 W. Wainwright Dr, Suite 101, Boise, ID 83713. Thank you!

Above is what the website looks like. Click on the big blue box that says "To Donate To Your Special Smiles Project Click Here". It will take you to a place that looks like:



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Fill in all your information, prove you are not a robot (though we would also gladly accept check donations from robots) and click submit. It will take you to a page that looks like this (but with your info)



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Your Special Smiles PLLC Donations

Thank you for making a donation to the IHCA Foundation - Your Special Smiles PLLC.

Idaho Health Care Association Foundation (IHCAF):

The IHCAF is a 501(c)(3) non-profit organization and donations are tax-deductible to support guided oral hygiene, assisted oral hygiene, teledentistry and topical treatments for people residing in long term care facilities.

More about the IHCAF can be found by clicking [HERE](#).

Please enter the amount of your donation(s) below.

Your Special Smiles, PLLC

Your Donation Total

Email (for email confirmation)

From here once you fill out this page your donation will go to the foundation and you will have helped improve oral health for people living in long-term care. Thank you for your support in helping us help them.



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Caregiver Turnover References:

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- <https://www.hcaoa.org/newsletters/caregiver-turnover-rate-is-652-2021-home-care-benchmarking-study#:~:text=Caregiver%20Turnover%20Rate%20is%2065.2,Home%20Care%20Association%20of%20America>
- <https://skillednursingnews.com/2021/03/nursing-homes-have-94-staff-turnover-rate-with-even-higher-churn-at-low-rated-facilities/>
- <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00957>