
CONFERENCE ABSTRACT

Collaborative Oral Health Care

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Introduction: “Oral Health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex” (FDI, 2016). Oral Health (OH) is integral to general health, well-being and quality of life (QoL).

The burden of oral disease (tooth decay, gum disease and oral cancer) is high, and is the second most costly-related disease in Australia. Some of the most common chronic diseases such as diabetes mellitus and cardiovascular disease share common risk factors with oral diseases that are lifestyle-related and preventable.

The traditional approach to dentistry has been to treat the result of disease (eg. fill holes), with little consideration for the cause of oral disease. However, evidence now exists for a preventive and minimal intervention approach to oral disease.

Aim: The North Richmond Community Health Oral Health Program (OHP) aims to improve the community’s well-being through delivery of integrated, innovative and person-centered care to large populations of high needs individuals.

Targeted Population, Stakeholders: North Richmond Community Health (NRCH) serves a diverse, culturally rich community with high care needs.

The OHP delivers collaborative OH care with other healthcare professionals such as doctors, nurses, dieticians, social workers, harm reduction workers and diabetes educators (DE).

A preventive based Model of Oral Health Care has been developed and published. Clients identified as high risk at assessment receive OH coaching around oral hygiene practices, dietary habits, smoking and other factors as required. Oral Health Educators (OHE) work closely with DEs to prioritize clients with diabetes at high risk of periodontitis to reduce disease impacts.

Dental Hygienists provide OH assessments, simple preventive treatment and oral hygiene instructions to clients within the Medically Supervised Injecting Room on site. A trauma-informed care approach assists in providing access to dental care at NRCH. The team work closely with Nurse/Care Navigators who assist and guide these clients in their care journey.

The OHP has developed outreach programs: 1) Chompers (school and pre-school children); 2) Pearly Whites™ (residents of aged care facilities) and 3) Aboriginal Oral Health with Murray Valley Aboriginal Co-Op Health.

Impacts and Outcomes: Factors influencing access to different health providers include clients' attendance at appointments. Clients with diabetes who completed OHE sessions demonstrate improved OH and have accessed doctors and DEs services. MSIR clients who have been assessed and received early preventive care have had managed oral lesions such as caries and reported have increased QoL.

Sustainability and Transferability: The OHP approach is to intervene early in the disease process to enable minimal intervention in the management of oral diseases. Through working with other health care professionals, OH and QoL is improved. This process has fostered change in behavior for clients and health professionals and offers models of care for other vulnerable groups.

Conclusion: Oral Health is integral to general health, well-being and QoL. OH practitioners are a part of the whole health team who together can work to improve OH.