

The Intersection of Oral Health and Kidney Transplants

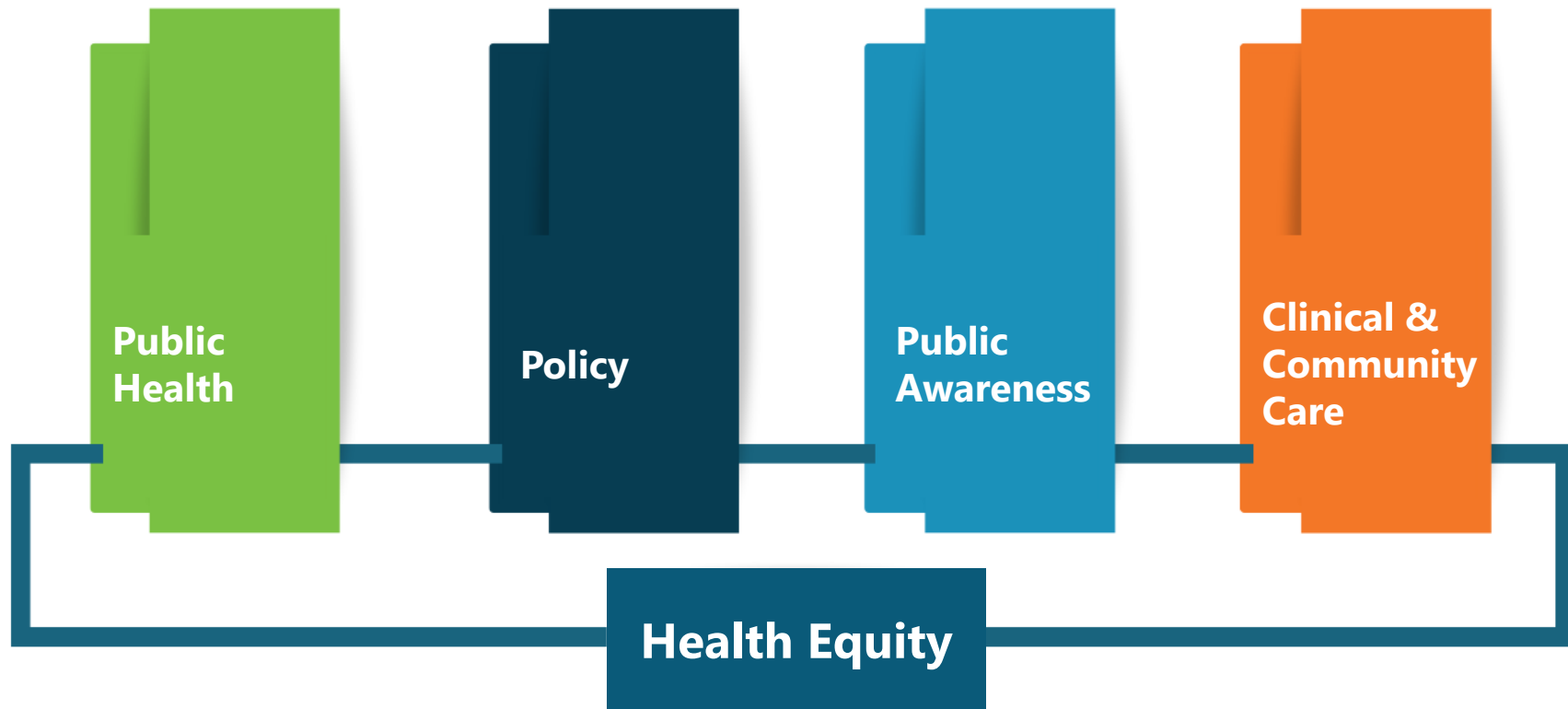
August 4, 2022





Virginia
Health Catalyst
The Intersection of Overall
Health and Oral Health

Ensuring all Virginians have equitable access to comprehensive healthcare that includes oral health.



Public Health: Community, environmental, and social factors equitably contribute to improved oral and overall health

Policy: Laws, policies, and regulations at all levels of government support positive health outcomes and health equity

Public Awareness: Decision-making is guided by research, data, and information that recognizes the role oral health plays in overall health

Clinical and Community Care: Care is equitable, high quality, coordinated, and integrated



Virginia
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SAVE
the
DATE

**2022 ANNUAL
VIRGINIA HEALTH
CATALYST SUMMIT**

FRIDAY, OCTOBER 7TH
THE WESTIN IN RICHMOND



Virginia
Health Catalyst
The Intersection of Overall
Health and Oral Health



Survey of Virginia-based transplant centers and dialysis centers providers -

Barriers to dental care access:

- are mostly due to insurance/finances (80%)
- finding a provider (20%)





POLICY UPDATES

Check out our new policy webpage: vahealthcatalyst.org/policy/



2021 - Adult Dental Benefit in Medicaid

2022 - A 30% increase in Medicaid dental reimbursement rates.

Dental Benefit in Medicare Part B



Virginia Medicaid Dental Benefit

Consistent *Comprehensive* Dental Coverage for All

Children
(under 21 yrs old)



Pregnant People
(over 21 yrs old)



Adults
(over 21 yrs old)



added in 2015!

2019 : Medicaid
Expansion

2021: Over
800,000
Virginians!

Since
July 1, 2021

New Adult Members Seen: **160,000**

Teeth restored: **217,000**

New providers: **168**





A 30% increase in Medicaid dental reimbursement rates.



These rates have not increased in 17 years.

This change is an important aspect of strengthening Virginia's Medicaid provider network and supporting our safety net clinics.

The increase went into effect on July 1, 2022.





Dental Benefit in Medicare Part B

Medicare Part B currently pays for a very limited set of dental services that are “incident and integral” to medical services required to treat a beneficiary's primary medical condition – such as:

- reconstruction of the jaw following accidental injury
- tooth extractions done in preparation for radiation treatment for jaw cancer

CMS is proposing to use more of their existing authority and pay for more of these “medically necessary” dental services, such as dental examination and treatment preceding an organ transplant.

CMS is seeking comment on:

- other medical conditions where Medicare should pay for dental services, such as for cancer treatment or joint replacement surgeries
- a process to get public input when additional dental services may be integral to the clinical success of other medical services.





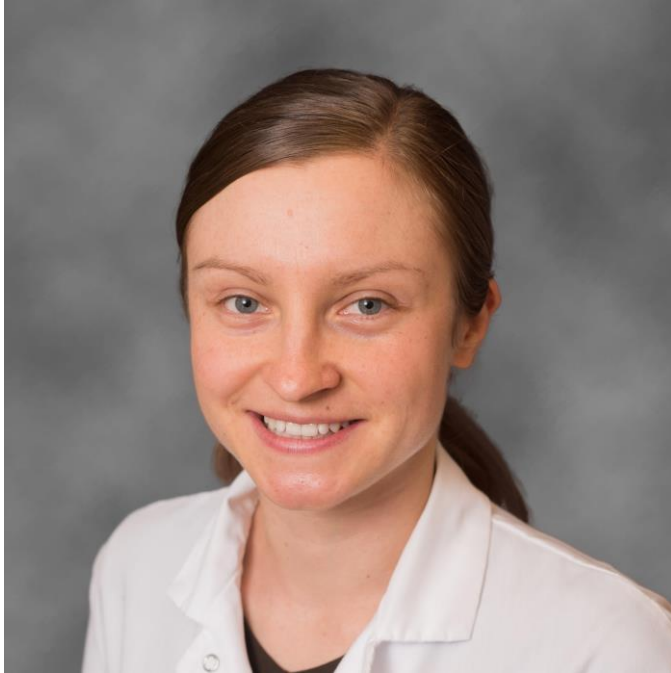
Center for
Medicare Advocacy

Advancing Access to Medicare and Health Care

Questions? Contact:



Wey-Wey Kwok, JD
Senior Attorney
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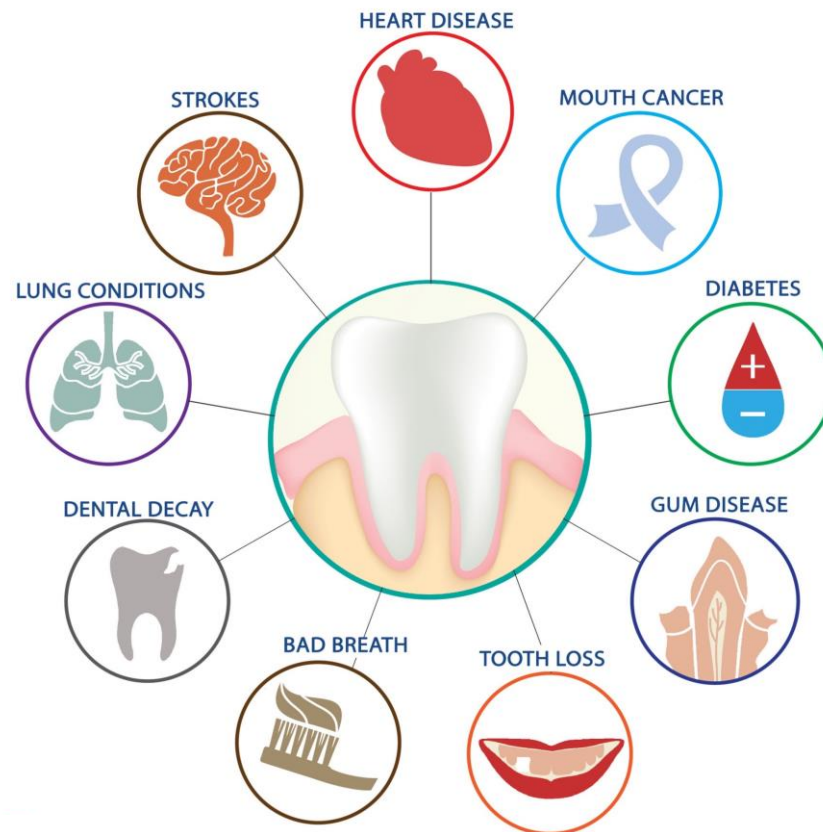
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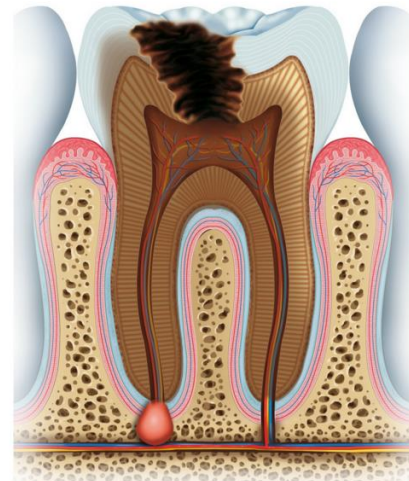
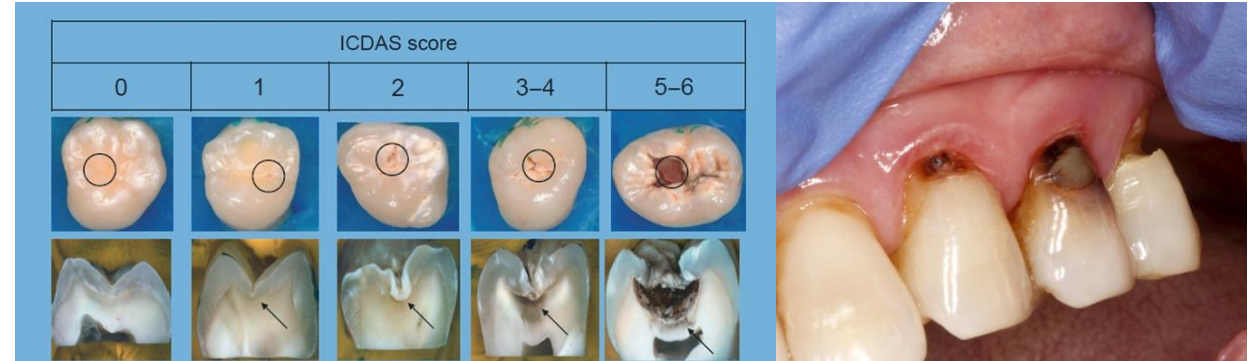
Oral and Systemic Health

WHAT PROBLEMS COULD POOR DENTAL HEALTH CAUSE?



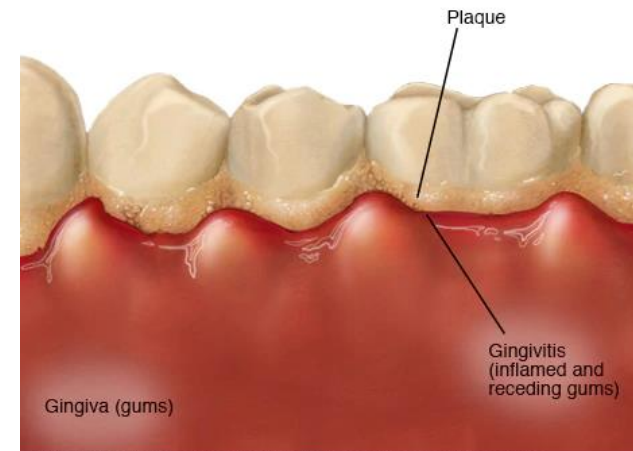
Oral and Systemic Health

- Dental Caries
 - Pain
 - Infection
- Tooth Loss
 - Loss of function
 - Isolation



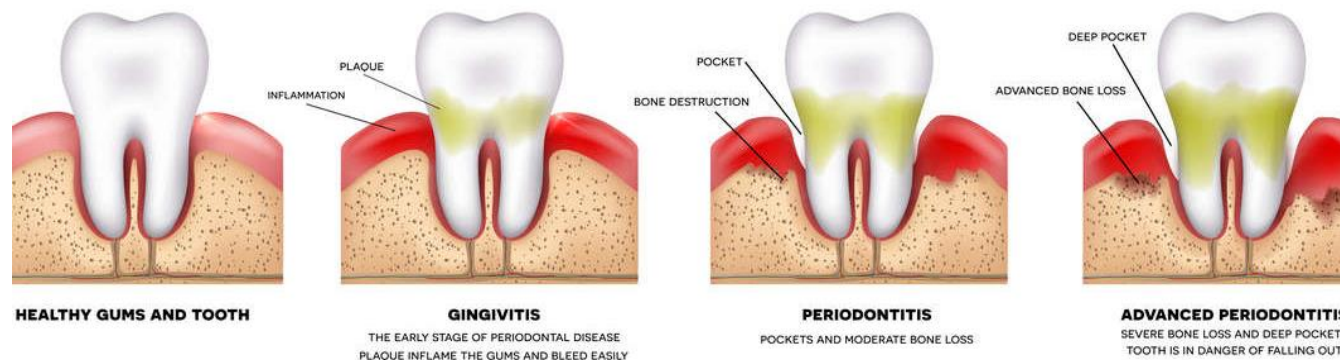
Oral and Systemic Health

- Gingivitis/Periodontitis
 - Diabetes
 - Cardiovascular Disease
 - Dementia/Alzheimer's Disease



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Oral and Systemic Health

- Tooth Loss
 - Loss of function
 - Isolation

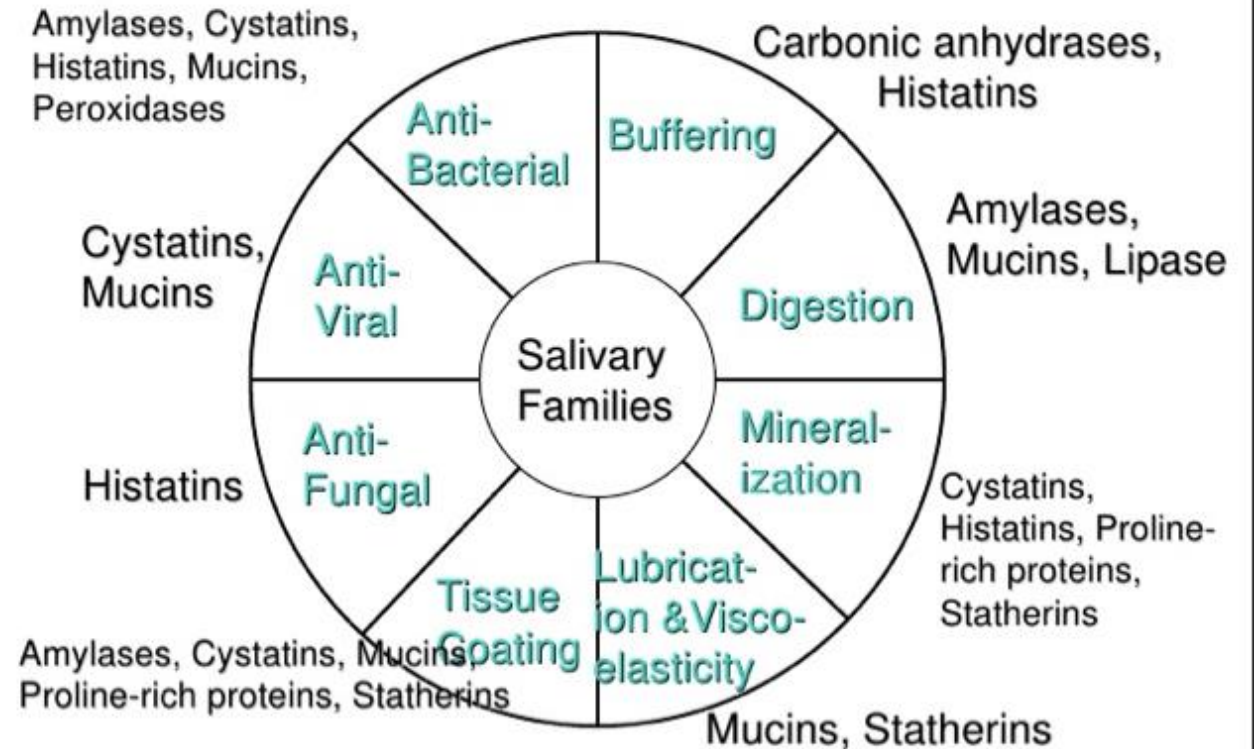


Oral and Systemic Health

- Xerostomia (dry mouth)
 - Prescription medications
 - Chewing/Swallowing
 - Oral Candidiasis
 - Dental caries
 - Denture problems



functions of saliva



Dr/ Ragaa Salama

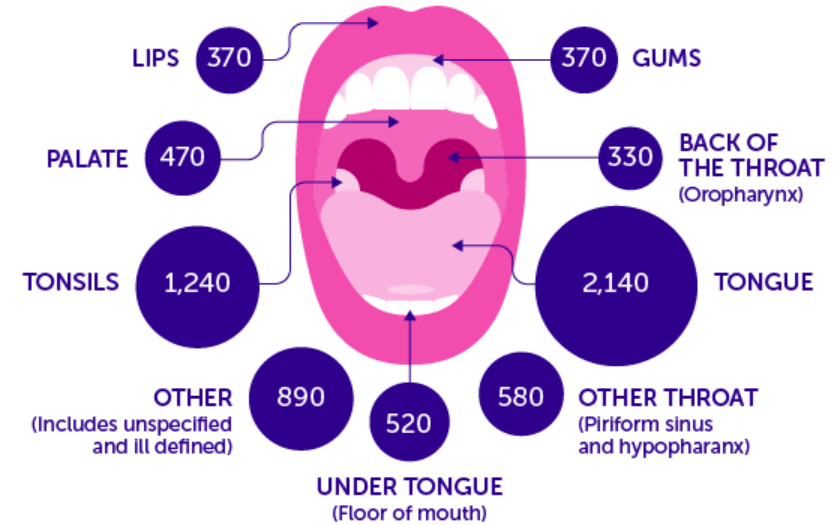


Oral and Systemic Health

- Oral Cancer

MOUTH CANCER AND THE THREE MAIN PREVENTABLE RISK FACTORS

MOUTH CANCERS AND THE AVERAGE NUMBER OF CASES PER YEAR UK, 2010-2012



TOBACCO



DIET LOW IN FRUIT & VEG



ALCOHOL



Oral Signs in the Kidney Disease Patient

Hindawi
International Journal of Dentistry
Volume 2018, Article ID 9610892, 8 pages
<https://doi.org/10.1155/2018/9610892>

Review Article

Dental Care for Patients with End-Stage Renal Disease and Undergoing Hemodialysis

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6258100/>



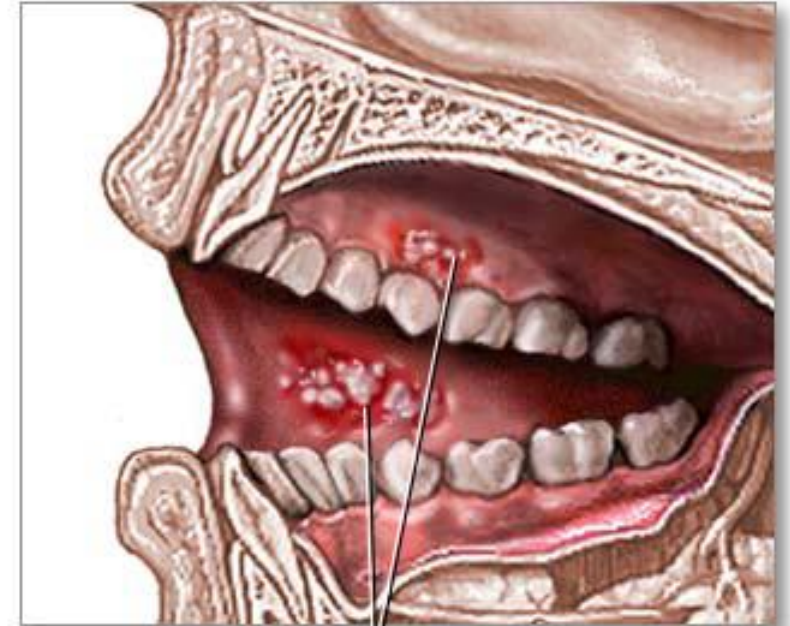
Oral Considerations in the Kidney Disease Patient

- Systemic Comorbidity
 - HTN and DM are the most common causes of ESRD
 - CVD is the main cause of death for renal transplant recipients
 - Cardiac arrest, infection, and malignancy are the most common causes of death for ESRD patients
- Conditions of concern for management by dental providers
 - HTN, anemia, bleeding risk, infection risk, medication intolerance



Oral Signs in the Kidney Disease Patient

- Mucosal abnormalities
 - Pallor
 - Bleeding tendencies
 - Xerostomia
 - Halitosis "uremic fetor"
 - Metallic/altered taste
 - Burning sensation of lips/tongue
 - Painful ulcerations of gums/under tongue
 - Angular cheilitis
 - Candidiasis



Sores on mucous membrane of inner cheek and gum

ADAM.



Oral Signs in the Kidney Disease Patient

- Periodontal disease
 - Neglect in oral hygiene
 - Lapse in routine dental care
 - Systemic inflammation
 - Renal osteodystrophy
 - Comorbidity with DM



Oral Signs in the Kidney Disease Patient

- Bone disorders
 - Renal osteodystrophy
 - Disorders in Ca, P, Vit D metabolism, parathyroid activity changes
 - Tooth mobility
 - Malocclusion
 - Weaker bone
 - Bone tumors (giant cell lesions)
 - Jaw fracture risk
 - Abnormal bone healing



Oral Signs in the Kidney Disease Patient

- Dental Caries/Erosion
 - Lower caries rates
 - Antimicrobial effect of salivary urea
 - Increase in pH (urea hydrolyzation by saliva)
 - Dental erosion due to regurgitation/nausea (side effect of hemodialysis)
 - Pulp narrowing/calcification
 - Challenges with root canal therapy



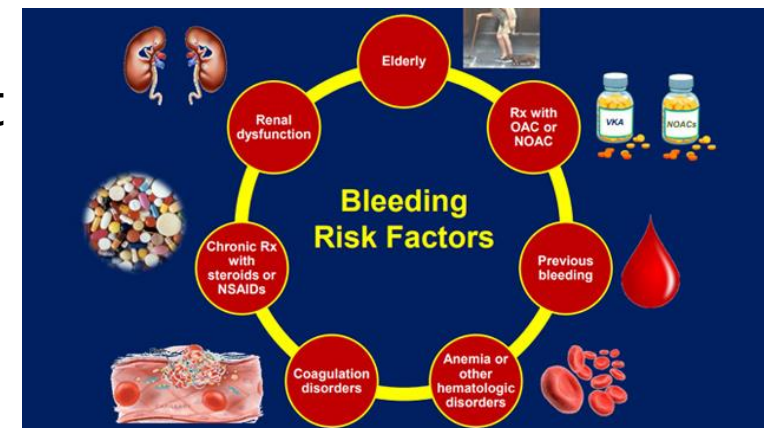
Dental Treatment in the Kidney Disease Patient

- Conservative medical treatment of RD or PD (peritoneal dialysis)
 - No significant special measures required
 - Avoid nephrotoxic drugs
 - Monitor blood pressure
- Hemodialysis
 - Consultation with nephrologist
 - Drug intolerance (lab values for kidney function and dosage adjustments)
 - Special measures required



Dental Treatment in the Kidney Disease Patient

- Bleeding risk
 - Invasive treatments on non-dialysis days
 - Local hemostatic measures or heparin antagonist
 - Hematologic lab study
- Medications
 - Local anesthetics are generally safe
 - Acetaminophen and codeine are generally safe
 - NSAIDs can cause hypertension and increase bleeding risk



Dental Treatment in the Kidney Disease Patient

- Antibiotic prophylaxis/therapy
 - No strong evidence for IE prophylaxis
 - AHA guidelines recommend prophylaxis for renal patients with CV/IE risks
 - Full course of abx indicated for dental infections (CC test, adjust frequency)
 - Penicillins, clindamycin, cephalosporins are safe
- Psychological management
 - Assessment of quality of life (oral health-related QoL)
 - Oral health literacy, attitudes, and values
 - Education and motivational interviewing are important



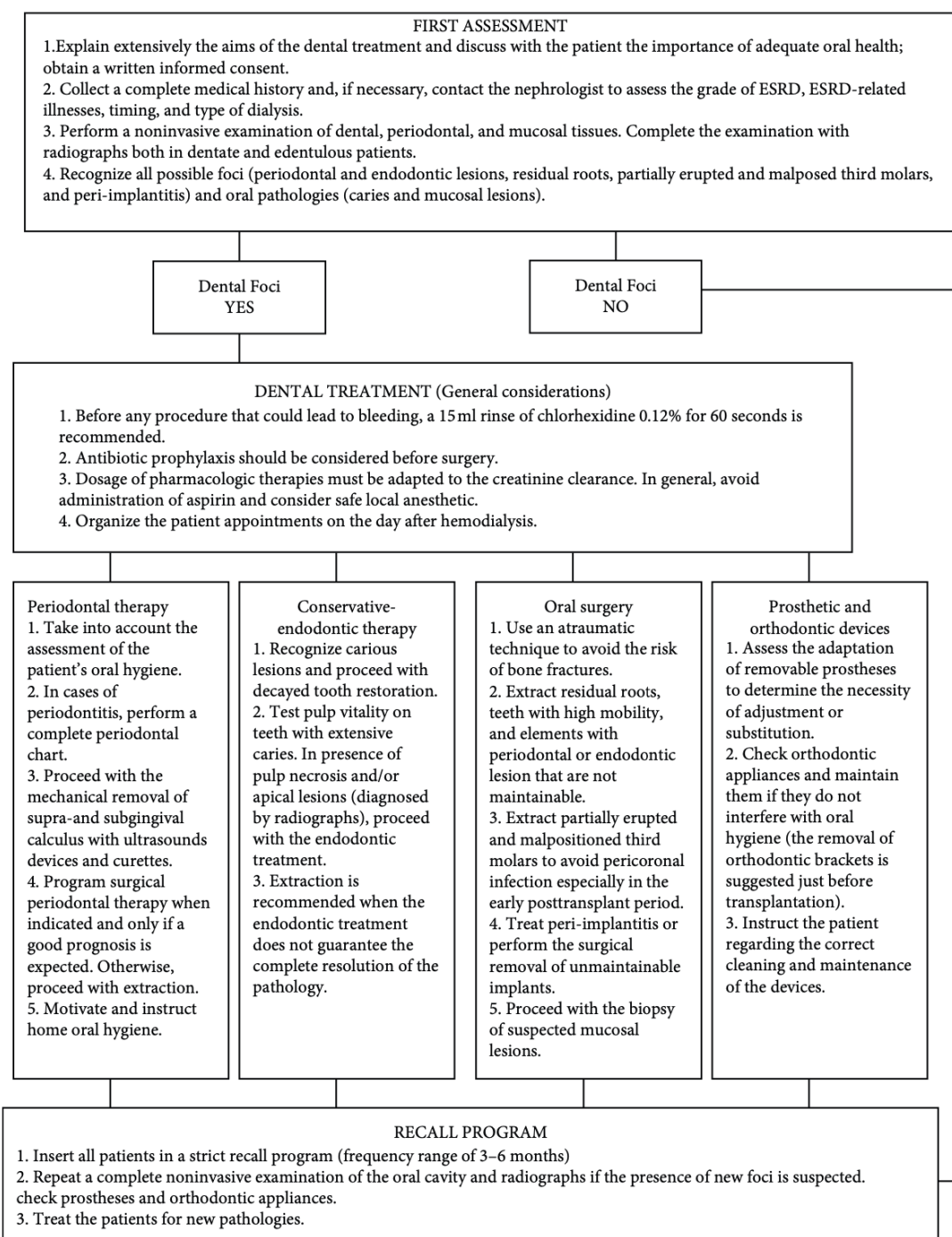


FIGURE 1: Flowchart for dental treatment of ESRD and hemodialyzed patients.



Best Practices and Opportunities

- Interprofessional collaboration
 - Consultation protocols
 - Resources for sharing
- Referral networks
 - Academic centers
 - Specialty clinics
 - FQHC's
- Advocacy
 - Medicare inclusion of dental coverage
 - State workforce



Thank you!

- Discussion
- Questions

