

BUILDING CAPACITY & EXPANDING ACCESS TO CARE

**The Charles County Blood Pressure Screening and
Care Connection Project**

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THE PROBLEM

- In 2013, the clinic saw 291 children and 334 adults with dental emergencies
- Dental emergencies translate into ER visits with an estimated minimum cost of \$400 per visit and up to \$225,000 depending on the severity.
- 1,346 children were seen in the sealant program in 2013 and 350 (26%) needed urgent follow up
- Oral health literacy was low
- Limited services in county for Medicaid recipients
- Limited options for emergent dental care



INTRODUCTION

- The Charles County Department of Health's Dental Program was awarded a three year grant by the Maryland Community Health Resources Commission to implement the chronic disease prevention and management program in the oral health setting.
- A Health Service Specialist with an advanced bachelor's degree was hired to provide blood pressure screenings, oral health education, individualized care connection support, and outreach in both the clinic and community.



GOALS AND OBJECTIVES

- Reduce emergency room visits related to dental and hypertensive emergencies
- Provide blood pressure screenings in the dental clinic & community
- Improve awareness about oral health and blood pressure through community outreach events
- Connect patients to the appropriate source of care



SERVICES PROVIDED IN THE CLINICAL SETTING

- Conduct a medical history form on patients
- Take a blood pressure reading
- Provide individualized care connection to patients that need services
- Supply patients with informational brochures
- Coordinate the sealant program
- Follow up calls with patients receiving a referral for medical reasons or care connection



SERVICES PROVIDED IN THE COMMUNITY

- Attend community health events
- Promote the oral health program
- Bring awareness about hypertension and oral health
- Provide free blood pressure screenings
- Coordinate the sealant program
- Provide the local primary care offices, urgent care centers, and the hospital with brochures
- Facilitate the Chronic Disease Self-Management Program
- Give presentations as the tooth fairy





DATA

- Number of health events = 78
- Blood pressure screenings in clinic = 1,411
- Blood pressure screenings in the community = 443
 - Of those screened, 235 had elevated blood pressure (>140/90)
- Care connections made = 97
- Medical history forms completed = 1,114
- Adults educated on oral health = 7,475
- Primary care offices that HSS visits = 17
- Urgent care centers that HSS visits = 3



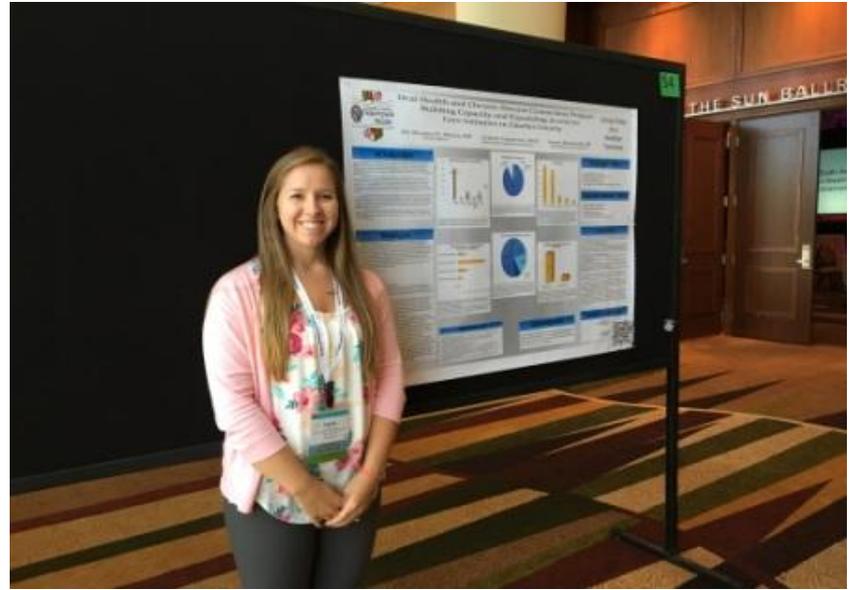
REFERRAL SOURCE TO THE CLINIC

- Health Service Specialist = 242
- Emergency Room = 56
- Provider = 72 (medical or dental)
- Interagency = 465

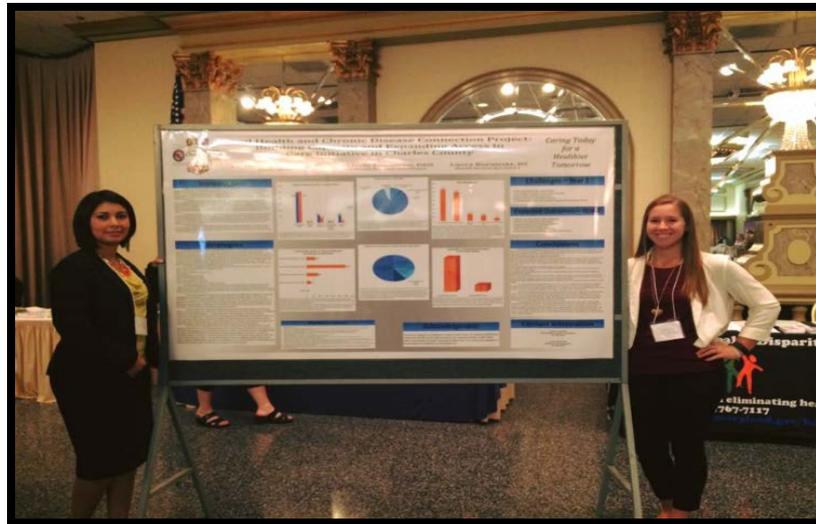




Presenting at the 11th Annual Health Disparities Conference in Baltimore, MD.



The Health Service Specialist at the 2016 NACCHO Conference in Phoenix, AZ.



The Health Service Specialist and her supervisor at the Maryland Chronic Disease Conference in September, 2015



PROTOCOLS

- The dental clinic follows their own hypertension policy as well as the health department policy
- If a patient is experiencing a reading of $>140/90$, a medical consult form is issued to the patient from the dentist
- The medical consult form has to be completed by the patients primary care provider and faxed back to dental clinic
- Once the form is faxed back, the clinic calls the patient to set up an appointment for treatment



PROTOCOLS

- If the patient has a reading higher than 150/100, emergency services are called
- The patient can refuse treatment once the paramedics are called, but it is the clinic's responsibility to call
- The Health Service Specialist follows up with the patients and ensures they sought the care they needed



REFERRAL PROCESS

- The dental clinic gets referrals from every program in the health department, insurance, their primary care provider, the hospital, etc.
- Every individual may need different forms of connection so we refer to any provider or program the patient may need to seek, whether it is a primary care provider, a dental specialist, smoking cessation, Medicaid insurance, etc.
- In the community, the HSS provides every individual with a blood pressure measurement form that also has referral sources on it



Medical History Form

Name _____ Reason for today's visit _____

Date of last visit _____ Dentist name _____ Date of last dental x-ray _____

Please check if you have/had any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Food collection between teeth | <input type="checkbox"/> Orthodontic treatment |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Foreign objects | <input type="checkbox"/> Pain around ear |
| <input type="checkbox"/> Blisters on lips or mouth | <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Periodontal treatment |
| <input type="checkbox"/> Burning sensations on tongue | <input type="checkbox"/> Gums swollen or tender | <input type="checkbox"/> Sensitivity to COLD |
| <input type="checkbox"/> Chew on one side of mouth | <input type="checkbox"/> Jaw pain/tiredness | <input type="checkbox"/> Sensitivity to HEAT |
| <input type="checkbox"/> Cigarette, pipe, or cigar smoking | <input type="checkbox"/> Lip or cheek biting | <input type="checkbox"/> Sensitivity to SWEETS |
| <input type="checkbox"/> Clicking or popping of jaw | <input type="checkbox"/> Loose teeth or broken fillings | <input type="checkbox"/> Sensitivity when biting |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Mouth breathing | <input type="checkbox"/> Sores/Growth in mouth |
| <input type="checkbox"/> Fingernail biting | <input type="checkbox"/> Mouth pain, brushing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Floss - Times per day _____ | <input type="checkbox"/> Brushing - Times per day _____ | |

HEALTH HISTORY

Physicians Name: _____ Last Visit _____

Please check if you have been treated or have any of the following:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cortisone Treatments | <input type="checkbox"/> Jaw Pain | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Arthritis, rheumatism | <input type="checkbox"/> Cough, persistent/bloody | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Special diet |
| <input type="checkbox"/> Artificial heart valve | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Artificial joints | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Low blood Pressure | <input type="checkbox"/> Swollen feet/ankles |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Swollen neck glands |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Fainting or Dizziness | <input type="checkbox"/> Nervous problems | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Bleeding Abnormality
with extractions/surgery | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Blood disease | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Pins or screws | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Psychiatric/Mental
Problems | <input type="checkbox"/> Tumor/growth on
head/neck |
| <input type="checkbox"/> Chemical dependency | <input type="checkbox"/> Hepatitis: Type _____ | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Ulcer/stomach problems |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Herpes | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Unexplained weight
loss/gain |
| <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> High blood Pressure | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Congenital heart lesions | <input type="checkbox"/> Immunizations up to date | <input type="checkbox"/> Shortness of Breath | |
| <input type="checkbox"/> Surgery _____ | | | |

Blood pressure (18 years & above) _____ / _____ mmHg

MEDICATIONS: Please list any medications you are currently taking: _____ I have my own list

Pharmacy _____ Location _____ Phone # _____

ALLERGIES: Please Check if you are allergic to any of the following:

- Penicillin Local Anesthetic Aspirin Barbiturates Codeine Iodine
 Mercury Latex Sulfa Any other allergies: _____

WOMEN ONLY

Pregnant? Yes No LMP: _____
 Nursing/Breastfeeding? Yes No Taking Birth Control Pills? Yes No

DATE _____

 Patient Signature

DATE _____

 Doctor Signature



Medical Consultation Form



ORAL HEALTH PROGRAM
4545 Crain Highway, White Plains, MD, 20695
Telephone: 301-609-6886 Fax: 301-609-6782

Medical Consultation

Patient Name: _____ DOB: _____

Patient reports history of:

Anticipated dental care:

Reason for Consult:

Signature

Date

To be completed by consultant and faxed/returned to the Charles County Department of Health, Oral Health Program.

Comments:

Signature

Date



Outreach Result Form



CHARLES COUNTY DEPARTMENT OF HEALTH
454 Crain Hwy, P.O. Box 1050, White Plains, MD 20695
301-609-6900

Community Blood Pressure Management

I voluntarily participated in a blood pressure screening provided by a staff member at the Charles County Department of Health. I have been advised that my blood pressure reading is _____ mmHg.
As we discussed, please follow the guidelines highlighted in the chart below.

Blood Pressure Category	Systolic mmHg (upper #)	Diastolic mmHg (lower #)	Follow Up Recommendations
Normal	Less than 120 and	Less than 80	Recheck in 2 years
Prehypertension	120-139 or	80-89	Recheck in 1 year
Hypertension Stage 1	140-159 or	90-99	Refer to source of care/follow up with source of care within one month
Hypertension Stage 2	160 or higher or	100 or higher	Evaluate or refer to source of care within one week
Hypertensive Crisis	Higher than 180 or	Higher than 110	Evaluate and treat, refer immediately

I understand that it is my personal responsibility to seek medical care for this and that the Charles County Department of Health, or any member of the staff, cannot be held responsible for any adverse effects that could occur as a result of not following the recommendation.

Please contact your primary care provider and/or refer to the resource information provided below for primary care, insurance, and support for smoking cessation.

Health Service Specialist I

Date

Dental Care: Charles County Department of Health – 301-609-6886

Primary Care Resources:

Greater Baden Clinic 301-888-1197
13605 Baden Westwood Rd
Brandywine, MD 20613

Greater Baden Clinic 301-539-5100
6 Garrett Avenue
La Plata, MD 20646

Health Partners 301-645-3556
3060 Crain Hwy.
Waldorf, MD 20601

Nanjemoy Medical Clinic 301-246-4031
4375 Port Tobacco Rd
Nanjemoy, MD 20662

Insurance Access: Charles County Department of Health – 301-609-6890
Department of Social Services – 301-392-6400
Maryland Health Connection – 1-855-642-8372

Smoking Cessation: Charles County Department of Health – 301-609-6932
Smoking 24 hour Quit Line – 1-800-784-8669

Revised 5/2015



RECOMMENDATIONS

- The medical-dental collaboration in Charles County to help address the patient's overall health, not just their specialty
- The partnership between the health department and the University of Maryland Charles Regional Medical Center
- The walk-in clinic has helped to reduce the number of emergencies due to dental problems and has also expanded the number of adults that the clinic sees



CHALLENGES

- People are hesitant to give the Health Service Specialist demographics for the program (race, birthday, insurance, etc.)
- Telephone follow up calls were unsuccessful
- Shortage of specialists in the Southern Maryland region
- Transportation barriers ; lack of public resources
- Community members do not see the importance of getting their blood pressure checked



CONCLUSIONS

- The community response has been very appreciative of the services the program is providing
- It's hard for the Health Service Specialist to be in more than one place at a time between the clinic, health events, and the school program
- Lack of knowledge about the oral health program was evident
- A common barrier was getting the community to understand how blood pressure and dental procedures are related
- Dentists are more conscious of the patients overall health



QUESTIONS

- If you have any questions, please feel free to contact any of the Oral Health Program staff.
- Celeste Camerino, Oral Health Program Coordinator, 301-609- 6844.
celeste.camerino@maryland.gov
- Laura Borawski, Health Services Specialist, 301-609-6823. laura.borawski@maryland.gov

