

Choptank Community Health Hypertension Screenings and Treatment Guidelines for Dental Patients

Presented by : Dr. Sandra Garbely
Senior VP and Chief Dental Officer
December. 9th, 2016

Choptank Community Health Systems(CCHS)

- Private, non-profit Federally Qualified Health Center(FQHC).
- This designation allows us to provide discounted medical and dental services to those that qualify. FQHCs recently celebrated 50 years of providing care in the U.S.
- Located on Maryland's Midshore
- For 35 years.....
- CCHS is dedicated to providing the residents of Caroline, Dorchester and Talbot Counties with affordable access to high quality primary care medical , dental and behavioral health services
- We strive to use evidence based patient centered best medical practices to improve the health and lives of all people in our community. We opened our first medical center in Goldsboro back in 1980 and have been grown over the years.

CCHS today.....

- Currently , we have six(6) Medical centers providing primary care, prenatal and pediatric services
- Our centers are located in Cambridge, Federalsburg, Denton, Goldsboro, Easton and St. Michael's. We outsource behavioral health through ESPS and Corsica River at both our Goldsboro and St. Michaels' offices at this time.
- Presently, we have 9 Primary care physicians(MD's), 6 nurse practitioners(NP's) and 3 physicians assistants (PA's) who refer directly to our dental program for any medically compromised patients including those with hypertension for much needed dental care.

Our Dental program

- - four (4) fully functional dental sites : Federalsburg, Cambridge (Fassett Magee), Goldsboro and Bay Hundred. We provide comprehensive family dentistry at each of our sites. Will refer any procedures outside our scope of service.
- 6.5 FTE General Dentists and 2 NYU/Lutheran AEGD residents (1 or 2 year rotations)
- 4.5 FTE office based Dental Hygienists and 2 SBDP Dental Hygienist
- 13 QDA (Qualified Dental Assistant) or CDA (Certified Dental Assistants) –ALL having expanded functions
- Affiliated with Arizona School of Dentistry and Oral Health (ASDOH) and University of Maryland School of Dentistry (UMSD) for dental student rotations – 15 ASDOH students and 3 U of M students 2015/2016 rotation. We also have an affiliation with Chesapeake College for DA students to rotate through our dental sites. We also have Dental Hygiene students rotate through our program from the U of M School of Dental Hygiene.
- ALL of our Dentists are accredited as external faculty mentors to oversee NYU/Lutheran residents ; ASDOH and U of M students

Choptank Community Health System, Inc.
Policies and Procedures

Subject: Hypertension Screening and Treatment Guidelines for Dental Patients

Effective Date: 07/18/2012

Revised Date:

Approved by: Senior Management 7/18/2012

Purpose: Establish protocols for monitoring blood pressure for adult dental patients in accordance with the American Dental Association (ADA) recommendations. According to the ADA recommendations, "blood pressure (BP) readings should be taken for all new patients and for all recall patients on at least an annual basis". People who have hypertension should have BP assessed at each visit in which significant dental procedures are accomplished". (JADA, 2004; 135:576-584).

Procedure: Blood pressure will be taken using an automated blood pressure monitor on all patients 18 years of age and older during the first visit and annually thereafter. Blood pressure readings will be obtained on all adult acute care patients and all patients having surgical procedures and/or extractions.

- 1) Blood pressure will be recorded in the clinical notes section of the patient's chart in Dentrix by the triage or assigned dental assistant.
- 2) **Patients with Normal blood pressure readings:** Proceed with treatment plan.
Patients with Prehypertensive blood pressure readings: Proceed with treatment plan and recheck blood pressure reading at the end of treatment. Document post treatment blood pressure reading in the chart.

- 3) **Patients in Stage 1 Hypertension:** Well-controlled patients are good candidates for dental procedures. However, a clinical risk assessment is still necessary for these patients.
- 4) **Patients in Stage 2 Hypertension:** After 5 minutes, repeat blood pressure determinations to confirm initial readings. If repeat BP is still in the stage 2 range, see below:
 - **CCHS MEDICAL USER:** Do not proceed with dental treatment. Contact the medical triage nurse to obtain a manual BP reading and assess the patient. The Dental provider will consult the Primary Care Provider (PCP) or other CCHS Medical provider to determine an action plan.
 - **NON-CCHS MEDICAL USER:** Do not proceed with dental treatment. Contact the medical triage nurse to obtain a manual BP reading and assess the patient. Proceed as follows:
 - **IF PATIENT HAS A PCP:** The Dental provider will consult with PCP (if possible), and/or a CCHS Medical Provider.
 - **IF PATIENT DOES NOT HAVE A PCP:** The Dental provider will consult a CCHS medical provider to determine an action plan.
- 5) **Patients in Stage 3 Hypertension:** Immediately repeat blood pressure. If secondary readings are confirmatory with initial findings, call 911 for patient transfer to the emergency room for evaluation & treatment, and contact the medical triage nurse for patient assessment and assistance until emergency responders arrive.
- 6) **REFER TO CHART, PAGE 2, FOR BP CLASSIFICATION AND RANGES:**

**Choptank Community Health System, Inc.
Policies and Procedures**

Subject: Hypertension Screening and Treatment Guidelines for Dental Patients

Effective Date: 07/18/2012

Revised Date:

Approved by: Senior Management 07/18/2012

HYPERTENSION GUIDELINES

BLOOD PRESSURE CLASSIFICATION FOR ADULTS *+

BP CLASSIFICATION	SBP~ (mm Hg**)	DBP^ (mm Hg)
NORMAL	< 120	and < 80
PREHYPERTENSION	120 - 139	or 80 - 89
STAGE 1 HYPERTENSION	140 - 159	or 90 - 99
STAGE 2 HYPERTENSION	≥ 160	or ≥ 100
STAGE 3 HYPERTENSION	≥ 180	≥ 110

*Adapted from the U.S. Department of Health and Human Services; National Institutes of health; National Heart, Lung and Blood Institute; National High Blood Pressure Education Program.

+Treatment determined by highest blood pressure category

~SBP: Systolic blood pressure

^DBP: Diastolic blood pressure

** mm Hg: Millimeters of mercury

Stage 1: Patients with well controlled or Stage 1 hypertension

^DBP: Diastolic blood pressure
** mm Hg: Millimeters of mercury

Stage 1: Patients with well-controlled or Stage 1 hypertension are good candidates for all dental procedures. However, risk assessment is essential for all patients, especially those for whom the need of complex or surgical procedures is anticipated.

Stage 2: Patients with blood pressure consistent with Stage 2 hypertension should have repeat blood pressure determinations to confirm the initial findings. Referral of patients with significantly increased blood pressure to their physicians is appropriate.

Stage 3: Patients with markedly elevated blood pressure, SBP 180-209 mm Hg or DBP 110-119 mm Hg AND acute target-organ damage such as prior myocardial infarction and unstable angina require hospitalization. The condition of patients who have marked BP elevation but NOT acute target-organ damage usually can be managed by immediate combination oral antihypertensive therapy.

Any dental patient whose blood pressure is higher than 210/120 mm Hg should be referred to the emergency room for immediate medical evaluation.

Journal of the American Dental Association, 2004; 135:576-584

Real life CCHS scenarios:

- Jane Doe is a CCHS Medical user that has had complete physical assessment and determined to be active , acute hypertensive patient of BP 150/100
- Jane Doe has been determined by medical provider to need BP meds. Also during evaluation was noted that patient needs dental referral due to toothache pain or noted extensive dental caries.
- Medical provider uses in-house dental referral form for medically compromised patient and tasks to dental front desk

Cambridge Dental Federalsburg Dental Goldsboro Dental
Bay Hundred Dental

Please fill out the form completely so we can process your request as quickly as possible and fax or mail to us as soon as possible.

Patient Name: <<Patient_Full_Name>>

DOB: <<DOB>>

Patient Phone # <<Home_Phone>>

Is this Patient

Diabetic A1C > 9

Pregnant

Experiencing Acute Pain

Child

Medically Compromised

Reason for Referral:

Relevant Medical History:

Any Additional Information That Will Assist with This Referral:

<<Provider_Full_Name>>

<<mmm_dd,_yyyy>>

*Please note that due to the limited capacity of the dental program we are prioritizing care to those who need it most and unfortunately not all of the referrals we receive will result in the patient becoming established in our practice. We will do our best to assist all referrals in receiving an appointment with our center or directing them to providers in the area with whom they may receive care. We appreciate the referrals from your office and look forward to working together in improving the overall health of your patients.

Internal Office Use:

Does Patient have Dental insurance?

If so, what type:

If not, is Sliding Fee status up to date? Y / N

Referral Completed: Yes / No

Patient/Guardian Notified: Yes / No

If "no" to any of the above, additional documentation in the medical record is required.

Appointment Date: / / , **Time:** _____, **Provider:** _____

Additional Information: _____

CCHS Dental Staff Signature and Date

CCHS ER referral

- John Smith is not a CCHS medical or dental user
- CCHS medical ER case manager gets report since patient states no dental insurance from local hospital of John Smith utilizing the ER recently – multiple visits for ‘toothache/infection’ and given three different antibiotics with no relief. Patient has been monitored in past for stroke like symptoms and was put on medication in hospital but patient never followed through with PCP
- Case manager gets patient DE appointment at one of our dental sites and arranges for transportation
- Patient is triaged with dental x-rays taken of area and BP is attained by DA. BP is 200/119 – Hypertension III protocol is initiated and explained to patient . Medical triage nurse is called and BP confirmed -911 called

- Dental x-rays and intra-oral exam of upper and lower left quadrant reveal no real dental concerns confirming or causing patient dental pain
- Medical provider is consulted and expresses concern with left side of patient causing him discomfort , several visits to ER and placed on antibiotic and still no relief from pain. Provider stresses to paramedics – may be differential of symptoms of stroke and patient is taken to hospital.
- Patient analysis revealed patient was having mini stroke through CT scan and patient admitted to hospital
- We feel patient would not have been sent to ER or convinced to go without our Hypertensive protocol in place. Good example of Medical /Dental interdisciplinary approach to patient care- real meaning to PCMH!
- Patient is now active CCHS patient with PCP being the medical provider who performed initial analysis and is dental patient . We still arrange transportation (case manager) for each of his appts. and his BP is taken and monitored at each Medical and dental appts.

