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**Service Category Definition - Ryan White Part A Grant  
2012-2013**

HRSA Service Category Title: <b>RWGA only</b>	<b>Oral Health</b>
Local Service Category Title: <b>RWGA Only</b>	<b>Oral Health – <u>Rural (North)</u></b>
Budget Type: <b>RWGA only</b>	<b>Unit Cost</b>
Budget Requirements or Restrictions: <b>RWGA only</b>	Not Applicable
HRSA Service Category Definition: <b>RWGA only</b>	<b>Oral health care</b> includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV-infected individuals including, but not limited to examinations and diagnosis of need for dentures, diagnostic measurements, laboratory services, tooth extractions, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing in Houston Eligible Metropolitan Area (EMA) or Health Service Delivery Area (HSDA) counties other than Harris County. Comprehensive Oral Health services targeted to individuals residing in the northern counties of the EMA/HSDA, including Waller, Walker, Montgomery, Austin, Chambers and Liberty Counties.
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns, bridges and implants; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s): <b>RWGA only</b>	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery,

**Service Category Definition - Ryan White Part A Grant  
2012-2013**

	<p>gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected adults residing in the rural area of Houston EMA/HSDA meeting financial eligibility criteria.
Agency Requirements: <b>RWGA Only</b>	<p><b><u>Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA.</u></b> <u>Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</u></p> <p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly.</p> <p>Service delivery site must be located in one of the northern counties of the EMA/HSDA area: Waller, Walker, Montgomery, Austin, Chambers or Liberty Counties</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements: <b>RWGA only</b>	Must comply with the joint Part A/B standards of care where applicable.

Service Category Definition - Ryan White Part A Grant  
2012-2013

***FY 2013 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup #2</b>		Date: <b>04/23/12</b>
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

**Service Category Definition - Ryan White Part B Grant**  
**April 1, 2012 - March 31, 2013**

DRAFT

Local Service Category:	<b>Oral Health Care</b>
Amount Available:	<b>To be determined</b>
Unit Cost:	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Costs
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns and bridges; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s) (TRG Only):	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.  Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	HIV positive; Adult resident of Houston HSDA
Agency Requirements (TRG Only):	<b><u>To ensure that Ryan White is payer of last resort, Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA. Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</u></b>  Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Dental facility and appropriate dental staff must maintain Texas licensure/certification and follow all applicable OSHA requirements for patient management and laboratory protocol.
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements (TRG Only):	Must comply with the Joint Part A/B Standards of care.

Service Category Definition - Ryan White Part B Grant  
April 1, 2012 - March 31, 2013

DRAFT

***FY 2013 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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1.		
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3.		
<b>Step in Process: HTBMTN Workgroup #2</b>		Date: <b>04/23/12</b>
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

**RYAN WHITE PART B**  
**1213 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE**  
**ORAL HEALTH CARE SERVICES**

#	STANDARD	MEASURE
<b>9.0 Service-Specific Requirements</b>		
9.1	<p><u>Scope of Work</u>                      Oral Health Care as “diagnostic, preventive, and therapeutic services provided by the general dental practitioners, dental specialist, dental hygienist and auxiliaries and other trained primary care providers”. The Ryan White Part A/B oral health care services include standard preventive procedures, diagnosis and treatment of HIV-related oral pathology, restorative dental services, oral surgery, root canal therapy and oral medication (including pain control) for HIV patients 15 years old or older based on a comprehensive individual treatment plan.</p> <p>Additionally, the category includes prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.</p>	<ul style="list-style-type: none"> <li>• Program’s Policies and Procedures indicate compliance with expected Scope of Services.</li> <li>• Documentation of provision of services compliant with Scope of Services present in client files.</li> </ul>
9.2	<p><u>Continuing Education</u></p> <ul style="list-style-type: none"> <li>• Eight (8) hours of training in HIV/AIDS and clinically-related issues is required annually for licensed staff. (does not include any training requirements outlined in General Standards)</li> <li>• One (1) hour of training in HIV/AIDS is required annually for all other staff. (does not include any training requirements outlined in General Standards)</li> </ul>	<ul style="list-style-type: none"> <li>• Materials for staff training and continuing education are on file</li> <li>• Documentation of continuing education in personnel file</li> </ul>
9.3	<p><u>Experience – HIV/AIDS</u>                      A minimum of one (1) year documented HIV/AIDS work experience is preferred for licensed staff.</p>	<ul style="list-style-type: none"> <li>• Documentation of work experience in personnel file</li> </ul>

#	STANDARD	MEASURE
<b>9.0 Service-Specific Requirements</b>		
9.4	<p><u>Staff Supervision</u> Supervision of clinical staff shall be provided by a practitioner with at least two years experience in dental health assessment and treatment of persons with HIV. All licensed personnel shall received supervision consistent with the State of Texas license requirements.</p>	<ul style="list-style-type: none"> <li>• Review of personnel files indicates compliance</li> <li>• Review of agency's Policies &amp; Procedures Manual indicates compliance</li> </ul>
9.5	<p><u>HIV Primary Care Provider Contact Information</u> Agency obtains and documents HIV primary care provider contact information for each client.</p>	<ul style="list-style-type: none"> <li>• Documentation of HIV primary care provider contact information in the client record. At minimum, agency should collect the clinic and/or physician's name and telephone number</li> </ul>
9.6	<p><u>Consultation for Treatment</u> Agency consults with client's medical care providers when indicated.</p>	<ul style="list-style-type: none"> <li>• Documentation of communication in the client record</li> </ul>
9.7	<p><u>Health History Information</u> Agency collects and documents health history information for each client prior to providing care. This information should include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li>• A baseline current (within the last 6 months) CBC laboratory test results for all new clients, and an annual update thereafter</li> <li>• Current (within the last 6 months) Viral Load and CD4 laboratory test results, when clinically indicated</li> <li>• Client's chief complaint, where applicable</li> <li>• Medication names</li> <li>• Sexually transmitted diseases</li> <li>• HIV-associated illnesses</li> <li>• Allergies and drug sensitivities</li> <li>• Alcohol use</li> <li>• Recreational drug use</li> <li>• Tobacco use</li> <li>• Neurological diseases</li> <li>• Hepatitis</li> <li>• Usual oral hygiene</li> <li>• Date of last dental examination</li> <li>• Involuntary weight loss or weight gain</li> <li>• Review of systems</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of health history information in the client record. Reasons for missing health history information are documented</li> </ul>

#	STANDARD	MEASURE
<b>9.0 Service-Specific Requirements</b>		
9.8	<u>Client Health History Update</u> An update to the health history should be made, at minimum, every six (6) months or at client's next general dentistry visit whichever is greater.	<ul style="list-style-type: none"> <li>Documentation of health history update in the client record</li> </ul>
9.9	<u>Comprehensive Periodontal Examination</u> Agency has a written policy and procedure regarding when a comprehensive periodontal examination should occur. Comprehensive periodontal examination should be done in accordance with professional standards and current US Public Health Service guidelines	<ul style="list-style-type: none"> <li>Review of agency's Policies &amp; Procedures Manual indicates compliance</li> <li>Review of client records indicate compliance</li> </ul>
9.10	<u>Treatment Plan</u> <ul style="list-style-type: none"> <li>A comprehensive, multi disciplinary Oral Health treatment plan will be developed in conjunction with the patient.</li> <li>Patient's primary reason for dental visit should be addressed in treatment plan</li> <li>Patient strengths and limitations will be considered in development of treatment plan</li> <li>Treatment priority should be given to pain management, infection, traumatic injury or other emergency conditions</li> <li>Treatment plan will be updated as deemed necessary</li> </ul>	<ul style="list-style-type: none"> <li>Treatment plan dated and signed by both the provider and patient in patient file</li> <li>Updated treatment plan dated and signed by both the provider and patient in patient file</li> </ul>
9.11	<u>Annual Hard/Soft Tissue Examination</u> The following elements are part of each client's annual hard/soft tissue examination and are documented in the client record: <ul style="list-style-type: none"> <li>Charting of caries;</li> <li>X-rays;</li> <li>Periodontal screening;</li> <li>Written diagnoses, where applicable;</li> <li>Treatment plan.</li> </ul> Determination of clients needing annual examination should be based on the dentist's judgment and criteria outlined in the agency's policy and procedure, however the time interval for all clients may not exceed two (2) years.	<ul style="list-style-type: none"> <li>Documentation in the client record</li> <li>Review of agency's Policies &amp; Procedures Manual indicates compliance</li> </ul>
9.12	<u>Oral Hygiene Instructions</u> Oral hygiene instructions (OHI) should be provided annually to each client. The content of the instructions is documented.	<ul style="list-style-type: none"> <li>Documentation in the client record</li> </ul>

**RYAN WHITE PART A/B  
1213 HOUSTON HSDA OUTCOME MEASURES  
ORAL HEALTH CARE**

Purpose: The purpose of the Ryan White Part A/B Outcome Measures is to provide a measurement of the effectiveness of services in terms of health, quality of life, cost-effectiveness, and knowledge, attitudes, and practices (KAP), where applicable.

Outcome Measure	Indicator	Data Collection Method
<b>1.0 Knowledge, Attitudes, and Practices</b>		
<b>2.0 Health</b>		
2.1 Improved/maintained health status of diagnosed oral pathologies	<ul style="list-style-type: none"> <li>• 80% of diagnosed HIV-related or general oral pathologies will be resolved.</li> </ul>	<ul style="list-style-type: none"> <li>• CPCDMS System</li> </ul>
<b>3.0 Quality of Life</b>		
<b>4.0 Cost-Effectiveness</b>		

Ryan White Part A  
OUTCOME MEASURES RESULTS  
FY 2011 Mid-Year Report

**Rural Oral Health**

Outcome Measure	Indicator	Data Collection Method
<b>2.0 Health</b>		
2.1 Improved/maintained health status of diagnosed oral pathologies	75% of diagnosed HIV/AIDS-related and general oral pathologies will be resolved, improved or maintained at most recent follow-up.	• CPCDMS

Oral Pathology	Number of Diagnoses	Number with Follow-Up	*Resolved at Follow-up		*Improved at Follow-up		*Same at Follow-up		*Worsened at Follow-up	
			#	%	#	%	#	%	#	%
Pseudomembranous candidiasis	2	0								
Atrophic candidiasis										
Oral hairy leukoplakia										
Kaposi's sarcoma										
Lymphomas										
Squamous cell carcinoma										
Oral ulcerations										
Salivary gland disease										
Idiopathic thrombocytopenia purpura										
HIV-related periodontal disease										
Papilloma	1	1	1	100%						
Other	1	0								
<b>Total</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>100%</b>						

\*Of diagnoses with follow-up



ORAL HEALTH CARE SERVICES  
2011 CHART REVIEW

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, consumer involvement, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

### QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

### Scope of Funding

TRG contracts with one Subgrantees to provide oral health care services in the Houston HSDA.

## INTRODUCTION

### Description of Service

Prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

### Tool Development

The TRG Oral Healthcare Review tool is based upon the established local and DSHS standards of care.

### Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

### File Sample Selection Process

File sample was selected from a provider population of 2,478 who accessed case management services between 1/1/2011 – 12/31/2011. The records of 100 clients were reviewed, representing 4% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

### Report Structure

A categorical reporting structure was used. The report is as follows:

- Health History
- Allergies and Drug Sensitivities
- Vital signs assessment and documentation
- Medication Review
- PCP Contact Information
- Up to Date Clinical Tooth Chart
- Intraoral Exam and Progress Notes

## FINDINGS

**HEALTH HISTORY**

Percentage of HIV-positive client records that had client initial health history

	Yes	No	N/A
Number of client records that showed evidence of a client initial health history.	100	0	-
Number of HIV-infected clients in oral health services that were reviewed.	100	100	-
Rate	<b>100.0%</b>	0.0%	-

**HEALTH HISTORY UPDATE**

Percentage of HIV-positive client records that had client health history updated every 6 months.

	Yes	No	N/A
Number of client records that showed evidence of a client health history updated every 6 months.	94	0	6
Number of HIV-infected clients in oral health services that were reviewed that had over 6 months of oral care.	94	94	0
Rate	<b>100.0%</b>	0.0%	-

**ALLERGIES AND DRUG SENSATIVITIES**

Percentage of HIV-positive client records that had allergies and drug sensitivities documented.

	Yes	No	N/A
Number of client records that showed evidence of a client's allergies and drug sensitivities.	100	0	-
Number of HIV-infected clients in oral health services that were reviewed.	100	100	-
Rate	<b>100.0%</b>	0.0%	-

**VITAL SIGNS ASSESSMENT**

Percentage of HIV-positive client records that showed vital signs assessed at every visit

	Yes	No	N/A
Number of client records that showed evidence of vital signs assessment at every visit.	100	0	-
Number of HIV-infected clients in oral health services that were reviewed.	100	100	-
Rate	<b>100.0%</b>	0.0%	-

**MEDICATION REVIEW**

Percentage of HIV-positive client records that had HIV and NON-HIV medication documented

	Yes	No	N/A
Number of client records that showed evidence of client medication documentation.	100	0	-
Number of HIV-infected clients in oral health services that were reviewed.	100	100	-
Rate	<b>100.0%</b>	0.0%	-

**PCP CONTACT INFORMATION**

Percentage of HIV-positive client records that had client PCP contact information

	Yes	No	N/A
Number of client records that showed evidence of client PCP contact information.	100	0	-
Number of HIV-infected clients in oral health services that were reviewed.	100	100	-
Rate	<b>100.0%</b>	0.0%	-

**CLINICAL TOOTH CHART**

Percentage of HIV-positive client records that had a clinical tooth chart marked and up to date

	Yes	No	N/A
Number of client records that showed evidence of a client clinical tooth chart marked and up to date.	100	0	-
Number of HIV-infected clients in oral health services that were reviewed.	100	100	-
Rate	<b>100.0%</b>	0.0%	-

**INTRAORAL EXAM**

Percentage of HIV-positive client records that had an intraoral exam

	Yes	No	N/A
Number of client records that showed evidence of an intraoral exam.	100	0	-
Number of HIV-infected clients in oral health services that were reviewed.	100	100	-
Rate	<b>100.0%</b>	0.0%	-

## **CONCLUSION**

2011 showed an improvement over all in oral healthcare. All eight (8) data elements reviewed were 100%. Health history and updates were appropriate and timely. Allergies and medication sensitivities were well documented. Clinical oral care was excellent; vital signs, medication review, intraoral exams, and tooth chart documentation was completed on all charts reviewed.

## ORAL HEALTH AND HIV

### ORAL HEALTH PROBLEMS ARE COMMON AMONG PEOPLE LIVING WITH HIV/AIDS

People living with HIV/AIDS (PLWHA) experience a high incidence of common oral health problems (e.g., dental decay/cavities, gingivitis) as well as other oral health problems that are directly related to HIV infection. Between 32 and 46 percent of PLWHA will have at least one major HIV-related oral health problem—bacterial, viral, and fungal infections as well as cancer and ulcers—in the course of their disease. In addition:

- ❖ Poor oral health can impede food intake and nutrition, leading to poor absorption of HIV medications and leaving PLWHA susceptible to progression of their disease.
- ❖ HIV medications have side effects such as dry mouth, which predisposes PLWHA to dental decay, periodontal disease, and fungal infections.
- ❖ Bacterial infections (i.e., dental decay and periodontal disease) that begin in the mouth can escalate to systemic infections and harm the heart and other organs if not treated, particularly in PLWHA with severely compromised immune systems.
- ❖ A history of chronic periodontal disease can disrupt diabetic control and lead to a significant increase in the risk of delivering preterm low-birthweight babies.
- ❖ Poor oral health can adversely affect quality of life and limit career opportunities and social contact as result of facial appearance and odor.

### MANY PLWHA LACK ORAL HEALTH CARE

For many years, PLWHA have reported high rates of unmet oral health care needs and low utilization of oral health services. When paired with weakened immune systems, lack of dental care puts many PLWHA at high risk for oral diseases and compromised well-being.

### FAST FACTS

- ❖ Thirty-two to 46 percent of PLWHA will have at least one HIV-related oral health problem in the course of their disease.
- ❖ Fifty-eight to 64 percent of PLWHA do not receive regular dental care, according to various studies.
- ❖ Barriers PLWHA face in receiving oral health care include lack of insurance, limited incomes, lack of providers, stigma, and limited awareness.
- ❖ Oral health professionals can help in early diagnosis of HIV infection.
- ❖ Oral health professionals can work with clients to engage them in regular HIV primary medical care and address issues such as nutrition.

### RYAN WHITE DENTAL PROGRAMS

<http://hab.hrsa.gov/abouthab/partfdental.html>

#### Contact your Project Officer or

Mahyar Mofidi, DMD, PhD  
Chief Dental Officer  
HRSA HIV/AIDS Bureau  
(301) 443-2075

[MMofidi@hrsa.gov](mailto:MMofidi@hrsa.gov)

#### HAB's Oral Health Performance Measures

<http://hab.hrsa.gov/deliverhivaids/habperformmeasures.html>

- ❖ Dental and medical history
- ❖ Dental treatment plan
- ❖ Oral health education
- ❖ Periodontal screening or examination
- ❖ Phase I treatment plan completion (prevention, maintenance, elimination of oral health disease)

#### Healthy People 2020 Oral Health Objectives

<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>



- ❖ The HIV Cost and Services Utilization Study (HCSUS) found that 58 percent of PLWHA did not receive regular dental care. More recent studies covering specific U.S. regions have reported similar findings. A study in North Carolina, for example, found that 64 percent of PLWHA had unmet dental needs.
- ❖ PLWHA have more unmet oral health care needs than does the general population. PLWHA also have more unmet oral health care needs than unmet medical needs.
- ❖ Certain groups of PLWHA, such as people of color (especially women and those without dental insurance) are less likely to receive oral health care than others living with HIV.

### PLWHA FACE MANY BARRIERS TO ORAL HEALTH CARE

Major factors contributing to unmet oral health needs include the following:

- ❖ Lack of dental insurance
- ❖ Limited financial resources
- ❖ Shortage of dentists trained or willing to treat PLWHA
- ❖ Shrinking adult dental Medicaid services
- ❖ Patient fear of and discomfort with dentists
- ❖ Perceived stigma within health care systems
- ❖ Lack of awareness of the importance of oral health.

### DENTAL PROFESSIONALS CAN ENHANCE HIV/AIDS CARE

- ❖ Dentists can control or eliminate a local infection to avoid adverse consequences such as systemic infections, eliminate pain and discomfort, and restore oral health functions.
- ❖ Oral lesions can be the first overt clinical features of HIV infection; therefore, dental professionals are well positioned to help with early detection and referral. Early detection can improve prognosis and reduce transmission, because infected PLWHA may not know their HIV status.

**“YOU CANNOT BE HEALTHY WITHOUT ORAL HEALTH.”**

*Oral Health in America:  
A Report of the Surgeon General*

- ❖ Encounters in oral health care provide opportunities to prevent disease and address lifestyle behavior practices, such as oral hygiene, smoking cessation assistance, and nutrition counseling.
- ❖ A visit to the dentist may be a health care milestone for PLWHA. The dental professional can address oral health concerns and play a role in helping engage or reintroduce patients into the health care system and coordinate their care with other primary care providers.

### HOW GRANTEES CAN IMPROVE ORAL HEALTH SERVICES FOR PLWHA

Following are some questions grantees should consider when assessing their oral health services and the kinds of support they may need to successfully meet clients' oral health care needs.

#### **Oral Health Services Availability**

- ❖ What is currently in place?
  - What resources are being put toward oral health?
  - Are PLWHA in the community receiving routine oral health services through your site? Emergency dental care?
  - How are you prioritizing the allocation of funds for oral health services?
  - Are efforts being made and agreements in place with private dentists to treat referred patients at reduced fees? How about with community health centers? Are there referral mechanisms between general dental providers and dental specialists?
- ❖ What else can be done to expand services?

### Integration With Primary Care

- ❖ Are there referral mechanisms between medical and dental providers?
- ❖ Do dental providers collaborate with the primary medical care providers to obtain information on the medication regimen, immune status, and health of their patients?
- ❖ Are dental and primary care services co-located?
- ❖ Are dental and medical records electronically linked?
- ❖ Do primary care providers perform oral health care services such as oral health screening, oral health education, and referrals?

### Quality Management

- ❖ Is oral health part of an overall clinical quality management plan?
- ❖ Which of the HAB oral health performance measures are being monitored?

### RYAN WHITE HIV/AIDS PROGRAM ORAL HEALTH SERVICES

- ❖ Oral health programs are supported in all Parts (Parts A-D, F) of the Ryan White HIV/AIDS Program. Oral health care is one of multiple eligible services and is a legislative priority for funding under a group of “core” primary medical services for Parts A, B, and C.
- ❖ In 2010, nearly \$80 million was spent on oral health within all Ryan White HIV/AIDS Program Parts; more than 141,000 duplicated clients received oral health care services.

### ORAL HEALTH RESOURCES

- ❖ *Ryan White AIDS Education and Training Centers (AETCs)*, which are funded through Part F, train clinicians and service providers, including dental providers, on HIV and oral health. Between FY 2008 and FY 2009, 4,834 dental providers received education and training through the AETCs. For more information on AETCs visit, <http://hab.hrsa.gov/abouthab/partfeducation.html>, and to peruse resources on oral health visit, [www.aidsetc.org/aidsetc?page=home-search&post=1&SearchEntry=dental](http://www.aidsetc.org/aidsetc?page=home-search&post=1&SearchEntry=dental).

- ❖ *Oral health screening in the primary medical care setting* was a Webinar that took place on December 13, 2011 targeting Ryan White medical providers. Archived web-cast of the Webinar is available at [www.iasusa.org/oral\\_webinar/index.html](http://www.iasusa.org/oral_webinar/index.html).

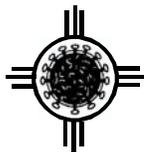
- ❖ *The Dental Reimbursement Program* defrays a portion of the uncompensated costs that are incurred by institutions with accredited dental education programs that provide oral health care to PLWHA. In FY 2010, institutions receiving awards were located in 20 States and the District of Columbia and trained more than 12,600 dental students, postdoctoral dental residents, and dental hygiene students, who together provided oral health services to more than 35,600 PLWHA. Total funding was \$9.2 million. For more information on the Dental Reimbursement Program visit, <http://hab.hrsa.gov/abouthab/partfdental.html>.

- ❖ *The Community-Based Dental Partnership Program (CBDPP)* links oral health services delivery with education and hands-on training of future dental professionals through academic-community partnerships. Twelve grantees nationwide have partnered with more than 50 major community agencies operating in 13 States. In FY 2010, CBDPP grantees trained more than 3,200 dental students, postdoctoral dental residents, and dental hygiene students, who together provided services to more than 5,800 HIV-positive patients. Total funding was \$3.7 million. For more information on the CBDPP visit, <http://hab.hrsa.gov/abouthab/partfdental.html>.

- ❖ *The Special Projects of National Significance (SPNS) Program* includes within its portfolio the Oral Health Care Initiative, which was created in response to the rising unmet oral health care needs of PLWHA. Launched in 2006, the purpose of this 5-year project is to develop innovative, replicable, and sustainable delivery systems to provide oral health care to PLWHA in urban and rural settings. Nearly 2,500 clients have received oral health services. Total funding was \$6.5 million. For more information on this SPNS initiative visit, <http://hab.hrsa.gov/abouthab/special/oralhealth.html>.

- ❖ The HIV/AIDS Bureau's TARGET Center site also includes numerous technical assistance documents on oral health. To view these visit, [www.careacttarget.org](http://www.careacttarget.org) and search the TA library for keyword "dental."
- ❖ Highlighting ways to increase oral health care access was a *HRSA CAREAction* newsletter. To read the newsletter visit, [www.hab.hrsa.gov/newspublications/careactionnewsletter/june2008.pdf](http://www.hab.hrsa.gov/newspublications/careactionnewsletter/june2008.pdf).
- ❖ Learn about inception of the Part F dental programs at the HIV/AIDS Bureau's Living History Website, <http://hab.hrsa.gov/livinghistory/programs/Part-F-pg3.htm>.
- ❖ HIVdent has up to date treatment information and shares expertise in development, training, integration, and evaluation of oral health services for PLWHA. To peruse this resource visit, [www.hivdent.org](http://www.hivdent.org).
- ❖ *The New York State Department of Health AIDS Institute* has a number of educational resources dedicated to oral health care. To learn more visit <http://www.health.ny.gov/diseases/aids/about/hlthcare.htm#ohc>
- ❖ HRSA has additional resources to promote oral health including health centers, which in 2010, served more than 3.75 million patients for dental services. For more information on these centers and their locations visit, <http://bphc.hrsa.gov>.
- ❖ HRSA's Bureau of Health Professions has a number of workforce grants focused on oral health delivery. One in particular is the State Oral Health Workforce program. More information can be found here, <http://bhpr.hrsa.gov/grants/dentistry/index.html>.
- ❖ HRSA has devoted an entire Webpage on oral health (including HIV and oral health) and its importance in an effective public health strategy underscoring the importance of access and entry into these services. To read the page visit, [www.hrsa.gov/publichealth/clinical/oralhealth/](http://www.hrsa.gov/publichealth/clinical/oralhealth/).

*This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA). Listing these resources is not an endorsement by HHS or HRSA.*



# HIV AND THE MOUTH

## HOW DOES HIV AFFECT THE MOUTH?

In the early years of the HIV epidemic, dentists were often the first health professionals to notice signs of a weak immune system. These signs were infections that are normally controlled by a healthy person.

When people get tested for HIV infection and get treatment, most of these infections never show up. However, many people do not get tested for HIV. They may be infected and now know it. Regular dental care is an important way they may learn they have a weak immune system.

According to the US Health Resources and Services Administration, over one third of people with HIV will have at least one major oral health problem, and almost two thirds do not receive regular dental care.

## DON'T IGNORE MOUTH PROBLEMS!

Pain or bleeding in your mouth can be a sign of infection. It can keep you from eating normally. Severe pain makes some people skip taking their medications. Serious infections in your mouth can cause other health problems. Be sure to see a dentist or let your health care provider know if you have trouble swallowing, changes in how food tastes, or pain or other problems with your mouth or teeth.

Some dentists or their office staffers do not want to treat patients with HIV. ***This goes against community standards and violates the Americans with Disabilities Act.*** Dental health care workers know how to protect themselves from diseases carried in the blood of their patients, including HIV.

## WHAT ARE THE SIGNS OF HIV IN THE MOUTH?

Several problems with the teeth, mouth and gums can show up in people with HIV. These are discussed below.

- Dry Mouth and Tooth Decay
- Candidiasis (thrush)
- Canker sores (aphthous ulcers)
- Cold sores (herpes simplex)
- Gum disease (periodontitis)
- Hairy leukoplakia
- Kaposi's Sarcoma
- Enlarged saliva glands
- Shingles (herpes zoster)
- Oral warts (human papillomavirus):

### Dry Mouth and Tooth Decay

Many people with HIV have dry mouth. They don't make enough saliva to chew and swallow comfortably. Saliva protects teeth and gums from infection and decay.

HIV infection can cause dry mouth. So can some medications, as well as coffee, carbonated beverages, alcohol, and smoking. If you have dry mouth, take frequent drinks of water. You can talk to your health care provider about using sugar-free gum or candy, or a saliva substitute.

**Candidiasis (thrush)** See fact sheet 501 for more information. This infection is caused by a fungus (yeast) called *Candida*. It shows up as red patches on the tongue or roof of the mouth or white lumps that look like cottage cheese that can form anywhere in the mouth. Candidiasis infection can move into the throat. It can also cause painful cracks at the corners of the mouth called angular cheilitis. Many anti-fungal treatments can treat thrush. However, some cases of thrush are resistant to the usual medications.

**Canker sores** (aphthous ulcers) are small, round sores on the inside the cheek, under the tongue, or in the back of the throat. They usually have a red edge and a gray center. The sores can be quite painful. They can be caused by stress or by certain foods such as eating too many tomatoes. Hot and spicy or acidic foods or juices make them hurt more. Some ointments, creams or rinses can help.

**Cold sores** are caused by herpes simplex (see fact sheet 508,) a common infection. In people with HIV, cold sores can be more severe and can keep coming

back. The most common treatment is the antiviral drug acyclovir.

**Gum Disease** (periodontitis or gingivitis) is swelling of the gums. Sometimes painful and bloody, it can progress from gum loss to loosening and even loss of teeth. This can happen as quickly as 18 months. Dry mouth and smoking can make gum disease worse. Brush your teeth, floss, and see a dentist regularly.

Recently, gum disease has been linked to higher levels of inflammation (see fact sheet 484), throughout the body. This can increase the risk of heart disease and stroke.

**Hairy Leukoplakia** is an irritation that usually shows up as painless, fuzzy white patches on the side of the tongue. It can be an early sign of HIV infection.

**Kaposi's Sarcoma (KS)**, see fact sheet 511, usually shows up as dark purple or red spots on the gums, the roof of the mouth, and the back of the tongue. It is rarely seen when people are tested early and start using antiretroviral therapy for HIV infection. It can be the first sign of HIV infection in people who have not been tested for HIV. The best treatment for oral KS in someone with HIV is effective antiretroviral therapy.

**Oral Warts - Human Papillomavirus, HPV** (see fact sheet 510) is a sexually transmitted disease. Some strains of HPV cause warts or cancer. HPV warts can show up in the mouth. The warts can be frozen or cut out.

## THE BOTTOM LINE

Signs of HIV infection often show up in the mouth. You might know people who haven't been tested for HIV. Encourage them to pay attention to any mouth problems.

Keep your mouth healthy by brushing your teeth and flossing. Get your teeth cleaned regularly by a dental health professional. See a health or dental care provider about any serious issues.

**Revised February 18, 2012**



## Dentists less likely to refuse treating HIV/AIDS patients

By DrBicuspid Staff

November 30, 2011 -- One out of 20 dental offices in Los Angeles County have a blanket policy of refusing dental services to people living with HIV/AIDS, according to a [study](#) released today by the Williams Institute, a national think tank affiliated with the University of California, Los Angeles (UCLA) School of Law.

In addition, another 5% of dental providers would treat patients living with HIV/AIDS differently than other patients in ways that could potentially violate antidiscrimination laws, the study authors found. Examples of such different treatment include providing these patients with only the most basic services, such as a cleaning, or only treating them on certain days of the week or in an isolated room.

Even so, the rate of dentists having unlawful blanket policies of refusing service to patients with HIV/AIDS is lower than that of other healthcare providers who have been previously studied, the researchers noted. Similar studies of healthcare providers in Los Angeles County conducted between 2003 and 2006 found that 55% of obstetricians, 46% of skilled nursing facilities, and 25% of plastic surgeons had such policies.

"The study suggests that consistent legal enforcement and education efforts, both during dental school and afterward, have had a positive effect on dentists and have thus created expanded access to care for people living with HIV/AIDS," said study co-author Brad Sears, the executive director of the Williams Institute, in a press release.

### Standard infection-control precautions

The study used trained "testers" -- researchers who called dental offices posing as potential new HIV-positive patients -- to measure the level of HIV discrimination. In total, 612 dental offices in Los Angeles County were contacted in 2007 and 2008. Calls to the offices were made in English and Spanish and by callers who said they had private dental insurance as well as Denti-Cal (California's Medicaid program).

The most common reasons that the dentists gave for refusing to accept HIV-positive patients were that the dental office was not equipped to treat these patients and that extra infection-control precautions would be required.

"Dentists can treat HIV-positive patients safely and effectively," said study co-author Fariba Younai, DDS, a professor of clinical sciences and vice chair of the division of oral biology and medicine at the UCLA School of Dentistry. "The same standard infection-control precautions should be used with all patients, and every patient should be treated as if they had a blood-borne disease. Thus, every dental office should be equipped to treat HIV-positive patients."

### Medicaid plays a part

Despite the overall lower rate of discrimination, the study found that levels of discrimination were twice as high for people living with HIV/AIDS who had Denti-Cal as opposed to private dental insurance. In addition, dentists who were older and who did not go to dental school in the United States were more likely to provide a discriminatory response.

Discrimination rates were also higher in areas of Los Angeles County with higher rates of HIV infection, and with more low-income people, people of color, and women among the infected. Specifically, rates of discrimination were significantly higher in the San Gabriel Valley and South Public Health Service Planning Areas compared with other parts of Los Angeles County.

"The findings indicate that training and education efforts over the past 20 years have had a positive effect," said study co-author Tom Donohoe, an associate professor of family medicine at UCLA's David Geffen School of Medicine. "Many of the dental clinics tested responded with affirmations such as, 'Of course we would accept you -- we do not discriminate here.'"

However, the data also suggest the need for more targeted education efforts to ensure equal access to dental services for all people living with HIV/AIDS, Donohoe added.

"While it is definitely encouraging that 90% of dentists in Los Angeles County do treat HIV-positive patients, it is likely that the rate of discrimination is higher in other parts of the country," Sears said.

# HIV Discrimination in Dental Care: Results of a Discrimination Testing Study In Los Angeles County



by Brad Sears, Christian Cooper, Fariba S. Younai, and Tom Donohoe

December 2011

## Executive Summary

This study used trained testers to measure the level of HIV discrimination by dentists in Los Angeles County. In total, 612 dentists' offices were contacted in 2007 and 2008. We find that levels of HIV discrimination are lower in dental care than other health care services in Los Angeles County. However, levels of discrimination are twice as high for people living with HIV/AIDS (PLWHA) who had Denti-Cal, and three times higher for those living in the San Gabriel Valley and South SPAs. Discrimination was also higher among older dentists and dentists who did not go to dental school in the United States. The findings suggest the need for more targeted education efforts to ensure equal access to dental services for all PLWHA.

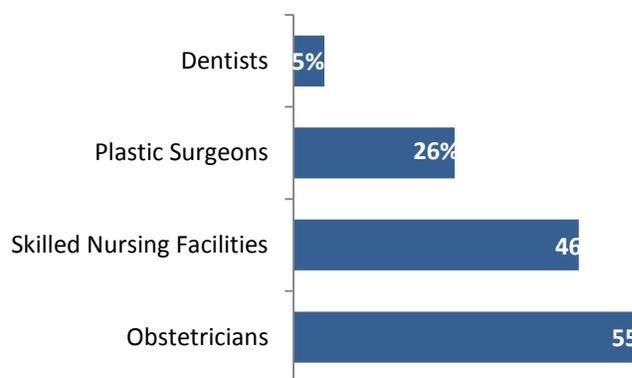
Key findings include:

- Five percent of dental offices contacted (29) had an unlawful blanket policy of refusing dental services to any PLWHA.
- An additional 5% of dental providers (32) indicated they would treat PLWHA differently than other patients in ways that could potentially violate state and federal anti-discrimination laws.
- Factors influencing the rates of discrimination were the caller's type of dental insurance, the geographic location of the dental practices, and when and where the dentist graduated from dental school.
- Ninety percent of all dental offices contacted in Los Angeles County (551) responded that they would treat PLWHA.

Specific findings include:

- Rates of discrimination were twice as high when testers indicated that they had Denti-Cal (a public benefit for poorer patients that was largely discontinued by California in 2009) as opposed to private dental insurance.

**Figure 1. HIV Discrimination by Health Care Providers in Los Angeles County, Blanket Refusal to Treat Any Person Living with HIV/AIDS**





## HIV-positive patients benefit from early dental intervention

By Rabia Mughal, Associate Editor

February 15, 2011 -- Early dental intervention can help newly diagnosed HIV-positive patients retain teeth and preserve dentition, according to research to be presented next month at the International Association for Dental Research (IADR) conference in San Diego.

The study, conducted at the University of North Carolina (UNC) at Chapel Hill, is part of a U.S. Health Resources and Services Administration project focused on access to oral healthcare in persons living with HIV/AIDS.

A team of researchers from the UNC School of Dentistry compared the value of early comprehensive dental intervention in individuals newly diagnosed with HIV with previously diagnosed HIV-positive patients receiving regular dental care and previously diagnosed HIV-positive patients not receiving regular dental care.

"It was our hypothesis that accessing oral healthcare early in the course of HIV disease would make a significant difference for the individual patient," study author Jennifer Webster-Cyriaque, DDS, PhD, an associate professor of dental ecology at the UNC dental school, told *DrBicuspid.com*.

The case-control study involved 196 HIV-positive individuals, 66 newly diagnosed cases (out of oral care and within 12 months of their HIV diagnoses), previously diagnosed controls (out of oral care and diagnosed with HIV between 1985-2007), and historical controls (receiving regular oral care and diagnosed with HIV between 1985-2007).

The researchers examined all patients -- clinically and radiographically -- for caries and bone loss, performed full-mouth periodontal probing, and recorded plaque and gingival indices.

Among their findings:

- Persons who were newly diagnosed had significantly more teeth at baseline compared to the previously diagnosed and historical groups.
- Newly diagnosed individuals had less attachment loss and less bleeding on probing.
- Previously diagnosed individuals had higher plaque scores, higher gingival index scores, and the most broken teeth and root tips.
- The control historical group had the least coronal caries.
- The previously diagnosed group had the most decay.
- With regard to root caries, the previously diagnosed group had the most dental decay.
- The higher levels of dental disease in the previously diagnosed group resulted in higher treatment costs.

"The highest level of dental disrepair was detected in the previously diagnosed group," the authors concluded. "Early dental intervention in the newly diagnosed HIV-positive individuals results in significant functional maintenance, more optimal oral health, and considerable financial savings."

The researchers also found that service usage varied considerably among the study groups, suggesting more acute disease in the newly diagnosed HIV patients and more tooth replacements and extensive restorations in the previously diagnosed group, according to Dr. Webster-Cyriaque. More preventive and maintenance services were employed by the newly diagnosed group, while more costly prosthodontic services were utilized by the previously diagnosed group, she added.

"New HIV diagnosis provides a unique window of opportunity for treatment that may result in improved oral health and function, including retained dentition, less morbidity, and lower fiscal costs and avoidable economic burden," Dr. Webster-Cyriaque said.

Interdisciplinary collaborations of dentists with HIV healthcare providers are critical to overcoming structural barriers and implementing successful oral interventions for persons living with HIV and AIDS, she concluded.

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**“Early dental  
intervention ... results in  
considerable financial  
savings.”**

— Jennifer Webster-Cyriaque, DDS, PhD

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