

## **Oral Health: Primary Health Care's Greatest Ally**

**By Stephen Lazoritz, M.D.**

Despite the best efforts of highly skilled pediatricians and family physicians who conscientiously screen for oral disease in their young patients, the diagnosis and treatment of dental disease remains a major challenge. The consideration of the rest of the body as distinct from the oral cavity is indicative of the widespread tendency to overlook the critical importance of oral health altogether, an assumption that, unfortunately, is all-too-common in the current system of health care in the U.S.

Because the mouth serves as a point of entry to the rest of the body, good oral hygiene is critical to preventing oral infection, which in turn may lead to a number of diseases. In addition, deficiencies in oral health may adversely impact the behavioral and social development of children, leading to poor academic performance. This problem is exacerbated by the fact that children are on average 2.5 times more likely to lack dental care than health care.

The problem is not limited to children alone. According to a report issued by the University of Nebraska Medical Center, 48 of Nebraska's counties have a shortage of dentists, and 20 do not have even one practicing dentist. Even in communities that contain dental practices, access to such services may be undermined by cost, transportation, or the inability of adults to take time off from work for themselves or their children. Certain populations, such as low-income individuals or families, ethnic minorities, seniors and individuals with special health care needs are at a particular disadvantage.

One means of overcoming the tendency to overlook oral health is through integrating oral and primary care. Currently, dentists and physicians are trained separately, and, according to a report in the Journal of Dental Education, more than 50 percent of physicians receive no training at all in oral health. The result is a bifurcated health system in which the mouth is viewed and treated as separate from the rest of the body.

Integration could solve many of these problems. Information sharing between dentists and primary care physicians would enhance their ability to identify and could help to prevent such as endocarditis, cardiovascular disease, complications in pregnancy and birth, HIV/AIDS, diabetes, osteoporosis and Alzheimer's disease. Moreover, delivering oral and physical care in the same facility can increase convenience for patient entry into a dental system. Additionally, integrating services at the same facility could reduce patients' apprehension toward dental treatment, as oral care facilities would be accessible in an already familiar atmosphere.

Integrating oral and primary care is a sensible solution that simultaneously addresses multiple issues. Aligning medical and dental services will expand access to oral health services. Most important, dentists and primary care physicians will have greater opportunity to prevent diseases caused by oral infection. Instead of viewing oral health as a secondary priority, physicians and patients alike must understand that it is an essential component of overall physical health. Then, substantial improvements in care delivery can be achieved.

*Stephen Lazoritz, M.D., is the medical director of Arbor Health Plan, a Medicaid managed care health plan serving rural Nebraska. For more information, visit [www.arborhealthplan.com](http://www.arborhealthplan.com).*