**Dental and Behavioral Health Integration: A Proposal for Program Development and Implementation**

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**INTRODUCTION:**
- Approximately 20% of patients experience dental anxiety, with 5% experiencing such severe anxiety it results in significant distress and some avoidance of dental care (Boman et al., 2013).
- Behavioral therapy and Cognitive Behavioral Therapy may be safer than sedating procedures or potentially addictive medications commonly used to treat dentally anxious patients (APA, 2016).
- Many dentists discuss substance misuse with their patients but feel inadequately equipped to do so due to limited resources for treatment (McNeeley et al., 2013).
- There is a small body of research on integrating psychologists in dental settings. This work is mostly happening in schools of Dentistry.
- Christ Community Health Services (CCHS) is a FQHC in Memphis, TN that offered integrated behavioral health within primary care and sought to expand these services to our dental practices as needs were identified.

**METHODS:**
1. Literature review
2. Workflow design
3. Training of dental staff
4. Pilot program launch

**SUCCESSES:**
- Rapid access to care
- Brief, efficient consultations
- Rapid rapport building, brief assessment, skill building, and consultation with dentist
- Enhanced patient satisfaction, per patient report
- Improved distress tolerance and ability to comply with treatment, per patient report and dentist observations
- Decreased stress for dentists in coping with dentally anxious patients, per dentist report

**BARRIERS/CHALLENGES:**
- Medical and dental in separate parts of the building (out of sight, out of mind)
- Dentists would offer but struggled with patient buy-in
- Dental staff issues—our dentists frequently rotate clinics
- Differences in workflow between medical and dental:
  - Initial patient paperwork
  - Billing for behavioral health services
  - Documentation in different electronic health records (EHRs)
  - Tracking referrals to Behavioral Health
- Behavioral Health Consultant (BHC) limitations — in some clinics BHCs are so busy with medical patients that they are not accessible when more infrequent dental need arises.

**NEXT STEPS:**
1. Collection and analysis of outcome data
   - Survey for patient satisfaction
   - Survey for dental provider satisfaction
   - Evaluate percentage of dental procedure completion in ‘highly dentally anxious’ patients based on MDAS scores in those who receive BHC intervention and those who do not.
2. Additional training for dental staff on introduction of BHC services to facilitate referrals
3. Expansion of services to multiple clinics
4. Implementation of routine substance use screening in dental clinics

**PROBLEMS ADDRESSED:**
- Dental anxiety/phobia
- Treatment compliance
- Nicotine dependence
- Substance misuse

**ASSESSMENT TOOLS:**
- Modified Dental Anxiety Screen (MDAS)
  - 5 item scale
  - Reliable and quick to administer

**INTERVENTIONS USED:**
For Anxiety (based on level of anxiety):
- Low:
  - Enhanced Environment
  - Reduced Uncertainty
- Moderate:
  - Information regarding the procedure
  - Information on coping strategies
  - Relaxation training
- High:
  - Pharmacological approach
  - Cognitive Behavioral Therapy

**For Treatment Compliance:**
- Motivational Interviewing

**For Substance Misuse/Nicotine Dependence:**
- Motivational Interviewing
- SBIRT
- Develop a Quit Plan, often in collaboration with PCP for pharmacotherapy

**WORKFLOW OVERVIEW:**
Patients are identified in two primary ways for BHC referral:
A. Observation — Dental staff identifies substance use during exam or identifies significant dental anxiety during an exam or procedure.
B. Routine screening process for dental anxiety:
   - MDAS administered to all new dental patients
   - Hygienist reviews score and notifies dentist if score is positive (>9) and indicates significant dental anxiety, which could influence compliance with treatment recommendations.
C. In either case, dental staff places referral to BHC, who will ideally see the patient in the dental clinic on the same-day (warm hand-off).
   - If BHC is unavailable, patient will be scheduled for a visit at a later time.
D. Once BHC evaluates and treats the patient, BHC will provide feedback to the dental provider and will arrange documentation in dental EHR.

**REFERENCES:**

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