

# Providing Oral Health Care to the Institutionalized & Home-Bound:

*An Interview with Dr. Martin Kushner*

Dr. Martin Kushner founded Golden Care Dental Services in 1993. Since that time, he and a group of dentists and dental hygienists diagnose and treat the oral health needs of residents of a number of Ontario nursing homes and retirement facilities. In addition,

outreach services are provided for the homebound elderly in their private residences.

He recently spoke with *Ontario Dentist*, and offered his assessment of some of the questions surrounding the dental hygiene issue.

**OD:** How did you get involved in providing care for the institutionalized elderly?

**Dr. Kushner:** I became involved in providing on-site dental care in 1985 through a combination of personal driving forces which included my passion for the dental profession and the realization, after reading *Boom, Bust, and Echo*, that the fastest growing segment of the population involves seniors. More importantly, it was my belief that many of those in Canada's aging population were sadly neglected in the area of oral health care. My natural affinity for people in need, an entrepreneurial flair, and the resounding cautions from my colleagues in the USA that it couldn't be done all reinforced my enthusiasm to address what I perceived was a growing problem in regards to access to oral health care for some segments of the population. There was no single motivating factor and no particular mentor who started the ball rolling, just a personal decision to think outside the box and follow my dreams and instincts. I have been at this now for nearly 20 years. It has been a marvellous journey!

**OD:** As a dentist, what is your view on the issue of dental hygienists performing scaling and root planing without an order?

**Dr. Kushner:** As to the matter of orders, I am personally discouraged that some of those supporting legislative change for the removal of the orders requirement did not see the success our current collaborative team approach has produced. Our focus, as a profession, must be and has been total patient wellness and safety with optimal access to care. To my knowledge, there is no evidence that access to care has been impeded because the orders requirement has existed. Secondly, there is no evidence that access will increase if the orders requirement is not required. Thirdly, there is no evidence that the patient will receive equal or better total oral health care if the order is not required. Finally, given the broad range of oral health care needs of this patient population, there is no evidence that the invasive procedures provided by a dental hygienist without an order are the essential services for any given patient at that specific time. The key to total patient well-

ness and safety is the diagnosis and ensuing treatment plan formulated by the dentist. This is the only guarantee that the patient will be offered a structured and organized dental care program, with each component — including dental hygiene services — being completed at the appropriate time. What a terrible disservice to the patient if, because of the rescinding of the order, dental hygiene care became the focus of oral health treatment when, in fact, infection and active decay existed and were treated secondarily (or not at all) simply because a dentist was not involved from the onset.

**OD:** What are the (general range of/most common) needs of the patients in these facilities?

**Dr. Kushner:** The common treatment needs include comprehensive examinations, necessary radiographs, restoration where caries is treatable, extraction, endodontics, periodontal and/or pre-prosthetic surgery, denture therapy and dental hygiene services — scaling, prophylaxis, antimicrobial and/or fluoride application. In other words, it is a comprehensive range of oral health-care needs for an often fragile and medically complex patient group.

In my experience it is important to go even further and to include nutritional information and oral health maintenance in-service training for those caring for these patients on a daily basis. Sometimes the resident is not even aware of these problems associated with their oral health. That is why it is so necessary to work with the facility, its administrators and other caregivers on the importance of daily oral health maintenance regimens.

**OD:** How is the dentist uniquely qualified to help these people?

**Dr. Kushner:** By virtue of his or her medical training, a dentist is appropriately qualified to manage the oral health needs of this medically complex patient group. Treatment relies on a diagnosis that can only be provided by a dentist.

Extrapolating this idea and addressing the question of how we, as a profession, encourage colleagues to serve in this area, I would personally suggest extensive exposure at the undergraduate level, placements through hospital and private practices, and the consideration of geriodontics as a specialty with appropriate recognition and certification. I think what drew me to this field is the same

reason that any of my colleagues in the fields of endodontics, periodontics or orthodontics would give. In these areas the education system is proactive. In geriodontics the system seems reactive, and slightly behind the times. With more exposure and training, I have no doubt that more dentists would be encouraged to work in this area.

**OD:** What is your vision of the “collaborative approach”? Do you think that the care process would be as effective or efficient for the patient if the dentist didn’t evaluate the oral health needs of the patient?

**Dr. Kushner:** The collaborative approach involves interactive dental treatment that is centred around a dentist performing a comprehensive oral exam and, with necessary supportive radiographs, and then formulating a diagnosis and treatment plan that is implemented by the necessary experts, who may be dental hygienists, denture therapists or dental specialists.

Without the team approach currently in place, it is quite conceivable that an alternative decision-maker will err and assume that because a dental hygienist is providing care that, by extension, the patient is receiving the necessary oral care for his or her total well-being. The rescinding of the order transfers a tremendous responsibility professionally, legally, and logistically to the dental hygienist, the facility, and the substitute decision-maker in order to ensure comprehensive dental care is provided. There is a great danger that

the alternate decision-maker may incorrectly assume the “system” will ensure the involvement of the dentist, but this may no longer be true if a legislative change eliminates the order or prescription requirement of a dentist.

**OD:** Are you or other dentists involved with Golden Care on-call for emergencies for these facilities?

**Dr. Kushner:** Through our service, patients are seen as if they were part of a conventional general practice. Emergencies are offered same-day care, and routine care is provided on a timely basis. After-hours emergency care involves a combination of on-site service, transfer to a conventional dental office or a referral to a local hospital. The choice of treatment modality is based on the dental emergency itself, the medical history of the patient, the patient’s ability to co-operate during treatment and the ultimate benefit and goal of treatment from a practicality

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standpoint. Access to care does not, in any way, compromise the level of care available to these patients, whether for routine care or emergency services.

**OD:** What are the most common barriers to treatment you encounter?

**Dr. Kushner:** The barriers to care are, not surprisingly, those summarized by the ODA's Access to Care Committee in its report. One of the issues that often is a concern is the consent to care process. Because the recipient of the care is usually not the decision-maker authorizing care through the consent process, there is an additional consideration being the dental attitude of the decision-maker and his or her ability to relate to the suggested benefits for the patient, notwithstanding the costs involved.

**OD:** What's the best way to get services to those who face the barriers you have identified?

**Dr. Kushner:** The best way to overcome barriers and ultimately provide needed care is to educate the alternative decision-maker. Personally, I believe that time is on our side and that the dialogue is important. People have more discretionary income than ever before, and many people are demanding and receiving an unprecedented level of dental care. This means that these same individuals, when called upon to act for those who cannot decide for themselves, will more likely understand the treatment options and thus be better prepared to authorize needed dental care.

**OD:** Should government work with us to make it easier to treat these patients? If so, what are your thoughts on this?

**Dr. Kushner:** I am not partial to active government involvement. While government may provide a working

framework that recognizes the need for oral health care for those in "residential care," I am not confident that government itself can provide the answer. I am personally very concerned about the apparent lack of understanding displayed by some involved with Bill 116 around the importance of the collaboration of the dental team through the use of orders.

**OD:** Do you know of other dentists in the community doing this kind of work?

**Dr. Kushner:** There are other organizations that co-ordinate dentists and dental hygienists to offer on-site care and a number of individual dentists who care for patients on their own. There are also dentists in communities across Ontario who provide care to people in long-term care facilities and those who can't get out of their homes. These dentists work with their patients and local communities to ensure access to quality dental care is provided.

**OD:** In your view, is the system you currently use, a cost-effective/affordable/practical approach?

**Dr. Kushner:** The collaborative system where dentists and dental hygienists work together to provide comprehensive oral health care to people in long-term care facilities is the best method of delivery. As alluded to earlier, the collaborative approach is essential to the well-being of the patient. It has proven to be comprehensive, timely, reasonable, affordable and cost-effective. **OD**

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