



MDHHS OHP BP Survey

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AND
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Introduction and Background

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Sandy Sutton, RDH BS-CWF Coordinator, Michigan Health and Human Services, Oral Health Program

The Advisory Panel

Jeff Johnston, DDS, SR VP and
CSO, Delta Dental of MI, OH
and IN

Sanjay Chand, MD- Director of
Infection Control and Safety,
The University of Detroit
Mercy

Lisa Knowles, DDS, Dental
Director, Associate Dental
Consultant, Blue Cross Blue
Shield of MI

Phillip Levy, MD, MPH, FACEP,
FAHA, FACC, Professor and
Associate Chair for Research,
Department of Emergency
Medicine, Wayne State
University

Wenche Borgnakke, DDS,
University of Michigan School
of Dentistry

Faiyaz Syed, MD, MPH, Chief
Medical Officer, Michigan
Primary Care Association

Kathie Thomas, Quality and
Systems Improvement
Director, American Heart
Association

MDHHS staff from Oral Health,
Diabetes, and Heart
Disease/Stroke Prevention, the
MDA, MPCA, MPHI, and MPRO

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Oral Manifestations

Increased gingival bleeding

Periodontitis

Hyposalivation

Lichen Planus Lesions

Gingival Enlargement

...And with medications- Xerostomia, taste changes, gingival hyperplasia, gingival bleeding, lichenoid reactions and increased risk of oral infections

Long-Haul Covid

Risk for cardiovascular complications including:

- Pulmonary embolism
- Arterial and venous thromboses
- Myocardial infarction
- Stroke

- The post-acute sequelae of SARS-CoV-2 (PASC) has over 100 symptoms and may arise or persist weeks or months after Covid has passed

- American Academy of Physical Medicine & Rehabilitation (AAPM&R).
- (www.aapmr.org/PASCguidance)

Standard of Care

Recommended by the ADA-

All dental care providers become involved in the detection and management of hypertension

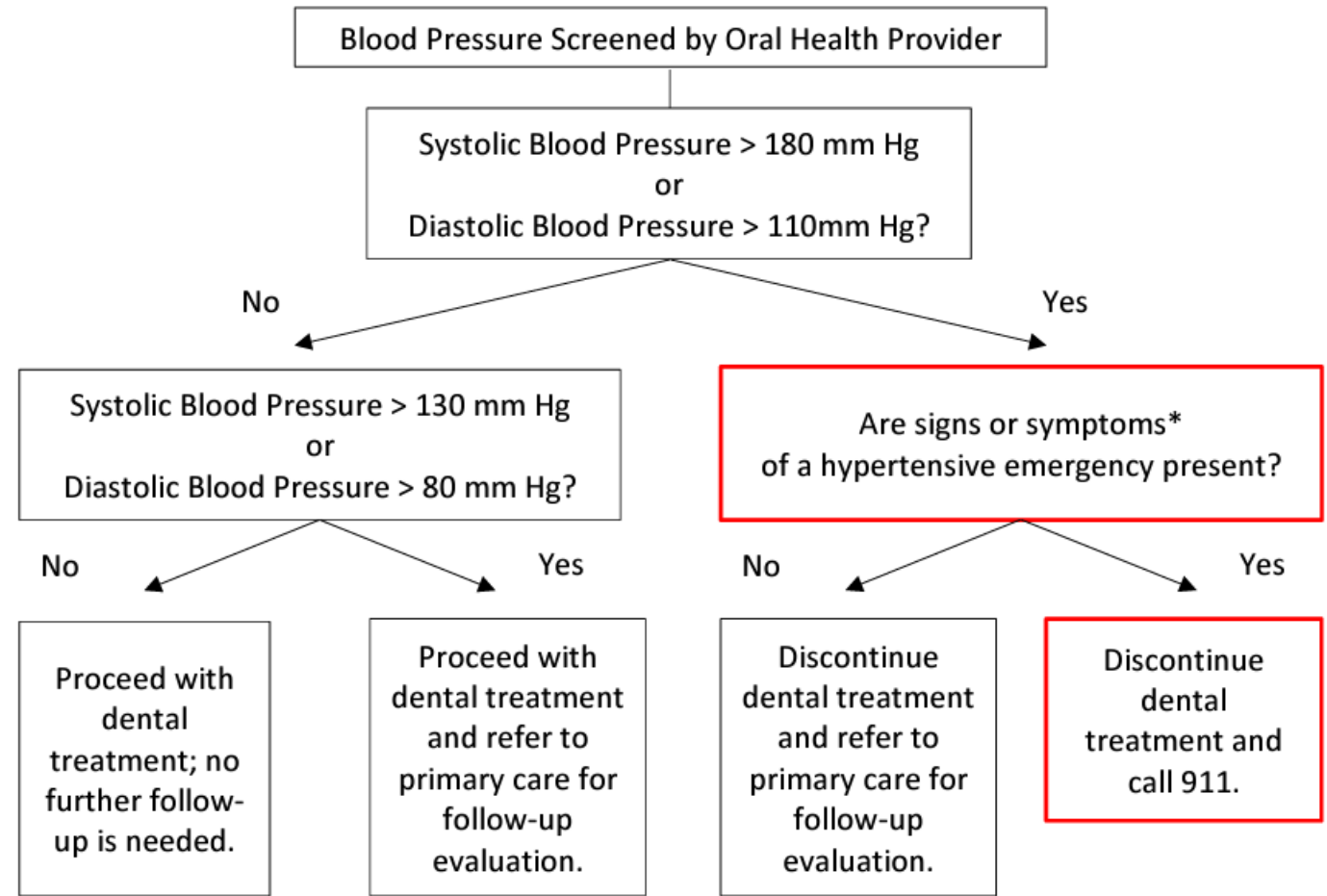
Recommended by the ADHA-

Standards for clinical practice outline taking and recording blood pressure as a part of general health history and risk assessment, which would necessitate that an RDH record this at each visit/recall/recare visit.

Craig S. Miller, DMD, MS; Michael Glick, DMD; Nelson L. Rhodus, DMD, MPH; 2017 Hypertension Guidelines. New opportunities and challenges; Journal of the American Dental Association; April 2018, pg 229-231
[https://jada.ada.org/article/S0002-8177\(18\)30090-4/pdf](https://jada.ada.org/article/S0002-8177(18)30090-4/pdf)

American Dental Hygienists Association, Standards for Clinical Dental Hygiene Practice; 2016; Access: Journal of American Dental Hygienists Association; Supplement June 2016; pgs 1-16 <https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-HygienePractice.pdf>

Key Informant Group- 2022



*Signs and symptoms of a hypertensive emergency include:

- Chest pain
- Dizziness
- Shortness of breath
- Numbness or weakness
- Confusion
- Lethargy
- Difficulty with vision or speech

Our Survey from the MDA Annual Session Asked...

Do you take BP on...All Pt, Only those you know have high BP , Only those having OS, no BP taken

Who normally would take a BP in your office? DDS, RDH, DA/RDA, other office staff

Do you have posted procedures on how and why to take BP in your office? Yes, No, I'm not Sure

What is your Practice Setting? Private/Group, FQHC/Non-profit, DSO, Academia

Please review the Chairside Guide, do you feel this would be a useful tool in your office? Yes, No

If you have anything to add, please use the provided note cards

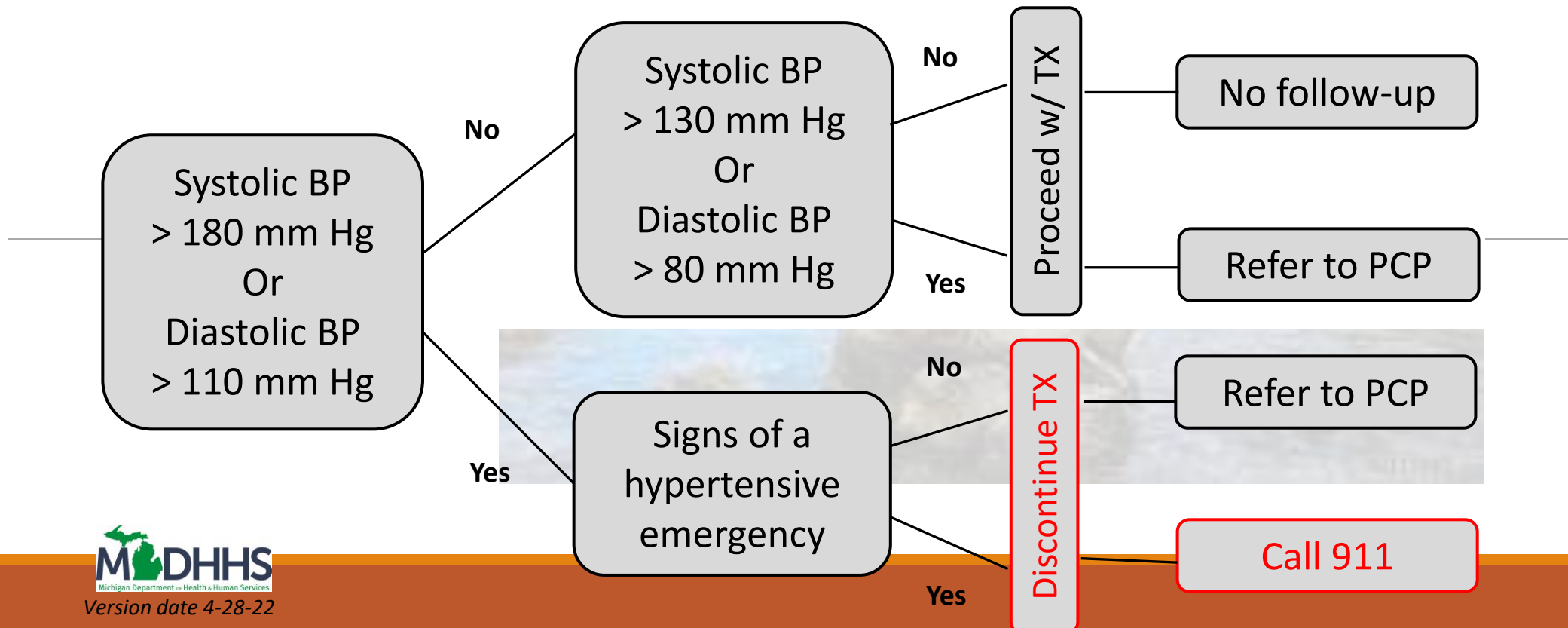
Hypertension Screening Guidance

for Oral Health Providers



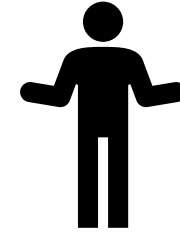
The ADA recommendation is for oral health professionals to measure blood pressure of all new patients, all patients at least annually, and patients with diagnosed hypertension at each visit.

American Medical Association's Blood Pressure Screening Algorithm



What to tell patients about screening their blood pressure...

Most of the time, high blood pressure has no obvious symptoms to indicate that something is wrong, so it's important we monitor your numbers for any changes.



Knowing your blood pressure is important for the way we administer our treatment.

Frequently Asked Questions



Q: What happens if my blood pressure is high?

A: Depending on how high, we may have to postpone your treatment today. We also might recommend that you discuss your blood pressure with your primary care physician.



Q: Am I supposed to skip taking my blood pressure medication before I go to the dentist?

A: You should always take your medication as prescribed. Your blood pressure medication will not affect your dental appointment.

Data breakdown

April 27 -28, 2022

MDA Annual Session

5 Survey Questions-

Do you Take BP in your office?

- On all PT, On PT in for OS, Only PTs with known HBP, None

Who takes the BP in the office?

DDS, RDH, spilt RDH/RDA/DA, RDA/DA, Other staff

Do you have posted procedures on how or why to take BP?

Yes, No, I'm not sure

What is your practice setting?

Private/Group, FQHC/Non-profit, DSO, Academia

Please review the Chairside Guide, is this something your office might find as a useful tool?

Yes, No

Results

1-Do you take BP?

106 answers

	On all PT	On those having OS	Only PTs with high BP	No BP taken	
DDS	18	3	2	9	
RDH	17	7	9	10	
RDA/DA	10	5	1	1	
Office	6	3	2	1	
	51	18	14	21	106

Results

1-Do you take BP?

106 answers

Response Options	Percent of Responses (%)	Number of Responses (n)
On all patients	48%	51
On patients receiving oral surgery	17%	18
On patients with a history of high blood pressure only	15%	16
We do not take patient's blood pressure	20%	21
Total number of valid responses		106

Results

2- Who takes the BP in your office?

97 answers

	DDS	RDH	Split RDH/RDA/DA	RDA/DA	Other office staff	
DDS	2	1	12	10	1	
RDH		24	7	8		
RDA/DA		1	5	11		
Office		6	2	6	1	
	2	32	26	35	2	97

Results

2- Who takes the BP in your office?

97 answers

Response Options	Percent of Responses (%)	Number of Responses (n)
Dentist	2%	2
Registered Dental Hygienist (RDH)	33%	32
Registered Dental Assistant (RDA)	36%	35
Either/both RDH/RDA	27%	26
Other Office Staff	2%	2
Total number of valid responses		97

Results

3- Do you have posted procedures on How and Why to take BP?

94 answers

		Yes	No	I'm not sure	
DDS		10	13	2	
RDH		15	22	1	
RDA/DA		6	11	1	
Office		6	5	2	
		37	51	6	94

Results

3- Do you have posted procedures on
How and Why to take BP?

94 answers

Response Options	Percent of Responses (%)	Number of Responses (n)
Yes	39%	37
No	54%	51
I'm not sure	6%	6
Total number of valid responses		94

Results

4- What is your practice setting?

93 answers

		Private/Group	FQHC/Non-Profit	DSO	Academia	
DDS		19	5	0	3	
RDH		35	1	0	5	
RDA/DA		14	1	0		
Office		5	4	0	1	
		73	11	0	9	93

Results

4- What is your practice setting?

93 answers

Response Options	Percent of Responses (%)	Number of Responses (n)
Private/Group Practice	78%	73
Federally Qualified Health Center/Non-Profit	12%	11
Dental Service Organization	0%	0
Academia	10%	9
Total number of valid responses		93

Results

Please look at the Chairside Guide, do you feel this would be a tool you could use in your office?

91answers

	Yes	No	
DDS	23	1	
RDH	38	1	
RDA/DA	16		
Office	12		
	89	2	91

Results

Please look at the Chairside Guide, do you feel this would be a tool you could use in your office?

91answers

Response Options	Percent of Responses (%)	Number of Responses (n)
Yes	98%	89
No	2%	2
Total number of valid responses		91

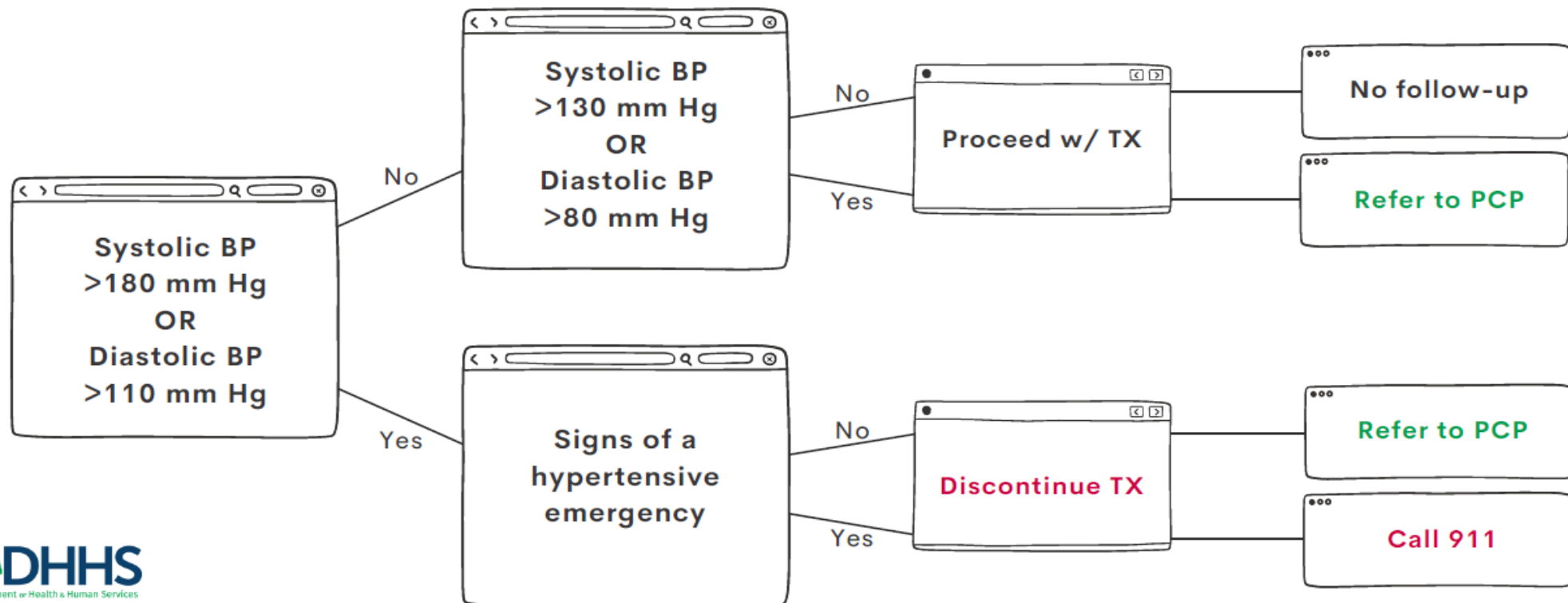


Hypertension Screening Guidance for Oral Health Providers

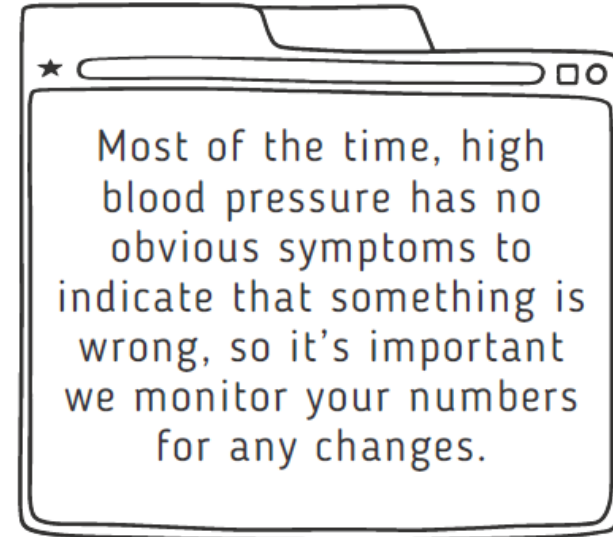
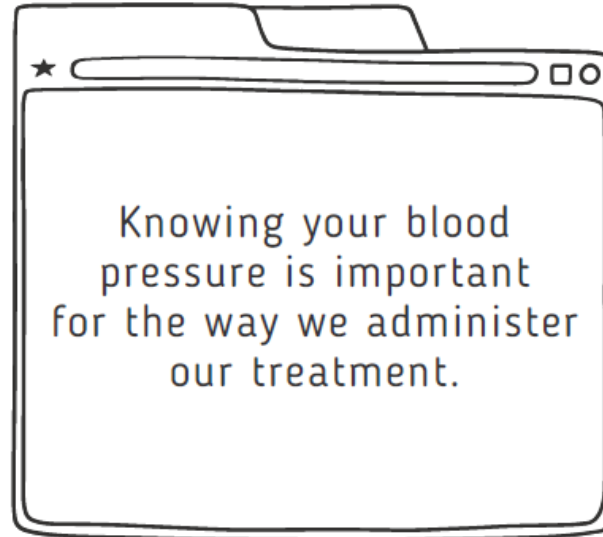
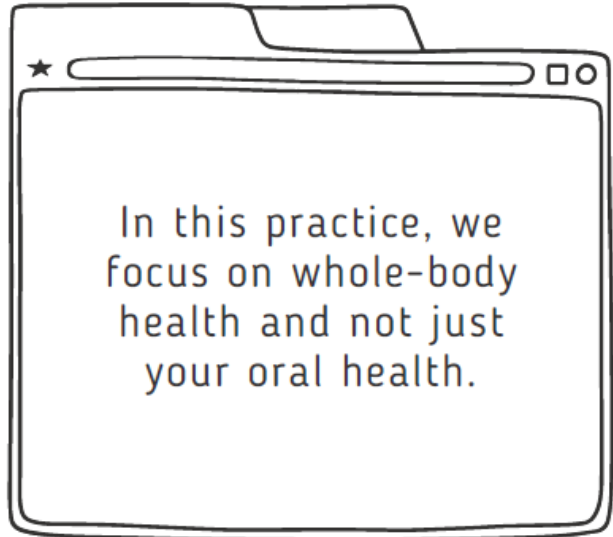


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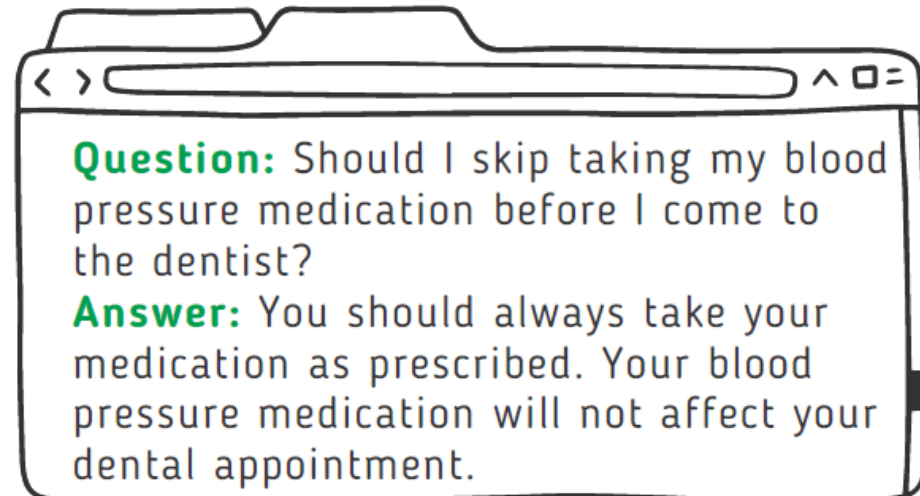
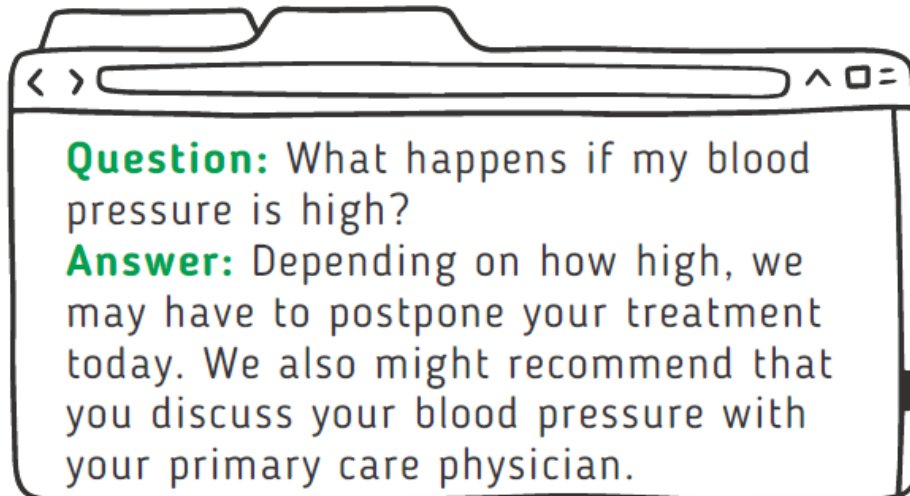
American Heart Association's Blood Pressure Screening Algorithm



What to tell patients about screening their blood pressure



Frequently Asked Questions



MDHHS OHP Thanks you!!!

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