

**Dental Care:
A Necessary Component of Integrated Care**

To the Editor: Large health care organizations have paid growing attention to integrated care models for providing primary care and behavioral health services.¹ One of the specific goals of integrated care models has been to reduce the rate by which patients seek costly emergency services, whether psychiatric or general medical. The relevant research literature, however, seldom mentions dental health services as an aspect of integrated care in this context, despite patients with primary psychotic disorders or substance use disorders having higher rates of poor dental health and being less likely to seek outpatient dental health services compared to unaffected populations.^{2,3}

Methods. We report the results of a survey on dental health conducted in 2015 at an academic and community mental health facility with colocated primary care services in Raleigh, North Carolina. The facility has inpatient mental health, residential mental health and detoxification beds, and a crisis clinic that is open at all times. We surveyed 131 adult patients, the majority of whom were located on substance abuse detox or short-term psychiatric rehabilitation units (60%, n = 79). The remaining surveyed patients were attending an outpatient primary care clinic (20%, n = 26), admitted to a psychotic disorders unit (15%, n = 19), or in the crisis and assessment center (5%, n = 7).

Results. Fifty-five percent (n = 71) of the patients surveyed reported not having seen a dentist in more than 2 years. Of the 123 patients reporting having seen a dentist in their lifetime, 47% (n = 58) cited tooth pain or trouble with teeth as prompting their most recent visit. Of the 131 surveyed patients, 15% (n = 20) reported having dental pain at the time of the survey, 9 of those

patients reported the pain as “very painful.” In addition, 25% (n = 33) reported that during their lifetime, they had presented to an emergency department to obtain relief from dental pain.

The survey relied on a convenience sample of patients and did not include a control group. Nevertheless, the rates of current dental pain and lifetime emergency department visits for dental pain are high and raise clinical concerns. Most integrated care programs do not include dental care services, presumably due to a variety of economic factors. If confirmed in larger studies, the prevalence of poor dental health and its impact on emergency service use could present a target for improving quality and reducing costs.

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