



A featured interview with

Dr. Howard Tenenbaum Dentist in Chief, Mount Sinai Hospital, Toronto

This leading dental researcher and administrator reflects on the challenges and direction of delivering oral healthcare to high risk groups in his community.

What are your challenges and ambitions for serving Special Needs and Complex Needs patients?

“These high risk patients too often have chronically poor oral health— both dental decay and periodontal disease. This is largely due to poor oral hygiene and the bidirectional relationships between oral health and overall health.

We intend to get ahead of poor oral health, rather than reacting to it. This means finding ways of managing the change in the microbiology of the mouth’s biofilms, and integrating preventive oral healthcare into the patient’s journey at our hospital.”

Describe your Special Needs groups and tell us how you are improving their oral health.

“These are adults with physical, mental, emotional or behavioral disabilities. The CDC estimates that 1 in 4 adults have Special Needs. So it is a very large part of our community and one with extraordinary needs for preventive care.

We are currently conducting a chart review of Special Needs patients to quantify the recurrent need for and cost of care. This will establish a comparator for a new combination of new preventive procedures – Prevora (for both periodontal disease and dental decay), silver diamine fluoride and xylitol.

We are hopeful from what we now see with these new preventive regimens that outcomes will improve and costs will drop. And we are also seeing patients and their families really support this switch to prevention – they are very willing to pay for it.”

What is the future for treating poor oral health?

“At Sinai, we are pursuing a medical model of oral healthcare. We are trying to focus on the cause not the consequence of disease. Chasing disease makes little sense, both clinically and financially.

We are also looking at ways and opportunities to integrate oral healthcare into medical care. Take diabetes for example. We now know these patients tend to have problems with their oral health which can, in turn, aggravate diabetes.

So, we are evaluating how best to introduce oral health into diabetes management. While this isn’t easy, there are big dividends from treating the mouth as part of the body.”