

Strengthening Oral–Systemic Integration

EXECUTIVE SUMMARY

Oral health is an essential component of overall health, yet in Nova Scotia it remains largely siloed from the broader provincial health system. This fragmentation contributes to gaps in care, poorer health outcomes, and unnecessary costs. This report recommends three priority strategies to improve oral health integration across the health system:

- Enhanced medical-dental collaboration
- Shared electronic health records (EHRs)
- Improved access to hospital operating room (OR) time for dental procedures

Together, these improvements will better align Nova Scotia's oral health services with contemporary evidence, reduce disparities, and contribute to more efficient, equitable health care delivery.

CURRENT CHALLENGES IN ORAL HEALTH INTEGRATION

Structural Separation of Oral Health

Oral health services in Nova Scotia are mostly delivered outside the publicly funded provincial health system. Unlike other health care services, dental care typically requires private payment or private insurance. This separation limits coordination between dental and medical providers, reduces consistent screening for systemic diseases linked to oral conditions, and contributes to delayed diagnosis and treatment for some.

Barriers to Seamless Care

Patients with complex medical needs (e.g., diabetes, cardiovascular disease, cancer) often navigate between dental and medical providers without integrated care planning. This can lead to conflicting treatment plans, missed opportunities for preventive intervention, and inefficiencies in care delivery.

Limited Hospital Support for Dental OR Access

Certain dental procedures (e.g., medically complex extractions, sedation dentistry for people with special needs) require hospital OR time and anesthesia services. Currently, access to OR time in Nova Scotia for dental needs is insufficient, leading to long wait times and avoidable complications.

Priority Area 1: Enhanced Medical–Dental Collaboration

Why It Matters

There is robust evidence linking oral health to systemic conditions, including diabetes, cardiovascular disease, adverse pregnancy outcomes, and respiratory infections. Integrated care models improve patient outcomes and reduce overall costs by facilitating cross-referrals between medical and dental providers, and shared care planning for complex patients.

Proposed Actions

- Establish formal referral pathways between primary care, community health teams, and dental practices
- Develop joint continuing education programs for medical and dental professionals on oral–systemic health
- Pilot integrated care clinics (e.g., co-located medical and dental services)

RECOMMENDATIONS

The Nova Scotia Dental Association calls on the Province of Nova Scotia and key partners to launch provincial initiatives to formalize medical–dental collaboration in primary care settings, develop a roadmap for shared EHR implementation, including pilot projects and governance frameworks.

Further, the NSDA advocates for establishing dedicated hospital OR time for dental cases annually, with transparent criteria and monitoring.

Priority Area 2: Shared Electronic Health Records (EHRs)

Current Limitations

In Nova Scotia, oral health records are typically maintained separately from the provincial health information system. This poses several challenges:

- Medical providers lack access to patients’ dental history
- Dental providers do not have real-time access to medical diagnoses or medications
- Gaps in communication increase safety risks and inefficiencies

Benefits of Integrated EHRs

Shared EHRs would support comprehensive health histories across disciplines, automated alerts for high-risk conditions (e.g., patients on anticoagulants), streamlined referrals and follow-up tracking and population health surveillance and evidence-based planning.

Proposed Actions

- Conduct a feasibility study for integrating dental records into the provincial EHR platform
- Establish data governance frameworks (privacy, consent, interoperability standards)
- Incentivize dental practice adoption through funding or technology support

Priority Area 3: Increased Access to Hospital Operating Rooms

The Need for Equitable OR Access

Certain populations—children with severe decay, adults with special needs, medically complex patients—require dental procedures under sedation or general anesthesia. When these services are not accessible through hospitals, these patients experience prolonged suffering, added Emergency Department visits for dental pain, and Nova Scotians see provincial health system costs increase.

Proposed Actions

- Allocate designated provincial hospital OR blocks for dental cases annually
- Establish priority criteria (e.g., medically complex patients, delays harming overall health)
- Work with anesthesia departments to streamline scheduling and staffing

Impacts on Health Equity

Integrating oral health with broader health systems is not only clinically sound—it is an equity imperative. Improved coordination and shared records can reduce disparities experienced by:

- Low-income Nova Scotians
- Older adults in long-term care
- Persons with disabilities
- Rural and remote residents

CONCLUSION

Oral health must be recognized as an integral component of overall health. Strengthening collaboration across disciplines, enabling shared health records, and providing equitable access to necessary surgical environments will improve health outcomes for Nova Scotians, save health system resources, and uphold the province’s commitment to high-quality, equitable care.

