

## Discussion Draft

[Date]

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National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C Street, SW, Floor 7  
Washington, DC. 20210

Dear Dr. Tripathi:

We are writing to you on behalf of the Oral Health Pandemic Response Workgroup<sup>1</sup> to ask for your leadership in convening key individuals and organizations to:

- examine the current status of the integration of medical care and dental care data,
- explore opportunities to improve coordination of health information between medical and dental care providers, and
- develop recommendations for accelerating medical/dental data integration and improving interoperability.

Oral health is an essential component of overall health and quality of life. A growing body of evidence demonstrates that poor oral health can contribute to significant complications in systemic disease, such as diabetes and heart disease. In addition, studies have demonstrated that poor oral health contributes to increased overall medical costs. Oral health inequities in our nation are profound. Access to oral health care remains out of reach for low-income families and individuals, communities of color, Tribal communities, and many rural communities.

Sharing patient data between medical and dental providers could significantly improve patients' dental and medical outcomes. However, medical and dental care are too often "siloed", with limited opportunities for sharing patient information across medical and dental providers.

Medical and dental integration is critical to improving continuity of patient care, giving medical and dental providers a means to communicate, collaborate, and determine how a patient is progressing from both an oral health and a systemic disease standpoint.

Dentistry has been slow to adopt electronic dental records. In addition, there is a lack of standardization across various information data platforms. Progress on the integration of dental and medical records for the purpose of sharing patient data has been erratic. There is "good will" among medical and dental providers and a consensus that improved medical and dental data integration is essential; however, there has been limited progress to date.

**This is why we are asking you to convene key stakeholders to examine the status of medical and dental data integration, explore opportunities to improve coordination**

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<sup>1</sup> The **Oral Health Pandemic Response Workgroup** is an ad hoc gathering of executives across the dental landscape. We represent providers, dental plans, dental service organizations, dental practices, payers, dental supply manufacturers, state dental boards, community clinics, the public health community, government, academia, philanthropy and community advocates. Our group was originally formed in April of 2020 to address critical issues related to oral health created by the COVID-19 pandemic, and is now also addressing the broader role of oral health stakeholders in health care, including the integration of oral health into overall health.

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**between providers, and develop recommendations for accelerating data integration and improving interoperability.** In your role as the National Coordinator of the Office of Health Information Technology, you are uniquely well-positioned to engage key organizations across medicine, dentistry, health information technology, and federal and state entities to explore opportunities to improve the nation's oral health and overall health, by ensuring that providers have the information they need to provide patient-centered, comprehensive, and integrated medical and dental care.

We would welcome the opportunity to discuss our suggestion with you and your federal colleagues at your convenience. We would also be honored to participate in developing a plan of action and in bringing stakeholders to the table.

Please contact (name and email address of specific contact person) to follow up on this request.

Respectfully,

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