

Missed Dental Care Opportunities in Adult Diabetes Management

An Analysis of Maryland's Behavioral Risk Factor Surveillance System Data

Routine dental care is a critical component of comprehensive diabetes management due to the well-established bidirectional link between periodontal disease and glycemic control. Poor oral health can exacerbate systemic inflammation and insulin resistance, while diabetes can increase the risk of periodontal disease.¹ Despite routine medical check-ups, adults with diabetes experience a significantly higher rate of missed dental care opportunities compared to adults without diabetes.

A "missed opportunity" is defined as having at least one medical checkup in the preceding year without a corresponding dental visit.

Key Findings

- **Prevalence of Diabetes:** 12% of adult Maryland residents report a diagnosis of diabetes.
- **Overall Missed Opportunity Rate:** Across all Maryland adults, 22.% saw a physician for a medical checkup but did not visit a dentist in the past 12 months. For Maryland Adults with Diabetes: The "missed opportunity rate" jumps to 34%. That means, **one in three adults with diabetes experienced a "missed opportunity" for dental care**, compared to 1 in 5 adults without diabetes.

Adults with diabetes were **65% more likely** to miss necessary dental care despite being actively engaged with medical providers.

Implications for Dentists

When 1 in 3 diabetic patients see their primary care physician (PCP) but miss opportunities to visit a dental provider, they are losing vital touchpoints for early intervention and disease management.

- **Under-Screening for Undiagnosed Diabetes:** Periodontal disease is often one of the first visible signs of systemic inflammation or poorly managed blood sugar. Because dentists regularly evaluate oral tissue, they are uniquely positioned to spot "red flags" and refer patients back to primary care for HbA1c testing.

- **Increased Risk of Severe Periodontitis:** Uncontrolled blood sugar drastically worsens gum inflammation, bone loss, and infection risk.ⁱ A 33.8% missed opportunity rate means a large portion of diabetic patients are progressing toward severe periodontal breakdown without professional intervention.
- **Proactive Outreach Needed:** Dental practices cannot rely on patients remembering to schedule dental visits alone. Developing targeted outreach for patients who disclose a diabetes diagnosis on their health histories can help close this gap.

Implications for Primary Care Physicians (PCPs)

Physicians and primary care providers (PCP) serve as the "front door" for dental referral opportunities for their diabetic patients.

- **Impact on Glycemic Control:** Severe periodontal inflammation makes it harder for patients to control their blood sugar levels. Skipping dental care hinders a PCP's ability to help their patients achieve target HbA1c levels.
- **The "Checkup Chair" Opportunity:** The primary care visit is the single best moment to advocate for oral health. A simple brief question about your patient's last dental visits can bridge the gap.
- **Integrating Oral Inspections into Chronic Care Management:** Incorporating a quick oral health check into annual diabetes wellness visits ensures risks aren't overlooked.

Key Takeaway: There is a need for bidirectional referral systems and stronger interprofessional collaboration.

By closing the gap between primary and dental care, Maryland healthcare providers can transform these "missed opportunities" into "opportunities for interdisciplinary care" that directly improves glycemic control, oral health, and quality of life for adults living with diabetes.

ⁱ <https://pmc.ncbi.nlm.nih.gov/articles/PMC11891740/>