Access to Care
Dental Strategies 2016

Jane Grover DDS MPH
Director- Council on Advocacy for Access and Prevention
How to Define “Access”?

• The ability or right to enter and use
• The right or opportunity to use
• The state or quality of being approachable
• A way or means of approach
Why is Dental Disease Prevalent?

- Value of Oral Health
- State Financing Mechanisms
- Interprofessional “Gaps” in Disease Knowledge
- Awareness of Program Locations
- Dental Anxiety
- Transportation
- Cultural Barriers
Too Frequently Seen
Multiple Factors

ORAL HEALTH LITERACY

1. Culture and Society
2. Health System
3. Education System

Health Outcomes and Costs
Understanding Access
Figure 1: Percentage of the Population with a Dental Visit in the Year, 2000-2013

Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. Notes: For children ages 2-18, changes were statistically significant at the 1% level (2000-2013) and at the 5% level (2011-2013). Among adults ages 19-64, changes were statistically significant at the 1% level (2003-2013). For adults 65 and older, changes were significant at the 5% level (2000-2013). Changes from 2012 to 2013 among children, adults 19-64 and the elderly 65 and older were not statistically significant.
Projecting the Supply of Dentists

Figure 1: Historical and Projected Dentists per 100,000 Population in the U.S., Baseline Scenario

Sources: ADA Health Policy Institute analysis of ADA masterfile; ADA Survey of Dental Practice; ADA Survey of Dental Education; U.S. Census Bureau, Intercensal Estimates and National Population Projections. Notes: Data for 2005, 2010 and 2015 are based on the ADA masterfile. Results after 2015 are projected. Assumes (a.) U.S. total annual dental school graduates will increase until 2020 and then remain constant (b.) future outflow rates are same as 2010-15 historical percentages.
How Legislators Can Enhance Access

- Support Use of Existing Capacity
- Education and Infrastructure
- Knowledge of Building Community
- Encouraging Partnerships
What is Action for Dental Health?

• The Action for Dental Health is a series of initiatives that were designed to advance the oral health of the public

• Solutions that proven to be team generated, public focused, and collaborative
Priority Initiatives for Access and Prevention

• Medicaid
• CDHC
• ER Referral
• Community Water Fluoridation
Are you prepared for a challenge to fluoridation?

- Review your community’s annual CCR/Water Quality Report.
- Establish relationships with city council members and water system managers.
- Monitor city council/water board utilities’ agendas and minutes.
- Utilize the ADA Water Fluoridation Resources
Medicaid Update

• Helping Practitioners with Participation

• Healthy Kids Dental in Michigan

• State Dental Medicaid Advisory Committees

• Collaborations with Community Health Centers
Hospital Community Assessments
Getting Started - ER Referral

- Discover local data - who feels that this is an issue? Who would like to help?
- What community partners also care about this issue? Do they have service personnel who hear from clients about this issue?
- What data can be shared - from the ER staff, from medical practitioners, from service agencies, from local dental offices?
FIRST DENTAL EXAM: 12 months
Wanted: Dental Navigators

Community Dental Health Coordinators

- Coordinate care - Arrange transportation
- Reduce dental anxiety/support access
- Encourage patients to complete treatment
- Enhance cultural competency
- Educate the population about prevention
- Navigate Medicaid or other dental systems of care
- Enhance productivity & integration of oral health team
• A frontline worker who is a trusted member of and/or has unusually close understanding of the community served

• A CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through outreach, community education, informal counseling and advocacy
What are CDHCs?

• Dental community health workers who perform outreach, community education and preventive services

• Dental team members who work in settings, such as FQHCs, Tribal clinics, Head Start programs, or private dental practices

• Supervised by dentists as required by states

• May have experience as hygienists, dental assistants, or current CHWs
CDHC Program and Curriculum

• Curriculum blends Community Health Worker with Dental Professional Skills

• Designed with unused capacity noted in health centers and private practices

• Community Based Prevention, Literacy and Case Management focus
Health Literacy in CDHC Training

• Offering plain language education and solutions

• Communication based in Culture Awareness

• Resolving the “I didn’t know that” dilemma

• “I don’t need an extraction- just a tooth pulled”
CDHCs from New Mexico
History of CDHC Through ADA

- Pilot Program began in 2007 and concluded in 2012.
- Data analyzed in 2013 with case studies and patient outcomes
- 37 CDHCs from the pilot program began working in eight states
- CDHC sabbaticals conducted in Vermont, New Mexico, Florida and Eastern Shore Virginia
- 2014: national promotion with new state participation
The Florida CDHC Students
Types of CDHC Community Outreach

Elementary Schools
- Diabetes Clinics
- Pre-Schools
- HIV Clinics
- Perinatal patients
- Pediatric Patients
- High Schools
- Senior Outreach

Foster Children
- Men’s Outreach
- Veteran’s Centers
- Rehab Facilities
- Juvenile Detention
- Head Start
- WIC Clinics

and more……
What makes this curriculum unique?

- The “Blend” of dental and community health worker education
- Complies with State Practice Acts
- Has positive effect with both medical and dental patients
- Connects patients with providers directly via the “cultural broker” effect
Community Health Worker Focus

• Interviewing Skills for Dental Health Advocacy

• Introduction to Community Health Care

• Oral Health Communication

• Dental Care Finance

• Dental Health Legal and Ethical Issues
Partial Curriculum Detail

• Gathering Community Diagnostics Data
  ▪ *Primary and Secondary Sources*

• ID Reliable Data on the Web:
  ▪ *Using CDC Data and US Census Bureau*

• Community Outreach and Education
  ▪ *Define the Zones of Outreach*

• Teamwork- Facilitation- Home Visitation
  ▪ *Being a “Change Agent”*
Patient Navigation – Two Pilot Case Studies

• Outreach helped guide patients into their community dental clinics.
  
  – Urban clinics
    • 20 patients; $7469
    • 204 middle and high school students; $211,215
  
  – American Indian Clinics
    • 28 children (ages 0-5); $10,196
    • 90 elementary through high school students; $100,495
    • 102 senior citizens; $104,894
Patient Satisfaction - as part of the Triple Aim

- Overall, patients who interacted with a CDHC were satisfied with services.
  - Rural (American Indian)
    - 100% were “very satisfied” or “satisfied”
  - Urban
    - 98% were “very satisfied” or “satisfied”
Current CDHC Program Status

• Schools in Arizona, New Mexico, Virginia, Kentucky and Illinois currently offering program
• Schools in California and Mississippi preparing to offer the program
• 50 CDHC now working across the country
• 21 Students from 14 states with Rio
• 80 students currently enrolled in program
Young Mom with Children
“Game Changers” – CODES 2016

- D99xx

- Dental Case Management – addressing appointment compliance barriers

  Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.
Code #2

- **D99xx**
- **Dental Case Management – care coordination**

Assisting in a patient’s decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.
Code #3

- D99xx
- Dental Case Management – motivational interviewing

Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.
Code #4

- D99xx
- **Dental Case Management – patient education to improve oral health literacy**

Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.
CDHC Tribal and National Program

• Integrating oral health into the CHR experience with the *Smiles for Life* oral health curriculum

• Navajo CHRs will transition into CDHC training at Central College New Mexico in January 2017

• Arizona College Rio Salado has implemented CDHC program to enable students in more than 47 states to utilize online curriculum
Access Strategies Making A Difference

• With Low Cost Initiatives
• With Ongoing ADA Member Support
• With National Traction and Collaboration
• With Effective Outcomes
Questions - Comments

Dr. Jane Grover
groverj@ada.org
800-621-8099 x2751

Dr. Luciana Sweis
sweisl@ada.org
312-440-2741