HPS

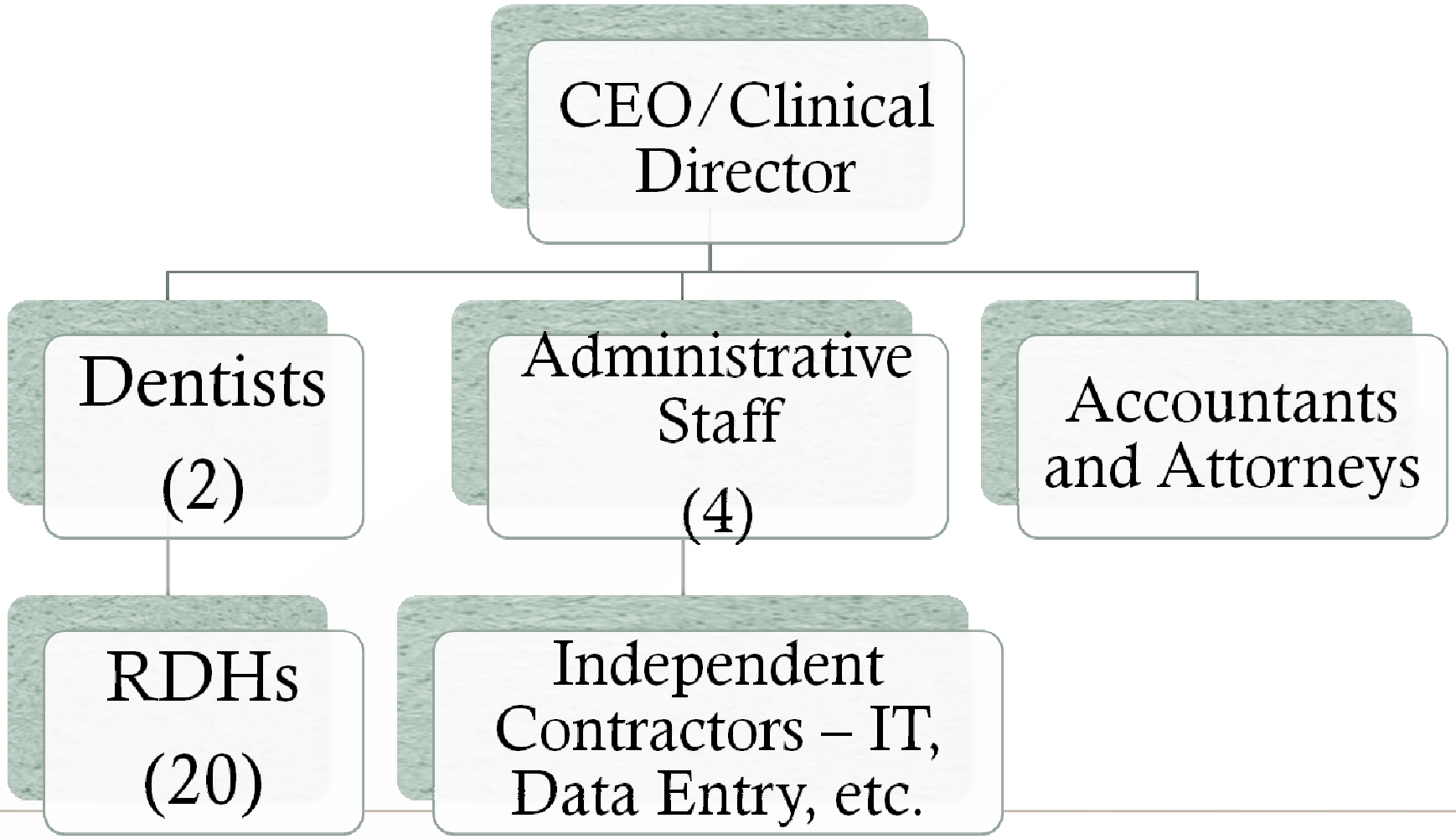
Health Promotion Specialists

Mission:
To ensure that every child has the right to total health by access to quality and caring oral health care services regardless of socioeconomic status.

Public/Private Partnership

- June 2000 – Established
- December 2000 – Funded
- January 2001 – Partners with school districts
- June 2003 -- Partners with SC DHEC

HPS Organizational Chart



HPS Data 2011-12

- Children served – 17, 911
  - Female – 8,698
  - Male -- 9,213
- Services delivered
  - Prophylaxis -- 16,831
  - Fluoride Varnish – 16,729
  - Permanent Molar Sealants – 8,585

HPS Data 2011-12, cont'd.

- Payment Source
  - Medicaid -- 14,860
  - Medicaid and Private Insurance -- 156
  - Private Insurance – 2,255
  - Self Pay – 574
  - "Between the cracks" -- 120

HPS Referrals

- ALL CHILDREN are referred
  - No obvious problems – 11,872
  - Early dental needs – 6,022
  - Urgent dental needs – 17*
- Urgent dental needs resolved – 16
  - *An eighteen year old refused to go for restorative care

Smile Specialists®

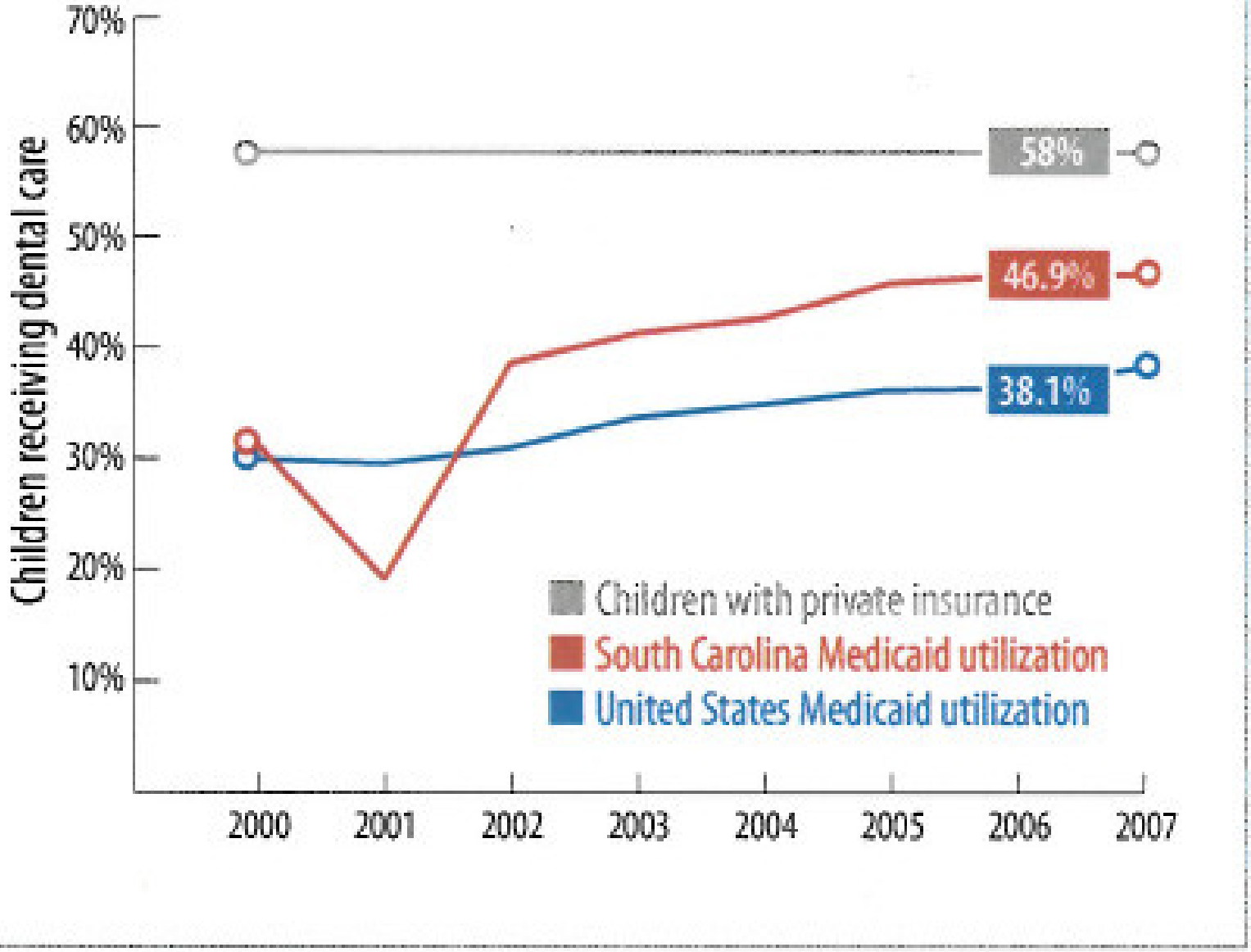
A SC non-profit corporation that partners with HPS to identify, triage and assist children that lack funding for preventive and restorative dental services. Urgent care needs are the top priority with other needs being fulfilled as funding is available.

Advantages

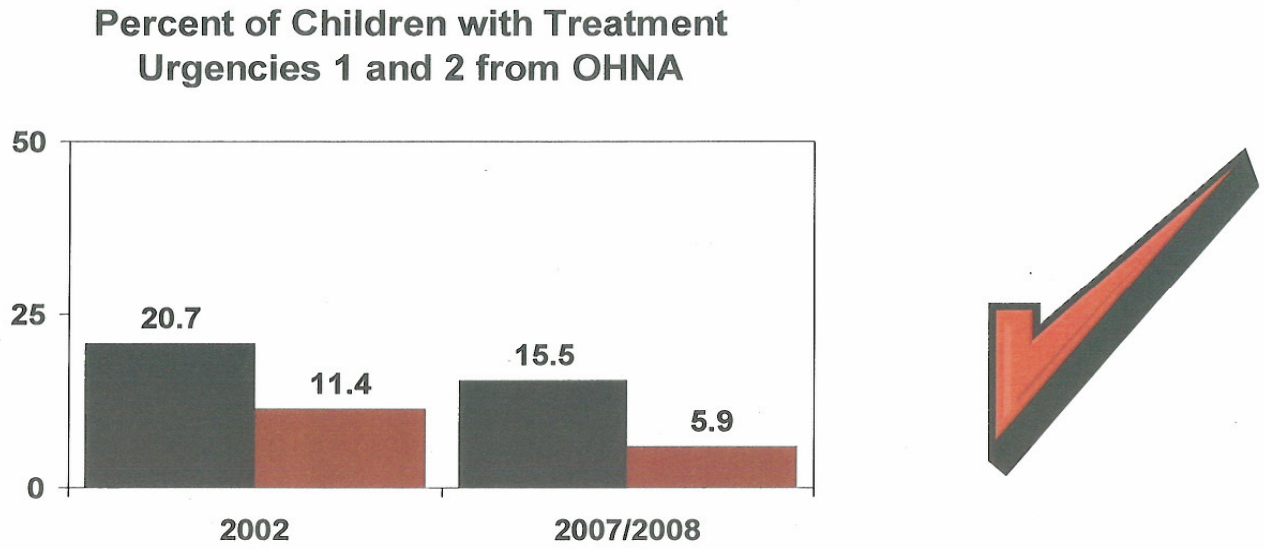
- **Direct Access to the Children**
  - No dental exam required
  - Work with standing orders
- **Paid Directly**
  - Business NPI/Medicaid number
- **Administer the program without bureaucratic barriers**
  - Staff, forms, products and supplies
  - Direct interaction with schools, school administrators, and parents
- **State uses our data to secure other grants**

Disadvantages

- State Dental Director lacks a sense of job security due to past actions of "organized dentistry"
- State has very little knowledge of how to run a business cost-effectively


Children receiving dental care
70%
60%
50%
40%
30%
20%
10%
58%
46.9%
38.1%
Children with private insurance
South Carolina Medicaid utilization
United States Medicaid utilization
2000
2001
2002
2003
2004
2005
2006
2007

Treatment Urgency



Overall, 21.3% of children had some level of treatment urgency in 2007/2008.

Results of the 2007-2008 SC Oral Health Needs Assessment -- SC Rural Health Resource Center

Compelling stories:

- One of the most compelling stories from the 2007/08 Oral Health Needs Assessment is that children enrolled in Medicaid were experiencing higher rates of caries, but were most connected to care, as demonstrated by greater sealant use and lower untreated caries and treatment urgency rates.
- There are no disparities between black and white children for sealant use.
- Sealant use has increased while untreated caries and treatment urgency decreased.

SC Statute - 1999

(C) In school settings, application of sealants and oral prophylaxis are subject to the following restrictions:

(1) A student with unmet oral needs may have a sealant applied or a prophylaxis performed upon written permission of the student's parent or guardian.

(2) A licensed dental hygienist must receive authorization from a licensed dentist who is either his employer or supervising dentist prior to placement of sealants or a prophylaxis is provided.

(3) A preexamination and written authorization by the authorizing dentist to occur no more than forty five days before treatment is administered, is required before any student receives sealant application or oral prophylaxis or both. Treatment cannot be authorized for a student who is an active patient of another dentist.

Statute Change -- 2000

- (B) In school settings, licensed dental hygienists may apply topical fluoride and may perform the application of sealants and oral prophylaxis under general supervision, with written permission of the student's parent or guardian. (Exam requirement removed.)

- (C) In hospitals, nursing homes, long term care facilities, rural and community clinics, health facilities operated by federal, state, county, or local governments, hospices, education institutions accredited by the Commission on Dental Accreditation that give instruction in dental hygiene, and in bona fide charitable institutions, licensed dental hygienists may apply topical fluoride and perform the application of sealants and oral prophylaxis under general supervision. Treatment may not occur in these settings unless medical emergency care is available within the facility.

2001 "Emergency Regulation"

Document No. 2635

STATE BOARD OF DENTISTRY

- **Emergency Situation:**
- The State Board of Dentistry has determined that, **in order to protect the dental health of patients in this State,** it is necessary to clarify the type of authorization of the procedures to be performed pursuant to Section 40-15-85(B), which relates to the general supervision of dental hygienists practicing in school settings, hospitals, and other facilities and institutions, pursuant to Sections 40-15-80(B) and (C).

2001 "Emergency Regulation", cont'd.

Text:

39-18. Standards for Dentists to Authorize Certain Procedures to be Performed by Dental Hygienists Under General Supervision.

In order for a licensed dentist to authorize a procedure to be performed by a dental hygienist under general supervision, the supervising dentist must have clinically examined the patient and actually determined the need for any specific treatment. A clinical examination must be conducted by the supervising dentist for each patient not more than forty-five (45) days prior to the date the dental hygienist is to perform the procedure for the patient.

State of South Carolina Administrative Law Judge Division -- Public Hearing Report of the Administrative Law Judge

"I conclude that the proposed regulation, as written, **is unreasonable to the extent that it reinstates a requirement the legislature purposely eliminated** when enacting 2000 SC Acts 298 effective March 26,2000.

AND IT IS SO ORDERED."

Marvin F. Kittrell

Chief Administrative Law Judge

February 11, 2002

Federal Trade Commission Action

- For Release: September 15, 2003

- **FTC Charges South Carolina Board of Dentistry**
  - **Agency Alleges Illegal Actions Deprived Children of Preventive Dental Care**

FTC Action, cont'd.

- For Release: June 20, 2007
- **South Carolina Board of Dentistry Settles Charges That it Restrained Competition in the Provision of Preventive Care by Dental Hygienists**
  - **FTC Complaint Alleged Conduct Limited Needy Children's Access to Care**

The US Dental Healthcare System Works on a Surgical Model of Care

We must change to a wellness model and medical model to stop the epidemic of disease.

No disease has ever been controlled or eliminated by a treatment program. Change starts with prevention.

Models of Care

Health	⇨Infection	⇨Destruction	⇨Disability
Wellness Model	**Medical Model**	**Surgical Model**	**Rehabilitation**
Causes & Risk Factors Target Prevention	Early Stage Diagnosis Medicine to Heal Antibiotics Antimicrobials Remineralize	Late Stage Diagnosis Repair Damage Fillings & Crowns Root Canals Perio Surgery Extractions	Restore Function Partial Dentures Full Dentures Bridges

Increased Access --

Is the Surgical Model Driving Over Treatment?

ADA's Code of Ethics:

explicitly proscribes health care interventions motivated by personal profit alone.

Mouradian, Ethics and Leadership in Children's Oral Health Pediatric Dentistry. Jan/Feb07:V29:No1

Public and private payers cannot afford to continue to finance services that should be prevented!

It **should** be alarming that an increase in access may result in increased treatment of non-carious teeth, an increase in caries risk because of more restorations placed, inappropriate dental material choice and possibly an increased need in future dental needs <u>that could be averted through more intense and earlier primary prevention.</u>

Johnathan D. Shenkin, DDS, MPH
Journal of Public Health Dentistry 71 (2011) 1-5

Crucial Next Step

Comprehensive Prevention Programs

Thank you!

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