Strengthening the Dental Safety Net Through Community Coordination: Use of the CDHC

Presented to:
American Association of Public Health Dentistry (AAPHD)
Association of State and Territorial Dental Directors (ASTDD)
April 24, 2013

Presented by:
Dunn H. Cumby, DDS, MPH
Marsha W. Beatty, BS, MPH
Melissa S. Tyler, EFDA, CDHC

Today's Discussion

* Importance of the Safety Net
* The CDHC Pilot Program
  * Background
  * Education and Training Process
  * Current Status
  * Evaluation Update
* The Oklahoma Story
* The National Perspective
* Questions and Answers

Premise #1:

The dental safety net is now more important than ever.

Premise #2:

CDHCs can help provide better access to care in safety net settings. This can lead to better oral health outcomes for vulnerable and underserved populations.

U.S. Oral Health Care System

* Generally involves periodic visits to dentists for preventive services, diagnostic services and treatment of oral diseases as they develop.

* Early diagnosis and treatment are emphasized due to the progressive, destructive nature of caries and periodontal diseases.

U.S. Oral Health Care System

* **Routine use of these services is driven by a variety of "access to care" issues including:**
  * Socio-economic Status
  * Dental Health Insurance
  * Workforce Issues
  * Oral Health Literacy
  * Overall Health Status
  * Individual and Cultural Health Behaviors
  * Geography

The Surgeon General's Report (2000)

* Most Americans have access to high quality oral health care and thus enjoy good oral health.

* However, tens of millions do not enjoy the same access to care and suffer from significant oral health disparities.

* All Americans deserve access to high quality care and to good oral health.
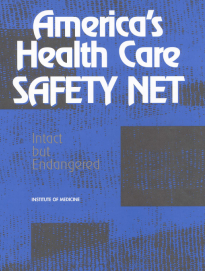

Key Recommendations

* Improve access to existing care

* Build a more effective health infrastructure

* Target those populations at highest risk for specific oral diseases

---

The Definition and Role of the "Safety Net"

A patchwork of hospitals, clinics, providers, financing mechanisms, and programs that meets the health care needs of the uninsured, the underinsured, and other "vulnerable populations" who fall outside the medical and economic mainstream and have little or no access to stable health care.

-- Institutes of Medicine, 2000

Clinical "Safety Net" Components

* Federally Qualified Health Centers
* Indian Health Service and Tribal Clinics
* Local Health Departments
* Hospital Emergency Rooms
* Free Community Clinics
* Charity and Volunteer Programs
* Private Dental Practitioners (Medicaid, CHIP & pro bono care)
* Non-Dental Providers (e.g., physicians and school nurses)
* Long-term Care and Special Needs Providers
* Dental Schools
* Residency Programs in hospitals, clinics and dental schools
* School-based Programs
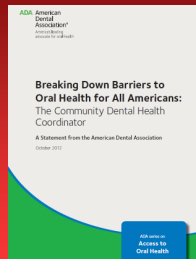

Non-Clinical "Safety Net" Support Services

* Federal Oral Health Programs (Head Start, WIC, HRSA workforce grants)
* Social Service Agencies (case management and patient navigation)
* State Medicaid and CHIP
* State Oral Health Programs

ADA Series on Access to Oral Health

http://www.ada.org/breakingdownbarriers.aspx/

ADA Series on Access to Oral Health

ADA American Dental Association®
American's leading advocate for oral health

**Breaking Down Barriers to
Oral Health for All Americans:**
The Community Dental Health
Coordinator

A Statement from the American Dental Association

October 2012

ADA series on
Access to
Oral Health

http://www.ada.org/breakingdownbarriers.aspx

The Key

EQUITBLE ACCESS
to an EFFECTIVE
Oral Health Care System

The Tasking Became:

"… analyze all of the available data and information
regarding the adequacy of the current workforce to
meet the access needs of the underserved in both
rural and urban settings, with particular emphasis on
the auxiliary workforce . . ."

The system is not broken, but it needs to be
expanded.

Expand Access by:

* Increasing the number of dentists

* Increasing the number of clinics

* Expanding the reach of existing clinics

Health Care Extenders

* Emergency Medical Technicians

* Respiratory Therapists

* Surgical Technicians

* Medics or Corpsmen

Barriers to Oral Health Care

Disadvantaged Populations
Sparsely Populated Rural Areas

CDHC ... A New Perspective

* **A community health worker with dental skills and a member of the dental team**

  * Based in a community clinic and providing care

  * Working remotely with teledentistry

  * In the community promoting healthy living

Program Philosophy: Educate Students Who Will...

* Work in communities where residents have limited or no access to dental care

* Come from the community in which they will serve

* Understand the culture, language, and other barriers to care because they are members of the community

The CDHC Focus

Reducing oral health disparities by targeting *social determinants* of oral disease and improving access to dental care

PRIMARY PREVENTION
Sustainable Patient Education

Seven Roles of Community Health Workers

1. Bridging/cultural mediation
2. Providing health education and information
3. Assuring, empowering people get services they need
4. Providing informal counseling and social support
5. Advocating for individual and community needs
6. Providing direct services
7. Building individual and community capacity

ADA VISION

Patient Navigation

Prevention of Dental/Oral Diseases

Reduce oral health disparities
Improve access to dental care

Health Promotion
Community Engagement

Palliative Care

Patient Navigation

* Coordinate dental care – manage all aspects of appointment behaviors

* Register for Medicaid or other appropriate dental care programs (safety net resources)

* Arrange transportation

* Provide support for other potential personal access barriers: language, fear/anxiety, etc.

Health Promotion/Community Engagement

* **Health Promotion**
  * Motivational Interviewing
  * Stages of Change
  * Health Literacy
  * Nutritional guidance
  * Tobacco cessation
* **Community Organization**
  * Assessing community needs
  * Partnership/leadership development

Primary and Secondary Prevention

Under supervision of dentist _per state statute_:

* Caries risk assessment (Triage)
* Clinical and _radiographic_ screening
* _Oral hygiene services (Coronal Polishing)_
* _Fluoride -- topical application_
* _Sealants_
* _Scaling (type 1 gingivitis)_
* _Temporary restoration placement_
* _$ SUSTAINABILITY = BILLABLE_

CDHC Training Timeline

12 Months	6 Months
Online didactic instruction and in-person clinical instruction/ assessments of community health promotion and dental skills (36 credit hours)	Community-based field experience/full-time internship (14 credit hours)

* **Total training time = 18 months.**
* **Certificates of Completion – College Credits**

CDHC Curriculum

* **Dental Skills Modules**
  * Introduction to Dentistry
  * Screening & Classification
  * Prevention of Dental Caries
  * Prevention of Periodontal Diseases
  * Prevention of Oral Cancer
  * Palliative Care

CDHC Curriculum

* Community Health Worker & Health Promotion Modules (NON BILLABLE)
  * Interviewing Skills for Dental Health Advocate
  * Oral Health Communication
  * Dental Health Legal and Ethical Issues
  * Dental Health Advocacy and Outreach
  * Financing and Payment for Dental Care

  CDHC = CHW WITH DENTAL SKILL SETS

Online Courses Through Rio Salado

In-Person Assessments at University Pilot Sites

* University of Oklahoma College of Dentistry
* Temple University Kornberg School of Dental Medicine
* Arizona School of Dentistry and Oral Health

In-Person Sessions at OUCOD

* Review of online didactic material
* Written exams and quizzes
* Demonstration of clinical skills
* Trainee practice of clinical skills on typodonts, simulators and/or student partners
* Evaluation of trainee clinical skills using live patients
* Completion of requirements for selected expanded function permits*

In-Person Assessments at OUCOD

CDHC Internship Goals

* Demonstrate proficiency in clinical skills

* Plan and execute one or more community-based projects providing preventive clinical services

* Plan and execute one or more community-based programs in oral health education or oral health promotion

* Become proficient in using portable dental equipment

Other Internship Assignments

* 26 Weekly Journals

* Periodic Skills Assessments by Supervising Dentists

* Internship Summary Paper

CDHC Curriculum Refinements and Modifications

* Dental skills modules

* Community health worker/health promotion modules

National CDHC Trainee Stats

* **Cohort 1: March 2009 -- September 2010**
  * 2 sites; total 12 trainees; 10 graduated

* **Cohort 2:   March 2010 -- September 2011**
  * 3 sites; total 17 trainees; 8 graduated

  * **Cohort 3: March 2011 -- October 2012**
    * 3 sites: total 20 trainees; 16 graduated

Project Evaluation Goals

* To evaluate a new dental team provider model through a thorough review of the pilot training program and field internship.

* To determine the value of the new dental team provider in a variety of practice settings.

* Evaluation continues through September 2013.

Evaluation Questions

* Does the program contribute to improvements in access to oral health care?

* Has the program positively impacted oral health outcomes?

* Has the program impacted the financial sustainability of the dental health clinic sites?

* How can the CDHC initiative be improved post pilot?

Access and Patient Outcomes: Data Analysis

* **Clinic Variation:**
  * Rural
  * Urban
  * Indian Health
* **Limitations for Data Collection:**
  * Practice management software
  * Staff resources
* **Develop Metrics for the Evaluation:**
  * Core indicators
  * Site-specific indicators

Types of Data Collected

* Clinic profiles
* Community profiles
* Feedback from community stakeholders
* Outreach activity data
* Encounter data captured by clinic computers
* Patient satisfaction surveys

  * ✓ *Clinics are never identified in external reporting*
  * ✓ *All data is confidential*
  * ✓ *Fully HIPAA compliant and secure database*

Patient Access and Outcome Metrics

* Implement school-based programs to improve access for children
* Improve access for disease-specific populations
* Improve access to underserved populations
* Assess changes in dentist productivity
* Assess clinic revenue impact
* Assess changes in active patient rates

The Future: CDHC as a Career Ladder

* **Residents of the community who are:**

  * High school graduates
  * Dental assistants
  * Dental hygienists
  * Other health care/health service providers
  * Community health care workers without dental skills

CDHC Employment Opportunities

* Rural and Urban Communities
* Underserved /Disadvantaged Communities
  * Community Health Clinics
    * FQHCs
    * Tribal Health Centers
   * Indian Health Service Units

CDHCs Reach into the Community

* Schools
* WIC Programs
* Head Start Centers
* LTC facilities and other institutional settings
* Social Service Agencies
* Community Dentists

The Oklahoma Story

Oklahoma Rural and Urban County Designations

Designation of Oklahoma Counties as Rural, Urban, or Mixed
October 2011
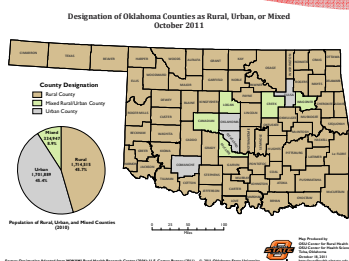
Locations of Active Private Practitioners in Oklahoma
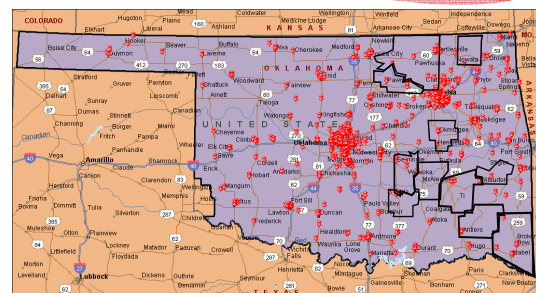
Cohort 3 Program Completion

Left to right: Lisa Lynch, Regina Turner, Nicole Singleton, Amber Cranford, Regina Weaver, Bonita Baker.

Cohort 2 Program Completion

Left to right: Melissa Welch, Misty McClain, and Angela Black

From the Community, For the Community

Cohort 1 Program Completion

Left to right: Courtney Roberts, Kathy Mathews, Kimberley Cave, Jessica Johnson, and Melissa Tyler

Oklahoma CDHC Network
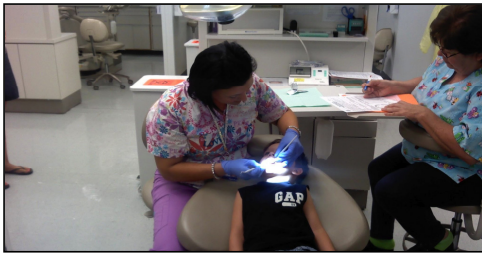

CDHCs Have a Passion to Help

CDHCs Are Educators

CDHCs Are Educators

CDHCs Perform Screenings

CDHCs Provide Clinical Services

Chair Side Assisting

Rural Oklahoma

* 53% of the population is living below 200% of Federal Poverty Level

* 28% are uninsured

* Unemployment is 10.6%, compared to the State rate of 4.9%

Rural Oklahoma

- Transportation is a major barrier to care
- Patients must travel long distances to get to appointments
  - Many roads are unpaved or in need of repair

Transportation is Also Hindered by . . .

Severe Thunderstorms and Tornados

Flooding . . .

Wildfires . . .

And Ice Storms . . .

CDHCs Can Make Access a Little Easier with Portable Dental Equipment

Utilizing the Oklahoma Dental Foundation Mobile Dental Van

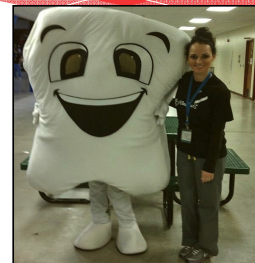## Coordinating With Free Transportation Resources

CDHCs Take Services Into the Community

* Nursing homes

* Home visits

* Public Schools

* Daycare centers

CDHCs Take Services Into the Community

* Rehabilitation centers

* Summer camps

* Health fairs

* Other community events

## Finding and Sharing Resources

* The ADA graciously provided CDHCs with laptops, wireless devices, and portable dental equipment.

* As CDHCs, however, we use our grant writing skills to secure and supplement those resources with supplies for community outreach activity.

Programs, Partnerships, and Progress

* **Brighter Smiles for a Better Tomorrow**

  Aim is to improve oral health education for an estimated 5,734 new dental patients in the McCurtain County area who face barriers to care due to poverty and uninsurance
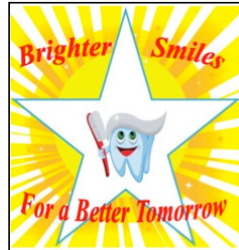
Programs, Partnerships, and Progress

* Partnered with Delta Dental Oral Health Foundation, which awarded our clinic a total of 6,000 kits that include:
  * **Toothbrushes**
  * **Toothpaste**
  * **Floss**
  * **Carrying Bag**
  * **Educational brochures**

Other Partnerships

* McCurtain County Coalition for Change

* Project S.P.I.T. (Stop, Prevent, and Intervene in Tobacco Use)

* Other Community Health Centers

* And, of course, the Oklahoma CDHC Network!

Challenges Faced and Lessons Learned

Challenge #1

* Several intended CDHC clinical procedures (i.e., scaling for Type I gingivitis and placement of interim restorations), fell outside existing statutes and regulations for the practice of dentistry in the State of Oklahoma. This also applied to remote supervision of CDHCs by a licensed dentist.

  * **Outcome:** Compromises were made by the ADA and the University to ensure the pilot project was in compliance with applicable state laws.

  * **Lesson Learned:** A strong, positive working relationship with the appropriate state regulatory boards and the state dental association are essential.

Challenge #2

* Significant push back against the CDHC pilot program by the Oklahoma Hygiene Association resulted in several legal challenges filed with and against the Oklahoma Board of Dentistry.

  * **Outcome:** An official opinion was both requested and received from the Oklahoma Attorney General that validated, with qualifications, the approaches being used with the CDHC training program.

  * **Lesson Learned:** "Always keep it legal!" and involve as many members of the current dental workforce as possible, early on in the program planning process.

Challenge #3

* The online instructional format at Rio Salado required CDHC trainees to have consistent, stable internet access to take full advantage of the online learning environment and related resources.

  * **Outcome and Lesson Learned**: Wireless internet access devices and data plans in remote rural communities were sometimes essential for student success.

Challenge #4

* Lack of electronic patient records in some rural dental clinics significantly impacted their ability to capture relevant data for patient management, production statistics and program evaluation efforts.

  * **Outcomes:** Most clinics were moving towards EHRs due to Affordability Act requirements and incentives, although various software platforms were being utilized.

  * **Lessons:** Having a good understanding of the variability at each facility is important to the planning and implementation process.

Challenge #5

* Some CDHC services were not reimbursable, especially those provided outside the clinic walls. This limits the financial sustainability of the model.

  * **Outcomes:** Emphasizing oral health education, promotion and screenings *off-site*, patient referrals/recall management and expanded function procedures *on-site* seems to provide the best CDHC service mix.

  * **Lessons:** Creativity and aggressiveness in pursuing different revenue streams are essential to success of the CDHC model.

    * EFDA certifications and Medicaid reimbursement for as many CDHC functions as possible (dental AND community outreach) are essential to scope of practice and sustainability.

For your reading pleasure …

More CDHC program information is also available in our July 2011 CDA Journal article.

Summary

* The ADA has committed substantial resources to developing and evaluating the CDHC as a new member of the dental team.

* We believe the CDHC is an ADA legacy program that dentists and other oral health professionals will all be proud of for generations to come.

Introduction to the Community Dental Health Coordinator (CDHC)

http://www.ada.org/4925.aspx

Questions?

Contact Information

Dunn H. Cumby, DDS, MPH
Dunn-Cumby@ouhsc.edu
405-271-4919

Marsha W. Beatty, BS, MPH
Marsha-Beatty@ouhsc.edu
405-271-4919

Melissa S. Tyler, CDHC, EFDA
mtyler@kiamichimed.org