Consumer barriers & challenges

- **Health is Health**
  - Have to go different places for different body parts
  - Dental care ≠ body care
    - Optional service
    - Seniors lose with Medicare
  - Managed care does not focus oral health
    - Division of health and dental in our culture
    - Affects language
    - Which affects practices
- **Number & Location of Dentists & Dental Specialists**
  - Limited # of dentists in Athens area
  - *All dentists in my area are private practice*
    - No dentist who will see autistic children
    - No pediatric dentists
  - Medicaid
    - Especially in an emergency
    - Go to ER
  - We refer to FQHCs, but
    - Wait list too long
    - Co-pays too high
  - Transferring records a problem
  - Providers who accept Medicaid/Medicare
  - Inflexible delivery strategies
  - Turnover of staff
  - Not enough dentists in rural areas close to where live, including both
    - FQHC
    - Private practice
      - 40% - 46% of dentists won’t see them
      - Practices limit # of Medicaid in practice
  - Practices don’t have time to do the whole process
  - Limited number of pediatric dentists taking Medicaid
  - Wait lists — long wait
  - Driving distance
  - Hours inconvenient
  - Pickerington closest DD (developmentally disabled) dentist
  - Lack of dentists providing care for pediatrics, especially with Medicaid
  - Middle class have insurance but, beyond cleaning, costs for services is too high
  - Only ¼ dentists taking are taking new Medicaid patients
  - In this area no safety net clinics are close
  - Dentists who do take Medicaid are already taking their limit
  - Not getting word out about who is taking new patients and Medicaid: — consumers’ advocates are not aware of some options
  - Timeline for oral surgery - wait lists
Regional Meetings Content Summary Organized by Theme/Question

- 6-month waits for immediate need!
- Dental staff doesn’t understand or clarify parameters regarding geographic barriers, catchment areas, etc.
  - (Place closest to me may not be covered or take me)
- Providers have Medicaid quotas
- Can’t find dentist who will take indigent patients
- They want cash up front, especially for surgery
- Not enough culturally competent providers****
- When available
- Lack of interpreters
- Translated material
- Where available
- Cultural competency
  - Dentists often refer to patients in disrespectful terms
  - Patients feel disrespected
- Practice act limits hygienists from working to level of training
  - Can’t go certain places where they could make a difference
    - Schools
    - Head Start
    - Home
    - Etc.

- Oral Health Knowledge, Fears & Myths
  - Anxiety, afraid to go, all ages
  - Fear
    - Wait until pain is too bad … fear prevents routine care
  - Perception: dentist will pull teeth
  - Afraid will lose teeth if get treatment
  - Children are “Going to lose baby teeth anyway.”
    - Not important when young
    - Generational issue: parents lost teeth
  - Baby teeth going to fall out anyway (Dentist)
    - Family / schools used to do education
    - Next generation, hope not repeat the same conditions
  - TV: yellow mouth

- Ability to Pay/Coverage Issues
  - Insurance
    - Have/Not Have
    - Type
    - Private
    - Medicaid
  - Wait time to get covered care is very long
    - After Head Start screening
    - For follow up to exam
    - Even longer when sedation is needed
  - Losing insurance
    - It covers less
Regional Meetings Content Summary Organized by Theme/Question

- The changing economy affects funding
- There is less prevention
  - Cost
    - Market driven
    - All health care costs up
  - May know of resources, but there is no sliding scale
  - Dental inconsistently covered, depending on
    - Age
    - Geographic location
    - ICF: Intermittent Care Facility
    - Etc.
  - Managed care enrollment process
    - Approval for coverage
    - Must select a plan within a particular period of time
      - Information to help choose is
      - Too complicated
      - Doesn’t help person at risk differentiate one from another
    - If you don’t choose within a particular period of time you will be
      assigned to a plan
    - Lack sense of having had a choices or being in charge of own health care
  - There are so many kinds of care sources/plans
  - 5 managed care plans in Ohio
    - Medicaid
    - Geographic distribution
    - Doctors opt out
  - Coverage does not correlate with needs
  - Ability to pay
  - No safety net
  - Insurance policies contradictory/paradox:
    - Can’t use food stamps for tooth brush or toothpaste, but
    - Will pay for sugar filled and other non-nutritious food
  - Menu of covered services does not meet needs
  - Having an annual event oral health not enough
  - Lack of dental insurance (I have medical insurance)
  - Providers won’t take my insurance (or Medicaid)
    - Specialists
    - Surgeon
    - Pediatric dentist

- **Life Span/Womb to Tomb**
  - Geriatric Concerns
    - General practice dentists don’t serve them, except
      - in their office and
      - usually only if they are long term patients
    - Older adults have transportation challenges
    - Mobility challenges getting into a doctor’s office
Regional Meetings Content Summary Organized by Theme/Question

- Nursing Homes/Assisted Living Settings
  - No clinic
  - The hair salon is often the setting most similar to a dentist's office
    - Dentists can’t do procedures there
    - Hygienists not allowed to do much
  - Getting nursing home aids oral health education and skill training is a need
    - Not many want to work in the mouth
  - Geriatric complications related to medications
  - No Medicare dental
  - Nursing homes
    - bathe them
    - not teeth
  - Everyone at nursing home has a disability
  - Need ambulance to bring to office
  - No caretaker... someone who has permission to give or refuse permission
  - Nursing homes/Assisted living facilities not equipped for care
  - Infections can lead to death
  - Not enough geriatric dentists
  - Medicare does not cover dental
  - Hard to take care to nursing homes
  - Dental care @ nursing homes is poor
  - ICF (Intermittent Care Facilities)
    - Medicaid requires dental care every 6 months
    - More may be needed and is not authorized

- Pediatric/Early Childhood Concerns
  - For very young children & families don't know what is expected re: first visit: age 1 or 3?
    - Pediatricians and dentists are not aligned
    - Dentists not aligned
  - Early childhood issues:
    - Cultural Diversity
    - Language barriers
      - Child
      - Adults
  - General literacy
  - Lack of family education regarding oral health
    - “You are just going to lose your baby teeth anyway.”
  - Family or Local Culture:
    - It has never been a family priority in some areas
    - “We are no-teeth people.”
  - Missing teeth across lifespan
  - Lack of nutrition education to address some of the causes
  - Dietitians cut from school budgets
Regional Meetings Content Summary Organized by Theme/Question

- Bad lifestyle habits:
  - Tobacco
  - Mountain Dew
  - Etc.
- Lack of education re: oral health of parents
  - By the time they get to school a lot of damage has already done
  - Head Start reports “They get used to pain.”
- PER screenings:
  - Only 25% have seen dentist
  - 30ish% needed care
  - Not getting treatment after assessment
- FEAR:
  - Bad experience
  - Bad stories
- Child + Family Health Program
  - identifies need
  - may not get care
- Pediatric mobile dentist (especially from Michigan) provides exams /not treatment… money lost for care
- Mobility:
  - Families move
  - Change school districts
- Pediatric care is essential, but
  - It’s not in all packages
  - The deductible is too high
- Families are not aware of importance of early teeth
  - First visit should be at year 1
  - Pediatricians not aware of recommendation for visits before age 3
  - Some dentists prefer the old standard: age 3
- Not to be confused with the Michigan vans
  - They assess and clean but don’t do or refer for treatment
  - They target schools
  - Bill Medicaid
  - For profit
- School Age Concerns
  - Decrease in school nurses
  - School nurses
    - School nurse shut us down when DDS offered help
    - Contract school nurses not local
    - Schools saying “too busy” to education programs
  - Elementary education school nurse quotes child after education session, “Mom didn’t tell me it was important.”
- Lack of oral health education
  - School nurses being cut
Regional Meetings Content Summary Organized by Theme/Question

- No prevention opportunities
  - Education
    - They don’t know the importance of dental
    - No longer get supplies and education in school
  - Lack of oral health education
    - Teenage orthodontics needed but not done
      - no insurance
      - small insurance
    - Age 25-45 embarrassed

- Special Needs
  - Developmental Disabilities
  - Won’t work with person with DD
  - Parents overwhelmed with DD issues
    - Just one dentist who will treat DD
    - Have to go to Columbus
      - Children’s Hospital
      - Nisonger Center
  - DD (Developmental Disability) have physical problems that require special attention
    - Medically compromised: unsafe in private, general practice office
  - DD dental health providers who will serve adults + kids
    - Sedation an issue
    - Especially if bad experience
    - Especially home-based consumers
    - Dentist not patient with patients
    - General anesthetic in Dayton
    - Cost
    - Fear
    - May not know source of pain
    - Can’t articulate problem
    - Fears exaggerated
    - Medications complicate
      - Vulnerability
      - Care
    - DD assumption: Not all need sedation
    - Patient is not prepared for visit
    - Need training
    - Takes special training
    - Wait times
    - Lift to dental chair (office size)
    - Access to “home” based office
    - Noise
    - Machines
    - Tactile — touch mouth
    - Sedation
Regional Meetings Content Summary Organized by Theme/Question

- Papoose
  - Behavioral/Mental Health Concerns
    - Some are very difficult to treat
    - Some are violent
    - Taking psych meds makes it hard to “put them out”
    - Dentists won’t see them
    - Education needed in dental school
    - Mental health group home
      - Poor nutrition
      - Smoking
    - The emotional/behavioral challenge of going to dentist (esp. for DD children & adults, some typical children, some typical adults, some others)
  - Sedation is an issue for some
    - With DD
    - Seniors &
    - Children
  - For special needs it’s hard to get through the system requirements
    - Sedation adds complexity
    - Adult DD different than kids
    - Lack of DD training
  - Refugees
    - Language
    - Oral health education
    - Perception of value of oral health
    - Don’t know dental is covered by Medicaid
  - Migrants
    - Seasonal workforce
    - Will put up with pain until it is an emergency
    - Competing priorities
  - Undocumented populations:
    - Self-pay (cost)
    - Wait lists
    - Hopeless
    - ER
    - Fear of being reported
  - Veterans
    - Veterans in need — outreach in community
  - Culture of Poverty
    - Poverty: other challenges that affect people in poverty when it comes to oral health
      - Lack of permanent housing,
      - Lack of child care,
      - Lack of transportation
    - Transportation
  - Follow up: We tell them — they don’t go
Regional Meetings Content Summary Organized by Theme/Question

- Live in crisis mode from infancy — takes 48 hours to get care
  - Willingness to buy toothbrush
  - Patient attitudes
    - Cost
    - Fear
  - Care providers lack of knowledge of poverty
    - On staff
    - Lack knowledge
    - Uncomfortable
  - Families can’t take off work for
    - Self
    - Family member
  - Folks with lower economic means don’t know what resources are available
    - Takes an advocate to navigate the system
  - Old habits/family practices die hard
  - Letters from JFS are often a source of fear of bad news
    - Expectations from past experience
    - Will I open this?
    - Will I understand it?
    - Will dentist understand what it says?
  - Language barrier
    - Fill out forms in English
    - Translation take more time
  - No show
    - If you miss 3 appointments, then we won’t see you
    - 5 minutes late due to travel
    - Wait list
    - My crisis didn’t matter
  - Bill is owed
  - Child care needed
  - When they can’t get regular care they
    - Show up with more severe disease
    - Go to ER for care
    - Given medication and told to see dentist, but no follow up
  - Diversity of workforce
    - “They … “
    - Assumptions re: values based on behavior, such as
      - Show up 10 minutes late
      - No service
      - Not welcome back
      - Double standard

- Coordination of Services
  - There is a lack of coordination of resources
    - Lack of coordination of care
    - Lack of publicity re: resources
Regional Meetings Content Summary Organized by Theme/Question

- Case management doesn't always know what's available
- Oral health check not required like other medical checks
- State requires a physical to enroll in child care, but
  - Not dental
  - We have less leverage

- **Transportation**
  - Transportation
  - Transportation limited
  - Transportation a challenge
  - Public transportation is unavailable or inadequate
  - How to get there: transportation
  - Need specialized transportation
  - Elderly: special transport needs
  - Head Start: transportation a challenge, but available
    - Can't go for medical or dental
    - For well-baby visits and shots
  - Don't know transportation is covered

- **Emergency Room**
  - Emergency Room Department not equipped for dental
  - ER treatment
    - Wrong treatment
    - No dental in medical school
    - Antibiotics
    - Pain
    - Bills paid

- **Nutrition**
  - Nutrition
    - Oral health educators cut
  - Grant funds dried up
    - Families aren't aware of connection of nutrition to overall health
    - Children's families may not be able to afford good choices
  - Schools with pop sponsorship contracts
  - Airports: hard to get healthy drinks (sugar, caffeine, etc)
Consumers - What’s Working

- **Health is Health**
- **Putting a dental clinic in an FQHC**
  - Some patients can come to the center
  - Can take some patients to the dentistry clinic
  - Prepare the patient: s/he can get used to chair/environment
    - Mobile services
    - Preliminary visit to dental office
- **FQHCs**
  - Combine dental and medical (although they may refer out)
  - Especially valuable in urban settings
- **Health Department clinic is packed**
  - Private practice dentists can’t do it all
- **Health departments**
  - Health Department — as dental home but varies
  - Lack of dentists for Health Department
  - Lack of wrap-around for related issues
  - 100 new patients at one Health Department
  - Offer a sliding scale
- **Connect all disciplines**
- **Number & Location of Dentists**
- There is a pediatric dentist in Lancaster
- Dr. Griffin in Chillicothe has been helping provide care
- Gallipolis
- Great “customer service”
- Some safety net clinics have been established (but we need more safety net clinics)
- **ODA: the state dental society**
  - Fights for Medicaid
  - Debt relief
  - Some more options
- **Dental Options**
  - Good case management …
  - But may be funding issues
- **Dental Options**
  - Match patients + docs
  - Placements
  - Referrals
- **Dental Options program**
  - Donated services
  - Enforce sanctions for no show
  - Cinci Smiles local support
  - United Way supports
- **Dental Options — for working poor**
- **Give a Child a Smile**
• Give Kids a Smile — increase in the number treated
• Volunteer dentists
  o Private dentists will provide free care in office
  o Not well known, voluntary
  o Don’t know numbers
• Mobile dentists
• Dental Center NW Ohio
  o Mobile van
  o Expensive to operate
• Mobile dental
  o When care is provided or referral made
  o Some mobile units do exam and cleaning but no treatment
  o Lose time and money
• Mobile van, when they do
  o Exam
  o Cleaning
  o Treatment
  o Referral for treatment
  o Follow up
  o (NOT the so-called Michigan vans)
• Not all vans good
• When dental practitioner comes to where patient is
• Dental hygiene Days of Care + training
• Sinclair Dental in Dayton: Hygienists exams
• Oral Health Knowledge
• Perception: Clinic dentists not as good
  o Clinic = poor
  o Center = okay
• PBS: educational messages prevention
• Word of mouth
• Build a relationship
  o Don’t call me “Mom”
  o Respect is important for all
• Ability to Pay
• Managed care offering incentives: accumulate points
• We are trying incentives
• MCO provides transportation
• Life Span
• Word of mouth
• Build a relationship
  o Don’t call me “Mom”
  o Respect is important for all
• Seniors
• Jackson County: Jenkins Nursing Home contracts to bring in
  o Dental
Regional Meetings Content Summary Organized by Theme/Question

- Optometry
- Podiatry
- Etc. (private services)

- Pediatric
- Pre-school is first visit — or else can’t enroll
- Starting to link with Head Start
  - Head Start helps
- Head Start enrollment day
  - Parents are there … but we still can’t get them to go to follow up
- Head start
  - Relationships of staff and family to influence learning
  - Dental education
  - Required to find dental home
- Ronald McDonald/CWRU does good work linking children to treatment
- Children’s Hospital in Columbus
  - Concerns also medical
- When there is a children’s hospital — esp. for DD
- Children’s Hospital walk-in hours
- As parent (caregivers): I could go back with child during first visits
- When parents are supportive
- Grandparents’ support network
- School-based prevention:
  - Sealant program
  - Some make the effort to get treatment
- School nurses major resource + source of intelligence
  - Promotion days in schools to get kids ready
  - Get info to kids
- School nurses
  - Some schools (nurses, others) refer
  - Some school nurses great — but being cut
  - Kids have other health needs
- School nurses
  - Though releases can be a concern
- School-based clinic
  - 5 days
  - 3-4 chairs — in school
  - Helps address no-show
  - Requires volunteer dentist
- Sealants/fluoride varnish
  - Dental sealant in schools (Although some resist)
  - CWRU Sealant program in all Cleveland schools
  - WIC is an opportunity for fluoride varnish
  - We are in non-fluoridated area — schools don’t have time for fluoride varnish
  - or sealants, even if there is no cost

- Special Needs
Regional Meetings Content Summary Organized by Theme/Question

- DD
- Nisonger in Columbus
- OSU Nisonger Center
  - Dental clinic / dental training
  - Affordable
- When there is a children’s hospital, especially for DD
- BMH
- Sedate
- Migrant
- Migrants
  - Aggressive outreach
    - Long work hours/day/week
    - Want annual dental checkup
  - Mobile units + follow up
    - Go to camps
    - Still miss some people
  - Education is part of outreach
  - A medical doctor working with migrants networks with dentists
  - County borders matter in getting care
    - Where you live
    - Where you work
- Vets: Program to donate care once a year
  - Few vets covered dental
- Poverty
- Dumb luck of personal circumstances
- Take care to patients
  - Mental health group home: dental practitioners come to consumer for dental
  - Take equipment / care to residential settings
- Coordination of Services
- Resource coordinators (various titles, organization affiliations, professional training)
  - Schools
    - School nurses
    - School nurses (when they have not been cut or spread too thin) help with follow up
      - We are seeing the children of children we served in the past;
      - Suggests we had an impact when they come back
    - Staff from sealant program
  - Job and Family Services Liaison
  - AmeriCorps
  - Managed Care
- Resource Coordinators help with
  - Transportation
  - Scheduling
  - Follow up
  - More, depending on organizational affiliation
Regional Meetings Content Summary Organized by Theme/Question

- Where there is no resource coordination function we develop our own resource lists
- Canton Schools: Care Coordinator
  - 75/100 exams referred for follow-up
  - Some school “jump start”
- Homeless co-located with med /wrap around
  - Support from industry
  - Supplier discounts equipment
- Transport
- ER
- Nutrition
Consumers Ideal System

What would be the attributes/elements of an ideal system that increases oral health and access to dental care in a patient/consumer friendly manner?

- Health is Health
- Educate medical doctors re: oral health
- Urgent care centers include should include oral health
- Affordable Care Act should include dental, vision, mental health
- All resources are provided under one roof
- Dental care is health care
- Oral Health is important
- Educate medical side about role of oral health
- Mouth is body/Health is health
- Review identified claims data
- Doctors prescribe tooth brushes/toothpaste
- One stop community health
- Health records follow patient
- Metrics
  - How many are being served versus how many are not being served?
  - How does the change in the rate of increase or decrease in those getting care compare to the rate of increase or decrease of those not getting care?
- Tie payment by Medicaid / Medicare to meeting QA outcome measures for dental care
- Educate other medical practitioners to recognize problems to refer
- Education of all medical providers to know more about dental and connection to all health
- Patient-centered care
  - Includes dental
  - Comprehensive
- One standard of care for all
- Requirement of screenings and exams for dental the same as medical
- Education: Dental health is health
- Number & Location of Dentists
- Make Medicaid more attractive to dentists
- Incentives to get providers to work/live in underserved areas, such as loan forgiveness
- Have at least one safety net per county
- High-quality mobile units that work w/local provider community, especially in rural areas
- There are more care settings & providers
  - Hospital clinics
  - Residencies
  - Pediatric specialists
  - Etc.
• Culture of “well visits” carries over to oral health
• More mobile units: the good kind
• Dental office next to ER
  o ER … pharmacy partnership to get meds
  o Partner : ER : Clinic : Dentist
  o Better communication among partners
• Evening & Saturday hours
• Dental care convenient
• Expanded work force — dentists, hygiene, mid-levels, etc.
• Pay tuition for providing service in MUAs
• Medical/dental students learn to address special needs
• Dental education includes a special needs rotation
• Dental workforce recruited from shortage areas + return to shortage areas
• Expose kids to dental careers early (junior high)
• Tele-dentistry helps
• Expanded practice/mid-levels are helping more
• Improve education of dentists
• Oral Health Knowledge
• Much better access to information
  o A clearing house
  o Use technology
  o Educate about resources available…
• Increase oral health awareness/education
  o Increase public service announcements on TV: spread the word
  o Encourage oral health across life span
  o Make dental care less fearful
  o Make oral health more routine
• Marketing messages
  o prevention
  o overall health
  o Good oral health = good general health
• Messaging will be clear and consistent
  o Conduct first visit to dentist by age one (?!)
  o Crisp, K.I.S.S.
  o Messages look like bills in the mail: they make me want to open it
• Family, patient attitudes reflect desire to
  o Learn
  o Get care
  o Take advise
  o Be proactive about prevention & treatment
• Consumer dental education
• Dental info and education at all community agencies (like United Way of Central Ohio)
• APP (Computer Application) makes oral health easier
Regional Meetings Content Summary Organized by Theme/Question

- Marketing campaign
  - “Got milk”
- More support to “raise” [and] train dentists
- Educate families: outreach
- Education
  - Website in multiple languages
  - Dentist goes to site and provides info to patient
- Driven by patient choice
  - Who to go to
  - What work gets done
  - When work gets done
- Ability to Pay
- Mandatory Medicare coverage for oral health
- Simplification: We currently have multiple competing elements
- Relationship with provider
- Real person answers phone at
  - JFS
  - Medicaid
  - Managed Care Organization
  - And then they really listen to me
- Availability of one standard of care
  - What is the standard?
  - Which MCO/insurance card doesn’t affect
    - Access
    - Quality
- Education will be provided regarding coverage
  - Patient will be knowledgeable, understand policy
  - Utilize member services manual
  - Consumer aware of options
  - Patient has ability to make informed choice
- Cover …
- Periodontal care
- Orthodontic care: reasonable access, especially kids
- All patients in need have access to needed care
- Affordability is key
- Adequate funding is provided on ongoing basis
- Social media messages
  - All stations, all media: repeat
- Insurance covers all
  - Optical
  - Dental
  - Etc.
- Single payer system for all health
- Universal healthcare
- Affordable insurance that includes dental (required)
- Business donations for dental supplies, etc.
- Incentives for parents to bring in children
- Incentives for patients to bring in children
- More resources/requirements
- Insurance matches need
- Easier prior authorization
- Medicaid/Medicare
  - Medicare to include dental
  - More dentists take Medicare/Medicaid
  - Eliminate Medicaid
  - Medicare starts at birth
- Lots of money to pay for
  - Access
  - Care
- Adequately funded dental in FQHCs
- Increase reimbursements to match costs
- MCOs — Members matter line for help
- Affordable specialties
  - DD
  - Pediatric
  - Seniors
- Replicate CARENET
  - It’s working
  - Lucas Co. Health Dept.
  - Free or low cost coverage
  - Volunteers
  - Dentist volunteer — donate
  - Use prevention to divert from ER
  - Served a lot/more unserved
  - Access to brush + toothpaste
- More provider selection
- One plan, one system, good anywhere versus 5 Ohio plans
- Identify, refer, fund specialties
- Expand coverage areas
- Eliminate red tape
- Life Span
- Life span
  - Age is not a barrier to continuity of care (currently if one starts a course of care too late s/he can’t finish)
  - No age limitation
  - Continuity of care across ages
- Starts prenatal
  - Obstetrician is key
  - Pediatrician is critical
- Community programs help provide access to
Regional Meetings Content Summary Organized by Theme/Question

- Pregnant women
- Young/new mothers
  - Mandatory, age-appropriate prevention services available at all levels
    - (Address the fact that many provider & advocate agencies are already burdened by other requirements)
  - Guardians:
    - Address consent for treatment barrier
    - Staff takes but not guardian
  - Continuity of care across life span — especially DD
  - Seniors
  - Convene/facilitate discussions/programs where older adults gather, where they already are
  - Oral health assessment for senior living settings
    - Accountability in nursing homes
  - Pediatric
  - WIC programs (and other prenatal & young mother programs)
    - Newborn to age 5 included in oral health
    - Mandatory oral health as a condition of services
  - Prenatal
    - Education of mom
    - Treatment of mom
  - Dental students go to preschools to conduct screenings
  - Pediatrician and dentists talk to one another
  - Pediatric clinics: Schedule parents at same time
  - Mandate care as part of enrollment in preschool, primary school, school programs, etc.

- Head Start required to provide dental exam
  - Expand requirement to other publicly funded programs
  - With enough money

- Third grade guarantee of oral health

- Oral health and hygiene are part of (health) education in all levels of school
  - Pre-school
  - Primary
  - Junior High
  - Senior High

- Schools release children for dental visits
- Enough school nurses to provide brushes, education, etc.
- Schools
  - School nurses
  - Increase the number
  - Make it more important
  - Education
  - Coordination
  - ID
  - Exam
Regional Meetings Content Summary Organized by Theme/Question

- Care
  - Schools “allow” time for dental visits
  - State sealant program: require schools to opt out, not opt in
    - Coordinate:
      - Paperwork
      - Consent
      - Staff
  - Kid focus - oral health education
    - A high schooler/Junior high schooler partners with an elementary school (grade 4)
    - Grade 4 partners with a Head Start child
    - Oral health awareness
    - Career track

- Special Needs
  - Clinics will be more open/accessible (comply w/Americans with Disabilities Act)
  - Medical/dental students learn to address special needs
  - Recruit people who want to serve those with special needs
  - Authorized advocates/representatives for
    - Elderly
    - Language
    - Children
  - Dental education includes a special needs rotation
  - Continuity of care across life span — especially DD

- DD
  - Developmental Disabilities
    - Adult medical guardianships will be available
    - More dentists acquire the ability and willingness to manage behavioral issues
  - Cover the transition from child to adult, especially for DD
  - Replicate Nisonger model
  - Guardians:
    - Address consent for treatment barrier
    - Staff takes but not guardian
  - Solutions for mobility issues:
    - Go to patients
    - Institutions
    - Home-based
    - Mobile vans //
  - Prepare DD patients for dentist visit
  - Skill development plans
  - Out of order (?)
  - Extended, structured walk-in hours
  - BMH
  - Mental Health
    - Providers are available within reasonable timeframe
    - Care is provided in context of better overall mental health:
Regional Meetings Content Summary Organized by Theme/Question

- Oral health is health
- Mental health is health
- NAMI: Health home should include dental health, mental health, etc.
- Drug abuse: dentist might be only provider they see re: drug abuse
- Veterans: Get what they need, not just what is combat related
- Sedate
- Migrant
- Have access to enough certified translators
- Aggressive outreach
  - Get messages on Spanish-speaking radio
  - Go to culturally-based stores
  - Mobile vans
- Poverty
  - Child care would be provided during appointments
  - Won’t be so worried about county/catchment boundaries
- Evening hours/Weekends
- Start working in the communities
- Go where patients in need already congregate
  - Churches,
  - Faith groups
  - Churches, synagogues, mosques, etc.
  - Faith-based child care
  - Community organizations
- Oral health providers and advocates have effective communication skills
  - Multi-lingual literature
  - Who am I communicating with
  - What am I trying to communicate
  - other family
- Religious/faith-based community as partners
  - Parish nurses, etc.
  - Already helping
- Parents/patients won’t lose job for getting care
- Cultural competence is typical of all care
- Dentists at food banks
- Child care available
- Employers and schools
  - Allow release
  - Provide care
- Address culture of poverty — competing crisis
  - Office hours: evening hours (only 10% no show)
- Employers have to allow time off for health
- Coordination of Services
- Dental advocates in dental “centers”
  - Paid and/or
  - Volunteers
• Health Navigator help
  o Coordinate services and
• Gain access to care
• Resource list — share among players
• Build relationships
• Care source liaisons / Care coordinators
• More collaboration among partners in system
• Community health workers
  o Know where there is care
  o Coordinate
  o Navigate
• Care Coordinators
• ☆ Central coordination of referrals
• Transport
• Shuttles would be available to get people to where treatment is
  o Better Public Transportation
  o Covered by Medicaid, Medicare, private insurance
  o Support the real cost of transportation
• Transportation
  o Age appropriate
  o Ability/status appropriate
  o People know about transportation
• ER
• ER visit ends with appointment to dentist will provide care
  o Give patient only one pain pill to get follow up
  o Same day scheduling
• ER Dentistry
  o ER has a relationship to clinic
  o A clinic resource alternative to ER — diversion
• Dentists at ER from Friday to Sunday
• Nutrition
• Look for substitutes for sugar
• Lump energy drinks with pop
Other Consumer Questions

Who provides your care?
- All private practice general dentists (but not all satisfied)
- All go to private practice … face time as an attribute that matters

Who refers you to dentist?
- Pediatrician
- Dermatologist
- Kindergarten screening
- Head Start screening
- OB/GYN/Midwife prenatal
- DDS who knew the local resources referred patient to ER, which referred care center, where
- Visit was scheduled promptly
- Care was covered
- One ER noticed problem, but made no referral 😞
- School based hygienists
- School nurses
- One dentist talked with pediatricians in his area and pediatric referrals increased
- Some mobile dentists make referrals to area dentists

Where does oral health fit in range of needs for consumers?
- Well-intentioned
- Lots of concerns
- If you don’t live the life, you don’t get it
  - Working two low wage jobs
  - Employment
  - May lose hours or job
  - Lose job/find job
  - Job
  - Get off for care
  - Work schedule
  - No schedule until last minute
  - Childcare
  - Limited time
  - Limited finances
  - Food: no all qualify food stamps
  - Food: access
  - Food
  - House payment
  - Shelter
  - Residence
  - Roof
  - Utilities
Regional Meetings Content Summary Organized by Theme/Question

- Other health issues
- Addictions (theirs or family’s)
- High deductible health insurance
- Transportation
  - Bus
  - Car
  - Take other children
- On call transport
- Transportation
- Dependable auto/transportation
- Home insurance
- Money
- Unexpected costs
- Emotional Energy
- Caught between generations: caring for kids + parents
- Lack of support network
- Past traumatic experiences
- Other trauma
- Cell phones
- Dish TV
- Seniors:
  - Food,
  - Shelter
  - Heat
  - Medications

- Costs increase but not income
- Oral health at bottom of lists after many other life challenges
  - or not on the list at all

One Patient: Challenges from a particular patient, not an advocate

- Dentists may think they treat all patients the same, or that we can’t tell what they think, but we know
  - It’s easy for you to assign motivation
  - We don’t feel valued
  - We do feel labelled

- Monitor interaction with dentists and you may notice:
  - “It’s only $600”
    - Attitude when asked
    - $600.00 is a lot for me
  - “Take out a loan”
    - As if affordable credit is easy for me to get
  - “Go to the dentist down the street”
    - Yes, I can walk, and…
    - I may even prefer to go to another, but…
    - They are not covered in my plan
Another Patient: Challenges from a particular patient who is also an advocate

- It’s a battle:
- I don’t know where to turn
- I know the system and it’s hard for me to manage
- People a in a crisis mode always
- Transportation is a barrier, not a solution
- Barriers:
  - Car
  - Job
  - Tooth
  - Fear
  - Real dentist or substandard care
  - Does it hurt or am I immune to pain
- Wait, I forgot
  - They (dentists) don’t care
  - I tried to get their help, they (dentists) said no
- Judged me by middle class values
PROVIDER Challenges
What makes it hard?

- Health is Health
- The larger world does not act as if oral health is health
- The other medical support systems
  o Don’t check oral health indicators
  o Lack sufficient education to begin to address oral health
  o Don’t refer if/when they find oral health problem
- Lip service to importance of oral health
  o Overlooked
  o Lacks leadership
- Education treats dental tangent to health
- Disconnect dental from overall health by
  o Legislators
  o Policy makers
- Pediatricians
  o Do enough with Well Child visits
  o Oral Health is too much
- Univ. of Toledo Oral Health Risk Assess
  o Schedule appointment incentives
  o Patient follow up — not sure what they got
- Vicious cycle: we don’t provide care so it devalues all care at all levels
- Number & Location of Dentists
- Money
  o Medicaid reimbursement rate limits have remained the same for many years
  o Dentists recover approximately $.40/dollar compared to other rates
  o Can’t break even at this rate
- Low reimbursement rates
- Reimbursement rates unsustainable
- Feds decrease funding
- Can’t meet overhead with Medicaid — low reimbursement rates
- Money
  o Solutions cost money
  o Tradeoffs have to be made
  o Funding is capped
- Funding
  o Business Model 60% - 65% overhead
  o Medicaid funding rate: 40% of typical fee
  o Below break even
  o Red tape to get reimbursed cumbersome
  o Volunteerism unsustainable
- Dental student debt
- Dental student loan rates
Regional Meetings Content Summary Organized by Theme/Question

- Inadequate funding of public care system
  - Medicaid reimbursement fees low
  - Money limited
  - Money misallocated

- Lack [of] uniformity of public funded programs
  - Availability of providers to the serve
  - Perceived by some as not desirable
  - Not as remunerative for dentist

- Limited funding streams for oral health beyond private pay

- Restrictions related to publicly-funded care

- Practice management consultants advise
  - Steer away from Medicaid
  - Be lean & mean/Do more with less
  - People don't keep appointments

- Don't know how to get to “right” people to come in (low hanging fruit)

- Volunteerism helps, but is not enough
  - It takes lots of energy
  - The return is low

- Oral health practice
  - Owned by a hospital
  - They won’t practice locally

- Hygienist tethered to dentist
  - Trained to do some “procedures”
  - But rules related to dental board regulations limit practice
  - Under-used — trained as much as nurse
  - Now freed up to go into nursing homes without the dentist if the dentist goes first

- Dentist
  - Liability (not hygienist)
  - Coverage by dentist
  - Analogy with nursing (nurse practitioner) disputed by some hygienists and dentists

- Fear of liability is a barrier/challenge

- Dentist may not want to do extractions if they don’t do them regularly

- Wait lists are long

- Lack of sufficient incentives for dental students to go to MUAs
  - Low fees
  - High debt
  - Current numbers of projected number of dentists needed are rooted in old data
  - State loan repayment insufficient

- Barriers created by legislation

- Financial sustainability issues
Regional Meetings Content Summary Organized by Theme/Question

- Not enough clinics for most vulnerable patients
  - A chicken and egg question: which do we need to first - attract dentists or clinics?
  - Providers’ lifestyle needs are not met in rural areas
  - How many dentists are in the pipeline?
  - How many hygienists are in the pipeline?
  - How many retirements are in the pipeline?

- FQHC
  - Hard to get capital resources to add dental
  - Hard to get capital to sustain long term
  - Need additional resources to add/maintain dental

- Free Clinic
  - Hard to provide
  - In general

- Business model unsustainable

- What is the basic model for delivery? This isn’t being looked at.

- Oral Health Knowledge

- Lack of education
  - How they do/don’t care for own teeth

- Low oral health literacy in general

- Mixed messages in system
  - Children be like adults (Don’t go)
  - Reward with candy
  - Television educates
  - “Crest White Strips?!"
  - Lack of advertising

- Fear

- Lack of understanding
  - Baby teeth fall out anyway

- Not popular to support education

- Ability to Pay

- Challenges dealing with Medicaid
  - The Ohio Medicaid Department
  - Managed Care Organizations
  - Not allowed to do procedures the same day as the assessment

- Adult Medicaid is optional: We have to fight for oral health every 4 years (or 2 years, depending on who you talk to)

- Differential ratings by insurance companies based on patient characteristics

- Dealing with Medicaid & Managed Care Organizations
  - Complicated procedures
  - Frequently changing procedures
  - Can’t talk to real person
  - Credentialing of provider process is difficult
  - Too many Managed Care Organizations
    - Narrow range of services covered by Medicaid

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Regional Meetings Content Summary Organized by Theme/Question

- Level of care & reimbursement is unequal among managed care
  - Difficulty getting Medicaid reimbursement
    - Providers: reimbursement is low
    - Specialists: reimbursement does not reflect the additional level of complexity
  - Repeated care problem
    - Do exam,
    - Identify multiple concerns
    - 6 months later can do the work
    - Can’t address problem at session —
    - Can’t do problem-focused exam
  - Orthodontics and Medicaid
    - Orthodontics can only approve treatment in 6-month intervals
    - Authorization lapses
    - Rules limit time lapse (was 4 years)
  - Process for certification of dentists to get Medicaid is too long and complicated
  - Insurance doesn’t confirm appointments
  - Limits on which needs of underserved will be met
  - The payment for services is not aligned with
    - Complexity of needs, or
    - Wholeness of treatment
    - Payment modalities don’t reflect best practice
  - Complicated billing practices
  - Lack of preservation services
    - We pull teeth
    - Patients can’t pay
  - Some Medicare products include dental, but
    - So little coverage as to prevent achieve oral health
    - Extract one benefit per year
    - Build the crown or bridge next year
    - Annual limits
  - Changing laws, policies and procedures slow
  - State practices are inconsistent
    - Inconsistencies related to
      - Coverage
      - Paperwork
      - Policies
      - Too much red tape
  - Dental plans for middle and upper classes are also inconsistent
    - It’s not just private / public
    - How do insurers decide?
  - Get insurance
    - At work
    - Individual policy
    - Major work
  - With Medicaid expansion:
Regional Meetings Content Summary Organized by Theme/Question

- Dentist who doesn’t take Medicaid referred to hospital ER which referred to St. Vincent’s
  - Got to St. Vincent’s
  - Go to Jump the Line
  - Add ER charge
  - More cost than direct referral

- Little or no Medicare dental
- Catchment areas as a barrier
  - Helps get some in
  - Prevents others nearby from getting in

Life Span
- Getting consent forms
- Seniors
- Geriatric: patients have multiple needs, we need to sedate or spread work over multiple visits
- Elderly population lacks treatment options
  - (60+ 0)
  - (70+ collapsing)
  - All
- Alzheimer's patients may
  - Yell, bite, attack, or
  - Not know symptoms/need
  - Nursing home does nothing

Nursing homes
- Don’t provide transportation
- Unable /unwilling to do oral health
- Oral Health compromised by
  - Medication
  - Other disease
- Aging
  - Put it off
  - Not much time left

Seniors
- Medically compromised
- Mentally compromised
- Nursing homes don’t have suitable oral health settings on site
- Dentists will assess then refer, not threat
- Dental education needs to provide more on geriatrics

Assisted living / nursing home
- Poor oral hygiene
- Mobile services not requested
- Staff have other responsibilities
- Patients / staff overwhelmed
- STNA: State Trained Nursing Assistants
  - Not trained
Regional Meetings Content Summary Organized by Theme/Question

- They are in the population we are discussing
- They don’t value oral health
- They don’t like to do oral health
  - Trained other professionals
    - ⅓ did not value oral health for self
    - Health care valued, not dental

- Pediatric
- Pediatric Care: Limited to 22 minutes, unsedated
- Need more pediatric dentists
- Pediatrics
  - Not enough pediatric dentists
  - Not really aligned on
    - Core messages
    - Dentists not in sync about first visit by age 1 or 3, despite recent push
  - Pediatricians still not as involved in oral health
- Medication is a concern of pediatric dentists
- Parents scare kids
- Lost school dentists
- Children
  - Lack of attention to prenatal care
  - Lack of attention to perinatal care
  - Limited providers who work with children
- Once you ID someone in a school-based program who needs a dentist for any reason
  - It’s hard to find one, especially to take Medicaid, then
  - The waiting lists is so long that disease may go untreated until it’s too late
  - Need transportation at the right time
  - Waiting lists and transportation don’t account for the severity of the need, leaving well intentioned patients to go to the ER
  - Specialists are even harder to get into... an even longer wait list
- Mobile dentist (Michigan style - exam, clean, no treatment)
  - We can’t get reimbursed
  - Can’t access records or x-rays
- Special Needs
- Dentists not comfortable with disabled/acting out kids
  - Dentist skill set for at risk
  - Limited exposure dental school
  - Can’t have a day full of disabled or behavioral health patients
  - Many require operating room dentistry
    - Hospital
    - Capacity
    - Privileges
    - Availability
  - Require special transportation
- Getting consent forms
Regional Meetings Content Summary Organized by Theme/Question

- Behavior issues before + during care (inconsistent)
- Emotional reactions
  - Providers lack intervention strategies for emotional/behavioral reactions to dental care
  - Developmental disabilities pose additional challenges
- DD
- BMH
- Mental Health patients need
  - Case management
  - Care coordination
  - Both in group homes and home base
- Escalating problem of substance abuse — parents' abuse affects child follow up
- Sedation
  - Sedation/I.V. sedation & general anesthetic problematic
    - Reimbursement in appropriate
    - Patients with developmental disabilities
    - Pediatric patients
    - Other patients
- Sedation
  - Medically necessary
  - Expensive
- Limited access to sedation
  - Time
  - Expense
  - Travel
  - Hospital setting required
- Migrant
- Poverty
- Patients don’t follow through
  - Patient perceives they are getting worse quality in nonprofit compared to for profit
  - Patient may be getting poorer quality (such as amalgam to fill a tooth)
  - Referring for treatment seems to be at the whim of facility
- No shows
- No shows
  - They don’t care
    - Even (especially) if it’s free
    - What you give away isn’t valued
  - Ownership of care
    - Don’t value care
    - Regardless of class
- No shows
- No shows
  - Call for follow up
  - When it is free, “I don’t care.”
No shows
  - They don’t value care
    - I have them thank someone
    - Reducing no shows
      - Require call backs or
      - Cancel visit
      - If eliminated from practice they will value next time

Patient perceived need
  - If they don’t value, they don’t seek
  - Not until it hurts (too late)
  - Breaks appointments
  - Donate expensive treatment
  - Don’t follow up

Parental involvement not there for
  - Health
  - Oral
  - Behavior
  - Changing diet
    - Processed food
    - Pop
    - Etc.
    - Etc.

Lack of follow up by families

Access limited due to
  - Can’t get out of school
  - Long distance to travel

Medicaid patients are had to contact
  - They move
  - They change phone number

Their phones are cut off

There is no reimburse for education to change culture

Not enough emphasis on prevention
  - Overall hygiene
  - Nutrition
  - etc.

Poor patient compliance
  - Hygiene
  - Diet
  - Show up for appointments

Finding culturally competent providers in shortage areas

Transportation a challenge

Might lose job to get care

Dental workforce doesn’t about the effect of social determinates on care seeking

Only access 30-40% of at risk/vulnerable populations
  - Trying to apply old strategies
Regional Meetings Content Summary Organized by Theme/Question

- Need new strategies
- Targeted to particular populations
- Do we tailor system to dentist or patient?

- Patients in crisis mode
- Low income, but employed
  - More and more people at risk
  - Entering middle class can’t make deductible / co-pay
  - Oral health is only one part of the dance and tumbling
  - If insurance won’t pay, I won’t pay
- Social trend to expect health care to be paid for
- Can’t legislate fiscal responsibility
  - Don’t brush teeth
  - Pull ’em all / Give me dentures
  - Lack of education that starts young
  - We send out for talks, to no avail

- Complicated by other social issues
  - Example: Fresh food & veggies not in neighborhood stores
- At risk population does need prevention
- Oral health is totally preventable
- Middle class people have other priorities
  - Many “Don’t care”
  - Don’t do prevention, then
  - Don’t get treatment
  - ½ use dental insurance they have

- Coordination
- Lack of provider collaboration
  - There was a provider coalition
  - But not lately
- Perception of lack of available care
  - Don’t know where it is
  - Or can’t get there

- Dentists and Providers are misinformed about options
- Transportation
- Transportation limited
- ER
- Hospital Emergency Room does not appropriately address oral health
  - Pain medication/antibiotics but no treatment
  - Hospital ER oral treatment hard to get (providers are usually not close by)
- Patients are used to going to the ER, and the ER gets paid
- Nutrition
- Parents not (need to be) educated and motivated to
  - Decrease sugar to
  - Improve poor nutrition
  - Address effects on children’s behavior
Lack of awareness that “nutrition” drinks increase caries like soft drinks
Media messages re: food / beverages
Food as pacifier
Food stamps don’t pay for toothbrush, toothpaste
They don’t use toothpaste, toothbrush
Nutrition habits
  o Especially children
  o It’s not just economics
Schools have soda sponsorships
  o Pouring Rights
Provider Helps
What helps/is working?

- Health is Health
- Nurses with Well Child can bill
- Metrics
- Inter-professional care fluoride varnish by pediatrician
- Training for pediatric offices re: dental
- Being paid per head, not per procedure
- Number & Location of Dentists
- Safety net dental clinics help
  - They are non-profit - a different financial model
  - They target the underserved
  - Great when they have the “right” dentist
- FQHC parameters:
  - Determined based on the number of physicians/hospitals in medically underserved area
  - Dental may be added, but oral health service gap is not figured into criteria — (false positive)
- Dental Center NW Ohio
  - Centers
  - Mobile Unit
- UTMC(The university of Toledo Medical Center) provides lots of care
- Knowing a dentist/personal associate
- Success in pockets
- ODA
  - Give Kids a Smile (once a year)
  - Dental Options
  - Dental loan repayment (but does not include hygienists)
  - Grants
- Give Kids a Smile
- Give Kids a Smile
- Dental Options
- Give Kids a Smile
- Dental Options — matches patients + dentists
- Dental Options
- Dental Options : for people who don’t qualify for entitlements
  - $2 million for care
  - 5:1 ROI
- Incentives for working with (to) hard to serve:
  - Reimburse tuition
  - ODLRP
  - National Health Service Loan Repayment (ODLRP)
  - Loan forgiveness
  - No interest business loan for equipment)
Regional Meetings Content Summary Organized by Theme/Question

- ODA/ADA (?): Action for dental health
- Connecticut
  - Increased reimbursement
  - Only single payer/provider
- Michigan Delta Dental: Increase allowable fee
- Michigan Medicaid plan a possibility
- Loan repayment program is fully subscribed
- Ohio Project — 50 days in underserved areas by 4th year students
- Access Mahoning Valley Thursday Volunteer Prescreen
- Dental residencies are working
- Students coming through FQHC helps train trainers
- Free clinic: Area dentists each take one day a year to bring their team to see 30 patients in one day
- Choose Ohio First is working for medical
  - Expand to dental
  - It’s in the legislature
- Amount of free care is working, but goes unreported
- In non-fluoridated communities we did fluoride varnish, but it is being cut
  - Was a successful WIC fluoride varnish program
  - Health Dept./Dental schools
  - Provided
    - Sealant
    - Fluoride varnish
- Paying private dentists enough works
- Good Neighbor House: dental /medical for working poor
- Student Loan Fund — ODA
  - Graduates go to underserved areas
  - They often stay
- Dental schools
  - Good education
  - Internships
  - Residency programs
- Children’s hospitals
- Reimburse fluoride done by pediatrician
- Volunteer hours (instead of billing Medicaid)
- Raise Medicaid reimbursement fees
  - Indexing fees over time
  - Connecticut, Michigan
- Location a barrier
  - Cross the river
  - Downtown
  - Drive around
  - Distance
- ODH grants
Mobile units
- Community-based fluoride

Workforce questions:
- How many dentists needed?
- How many hygienists needed?
- More dental schools planned, how many needed?
- Hygienist
- EFDAs
- CDA

- Dentist as head of dental team
- Expanded function / duties
  - Assistants
  - Hygienists
  - EFDAs
  - Good team work, we have excess capacity

- Use midlevel practitioners more (Minnesota)

Oral Health Knowledge
- Rocky Boots supports oral health
- Perceptions … all unpleasant

Ability to Pay
- Adult Dental Medicaid
  - Ohio funded dental Medicaid, even if it is low
  - Have to keep pressure on

Safety nets
- BCMH: Services
  - DD
  - Medicaid
- Safety net grants

Life Span
- Seniors
- Taking high quality equipment to nursing home

Pediatric
- Every pediatric dentist takes Medicaid
- Dental sealant program

Head Start
- Family-based connection
- Address fears, past history, social determinates

- For children in Lucas County
  - No access barriers
  - Utilization challenges

Schools
- Sealant program
  - prevention
Regional Meetings Content Summary Organized by Theme/Question

- get kids early
  - (Child may be first to get care)
    - School fluoride programs (optional)
- Parent education … starting in high school
- School nurses are seeing the kids of kids they worked with in the past (so it may have had an impact)
- School staff
- Dental schools do fluoride varnish
- Sealant program (in schools)
- School-based dental program
- School based dental sealants
  - HB 59 clarifies who can do what
  - Work each person to capacity of license
- School based programs
- School based health centers
- Dental sealants program
- Fluoride varnish
- Special Needs
  - Take patient to dentist office to reduce no shows
- Special needs
  - Have to go to operating room.
  - Behavioral problems
  - Get consultation
- DD
- Cross-training DDS re: DD
- BMH
- Sedate
- Leave No Vets Behind
- Dentures for vets
- Migrant
- Poverty
- AmeriCorps funded positions
- Cultural implications
- Coordination
- Work with Job & Family Services coordinator
- When agencies have people who can help get there — a JFS payment will show
  - Case management increases the number of dentists
  - JFS transport — medical/dental high priority
  - Free local transportation (but need to schedule it well in advance)
- Assess, treat, refer, follow up
  - Although parents don’t do enough to follow up
- Collaboration among providers
- Partner with local programs
  - Head Start
Regional Meetings Content Summary Organized by Theme/Question

- Schools
  - Etc.
- Highlight local programs
- Case workers helped get people to care
- Other case coordination strategies
- Providers coordinating with managed care plans
- Transport
- ER
- ER Diversion Program
  - Give a dental home
  - Divert or refer
- Nutrition
Provider Ideal System

What would be the attributes/elements of an ideal system that increases oral health and access to dental care in a provider friendly manner?

- **Health is Health**
- Cooperation among medical/dental professionals, etc.
- Make sure all insurance is all health
- Health care is a right, not a privilege
  - There should be no barriers
  - Everybody can get care
  - Individualize/best practices
    - [Best care for all ← or → Set best base level of care for all]
- Health component in every public policy
- Physicians/Dentists as team
  - General health
  - Oral health
- Hospitals expand dental facilities
- Gain access to claims data by area
- Measure quality of results
  - Standardize
  - CMS
  - Credible
  - Work in progress
  - For system improvement (not gotcha)
  - Define
    - Who is patient?
    - How do they choose care?
    - The number of dentists serving at risk populations
  - All options considered/seek
    - Hygienists
    - Pediatricians
    - School nurses,
    - Etc.
- Evidence based practices
- Appropriate metrics, including outcome measures, to evaluate investments
- Hospitals could
  - Treat underserved
  - Use of recent grads
  - Reduce Dental Debt
- Dental “exam” is part of every medical visit
- Every OB does
  - Oral health status assessment … and
Regional Meetings Content Summary Organized by Theme/Question

- Follow up
- Health = Health
- Patient centered care
- Dentist recognizes medical conditions & refers to appropriate medical resource, and vice versa
- All patients deserve
- 1-tier system
  - prevention
  - treatment
  - cosmetic
- Easy to access + share information
  - Digital records
- Health is health
- Core Values *
  - Available
  - Affordable
  - Accessible
- Best practices
- Task force membership should include private practice general dentists
- Raise the reimbursement rate
- Increase reimbursement rate
- Provide a tax credit for donating services (More cost effective to donate than to accept Medicaid)
- Medicaid reimbursements
- Funders understand small business owner: private practice general dentistry
- More incentives to providers
- Incentives for providers to see, treat, follow up
- Loan forgiveness
  - No/low interest loans to start business
  - Home grown people return as professionals
- Obligation to serve in clinic
  - (x amount of the time)
  - (pace/profit balance)
- Increase residency programs (in underserved areas)
- Provide incentives ($) to serve (in underserved areas)
- ADA supported strategies
- Enough FQHCs
- Enough private dentists
  - Tie FQHC incentives to working in partnership
Regional Meetings Content Summary Organized by Theme/Question

- Loan forgiveness
- More financial resources
- Dental school interns
- Dental residencies in at-risk areas
- Tuition reimburse / loan forgiveness
- Dentists matched with patients
- Dental vans
  - Practice going to dentist
  - Link to care
- Cultural variations inform education
- Address time spent not serving patients in safety nets
  - Reduce no shows
  - Reduce red tape
  - Make efficient
  - What else?
  - Mobile units
    - Educate
    - Treat
- Loan repayment
- Loan reduction for working with the underserved
- Less expensive education
- Funders understand small business owner: private practice general dentistry
- Less liability exposure
- Continuing to expand functions
- Rescind requirement of radiology manual
  - Not require assistant
  - Assistant radiographer’s certification
- Dental school in Toledo
  - Would add substantially to
  - safety net, also help
  - A ERs and other settings
  - Increase continuing education
  - Would attract more middle class patients
  - Substandard care?
- Oral Health Knowledge
- Increase awareness
  - Newspapers
  - Media
- PSAs
  - Sell: the message needs to hit 7x
  - Be more targeted
- Well-educated consumer who values health
Regional Meetings Content Summary Organized by Theme/Question

- Cultural variations inform education
- Messaging clear, consistent, wide spread
- Junior League: Mouth in art museum
- Career mentorship: Starting early
  - Example — Dental student participating in the session, “My dentist encouraged me to pursue dentistry.”
  - Start with 9-10 years olds
  - Link to hope & aspirations
  - Set appropriate high/stretch expectations
- Youth-based awareness project
  - Junior high kid teaches elementary child
  - Elementary child teaches Head Start child
- Cohesion among all members of dental team: not turf
- High quality team of providers who want to be there
- Legalize EFDAs
- Allow folks to work to full capability of training and license
- Work top of license (collaboration)
- Hygienist loan repayment
- Ability to Pay
- Change regulations that undermine care
  - Require every dentist to see some Medicaid patients, spread the work around
  - Dentists are not allowed to refuse insurance
  - Make the process of enrolling as Medicaid provider easier to complete, submit & review
  - Make Permanent adult dental a requirement
  - Medicare pays dental... permanently
- Increase Medicaid reimbursement
  - Medicaid reimbursement on par with typical plans U.C.R.
  - Index fees over time
    - Ike Michigan Delta Dental
- Medicaid
  - Rates increase to level of insurance to mainstream Medicaid patients to private practice model
  - Medicaid credentials and process more realistic
  - Payment process simplified
  - More services covered
  - Parity with more traditional insurance rates
- Single:
  - Consistent standard
  - Consistent fees
  - Business model
• Easy contact with real person at Medicaid
• Dental supply vendors — share profits to help expand care
• Timely access, including
  o Specialty services
  o Access to general anesthesia
• Comprehensive care regardless of status
• Universal claims forms
• All plans
  o Some coverage
  o Levels of service
  o Reasonable
• Choice: providers practice within standard of care
  o Floor: “Standard of care” for all
  o You can buy more in a plan
• Dental is mandated purchase
  o Coverage (not all offered)
  o Covered by subsidy
  o Health insurance includes teeth
  o Cover orthodontics
• Respect judgment of dentist
  o No prior authorization
  o Dental diagnosis accepted
  o Exams are more like milestones
  o Individualized care for individual patients
  o Not justify to insurance company
  o Boards + other government bodies provide oversight
• Life Span
• Requirement to get exam or care for enrollment
  o WIC
  o Head Start
  o Etc.
• Deal with consent
• Seniors
• Nursing homes: Mandated to provide oral health/prevention
• Dental clinics in nursing home facilities are key
• Medicaid
  o If you can cut funds to nursing homes for bed sores, then
  o Find a way to cut funds to nursing homes that don’t do mouth swab
• Topical fluoride in geriatric patients
• Pediatric
• Target oral health in pregnant women
• Every child gets dental sealant
Regional Meetings Content Summary Organized by Theme/Question

- WIC and JFS continue to be involved
- Add dentists at Head Start
- Schools
  - Dental sealant
  - Educate
  - Reimburse for education
  - Engage families
  - Dental alliance (spouse)
- School nurses
- School-based programs
- Restore dentists in schools
- Partner with hygienists in schools
- Increase school nurses //
- Provide comprehensive school based services
- Clinics in schools
- Special Needs
- Some patients can practice going to dentists
- Handicap accessibility
- DD
- Increasing variety of dental residencies
- BMH
- Sedate
- Better serve veterans
  - Remove government regulations that are in the way
  - Increased access and flexibility at VA
- Available for vets
- Migrant
- Interpreter services
- Poverty
  - Sufficient public assistance
- Someone on the ground every day who cares and advocates
- Services are place based, in the community
- Workforce cares and believes there can be a significant impact
- Address financial obstacles for patients
- More flexible hours
- Coordination
- Partnerships
- Build a robust private/public provider mix in communities … provide more options
- Communication
- Community dental health coordinators
- ADA — dental health coordinators would prevent the majority of disease
- How to use “system” better
• **Transport**
  - Dental vans
    - Practice going to dentist
    - Link to care
  - Mobile units
    - Educate
    - Treat

• **ER**
  - Dental emergency services are easily available in multiple settings, depending on level of service needed, including
    - Urgent care
    - Emergency room
    - General practice dentist
    - Clinics

• **Nutrition**
  - Tax “sweets” to help fund dentistry
  - Food stamps for healthy food groups
  - Healthy diet & nutrition
Additional Provider Questions

Where/How/From whom do you get your patient referrals?

Athens Provider Where do you get referrals?

- Some pediatricians doing oral health education and refer for fluoride varnish
- First toothbrush at fair
- Health fairs for high school (no time)
- Dentists have Facebook page: “Tell the Story”
- Health fairs for high school (but I have no time)
- Concept of best practices seen as both a plus and minus
  - May help tell the story
  - But the evidence base is a barrier
- Not a lot from other medical professionals
- [May need incentives?]

How do you educate your patients?

- Free clinic: tell them about links
- Every first appointment I turn to parent
  - Parent looks in mouth
  - Talk about brushing
  - Discuss water, sugar, beverages
  - This exam is for you also
  - Review plan with patient or care giver
  - Provide pamphlets
  - Ask them why they are here
- Assistants talk about hygiene, care
- Dentist: discuss gum disease, tobacco
- What is ODH doing to educate?
- Share training opportunities with primary care physicians, pediatrics, etc., elderly
- Building relationships helps
- See parents
  - Talk, explain oral health
  - Invite family member to be in room
- Educate physicians
  - Explain the reason for being seen by age 1
  - Increase awareness
  - Do their part
- Prenatal classes: opportunity to educate parents
- Community dental health coordinators
- Educate teachers / role model
- Barbershop / salons are a good location for education of some groups
- Health Department/Columbus Public Health
  - We speak at city council to inform public officials
  - We fund education programs for parents of young children/families
Regional Meetings Content Summary Organized by Theme/Question

- Head Start
  - Provide materials
  - Offer training to families
  - CDCFC has a train the trainer
  - Work with pregnant women already involved in HS programs

- Dentists
  - Talk one on one
  - Talk to patients when they do come in

- School nurses make referrals

- Provide mock dental office to help prepare patients

- Go to where do people congregate in community
  - Churches
  - Clubs
  - Places open during “off hours
  - May or may not follow up

- Midlevel practitioners provide education in community

- ADA prevention program

- WIC
  - Promote healthy eating
  - Nutrition
  - Dental
  - Work with pregnant moms — prenatal

What is the role of publically funded programs in oral health and dentistry?

- Should focus on prevention
- Should provide mandatory education to families to get assistance
- Clinics would improve overall health impact
- To be safety net
- Reimbursement models differ
  - procedure
  - encounter

- Monitoring chumming Ø

- Cleveland Metro:
  - Hospital setting
  - 75% Medicaid
  - Write off
  - Residents learn procedures

- Look at different reimbursement models
- Include overhead
- Explain business model
  - They operate by different standards
Reimbursement
No shows
• Health center — another dental home or stop gap
• Quality of public is as good as private
• Public funded patients scare typical patients
• Public funded programs for
  o Safety net
  o Shortage areas
• Private practice: looks down on
• Private practice could meet all the needs if remove barriers, especially if raise fees

What is/are the appropriate role(s) for non-dental professionals?
• ODH should tap profits of dental suppliers
• Head Start helps with families & young children
• WIC helps with families & young children
• They can make sure people know
  o What is available
  o Where to go
• Should require dental exam for many social benefit programs to assure first visit
• Care coordinator/ADA community Dental Health Coordinator (various approaches cited)
  o Follow up calls
  o Reminders
  o Transport
• Education
• Make referrals
• Outreach
• Provide reminders
• Social worker can go to visit
• Recognize potential problems and refer
  o Schools
  o Nursing homes
• Relationship building
• Groups that reach out work together
• Collaboration across organizations + discipline
• Engage other medical professionals (all health)
• Engage insurance providers (all health)
• Fund outcomes, not procedures
• Social services teams
• Those who provide tech tools
• Business investments
• Education in schools
• ECE programs
• Anyone who works with children
Provider What do you mean by diverse workforce?

- Several agencies work together
- Having an adequate number of trained people from various disciplines
- Having "local" people
- We need to get home grown people to return to practice
- A culturally diverse workforce

Hygienists
- Full/part time
- Go to underserved areas — general supervision
- Not enough to be present
- Give more responsibilities
- Multiple classifications in office

Oral Health Access Program
- Hygienists can serve
- Dentist must see

Cultural barriers addressed
- When people can relate to diverse patients in changing world
- Choose Ohio First — only medicine

Person working on me can deal with whatever my oral health issues may be

Health interventions

Intercultural competence
- Language / communication barriers
- Changing demographics of dental students

Diverse members on team
- Mid-level providers
- Expose young children to career early
- Someone who is able + willing to serve people w/ challenges
- Can meet a variety of needs

Dentist/oral health team as change agents

Diversity & inclusion
- Ethnic diversity
- Gender
- LGBTQ
- Code word… negative for some

What does the dental team look like
- People who come from underserved areas
- Diverse mindsets — approaches to problem solving
- Touched by someone with disability

It’s complicated
- Don’t want to take sides
- Heard at FQHC, “Go see a real dentist.”
Regional Meetings Content Summary Organized by Theme/Question

- Dental Therapist: perceptions vary widely and bitterly
- Diverse work force
  - Student diversity in dental school works better if
  - Academic programs and faculty reflect diversity
  - Go to junior high to start recruiting young people as dentists
  - Do they look like my patients
  - Language diversity
- Cultural competency
  - Helps recruit dental students and patients
  - Success in certificate program
  - Return for more education
- Guarantee an interview if you volunteer in indigent area MUA (medically underserved area)
- San Antonio — high schoolers can get experience
- Have care coordinators with community connection

Two additional conversations arose in Bowling Green
- Patient trust
  - Intergenerational changes
    - In baseline care
    - In baseline costs
  - Demographics
    - Age shift
    - Geographic distribution
  - Providers: public pictures the “successful” dentists of old, not today’s reality

BG - Corporate dentistry
- Lots of students start there
- Valiant goal — reach out
- Answer to private equity firm
  - Efficiency
  - Buying power
  - Share staff
  - Overhead
  - Double books
  - Calling all the time
  - Add work