### Overview
- Established in 2014 in Department of Stomatology
- Focus on oral health equity for underserved populations
- $4.2 million in extramural funding

### Responsibilities
1. Enhance public health learning for dental students
2. Conduct health services and population health research
3. Develop service/outreach programs for vulnerable populations
4. Translate clinical research for safety net practice
Overview

1. Scope of the Problem
2. Overview of What We Do
3. Suggestions for your Vision Council
Scope of Problem

- Supply
- Demand
- Cost
Another Deamonté Driver

- Middle-aged woman in Pee Dee Region
- Presented with fasciitis and sepsis due to untreated abscess
- Admitted to inpatient bed in September 2016
- Death due to sepsis
Unmet Oral Health Burden for Hospitals

ER Visits for Unmet Needs

- 600+ saliva depleting Rx
- Memory disorders
- Substance Abuse
- Uncontrolled A1c
- Preterm labor
- HIV
### Dental Safety Net Capacity Considerations

<table>
<thead>
<tr>
<th>Estimates of Need</th>
<th>Pop. Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>National estimate of underserved</td>
<td>82 million</td>
</tr>
<tr>
<td>Number that see a dentist annual (27.8%)</td>
<td>22.8 million</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Estimates of Capacity</th>
<th>Pop. Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing capacity at CHCs, hospitals, public schools &amp; dental schools</td>
<td>7 to 8 million</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimates of Capacity Expansion Options</th>
<th>Pop. Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand CHCs &amp; their efficiencies</td>
<td>2.5 million</td>
</tr>
<tr>
<td>Require dental school grads to receive 1 year of residency training, and senior dental students and residents to work 60 days in community clinics and practices.</td>
<td></td>
</tr>
</tbody>
</table>

*Bulk of additional capacity needs to come through private practice settings but how do we pay for this?*

*Source: Bailit H et al, 2006*
The Access Gap

Nearly 4 Million Poor Uninsured Adults in the South in States Not Expanding Medicaid Fall Into the Coverage Gap

- **The South**: 79%
- **Rest of the US**: 21%
- **Total**: 4.8 Million Uninsured Adults
- **Southern Total**: 3.8 Million Uninsured Adults in the Coverage Gap

- **Texas**: 22%
- **Florida**: 16%
- **Georgia**: 8%
- **North Carolina**: 6%
- **Louisiana**: 5%
- **South Carolina**: 4%
- **Other Southern States**: 16%

*Totals do not sum due to rounding*

Dental HPSAs

Dental access challenges exist

Too few DMDs or poor distribution?
What’s in our backyard?

**HPSA Implications:**
- Geographic vs. Low Income
- Fluctuations in HPSA scoring

**Contributing Causes:**
- Supply
  - MUSC only dental school
  - 55.4% five-year retention rate
- Medicaid participation
  - 48% of SC dentists participate in Medicaid (42% US)
- Medicaid reimbursement
  - Medicaid FFS reimbursement is 53% of private insurance (US 49%)
  - 27.6% decrease in Medicaid reimbursement rates (2003-2013)
ADA Health Policy Institute
Where Have All the Dental Visits Gone?

-7.0%  Total Visits
+5.0%  U.S. Population
+9.0%  Practicing Dentist

-9.0%  Dental Office Visits
+73.9%  Federally Qualified Health Centers
+19.7%  Hospital ERs
Comparison of Medicaid Reimbursement Indicators, 2014
Source: ADA HPI

<table>
<thead>
<tr>
<th>Medicaid Fee-for-Service Reimbursement as a Percentage of Private Insurance for Child Dental Care</th>
<th>Percentage of Dentists Participating in Medicaid for Child Dental Services</th>
<th>Percent Decrease in Reimbursement Rates 2003-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>SC</td>
<td>US</td>
</tr>
<tr>
<td>53 Chart Area</td>
<td>49%</td>
<td>48%</td>
</tr>
<tr>
<td>48%</td>
<td>48%</td>
<td>42%</td>
</tr>
<tr>
<td>27%</td>
<td>27%</td>
<td>22.10%</td>
</tr>
</tbody>
</table>

The chart shows a comparison of Medicaid reimbursement indicators for different states. The percentage of Medicaid reimbursement varies significantly, with North Carolina (NC) having the highest Chart Area percentage at 53%. South Carolina (SC) and the US have lower percentages, with SC at 48% and the US at 42%. The chart also indicates a percent decrease in reimbursement rates from 2003 to 2013, with NC showing a 27% decrease, SC with 27.60%, and the US with 22.10%.
What We Do

- Practice Transformation
- Systems Development
- Training & Education
Rural Oral Health Equity Improvement Portfolio
Community Investments by Congressional District

Strengthening the Rural Dental Safety Net (2012 to present)
Improved rural access to dental care for through improved efficiencies and capacity growth. Technical assistance was provided to FQHC Dental Programs by DentaQuest Institute’s Safety Net Solutions. SC Primary Care Association has been an essential partner on the project.

Rural Community Water Fluoridation Advocacy & Improvements (2012 – 2015)
Improved or continued access to optimally fluoridated water in seven rural communities at risk for losing their community water fluoridation equipment due to failing equipment. We provided advocacy training to local pediatricians, dentists, water system operators, & early childhood development program (e.g. Head Start or First Steps). SC Dental Association & SC Department of Environmental Control were core partners.

ROADS – Rural Oral Health Advancements through Delivery Systems (2015 to present)
Improving access to and quality of care through innovative integration models of primary care and oral health providers. We are working with Rural Health Clinics and Community Dentists in three markets: Rock Hill/York, Fairfield/Blythewood, and Orangeburg/Santee. SC Dental Association & SC Office of Rural Health are core partners on the project.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Congressional Districts</th>
<th>Safety Net Impact*</th>
<th>Water Fluoridation Impact*</th>
<th>ROADS Impact*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaufort Jasper Hampton</td>
<td>1, 6</td>
<td>$45,000 and 7,500 residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horry Georgetown</td>
<td>7</td>
<td>$45,000 and 5,640 residents (Horry only)</td>
<td>$16,330 and 45,000 residents (Georgetown only)</td>
<td></td>
</tr>
<tr>
<td>Sumter</td>
<td>6</td>
<td>$45,000 and 5,000 residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richland Lexington Fairfield</td>
<td>2, 5</td>
<td>$45,000 and 2,630 residents</td>
<td></td>
<td>$280,000 and 200 to 2,000 residents (Fairfield only)</td>
</tr>
<tr>
<td>Orangeburg</td>
<td>2, 6</td>
<td>$45,000 and 1,900 residents</td>
<td></td>
<td>$280,000 and 200 to 2,000 residents</td>
</tr>
<tr>
<td>Florence Darlington Marlboro</td>
<td>7</td>
<td>$115,294 and 141,587 residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spartanburg</td>
<td>4</td>
<td>$37,650 and 180,000 residents</td>
<td></td>
<td>$290,000 and 200 to 2,000 residents</td>
</tr>
</tbody>
</table>

*Funds directly spent in the community at medical and dental practices and water systems.
Rural Oral Health Equity Portfolio

- Reduce rural health disparities for children & high-risk adults with diabetes
- Community medical-dental integration
- Working in 3 rural markets: York, Fairfield, & Orangeburg Counties
- Companion effort to MORE Care with the SC Office of Rural Health

- Enhance oral health interprofessional education for primary care & dental graduates
- Improved competencies, business acumen, & willingness for rural safety net practice
ROADTRIP’s purpose is to transform interprofessional education at the MUSC so that more dental and primary care graduates have the prerequisite clinical and interprofessional competencies, business acumen, and willingness for rural safety net oral health practice.

- Graduate-level certificate in safety net dental practice
- Integration of oral health competencies campus-wide in health professions programs

Integration of Oral Health and Primary Care Practice

U.S. Department of Health and Human Services
Health Resources and Services Administration
February 2014

Thou shall...
1. Risk assessment
2. Patient education
3. Preventive clinical care
4. Referral management
ER Frequent Flyer: An Opportunity Realized

- 5 ER trips in two weeks for fever of unknown origin
- Family Medicine Resident inspects the mouth
- Prior training on oral health risk assessment
- Appropriate care and referral
FQHC Capacity Optimization

- 80% vs. 20%, medical/dental
- Understanding partnership opportunities & limitations
- Need for productivity-based practice culture

---

**FQHC Dental Enhancement Plan Consensus Areas**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Management Domain</td>
<td>Adjust the full fee schedule to the 70th-80th percentile for the area</td>
</tr>
<tr>
<td>Creating value</td>
<td>Develop scripting to communicate with patients on payment for dental care</td>
</tr>
<tr>
<td>Patient Management Domain</td>
<td>Educate patients and staff on a new strong, no-show policy</td>
</tr>
<tr>
<td>Failed appointments</td>
<td>Strength policy to include (a) removing appointments for patients with disconnected phones; and (b) require patient call back when message left</td>
</tr>
<tr>
<td>Confirmation calls</td>
<td>Strengthen policy; create list of ‘high risk no-show patients’ so scheduler can manage.</td>
</tr>
<tr>
<td>Late arriving patients</td>
<td>Improve reporting to include (a) metrics; (b) profit and loss statements for dental; and (c) dummy codes for tracking no-shows</td>
</tr>
</tbody>
</table>
New Oral Health Partnership with TDE

- **Focus areas**
  - School-based oral health solutions
  - Safety net capacity
  - Integrated care models

- **Research Consortium**
  - Dental schools & Rural Health Research Centers
The Business Care for Integrated Care

- Emerging in outpatient settings
- Best studies (n=3) examine oral health/diabetes management, although limited to privately insured patients.
  - Savings is actualized from inpatient reductions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total healthcare costs</td>
<td></td>
<td></td>
<td>$899.50</td>
</tr>
<tr>
<td>Total medical costs</td>
<td>$283.72</td>
<td>$950</td>
<td>$788.50</td>
</tr>
<tr>
<td>Total diabetes-related costs</td>
<td></td>
<td></td>
<td>$204.00</td>
</tr>
</tbody>
</table>
Considerations for HOP Vision Council

- Preventive Oral Health Care
- Dental Homes
- Dentures

- Identifying priority populations
- Setting realistic expectations
Is there cognitive dissonance among Americans when it comes to dental care values & utilization?

Data source: ADA Health Policy Institute, 2016
Highlights

Reasons for Not Visiting the Dentist More Frequently, Among Those Without a Visit in the Last 12 Months

- Cost: 59%
- Afraid of Dentist: 22%
- Inconvenient Location or Time: 19%
- Trouble Finding a Dentist: 15%
- No Original Teeth: 12%
- No Perceived Need: 10%
- No Reason: 9%
- Other: 10%

Source of Dental Benefits

- Private: 47%, 28%, 28%
- Medicaid: 50%, 35%, 33%
- Other: 41%, 20%, 21%
- None: 43%, 24%, 32%

[Graph showing source of dental benefits]
Preventive Care

Consider the unique psychosocial orientation for HOP participants and how that translates into ‘likelihood’ to engage in ongoing dental preventive care. What does that mean for referrals?

- Role of primary care providers, as demonstrated with our existing projects
- Dental partners for the uninsured
  - Free clinics
  - FQHCs
  - Dental Hygiene Programs
### SC FQHC Oral Health Expansion Grants

**6 awards totaling $2,275,000**

<table>
<thead>
<tr>
<th>Health Center Grantee</th>
<th>City</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE SOUTH CAROLINA INC</td>
<td>HARTSVILLE</td>
<td>$350,000</td>
</tr>
<tr>
<td>FAMILY HEALTH CENTERS, INC.</td>
<td>ORANGEBURG</td>
<td>$525,000</td>
</tr>
<tr>
<td>GENESIS HEALTHCARE, INC</td>
<td>COLUMBIA</td>
<td>$350,000</td>
</tr>
<tr>
<td>HEALTH CARE PARTNERS OF SOUTH CAROLINA, INC.</td>
<td>CONWAY</td>
<td>$350,000</td>
</tr>
<tr>
<td>HOPEHEALTH INC</td>
<td>FLORENCE</td>
<td>$350,000</td>
</tr>
<tr>
<td>RURAL HEALTH SERVICES, INC.</td>
<td>AIKEN</td>
<td>$350,000</td>
</tr>
</tbody>
</table>
Dental Homes

- For whom is this an imperative and will that change under a new administration?
  - Patient vs. System
  - Priority Patients - e.g. pregnancy, diabetes, HIV

- Potential partners for the uninsured
  - Free clinics
  - FQHCs

- Other ‘band-aids’
  - DAD
  - Independent free care offerings
  - DDS (Donated Dental Services)
DDS - Donated Dental Service Program

- National Program
- Limited to ‘life and death’ situations such as patients who need oral surgery before receiving chemotherapy

Easy for dentists. Life changing for patients.

Volunteering is easy.
- Review the patient profile in advance
- Choose to see or decline any patient
- Determine your own treatment plan
- See patients in your own office
- Never pay lab costs
- No extra paperwork for your office staff

Count on your DDS Coordinator to:
- Ensure that patients will arrive on time for appointments
- Be the liaison between your staff and the patient to facilitate everything
- Arrange for assistance from specialists and laboratories
Dentures

- Potential partners for the uninsured
  - Sexton Dental Clinic in Florence
  - Some free clinics

Dentures are outside of scope for FQHCs. Some may offer but not free.
Dentistry is different from medicine
There are resources but limited
Consider priority populations for collaborative referral management partnerships
Thank you!

Amy Martin, DrPH
Director & Associate Professor
martinamy@musc.edu
843-792-8270