The State of Dental Care

SAMHSA PBHCI Grantee Webinar & Discussion
August 30, 2012
To ask your question over the phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

To ask your question via the chat please type your questions into the question box and we will address your questions. (right)
Polling Question: At what level are you currently providing dental services?

- None
- Providing basic information on oral hygiene
- Providing information and resources
- Referring patients to dental providers
- Providing dental care
Polling Question: What is your main concern re: providing dental care?

- Cost
- Staff time
- Lack of information
- Other…tell us more
Agenda

• Dental care in the United States: Current Status
• Strategies that work:
  • Community Partnerships – JoAnne Ventre, Neighborhood Healthcare, Mental Health Systems, Inc.
  • Mobile Dentistry Units – Leslie DeHart, Central Oklahoma
  • Becoming an FQHC – Sandy Stephenson, Southeast
  • Additional Strategies to Consider – Dental research

• Resources
Dental Care in the US: Big Picture

**Children**
- Tooth decay is the most common chronic illness among school-age children and is almost entirely preventable.
- About 1 in 4 children have untreated tooth decay. The rate among low-income children is more than twice that for children with more income and rates also vary by race.
- Medicaid and CHIP cover comprehensive dental benefits for children, but 30% of children with private health insurance are uninsured for dental care.

**Nonelderly adults**
- About 1 in 4 nonelderly adults have untreated tooth decay. The rate among low-income adults is twice that for adults with more income (41% versus 19%).
- Employed adults lose over 164 million hours of work a year related to oral health problems or dental visits.
- In 2010, 22% of low-income adults had gone five years or more without a dental visit, or had never had a visit.

**Medicare beneficiaries**
- One in four Medicare beneficiaries have no natural teeth. This condition can often lead to other health issues, including nutritional deficiencies.
- Medicare beneficiaries who used any dental services in 2008 spent, on average, $672 out-of-pocket for dental care.

Individuals with serious mental illness have not shared in the improving oral health of the general population.
What We Know……

- People with severe mental illness had 3.4 times more likely to lose all their teeth than the general population.
  
  *Source: Advanced dental disease in people with severe mental illness: systematic review and meta-analysis BJP 9, 2011 199:187-193*

- 61% of persons with SMI self-reported fair to poor dental health, 34% reported that oral health problems made it difficult for them to eat. Patients who were not employed, experiencing financial strain, who smoked, who were prescribed tricyclic antidepressants, or prescribed selective serotonin reuptake inhibitors were more likely to report poor or fair dental health.

Strategies that Work

- Partnerships
- Mobile Dentistry Units
- Becoming an FQHC
- Flexible Spending Accounts
- Referrals
- Volunteer Dentists
- Patient Education
Strategy # 1: Partnership

*Mental Health Systems, Inc. & Neighborhood Healthcare*

**Start of Services:** May 16, 2012

**Funding Source:** FY 2011 Rollover Funds

**Location:** Neighborhood Healthcare (FQHC) Dental Department

**Prior to Implementation:** Developed process for scheduling, reminder calls, paperwork completion, care and treatment parameters, billing for care. NHC’s BH Medical Director provided training for dental staff.

**At the MH Agency Site** (Mental Health Systems): San Diego-PBHCI participants meet with staff, dental registration paperwork completed, appointment time scheduled. Wellness Coordinator meets participants at the FQHC during their appointment time.
Summary of Services Provided

**Prevention Services:** Each participant receives an exam, cleaning and x-rays

**Treatment Services:** Treatment plan established for each participant. Treatment is limited to fillings and extractions.

**Current Statistics:** From 5/16/12 through 8/20/12 there have been
- 36 kept appointments (18 New Patient)
- 18 pending appointments (10 New Patient; 8 follow ups)
- 4 cancelled appointments
- 6 re-scheduled appointments
- 5 no-shows
- $5,405 of current budget spent for 13 patients ($415.76 average/pt)
Strategy # 2: Mobile Dental Unit

Central Oklahoma Community Mental Health Center

- Two contracts discontinued in first two years of PBHCI grant
- High demand + Limited time frame= variety of service models
- Partnership and Mobile Dental Unit Model
- Delta Dental Oral Health Foundation’s quarterly guide
- Calling all low cost providers in Oklahoma metro area – we have a great cause.
- Help me help you – Oklahoma Dental Foundation – Mobile Dental Unit.
- Diversify providers- don’t put all your eggs in one basket!
Funding

- Line item in PBHCI original request for funding
- Partners receive outside grant funding
Strategy # 3: Become an FQHC

Southeast, Inc.
- Behavioral Healthcare IS Healthcare
- Oral Healthcare IS Healthcare

Stark Reality in Columbus, OH
Hospital Emergency Department Utilization

Reasons for ED Utilization – People with NO Health Insurance
1. Dental Disorders NOS 3,420 patients $1,979,958
16. Dental Caries NOS 1,290 879,083

Reasons for ED Utilization – People with Medicaid
6. Dental Disorders NOS 2,501 $1,443,357
FQHC

- PBHCI Program Goal – Become an FQHC (Aug. 2011)
- FQHC(330h) Program Included Oral Healthcare
- .1FTE Dentist; .1FTE Dental Hygienist (4 hrs wk)
- Leased Dental Office at Homeless Shelter Clinic
- Co-Located with Primary Care/Shared Staff
- Monthly Reimbursement for Dental Supplies
- Homeless Shelter Clinic Manages Spore Testing
- Application Pending for an additional .1FTE
- Shelter Dental Clinic Rotates Hygienist Students
FQHC

6 Month Expense Overview

Dentist Payroll @ 4 hrs per wk  $5,999.76
Dentist Fringe Benefits          662.97
Dental Hygienist (Temp Service)  3,393.00
Dental Supplies                 1,320.00

6 Month Total Expense  $11,375.73

Average Cost per Patient  $206.83
Average Cost Per Procedure  $90.28

6 Month Service Overview

Dental Films/X-Rays            25
Extracts                      42
Restorations                  29
Oral Evaluations              18
Prophylaxis (Adult)           11
Oral Hygiene Instruction      1

Unduplicated Dental Patients  55
Additional Strategies to Consider

- Flexible Spending Accounts / Emergency Funds
- Referrals to Free Community Services
- Volunteer Dentists
- Allied Health Workers
  - Dental hygienist can perform services under supervision of a dentist
- Self-Care and Education
Self-Care and Education - 10 Tips

• Free tooth brushes and floss
• Preventive oral health services
• Add oral health to your existing nutrition education
• Provide positive information
• Teach healthy brushing and flossing techniques
• NO SMOKING- add oral health to the list of reasons to quit smoking
• Perform basic oral health assessments
• Provide informational pamphlets and/or posters
• Encourage a routine
• Highlight the importance from a young age
Additional Resources

Find Free Dental Care for Seniors (link on HRSA website)  

Online locator: Free medical/dental clinics by state:  
http://www.freemedicalcamps.com/

Public education resources about the importance of oral hygiene:  
http://shop.channing-bete.com/onlinestore/store.html?cid=130648

Other information:
- NAMI Hearts & Minds:  
http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Medical_Self_Advocacy/Dental_Care.htm
- Henry J. Kaiser Family Foundation, fact sheet:  
http://www.kff.org/uninsured/upload/8324.pdf
- Kaiser.edu:  
http://www.kaiseredu.org/Issue-Modules/Dental-Care/Key-Data.aspx
- Southern Assoc of Institutional Dentists: Module 9: Clinical Concerns in Dental Care for Persons with Mental Illness.  
- JADA Journal of the American Dental Assoc: Dental Care and Associated Factors Among Older Adults with Schizophrenia:  
http://jada.ada.org/content/142/1/57.full
- Schizophrenia Bulletin 2011: Oral Health Advice for People With Serious Mental Illness -  
http://schizophreniabulletin.oxfordjournals.org/content/37/3/464.full.pdf+html
- Journal of Dental Research: Effects of an Oral Health Promotion Program in People with Mental Illness. abstract only:  
http://jdr.sagepub.com/content/88/7/648
- Oral Health Assessment Tool  
# ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG-TERM CARE

<table>
<thead>
<tr>
<th>Category</th>
<th>0 = healthy</th>
<th>1 = changes</th>
<th>2 = unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lips</strong></td>
<td>Smooth, pink, moist</td>
<td>Dry, chapped, or red at corners</td>
<td>Swelling or lump, white/red/ulcerated patch; bleeding/ ulcerated at corners*</td>
</tr>
<tr>
<td><strong>Tongue</strong></td>
<td>Normal, moist, pink</td>
<td>Patchy, fissured, red, coated</td>
<td>Patch that is red and/or white, ulcerated, swollen*</td>
</tr>
<tr>
<td><strong>Gums and Tissues</strong></td>
<td>Pink, moist, Smooth, no bleeding</td>
<td>Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*</td>
<td>Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*</td>
</tr>
<tr>
<td><strong>Saliva</strong></td>
<td>Moist tissues, watery and free flowing saliva</td>
<td>Dry, sticky tissues, little saliva present, resident thinks they have dry mouth</td>
<td>Tissues parched and red, very little or no saliva present; saliva is thick, ropey, resident complains of dry mouth*</td>
</tr>
<tr>
<td><strong>Natural Teeth</strong></td>
<td>No decayed or broken teeth/roots</td>
<td>1 to 3 decayed or broken teeth/roots*</td>
<td>4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*</td>
</tr>
<tr>
<td><strong>Denture(s)</strong></td>
<td>No broken areas/teeth, dentures worn underneath</td>
<td>1 broken area/tooth, or dentures only worn for 1 to 2 hours daily are worn or</td>
<td>More than 1 broken area/tooth, denture missing or not worn due to poor fit or worn out with denture or</td>
</tr>
</tbody>
</table>

NOTE: A Star (*) and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, dentist).
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Upcoming Webinars

CIHS National Webinar - Motivational Interviewing for BH Providers
Enhancing Strategies to Promote Individual Change in Behavioral Healthcare Settings
When: September 19, 2012 2–3:30 pm (Eastern)
Presenter: Jeremy Evenden, MSSA, LISW-S, consultant and trainer, Center for Evidence-Based Practices (CEBP) at Case Western Reserve University

September PBHCI Grantee Webinar
Pain Management
When: September 28, 2012, 1-2pm (Eastern)
Thank You!

For immediate technical assistance needs, general questions, or additional information, contact:

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