



SAMHSA-HRSA Center for Integrated Health Solutions

The State of Dental Care

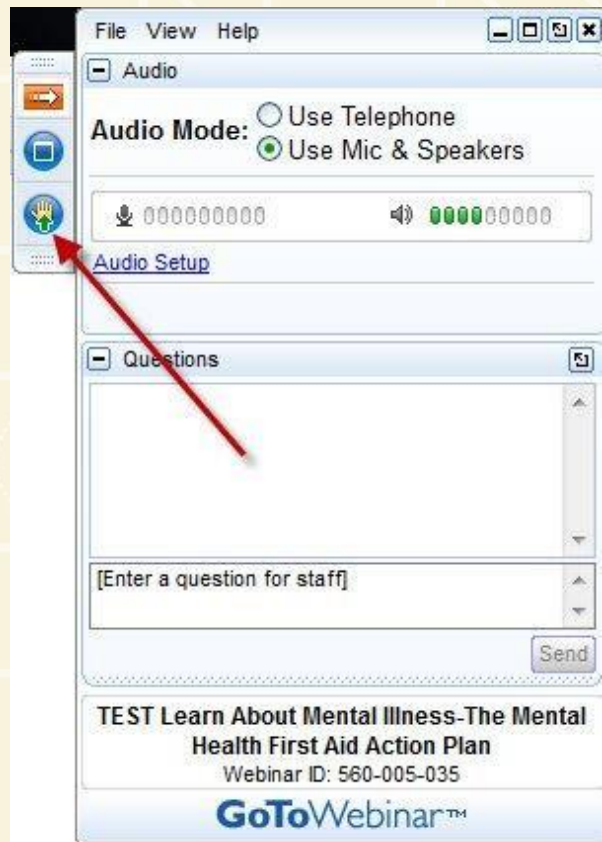
SAMHSA PBHCI Grantee Webinar & Discussion
August 30, 2012



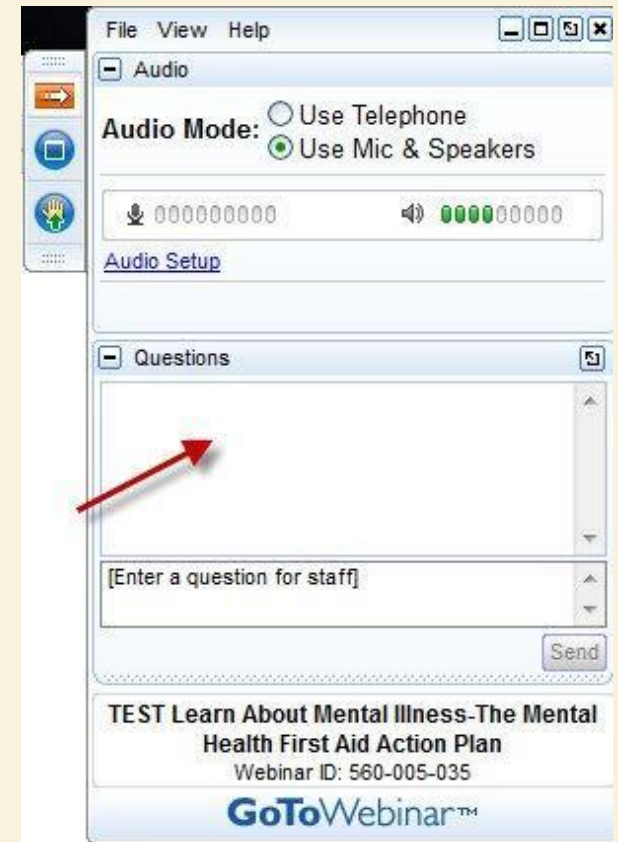
NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



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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.

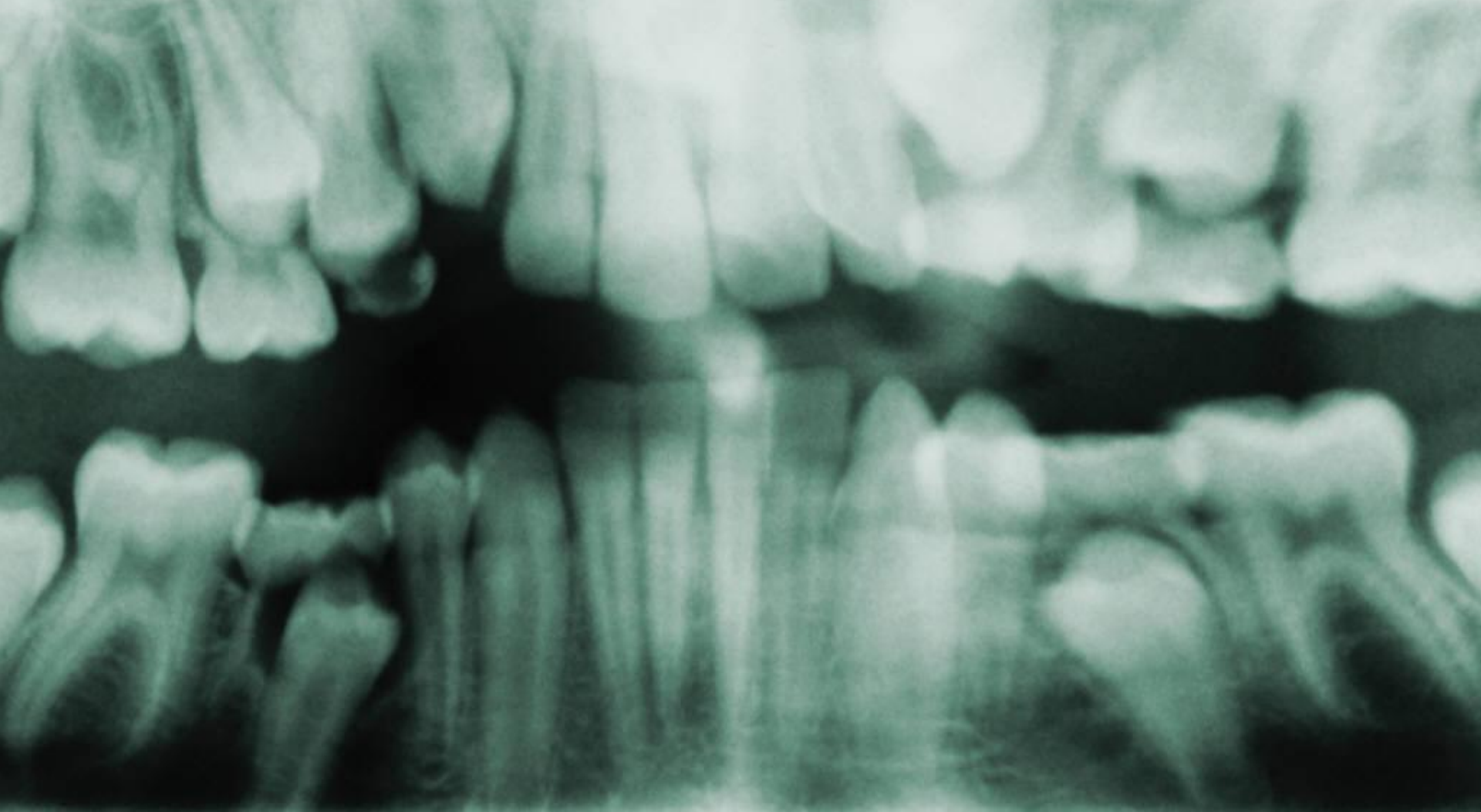
Medicare beneficiaries

- 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.

Oral Health in the US: Key Facts. The Henry J. Kaiser Family Foundation, June 2012.



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.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/17436978>



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

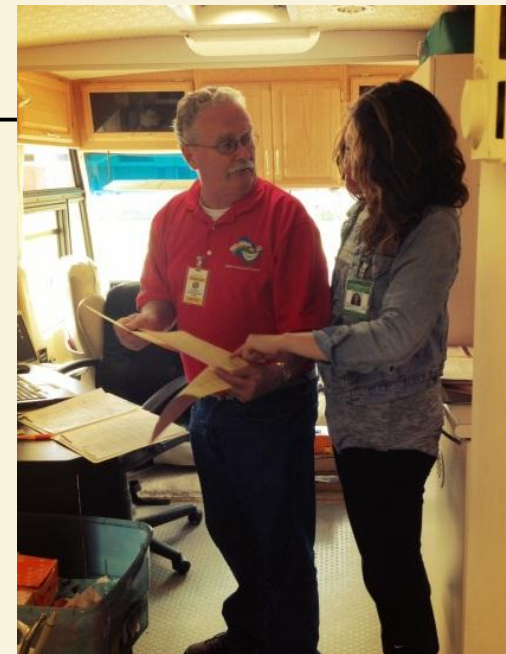
- 36 kept appointments (18 New Patient)
- 18 pending appointments (10 New Patient; 8 follow ups)
- 4 cancelled appointments
- 6 re-scheduled appointments
- 5 no-shows
- **\$5,405** of current budget spent for 13 patients (\$415.76 average/pt)



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 PBHCl 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	<u>1,320.00</u>
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
Extractions	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) <http://suite101.com/article/find-free-dental-care-for-seniors-a247414>

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. http://saident.org/modules/17_module9.pdf
- 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 http://www.cda-adc.ca/files/dental_profession/practising/best_practices_seniors/ohat_tool_halton_2007_10.pdf



ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG-TERM CARE

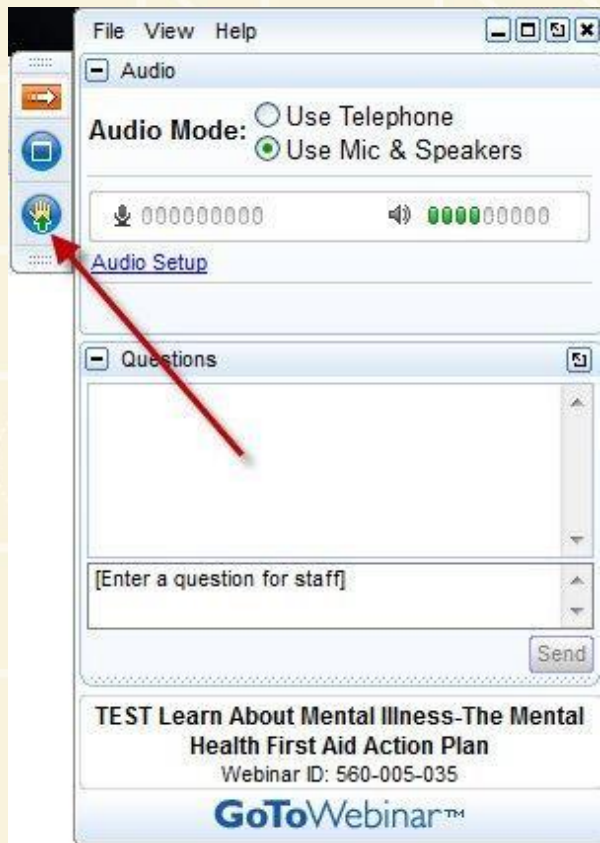
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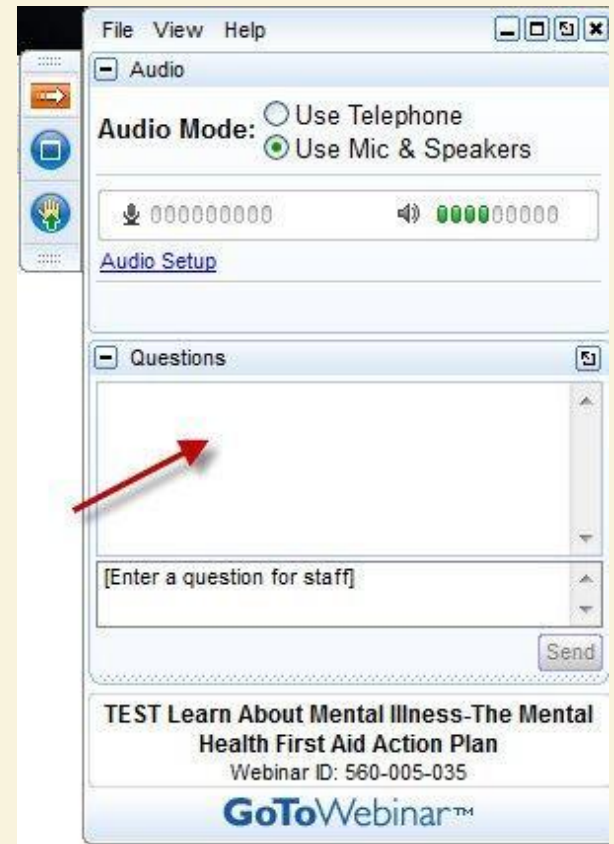
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NOTE: A Star * and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, de

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



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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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