Community Dental Health Coordinator Program

A 21st Century Strategy for Dental Case Management

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ADA American Dental Association®
Health Research Says....

• Patient “Activation” = Patient Knowledge, Skills, Ability and Willingness to Manage Healthcare

• Patient “Engagement” = Patient Activation + Interventions (like Preventive Care)

• Result: Higher Quality and Lower Costs
What is a CHW?

• A frontline worker who is a trusted member of and/or has unusually close understanding of the community served

• A CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through outreach, community education, informal counseling and advocacy
What a CHW skill set does for a TEAM

- Care Coordination
- Bridge between the community and clinic
- Address social determinants of health
- Convey patient backgrounds, constraints and preferences in a culturally appropriate way
- Identify client barriers including transportation, housing, and literacy
What if a Dental Professional had CHW skills?
Who are CDHCs?

- Dental assistants or hygienists with community health worker skills

- Dental professionals who practice within the State Practice Act

- Over 110 CDHC trained professionals are now working with another 130 trainees in the “pipeline”
The valued skill set for CDHC training

• Experience in delivering oral health services
• Knowledge of the dental disease process
• Ability to converse with dental offices and clinics
• Ability to describe dental procedures to a patient or family
• Knowledge of dental nomenclature, dental appointments, dental prevention strategies
Why Are They Important and Needed?

• Understand Upstream Determinants of Disease

• Perform “Case Management” to guide patients into available care

• Promote Oral Health within a Community

• Act as Trusted “Cultural Brokers” using Health Literacy principles
The CDHC program

- Requires no change to the State Practice Act
- Puts patients into the Care of a Dentist
- Promotes Prevention and Case Management
- Addresses Upstream Determinants of Disease (Social Determinants)
Community Oral Health Education

Oral Health::
Your mouth matters!

Presenter:
Cilvia Hoops

Esperanza Health
The CDHC Program

- Requires no taxpayer support

- Is provided to schools with Licensing Agreement

- Navigates patients into existing care which is underutilized

- Teaches no irreversible procedures
Where Can They Work?

- Private Practices
- Community Clinics or Federally Qualified Health Centers (FQHCs)
- Hospital ERs
- Anywhere that patients need care coordination
Medicaid expansion led to 5.4 million low-income adults gaining dental coverage.
Medicaid just became the top payer for emergency room visits for dental conditions.
## Cost Barriers to Dental Care

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>COST</td>
<td>56%</td>
</tr>
<tr>
<td>Afraid of Dentist</td>
<td>29%</td>
</tr>
<tr>
<td>Inconvenient Location or Time</td>
<td>18%</td>
</tr>
<tr>
<td>Trouble Finding a Dentist</td>
<td>13%</td>
</tr>
<tr>
<td>No Original Teeth</td>
<td>5%</td>
</tr>
<tr>
<td>No Perceived Need</td>
<td>16%</td>
</tr>
<tr>
<td>No Reason</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
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Supply of Dentists

More dentists…more young dentists…more women dentists…
Projecting the Supply of Dentists

Figure 1: Historical and Projected Dentists per 100,000 Population in the U.S., Baseline Scenario

Sources: ADA Health Policy Institute analysis of ADA masterfile; ADA Survey of Dental Practice; ADA Survey of Dental Education; U.S. Census Bureau, Intercensal Estimates and National Population Projections. Notes: Data for 2005, 2010 and 2015 are based on the ADA masterfile. Results after 2015 are projected. Assumes (a.) U.S. total annual dental school graduates will increase until 2020 and then remain constant (b.) future outflow rates are same as 2010-15 historical percentages.
Key Take-Aways

- Dental spending rose slightly in 2015 after years of stagnation. Driven mainly by increases in Medicaid and CHIP spending.

- Dental care use is rising steadily among (lower-income) children and (higher-income) seniors. Dental care use is flat among adults overall, but up slightly among lower-income adults due to ACA.

- Cost barriers to dental care are falling for all age groups except 65+. Driven partly by increases in dental coverage rates among all age groups, both public and private coverage.

- Substantial reduction in untreated caries among children in last decade, especially vulnerable populations. Disparities are narrowing. No significant changes for adults or seniors in untreated caries rates or disparity levels.

- Data suggest a ‘New Normal’ for young(ish) adults. Recent increases in dental coverage rates and reductions in cost barriers to dental care have not translated into increased dental care use. Dental care use continues to rise steadily for (lower-income) children and (higher-income) seniors.
Module Overview

- Human Behavior and Health
- Client Centered Counseling Skills
- Motivational Interviewing (OARS) Continued
- Rolling With Resistance
- Implementing OARS in Assessment/Evaluation
- Public Financing of Dental Care
- Non-governmental Third Party Insurance
- Risk Management
Module Overview

• Understanding the CDHC as a Community Health Worker
• Community Diagnostics
• Cultural Humility and Cultural Competency
• Verbal and Non-Verbal Communication
• Oral Health Literacy
• Social Determinants of Health
• Community Mapping
• Motivational Interviewing
So Where is Everybody?
Guide the Person/ Guide the Treatment
FIRST DENTAL EXAM: 12 months
Who Best to Assess and Assist?
What Are Some Core Duties?

- Coordinate care - Arrange transportation
- Reduce dental anxiety/support access
- Guides patients to complete treatment
- Enhance cultural competency
- Educate the population about prevention
- Navigate Medicaid or other dental systems of care
- Enhance productivity & integration of oral health team
How Would A CDHC Benefit a Clinic?

- Reduce broken appointments
- In-services presented to medical specialties
- Care coordination and integrated care
- Increased community awareness of clinic
- Effectively manage school based programs
How Would One Help a Private Practice?

• Oral Health Promotion in a Medical Setting

  Educate Medical Staff / Answer Patient Questions

  Make Appointments in Your Practice for New Patients

  Apply (and bill for) Topical Fluoride Varnish (as permitted by State Practice Act)

  Coordinate Care (between Medical / Dental Services)
Navajo CDHC Trainees
CDHCs from New Mexico
Practical Example- from Dental Director

Two pediatrician satellite CHC offices:

• 1. Devoted dental case management = 80 patients per month referred to dental office

  Increase revenue average $12k per month

• 2. No dental case manager = 5 patients per month

  Increase revenue average $750.00

At $150.00 per encounter, one site is more “productive”
Educational Pathways

• Offered as Continuing Education (6-12 MOS)

• “Stacked” within an existing curriculum

• Online modules offer student flexibility with time and location access

• Certificate offers career options
CDHC Program and Curriculum

- Curriculum blends Community Health Worker with Dental Professional Skills. Complies with State Practice Acts
- Designed with unused capacity noted in health centers and private practices
- Community Based Prevention, Literacy and Case Management focus
Health Literacy in CDHC Training

• Offering plain language education and solutions

• Communication based in Culture Awareness

• Resolving the “I didn’t know that” dilemma

• “I don’t need an extraction- just a tooth pulled”
Program Growth Since 2013

Number of CDHC Graduates 2013-2017

- 2013: 34 graduates
- 2015: 53 graduates
- 2017: 115 graduates
The “Why” For A School

• “Value Added” for Graduates

• To Distinguish Their Program (stacked)

• Revenue for the School

• Desire to Offer the “New” Program
Local School Interest Across the Country

Number of Schools Offering the CDHC Program
2013-2017

- 2013: 0
- 2015: 8
- 2017: 15
Value of Licensing Agreement

- Exclusive Arrangement for the School
- Ability to Use ADA Logo in School Materials
- Provides the Curriculum Royalty Free (3 yrs)
- School May Sublicense the Curriculum
Rio Salado Distance Learning Program

• New Class (over 30 trainees) began September 5th
• Participants from 12 states
• Online modules plus conference calls
• Reading and Report Writing
Current Local Schools Within States

- Illinois  (4 Hygiene Schools)
- Kentucky
- Arizona  (50 state reach)
- New Mexico
- Virginia
- California
- Florida
- Massachusetts
- North Carolina
- Maryland
- Michigan
- Hawaii
- Mississippi
Our CDHC Program Goals
Questions?

• Newly Approved Codes Offer Future Considerations:
  • 1. Addressing Barriers to Care
  • 2. Care Coordination
  • 3. Motivational Interviewing
  • 4. Health Literacy - Reimbursed via Federal Regulation 1557 (Translation)
• groverj@ada.org for additional information