



# Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: [lcofano@astdd.org](mailto:lcofano@astdd.org)

**NOTE:** Please use Arial 10 pt. font.

## CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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**Title:** President

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## PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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**Title:**

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**SECTION I: ACTIVITY OVERVIEW**

**Title of the dental public health activity:**

**North Carolina Special Care Dentistry**

**Public Health Functions\* and the 10 Essential Public Health Services to Promote Oral Health:**  
Check one or more categories related to the activity.

<b>“X”</b>	<b>Assessment</b>
x	1. Assess oral health status and implement an oral health surveillance system.
x	2. Analyze determinants of oral health and respond to health hazards in the community
x	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
<b>Policy Development</b>	
x	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
x	5. Develop and implement policies and systematic plans that support state and community oral health efforts
<b>Assurance</b>	
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
x	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

**[\\*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)**

**Healthy People 2030 Objectives:** Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.

**Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:**

Special Care Dentistry, Intellectual/Developmental Disability, mobile dentistry, community dentistry, geriatric dentistry, access to care: individuals with special health care needs, individuals with disabilities, access to care: adults and older adult services, prevention: adults and older adults oral health, prevention: individuals with special health care needs

**Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.**

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

Access Dental Care (ADC) is a non-profit organization whose mission is to provide on-site, quality comprehensive dental services, via mobile equipment and trained professionals, to the intellectually disabled/developmentally disabled (ID/DD) and frail elderly populations in long-term care facilities (nursing and group homes), community-dwelling individuals with disabilities, Program for All-Inclusive Care of the Elderly (PACE) centers and regional HIV clinics. Recent program expansion includes service in a fixed clinic located in Asheboro, North Carolina (NC). Access Dental Care began as a sponsored North Carolina Dental Society (NCDS) and Area Agency on Aging program, with initial funding of \$365,000 from the Cone Foundation of Greensboro, NC. The four missions include: 1. clinical care for special care patients, 2. continuing education for medical professionals, 3. advocacy for expansion of special care services and 4. health services research. ADC has always maintained a large group of special care interest organizations that push for our initiatives.

This organization started in 2000, and currently serves 105 facilities across North Carolina. Five days a week, three teams (dentist, hygienist, and two assistants) travel to a facility, serving an average of 18 patients per day. Six administrative staff support the clinical teams preparing schedules, verifying insurance, billing and submitting insurance and communicating with facilities and families about care needed.

Access Dental Care and NCDS work closely with many organizations to establish awareness of the need for services for special care populations. Collaborating organizations include NC Dental Medicaid, NC Oral Health Coalition, NC Council on Aging, Friends of Residents of Long-Term Care (LTC), LeadingAge of NC, NC Healthcare Facilities Association, local Association for Retarded Citizens (ARC) organizations and NC Programs of All-Inclusive Care for the Elderly (PACE) Association.

Our Board of Directors has representatives, include members from skilled nursing facilities, group homes for those with I/DD, PACE Programs, dentistry, special care dentistry, and dental and public health education/research.

Access Dental Care's delivery model is now recognized by several regional foundations as a best practice. These relationships have established trust in the delivery system. They understand the effectiveness and efficiency of the model and are willing to fund organizations that want to purchase and implement care using this delivery system.

## SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

**\*\*Complete using Arial 10 pt.**

### **Rationale and History of the Activity:**

1. What were the key issues that led to the initiation of this activity?

In the 1980s, the North Carolina Dental Society (NCDS) appreciated that a systems approach was necessary to provide services to special care populations. At that time, it partnered with the state's public health Dental Division to provide dental provider education and related agency coalition building.

By the early 1990s, a clinical model (Apple Tree Dental, Minnesota) had been identified for replication. Carolinas Medical Center, Charlotte (Carolinas Mobile Dentistry) received funding from the Kate B. Reynolds Charitable Trust of Winston-Salem, NC for a pilot project in 1997. Access Dental Care (ADC), a

NCDS sponsored program, was then started in 2000 and in 2015, ADC assumed the operations of Carolinas Mobile Dentistry. ADC is on a steady growth tract and has expanded services both to eastern and western North Carolina. ADC has continued to help community programming expand by providing dental delivery systems for the North Country Health Consortium (New Hampshire), CareSouth Carolina (South Carolina), the Cabarrus Health Alliance (North Carolina) and the Wilson County Health Department (North Carolina).

ADC works closely with the NCDS and the NC Oral Health Collaborative to expand state services and improve the quality of care for special care patients.

Access Dental Care's primary mission is providing comprehensive dental care using our mobile equipment. Access barriers are removed by our trained dental team bringing emergency and routine dental services to our patients aged one to 114 years. Due to the complex medical needs of the individuals we treat, most have not received routine care in the past. The majority have significant oral problems and require extensive treatment. We do comprehensive and recall exams on all of our patients at least every six months. These exams include oral and pharyngeal cancer screenings, allowing early detection of potential lesions.

Another part of the mission includes education of both providers and consumers. Dr. Bill Milner and Betsy White give presentations at the regional and national level about special care dental issues. Informed individuals and organizations create proactive allies supporting the special care agenda. We also consult with dental practitioners offering our expertise in both special care and mobile dentistry. We invite practitioners to spend time with our clinical team, learning the hands-on aspects of taking care of older adults with special health care conditions. These providers become more comfortable with the unique practice environment and treatment of those with disabilities.

We are able to provide preventive services and oral health education to patients and caregivers, helping reduce the amount of caries and periodontal disease. Our comprehensive treatment model provides a convenient avenue for early interception of dental disease and extensive rehabilitation for those who have not been able to access care.

One of our greatest successes has been treating HIV patients at a regional hospital infectious disease clinic. Reducing dental disease and maintaining periodontal health has helped control their HIV viral loads. These patients are motivated to improve their daily oral hygiene routines, making them healthier individuals.

In 2020, Access Dental Care opened its first fixed clinic in Asheboro, North Carolina. This clinic complements the mobile services and gives opportunity to many more community-dwelling patients with special care needs.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

The elderly and disabled are one of the most neglected populations. Patient behaviors, on-site locations, complicated medical histories, responsible payor issues, inadequate dental/medical team training, financial reimbursement, specific dental equipment and software create barriers to service. All of these service delivery issues come at a time when states have deinstitutionalized those with disabilities back into local communities and the aging growth rate is increasing rapidly.

Having special care expertise in the community at large benefits everyone. Medical/dental practitioners have a referral source. Responsible parties' search for routine dental services is less complicated and patients get compassionate care. Use of oral sedation and the operating room setting ensures that even the most difficult cases get the care they need.

North Carolina's coalition building efforts have been the ultimate key to our success. It is a grassroots effort - involving patients, caregivers, special care interest organizations and legislators. As a result, North

Carolina continues to have a strong adult dental Medicaid program and special care is a part of the oral health agenda.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

Started in 2000, this organization currently serves 105 facilities across North Carolina. Five days a week, three teams (dentist, hygienist, and two assistants) travel to a facility, serving an average of 18 patients per day. Five administrative staff support the clinical teams preparing schedules, verifying insurance, billing and submitting insurance and communicating with facilities and families about care needed.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

While providing the above daily care, Access Dental Care has:

- Educated medical and dental professionals and consumers on special care dentistry issues. Dr. Milner and Betsy White provide education to physicians, nurses, and direct care staff. We are able to update these practitioners on the association between oral health and general health, help them to recognize potential oral health issues during screenings and physical exams and to establish an interdisciplinary relationship between the medical and dental providers.
- Partnered with UNC Adams School of Dentistry and ECU School of Dental Medicine Student Chapters of Special Care Dentistry Association to provide speakers for meetings.
- Secured provider incentive loan repayment from Medical Placement Services, NC Department of Health and Human Services, for working with underserved populations.
- Partnered with NC Medicaid to change policy and reimbursement rates including the rule change that allows providers to be reimbursed the D9410 for each Medicaid beneficiary seen verses once per day.
- Partnered with UNC Adams School of Dentistry to provide research data for a teledentistry project.
- Manufactured a line of mobile equipment that is available for other providers to purchase. More information can be found on our website.
- Access Dental Care primarily provides dental services on-site to adults in the nursing home or group home. Community-dwelling children and adults are seen in the fixed clinic or at a once-a-month ARC community clinic site or in the hospital OR. The on-site presence of a dental team increases oral health awareness. We are also able to educate direct care staff about the importance of dental care and the relationship of oral health to overall systemic health.
- Access Dental Care’s treatments are developed using evidenced-based interventions that are appropriate for special care populations. We have 20 years of treatment data that is available for research agendas. We consult with the Medicaid Dental Director on a regular basis. His office maintains data on all the state’s long-term care dental providers, helping us determine the number and type of services provided. This information will later be used to create legislation that defines the standard of care for special care populations in North Carolina.

- Access Dental Care has been identified by both state and national groups for its effective model and has been replicated five times within the state. The model has proven to be financially stable while being an effective delivery model that breaks access barriers and has been effective in treatment and prevention of dental disease.
- Access Dental Care has established an advocacy group representing the previously mentioned public and private organizations. These partnerships are invaluable for legislative action and helping promote understanding of the importance of oral health to overall health.

INPUTS	<b>PROGRAM ACTIVITIES</b>	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Program Stats: Totals from 8/2000-12/2020

Clinical

- 101 Active facilities
  - 20,816 Patients served, 75% of whom are Medicaid
  - 132,041 Patient visits
    - 222,462 Patient services
- 70% Diagnostic/Preventive  
 103,714 Diagnostic (exams, x-rays)  
 53,088 Preventive (cleanings, fluoride treatment, sealants)  
 13% Restorative (28,918 fillings)  
 11% Oral surgery (23,289 extractions and other surgery)  
 4% Removable prosthetics (9,461 denture procedures -dentures, partials, relines, repairs)  
 1% Perio (3,118 treatments – scaling/root planing, surgery)  
 <1% Fixed prosthetics (699 crown and bridge procedures)  
 <1% Endodontic (205 root canals)

Special Recognition

- 679 operating room patients completed - Most are persons with profound intellectual disabilities cared for at Moses Cone and Randolph Hospitals.
- Over 2,000 patients with intellectual/developmental disabilities cared for through group home day centers
- 310 Active community dwelling special care patients
- 493 Active patients in PACE programs
- 650 Active patients at Central Carolina Health Network (all HIV+)

INPUTS	PROGRAM ACTIVITIES	<b>OUTPUTS</b>	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

Residents of over 100 skilled nursing/group home day centers and those in the community at-large receive care on four-to-six-week rotation. Emergency services are provided 24/7 by contacting our office and the emergency is triaged by a dentist for appropriate response.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- a. How outcomes are measured
  - b. How often they are/were measured
  - c. Data sources used
  - d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)
1. Mobile, on-site care saves facilities transportation and personnel cost. It also saves the construction of costly dental facilities used on an infrequent basis.
  2. Serving an average of 18 patients per day is impressive. These patients need to be transferred, have complicated medical histories, and can present difficult behaviors. Travel time to facilities also impacts the number of patients seen.
  3. Preventive care (0.12% Chlorhexidine, MI paste, high fluoride toothpaste, fluoride varnish) is delivered by staff daily or monthly by the dental staff.
  4. Using cloud-based software, clinical staff input procedures and notes so that administrative staff can seamlessly process billing claims and submit prior authorizations in a timely manner.
  5. Everyone on the ADC staff has cross-over responsibilities.
  6. The organization has been financially solvent for over 20 years. A combination of payer sources and partnerships has ensured that the organization is self-sustaining. Grant monies are only used for startup and capital expenses. (Information available upon request.)

**Budgetary Information:**

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

The 2021 annual budget is \$2.4 million

Over a twenty-year time-period, the organization has provided:

- \$22.164 million in gross production
- \$6.679 million in uncompensated care
- \$1.64 million of foundation/grant funding for capital expenses

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Major expenses include:

- Payroll, benefits - \$1,728,000
- Dental supplies and dental lab - \$236,000
- Other expenses - \$244,000

3. How is the activity funded?

- 82% of patients are Medicaid beneficiaries.
- The last year has shown huge progress in special needs patients having dental insurance. Medicare Advantage (Part C) plans have significant dental benefits. Many nursing homes

also partner with insurance programs that offer special needs plans that cover both dental and medical services.

4. What is the plan for sustainability?

Very few thought a practice that concentrates its efforts on arguably the most difficult-to-treat population, using mobile equipment and has 80% of its patients funded by adult Medicaid, could succeed. Keys to continued sustainability are reflected in the diversification of payment sources. While most of our patients are Medicaid beneficiaries, many of them now have Medicare Advantage Plans or are in facilities that partner with insurance companies providing institutional services. Both now have dental insurance benefits. Partnerships with insurance companies have proven to increase revenue from the Medicaid reimbursement. In addition to fee-for-service reimbursement we also have arrangements with some facilities that use a capitated model of reimbursement. Operations are self-sustaining and do not depend on grant funding. Grant funding is only used for new program start-up or other special projects.

**Lessons Learned and/or Plans for Addressing Challenges:**

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?
  - Creating a systems approach to special care dentistry involves a huge coordination effort taking place over many years.
  - It is difficult to create expertise in a “specialty” area of dentistry where financial incentives are limited. Special care dentistry is some of the most difficult dentistry. Without specialty status recognition, it is difficult to get more reimbursement to compensate you for the additional staff and time that treatment coordination and dental procedures take.
  - Setting up new programs takes one committed organization and approximately \$400,000 in initial capital and operation funding.
  - Never “reinvent the special care wheel.” There is too much program expertise available.
  - Educated private dental providers provide better and more comprehensive care to special care patients. Many providers feel unprepared for a special care patient but with some exposure and training, many can care for those with mild special care needs.
  
2. What challenges did the activity encounter and how were those addressed?
  - The above-mentioned barriers-to-care will continue to limit access to care. Special care patients are not very visible and therefore it is hard for them to tell their story. They are “tucked away” in facilities and receive little advocacy. Development of a mobile program that can take the care to the patient is the most effective and efficient way to care for this population.
  - This group of patients must depend on others to advocate for change. Organizations must have the support of other stakeholder organizations to advocate for dental services for this population. We have developed a stakeholder contact list of local and state-wide groups. Examples include: AHEC, Autism Society, Easter Seals, local and state ARC associations and both local and state dental society.
  - Some nursing home administrators and directors of nursing see dental service in the facility as a box they must check off to meet state regulations. We continually educate nursing home administration on the benefits of comprehensive dental care and what they should expect from their dental provider.

**Available Information Resources:**

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Contact Access Dental Care for your specific needs after visiting our website.

[www.accessdentalcare.org](http://www.accessdentalcare.org)

Available on the website:

- A description of our program and activities
- Pictures and descriptions of custom-made dental equipment that Access Dental Care offers for sale to organizations wanting to provide mobile dental services.
- Contact information

<b>TO BE COMPLETED BY ASTDD</b>	
Descriptive Report Number:	36006
Associated BPAR:	Oral Health of Children, Adolescents and Adults with Special Health Care Needs; Oral Health in the Older Adult Population
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