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) and community-dwelling individuals with disabilities. Recent program expansion includes service to Program of All-Inclusive Care for the Elderly (PACE) centers and regional HIV clinics. Access Dental Care began as a sponsored North Carolina Dental Society and Area Agency on Aging program, with initial funding of $365,000 from the Cone Foundation of Greensboro, North Carolina. It has always had four missions: clinical care for special care patients, continuing education for medical professionals, advocacy for expansion of special care services and health services research. ADC has always maintained a large group of special care interest organizations that push for our initiatives. (See attached list.)

Started in 2000, this organization currently serves 52 facilities in the North Carolina Piedmont Region. Five days a week, two teams (dentist, hygienist, 1-2 assistants) travel to a facility, serving an average of 18 patients. Three office support personnel manage initial exam/treatment plan permission, financial affairs and responsible party communication. Program Stats: Totals from 8/2000-12/2014

Clinical
- 57 Active Facilities
- 12,965 Patients Served, 80% of whom are Medicaid
- 85,251 Patient Visits
- 134,595 Patient Services
  1. 70% Diagnostic/Preventive
     - 61,705 Diagnostic (exams, x-rays)
     - 33,016 Preventive (cleanings, fluoride treatment, sealants)
  2. 12% Restorative (16,525 fillings)
  3. 11% Oral Surgery (14,731 extractions and other surgery)
  4. 4% Removable Prosthetics (5,769 denture procedures - dentures, partials, relines, repairs)
  5. 1% Perio (2,199 treatments – scaling/root planing, surgery)
  6. <1% Fixed Prosthetics (498 crown and bridge units)
  7. <1% Endodontic (152 root canals)
     (No sealants completed on nursing home patients.)

Special Recognition
- 518 Operating Room Patients Completed - Most are persons with profound intellectual disabilities cared for at Moses Cone and Randolph Hospitals.
- 1,017 Patients with Intellectual/Developmental Disabilities cared for through group home day centers
- 233 Patients care for at The Arc of High Point Clinic
- 160 Patients care for in PACE programs
- 357 Patients care for at Central Carolina Health Network (all HIV+)

Financial
- 12.5 Million in Gross Production
- 3.65 Million in Uncompensated Care
$1.5 million of Foundation/Grant funding for capital expenses

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Gross Production</td>
<td>$1,037,886</td>
<td>$1,131,015</td>
<td>$1,299,284</td>
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<tr>
<td>Net Income (Including Retainers)</td>
<td>$915,388</td>
<td>$961,038</td>
<td>$1,086,428</td>
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<tr>
<td>Uncompensated Care</td>
<td>$122,497</td>
<td>$169,977</td>
<td>$212,856</td>
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- Average gross production per appointment was $170.00 in 2013
- 80% are Medicaid recipients

While providing the above daily care, Access Dental Care has:
- Received $1.5 million from private foundations, the NC Legislature, Area Agencies on Aging and the NC Council on Developmental Disabilities to create 5 community special care and regional community programs.
- Created a coalition of 34 aged/disability statewide organizations to deal with consumer advocacy issues.
- Educated medical professionals and consumers on special care dentistry issues. (See website, accessdentalcare.org, for articles and DVD.)
- Created a policy agenda – Special Care Oral Health Services, A North Carolina Commitment, March, 2010.
- Worked closely with NC Medicaid to improve the quality of dental services provided to long-term care residents.
- Manufactured a line of mobile equipment.

**Lessons Learned:**

1. Creating a systems approach to special care dentistry involves a huge coordination effort taking place over many years.
2. It is difficult to create expertise in a “specialty” area of dentistry where financial incentives are limited.
3. The above mentioned barriers-to-care will continue to limit access to care.
4. This group of patients must depend on others to advocate for change.
5. Setting up new programs takes one committed organization and approximately $400,000 in initial capital and operation funding.
6. Never “reinvent the special care wheel.” There is too much program expertise available.

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