



# Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at [lcofano@astdd.org](mailto:lcofano@astdd.org)

<b>FIRST CONTACT PERSON FOR INQUIRIES</b>	
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<b>STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy)</b> Minimum=300 Maximum=500	
Activity title:	<b>North Carolina Special Care Dentistry</b>
State/Territory:	<b>North Carolina</b>
Summary overview, which may include the following: <ul style="list-style-type: none"> <li>• Objectives</li> <li>• Rationale</li> <li>• Personnel</li> <li>• Key partners</li> <li>• Costs &amp; sustainability</li> </ul>	
<p>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.</p>	

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.

#### Lessons learned (Successes and **Challenges**):

- 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.
- 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.

<b>TO BE COMPLETED BY ASTDD</b>	
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