



**Dental Public Health Project
Descriptive Report Form**

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lcofano@astdd.org

Name of Project
<p>Element Care PACE (Program of All-inclusive Care for the Elderly) Oral Health Program</p>
Executive Summary (250-word limit)
<p>Older adults with complex medical conditions and limited finances experience many barriers to receiving oral health care as they age. In addition to a lack of dental professionals trained in geriatrics, medical professionals also lack oral health training to address the needs of vulnerable older adults. The oral health program at Element Care Program of All-inclusive Care for the Elderly (PACE) started as a pilot program in 2010 to address barriers to oral health for older adults and to provide oral health education and training for medical and dental fellows in geriatrics.</p> <p>Currently, the program is a collaboration between Element Care PACE, the Harvard School of Dental Medicine’s Geriatric Dentistry Program, a dentist with a portable practice, and a Public Health Dental Hygienist (PHDH). The program provides comprehensive on-site dental care in an interdisciplinary primary care setting using portable equipment and provides oral health education to primary care providers, patients, and caregivers. The Seattle Care Pathway (SCP) is used as an approach to oral health care, taking a patient’s functional status into account when establishing an oral health treatment plan. All medical and dental services are covered by the patient’s insurance, Element Care PACE, a Medicare and Medicaid waiver program, including other services such as transportation and personal care assistants (PCA) that provide necessary support for a patient to receive oral care. Providing on-site dental services has been invaluable to increasing oral health access to older adults, increasing oral health knowledge of the primary care team, and teaching geriatric dental fellows how to provide portable dental care to vulnerable populations.</p>
Name of Program or Organization Submitting Project
<p>Harvard School of Dental Medicine Geriatric Dentistry Fellowship and Element Care</p>

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

x	Assessment
	Policy development
x	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- Reduce the proportion of adults aged 20 to 74 with active or untreated tooth decay — OH-03
- Reduce the proportion of older adults aged 75 and older with untreated root surface decay — OH-04
- Reduce the proportion of adults aged 45 years and over who have lost all their teeth — OH-05
- Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis — OH-06
- Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH-07
- Increase use of the oral health care system — OH-08
- Reduce the proportion of people who can't get the dental care they need when they need it — AHS-05

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Access to Care: Adults and Older Adults Services; Access to Care: Communities; Prevention: Adults and Older Adults Oral Health; Medicaid and Medicare; Interprofessional Care; Portable Dental Practice

Detailed Project Description

Project Overview

(750-word limit)

1. What problem does the project address? How was the problem identified?

The project was established to address both the oral health needs of participants enrolled in Element Care Program of All-inclusive Care for the Elderly (PACE) program and to address barriers to care by integrating oral health and dental services in an interdisciplinary primary care setting. The project started in 2010 at the Element Care PACE site in Lynn, MA. The projects

aims were to: 1) expose geriatric dental fellows to the specific care needs of older adults, 2) increase oral health knowledge of the primary care team, and 3) increase senior's access to oral health care.

The overall problem was identified by the team that led the Beth Israel Deaconess Medical Center (BIDMC) Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals funded by Health Resources and Services Administration (HRSA). Through a community needs assessment, one distinct population of focus was determined to be the aging residents in the geographic area including and surrounding Lynn, Massachusetts; and more specifically, those enrolled in the PACE program. Residents within this population had greater medical complexity, higher rates of poverty, and were more racially diverse as compared to the state overall. The 2009 Massachusetts statewide oral health assessment identified a large disparity between oral health needs for older adults and accessibility to care; barriers included lack of dental coverage, transportation, and lack of dental provider participation in senior oral health programs.

2. Who is the target population?

The target population are participants of Element Care, a non-profit health care organization that runs a PACE program whose participants have multiple chronic morbidities and many challenges due to lifelong issues with social determinants of health. Element Care's mission is to help people live safely and comfortably in their homes and their communities for as long as they can, keeping their stays in hospitals and nursing facilities as minimal as possible.

3. Provide relevant background information.

This project started at the initiation of the BIDMC Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals to identify a practice site for all health disciplines to work in a truly interprofessional practice setting to care for medically complex older adults. Initially, the oral health team, comprised of a Public Health Dental Hygienist (PHDH), a dentist, and the Harvard School of Dental Medicine (HSDM) Geriatric Fellowship program contracted with Element Care PACE (formerly known as the North Shore Elder Service Plain) to provide oral cancer screenings, oral health exams, x-rays, basic restorations, simple extractions, and cleanings on-site one-half day per week. Over the years, on-site comprehensive oral health care has expanded to affiliated Element Care PACE sites in Methuen and Lowell, MA for a full day at each site. Services such as root canals, surgical extractions, full mouth reconstruction, or implants that are not provided on-site are contracted with other dental offices.

4. Describe the project goals.

The overall project goals are to reduce oral disease, reduce barriers to oral care for participants, establish a clinical training site for postdoctoral dental residents and geriatric dental fellows, and provide oral health education/ training to non-dental professionals. A foundational element to reach these goals has been developing a strong understanding of the Seattle Care Pathway (SCP) to establish an oral health treatment plan for participants, and oral health education for the primary care team, patients, and caregivers. Understanding the links between the functional status, medical complexity, dry mouth from medications, and the oral health status of participants has been key to the overall approach to care. Because all participants first interact with the primary care team, it has been critical to have physicians and nurse practitioners ask their patients about their oral health needs and oral hygiene practices, as well as understand specifically how medications impact oral health status. At a minimum, the primary care team can identify if the patient would benefit from a prescription strength fluoride toothpaste and have them scheduled with the dental team. For the dental team, it is important for us to understand

the patient's goals of care, provide oral health education, and to identify a patient's level of dependency to help guide their care plan based on the SCP. For most patients, the preliminary plan is to address their chief complaint, infection, and pain while also minimizing the progression of disease through frequent hygiene recalls and fluoride varnish, and the use of Minimally Invasive Dentistry (MID) - the use of Silver Diamine Fluoride (SDF) and Atraumatic Restorative Treatment (ART). Then, we follow up with comprehensive treatment plans.

Resources, Data, Impact, and Outcomes

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

PACE is a national Medicare and Medicaid waiver program that provides comprehensive community-based care models for frail, chronically ill older adults who are nursing home eligible due to severe functional and cognitive impairments without co-pays, deductibles, or coverage gaps. The oral health program heavily relies on the infrastructure that already exists within Element Care PACE care team. This is part of what we believe contributes to the program's success. For example, the medical secretary who schedules all other medical appointments for the participant, also coordinates the dentist and hygiene schedules (instead of hiring a dental manager or receptionist) and sets up transportation to and from the dental appointment. On-site personal care assistants (PCA) are available to attend to patient needs, physical therapy or occupational therapy staff are available to help transfer patients if needed, and/or social workers and behavioral health staff are present to assuage a participant's anxiety or fear. Additionally, because we provide care on-site and dozens of participants are already on-site for other activities or medical appointments, if a patient on our schedule doesn't show, we often can fill the empty appointment slot with someone already present on-site. The team-based model of care coupled with on-site oral health treatment has been essential to support the program.

Other critical partnerships have been with a PHDH, a dentist (Lisa Thompson, AKA Mobi Denti) with a portable practice, and the HSDM Geriatric Fellowship program.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?

Varies measures are collected such as, the number of dental fellows trained, number of oral health presentations given to the primary care team, number of patient visits, and patient procedure codes have been collected over the years. We have not done any formal analysis.

(b) What outcome measure data are being collected (e.g., improvement in health)?

We directly hear from patients that they have less pain, they have improved oral function, they like the way their mouth/teeth look, are able to make an appointment within 1-4 weeks depending on the procedure.

(c) How frequently are data collected?

Dental procedure codes are collected monthly.

3. How are the results shared?

N/A

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

1. What is/was the budget for the project?

All dental services are covered by the patient's insurance [Element Care PACE].

2. How is the project funded (e.g., federal, national, state, local, private funding)?

The PHDH was initially supported by a small grant to start her practice and purchase portable dental equipment. Initially, the basic portable equipment [a small portable dental unit and compressor, x-ray unit, and dental chair] in addition to dental instruments and a sterilizer were donated by the Cambridge Health Alliance (CHA). Other small equipment like a Geri chair and bedside tray tables were present on site. Element Care has since provided dental chairs that stay on-site with donated dental stools from CHA. Currently, newer portable dental equipment is managed independently by both the dentist's private portable practice and the PHDH's portable practice. All dental services are fully funded by the Element Care PACE program, with particular treatment such as implants reviewed by the primary care team.

3. What is the sustainability plan for the project?

One of the biggest challenges is a shortage of dental providers that have training to work with older adults with advanced care needs utilizing portable dental equipment. Another challenge has been sustaining a dental assistant that can also travel to all three locations on a regular basis. Part of the sustainability of the program is to connect HSDM's pre-doctoral students to this work to encourage more graduating dental students to provide care to older adults with complex medical needs as well as expose them to practicing outside of the traditional dental practice using portable equipment and working with interprofessional teams.

Lessons Learned

(750-word limit)

(a) What lessons were learned that would be useful for others seeking to implement a similar project?

Start small and tailor your needs to the specific community you are serving. Our program started as a pilot program and proved valuable to participants, the PACE team, and in educating and training our geriatric dental fellows. Grow at a pace that allows you to sustain the program.

Another important lesson learned is identifying early on what your program can and can't do; build relationships and develop collaborations among key stakeholders. We have best served this patient population with the support of a portable dental practice, a PHDH, the HSDM geriatric fellowship program and the BIDMC multidisciplinary geriatric fellowship program, the CHA, traditional dental practices, and the PACE team. This ecosystem is what makes the program work.

(b) Any unanticipated outcomes?

We did not realize how much the culture of the Element Care PACE program would contribute to the success of the oral health program. Providing oral health care on-site, on a regular basis, within a program that practices team-based care contributes to building strong interprofessional relationships, strong patient relationships and fosters good communication among all groups. We rely heavily on the PACE team to help us get to know our patients and take care of them

safely and while many patients come to us with fear and anxiety for various reasons, much of that is left at the door once they walk into Element Care.

(c) Is there anything you would have done differently?

There is much room for growth in formally evaluating the program, identifying which data we want to collect and evaluate, and overall, how to continue to train the workforce to address the oral health needs of older adults. One area we have not explored is providing geriatric oral health education and training to local dentists who work within a PACE service area.

Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

- Element Care: <https://elementcare.org/>
- National PACE Association: <https://www.npaonline.org/>
- Harvard School of Dental Medicine’s Geriatric Program: <https://hsdm.harvard.edu/geriatric-dentistry>
- The Seattle Care Pathway: Defining Dental Care for Older Adults. [The Seattle Care Pathway: Defining Dental Care for Older Adults \(tandfonline.com\)](https://www.tandfonline.com/doi/full/10.1080/15487717.2019.1644444)
- Public Health Dental Hygienist (PHDH): <https://www.mass.gov/info-details/resources-for-public-health-dental-hygienists>
- MA Statewide Oral Health Assessment of Seniors: <https://www.mass.gov/doc/statewide-oral-health-assessment-of-seniors/download>

Contact for Inquiries	
Name:	Lisa Thompson, DMD
Title:	Program Director, Geriatric Dentistry / Dentist
Agency/Organization:	Harvard School of Dental Medicine / Element Care
Address:	188 Longwood Avenue, Boston, MA 02115
Phone:	
Email:	Lisa_Thompson@hsdm.harvard.edu
Second Contact for Inquiries	
Name:	Joanna Duby, MD
Title:	Medical Director
Agency/Organization:	Element Care
Address:	37 Friend St., Lynn, MA 01902
Phone:	
Email:	jduby@elementcare.org

To Be Completed By ASTDD	
Descriptive report number:	24010
Associated BPAR:	Improving the Oral Health of Older Adults
Submitted by:	Element Care
Submission file name:	DES24010MA-element-care-pace-2023
Submission date:	November 2023
Last reviewed:	November 2023
Last updated:	November 2023