



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: locofano@astdd.org

Name of Project				
Access Dental Care of North Carolina				
Executive Summary (250-word limit)				
<p>Founded in 2000, Access Dental Care is a non-profit that provides mobile, comprehensive dentistry to individuals living in skilled nursing facilities, group homes for those with intellectual/developmental disabilities, participants of Programs for All Inclusive Care of the Elderly (PACE), community-based older adults, and a regional center for community dwelling HIV/AIDS patients. These populations struggle to find dental care in traditional settings. A large percentage of our patients rely on Medicaid. These individuals are often unable to access appropriate, quality and timely dental services. Because of this need, we designed the equipment and model of care that takes the dental office to the patient. With the support of families and facilities, we send a specially trained team (dentists, dental hygienists, and two dental assistants) out each day to provide dental services in an environment that is comfortable and accessible to the patient. We have developed teledentistry practices to expedite plans for patient care. When the patient has dementia or autism, we are creative and find successful treatment alternatives. We have partnerships with area hospitals to provide operating room care when all other efforts have been exhausted.</p> <p>Our primary mission is to provide dental care to frail elders and children/adults with severe and profound intellectual and developmental disabilities. Our patients have diagnoses including dementia, stroke, autism, cerebral palsy, HIV and/or other conditions. Other mission areas include education, advocacy and research.</p>				
Name of Program or Organization Submitting Project				
Access Dental Care				
<i>Essential Public Health Services to Promote Health and Oral Health in the United States</i>				
Place an “X” in the box next to the Core Public Health Function(s) that apply to the project.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center; border: 1px dotted black;"><input checked="" type="checkbox"/></td> <td style="border: 1px dotted black;">Assessment</td> </tr> <tr> <td style="text-align: center; border: 1px dotted black;"><input checked="" type="checkbox"/></td> <td style="border: 1px dotted black;">Policy development</td> </tr> </table>	<input checked="" type="checkbox"/>	Assessment	<input checked="" type="checkbox"/>	Policy development
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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
- 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
- Reduce the proportion of older adults (75 and older) with untreated root surface decay – OH-04

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: Individuals with Special Health Care Needs; Prevention: Adults and Older Adults Oral Health; Prevention: Individuals with Special Health Care Needs; Mobile Dental Care; Teledentistry

Detailed Project Description

Project Overview

(750-word limit)

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

There are significant barriers limiting dental treatment for special needs populations. Many of these individuals are unable to receive care in the traditional dental office setting because of mobility and/or behavioral issues. Most dentists are not trained in the patient management skills necessary for this group. Regulations require long-term care facilities and Programs for All Inclusive Care of the Elderly (PACE) to provide dental care to their residents/participants. ADC accepts all forms of reimbursement, including Medicaid. It is cost prohibitive for many private practitioners to treat Medicaid recipients. Special needs patients require extra time to treat them and additional care coordination that are not reimbursed by private insurance or Medicaid.

2. Who is the target population?

Access Dental Care is dedicated to providing on-site, comprehensive oral healthcare to residents in skilled nursing facilities, group homes for those with intellectual and developmental disabilities, PACE programs, a regional HIV/AIDS program, a community-based program for low-income older adults, and individuals in the community that are both medically and behaviorally complex.

3. Provide relevant background information.

Access Dental Care is a national leader in providing care to both geriatric, medically complex patients and those with intellectual and developmental disabilities. The organization has a solid record spanning twenty-three years. We have treated over 21,000 patients and have provided over 205,000 dental procedures. We have had steady, responsible growth starting with twelve facilities in 2000 and currently serve one hundred sixty-five facilities. ADC has created a financially sustainable model and has sustained operations only relying on grant funding for new programs and capital expenses.

The organization currently has five dental teams composed of a dentist, a dental hygienist and two dental assistants. The dental teams are supported by a front office coordinator, insurance specialist, scheduling coordinators, billing specialists, patient and facility care coordinators and a clinical care coordinator.

The organization's most recent partnership is with New Hanover County (NHC). Access Dental Care and New Hanover County have partnered to create the New Hanover County Older Adult Dental Program. The NHC Commissioners have contracted with us to provide dental care to NHC residents that are 55 years old and older, have a household income that is less than 200% of the federal poverty level and have no dental insurance. This award-winning program has been in operation for nearly a year and a half.

4. Describe the project goals.

Access Dental Care's primary mission is to provide high quality, on-site, comprehensive dental care to special care populations across North Carolina. Other mission areas include education to dental/medical providers, consumers and families, advocacy for a standard of care equal to that in the community-at-large, defining reimbursement methods that sustain care to special care populations, and producing research to document special care population needs. This is done by networking with an extensive group of statewide organizations.

Oral health services are provided in a way that is patient centered. Treatment planning for each patient is individualized based on the patient's medical and cognitive conditions. Each patient has a caries risk assessment conducted at least twice per year. Treatment plans are developed to make sure we keep the patient at their highest level of oral function. Care philosophy includes making sure that a patient is free from pain and infection. Treatment ranges from crown and bridge to silver diamine fluoride treatment.

ADC has recently completed a CareQuest funded research project in conjunction with the University of North Carolina, Adams School of Dentistry, investigating the similarities and differences of treatment plans between an on-site dentist and a teledentist. Results for this study are still pending but will be published when the analysis is complete. ADC uses teledentistry regularly to access the needs of patients with dental concerns or emergencies. Asynchronous teledentistry using photos obtained by the facility nurse increases the efficiency of treatment planning for our patients. These photos and consultation with nursing staff help the dentist determine the urgency of the patient's needs.

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)?

Appropriate staffing is necessary to effectively operate. Our dentists are required to have residency training, so they are equipped to manage our complex patients. In addition to residency training, it takes about six months to a year of additional support to effectively manage special care patients. Dental hygienists and dental assistants must be flexible and creative in their approach to caring for our patients. Our patients require care coordination. We employed our first social worker in 2019 and currently have three care coordinators working to support patients and their families.

ADC has strong relationships with the skilled nursing facilities, continual care retirement communities, group homes for those with intellectual and developmental disabilities, and PACE programs that we contract with. These relationships are critical in effectively providing on-site care for our patients. We work hard to coordinate at the patient and facility levels so that appropriate care is provided once our dental teams are on-site.

ADC has tremendous support from the North Carolina Dental Society and NC Dental Medicaid leadership. These partnerships are critical for the success of the organization. Local dentists understand that ADC is there to provide continuity of care to patients that are no longer able to get into their offices. NC Dental Medicaid leaders understand that the patients we treat are complex and understand that we are providing care at a standard that is equal to that in the community-at-large.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?
(b) What outcome measure data are being collected (e.g., improvement in health)?
(c) How frequently are data collected?

As part of the NC Oral Health Coalition, Community Oral Health Transformation project, we have focused on the time that is spent in providing patient centered care by using care coordination. In the first three quarters, ADC care coordinators and clinical staff have provided over 2,500 care coordination services. ADA codes included in this data are D9997 - Dental Case Management – patients with special health care needs and D9992 – dental case management. This project also focuses on minimally invasive care and teledentistry.

Many dental practices measure outcomes with financial success and patient satisfaction feedback. Our patient population doesn't permit high yield financial rewards or much written feedback. Our patient population rewards us with hugs, smiles and the occasional special dessert treat for our staff to enjoy. Many families are in tears when, after being turned away from multiple providers, we stop and take the time to creatively figure out how to make dental care successful. Our results are measured by patients that take selfies on their first day and then the day dentures are delivered, and you can see the significant difference in the way they feel about themselves. Our successes are when we can identify oral cancer and follow up treatment for someone that had put off dental care for years because they couldn't afford the care. Our assessments are when one student that we teach wants to make special care dentistry their career. Our celebrations are when one policy change makes it possible for our patients to continue getting care. Our achievements are measured when we are asked to provide information for a research project that studies an often-forgotten population. As a responsible business, we monitor production data and make sure our finances are in line, but our mission is to provide care for those who are often forgotten and suffer needlessly. When we can stop the pain or create a smile, that is our measure of success.

3. How are the results shared?

Access Dental Care is happy to share stories and hard data with any group that requests it. Treatment data is collected and shared with the Board of Directors, contracted facilities, NC Dental Medicaid, dental and/or public health schools, county commissioners and other interested parties.

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

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

The 2023 budget for Access Dental Care is \$3.4 million.

New program capital expenses approximately \$270,000.

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

Access Dental Care has diversified its revenue streams. Funding is received from facility retainer fees, regional health networks, private insurance, Medicaid, grants and contributions, and local county government.

3. What is the sustainability plan for the project?

All operations of Access Dental Care are self-sustainable. New projects and capital equipment are supported with grant funding. We have been financially sustainable for twenty-three years.

Lessons Learned

(750-word limit)

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

(b) Any unanticipated outcomes?

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

Access Dental Care has twenty-three years of experience in building a dental delivery system to care for older adults and other special care patients. Developing a system is very complex. The structure of the greater healthcare system is complex and requires dentistry to come out of its “four-walls” of private practice to meet the needs of this unique population.

Organizations that would like to start older adult or special care programs should identify programs that have been successful. Talking with or consulting with these programs will be beneficial in the start-up of a new program.

Identification of key stakeholders is a good starting place for those wanting to develop a system to take care of older adults or special care populations. Examples of these partners are skilled nursing facilities, group homes for those with intellectual and developmental disabilities, local and state dental societies, dental and dental hygiene schools, aging organizations, senior resource centers, council of governments area agencies on aging and oral health coalitions.

Resources

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

Access Dental Solutions is a subsidiary of Access Dental Care. This newly formed division has been developed to work with public health entities when they are ready to explore starting an outreach program for those that are underserved. www.accessdentalcare.org
solutions@accessdentalcare.org

Special Care Dentistry Association has resources for dental professionals that want to treat special care patients. The education section of the website includes an online special care dentistry course, a listing of the general practice residency programs that have special care dental offerings, and educational handouts for patients and caregivers. www.scdaonline.org

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To Be Completed By ASTDD	
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