



ORAL HEALTH WORKFORCE:
Current Resources, Opportunities for Improvement
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HOW? A two-step approach



SURVEY

- Web-based survey of area dentists and dental hygienists
- Email promotion of survey
- Closed survey at the end of April
 - Data reviewed at previous meeting

FOCUS GROUPS

- Three focus groups
- Participants:
 - General and pediatric dentists in private practice, academics and public health clinics
 - Hygienists in academics and public health clinics
 - Child life specialist in pre-op at Strong

PROGRESS



- Survey has been created, piloted, revised and released
 - 151 respondents (as of May 9, 2012)
 - DDS: 59%
 - RDH: 41%
- Three focus groups were held with 12 participants and audio recordings transcribed
- We have actionable recommendations!

Target audiences



- Patient population
 - Individuals with disabilities
- Provider population
 - Dentists
 - Hygienists
 - Group home/institution staffs
 - Individuals with disabilities

GOALS



1. Improve dental and non-dental provider education
2. Incentivize providers to treat patients with developmental disabilities
3. Increase OR supply, decrease OR demand, and make efficient use of current resources
4. Develop safety net for community providers and patients

1. Improve dental and non-dental provider education



- Lobby for more stringent CODA wording for care for patients with DD
 - Currently: “Assess, diagnose, plan for provision of multidisciplinary oral health care”
- Create residency in special needs dentistry
 - Seattle
- Publicize and host existing CE
 - Webinars
 - National speakers

1. Improve dental and non-dental provider education



- Provide in-service experiences for staff and residents of facilities and group homes
 - Make use of residents and RDH students
- Encourage participation in Special Olympics screening events
- Create CE teaching program
 - Part one: didactic teaching
 - Part two: hands-on experience (clinic, OR)
 - Part three: network for support

2. Incentivize providers to treat patients with DD



- Separate fee schedules for care for patients with DD from general fees, recognizing increase in time and skill required for treatment
- Create separate Medicaid classification for providers who only want to treat patients with disabilities
- Debunk myths about Medicaid involvement

2. Incentivize providers to treat patients with DD



- Encourage dental society to lobby directly for increase in Medicaid reimbursement
- Organize letter-writing and media campaign by patients and families to increase reimbursement
- Profile providers who treat patients with disabilities with media campaign

3. Increase OR supply, decrease demand, and make efficient use of current resources



- Reinststitute OR training program for community dentists
 - Modify program to be more sustainable long-term
- Allow trained dentists to use OR during off-hours
- Create more “quiet rooms” in existing facilities
- Build specialty ambulatory surgical center for people with DD

3. Increase OR supply, decrease demand, and make efficient use of current resources



- Create shared wait list among area facilities
- Utilize tele-dentistry to evaluate behavior and, when possible, examine patients not known to facility or provider
 - Reduces need for pre-op visit
 - Allows for determination of most appropriate treatment setting
 - Anticipates care required

4. Develop safety net for community providers and patients



- Develop and publicize Expert Network for case presentations, treatment planning, questions, etc.
- Provide training to child life specialists for improved pre-/post-op experience and publicize their availability
- Create Community Care Coordinator position
 - Modeled after Glassman program in CA

4. Develop safety net for community providers and patients



- Place dental hygienists in group homes and facilities to provide preventive care and exams
 - Explore dispensation to Dental Practice Act from Dr. Jay Kumar
- Develop and publicize electronic directory of providers who treat patients with DD
 - Update current OPWDD list
 - [South Carolina Directory](#)

Things to consider



- Don't reinvent the wheel
 - Are there states that have separate Medicaid fees/systems?
 - Utilize format of existing directories, CE programs, etc.
- Make use of wealth of resources in our medical and dental communities
 - Collaboration with Kirsch and area advocacy organizations
 - Explore delegation of preventive education to students and residents

Things to consider



- Harness energy of parent advocacy groups to lobby for change at state level
 - UNYFEAT, MATT, etc.
- Make our legislators aware of situation
 - Invite them to future plenary sessions
 - Request meeting to review our findings and recommendations

SURVEY



- Under what conditions would you be willing to increase the number of patients with disabilities treated in your office?
 - I need a referral system for difficult cases: 27.2%
 - I need increased reimbursement: 27.8%
 - I need to discuss cases with experienced providers: 30.5%
 - I need continuing education courses: 33.1%
 - I do not want to treat more patients with disabilities: 12.6%

FUTURE DIRECTIONS



- Continued promotion of survey through reminder mailing, word-of-mouth
- Focus groups to be held April 2012
- Analysis of data from surveys and focus groups
- Drafting of strengths and weaknesses of oral health workforce, and future action recommendations



THANK YOU

QUESTIONS? COMMENTS?