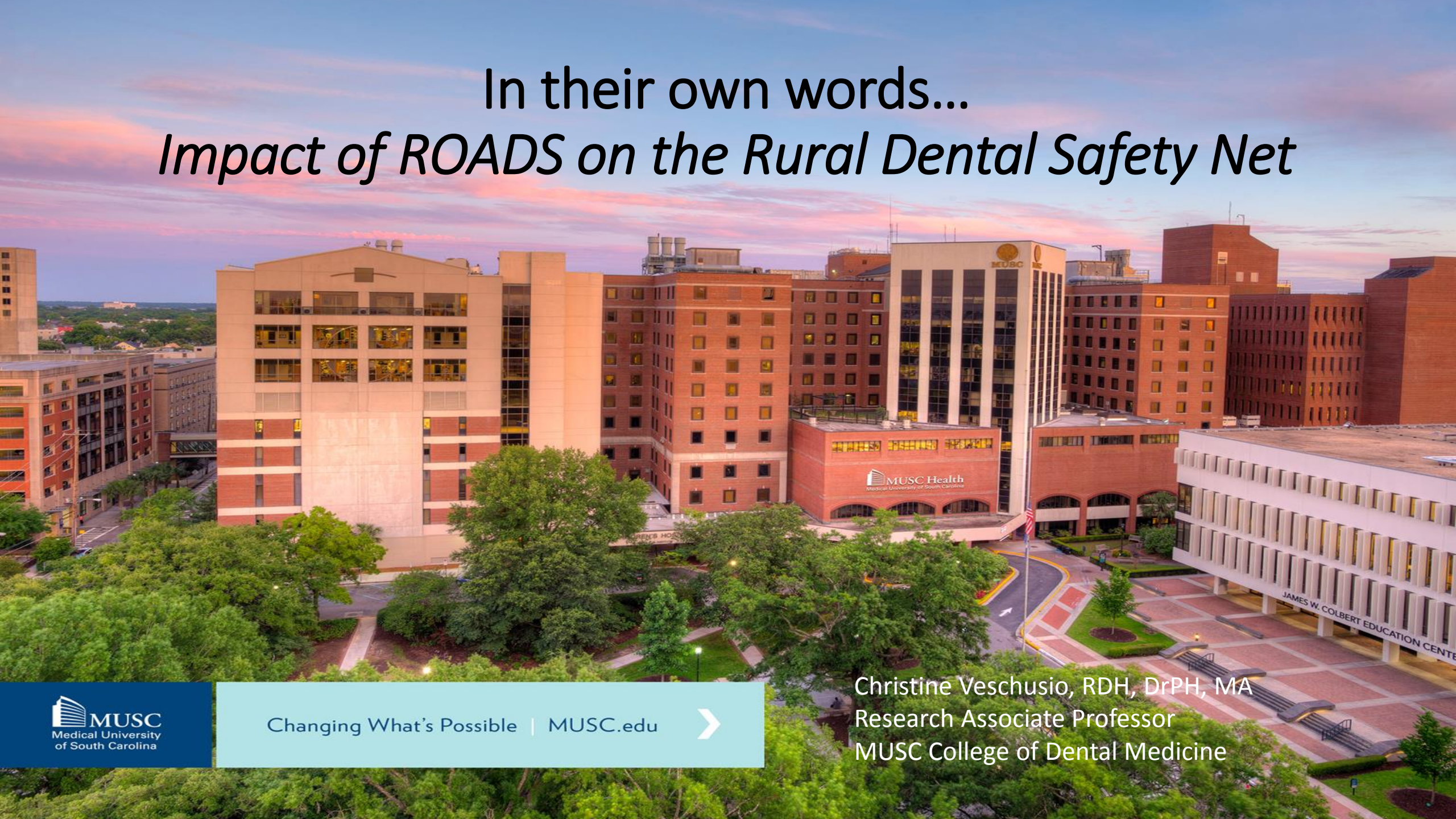
In their own words…
Impact of ROADS on the Rural Dental Safety Net



MUSC
Medical University of South Carolina

Changing What's Possible | MUSC.edu

Christine Veschusio, RDH, DrPH, MA
Research Associate Professor
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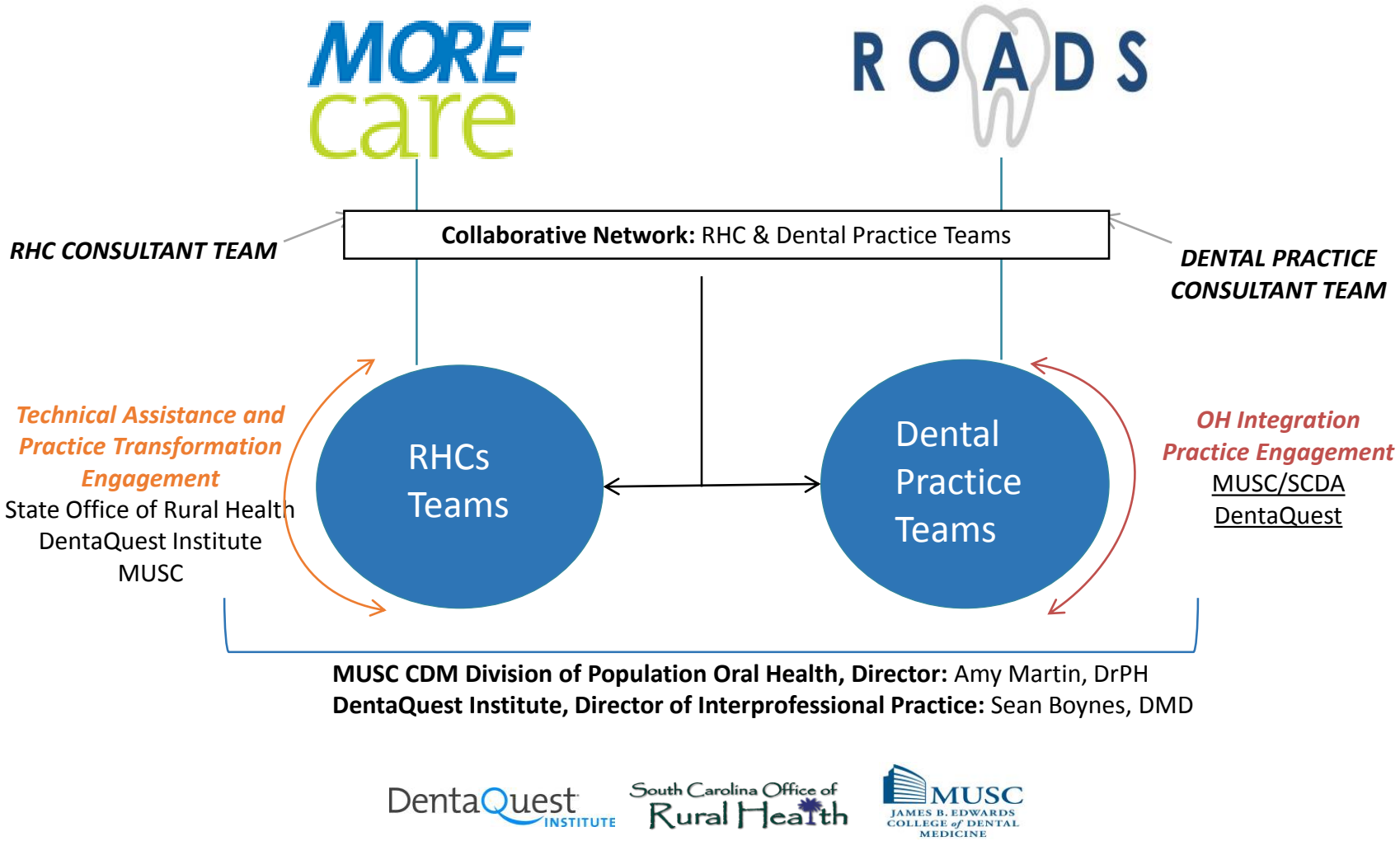
Learning Objectives

At the completion of this session, the participant will be able to:

- Participants will explore the individual practice attributes that all rural health advocates should consider when engaging rural dentists to address system-level issues.
- Identify motivating and inhibiting factors for rural private practice dentists' participation in the safety net system.
- Identify various rural private dental practice strategies to facilitate collaborative referral management with primary care providers.



DentaQuest INSTITUTE | South Carolina Office of Rural Health | MUSC JAMES B. EDWARDS COLLEGE of DENTAL MEDICINE

Conception of the Project – Dr. Amy Martin (MUSC), Dr. Graham Adam (SCORH), Dr. Mark Doherty (formerly of DentaQuest) and Dr. Sean Boynes (DentaQuest)

1. **The Committee recommends the Secretary consider the development of a rural dental practice capital grant program that would be contingent upon the provision of services to Medicaid recipients in rural and underserved areas.**

One of the most notable challenges mentioned during the meetings in Charlotte and Winnsboro was the difficulty in starting a dental practice in rural regions—primarily due to educational debt, high startup costs, and small economies of scale. Even if dentists practiced in a rural community, they were hesitant to accept patients insured through Medicaid or CHIP due to their low reimbursement rates compared to private insurance plans. Unfortunately, the possibility of financial insolvency is creating a barrier to care for the most underserved rural populations. As a result, only 30.7% of dentists in North Carolina and 47.5% of dentists in South Carolina participate in Medicaid or CHIP for child dental services.[26] Therefore, in addition to the educational loan support provided from programs such as the National Health Service Corps, the Committee believes a dedicated capital grant program for dental practitioners starting or expanding practices is needed to ensure accessible care for these populations. An example of past funding through HRSA which could be used as a model to expand this goal was the HRSA Oral Health Workforce Grant received by Winnsboro Smiles Dentistry from 2015-2018 through South Carolina's Rural Oral Health Advancements in Delivery Systems program. Winnsboro Smiles previously did not accept Medicaid patients until receiving this grant, but was able to obtain crucial funding to accommodate them into their practice.

ROADS

Thinking about the big picture

- **Enhancing Capacity to Serve Medicaid Participants** through
  - **Dental Safety Net Principles & Practices Training (DentaQuest)**
  - **Practice Enhancement Recommendations**
    - Chairs, Operatories
    - Equipment needs
    - Staffing

Stipend Allocation

Practice Enhancement Plans

- **Implementing Practice Management Plans:**
  - Staffing model changes
  - Equipment, Operatory, Data System Enhancements
- **Quality Improvement Strategies** to improve *No show rate, collections rates*, etc.

- **Collaborative Referral Management**
  - Data Management to support measurement of changes implemented in the practice and to achieve increase in the practice's ability to accept new Medicaid patients
  - Building medical & dental partnerships

50 New Medicaid Patients

ROADS Practice Lead: Dr. Reid Warren

family, implant & cosmetic dentistry
WINNSBORO SMILES

The Practice of Dr. Phillip C. Wilkins & Dr. Reid Warren,
where they strive to exceed patient's expectations through offering comprehensive dentistry for the entire family.

Fairfield Medical Associates

ROADS Practice Leads: Dr. Scott Garris & Jenna Smith, RDH

St. George Dental Care
Santee Dental Care
Family and Cosmetic Dentistry

Singleton Health Center

Medical Center of Santee

ROADS Practice Leads: Drs. Harvey & Loray Spencer

A HEALTHY Smile, PA
Family & Cosmetic Dentistry

ROADS Practice Leads: Drs. L. Trell Belk & Dr. Carolyn Brown

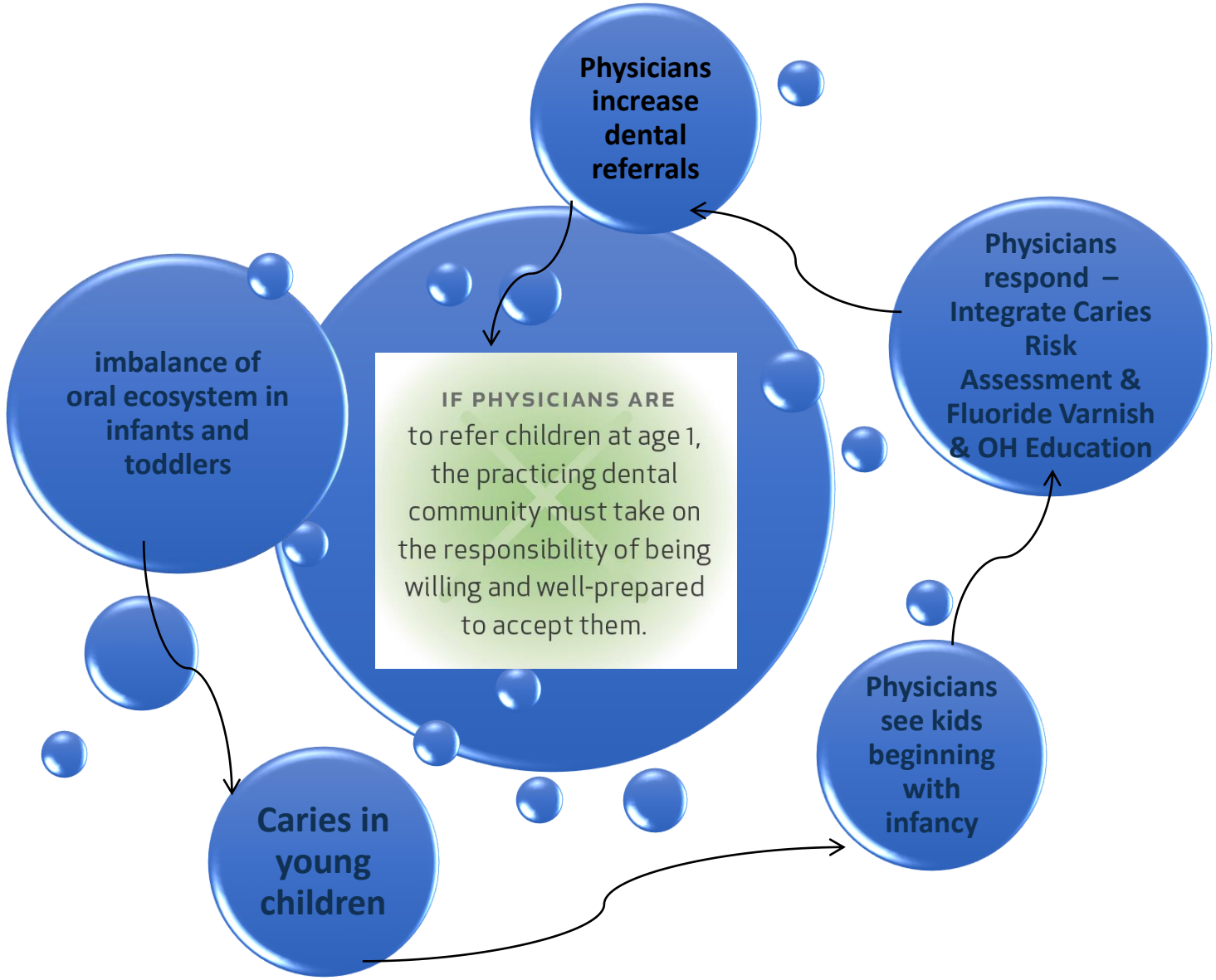
Eau Claire Family Dentistry of Eau Claire Cooperative Health Care

- **Project Site:** Winnsboro Family Dentistry
- **Impacted additional sites:**
  - Main Street Family Dentistry
  - Pelion Family Dentistry

Oral Health Integration into the Health Care Delivery System

Implications for the Dental Practice

Early Childhood: How did we get to the Age 1 Dental Visit?



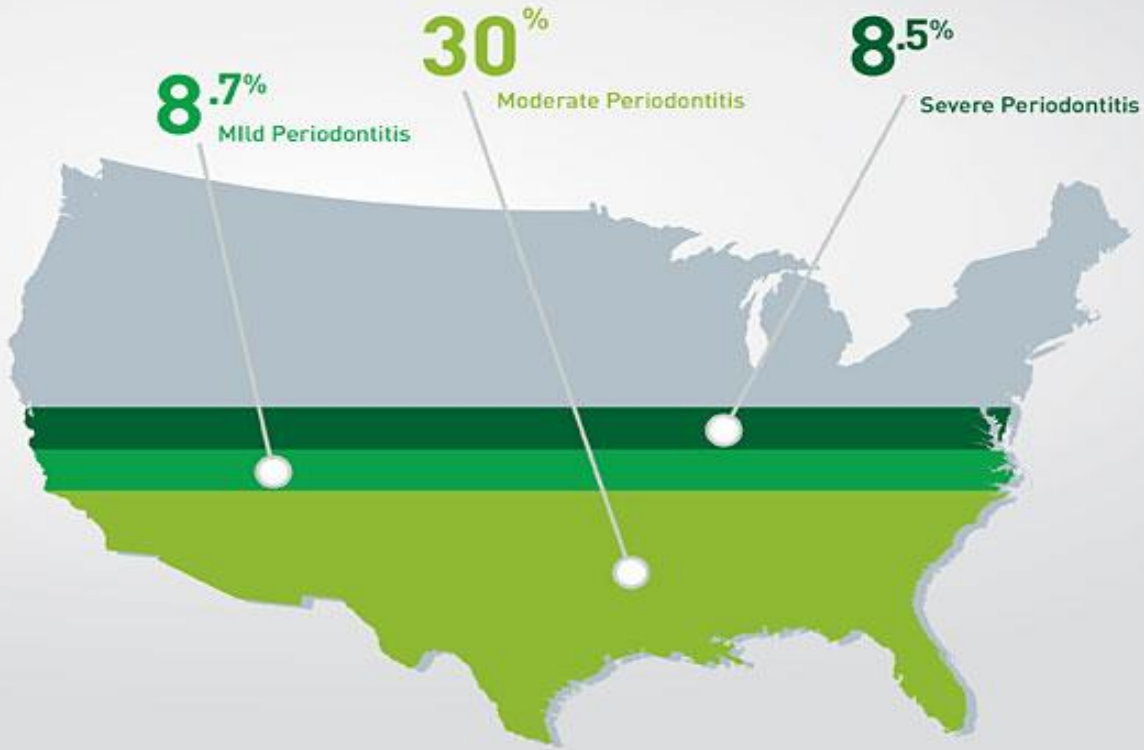
*THE AMERICAN ACADEMY OF PERIODONTOLOGY WARNS OF A SIGNIFICANT PUBLIC HEALTH PROBLEM

HALF OF AMERICAN ADULTS SUFFER FROM GUM DISEASE

47.2%
Have periodontitis

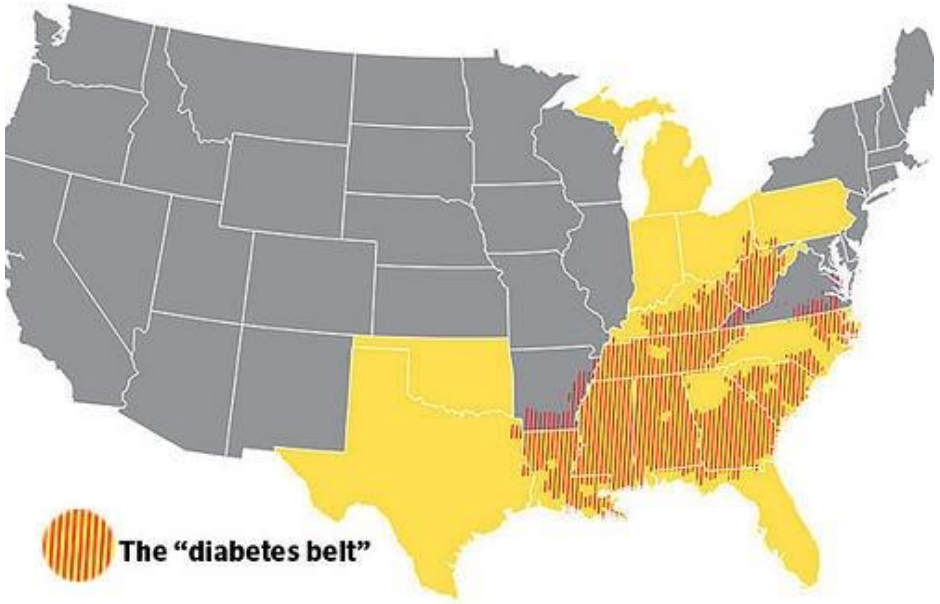
THAT'S

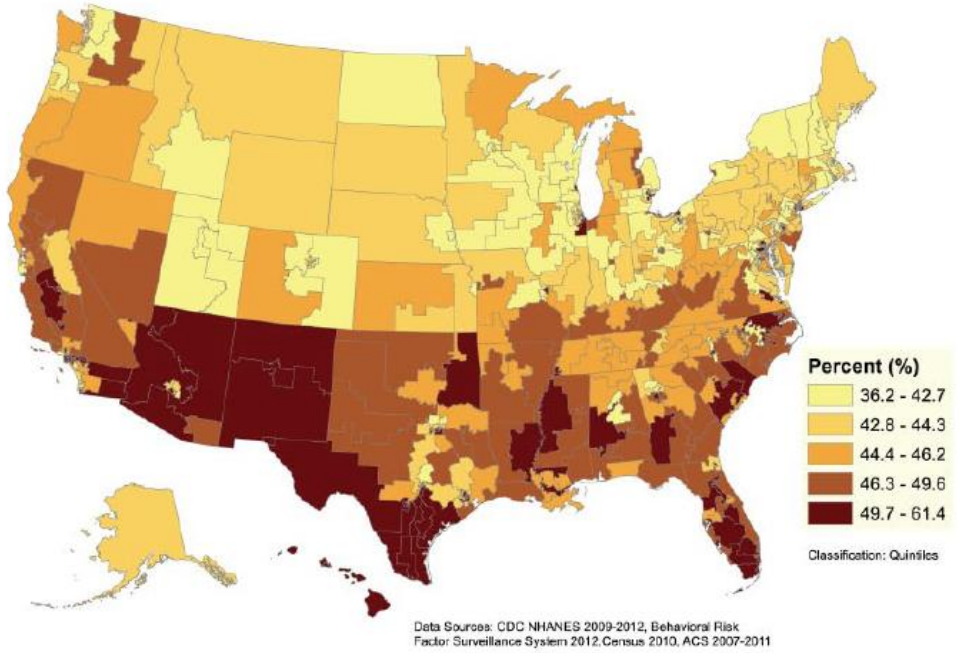
64.7
Million
Adults 30 years and older



*SOURCE: P.I. Eke, B.A. Dye, L. Wei, G.O. Thornton-Evans, and R.J. Genco. Prevalence of Periodontitis in Adults in the United States: 2009 and 2010. J DENT RES 0022034512457373, first published on August 30, 2012 as doi:10.1177/0022034512457373

“Diabetes Belt” & Periodontal Disease





- **higher prevalence** of **chronic conditions** known to be associated with periodontitis such as cardiovascular diseases and diabetes (ie. Stroke Belt, Diabetes Belt, Infant Mortality Belt)
- Notice prevalence of Diabetes and Peridontal Disease for SC

Mataftsi M et al. 2019. **Prevalence of undiagnosed diabetes and pre-diabetes in chronic periodontal patients assessed by an HbA1c chairside protocol**, Clinical Oral Investigations.

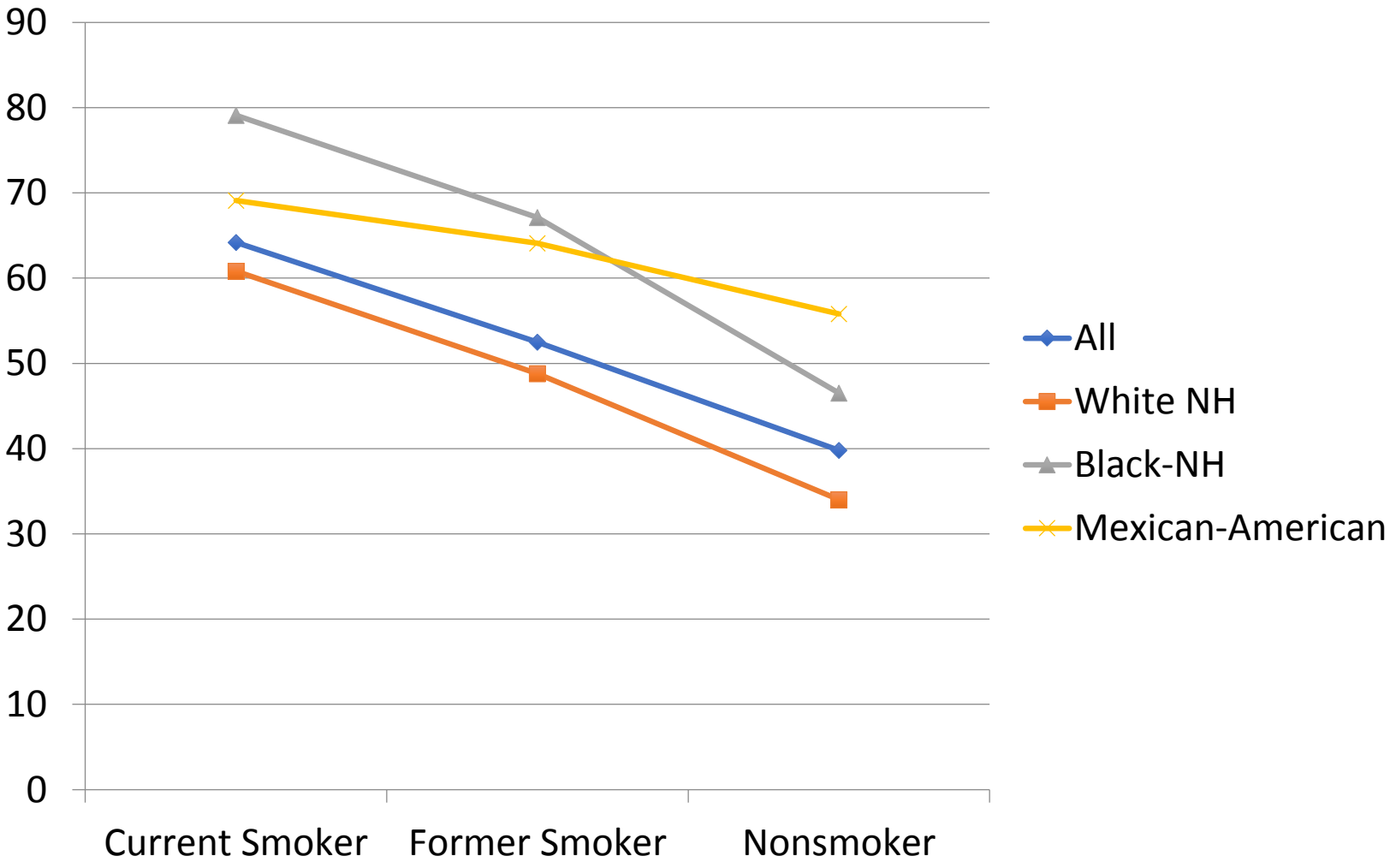
Study: implement a chairside diabetes dental screening strategy for the identification of undiagnosed hyperglycemia in periodontal patients.

Conclusions: Periodontal patients, especially those with a bigger than normal BMI and waist circumference , are a target group worthy of **screening for diabetes.**

Self-assessed Questionnaire proposed by the Centers for Disease Control & Prevention for the identification of pre-diabetes

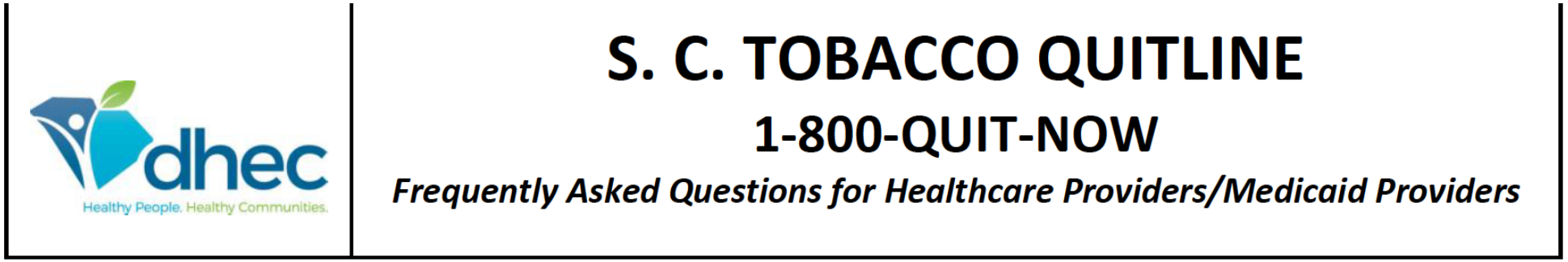
Are you a women who has had a baby weighing more than 4.08 kg at birth?	Yes (1)	No(0)
Do you have a brother or sister with diabetes?	Yes (1)	No(0)
Do you have a parent with diabetes?	Yes (1)	No(0)
Do you weigh more than the weight listed for your height, according to the BMI chart?	Yes (1)	No(0)
Are you younger than 65 years of age and get little or no exercise on a typical day?	Yes (1)	No(0)
Are you between 45 and 64 years of age?	Yes (1)	No(0)
Are you 65 years of age or older?	Yes (1)	No(0)

TABLE 1. Prevalence of periodontitis among adults aged ≥30 years, by smoking status— National Health and Nutrition Examination Survey, States, 2009–2010



https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a21.htm#Tab1

Tobacco Counseling & the Dental Practice



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Open 24 hours every day!

https://www.scdhhs.gov/sites/default/files/SC%20Quitline%20FAQ_05-17.pdf

Discussion Questions…

- For your practice, how would you define your success as a result of the ROADS project?
- Can you share an example of a medical and dental collaborative referral system developed during ROADS (0-6yrs, adults with diabetes)?
  - Successes, Failures, Barriers overcome
- Looking forward, what innovative changes that may foster enhanced medical-dental collaborations?
  - for young childhood, Children with Special Health Care Needs
  - Diabetes Screening, Education
  - Counseling patients who smoke, etc.
  - Other ideas???
- Do you have “1” idea that may have been generated from this discussion that you will plan to implement on return to your office?

Thank You

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