



Dental Public Health Activities & Practices

Practice Number: 38006
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SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

Butler County Dental Care Program – A Dental Care Management Program

Public Health Functions:

Assessment – Acquiring Data
 Policy Development – Collaboration and Partnership for Planning and Integration
 Policy Development – Oral Health Program Policies
 Policy Development – Oral Health Program Organizational Structure and Resources
 Assurance – Population-based Interventions
 Assurance – Oral Health Communications
 Assurance – Building Linkages and Partnerships for Interventions
 Assurance – Access to Care and Health System Interventions

Healthy People 2010 Objectives:

- 21-1 Reduce dental caries experience in children
- 21-2 Reduce untreated dental decay in children and adults
- 21-3 Increase adults with teeth who have never lost a tooth
- 21-4 Reduce adults who have lost all their teeth
- 21-5a Reduce gingivitis among adults
- 21-5b Reduce periodontal disease among adults
- 21-6 Increase detection Stage I oral cancer lesions
- 21-7 Increase number of oral cancer examinations
- 21-8 Increase sealants for 8 year-olds' first molars & 14 year-olds' first & second molars
- 21-10 Increase utilization of oral health system
- 21-11 Increase utilization of dental services for those in long-term facilities
- 21-12 Increase preventive dental services for low-income children and adolescents

State:

Ohio

Federal Region:

East
Region V

Key Words for Searches:

Access to care; developmental disabilities; education; Medicaid; special needs; underserved; uninsured

Abstract:

The Butler County Dental Care Program is a dental case management program sponsored by the Butler County Board of Mental Retardation and Developmental Disabilities (MR/DD). The program was initiated in year 2000 as a result of a countywide study that indicated access to dental care has historically been a tremendous problem for persons with MR/DD. The program does not pay for dental services, but rather integrates networks of providers, hospitals, professional organizations, case managers, caregivers and guardian agencies and combine existing resources to provide appropriate dental care in a timely manner to people with special needs. This dental case management system ensures assessment, triage, diagnosis, treatment, prevention and follow-up/recall. The program also provides: (1) professional education to community dentists to increase their awareness, skills and comfort in caring for individuals with MR/DD, and (2) oral health in-service training to caregivers in home, hospital, workshop and intermediate/long term care facility settings. Annual budget for the program is approximately \$90,000. As a result of the program, children and adults with MR/DD are better able to obtain services in the community using existing dental resources.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Butler County Dental Care Program, a dental case management program, was initiated in 2000 as a result of feedback from the community that persons with Mental Retardation and Developmental Disabilities (MR/DD) had an extremely difficult time obtaining the dental services they needed. The telephone "help line" sponsored by the Butler County Board of MR/DD had nearly 80% of the calls related to needing dental services. This led to the Butler County Board of MR/DD commissioning a county-wide survey that confirmed that access to dental care was a major problem for persons with MR/DD.

The Board considered options for addressing the access problem. It was decided that a dental case management program was the best approach. The program will be similar to a "dental coordinator" program in California (http://www.pacificspecialcare.org/community_based_system.htm) and similar to an existing medical/social case management program operated by the Board. The Board obtained program funding from The Health Foundation of Greater Cincinnati. The original grant, awarded to Children's Diagnostic Center as the fiscal agent, provided approximately \$250,000 to develop and operate the program for 2 years. It was expected that the Board would continue to support the program, in part, after the end of the grant period.

The program has experienced changes in staffing, sponsorship, and funding during its 7-year history, mostly due to efforts to achieve financial sustainability. The original program staff included a part time dentist director, data coordinator, and dental hygienist/case manager but the staff was modified shortly after the start of the grant in order to put more resources on case management activities for patients and less emphasis on administrative task such as data collection and analysis. The revised staff model has worked well with a dental hygienist/case manager performing all administrative tasks. She receives oversight from the Board and attending dentists.

There was a major disruption of program revenue four years into the program when the state Medicaid Community Alternative Funding Source (CAFS) program was eliminated. This resulted in the lost of reimbursement for dental case management services. The Board was unable to sustain the program in its entirety without this revenue. A "home" for the program was found at Middletown Community Health Center and the program sponsorship resided there for 2 years. The program was transferred back to the Board when the state Medicaid program allowed partial reimbursement for dental case management services under Waiver Administrative Claiming (WAC).

The program works with oral health advocacy organizations, such as the Ohio Coalition for Oral Health, and the Butler County DD Council works with disability advocacy organizations to promote adequate Medicaid funding for health and dental services for people with disabilities, including full funding for dental case management services. In recent years, there have been proposals to reduce Medicaid funding generally and in particular, to reduce adult dental benefits. Oral health and disability advocacy groups are working to resist these reductions and to date have been successful.

Justification of the Practice:

Individuals with developmental disabilities such as mental retardation, Down's syndrome, cerebral palsy and autism frequently require extra assistance to access oral health services and maintain oral health. These individuals have a monumental problem in Butler County due to the shortage of Medicaid dental providers. A survey showed that approximately 98% of consumers utilized Medicaid as their only means of dental insurance and minimal treatment was being received with less than 10% of Medicaid clients having a dental home. Oral screenings showed that 75% of individuals with developmental disabilities were in need of dental treatment with 35% needing emergency care. Cases underscoring dental needs included one person with MD/RR aspirated a tooth that was extremely loose due to untreated periodontal disease and another person died of infection secondary to oral sepsis. These incidents horrified the community and stimulated efforts to initiate the program.

The Butler County Board of MR/DD had many years of positive experience operating medical and social service case management services. The initiation of a dental case management program was

not perceived as a risky or difficult venture. Also, case management services provide a good “bang for the buck” by obtaining services for clients using the professional and financial resources that already exist in the community. The Board would not incur the high costs associated with other types of access programs that pay for clinical services or which establish new sources of care. Furthermore, there is Medicaid reimbursement for dental case management services, which will support the program’s sustainability.

Inputs, Activities, Outputs and Outcomes of the Practice:

Case management is an activity that is much more prevalent in medical and social service programs than in dentistry. There are various definitions of case management and it is similar to the concepts of “care coordination” and “patient navigation”.

- The Centers for Medicare and Medicaid Services (CMS) describes case management as “an activity under which responsibilities for locating, coordinating and monitoring necessary and appropriate services for a recipient rests with a specific individual or organization.” (Reference: State Medicaid Manual Part 4, Section 4302; Part 5, Section 5310(D)).
- The Health Resources and Services Administration (HRSA) defines case management as client-centered service that links clients with health care and psychosocial services to insure timely, coordinated access to medically appropriate levels of health and support services and continuity of care. Key activities include: (a) assessment of the client's needs and personal support systems; (b) development of a comprehensive, individualized service plan; (c) coordination of services required to implement the plan; client monitoring to assess the efficacy of the plan; and (d) periodic re-evaluation and adaptation of the plan as necessary. Case management includes risk assessment, eligibility assistance, coordination and referral, follow-up and tracking, and documentation. (Reference: <http://ask.hrsa.gov/pc/servicetypedef.htm>)

Staffing for the Program

The Butler County Dental Care Program is staffed by a two-thirds time dental case manager. The dental case manager provide all program services and perform administrative duties including maintaining communications, client records, and data collection, as well as conducting program analysis and preparing reports.

Program Activities

The Butler County Dental Care Program consists of the following activities:

1. Patient case management
 - a. *Oral Assessments* – The first step of the case management process is to perform an oral assessment (screening) to determine the oral health status and treatment needs of the individual, and to obtain related medical, financial, behavioral and contact information. Oral assessments are conducted most often in the client's home, place of work, day program, or nursing home. Assessments can be requested by clients or caregivers, but often are initiated by the dental case manager. Prior to performing the assessment, the case manager obtains legal consent and a patient history, including behavior assessment, to assure that the intra-oral assessment can be made safely. The oral assessment is a critical part of the case management process because it not only provides the clinical information that gets the process started, but it also serves as a “case finding” tool that identifies persons who are unaware that they have serious dental problems. Based on the assessment, the client is assigned two numerical triage codes (on a scale of 1-3). One code is the extent of the client's clinical needs and the other code on the client's perceived level of cooperation.
 - b. *Dissemination of Assessment Results* – The results of the oral assessment are sent to the client's Support Coordinator within the MR/DD system, the client's Case Manager within the Social Service system, and to whoever is responsible for the client's day-to-day care (e.g., client's parents, caregiver or guardian agency). The assessment results are also relayed to the dentist selected by the dental case manager as the appropriate dental provider. That selection of a dentist will take into consideration such factors as whether or not the client has an existing relationship with a dentist, the dentist's willingness and ability to meet the patient's needs, convenience of getting to the dentist office, etc.

- c. *Interactive Case Management* –The case manager must obtain and analyze all information for a successful referral to the dentist and to obtain treatment that can be completed on schedule. Information includes: confirmation of insurance coverage (e.g., Medicaid), willingness of another payor to assume treatment costs, a complete, current medical history, and consent from the client’s family or caregiver. The case manager assures that the client will get to the dental office on time; this may require arranging transportation or driving the client to the appointment. The case manager also assures that the client has taken required medications and that there is someone to look after the client post-operatively if general anesthesia has been administered. These activities can become complicated and requires the most “legwork”.
- d. *Expedited Treatment* – Expedited treatment refers to all actions the dental case manager must take to assure a successful treatment outcome. These “extra” tasks include such things as providing “last minute” transportation to the dental appointment when prior arrangements fail; escorting a client to the dental appointment when the family member or caregiver is not available; assisting the dentist in the operating room when the dentist does not use his/her own assistant; and assisting the dentist in the dental office when additional help is needed to successfully treat the patient. Many of these roles are unforeseen or may come up at the last minute. The dental case manager must have a great breadth of competencies and be able to handle stressful situations.
- e. *Monitor Oral Health* – After completing their dental treatment, the oral status of clients is monitored through continuing oral assessments to assure that there are no complications resulting from treatment and to identify new problems early. During a multiple dental appointments that may extend over weeks or months, oral health is monitored to track and verify treatment and to assure that treatment will be completed on a timely basis. Ongoing monitoring allows the dental case manager to schedule patient recalls for periodic oral exams and prevention services.

2. Establishment and maintenance of hospital sites

Many clients, because of their complex medical condition or behavioral factors, require treatment in the hospital operating room (OR) under general anesthesia. The dental case manager is responsible to assure adequate hospital facilities for dental cases (an activity not central to a traditional client-centered case manager role). The dental case manager assures adequate dental equipment and supplies in the OR suite, maintains certification to assist the dentist in the OR, works with hospital administration to develop additional sites, works as intermediary among client, dentist and hospital to schedule OR cases, assures that client is present and all paperwork is complete for the appointment, is available to trouble-shoot any post-operative problems, and makes proper referral when indicated.

3. Professional education for community dentists

The dental case manager is responsible to increase the number of dentists to serve persons with MR/DD and to increase provider competence to manage persons with MR/DD through continuing education. This is a responsibility that is essential to the success of the program but is peripheral to the more traditional and narrow client-centered case manager role. The program conducts an annual provider appreciation conference with CEUs. The case manager promotes the conference among dentists, secures a facility, develops the educational program, obtains speakers, and secures CE credits. The program maintains positive relationships with organizations and agencies. Ohio Coalition for Oral Health, Dental Options/Cincinnati, and Ohio Developmental Disabilities Council support the program. Relationships are maintained with the Butler County Board of MR/DD, Arc of Butler County, Advocacy and Protection Services, Inc. (APSI), Nisonger Center/OSU, University of Cincinnati Oral Surgery Clinic, and the University Hospital General Practice Residency Program.

4. Oral health education programs for caregivers

The program promotes the prevention of oral disease. The dental case manager develops and presents oral health education programs for caregivers of individuals with developmental disabilities. Education is provided in the client’s home, residential care

facilities, hospitals, ICF/MRs, and other settings where clients reside. In addition to oral hygiene education, individual oral care plans may be developed for clients.

Services Delivered

Annual services delivered by the Butler County Dental Care Program (averaged over the past 3 program years) include:

- Number of clients receiving oral assessments: 910 adults and 100 children
- Number of oral assessments: 1,920 adults and children assessments
- Number of clients (caregiver) receiving oral health education: 1,010
- Number of clients receiving treatment in dentist office: 800
- Number of client visits: 980
- Number of clients receiving treatment in hospital operating room: 245
- Number of dentists serving clients: 65 dentists are presently providing care and 15 dentists are available for new patient scheduling
- Number of dentists participating in continuing education course: 180

The level of effort reflects the efforts of the dental case manager working two-thirds time, devoting time to both case management and administrative activities during the 3-year period. During this period, the program has fluctuated in the staff time of the dental case manager due to changes in program sponsorship and funding level.

Outcomes

There has not been a formal county-wide survey of oral health status prior to the start of the program, nor at any time during the program. So it is not possible to measure improvement in oral health status of the population of persons with MR/DD residing in Butler County. However, data collected at Year 2 and year 5 of the project demonstrated that two important outcomes were achieved:

1. The number of consumers with a dental home increased by 25%, and
2. The number consumers in the "appears to need care" category decreased by 45%.

The Board of MR/DD performed a program evaluation in 2003 to assess satisfaction with the program. Consumers, providers and guardians were asked to respond concerning four areas of service: timeliness of treatment, responsiveness to client needs, follow-up care and overall satisfaction with the program. The results of the evaluation were highly positive.

Each year, the program will continue to measure the number of patients served and the number of services provided. More formal program evaluation, such as measurement of consumer satisfaction or improvement in health status, is not performed annually because of the time and expense involved. However, a consumer satisfaction survey will be performed in 2007.

Budget Estimates and Formulas of the Practice:

Funding for the program is approximately \$90,000 per year. The annual budget has remained stable at approximately \$90,000 for the last four years. The key cost component is personnel for oral assessments/screenings and dental case management communications.

Currently a contractual arrangement with the Butler County Board of MR/DD funds the program. The state Medicaid program allowed partial reimbursement for dental case management services under Waiver Administrative Claiming (WAC). This revenue helps sustained the program at the present time. The continuation of funding is contingent upon federal, state and county budget cuts and revisions. Reimbursement of dental case management services by Medicaid is an essential but uncertain component of long-term sustainability.

There is also a tremendous investment of time and effort by client families and caregivers, MR/DD Support Coordinators, dentists, hospitals, and numerous other individuals who assist the dental case manager to create access to dental care services for persons with MR/DD. These contributions are significant.

Lessons Learned and/or Plans for Improvement:

Lessons learned include the following:

1. Making dental case management work:
 - Obtain accurate medical and behavioral histories accompanied by verification of medical and financial guardian.
 - Advocate for the client in a reasonable manner.
 - Maintain updated client information through constant communication.
2. Achieving program financial sustainability:
 - Become a not-for-profit entity.
 - Be creative, flexible and constant vigil.
 - Befriend a champion.
3. Fostering good relationships with dental community and support staff:
 - Learn and adapt to social systems' (Butler County Board of MR/DD, Ohio Department of Mental Retardation and Developmental Disabilities, Medicaid, Social Security Administration) processes, timelines and limitations.
 - Realize the complex needs of individuals with developmental disabilities and experience their world before offering advice.
 - Follow up personally with dental providers.
 - Maintain a presence in community oral health projects.

Plans for improvement include the following:

1. Add a special needs treatment facility / provider to Butler County that will accept Medicaid.
2. Increase my exposure and improve access to the program via website redesign.
3. Maintain and regularly update program database.
4. Create a sustainability committee / workgroup of stakeholders.

Available Information Resources:

1. *Every Healthy Person – Professional Service and Follow-Up*
 A form used for professional service and follow-up for persons with developmental disabilities.
 Source: Ohio Department of Mental Retardation and Developmental Disabilities
<http://odmrdd.state.oh.us/Includes/EveryHealthyPerson/ProfessionalServiceFollowUp.pdf>
2. Oral health educational materials for dentists and caregivers
 Includes materials specific to persons with developmental disabilities.
 Source: United States Department of Health and Human Services, National Institute of Health, National Institute of Dental and Craniofacial Research, National Oral Health Clearinghouse
<https://ice.iqsolutions.com/nohic/pubsorder/>
3. Butler County Dental Care Program Consumer Application
 Available upon request.
4. Butler County Dental Care Program – Survey Results on Program Evaluation, 2003
 Summary of survey results available at
<http://www.astdd.org/docs/BPResLinkButlerProgEval.pdf>
5. Butler County Board of MR/DD Dental Survey, 2000
 The Butler County Board of MR/DD commissioned survey to evaluate access to dental care.
 Available upon request.
6. Butler County Dental Care Program – Results of the Children Survey on Access to Dental Care, 2005
 Summary of survey results available at
<http://www.astdd.org/docs/BPResLinkButlerChildSurvey.pdf>
7. OPTIONS (Ohio Partnership To Improve Oral Health Through Access to Needed Services)
 OPTIONS is a program sponsored by the Ohio Dental Association and Ohio Department of Health. The program links people in need with dentists who have agreed to treat approved patients for reduced fees.
<http://www.oda.org/upload/OPTIONSApp.pdf>

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The effectiveness of the Butler County Dental Care Program is demonstrated by the number of persons with MR/DD who have received services over the 7 years of the program. Data collected at year 2 and year 5 of the project demonstrate that: (1) the number of consumers with a dental home increased by 25%, and (2) the number consumers falling into the "appears to need care" category decreased by 45%. A program evaluation conducted in 2003 showed high level of consumer and provider satisfaction with the program.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Compared to other programs that pay for services or develop new sources of care, the case management approach is extremely cost-efficient. A dental hygienist/case manager is utilized to leverage dental resources – both professional and financial resources that already exist in the community – which are often inaccessible to clients and their families because they are unfamiliar with the complexities of the dental care system. Without the expertise and "navigational" skills of the dental case manager, many persons with disabilities would postpone or forgo needed dental care that would lead to costly consequences.

Cost efficiency is also achieved when oral health care is provided early before the problem becomes more complex and more expensive to treat. This program facilitates early care for individuals with MR/DD who are underserved for difficult to treat.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The program has demonstrated sustainability by being in operation for seven years. The enthusiasm for the continuation of the program has not diminished in spite of the downturn in the economy that resulted in limited funding for the program. The positive 2003 program evaluation has been an important factor in the program's continuation. Another important factor is the employment of the same individual as dental case manager since the inception of the program. The dental case manager is well-known and respected in the community.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Since the dental case management program does not pay for any dental services, the program is all about collaboration and integration to obtain dental care for its clients. Essential collaborations include those with dentists who accept patients referred by the case manager, hospitals that make their operating rooms available for treatment, MR/DD Support Coordinators who assist the case manager to contact clients and obtain medical histories and treatment consent, and the families and caregivers who help with transportation to appointments and in daily homecare. Organizations that support the program include: Ohio Coalition for Oral Health, Dental Options/ Cincinnati, and Ohio Developmental Disabilities Council.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

The case management program directly addresses HP 2010 objectives that relate to the establishment of community-wide "systems of care" that improve access for underserved populations and increase dental utilization of the oral health system. The program leverages existing resources that are often difficult to access because of the complexity of the health care financing system and the shortage of dentists who participate in the Medicaid dental program. The primary purpose of the program is to "make sense" and tie together the present system that is frequently difficult to navigate. As a result of its case management activities, the program secondarily assures the provision of all types of clinical services for persons with MR/DD. In that respect, the program addresses a much larger number of HP 2010 objectives that relate to specific oral disease entities.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

In several areas of California, "dental coordinators" are affiliated with Regional Centers serving persons with MR/DD and fill a role that is very similar to the Butler County dental case manager. The Pacific Center for Special Care at the University of the Pacific School of Dentistry developed the California program in partnership with the California Developmental Disabilities Council. Information about the program can be obtained at http://www.pacificspecialcare.org/community_based_system.htm.

The State of South Carolina utilized "patient navigators" and "oral health coordinators" (whose roles are similar to a dental case manager) as part of its *More Smiling Faces in Beautiful Places* project. The purpose of the navigators and coordinators was to facilitate referrals of children, including children with special needs, from their medical home to a dental home. The project was funded by the State Action for Oral Health Access grant program of the Robert Wood Johnson Foundation. Information about the program can be obtained at <http://www.scdhec.gov/health/mch/oral/smiling.htm>.

It is not known how many similar dental case management programs for persons with MR/DD operate in other states.