Improving Access to Oral Health Care for Vulnerable and Underserved Populations:

Implications for FQHCs and CHCs

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IOM Recommendation: Improving Dental Education and Training

Workforce Innovations to Improve Oral Health in FQHCs

- Dental Pipeline Program
- NHSC Cal-SEARCH Program
- CCHC and Dental Residency Partnerships
- ‘Grow Your Own’ Mentoring Programs
Dental Pipeline Program

• Innovative partnerships between dental schools and CCHCs
  – All CA dental schools participated

• 100% increase in the number of days spent in community-based settings

• Program funding has ended, but partnerships still continue

• Best practices sharing through ongoing learning symposiums

• Educational curriculum enhanced to provide awareness of community-based settings
National Health Service Corps Cal-SEARCH Program

• National Health Service Corps sponsored program

• Partnership between CPCA, OSHPD, and California AHEC

• Provides clinical rotations in CCHCs
  – In 2011, 20 dental students will be completing rotations in clinics as part of the program
  – Students also complete community project
Residency Training in CCHCs

• Dental residency programs based in CCHCs
• Provide extended exposure and experience in underserved settings
• Increases ability of CCHCs to recruit and retain dental graduates
‘Grow Your Own’ Mentoring Program

- Outgrowth of Dental Pipeline Project
- Objective to increase diversity of dental students and increase success in dental school
- Locates youth who are patients in CCHCs
- Provides mentoring and guidance
- Prepares under-represented youth to pursue dental education and enter dental school
IOM Recommendation: Expand Capacity in FQHCs

Affordable Care Act Investment in FQHCs

• Significant increase in health center funding
  – $11 billion over next five years
  – California health centers expected to receive $1 billion

• Workforce investment
  – $1.5 billion for the National Health Service Corps over five years.
  – This investment will place an estimated 15,000 providers in provider-shortage communities
  – Scholarships to help get the medical, dental, and mental health providers
  – Loan repayment and scholarships for allied health professionals to enhance health care workforce education and training
IOM Recommendation: Expand Capacity in FQHCs

CPCA support for and involvement in: innovative delivery models to expand capacity

- The Children’s Partnership Dental Workforce Campaign: Dental Health Therapist model
- Virtual Dental Home project
- Dental care provided in school-based settings
- 4 Walls implementation
IOM Recommendation: Expand Capacity in FQHCs

Significant Challenges to Expansion Remain

- Federal
  - Threats to the ACA
  - Medicaid reduction
  - Reductions in FQHC funding
    - $600 million cut significantly impacts ability to expand capacity

- State
  - All state-funded programs for clinics and oral health (not federally required) eliminated over last few years
Clinics and Health Centers in California are working with their providers to participate in the Medicaid Meaningful Use (MU) Incentive program.

- The MU program is targeted at certain providers who serve at least 30% Medicaid patients or 30% Needy patients if they work at a FQHC.

- To receive payments, providers must use federally certified Electronic Health Records (EHR) or a combination of certified EHR modules.
Medicaid Meaningful Use and Dentists

• Dentists (DDS or DMD) are eligible for the meaningful use of EHR incentive program, but….  
  • There are no certified Electronic Dental Records for them to use  
  • Because there are no standards for EDRs to certify them against  
  • Further, there are no oral health measures listed in the clinical measures for reporting in Stage 1 Meaningful Use  

• Because you can use a non-certified EDR to interface with a certified EHR, dentists at clinics are likely to be the main dentists able to participate in the MU program  

• CPCA Efforts  
  – Advocating for certification standards for dentists so EDRs can be certified for MU  
  – Advocating for oral health measures to be included in Stage 2  
  – Partnering with NNOHA on all efforts
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Implications for FQHC’s and CHC’s
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August 4, 2011
IOM Recommendation: Integrating Oral Health Care into Overall Health Care

• Already exists in majority of FQHC’s/HC’s
• FQHC’s/HC’s optimal locations
  ▪ Physical co-location of services, one stop shopping
  ▪ Administrative structure facilities collaboration
  ▪ Enabling services
  ▪ High risk populations
  ▪ Some IT infrastructure
External Drivers for Integration

• HRSA/BPHC Disparities Collaboratives
  ▪ Diabetes, Prevention, Oral Health
• Population based
• Measures drive change
  ▪ % diabetics with dental visit
  ▪ % perinatal with dental visit
  ▪ % children 0-5 with dental visit
Developing Integration

• Policies, procedures to create integration
  ▪ Training, knowledge base
  ▪ Communication, referral forms, appointment systems, tracking, feedback
  ▪ Standardized messaging, self management

• Successful models, best practices

• NCQA PCHH Certification
Enabling Factors to Integration

• Support from the top down-ED/CEO
• Dental presence at highest level of FQHC/HC management/ policy & planning
• Physical co-location
• Personal relationships
• Clear understanding at staff level why integration is important
Challenges to Integration

• Lack of physical capacity in FQHC’s
  ▪ 18 million medical users vs. 3.4 million dental users

• Lack of IT infrastructure
  ▪ Lack of EMR or EDR
  ▪ Lack of interoperability between systems
  ▪ Rx reconciliation, increased time

• Lack of resources to spread models/BP
IOM Recommendation: Optimal Laws and Regulations

- Fast track DDS/RDH licensure by credential (2/5 yrs in safety-net)
- RDH in DPH practice (including FQHC)
  - Place sealants w/o DDS exam
- RDHAP (limited settings include HPSA’s)
- RDA-EF restorative assistant
  - Finish all restorative procedures. DDS anesthesia and prep, check finish
Challenges

- Resolve RDH & DDS visits in same day
- Expanding FQHC Scope
- Always potential to stifle innovation unless laws & regulations addressed
  - Virtual Home/ Tele-dentistry pilot
  - 4 walls issue/contracting with outside providers
  - Children’s Partnership Dental Workforce Campaign- new dental team member
IOM Recommendation: Promoting Research

- Clinical Research in FQHC's
- Acceptability, appropriateness of interventions
- Populations with highest rates of disease
  - NIDCR Centers for Research to Reduce Oral Health Disparities
    - UCSF CANDO- FQHC sites
    - Weintraub et al. Fluoride Varnish Study
  - California CAMBRA PBRN- FQHC sites
FQHC Health Services Research

- Already provide care to HS, WIC populations, school-based programs
- New workforce models- some proposals limit scope to FQHC/ safety-net settings
- Efforts to develop quality measures
  - Parallels to meaningful use
Challenges to Research in FQHC’s

• Clinical research
  ▪ Competing needs, time
  ▪ Consent, compliance, follow-up
  ▪ Data collection/ IT infrastructure

• Health Services Research
  ▪ Underutilization
  ▪ Data collection/ IT infrastructure