Models for North Dakota: Oral Health Stakeholder Working Group Consensus Meeting

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North Dakota Oral Health Need

• Access and utilization among special populations

• Medicaid reimbursement, access to care and Medicare (non) coverage of dental services

• Oral health literacy and prevention need across North Dakota with greater need among special populations

Model Elimination/Discussion

Some of the models identified may not fit as a current recommendation to meet the oral health needs in North Dakota. To better focus our discussion, identify any of the models that you do not believe should be a recommendation for the state because it either:

A) Does not meet the specific need(s) of our state
B) Is already currently funded and operational in the state, needing no further significant financial or programmatic support
C) Addresses a need that is already being met by other entities in the state
D) Conflicts with an existing oral health program; and/or
E) Has already been implemented in North Dakota and either needs no additional support, or did not effectively meet intended need(s)
Model Reduction

- New Fluoride System in West
- ND AHEC Model – Dental rotations
- Midlevel Provider
- Dental School in ND
- Apple Tree Dental Model

Important Models

- Increase Sealant Program
- Expand scopes of practice
- Safety net clinics in the West
- Expand state funding of safety nets
- Medicaid reimbursement
- Expand loan programs
Category of Exclusion?

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1. Purchase of Mobile Equipment: Provider “Check-Out” Across State

• Bridging the Dental Gap
• Mobile equipment at eight sites – LTC
• $200,000
• School systems, public health, long term care, etc.
• Require coordinating agency
2. New Fluoride Water Systems in the West

- Local governments, not the state, control fluoridation policies in North Dakota
- West has high natural fluoridation
- ND top for rate of fluoridation

3. Increased Reach of Sealant Programs in Eligible Schools

- 50 schools in 2012-2013 school year
- 2 schools in 2013-2014 school year
- Pre-kindergarten – 6th grade
- Dental hygienists in schools – under DDS standing order
- Previously grant funded – sustainability concern
4. North Dakota AHEC Dental Outreach: Dental Students in ND

- Provide out of state dental students with clinical experiences in ND/rural ND
- Establish clinical sites, adjunct faculty and financial support for the 4 week dental clinical rotation (2 dental students) for a four year pilot
  - North Dakota State College of Science
  - Northland Community Health Center
  - Quentin Burdick Health Center
  - FQHC’s

5. Dental Therapy/Midlevel Provider

Create new dental therapist profession
DTs are under general dentist supervision
Limited to oral health prevention and education

Scope of Practice:
- Nutritional counseling and dietary analysis
- Radiographs
- Application of fluoride and sealants
- Temporary restorations and pain alleviation
- Making mouth guards
Midlevel cont. . .

Models in other states

• Minnesota
  Dental Therapists, Oral Health Care Practitioner, Advanced Dental Therapists

• Alaska
  Dental Health Aide Therapist

Outcomes

• Shown promise for improving oral health in remote Alaska Native communities

6. Dental School In North Dakota

• 65 dental schools across U.S.; 4 neighboring ND:
  • University of Minnesota School of Dentistry
  • Creighton University School of Dentistry (Nebraska)
  • University of Nebraska Medical Center College of Dentistry
  • Marquette University School of Dentistry (Wisconsin)

• Funding & Process of creating a new dental school

• Impact and Outcomes for ND
  • More dentists in ND
  • Improved access to care
7. Expand the Scopes of Practice

Model
- Expand practice of DHs in ND
- DHs can perform more services without direct dentist supervision
- DAs can perform more preventive dental services

Models in other states
- Minnesota: collaborative agreement for DHs
- Montana: limited access permit for DHs
- South Dakota: collaborative practice for DHs

Outcomes
- access to oral health services
- utilization of oral health services
- oral health outcomes

8. Safety Net Clinic(s) in Western North Dakota

A safety net clinic:
- nonprofit, community-sponsored clinic
- usually sees patients who lack access to health care
- typically serve Medicaid patients or patients who lack insurance
- offer sliding fee schedules or reduced fees

Five serve North Dakota residents:
- Bridging the Dental Gap in Bismarck
- Family HealthCare in Fargo
- Northland Community Health Center - Dental Clinic in Turtle Lake
- Valley Community Health Centers Dental Clinic in Grand Forks
- Red River Valley Dental Access Project in Moorhead, Minnesota
Safety net in Western ND cont. . .

Need in Western ND:
- Great need for a safety net clinic in western ND
- The population to dentist ratios range from 758:0 to 9,495:1

Outcomes:
- Safety net clinics have a positive impact on the community
  - lower health care costs
  - improve patients’ health
  - create economic opportunities
  - jobs and training for local community members

9. Expand Safety Net Clinics – State Funding

- The existing FQHCs and Bridging the Dental Gap are not supported by state funding
- State support to increase reach of existing FQHCs and expand care by developing additional safety net clinics throughout the state in areas with high need
10. Expand Children’s Dental Efforts

• The agency’s services include a portable care program that uses equipment that folds up for easy transport and set-up
• Minnesota-based independent non-profit agency that is dedicated to improving the oral health of children from families with low incomes

11. Establish Dental Assisting Schools in Western North Dakota

• There is great need for DAs in North Dakota, with greater needed in the Western half of the state
• Adding new programs for certified DAs in the state; offering the education online as well
12. Expand Bridging The Dental Gap: Funding for Non-Profit

- Bridging the Dental Gap (BDG) is a stand-alone community dental clinic in Bismarck
- BDG is a non-profit organization and is funded by patient payments, Medicaid, insurance payments, grants, and donations
- With additional funding to support infrastructure, personnel, and development of new services, BDG could expand their reach to patients outside of the Bismarck-Mandan community

13. Medicare Expansion To Cover Dental

- Medicare does not cover routine dental care except in emergent cases that are deemed medically necessary and are part of an otherwise covered inpatient procedure or hospitalization
- Some Medicare beneficiaries have access to dental coverage through other sources such as employer-sponsored retiree health plans, Medicare Advantage plans, Medicaid (dual eligibles), or individually purchased dental plans such as through AARP
- Dental uninsurance remains a significant problem for Medicare beneficiaries
14. NDDA Case Management Program

- Case Management Outreach (CMO) to target high-risk patients in community settings utilizing current workforce
- Incentivizes oral health assessments, preventive services, and case management services in community settings
- Will also require development of a case management online training module for outreach providers through the North Dakota State College of Science Allied Professionals Program

15. Apple Tree Dental

- With support from individual donors, foundation grants, and corporate sponsors, Apple Tree can relieve the suffering and improve the lives of people who have barriers to obtaining the dental care they need
- Mobile units
- Teledentistry
- Expand private, public, and nonprofit capacity for community based collaborative practice
16. Increase Medicaid Reimbursement

• The overall reimbursement rate, as defined by the amount paid divided by the amount billed over a five year period in North Dakota is roughly 62%
• Increased Medicaid reimbursement for dental care to incentivize dental providers to except higher rates of Medicaid patients

17. Eliminate Long Term Care Per-Resident Fee: Make Allowable Cost

• There are nonprofit organizations that are willing and able to provide dental care to long term care residents
• These nonprofits charge a per resident fee
• Per resident fee is not an allowable cost
18. Expand Loan Repayments/Programs

- The State Dental Loan Repayment Program
- Public Health and Nonprofit Dental Loan Repayment Program
- New Practices – Grants
- WICHE

19. Integration of Oral Health and Primary Care

In North Dakota, HB 1176 was passed in 2009 authorizing general supervision of licensed dental hygienists for procedures authorized in advance by a dentist. As a result of this legislation, the Oral Health Program implemented the Smiles for Life Fluoride Varnish and the SealIND (Sealant) Program. The program’s success hinges on the financial support of a Health Resources and Services Administration (HRSA) Workforce grant and a five-year (2013-2018) State Oral Disease Prevention Program grant from the Centers for Disease Control and Prevention (CDC).
20. Collaborate with Border Dental Schools for Student Spots: Require Students to Return to ND

- Work with University of Minnesota, and other border colleges to accept more ND students – do rotations in ND
- “Early Decision Rural Dentistry Track Program”

21. Use of Existing Free Travel to Transport Rural or other Geographically Challenged Individuals to Current Dental Practices

- The North Dakota Senior Service Providers
- The National Center on Senior Transportation
- For Medicaid dual eligibles: The Non-Emergency Medical Transportation (NEMT) is a mandatory benefit in the Medicaid Program
Additional Ideas – Include?

- Consolidate Loan
- Dental Residency
- In-state Tuition

Get Moving

What level of support would there be in the state for each given model?

Full Opposition  |  Full Support

* Not based on your organization or personal position, but the state collectively to include consumers, providers, organizations, legislature, hospital systems, FQHCs, etc.
Stakeholder Perspectives: Results

1. How great of an impact would each of the proposed models have on its intended population/focus in North Dakota?
   a. No impact (1); Fair impact (2); Good impact (3); Great impact (4)

2. How likely is it, given the current oral health environment (political, economic, social, demand) that each of the proposed models could be implemented in North Dakota?
   a. Very unlikely (1); Unlikely (2); Somewhat unlikely (3); Somewhat likely (4); Likely (5); Very likely (6)
Tier One: Impact 3+, Likelihood 4+
- Increased Sealant Program
- Expand Scope of Practice
- Expand Safety Nets
- NDDA Case Management
- Expand Loan Repayment

Tier Two: Impact 2+, Likelihood 4+
- Purchase of Mobile Equipment
- Fluoride in West
- Collaborate with Boarder Dental Schools

Stakeholder Consensus

Please identify what you believe should be the three priorities for North Dakota to improve the current oral health environment.

* You must select three and cannot place all three dots on one.
Survey/Discussion Results – Others?

- Consolidate Loan
- Expand Loans
- Dental Residency
- Collaborate with Boarder Dental Schools
- In-state Tuition
- Increased Sealant Program
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- Medicaid reimbursement

Contact us for more information!

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