



**A New Approach to
Public Health
Dentistry in a CHC**

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What's Wrong With Modern Dentistry?

- We can fix almost every dental problem
- We can give you beautiful teeth for life
- We understand the disease processes well
- We have well tested disease prevention strategies

Situation in Oregon

- Eligible kids dental care is fully covered by the Oregon Health Plan
- Adults on OHP have emergency dental coverage and some have full coverage
- Most are assigned to managed care providers

Result

Enrolled Children under Age 21 Receiving an Annual Medicaid Dental Visit

	1998	1999	2000	2001	2002	2003
Number with any Dental Visit	58,262	70,109	67,088	72,984	81,253	74,629
Number Enrolled	263,554	256,611	257,107	265,666	279,936	272,298

Modern Dentistry Is Too Expensive

- Voters aren't willing to support general prevention (fluoridation) or fund dental treatment
- No bad guys – State badly under funds DCOs, DCOs badly under treat

Head Start Prevention Experiment

- Before prevention dental costs took all medical budget – only treated a few
- Started fluoride varnish program
- Referrals for acute abscess/pain have been reduced from 27 children to 2
- Need for restorative work reduced from 47% to 16%

Key Points

- Children seen at school
- Children comfortable with providers
- Excellent case management by Head Start
- Still need clinical backup

Prevention Program Expansion

- Program incorporated into FQHC
- Expanded to Title I schools, K thru 2
- Program in migrant school
- Excellent initial Medicaid payment

Future Needs

- Reach younger children - WIC
- Funding for expansion
- Sealant Program
- Carries management on site with ART
- Conventional clinic

Sealants



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Result



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Clinic Concepts

- Small conventional clinic costs \$1M to build & \$1/2M a year to run
- LCC has modern 18 chair clinic
- Students, especially in assisting, lack real world experience

First Steps

- Summer clinics
 - See targeted groups that come with funding
 - Use students to supplement a paid staff
 - Use LCC instructors
- Prescreened groups
 - Use LAP hygienist & RNs to select needy
 - Coordinate & transport groups to LCC

Problems

- Inadequate funding
- No clinic manager
- Poor student participation
- Inexperienced staff

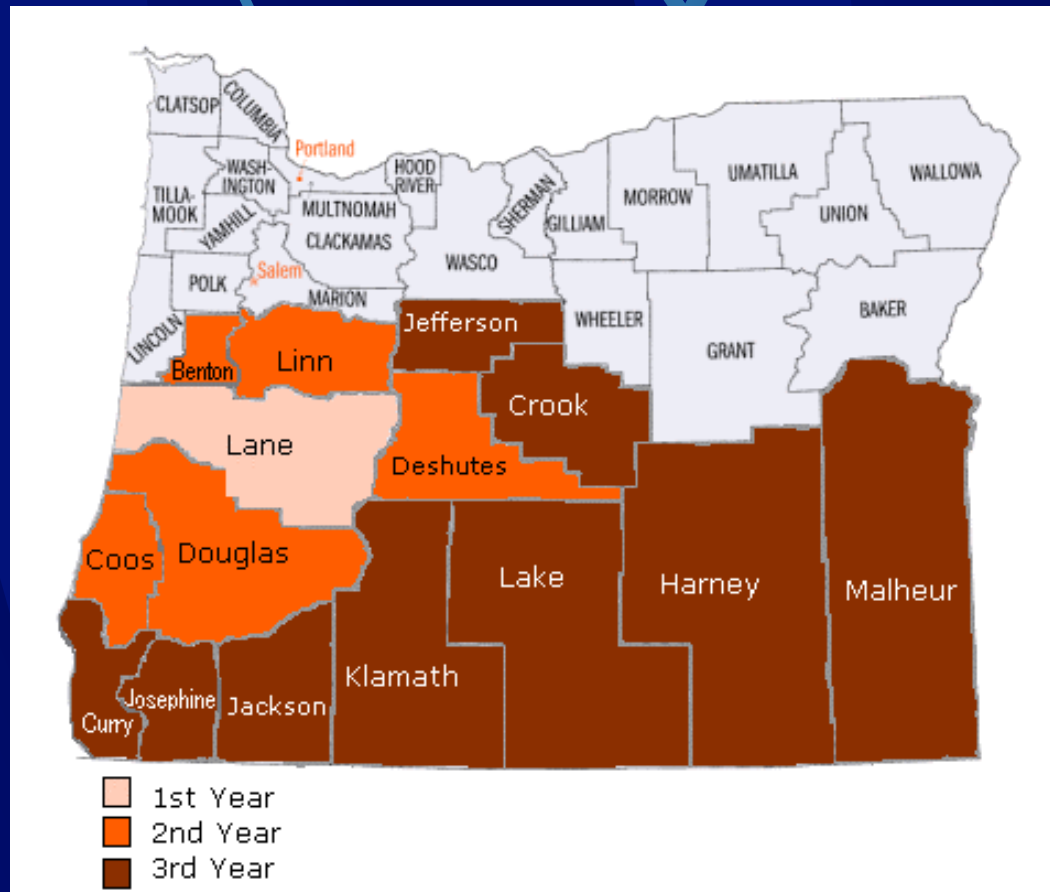
The Grant

- Fall 2006 - \$2M, 5 year grant - All of the funding is being provided by federal Health Resource Services Administration (HRSA), under the Special Projects of National Significance of the Ryan White CARE Act.
- Promise:
“...improve the teaching of dental assisting and dental hygiene while providing low cost dental treatment ... control costs [by] the dual use of existing dental clinics and the use of students to expand on the ability of a core, paid staff to provide treatment. “

What makes this project unique?

- Out of the 15 grantee sites we are the only program that is using the existing space and Dental Hygiene and Dental Assisting Programs to reduce clinic costs and decrease community stigma.
- We have by far the largest service area with over 63,000 square miles to cover.
- Grant funds will cover the cost of staff and supplies local funds will be needed for lab fees such as crowns, bridge work and dentures.

Grant Area



Grant Accomplishments

- First site to receive Institutional Review Board (IRB) approval
- First site to collect and enter data into the national multi-site study
- First site to receive the Certificate of Confidentiality
- One of only 7 sites out of 15 that served clients in year one of the grant

Additional Features

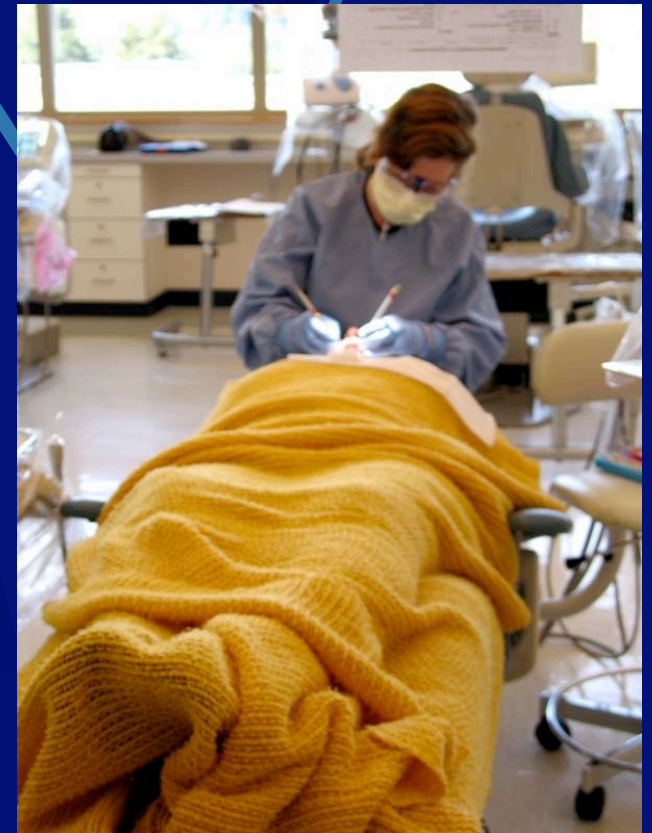
- Grant requires Tx of non HIV+ patients
- Law change will require teaching restorative functions to hygienists (and assistants?)
- LCC has additional grant for distance learning

The Clinic



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The Patients



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The Problems

- Grant rec'd 11/06; no patients until 4/07
- Difficult to get clinic space
- Inexperienced staff, few dentists
- Lack of imagination re teaching opportunities
- **NO CLINIC MANAGER**

The Promise

- Teaching restorative functions requires a restorative clinic
- Denturism?
- Dental postgraduate programs
- Retired dentists
- Coordination with school based Tx & screening