

The Dental Home

Summary from an MCHB Expert Meeting



Background

- Health professionals and the lay community have been using the term “dental home,” yet there is no widely accepted definition.
- To address this issue, MCHB convened a meeting of experts representing federal, national, state, and local leaders on September 18-19, 2008, in Washington, DC.



Meeting Purpose



- Assist MCHB in exploring the dental home concept as it relates to bureau philosophy and goals.
- Explore relationships between medical and dental home concepts.
- Collect information about defining and establishing dental homes.
- Identify promising practices and programs for implementing dental homes.

Key Components of Dental Homes

- **Access to and Cost of Care.** Dental homes must be attuned to the impact that family education level, income, and health insurances status have on access to care. Inextricably tied to access to care is the cost of care.
 - **Quality of Care.** Access to oral health care is not necessarily an indication of quality of care. It is important to distinguish between dental homes offering different levels of quality care (i.e., between “one-star” and “five-star” dental homes).
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Key Components of Dental Homes (continued)

- **Coordination of Care.** Care coordination for children within dental homes is a service that connects children and their families to comprehensive and community resources.
 - **Preventive Care.** Eradicate the treatment-only concept of the dental home. Dental homes should provide outreach, risk assessment, preventive care, and education, among other services.
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Conceptualizing Dental Homes

Participants discussed how the roles of dental hygienists, primary care health professionals, community-based health providers, and families—as well as the key role played by the dentist—related to the concept of the dental home, to emphasize a team approach.



Conceptualizing Dental Homes (continued)

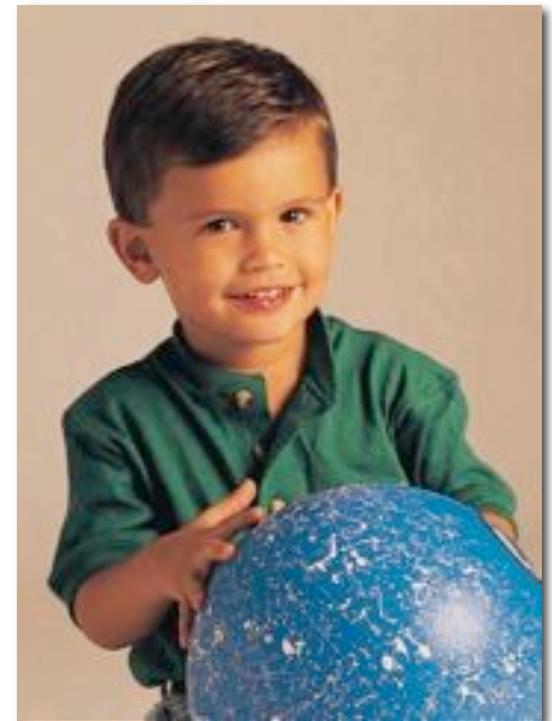
- **Dental hygienists** provide preventive, therapeutic, and restorative services within their scope of practice as defined by state law.
 - **Primary care health professionals** can assist in linking medical and dental homes to broaden the reach of the oral health delivery system.
 - **Community-based health providers** play a crucial role in the prevention-education and disease-management aspects of dental homes.
 - **Families** are partners in care and serve as the focal point of medical and dental homes.
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Dental Home Models

- **Health home model:** Combined medical home-dental home model
 - **Vertical (high-rise) model:** Complicated oral health care is provided by dentists, and lower levels of care are provided by dental hygienists.
 - **Dispersion (low-rise) model:** Entire community serves as the dental home, and community resources are integrated to serve the populations oral health needs.
 - **Two-tiered model:** Combined vertical and dispersion model.
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Operationalizing Dental Homes

- Accumulate an evidence base.
- Change the construct to include prevention and well as disease management.
- Replicate or adapt models of prevention education
- Implement prevention-focused curricula in professional schools, including dental, dental hygiene, and primary care health professions programs.



Operationalizing Dental Homes (continued)



- Construct a system of comprehensive coordinated care that includes outreach, risk assessment, prevention, education, and treatment services.
 - Identify funding, and implement pilot programs
 - Support the adoption of the dental home concept.
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