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BACKGROUND

Drivers of Change in Oral Health Policy

- Public health and oral health advocacy
- Changing public policy: Increased qualifications for and enrollment in public-health insurance programs
- Limited government resources to pay for care: New emphasis on value-based service delivery
- New technology and materials: Use of glass ionomer sealants, silver diamine fluoride (SDF), lasers, portable x-ray equipment
- Market forces: Changes in population seeking services
- Consumer demand for alternative providers
- Desire for convenient affordable care

STUDY OBJECTIVES

This research assessed the impact of evolving workforce models on improving access to oral health care, with a specific focus on the essential role of the dental safety net in driving oral health innovation.

METHODS

This research used a variety of strategies, incorporating a literature review, case studies (>25), and analysis of available data from 2015-2018 to address the identified objectives.

FINDINGS

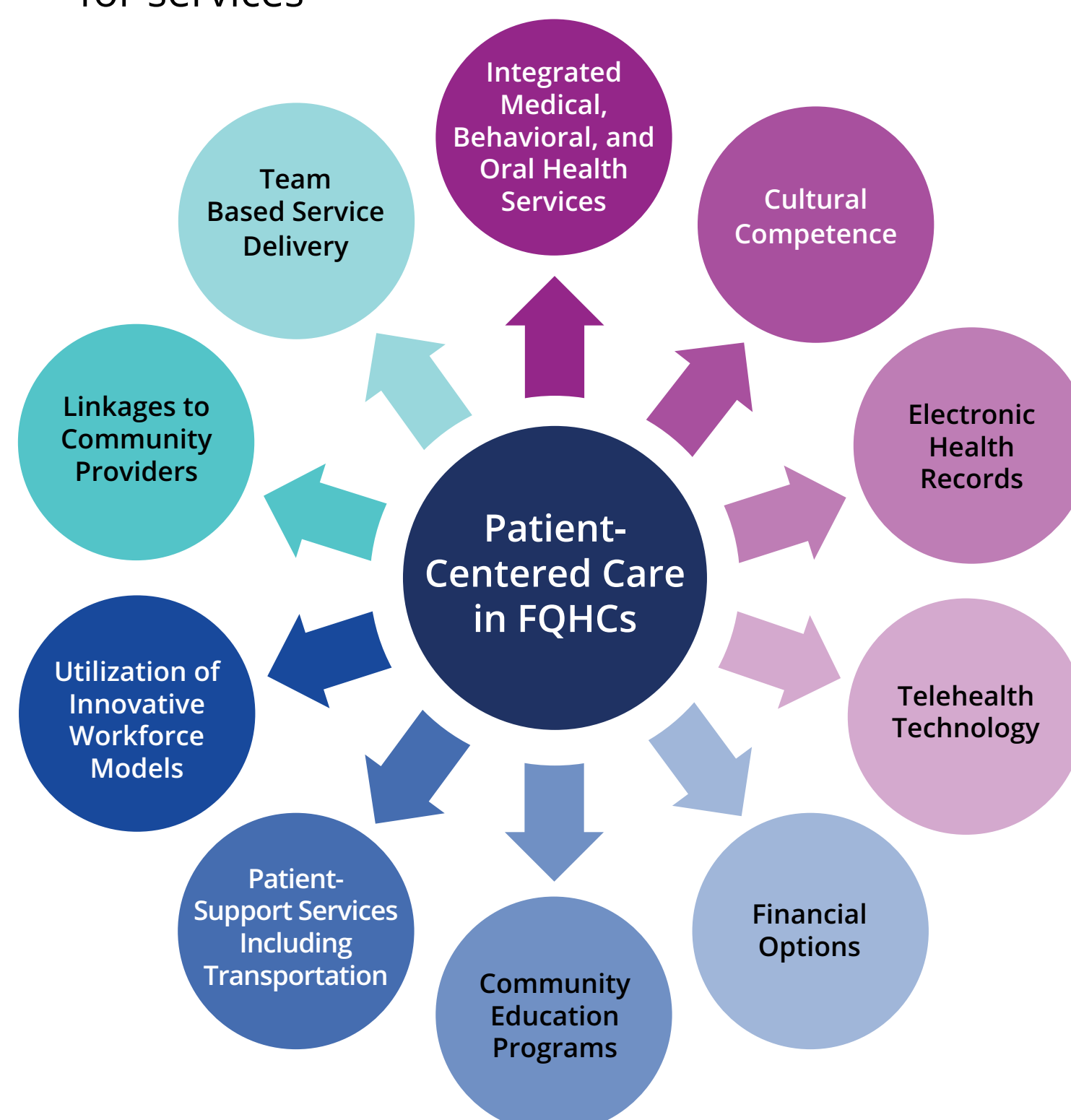
Emerging Key Themes: Innovative Models of Care

- Federally Qualified Health Centers (FQHCs)
 - Constitute largest part of the health care safety net
 - Opportunities to engage with novel local workforce solutions that increase access to oral health services for underserved populations
- Mobile and Portable Dentistry
 - Improves access, compliance, convenience
 - Especially useful for children and elderly
 - Service integration in health care settings
- Teledentistry
 - Provides access to both specialty and general dentistry services in rural areas
 - Provides ability to triage patients to the most appropriate level of care
 - Efficient, timely, and cost effective
- Services in Medical Settings
 - Emphasizes importance of oral health to systemic health
 - Increases likelihood of referrals to a dental provider
 - Improves literacy about prevention and oral hygiene

FINDINGS

FQHCs: Safety-Net Providers Funded by the Federal Government

- Currently ~1,400 FQHCs with more than 15,000 delivery sites across the US serve >30 million people including 6 million dental patients
- FQHCs are uniquely positioned to provide integrated health care services that are patient centered
- FQHCs experience common problems with building sufficient capacity to meet high demand for services



Mobile and Portable Dentistry: Future Smiles (Las Vegas, Nevada)

- 9,000 children patients of record, mainly in low-income schools in 5th largest school district in US
- 4,800 seen annually
- 1,775 identified as needing intensive case management, usually related to treatment needs (2016-2017)
- Dental hygienists provide services in 5 fixed school-based dental clinics and in a portable format in other schools
- Funded mainly by grants from local foundations established by gaming operators (MGM, Wynn, Golden Nugget, Cirque du Soleil)

Teledentistry: Finger Lakes Community Health Center (Penn Yann, New York)

- Serves more than 25,000 patients including 9,000 agricultural workers per year
- Has 9 primary care medical clinics, 6 co-located dental clinics, and 2 stand-alone dental centers providing general dentistry services
- Teledentistry program started in 2010 and provides specialty dental consults for children with serious dental decay via videoconferencing in real time
- Children receive a synchronous teledentistry consultation from a pediatric dentist at the Eastman Institute in Rochester, New York
- 97% treatment-completion rate in Rochester
- 77% of children subsequently establish a dental home in the community

FINDINGS

Services in Medical Settings: Colorado Coalition for the Homeless, Stout Street Health Center (Denver, Colorado)

- Manages 19 residential buildings, 1,900 units, and 2,000 housing vouchers
- 53,000 square-foot main health center
- Served 18,600 adults and children in 2017
- 13,600 patients received health services
- Fully incorporates patient-centered, trauma-informed medical and behavioral health care, substance-use treatment services, dental and vision care, social services, supportive housing
- Providers in various disciplines affect warm handoff referrals for patients as needed
- Clinicians are often able to see patients on the same day, and nurses triage and navigate patients according to need

CONCLUSIONS

The effects of shifting perspectives on oral health and the workforce include:

- Expansion of roles for existing workforce
 - Expanded-function dental assistants
 - Public health dental hygienists
- New workforce models
 - Community dental health coordinator
 - Dental therapists
- Engagement of medical professionals
 - Interprofessional education
- Training primary care clinicians
 - Screening and referrals
 - Application of fluoride and SDF
- Integration of health services especially in safety-net settings

LINK TO REPORT



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