

If you build it will they come.....?

Increasing access to HIV oral health care

HRSA All-grantee meeting, Washington, DC

August 2010

Carol Tobias, BU School of Public Health

Disclosures

- I have no financial interest or relationships to disclose
- HRSA Education Committee Disclosures
 - HRSA Education Committee staff have no financial interest or relationships to disclose
- CME Staff Disclosures
 - Professional Education Services Group staff have no financial interest or relationships to disclose

Learning Objectives

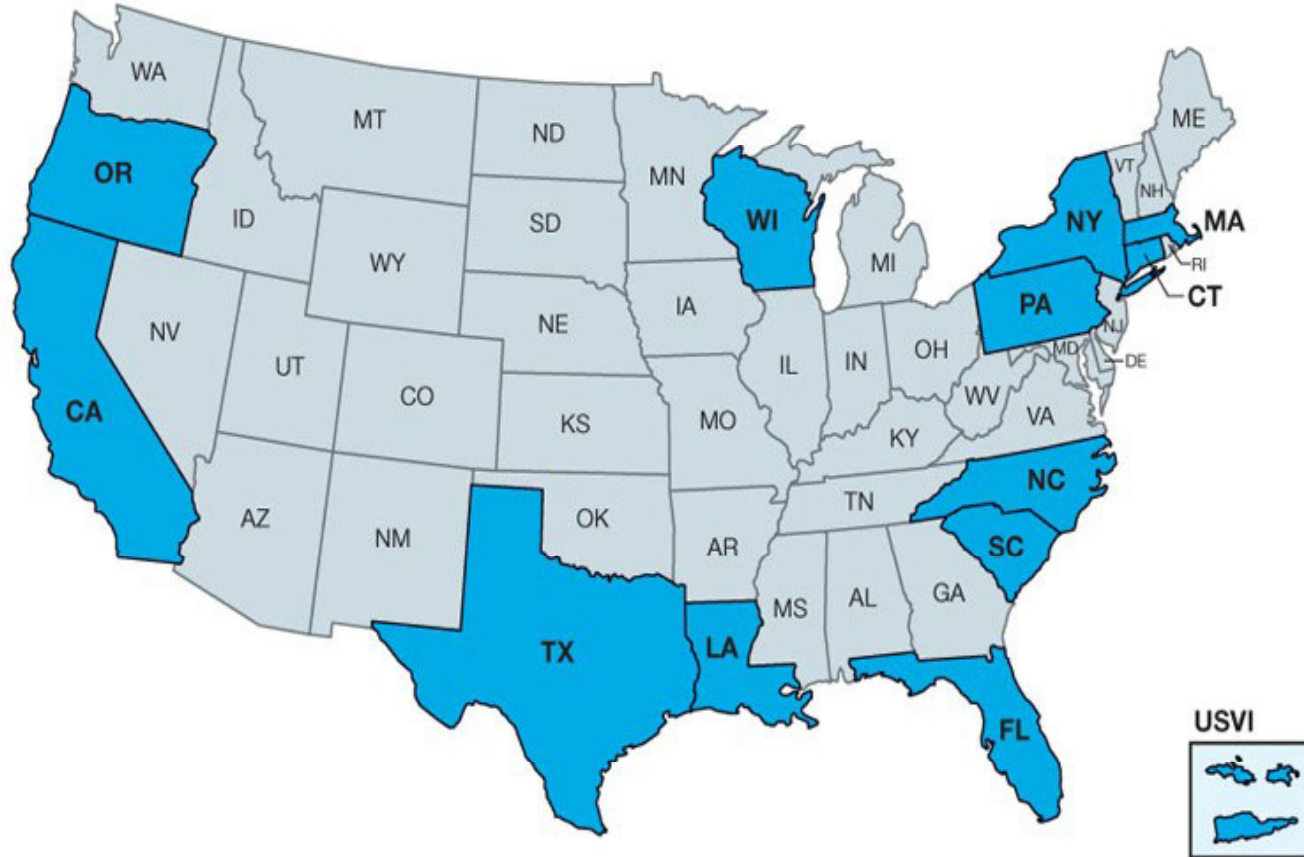
By the end of the session, participants will be able to:

1. Describe the main barriers to the receipt of oral health care among PLWHIV.
2. Identify at least six strategies to overcome the non-financial barriers to oral health care.
3. Use or adapt a peer and patient training curriculum on HIV and oral health care to improve oral health literacy.

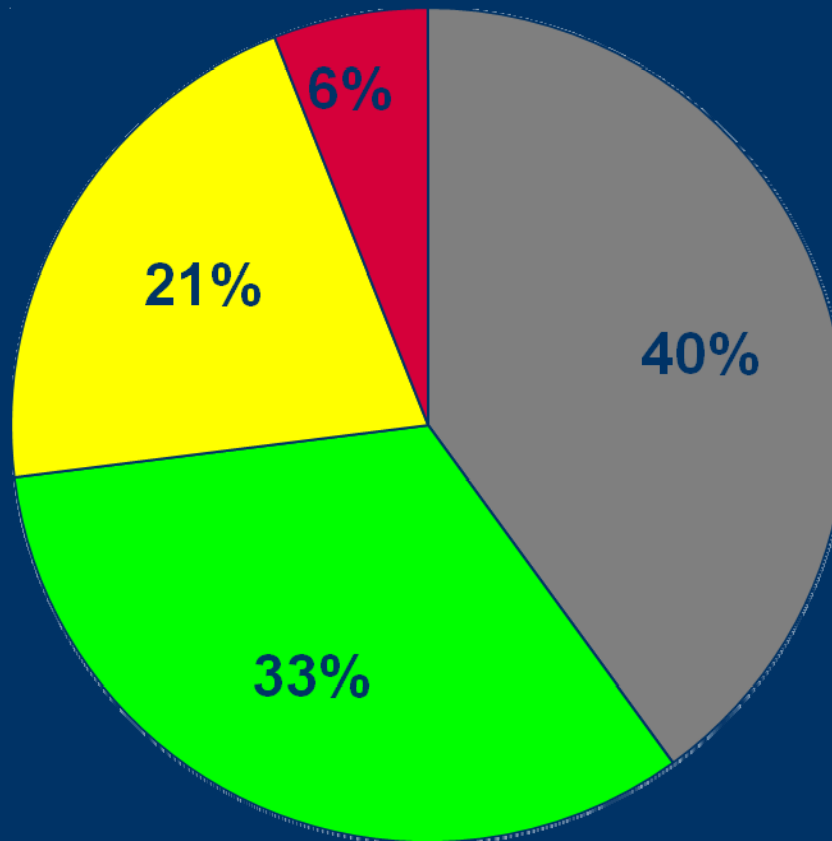
Oral Health SPNS Initiative

- HRSA demonstration to increase access to HIV oral health care, 2006-2011
- 7 urban sites, 8 non-urban sites
- >2400 HIV+ individual enrolled in study
- None had received dental care in >12 months except for emergency care

Innovations in Oral Health Care: Project Sites



Patient Demographics

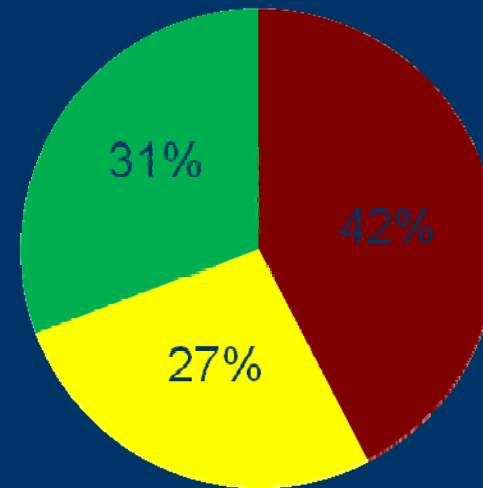


Patient Demographics

- Average age = 44 years
- Average length of time HIV+ = 10 years
- 75% male
- **64%** report the health of their gums and teeth = fair to poor
- **25%** say their overall health is fair to poor

Length of time without dental care

Years without care



On average, 2.6 years since the last dental visit

■ <2 years ■ 2-5 years ■ >5 years

Unmet need for care

- 48% said that since they tested positive, they had a need for dental care but could not get it

Most common reasons for unmet need

- Financial – no insurance or could not pay = 59%
- Real or perceived stigma/discrimination = 12%
- Could not find or get care = 11%
- Fear or worry about dentist = 6%
- Not important/other things to do = 6%

And what brings you here today?

- 55% said an oral health problem
- 39% said just a cleaning or a check-up
- 7% “to enroll in a study” or “my case manager told me to come.”

And what kinds of problems?

- Teeth filled or replaced = 26%
- Relief of pain = 20%
- Teeth pulled = 12%
- Gum treatment = 8%
- Denture work = 8%
- Orthodontic work = 7%

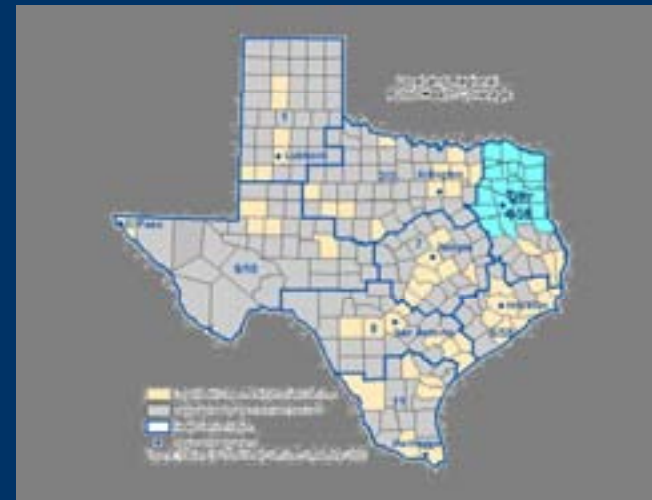


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- Special Health Resources for Texas, Inc. (SHRT) serves the 23 counties of Northeast Texas.
- SHRT is the primary testing, prevention, education, and medical/dental treatment provider for HIV/AIDS in the region.
- This region has 1 million residents, spread out across 23 rural counties.
- SHRT serves over 1,000 of the 1,400 identified persons living with HIV/AIDS in care.

Barriers to Dental Care include:

- lack of quality/specialized dental services in rural areas
- Limited transportation and long distance traveling
- Limited number of clinics
- Limited or no preventative dental care
- HIV related stigma
- Fear of dental treatment

Strategies

- Intensive Oral Health Case Management:
 - Serves as the bridge between dental, medical and RW case management services
 - Developed a professional relationship with patients
 - Bilingual to serve diverse populations in Texas
 - Participates in multi-team staffings
 - Provides HIV education
 - Empowers patients to become pro-active in their dental care

Strategies (Cont.)

- Increased operatories:
 - added 2 new operatories and refurbished the existing one in Longview,
 - 1 new operatory and refurbished the existing one in Texarkana
 - 2 new permanent operatories in Tyler.
- Purchased Dental van:
 - Used to transport patients to dental appointments in Longview, Tyler and Texarkana; as well to transport them to appointments at Baylor College of Dentistry in Dallas.

More Strategies

- Oral Health Education: Comprehensive oral health education, sensitive and culturally competent to patient's education level has been provided
- Dentist with 14 years experience working with HIV positive patients which doubled the number of clinics
- Partnership with Baylor College of Dentistry to provide 4th Year Dental Students Internship at SHRT clinics
- Referrals to specialized dental care at Baylor College of Dentistry in Dallas

■ Strategies



- Evaluators from Stephen F. Austin State University held community FOCUS Groups in:

Longview

Tyler

Texarkana

Paris

Resulting in improved community education and reduced HIV stigma

ORAL

Oregon Rural Alliance of Dental Leadership

Amanda McCluskey



HIV Alliance

- Community based nonprofit organization
 - Ryan White Case Management
 - Prevention & Education
- Addition of Dental Program September 2006



Before Grant

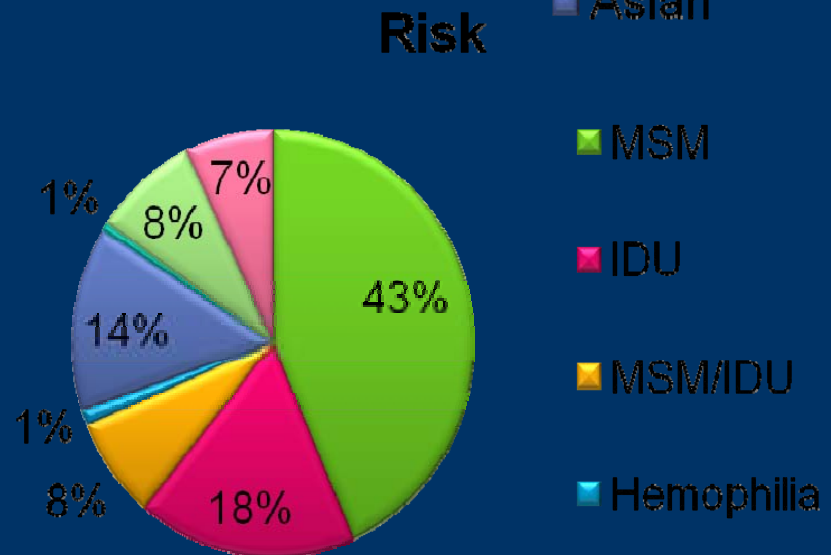
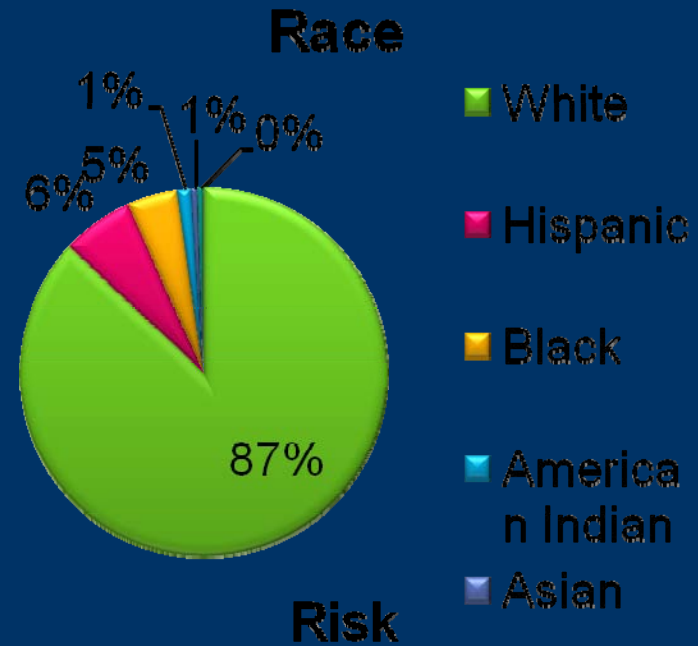
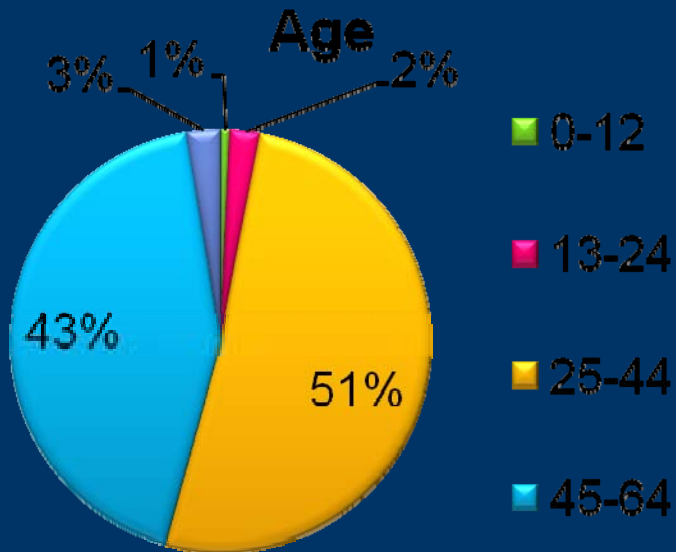
- Medical Insurance vs Dental Insurance
- Limited funds for Case Managers
 - Average of \$500 per client
- Limited access to care
 - Emergencies prioritized
 - No access to preventative care
- Local Dentists without specific HIV education

Client Demographics

15 County Service Area

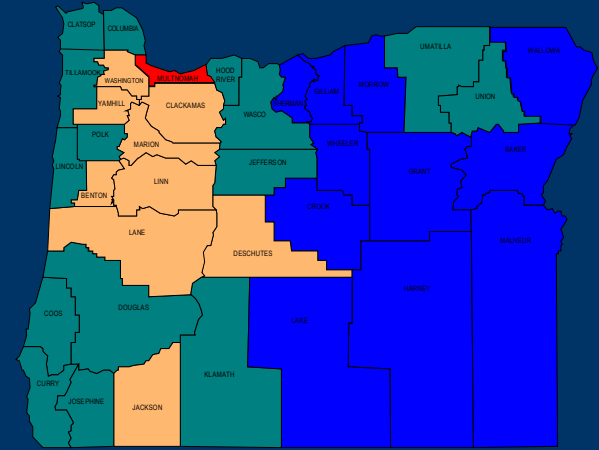
■ 718 PLWH/A

■ 24% female, 76% male



Program Model

- Lane Community College
 - Dental Hygiene and Assisting Programs
- Community Health Centers of Lane County
 - Federally Qualified Health Center (Tort Protection)
- Regional Model
 - 15 county Service area
 - 5 mixed urban and rural
 - 6 rural
 - 4 frontier



■ Urban county
■ Mixed urban and rural counties
■ Rural counties
■ Frontier counties



Grant Year One

- Clinic opened April 2007 3 days a week
- Serving one county
- No show rate 40%
- Hired Dental Case Manager
 - Process referrals
 - Coordinate transportation
 - Coordinate with RW Case Managers
 - Coordinate with clinic staff
- Now show rate decreased to 10%



Grant Year Two

- Began integrating year two counties in September
- Provided transportation assistance
 - Hotel rooms
 - Greyhound and Amtrak tickets
 - Shuttles to and from Lane County
- Began integrating some year three counties in June



■ Challenges

- Travel
 - Health status
 - Family/work responsibilities
 - Discomfort
 - Staff time
 - Cost
- Emergencies

Grant Year Three

- Continued integrating year 3 counties
- Satellite Clinics
 - Linn Benton Community College
 - Dental Hygiene and Dental Assisting
 - Central Oregon Community College
 - Dental Assisting
 - Rouge Community College
 - Dental Assisting



Ancillary Services Provided

- In Grant yr 3
 - Coordinated 557 appointments
 - Provided 228 rides
 - 43 meals
 - Helped coordinate
 - 212 clients received direct case management
 - 2,322 clinical services to 447 PLWH/A across more than 63,000 miles



Grant Year Four

- Continue serving original 15 counties plus 3 additional counties
- Satellite clinics operating weekly and quarterly
- Continued seeing high rates of need and decay
- Developed educational videos
 - Clients
 - Clinicians
 - Case Managers

Educational Videos

- Behavior Change study

- Questionnaire
- 2 week follow up

- Client Video

- ADA recommended home care
- What to expect in the clinic
- Common oral manifestations of HIV

- Case Manager Video

- Talking with clients about oral health
- ADA recommended home care
- Common oral manifestations of HIV
- Significance of lab values in the dental setting



- Clinician Video

- Working with HIV Case Managers
- Common oral manifestations of HIV
- Standard precautions and HIV
- Significance of lab values in the dental setting

Lessons Learned

- Continuously adapting to the need of the population
 - DCM
 - Transportation assistance
 - Satellite clinics
 - Educational materials
- Challenges and benefits of the model
 - Cost savings
 - Dental Hygiene and Dental Assisting students
 - Working within educational settings
 - Partnership between three different institutions



- Meeting clients where they are at
 - Satellite clinics
 - Harm Reduction Philosophy
- Communication between partners
 - Monthly meetings
 - Contracts

Contact Information

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