

Reducing the Burden on HIV Case Managers in Accessing Oral Health Services

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Disclosure Forms

Jane Fox, MPH and Serena Rajabiun, MA, MPH 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. Explain the difference between an HIV case manager and a dental case manager.
2. Describe 3 main tasks of a dental case manager.
3. Explain the impact of dental case managers on patient recruitment and retention on oral health care.

Dental Case Management: Increasing Access to Oral Health Care

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August, 2010

Oral Health SPNS Initiative

- 2006 HRSA funded 15 sites to increase access to oral health care for persons living with HIV/AIDS
- 9 of the sites have models utilizing dental case managers, patient navigators, or outreach workers.

Dental Case Managers

- HIV case managers are a common and integral component of HIV care in the United States
- The concept of dental case management is relatively new

DCM Focus Group

- 06/2008 we conducted a focus group with nine DCMs
- Explored the role of DCMs
- Background and qualifications
- Multiple roles of DCMs

DCM Focus Group Results

- Role of DCM
 - Client recruitment, scheduling & retention
 - Removing barriers to coming to the dentist
 - Transportation
 - Patient education
 - Accompanying patient to appointment
 - Coordination with other providers
 - Specialists, medical care, support services

DCM Focus Group Participant Quote

“Many...don’t know how to brush their teeth; don’t know that you need to floss. We have a patient [whose] front teeth were perfect but behind the teeth was terrible because they learned that you only brush from one side. So education, education... it makes a difference cost-wise also”



DCM Focus Group Results

- Who is a DCM
 - Patient navigator, outreach worker, DCM
 - Qualifications
 - Past experience as HIV case manager
 - Dental assistant
 - Most have a minimum of five years



DCM Focus Group Participant Quote

“ I accompany patients to the dentist office if they want me to. That means going with them and explaining exactly what is going down...and why the dentist is doing that ... because at times the patient doesn't like to ask the dentist... [they feel] more comfortable with asking me questions which I love to answer”



DCM Focus Group Results

■ Impact

- *“I got a job that is just awesome. You know you can give someone a set of dentures who hasn’t had any for ten years and has not had any teeth...and they hug you.”*
- *“...You can affect the culture of care so that you can convince patients it’s really less costly and more beneficial if you go [to the dentist] when there aren’t any problems”*

DCM Demographics (N=1267)

- Mean age= 45 yrs; HIV+ for 11 years (mean)
- 30% of patients are Black, 45% are white and 18% are Hispanic/Latino
- 75% are male, 23% are female and 2% transgendered
- 34% finished high school and 42% continued education beyond high school
- 51% have an income of \$850 or less per month



Preliminary Baseline Results

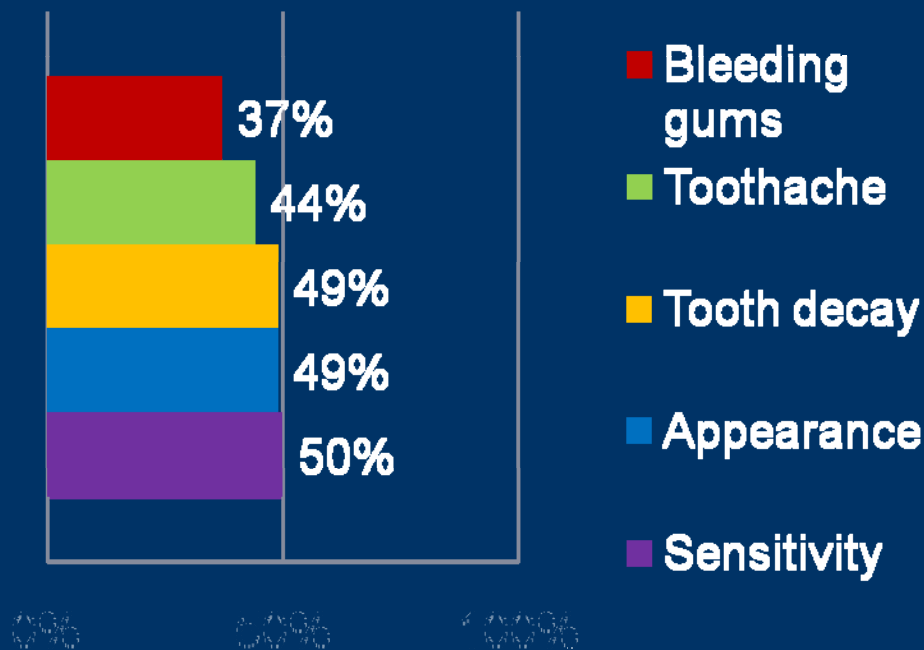
- 38% had not received dental care in the past 1 to two years, 22% more than five years
 - 40% reported not having a regular place for dental care
- 89% have an HIV case manager
- 49% reported needed dental care but did not get it
 - 55% reported not being able to afford it



Preliminary Baseline Results

- 58% active smokers
- 64% describe the health of teeth & gums as fair or poor.
- 71.2% describe their overall health as good to excellent

Oral Health symptoms in past 12 months



For more information

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20 Years of Leadership
A LEGACY OF CARE



2018 RYAN WHITE ALL GRANTEE MEETING AND 10TH ANNUAL CLINICAL CONFERENCE

The Dental Care Coordinator



Kasey Harding
Community Health Center
Norwalk, CT

CHC's Oral Health Care Project for People with HIV

- Provide Comprehensive oral healthcare to the HIV+ population in Norwalk/Stamford and the surrounding communities.
- Utilize multisite evaluation and local evaluation for analysis of service delivery model and reduction of barriers to care.
- Build a model of care that directly services the needs of our specific population while remaining fiscally responsible to support future sustainability.
- Serve patients in the most streamline manner possible.

What we looked for in a Dental Care Coordinator....

- Someone who can work as a team player with a diverse group of internal individuals.
- Someone who can be the “face” of the SPNS Program.
- Someone who is organized and can multi-task.
- Someone who is a strong patient advocate.
- Someone who can communicate effectively with patients and professionals on all levels.
- Someone committed to reducing barriers in the community and gaining access to care for patients.

The Dental Care Coordinator



She's everything, she helps me make appointments, get rides, even find someone to take care of my sick mom. She really wants me to get taken care of and now I have fixed teeth - she's awesome!"

John, SPNS Patient

The Dental Care Coordinator

- Recruit and retain patients and schedules SPNS appointments.
- Provide education to providers about services that we offer.
- Provide education to patients on the importance of oral healthcare and HIV.
- Provide services for the reduction of barriers for patients.
- Arrange transportation, childcare and other services.
- Be in constant contact with patients with regard to upcoming appointments.
- Administer the multi-site study at appropriate intervals.
- Be the liaison between community partners and CHC personnel.
- Be the liaison and advocate for patients with the clinical staff at CHC.
- Input data into the CHC, ECHO and local databases.
- Retrieve chart data for input into databases.
- Keep accurate information on each SPNS patient.
- Work with dentists and hygienists to facilitate treatment completion plans.
- Participate in twice monthly internal SPNS update calls.
- Participate in HIV Advisory Council, RW Planning Council, and local HIV Provider meetings once a month.
- Communicate issues, concerns and changes to CHC Project Director.

Timeline

- September 2007 – June 2008
 - CHC's 1st DCC is hired and initiates recruitment and retention of SPNS patients
- June 2008
 - DCC is terminated based on analysis of job performance and efficiency
- August 2008 - present
 - New DCC is hired within 54 days of termination and continues to be the point person

Methods of Assessment of DCC Efficiency

- **Analysis of Yearly Consumer Satisfaction Survey**
- **Analysis of Yearly Provider Survey**
- **Analysis of Periodic Consumer**
- **Focus Groups**
- **Consumer/Provider/Referral Complaints**
- **DCC Employee Evaluations**

Comparison of DCCs

- 100% of consumers participating in 2010 focus group report DCC as primary SPNS contact
- 1% of consumers report trouble with scheduling appointment, referrals or follow ups.
- No show rate of 8%
- Recruitment of patients up 55% within 6 months.
- 44% of consumers in 2008 focus group do not know the DCC.
- 51% of consumers report trouble scheduling appointments, referrals or follow ups.
- No show rate of 24%
- Recruitment at a standstill

Comparison of DCCs

- Representation on 3 planning councils and the CT Statewide Consortia.
- 100% of providers and agency executives identify DCC as primary contact and an “excellent resource” in the community in our 2010 provider survey.
- CHC providers report excellent communication, respectful demeanor and exceptional patient interaction when asked for input for evaluation.
- Attendance at one Planning Council meeting and membership on none.
- 60% of providers and agency executives could not identify our DCC as primary contact and 51% described poor communication from DCC as a deterrent from referring to SPNS Program.
- CHC providers report extremely poor communication on all levels, negative attitude toward patients, discouraging attitude about job and lack of compassion when asked for input for employee evaluation.

HRSA, ECHO, IRB

Principle Investigator

Project Director

SPNS Care Coordinator

Periodontal Consultant

Dentists
Hygienists
Dental Assistants

- Recruitment
- Retention
- Evaluation Study
- Data
- Education

- Design, implement and audit local evaluation database.
- Conduct routine chart audits on SPNS patients
- Work with evaluator on analysis of local database.
- Calibrate providers for local database use.
- Provide clinical support to staff for SPNS patients.

- Clinical Services
- Periodontal Data Procurement
- Periodontal Data Entry
- Education
- Treatment Plan Completion

PATIENTS

Evaluator



DCC Model and Sustainability

| | Benefit to Patient | Benefit to CHC |
|---|--|---|
| Lower no show rate | Treatment is completed in less time | Less unused appointment time wasted with no shows. |
| Better communication between medical and dental providers | More comprehensive, well documented care | SPNS contacts make patient information exchange easier and less timely. |
| Higher Confidence Level | Patient dental education level gives them confidence in their ability to direct treatment. | Providers are able to expect adherence to treatment plan and less no shows. |
| Less Appointments More Care | Patients need less appointments to complete treatment plan. | Providers are able to accomplish more in fewer appointments due to an increase in time allotted for SPNS patients. Ultimately this is a cost savings for CHC. |
| Referrals | Patients feel comfortable referring their family and friends for care thanks to the exceptional care they receive. | CHC has estimated that our Norwalk site has received 400-600 referrals for care either from SPNS patients or their medical or HIV providers |



Using Dental Case Managers to Retain Patients in Care

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Research Instructor

University of Massachusetts Medical School

Ryan White Conference 2010

August 2010

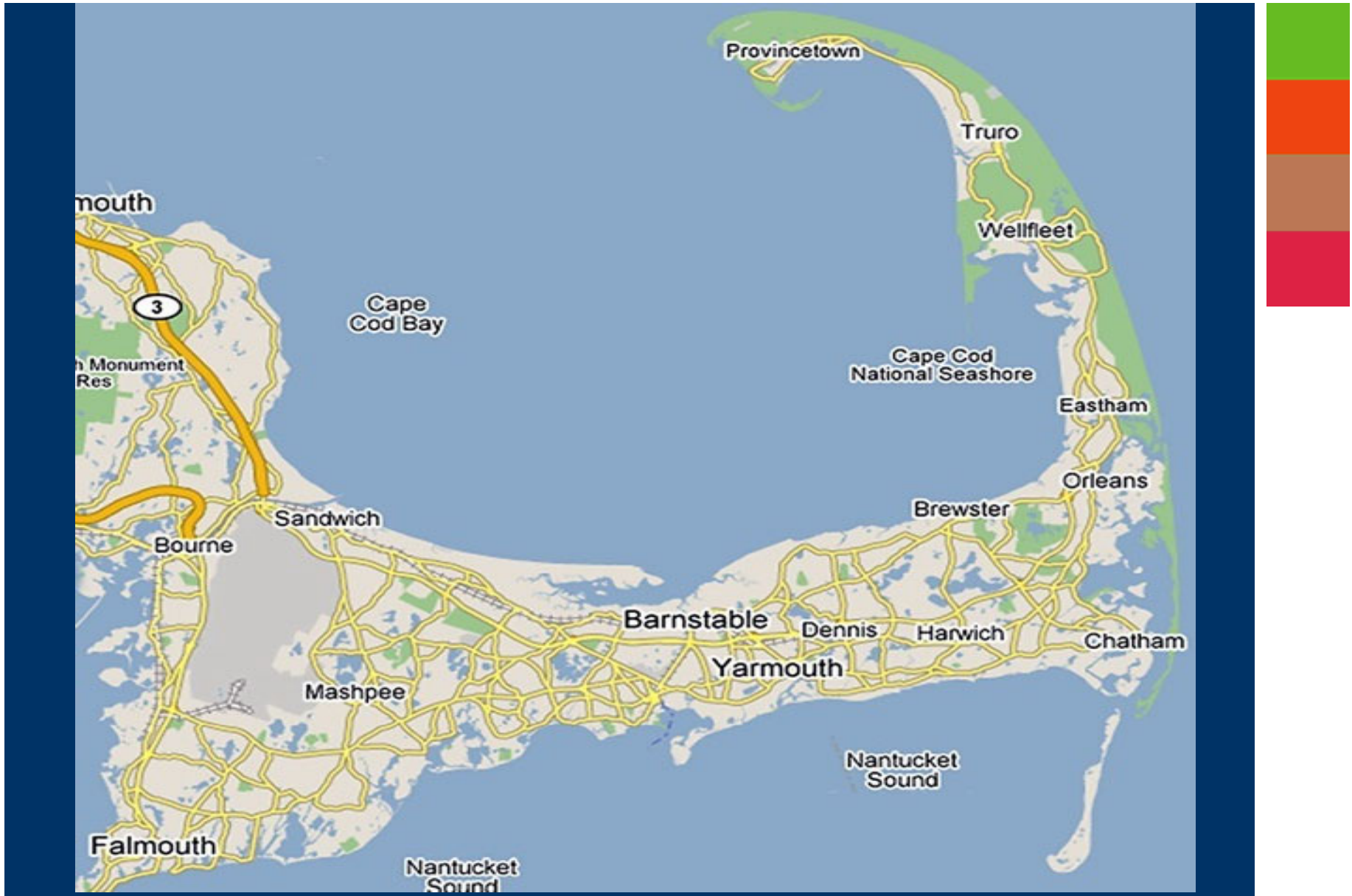
20 Years of Leadership
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Background

- Access to dental care a significant need on Cape Cod
- For those living with HIV/AIDS lack of or inadequate dental care can be life threatening
- Challenges on the Cape include:
 - Shortage of dental professionals
 - Lack of or inadequate coverage
 - Access to transportation



HIV Oral Health Collaborative

- Medical Case Managers - Cape Cod Healthcare-IDCS
- AIDS Support Group of Cape Cod
- Nantucket AIDS Network
- Dental Providers - Mid-Upper Cape Community Dental Clinic
- Dental Case Managers (DCM)

Dental Case Manager Role

Duties of Dental Case Manager include:

- Provide Outreach
- Schedule dental appointments
- Intake and insurance documentation
- Assist in benefits applications
- Obtain relevant medical information
- Coordinate transportation
- Provide follow-up

Challenges-Staff Turnover

- Dental Case Managers
 - DCM left position in part due to burnout
 - Position remained open for 6 months
 - Second DCM left position. Had minimal supervision
- Project Coordinator
 - Project Coordinator resigned in November 2008
 - Position remained open for 5 months
 - DCMs did not have a direct resource

Challenges-Economics

■ Seasonal Population

- Target population often leave during winter to seek employment in warmer environments
- Difficult to follow-up with individuals if out of state

■ Economic Downturn

- High Unemployment (14%) exacerbates seasonal loss
- Impacts transportation, housing, cell phone contact and patients' economic stability



Successes- Case Study

Sam 48 yo, White male, HIV + 17 years

Became dental patient due to outreach by DCM

In 8-09, Sam was referred to a periodontist.

Recommended treatment included distal wedge procedures in 2 quadrants.

MassHealth periodontist was located (off Cape) and appointments scheduled.

Case Study - Problems Encountered

- Experiencing personal issues
- Was angry with dental clinic as he had never been informed about bruxism
- Was upset that he couldn't see the evaluating periodontist. Periodontal practice referred to experienced staff turnover and Sam believed that this indicated poor quality of care
- Sam wanted to discontinue relationship

Case Study - DCM Interventions

- Called collaborators to address personal issues/gain insight
- Met/spoke with Sam & partner 19 times in 4 months
- Called perio practice to explore staff losses. Result of staff family issues, not quality of care
- Connected Sam to transportation
- Called periodontist to discuss Sam's belief regarding bruxism and clarified

Case Study - Conclusion

Through repeated contacts, constantly making himself available, providing emotional support, and allowing Sam to vent, treatment plan was completed. Sam is satisfied and continues to receive dental care at Harbor health.



Recruitment and Retention

- In August 2006, HHSI was providing dental services to 60 registered patients living with HIV/AIDS on Cape Cod
- As of April 1, 2010, HHSI is providing dental services to 322 registered patients living with HIV/AIDS on Cape Cod

Conclusions

- The addition of the DCM to the dental facility appears to have facilitated access to dental care and provided people living with HIV/AIDS with an advocate within the dental clinic
- Additional research is needed to explore further the benefits of utilizing dental case managers with this and other vulnerable populations

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

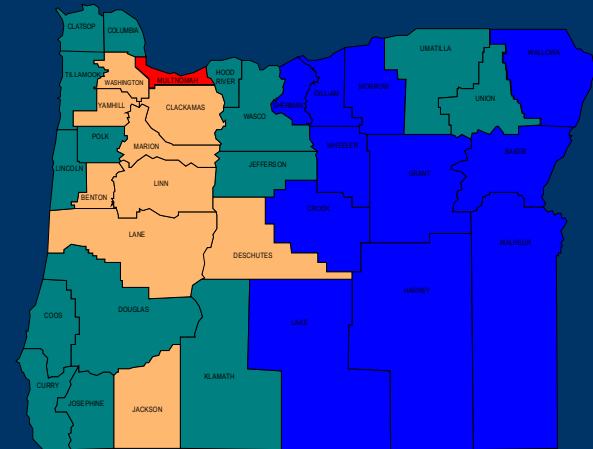


Before Grant

- 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

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

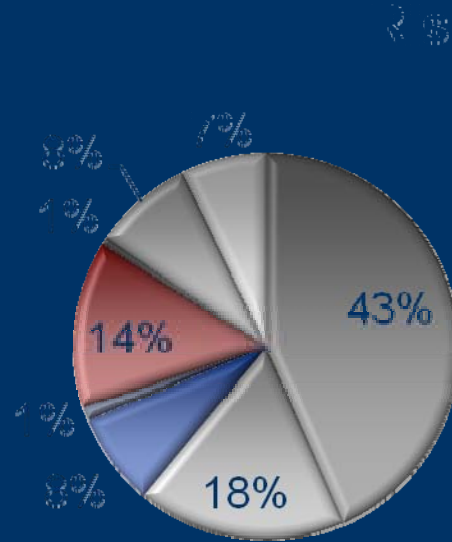
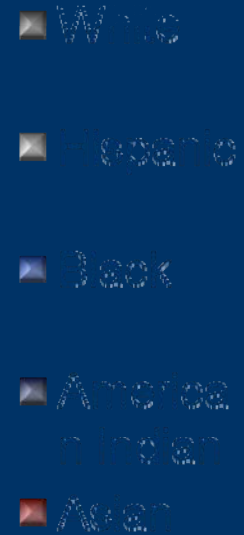
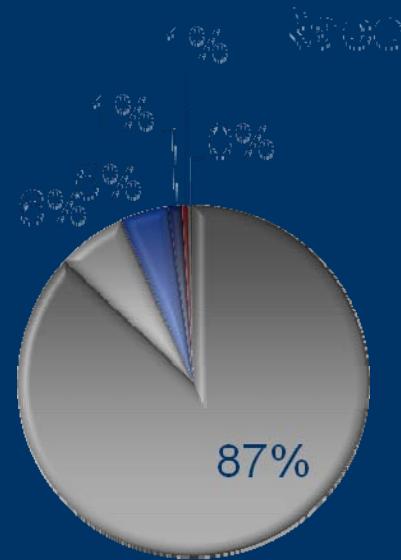
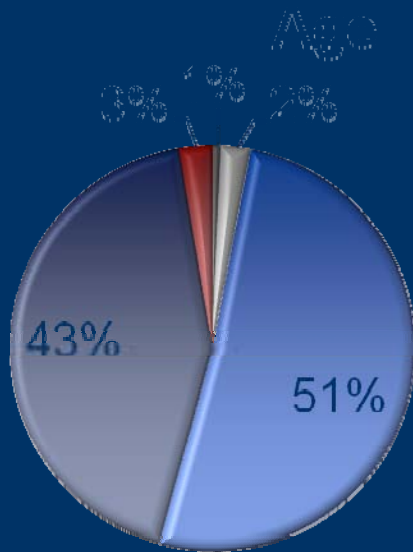


Client Demographics

15 County Service Area

■ 718 PLWH/A

■ 24% female, 76% male



Clinics and Locations

- Main Clinic: Clock Tower Dental Clinic at Lane Community College
- Satellite Clinics-Currently Operation
 - Linn-Benton Community College in Albany
 - Dental Hygiene and Dental Assisting programs
 - Central Oregon Community College in Bend
 - Dental Assisting Program
 - Rogue Community College in Medford
 - Dental Assisting Program



Before Dental Case Manager

- Low client recruitment and retention
- No show rate 35-40%
- RWCM and clinic reception staff coordinate client access to clinics
- Clinical staff frustrated with lack of patients
- RWCM have limited time for client dental needs



Development of DCM Position

- Minimal training was provided
- Individual hired previously worked as a Ryan White Case Manager
- Needed education and support around clinical dental aspects



Activities

- Recruits clients
- Processing and tracking referrals
- Collaborating with clients and RWCMs
- Facilitates relationships
 - between clients, clinic and RWCMs
- Arranging & providing transportation
- Identifying client barriers and overcoming barriers
- Clarifies system, minimizes conflicting information
- Retains clients in care



A Day in the Life...

- What does this actually look like
 - Receives referral by fax
 - Calls client to discuss needs and how to make an appointment
 - Provides clinic number
 - Helps coordinate transportation, lodging, etc
 - Provides transportation to and from appointment
 - Helps with any follow up needed

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



Client Satisfaction Survey

| Question | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable | No Response |
|---|----------------|-------|----------|-------------------|----------------|-------------|
| Dental Case Manager explained program and services clearly | 53% | 37% | 3% | 2% | 4% | 1% |
| Dental Case Manager helped coordinate transportation | 41% | 24% | 4% | 2% | 29% | 0% |
| Improved Quality of life | 37% | 38% | 6% | 5% | 13% | 1% |
| Can eat more comfortably because of the care received | 30% | 33% | 10% | 5% | 20% | 2% |
| Reported improved appearance | 38% | 30% | 12% | 5% | 14% | 1% |
| Reported spending more time at home taking care of teeth than before coming to the clinic | 34% | 34% | 15% | 3% | 13% | 1% |



Benefits for RWCMs

- Decreases the workload for RWCMs
- RWCMs have a contact for dental questions and issues
- DCM helps reinforce the importance of dental care and medical care through the need for labs

Outcomes

- No show rate less than 10%
- DCMs facilitate process with RWCM and clients ensuring follow through
- Less burdensome to RWCMs, clients and reception staff
- Clinician time is used more efficiently reducing frustration
- Clients are able to contact one person to guide them through the system



But Most Importantly...
Clients are accessing
care!



How do you pay for it?

- Dental Grant pays for half
- Contract with State of Oregon
RW Part B pays for other half
- Dental care is one of the core medical services under the Ryan White Care Act



Conclusion

- Getting clients into care was difficult
- Isolated dental, assigned one person to be the expert
- Provides consistent messages to clients, RWCMs and clinic
- One individual is accountable and reliable
- Impact on clients, clinic, RWCMs is huge

Contact Information

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**“She makes it easier to access things
I need for my oral care...”**

Patient perspectives on the role of dental case
managers: a qualitative study

Serena Rajabiun, MA/MPH

Boston University School of Public Health

August, 2010

Research Questions & Methods

- How does this SPNS program impact client oral health care, knowledge, and practices?
- What is the role of dental staff (case manager/patient navigator)?
- 39 patients with initial & follow-up interviews

Findings from Initial Interviews

- Limited knowledge and practice due to:
 - Parental influence (financial)
 - Limited access to Oral health education as an adult and child
 - Address the value of oral health care as part of overall HIV health

Knowledge & practice: the gaps



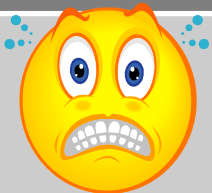
HIGH (Brushing, flossing, dental visits, diet)=

- HIGH Knowledge= 8
- HIGH practice = 2



Medium (Brushing, flossing, dental visits)

- Knowledge= 17
- Practice= 8



Low (Brushing & flossing)

- Knowledge= 41
- Practice= 34

Did you learn something new about HIV and oral health care?

- Good oral hygiene=good HIV health

“I've learned that it's important to brush your teeth, gargle and always check your mouth, your tongue and your gums to see if you have any sores because a lot of times you can have a sore in your mouth and not know you have the sore.”

Improvements in oral health care practices

- Better brushing & flossing techniques & frequency
 - “ Now I buy lots of toothbrushes and use them for a short time and replace them.”
 - “I brush everyday instead of 3 times/week... I floss a lot more”
 - “I brush longer”

Improvements in oral health care practices

- Reduce or stop smoking/tobacco use
 - “ I still use snuff but I cut back a little and don’t leave it in my mouth as long..”
- Reduce soda intake

Biggest difference from receiving care from us (SPNS)

- Relief of pain
- Can eat
- Improved appearance
 - Can eat so I gain weight...look better
 - Smile more.. No holes
- Dental staff
 - Friendly
 - High quality
- Easier access to care
 - “I can see dentist on a regular basis”

Changes to overall HIV health

- Mixed-some noticed no changes
- Others- feel their oral health helped improved
 - *“Physically, I feel better now. My teeth don’t hurt and stuff like that like they used to. It’s a lot changed, a lot, I feel emotionally I’m able to get out and enjoy myself more. I like to smile, I like to talk and stuff, I mean I can do that now. No, no pain at all. I like it.”*

Patient perspectives on dental case managers

- Access to oral health care
 - *“I would not have dental care if it wasn’t for (name of Dental case manager)..”*
 - *“He helped me get my teeth done at a low cost “*

Patient perspectives on dental case managers

- Help patients communicate with dental and medical providers
- *“ I sat with (dental case manager) and we talked about coordinating communication between (name of dental clinic) and my medical care. She was helpful in setting up my care.. ”*

Patient perspectives on dental case managers

- Feels more comfortable with dentist and oral health care
 - *“My case manager comes to (dental) appointments with me..she makes me feel comfortable I can ask questions...”*

Patient perspectives on dental case managers



Reduce fear

- *“I am intimidated by the dentist...She (dental case manager) is good at explaining procedures; she helped me with my comfort level... it makes me feel like there is somebody committed to my dental care..”*

Patient perspectives on dental case managers



Explains how to take care of mouth and teeth & shares information

- “ He started asking me questions about how I cared for my teeth...he encouraged me to start taking care of my mouth, told me about all the hygiene, the flossing ...”

Patient perspectives on dental case managers

Better retained in dental care

- *“ I feel comfortable with her and makes me want to come to appointments”*
- *“She helps with scheduling taking, and sitting with me during the dentist and everything.. I may not have followed through if it wasn't for her”*

Summary

For PLWHA, dental case managers

- Help gain access to needed services
- Reduce the fear and improve comfort with dental care
- Facilitate communication & linkages between dental and medical services
- Provide information and education to improve oral health care and hygiene
- Encourage retention in care



Concluding Thoughts

- DCMs play an important role coordinating dental care for PLWH
- The role of a DCM can be incorporated into a dental clinic
- DCMs can reduce the no show rate and can impact patient outcomes

