



VIRTUAL  
**2020 NATIONAL**  
**RYAN WHITE**  
**CONFERENCE ON**  
HIV CARE & TREATMENT

# From Stagnation to Celebration: An Overview of a Community-Based Dental Partnership Program's Success

Part F Community-Based Dental Partnership Program

University of Mississippi Medical Center School of Dentistry

Advanced General Dentistry Department

# MISSISSIPPI MONITORING PROJECT



- The Mississippi Monitoring Project is a surveillance study implemented by the Mississippi State Department of Health and the Centers for Disease Control and Prevention (CDC) to obtain information about patients with HIV/AIDS who are receiving ongoing medical care, and the types of services they needed and received.
- This project reported dental services as the highest unmet need for PLWH in 2017.

# LOOKING BACK IN YEARS



- PART C Patient Numbers:
  - 2016-1654 patients
- Part F-Dental Patient Numbers:
  - 2016-225 patients
  - 2017-252 patients
    - Over 85% of dental patients seen were getting their medical care with Part C program.
    - During this period, we entered a restructuring phase of how we looked at our budget to be in compliance.

# BRAINSTORMING SESSION



- **LOOKING AT DEFICIENCIES/DIFFICULTIES WITHIN THE PROGRAM**
  - Dental knowledge of SW/PART C providers
  - Designated staff to handle same day referrals/consults
  - How to increase patients served with limited budget
  - Little connection with local AETC
- **LOOKING AT SUCCESSES UP TO THAT POINT**
  - Established Quality Management Program
  - Co-located Part C clinic
  - Consistent part-time dental faculty & filled residency slots
  - Relationship with our Mississippi Quality Group, part of Continuous Quality Improvement (CQI)
- **LOOKING AT WHERE WE WANT TO BE AND HOW TO GET THERE**
  - Completing a Formalized Policy and Procedure Manual
  - Improve our relationship with Part C; outreach to their providers/SW to improve dental outcomes
  - Could Part C assist with third-party bills that would eventually overwhelm our budget
  - A working MOU with Part C would significantly benefit our mutual patient base and assist our limited grant budget so we can focus to provide more care
  - Meeting with AETC on improving outreach with local dental providers and resident education

# WHAT DO WE HAVE?



- A CO-LOCATED PART C PROGRAM ON THE SAME FLOOR WITH PLENTY OF PATIENTS.
- GOOD RELATIONSHIPS WITH FACULTY & STAFF WITH PART C
- PART-TIME GRANT DENTISTS AND A ROTATING RESIDENT POOL OF DENTAL PROVIDERS AND STUDENT PROVIDERS
- SPECIALTY ORAL SURGERY SERVICES WITH SCHOOL OF DENTISTRY
- ACTIVE LOCAL AETC PROGRAM

# WHAT WE NEED TO HAVE...



- OUR LIMITED BUDGET PREVENTED US FROM ADDING MORE OPPORTUNITY WITH DENTAL LAB FEES, SPECIALTY SERVICES, ETC.
- WE WERE RESTRICTED WITH THE BALANCES OF FUNDS AFTER STAFF/FACULTY SALARIES AND FRINGE.
- WITH OUR HOPES OF INCREASED PATIENT CAPACITY, WE KNEW WE WOULD QUICKLY EXHAUST OUR THIRD PARTY LAB BILLS/SPECIALTY BILLS WITH INCREASED PATIENTS.
- HOW COULD WE IMPROVE OUR RELATIONSHIP WITH PART C/HELP THEM IMPROVE THEIR DENTAL CORE MEASURES
- BETTER RELATIONSHIP WITH OUR AETC
- FIND WAYS TO EXPAND OUR CAPACITY TO PROVIDE CARE

# WHAT WE DID...



- ESTABLISHED A WORKING MOU WITH OUR CO-LOCATED PART C PROGRAM
- REFERRAL PROCESS OVERHAUL
- BEGAN IMPLEMENTING ELEMENTS OF DENTAL CASE MANAGEMENT BETWEEN OUR TWO PROGRAMS
- FINDING OPPORTUNITIES TO EXPAND CAPACITY WITHIN THE DENTAL PROGRAM

# MOU WITH PART C



- WE MET SEVERAL TIMES OVER MANY MONTHS IRONING OUT EACH PARTNER'S NEEDS WHILE FOCUSING ON WHAT CAN EACH PART CAN DO FOR THE OTHER
- PART C VERBALIZED NEED TO IMPROVE THEIR DENTAL CORE MEASURES AND WANTED TO HAVE A DESIGNATED POINT OF CONTACT FOR DENTAL CASE MANAGEMENT
- PART C FELT THEY NEEDED TO IMPROVE THEIR DENTAL KNOWLEDGE AMONG THEIR PROVIDERS/STAFF
- WE (PART F) WANTED TO FOCUS ON INCREASING CAPACITY TO TREAT PATIENTS BUT NEEDED BUDGETARY ASSISTANCE WITH REGARD TO THIRD-PARTY ENTITIES



# MOU SIGNED JUNE 2019



- DENTAL LAB INVOICES:

- PART C REIMBURSES PART F UP TO \$25,000 PER YEAR FOR PART C PATIENTS
- A large majority of patients end up with lab-fabricated prosthesis (ie, dentures, partials, crown/bridge).
- We wanted to make sure we had ample funds to replace teeth and restore function.
- With lab bills already a large aspect of our budget, our goal of increasing patient load would quickly take those funds.

- PROGRAM COORDINATOR:

- PART C AGREED TO PAY HALF OF SALARYFRINGE FOR THIS POSITION
- This team member would help improve access to oral health care visits; completion of initial dental exam visit and treatment plans; develop a dental case management program.

# MOU CONTINUED 1...



- DENTAL ASSISTANT:

- **PART C AGREED TO PAY FOR HALF OF SALARY/FRINGE OF A DENTAL ASSISTANT**
- Improving patient experiences, make our dental provider more efficient
- As of June 2020, this position has not been posted.
- We have had this past year with unfilled resident positions and have been able to accommodate our providers with existing staff.

- ORAL SURGERY AND ENDODONTIST SPECIALTY REFERRALS:

- **PART C IS PAYING UP TO \$15,000/YR FOR OMFS SERVICES FOR PART C PATIENTS AND UP TO \$10,000/YR FOR ENDO**
- For patients who need third molars extracted, complex extractions with sedation or biopsies.
- We have a contract with a private practice endodontist group who have agreed to provide root canal treatment at reduced rates for our patients
- For our patients with complex root anatomy, those teeth we can protect and save for future treatment options benefit greatly from root canal treatment.

# MOU CONTINUED 2...



- SMALL EQUIPMENT SUPPLIES

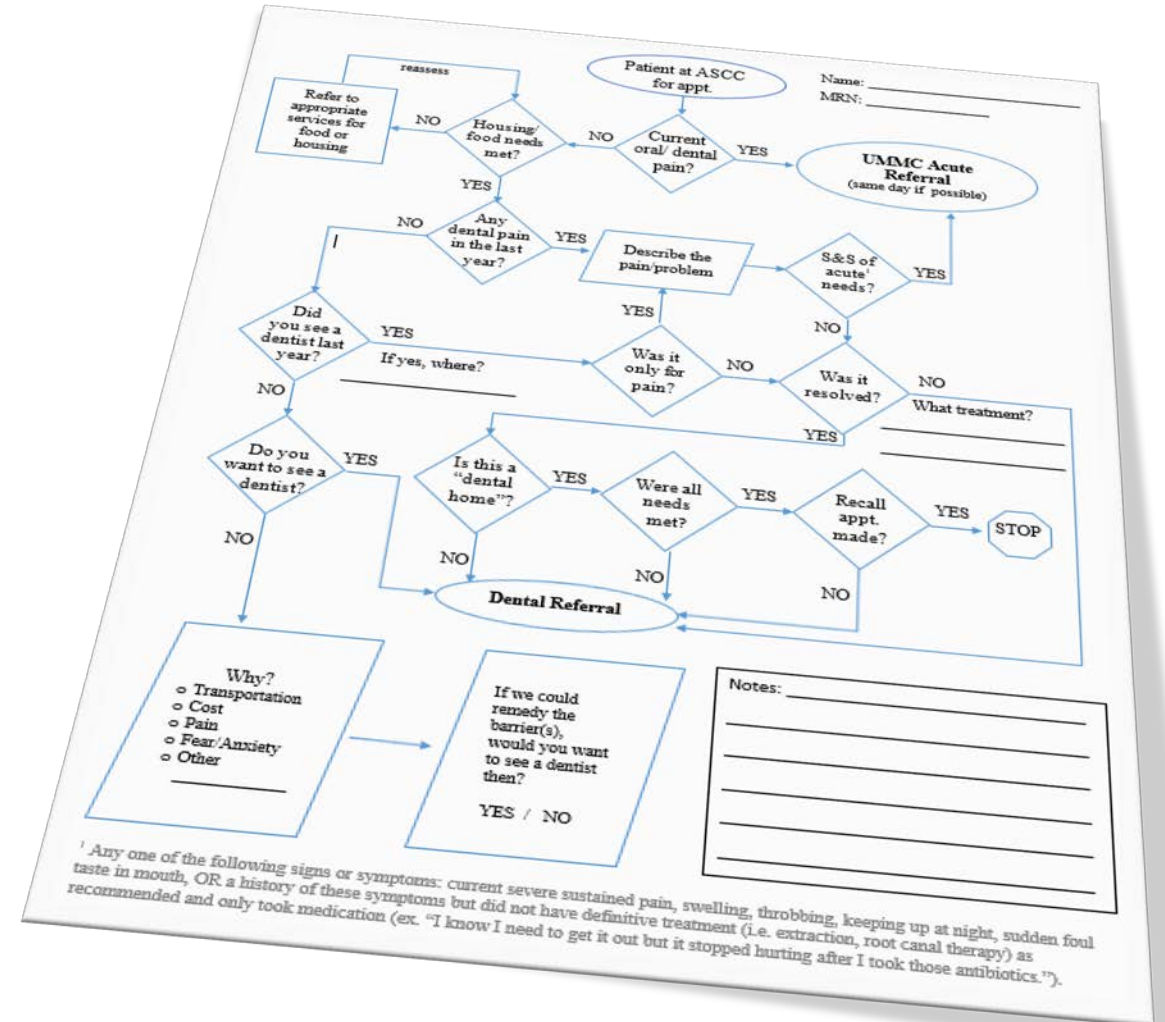
- **Part C budgets up to \$10,000 per year to purchase small equipment for the dental clinic.**
- Occasionally, we have items (dental handpieces, etc.) that need replacing.
- Anticipating an increase in patient load, we needed to make sure we had enough instruments for multiple providers to be treating patients at the same time.
- To date, we have been able to utilize our carry-over funds to update/replace our small equipment.

- WE SOUGHT OUT TO IMPROVE NOT ONLY DENTAL REFERRALS COMING FROM PART C BUT ASSIST THEIR PROVIDERS AND STAFF WITH COMMON DENTAL ISSUES
  - DEVELOPED A FLOW SHEET THAT HELPS THEM DETERMINE WHAT CONSTITUTES A REAL DENTAL EMERGENCY
  - PROVIDED A LUNCH & LEARN FOR THEIR STAFF AND FACULTY FOCUSED ON ORAL MANIFESTATIONS OF HIV DISEASE, DENTAL INFECTIONS, EMERGENCY TREATMENTS, ETC.
  - DEVELOPED REFERRAL SHEET FOR PART C PROVIDERS TO COMPLETE AND SEND TO DENTAL CLINIC FOR SAME DAY RESPONSE

# Referral Flowchart

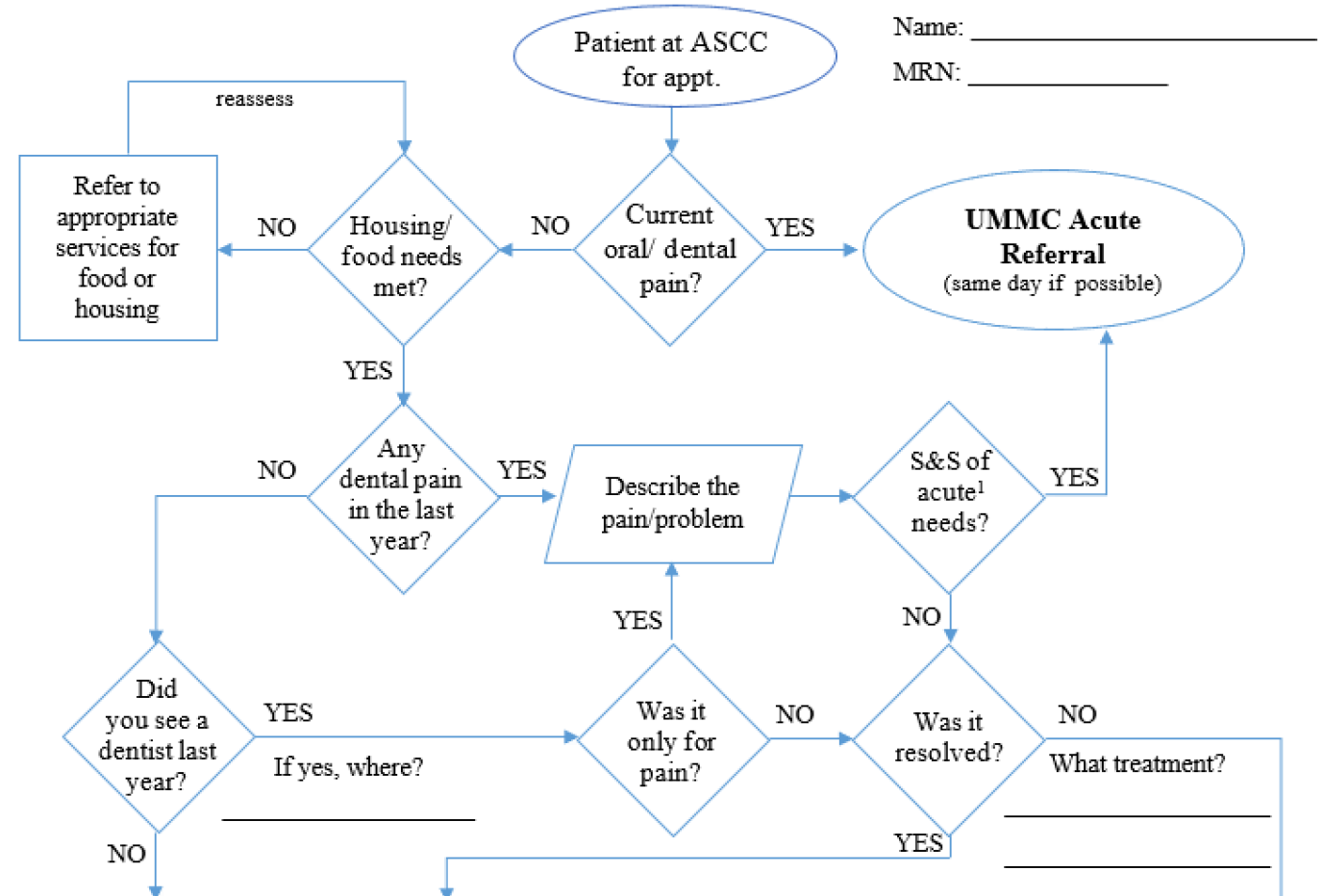


- Not enough to only ask “Have you seen a dentist?”
- Summarizes key questions and steps of the referral process
- Provides a template summary for training new employees
- Can be used by those without a background in dentistry
- Doesn't necessary need to be filled out, can serve as a guide for conversation



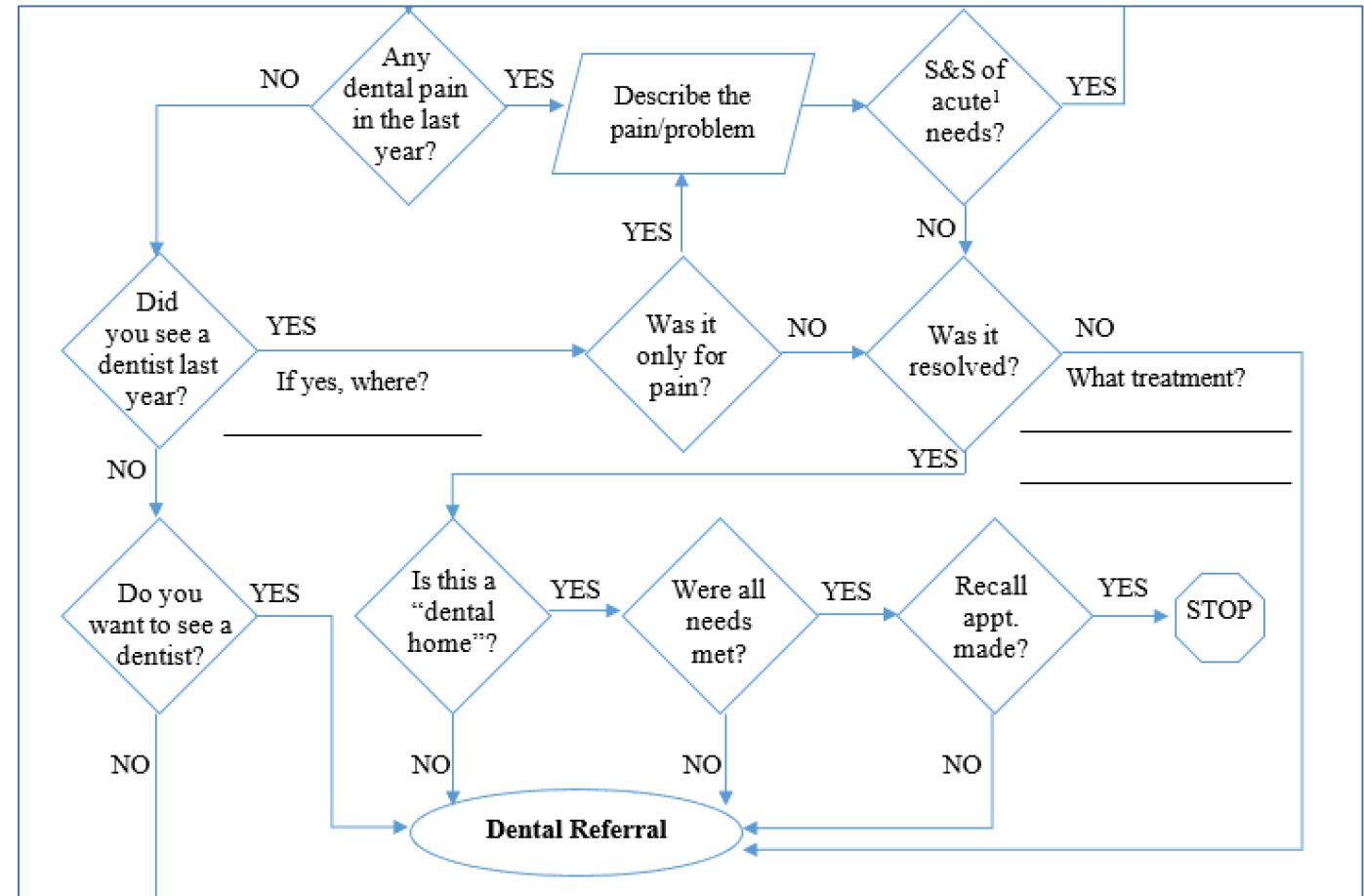
# Referrals

- Is the patient having pain right now?
  - **If yes, then SAME DAY appt, if possible.**
- If no pain, do they have all their basic needs met?
  - Some patients may want to wait for routine care until housing/food addressed.
- Has the patient had pain recently? Have you see the dentist in the last year?



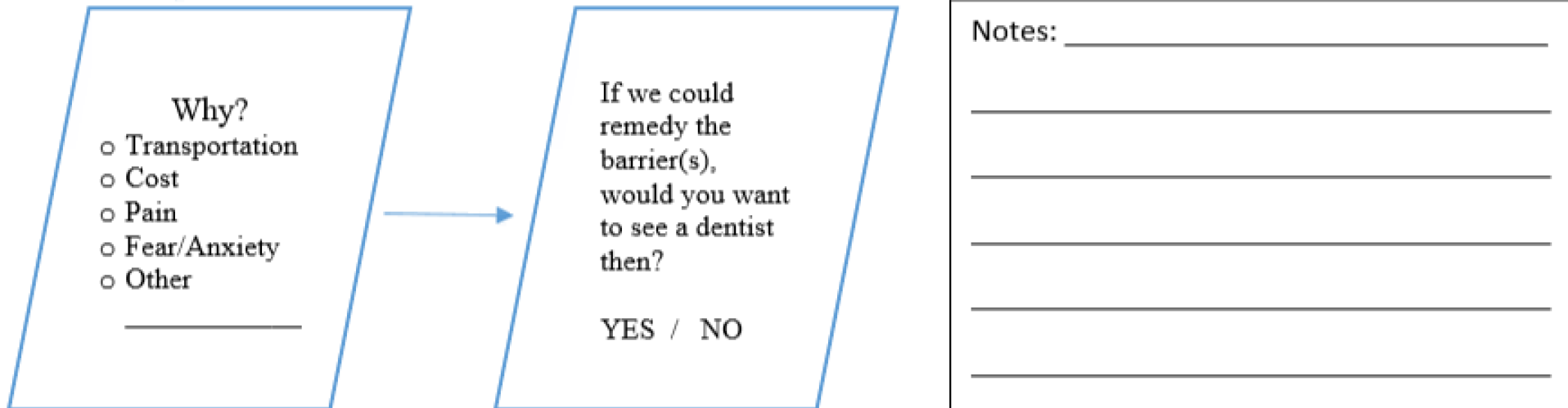
# Referrals continued 1

- If patient already has access to comprehensive dental care they like, no need to refer to Part F CBDPP.



# Referrals continued 2

- Asking follow up questions to assess barriers.
- Definition of dental emergency.



<sup>1</sup> Any one of the following signs or symptoms: current severe sustained pain, swelling, throbbing, keeping up at night, sudden foul taste in mouth, OR a history of these symptoms but did not have definitive treatment (i.e. extraction, root canal therapy) as recommended and only took medication (ex. "I know I need to get it out but it stopped hurting after I took those antibiotics.").



# DENTAL REFERRAL FORM



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## DENTAL REFERRAL FORM

Form Revised: 2019 July

DATE OF REFERRAL: \_\_\_\_\_

**REASON (CIRCLE ONE):**

- IMMEDIATE APPOINTMENT – IN PAIN OR DENTAL EMERGENCY
- ROUTINE APPOINTMENT – START OR CONTINUITY OF CARE

**SEND REFERRAL TO:**

- JMM DENTAL CLINIC CHELSEA (4-1924), TIFFANY (4-4198) DENTAL FRONT DESK (4-4196)
- CROSSROADS DENTAL CLINIC (601-432-3238)
- OTHER. NAME: \_\_\_\_\_

# DENTAL REFERRAL FORM

continued



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REFERRAL:      FAXED      EMAILED      DELIVERED BY ASCC STAFF

CLIENT NAME: _____
CLIENT DATE OF BIRTH: _____
PHONE NUMBER: _____
ASCC CASE MANAGER: _____
NOTES: _____
_____

DATE OF SCHEDULED APPT: \_\_\_\_\_      TIME OF SCHEDULED APPT: \_\_\_\_\_

Appt. Made by: \_\_\_\_\_

NOTES: \_\_\_\_\_

# Tracking Referrals

- Designated Point of Contact at both clinics (Part C Patient Navigator)
- Spreadsheets: Data collection, analysis, and summarize in table format
- Quality Improvement approach to drilling down data and develop interventions

Month	# Referrals ASCC --> F	Pt Decline Referral	Waitlisted (excess NS)	Duplicate	Otherwise N/A	Contacted or Called / Referred (@ 1 mo.) =	Reminder only	LM, No call back	No ans., no voicemail	No working #s	Scheduled / Contact = (@ 2 mo.)	Complete / Sched. = (@ 5 mo.)	No Show / Sched. = (@ 5 mo.)	Cancelled / Sched. = (@ 5 mo.)	Pending Appts @ 5mo	EDCC/emergency	notes
Aug '19	63	1	3	2	0	58 (92%)	1	1	1	1	53 (92%)	19 (36%)	29 (55%)	5 (9%)	0	2	
Sept	74	0	4	1	0	69 (93%)	0	10	5	2	52 (75%)	24 (46%)	16 (31%)	11 (21%)	1	5	

# EXPANDING CAPACITY



- WITH OUR WORKING MOU WITH PART C PROGRAM, WE WERE ABLE TO UTILIZE OUR BUDGET MORE EFFICIENTLY TO INCREASE OUR PART-TIME DENTAL PROVIDERS EFFORT (FTE).
- WE RECENTLY SUBMITTED A RWHAP PART C CAPACITY DEVELOPMENT GRANT; CATEGORY: INFRASTRUCTURE DEVELOPMENT; ACTIVITY: DENTAL EQUIPMENT
  - HAVING IDENTIFIED SPACE IN OUR CURRENT CLINIC THAT COULD BE CONVERTED INTO OPERATORY SPACE. IF WE ARE FUNDED, WE WILL BE ABLE TO INCREASE OUR DENTAL CHAIRS FROM 10 TO 12 CLINIC CHAIRS, INCREASING OPPORTUNITY TO TREAT MORE PATIENTS.

# EXPANDING CAPACITY continued



- Schedule modifications:
  - Starting at 8 instead of 8:30, filling underutilized 4pm appointment slots
  - Program Coordinator kept working list of patients wanting appointments sooner and scanned schedules for cancellations/openings
  - Ask providers to give advance notice of time off to avoid unnecessary “shuffling” of appointments which often lead to underutilized time on the make-up days
  - Automated Calling System
  - Transportation Assistance from Part C
- REDUCTION OF NO-SHOW APPOINTMENTS-Result of increasing case management and patient education

# Capacity Increase Results



	Number of Patients	% Increase
2016	225	
2017	252	12 %
2018	355	41 %
2019	578	63 %

# QUESTIONS???

