



Oral Health Breakout Session

2024 National Ryan White Conference on HIV Care and Treatment

August 20, 2024

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Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant people, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to over 566,000 people in 2022—more than half of all people with diagnosed HIV in the United States.
- 89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022, exceeding national average of 65.1%ⁱ. This means they cannot sexually transmit HIV to their partners and can live longer and healthier lives.



RWHAP Part F Community Based Dental Partnership Program

Program Updates



RWHAP Part F Dental: Purpose

- To improve access to oral health care services for low-income people with HIV in underserved, geographic areas.
- To provide education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings (CBDPP only)

Oral Health Listening Sessions

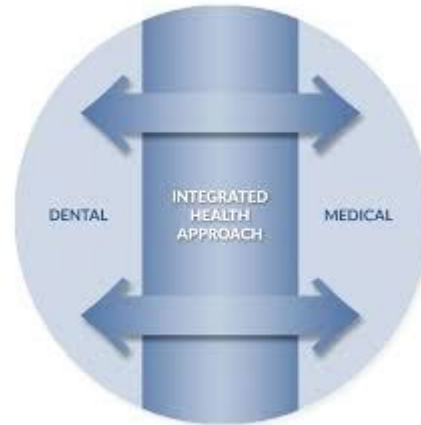
Part I: November 16, 2021 & Part II: January 20, 2022

Leveraging the
CBDPP for
National
Impact

Enhancing
Care Access
and Medical-
Dental
Integration

Optimizing
Education and
Training

Learning
Collaborative
“More than
Teeth”
FY 2025



Key Feedback

Increase national presence



Allocate funding to geographic areas with highest HIV oral health burden



Optimize dental education and training



Inaugural Part F Dental Stakeholder Webinar

RWHAP Oral Health Data Report

Catishia M. Mosley, MSPH,
Senior Public Health Advisor

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Promoting/Developing the Next Cadre of HIV Dental Leaders

Jill A. York, DDS, MAS, FICD, FACD
CBDPP Program Director

Stories from the Field: Best Practices

University of Mississippi Medical Center

The Part F relationship with the Part C program is significant. Most clients are enrolled in Part C, and through Epic, the shared electronic health record (EHR), staff can access required documentation that demonstrates eligibility screening, initial certification, and recertification. The Part C program determines eligibility for many Part F clients using CAREWare, which is checked by the Part F staff to verify eligibility. UMMC is co-located (on the same floor) as the RWHAP Part C clinic, which further supports collaboration."

Loma Linda University, CA

Utilizes an integrated medical-dental electronic health record (EHR), which offers a full view of the medical/dental history, allergies, medications, and other important information. The patients have easy access to their health resources from their computer or mobile device; they can make appointments, communicate with their provider, and much more. This single EHR means patients have the most comprehensive look into their overall health



June 2023 Part F CBDPP Stakeholder Webinar

Oral Health Data Report

Promoting & Developing the Next Cadre of HIV Dental Leaders

Best Practices in Integrating Dental and Medical Electronic Health Data

Planning for Part F Dental Learning Collaborative



Featured Dental Presentations

Oral Health Care for Pregnant Persons with HIV : The Essentials

November 15, 2023

Hugh Silk MD, MPH, FAAFP
Professor

University of Massachusetts Chan Medical School



Family Medicine and Community Health



INTEGRATED MEDICAL AND DENTAL CARE WITHIN AN INSTITUTION

A look at the relationship between part F Community based dental partnership program
and co-located part C medical clinic



Alicia Rose-Hathorn
Associate Professor and Principal Investigator
Deepti Janorkar
Assistant Professor (Part-time)
Department of Advanced General Dentistry
University of Mississippi Medical Center
Jackson, MS

Building Collaborative Partnerships to Optimize Care and Treatment for Communities With HIV

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DCHAP RWHAP Part D Virtual Symposium – 2023

DCHAP Stakeholder Webinar-2023



RWHAP Part F Community Based Dental Partnership Learning Collaborative



**SUMMER
2025!**



More than Teeth!
**Part F Community-Based Dental
Partnership Program
Learning Collaborative**

- Will focus on disseminating promising and innovative strategies, best practices, action planning, and partnership building.
- Establishing new and/or strengthening knowledge in three core topics.

Contact Information

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Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our website:

ryanwhite.hrsa.gov



Sign up for the Ryan White HIV/AIDS Program Listserv:

<https://public.govdelivery.com/accounts/USHSHRSA/signup/29907>

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



[Sign up for the HRSA eNews](#)

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Stories from the Field

Exemplary practices from Community Based Dental Partnership Program grant recipients.



HIV 2024 Ryan White Part F Community Based Dental Partnership Program Oral Health and HIV

The Why and How of Access, Retention, and Learning

Mark Schweizer, DDS MPH

Assistant Dean Community Programs and Public Health

Dental Director Southeast AETC

Principal Investigator Ryan White Part A

Principal Investigator Ryan White Part F CBDPP

Director Infection Prevention Programs

Associate Professor

Nova Southeastern University College of Dental Medicine



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Leading Objective

Need/Practice Gap

Gap =Engaging all patients in oral health care educational need

Need = Improvement in health outcomes for patients engaged in oral health

Learning Objectives

By the end of this session, the learner will be able to:

- List tools that can be utilized to improve patient engagement and retention.
- Describe a unique educational program you could utilize to improve student and provider knowledge

Oral Health Care Opportunities



Unique Relationship

Frequency of Visits

Integration of Oral Health and Oral Health

Bi-directional referrals

Educational Opportunities

Educational Opportunities

Learning vs. Education



Moving education to Learning

Three techniques used for training

- **Openers**
- **Refreshers**
- **Evaluations**

Make an Impact

Start with an opener

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Ryan Wayne White (December 6, 1971 – April 8, 1990) was an American teenager from Kokomo, Indiana, who became a national poster child for HIV/AIDS in the United States after his school barred him from attending classes following a diagnosis of AIDS. As a hemophiliac, he became infected with HIV from a contaminated factor VIII blood treatment



700,000 Deaths

Add a refresher

an activity that revises or updates one's skills or knowledge.



Recognized Multicultural Health Practices



Add an evaluation

Helps you identify areas for improvement and ultimately help you realize your goals more efficiently. Additionally, when you share your results about what was more and less effective, you help advance environmental education and learning



Model for a Comprehensive Oral Health Learning Program



Year 1

- History of HIV
- Introduction to HIV and Oral Health
- Clinical Rotation

Year 2

Integration into Basic Sciences

- Pathology
- Pharmacology
- Oral Medicine

Year 3

Integration in Clinical Foundations

- Oral Medicine
- Treatment Planning

Model for a Comprehensive Oral Health Learning Program



Year 4

Clinical and Didactic Comprehensive Program

CDM 4700 Extramural Rotations

This course provides D4 year students the opportunity to receive instruction and provide patient-centered primary oral health care to underserved populations, including patients with special needs, such as medically compromised patients and those with limited access to oral health services. This course presents an opportunity for the students to broaden their knowledge about providing culturally competent oral health care in an extramural clinic environment.

Students will participate in morning and lunch-time educational interprofessional educational conferences that will increase their knowledge about the public health sector in an interprofessional setting -.

Moreover, students will be required to demonstrate and further develop professional behaviors; critical thinking skills; problem-solving strategies, and interpersonal communication. In addition to a daily clinical performance evaluation during the tenure of their rotation, , students are required to complete a reflective activity at the end of each rotation, which may consist of reflective journaling: focus groups (face to face or electronic; a presentation; case writing; or observational evaluation).

Components:

Ryan White Part A Program

14 weeks/one day per week

Model for a Comprehensive Oral Health Learning Program

Year 4

Clinical and Didactic Comprehensive Program

CDM 4700 Extramural Rotations

Components:

- Ryan White Part F Program
- Community Partner Care Resource Family Health Center
- Clinical Rotation with Dental and Primary Care Providers



Model for a Comprehensive Oral Health Learning Program

Year 4

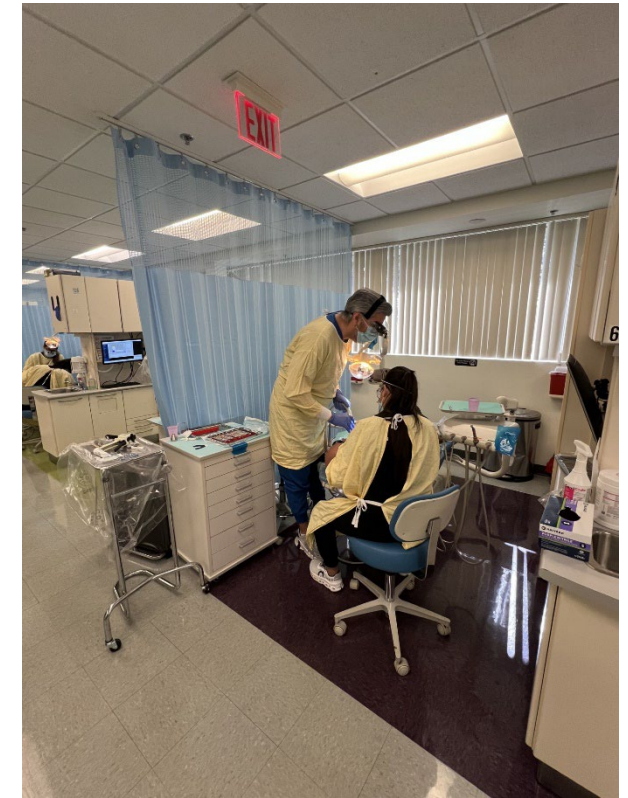
Clinical and Didactic Comprehensive Program

CDM 4700 Extramural Rotations

Course Supplemental Materials:

Southeast AIDS Education and Training Center www.seatc.com/modules

- Cultural Humility
- Caring for the Transgender Populations
- HIV and Homelessness
- Engaging Latinx in HIV Services
- Hepatitis C Toolkit
- PrEP Curriculum



Model for a Comprehensive Oral Health Learning Program

Year 4

Clinical and Didactic Comprehensive Program

CDM 4700 Extramural Rotations

Mandatory Lecture Sessions

- HIV and Oral Health
- HIV and Oral Lesions/Diagnosis and Treatment
- HIV Pharmacologic Interventions, ART, PrEP, PEP



Pretest and Post-test



Question 1

1 pts

Saliva is a vehicle for transmission of HIV?

- ☐ True
- ☐ False

Question 13

1 pts

What is the viral load where a patient is considered undetectable?

- ☐ 200 copies per ml of blood
- ☐ 50-100 copies per ml of blood
- ☐ 20-50 copies per ml of blood



Question 28

0 pts

The curriculum should include more education about treating patients with HIV?

Model for a Comprehensive Oral Health Learning Program

Year 4

Clinical and Didactic Comprehensive Program

CDM 4700 Extramural Rotations

Mandatory Lecture Sessions

- **Interprofessional Learning in Health Care**



Interprofessional Session

Module 1: Introduction to Interprofessional Learning in Health Care



Interprofessional Learning in Healthcare-2



Module 2: Review of References and Assessment

Prerequisites: Module 1: Introduction to Interprofessional Learning in Health Care



AETC Video-2



Module 3: Interprofessional Videos

Prerequisites: Module 1: Introduction to Interprofessional Learning in Health Care, Module 2: Review of References and Assessment



HIV and Oral Health-2



Pharmacy Aspects of HIV Care-2



Psychological Aspects of HIV Care-2



Module 4 The Case of Mary Johnson

Prerequisites: Module 1: Introduction to Interprofessional Learning in Health Care, Module 2: Review of References and Assessment, Module 3: Interprofessional Videos



MODULE 4.docx



Module 5 Interprofessional Experience

Prerequisites: Module 1: Introduction to Interprofessional Learning in Health Care, Module 2: Review of References and Assessment, Module 3: Interprofessional Videos, Module 4 The Case of Mary Johnson



THE CASE OF MARY JOHNSON

Contemporary healthcare is delivered in interprofessional teams. The purpose of this experience is to allow you to work together as an interprofessional team to make decisions about complex problems related to healthcare. For this module, the learning objectives include:

- ☐ Given a problem scenario, individuals will collaborate as an interdisciplinary team to identify and examine causes that contributed to the patient's current health status.
- ☐ Teams will collaborate to analyze, evaluate, and develop interventions to improve the patients' health status.

IPLH content focuses on the HIV/AIDS care continuum within the context of patient safety and quality, social determinants of health and community health education and prevention.

Mary Johnson is a 38-year-old African-American female that presents to the dental clinic with the following chief complaint:

“Several of my teeth are sensitive to hot and cold and my gums bleed easily when brushing”.

Medical History

Mary is HIV+ and was diagnosed 10 years go

Her current medication list is:

Symtuza (daruavir 800mg, cobicistat 150mg, emtricitabine 200 mg, tenofovir alafenamide 10mg) 1 tablet my mouth once daily with food.

Acyclovir 400 mg 2 x day

Sertraline 100mg by mouth once daily 2x day

Trimethoprim-sulfamethoxazole 800mg-160mg by month one daily

Patient reports a past medical history of:

- Cesarean section 9 years ago (hospitalized)
- Pneumocystis pneumonia 10 years ago (hospitalized)
- Anxiety Depression 10 years
- Oral Herpetic Lesions
- Labs from six months ago
- CD4 count 199 cells/mm3.
- HIV RNA 135 copies/ml

Reflective Essay

THE REFLECTIVE ESSAY MUST BE ORIGINAL IN NATURE AND REFLECT YOUR OWN INDIVIDUAL EXPERIENCE

The essay may be shared with community agency colleagues but will be deidentified. In developing your report, please follow the format below answering each question individually

1. How did the circumstances of the experience influence your thinking or feeling about your professional responsibilities, or the attitudes or actions of others involved?
2. Would you do anything different in another similar situation? What do you wish you had known, or what kind of preparation would have made a difference in this situation?
3. Did your service affect your perspective on your role as an oral healthcare provider, and if so, how?
4. How, if at all, how might your service during the event affect your practice decisions relative to providing care to underserved populations in your future practice?
5. What socio-cultural factors, cultural experience, and background would influence patient's oral health and dental treatment.
6. What communication skills did you utilize that would improve patient interactions and outcomes?
7. What oral health care delivery model was employed during this rotations and how could you incorporate this model in your professional dental career?

**SOUTHEAST
SPOTLIGHT**



SE AETC QuizTime

Oral Health & HIV to End the HIV Epidemic

2022

Free Four-Week Course

You will receive daily weekday questions upon registration

4 Credit Hours

AMA PRA Category 1 CME credits upon completion



Registration
and more information

https://www.seaetc.com/event/?ER_ID=87367





Southeast AETC Oral Health Training & Resource Center

Innovative Training and Resources to Close The Gap Between Overall Health and Oral Health

The SE AETC recognizes that HIV care is complex and challenging. Oral health providers, primary care providers, and other health professionals especially in rural communities affected by HIV – often lack the resources to close the gap between overall health and oral health. The SE AETC offers innovative training and information to close this gap and improve health outcomes and quality of life for patients.

[Learn More](#)

[Contact Us/Request Dental Technical Assistance](#)

<https://www.seaetc.com/oral-health-and-resources-training-center/>

AETC Program

National Centers and National HIV Curriculum



- National Coordinating Resource Center serves as the central web based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org>
- National Clinician Consultation Center provides free, peer to peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc.ucsf.edu>
- National HIV Curriculum provides ongoing, up to date HIV training and information for health professionals through a free, web based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu

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- HIV comorbidities increase in US as patients age. Gallant, vander Valk, Reiss, J. et al. *J Infect Dis*. 2017;doi:10.1093/infdis/jix518/4743770.

Thank you!!!!



Addressing tobacco and cessation efforts through trauma-informed care

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Program Director, Rutgers Health
School of Dental Medicine

Community Based Dental Partnership
Program



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Project Support

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Trauma and Tobacco Community of Practice

- Team Leader
Jill York, DDS, MAS
- Clinical Lead
Shawn Kelly, DMD
Cynthia Jetter, DMD
- Data Lead
Cheila Garcia
- Coordinator
Lisa Ruble



Project Focus: Engagement in Care

Aim Statement

“To transform tobacco prevention, treatment, and control efforts to increase retention and engagement in oral health care among people with HIV.”

Goal

To create a trauma-informed, resilience- and equity-oriented program that addresses the intersection of trauma and tobacco use.



Pre-Implementation: Strengths

- 2015: Improved Tobacco Cessation Program with American Dental Association Foundation funding.
- Participation in tobacco treatment specialist training.
- 2018: Integrated trauma-informed care using the medical home model.
- Involvement in New Jersey HIV Trauma-Informed Care Project.
- Employees received over 40 hours of training.
- All patients are welcomed and respected regardless of race, ethnicity, sexual orientation, gender identity, or health status.



Process Investigation

Two questions guiding the Project:

1. How can the clinic ensure a trauma-sensitive environment for patients seeking tobacco cessation services?
2. What specific strategies can be employed to integrate trauma-informed principles into the tobacco cessation interventions offered in the clinic?



Assessing Clinic Context:

- Cigarette Use, Quit Attempts, Counseling Survey (RSDM Clinics)
- Organizational and Physical Assessment (NJ TIC Project)
- Cigarette Use, Anxiety, and HIV in the Dental Clinics (RSDM EHR)

Assessing External Context:

- New Jersey State Health Assessment Data (State Data)
- Tobacco Disparities Dashboard (CDC Data)

Pre-Implementation: Opportunities

Patient Tobacco Use, Quit Attempts, Counseling Survey

Quit Attempts	N	%
Interested in quitting	N=100	71.4%
Tried quitting	N=125	81.2%
Dentist offered to counsel before	N=10	6.5%
Interested in counseling by a dentist	N=97	63.0%

Source: York, J. & Kelly, S., Dental Clinic Tobacco Survey. January 2015.

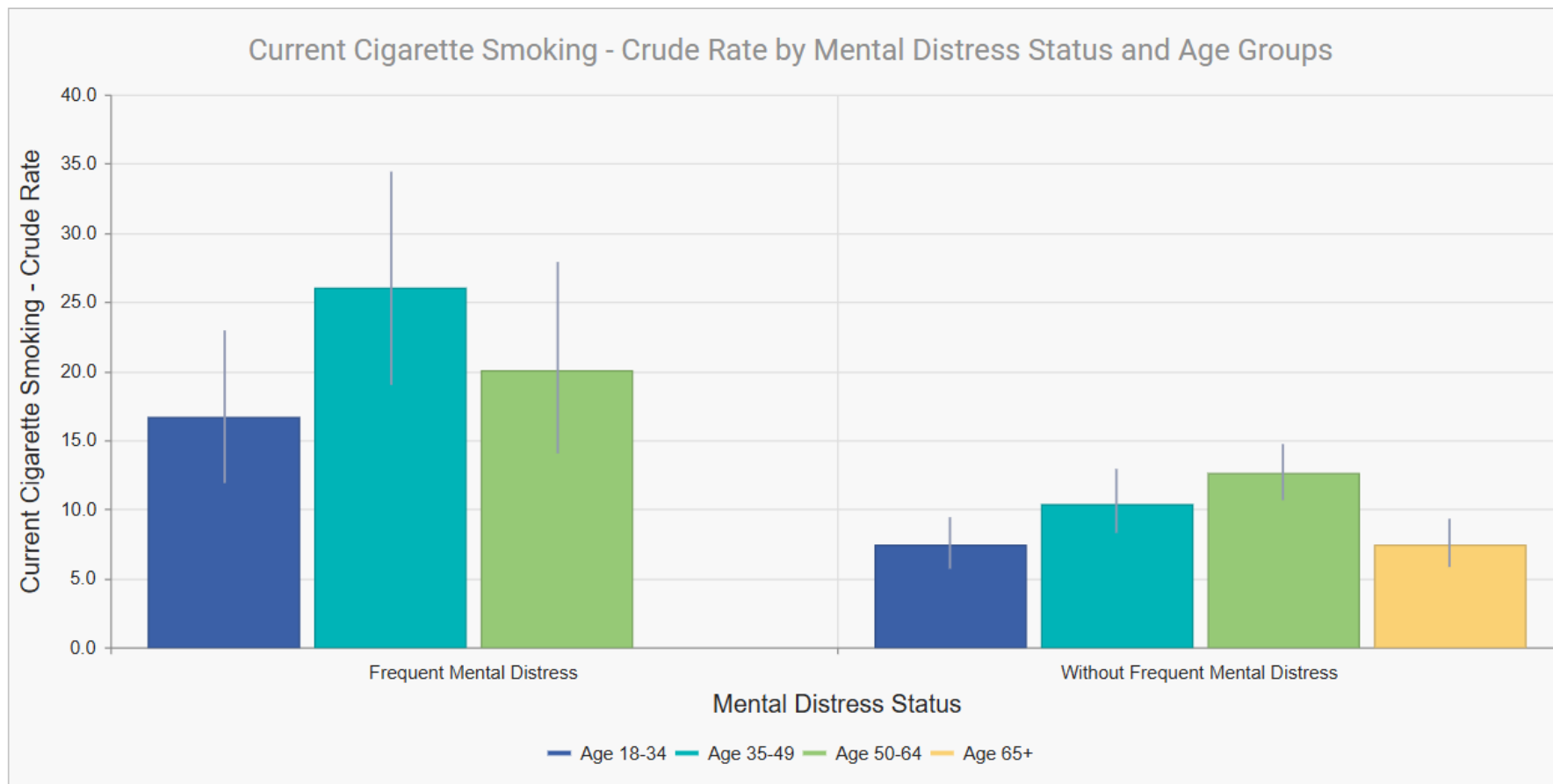
Pre-Implementation: Opportunities

Cigarette Use, Anxiety, and HIV in the Dental Clinics

Issues	2020-2021 N=10,932		2021-2022 N=16,070	
	No	Yes	No	Yes
Cigarette Use	84.6%	15.5%	86.8%	13.2%
Anxiety	83.8%	16.2%	83.4%	16.6%
HIV	95.1%	6.0%	94.7%	5.3%

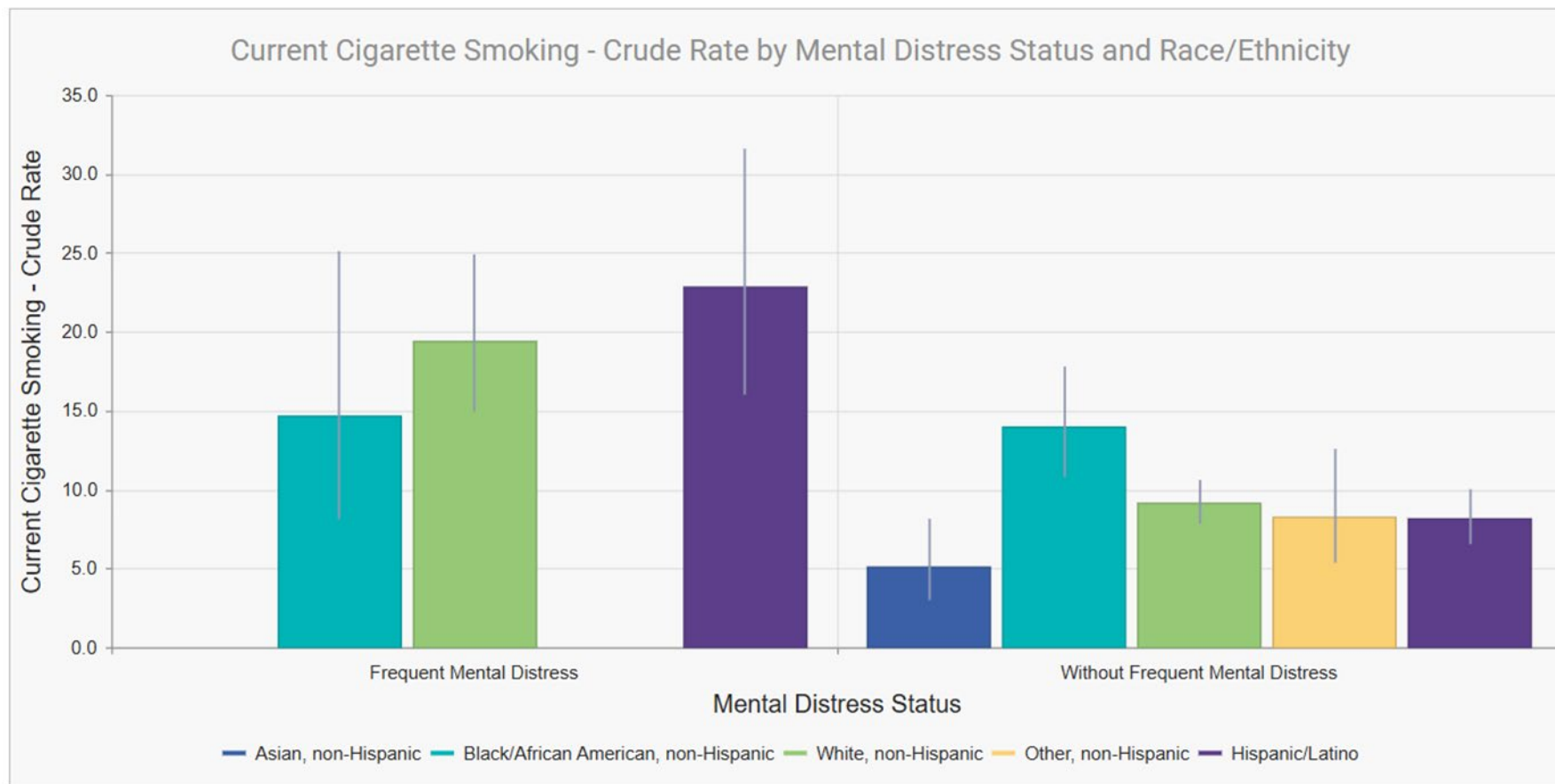
Source: Jetter, C., Conte, M., & York, J., Anti-vaping Educational Training: A Call to Action, Journal of Dental Education, February 2023; 84(2):228.

Pre-Implementation: New Jersey Data (2021)



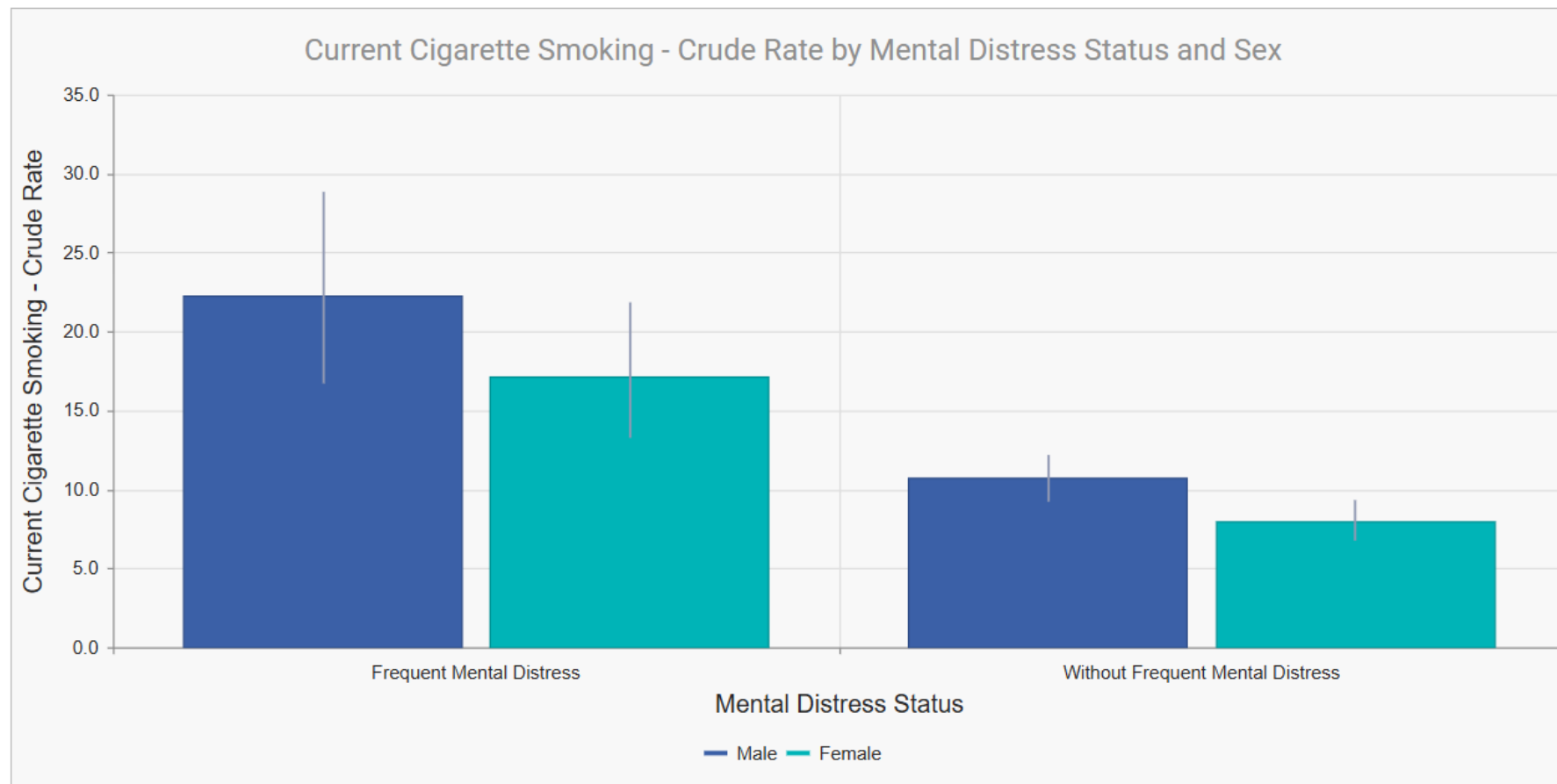
Source: NJDOH

Pre-Implementation: New Jersey Data (2021)



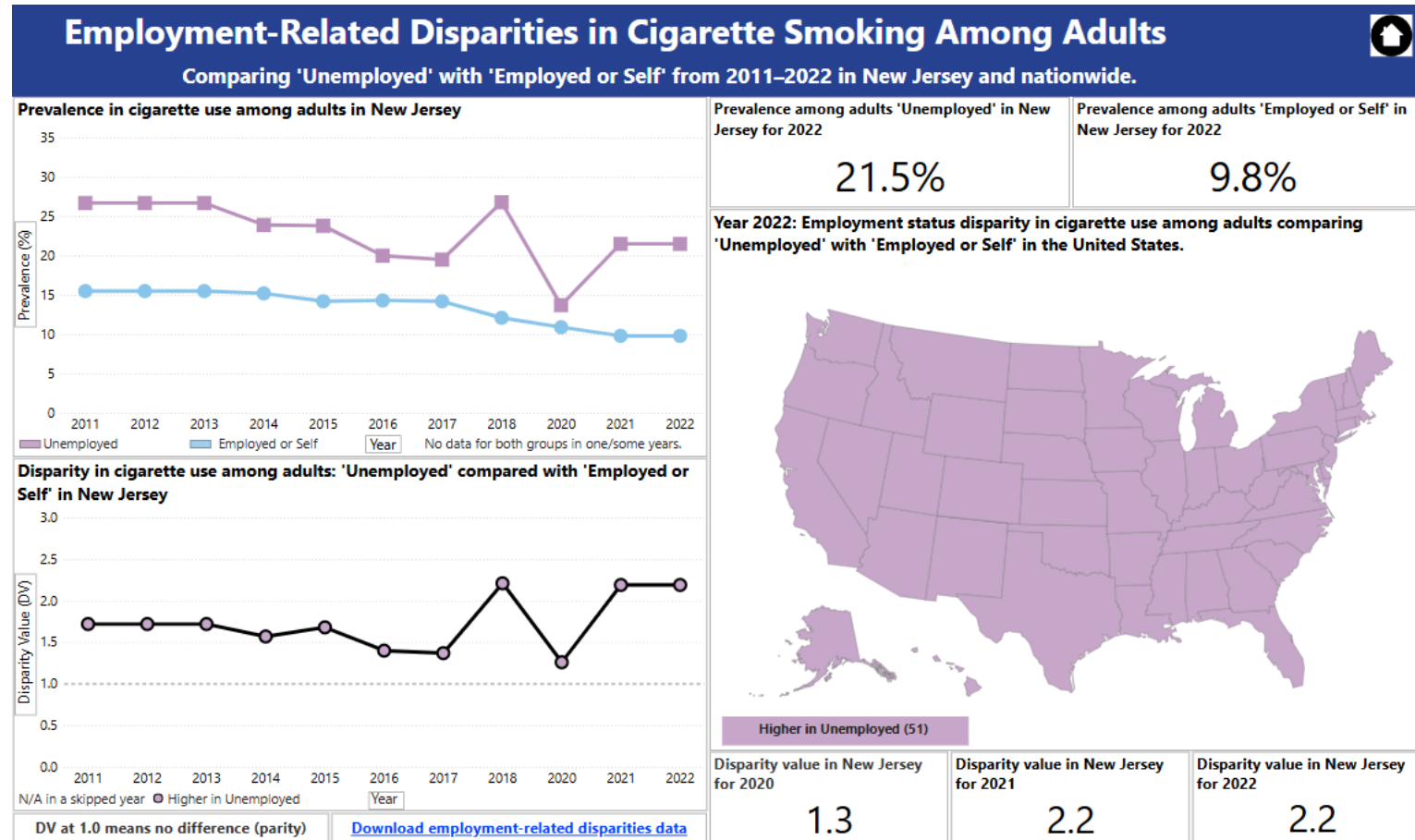
Source: NJDOH

Pre-Implementation: New Jersey Data (2021)



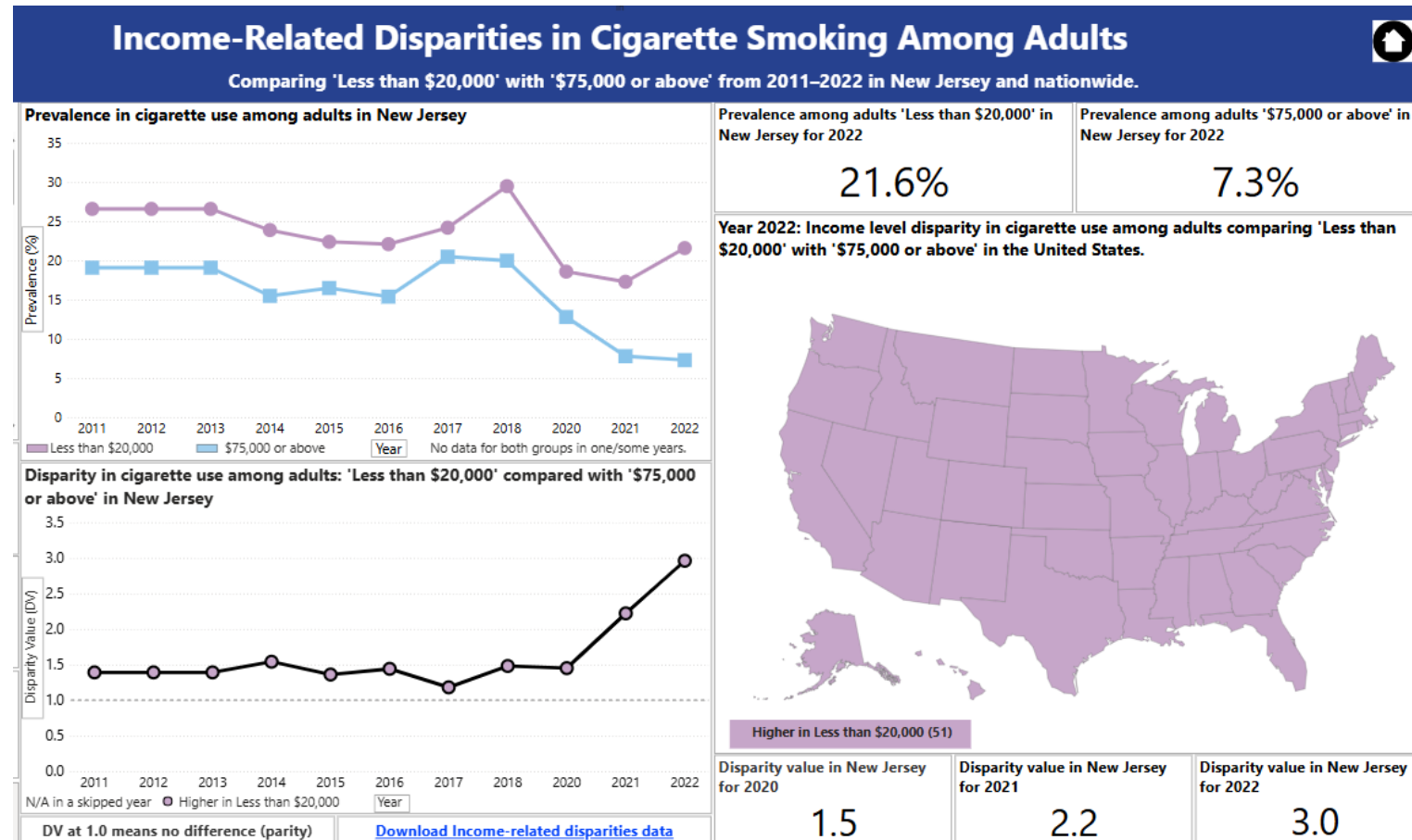
Source: NJDOH

Pre-Implementation: New Jersey Data



Source: CDC

Pre-Implementation: New Jersey Data



Source: CDC

Anticipated Intervention Outcomes

- Enhanced Access to Care
- Increased Patient Engagement
- Improved Patient Satisfaction
- Patient-Centered Care
- Enhanced Care Coordination
- Community Partnership Development
- Reduced Oral Health Disparities



Intervention

Understanding the Intersection

Trauma and Tobacco Use

Psychological Impact

Biological Factors

Equity Consideration

Dental Health Impact

Trauma-Informed Care Principles

Safety

Trustworthiness and Transparency

Collaboration and Mutuality

Empowerment, Voice, and Choice

Cultural, Historical, and Gender Issues

Targeted Tobacco Cessation Intervention

Screening

Assessment

Comprehensive Evaluation

Integrated Treatment Plan

Multidisciplinary Approach

Motivational Interviewing

Equity-Oriented Strategy

Cultural Competence

Language Services

Holistic Approach

Resource Referrals

Resilience-Oriented Strategy

Personal Care Plan

Motivational Interviewing (eliciting and strengthening intrinsic motivation)

Patient Education

Intervention Implementation

Biggest Successes

- Strong leadership and organizational buy-in.
- Identified trauma-informed approaches for tobacco prevention/cessation.
- Development of an educational model for the RHSDM faculty, staff, students, and patients.

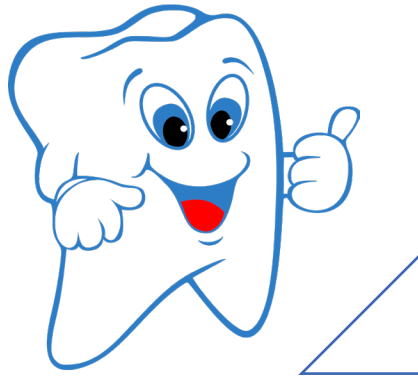
Biggest Challenges

- Addictive nature of nicotine.
- Increased stress and mental health issues.
- Social and environmental factors.
- Competing priorities.
- Perceived “Herculean task.”

Lessons Learned

- The success hinges on three fundamental components: a clear vision and objectives, effective leadership and staff engagement, and a resilient change management approach.
- It is essential to assess the current process thoroughly, identify potential barriers, and develop a clear implementation strategy to ensure successful integration and meaningful impact on patient care.
- Drawing from the community of practice experience, we will prioritize early engagement with people with lived experience and community organizations to embrace diverse viewpoints and cultivate support from all stakeholders involved.

Next Steps



Explore opportunities to leverage technology solutions to streamline workflows and improve care delivery.

Develop and implement strategies to enhance patient engagement and participation in the practice transformation initiative.

Implement mechanisms to monitor the performance of tracking key performance indicators related to patient outcomes, workflow efficiency, and staff satisfaction.

Change Management Process

- Develop a Core Implementation Team (CIT).
- Conduct a clinic and external context assessment.
- Educate CIT members on evidence-based and best practices.
- Identify champions within the organization.
- Align tobacco/cessation efforts with trauma-informed initiatives.
- Garner stakeholder buy-in for engagement and support.
- Develop a plan and monitor progress.

The Dental Team's Role in the Referral Circle

Alicia Rose Hathorn, D.M.D
Associate Professor, University of Mississippi
School of Dentistry
Principle Investigator, Community-based Dental
Partnership grant

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Objectives

- Acknowledge oral health as an unmet need
- Understand the dental clinic's role in the HIV Care Continuum
- See the value of having a dental home for our HIV population
- Establish a referral process
- Develop educational materials for patients
- Identify challenges

Potential reasons of unmet need

- Lack of dental insurance
- Lack of dental opportunity as a child/young adult
- Dental fear/anxiety
- Transportation barriers
- Lack of dental referral options from primary clinics information

CDC Medical Monitoring Project 2020 Cycle



- 16 Participating states, including Mississippi and 1 territory
- 3,710 participated out of 9,700 sampled
- Dentistry was the most commonly reported service received (56%) among the non-HIV medical care services
- Still, 21% reported an unmet need for dental care
- For the State of Mississippi, 400 persons sampled, 92 participated

CDC-Medical Monitoring Project - 2021

Social Determinants of Health and Quality of Life among Adults with HIV

Age Range	18-29 Years	30-39 Years	40-49 Years	50-64 Years	>65 Years
"N"	261	641	756	1778	559
"YES" to unmet need	146	346	366	755	202

What can a dental provider do for the patient?

- Improving/increasing patient dental IQ/education
- Providing overall patient support while addressing oral health needs
- Managing/eliminating patient's pain
- Restoring function
- Providing screenings for oral cancer and common HIV-related intraoral lesions

Oral health plays a vital role in a patient's systemic health!

What can dental do for you? the provider/primary clinic

- Provide emergency appointments for patients
- Provide a dental home for comprehensive care
- Resource for connections with specialty care (ie., oral surgery, endodontics, perio)
- Manage medications for dental care (pain, xerostomia rinses, antibiotics, steroids, etc.)
- Assist with patient compliance/support and patient education

What are teeth good for?

- Nutrition/Eating
- Confidence/Self-esteem
- Lip support
- Speaking
- Improving Medical co-morbidity outcomes



Bridging Gaps in Understanding

- With Oral Health recognized as a core medical status, dentistry can be a bridge to help patients understand how their oral cavity, gum tissue, teeth, etc. are extremely important to their overall quality of life!
- I believe how our clinic engages our patients with knowledge improves their connection to care and for them to continue to stay in care, not only with dental but also their other medical needs.
- Dentistry helps keep patients engaged in the HIV Care continuum!

Where to look for a dental collaboration

- Is your clinic near a dental school?
- Look for post-doctoral residency programs
- AEGD (Advanced Education in General Dentistry) and GPR (General Practice Residency)
- Community health centers with dental clinics can be valuable resource
- Private practitioners in your area

2023 Site Visit Results



- Clinical Finding-- Improve our protocol for patient referrals from OUTSIDE our parent institution
- We have a co-located Part C program, which sends the bulk of our referrals
- Our team had to look at ways to engage external clinics

New Referral Policy for CBDPP Dental Clinic

- 1-Receive referral via email/phone from patient's medical clinic
- 2-Send confirmation of referral receipt to clinic
- 3-Add referral information to referral excel spreadsheet
- 4-Contact patient and make an appointment
- 5-If patient does not answer, attempt two phone calls over two business days before notifying the referring clinic
- 6-Once appointment is completed, send a confirmation of appointment email to referring clinic with follow-up details

What We Added to our Process



- Developed a referral procedure for outside clinics
- Identified area CHC and other clinics that could initiate referrals to our clinic
- Added a new email developed specifically for grant referrals
- Developed two educational pamphlets: one for providers and one for patients
- Scheduled a meeting with three local clinics
- Introduced our dental team and distributed the educational pamphlets

Excel Referral Sheet



CBDPP INCOMING AND OUTGOING REFERRALS TO NON-UMMC FACILITIES

Date of Referral	Incoming/Outgoing	Patient Name	Patient Contact Info.	MRN/DOB	Dental Chief Complaint	Referral Facility	Referral Contact Name	Referral Contact #	Date of Initial Pt. Contact	Attempted Contact	Attempted Contact	Date of Dental Appt.	Closed-loop referral thank-you
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External Clinics visited by CBDPP Staff



- AHF (AIDS HEALTHCARE FOUNDATION) IS A 501-C3 organization with centers in over fifteen states
- ST. DOMINIC HOSPITAL INFECTIOUS DISEASE CLINIC
- OPEN ARMS HEALTHCARE CENTER, also a 501-C3 organization

Oral Health Educational Materials

FOR THE CLINICAL STAFF:

- Single good-quality brochure
- Front and back
- Highlights our services offered; location of clinic and office hours
- Our contact information

FOR OUR FUTURE PATIENTS:

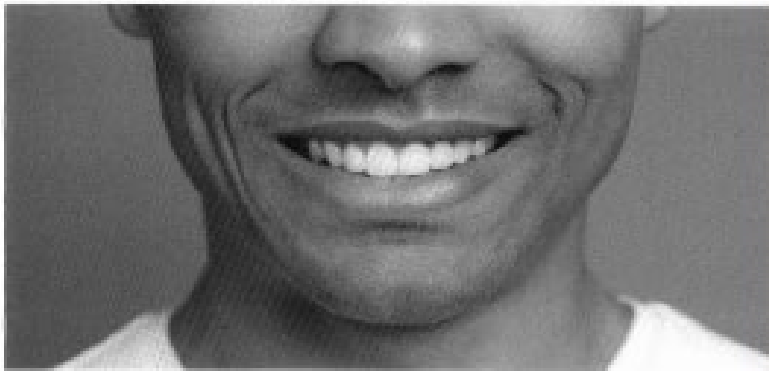
- Quality, single-fold brochure
- Covered services
- Location and contact information
- Pearls of wisdom categories
 - Hygiene
 - Nutrition and dental habits
 - Emergencies

Brochure for Clinic Staff



- Covers Dental services offered for Eligible Patients
- Our clinic location
- Office Hours
- Phone numbers
- Grant email address

Brochure for Patients



Community-Based Dental Partnership Grant

Patient Information Guide



Hygiene

- Brush your teeth two times daily.
- Floss your teeth daily.
- Limit sugary snacks and drinks.
- Have a dental exam once a year.
- Have dental cleanings every six months.
- Brush your tongue.

Good Nutrition and Dental Habits

- Check your mouth monthly for sores or infection.
- If you have sores, avoid spicy or acidic foods and call our clinic for an appointment.
- If a tooth or crown breaks or falls off, do NOT use super glue to re-attach it.
- If you have a tongue or lip piercing, try not to bite down or chew on it.
- Do not put BC powder or aspirin products directly on your gum tissues.

Emergencies

- If you have swelling or occasional pain, please call our number on this form.
- If you have difficulty breathing or swallowing, go immediately to the emergency room.

- If you have a broken tooth, call our clinic for an appointment.
- If you have a sore inside your mouth that does not heal after 10 days, call us for an appointment.

Covered Dental Services for Eligible Patients

- Extractions
- Hygiene (cleanings)
- Fillings
- Crowns
- Root canals
- Dentures/partials
- Referrals to oral surgery/root canals

Our Location and Contact Information

Jackson Medical Mall
350 W. Woodrow Wilson Avenue
Suite MD220 (second floor)
Jackson, MS 39213

601-984-4196 or 601-984-4197
dentalgrant@umc.edu

CBDPP Referral Form



- Referring Clinic and Provider
- Initial Referral Date
- Patient Demographics/Phone contact
- Dental Chief Complaint---Pain???
- CBDPP Physical Address
- CDBPP Contact Information

Challenges and Next Steps

- Co-located dental clinic staffed by MSDH (State Health Dept.) who also treats HIV patients
- Transportation
- Stigma-related privacy issues
- Identify and make contact with a new external clinic every quarter
- Attend HIV Planning Council hosted by MSDH this month
 - How can we make a difference?
 - How can we improve outreach?

Conclusion



Thank you!!

AROSE@umc.edu

Leveraging RWHAP funds to expand dental services

Jemima Maxine Louis DMD, MBE, MBA
Director of HIV Oral Health Services
NYC Health + Hospitals
Jacobi Medical Center
Department of OMFS/ Dentistry

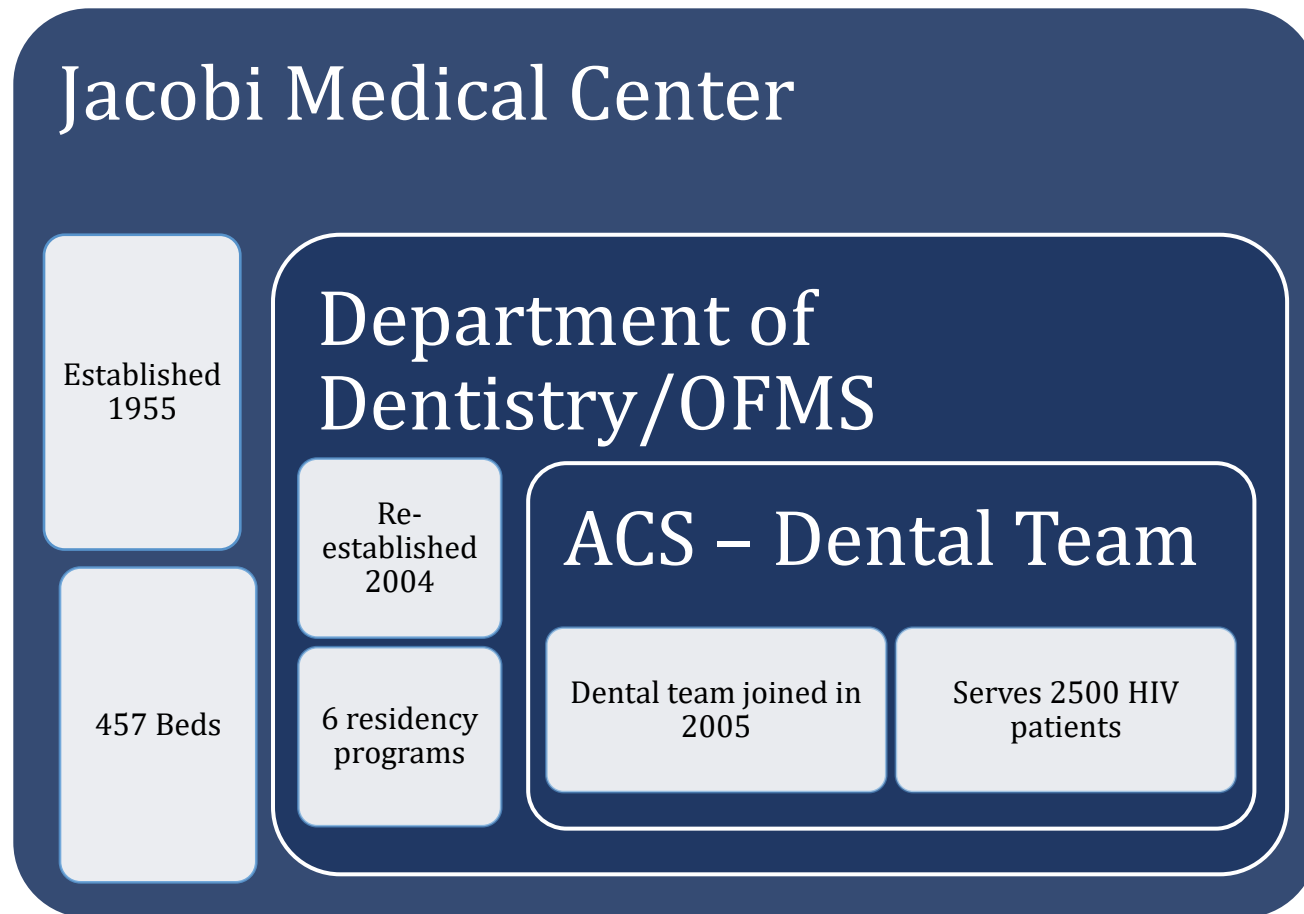
NATIONAL 2024
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Project Support

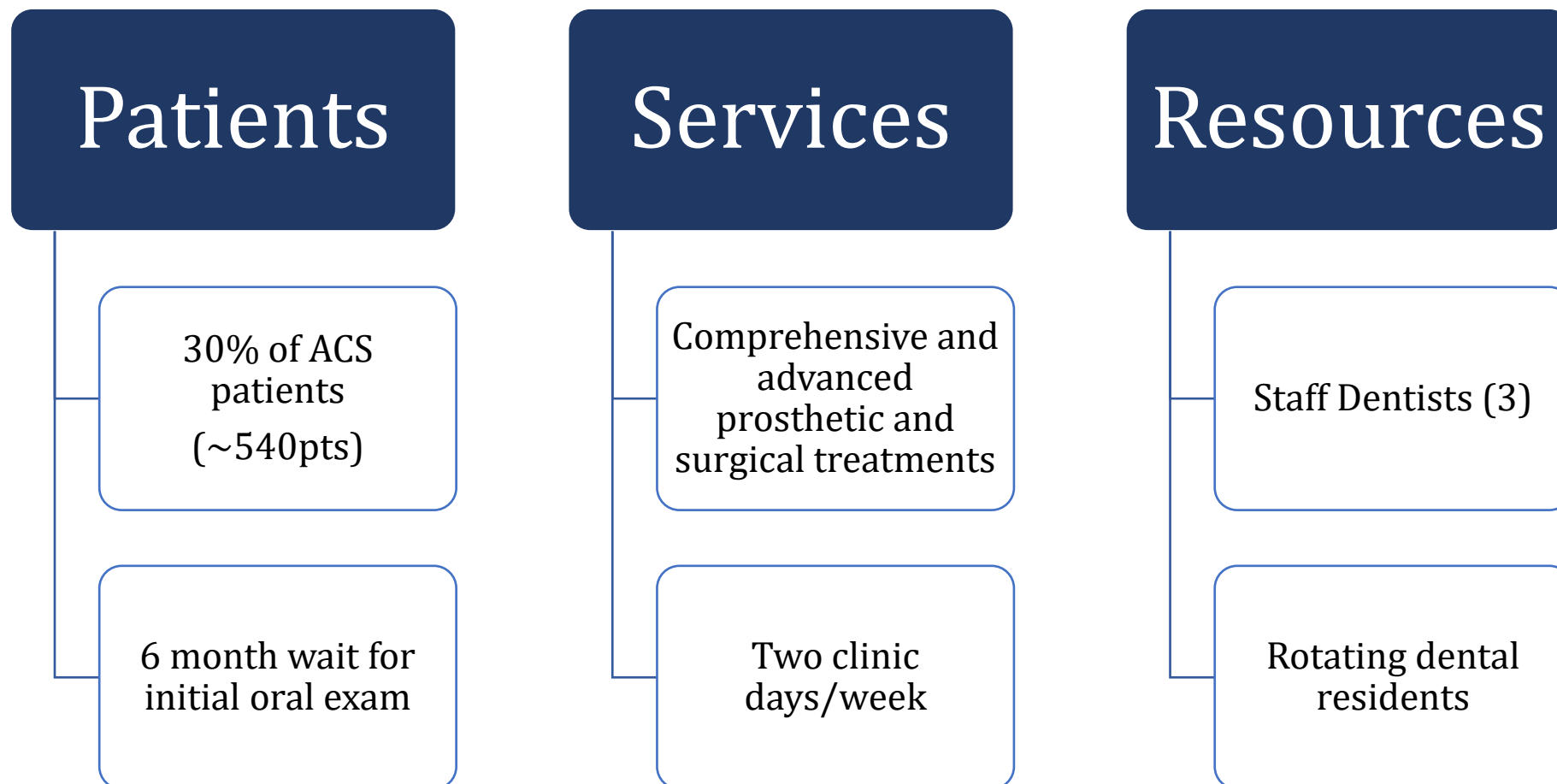
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Who we are?

- Jacobi Medical Center
 - Public hospital in the Bronx
 - Level I Trauma Center
- Department of Dentistry/OFMS
 - Wide range of dental services
 - 6 accredited residency programs
- Adult Comprehensive Services (ACS)
 - Serves HIV patients
 - Dedicated dental team



Demand! Demand ! Demand!



RWHAP Funding

Part A [Subrecipient]

- \$300,000 award
- Expanded clinic days from 2 days/week to 5 days/week
- Started receiving outside referrals on top of our inhouse referrals from providers and existing patients

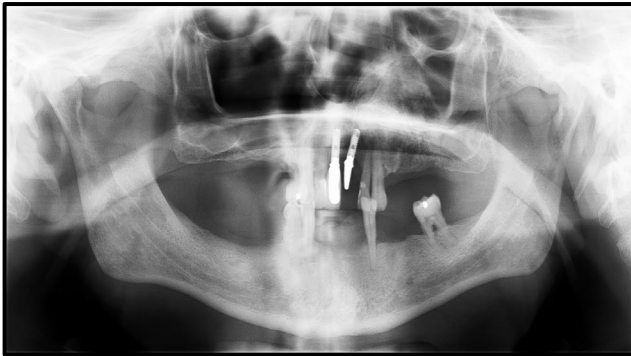
Part C Capacity Development [Recipient]

- \$150,000 award
- Address the issues that arose because of the expansion
 - Increased number of supplies and dental armamentarium
 - Upgraded dental chairs
 - Temperature humidity cabinetry
- Upgrade the technology used to treat our patients
 - Dental chairs with patient monitors for education

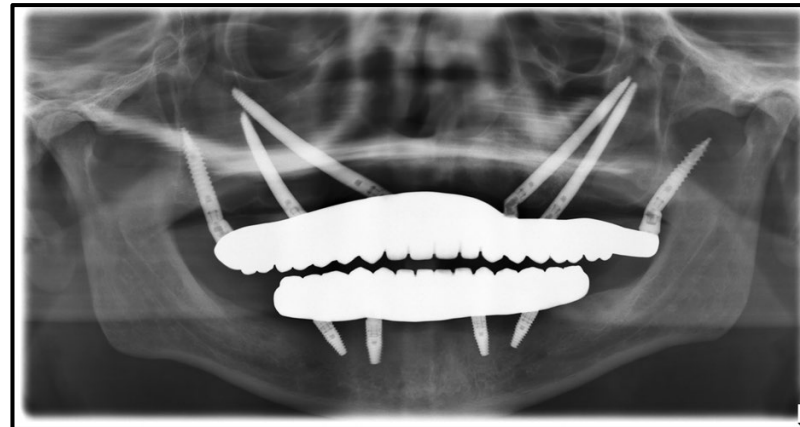


Zygomatic Full Arch Case

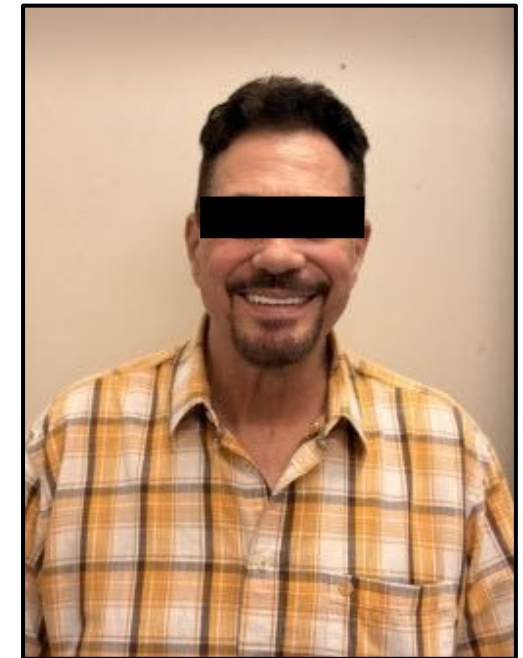
Initial Radiograph & Presentation



Final Radiograph



Clinical outcome



Summary

- **Lessons Learned**

- Effective communication with the establishment of clear goals and objectives
- Learning and understanding the administrative process for equipment procurement
- Adaptation to regulatory and compliance requirements of the hospital
- Navigating bottlenecks and delays in scheduling
- Improving operational efficiency of the clinic

- **Next Steps...**

- Clinic expansion so as to improve access to care for our patients
- Improving our technological advances in digital dentistry
- Improving clinical experience for the general practice residents
- Increased modalities to help with patient anxiety
- Continued management of advance/debilitating oral disease through patient education, the utilization of oral healthcare products, implant armamentarium and digital dentistry.



Thank you!
Q & A