

HRSA Oral Health Programs: Implications for HIV Oral Health Care Services

Overview of Office of Strategic Priorities

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Health Resources and Services Administration
Department of Health and Human Services



Disclosures

Jay Anderson, Betty DeBerry-Sumner, DDS, MPH, Betty DeBerry-Sumner, Mark Nehring DMD, MPH, Gail Cherry-Peppers DDS, MS, Lilly Smetana, Lilly Smetana have no relationships to disclose.

- HRSA Education Committee Disclosures

HRSA Education Committee staff have no financial interest or relationships to disclose.

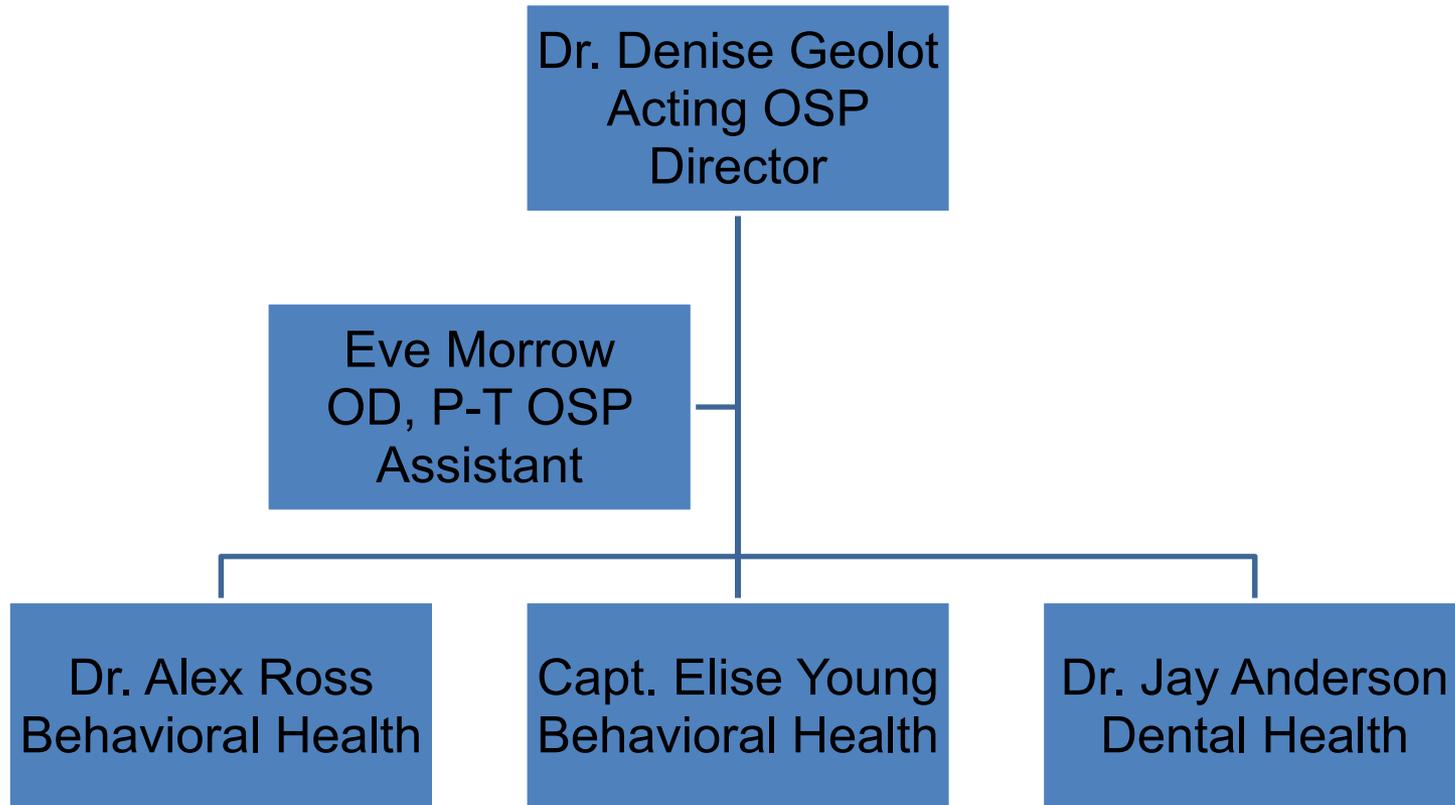
- CME Staff Disclosures

Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives:

1. To describe HRSA oral health programs
2. To discuss how HRSA oral health programs affect HIV oral health care
3. To identify potential partnership opportunities between HRSA oral health programs and Ryan White funded programs

OSHA's Office of Strategic Priorities (OSP)



Charge:

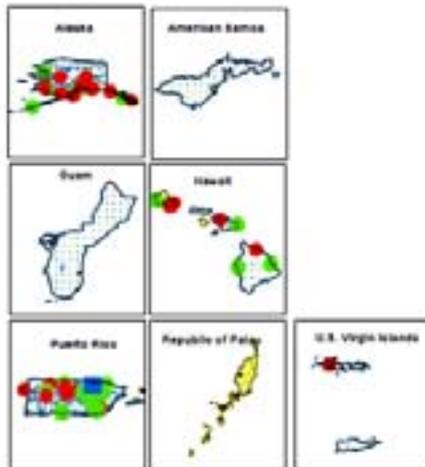
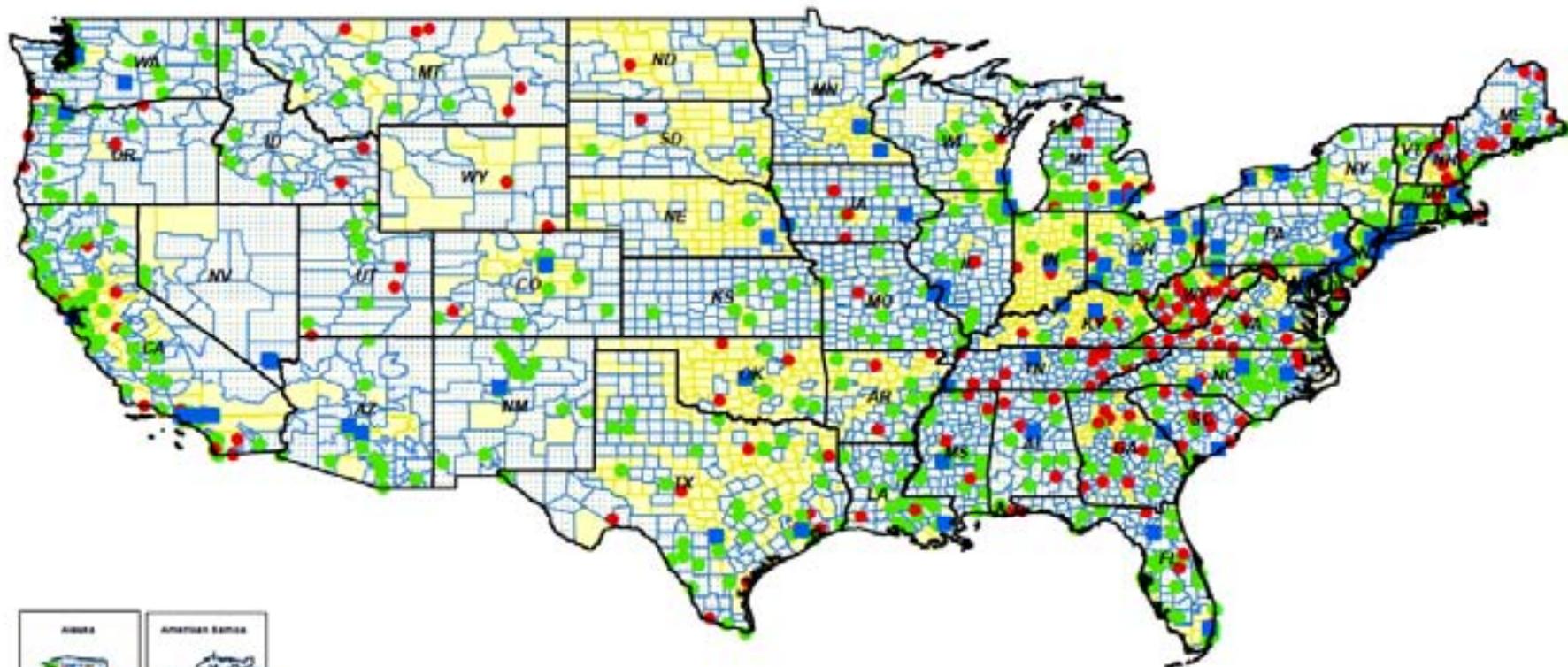
- Advises administrator on emerging health priorities: Oral and behavioral health
- Leadership and coordination to improve oral and behavioral health infrastructure, delivery, and systems of care
- Establishes goals and objectives to improve the quality of oral and behavioral health care
- Collaborates with other HHS agencies, Federal departments and external partners on behavioral health issues of importance to HRSA
- Establishes goals and priorities to improve oral and behavioral health status and outcomes to eliminate disparities

Context: Oral Health – A National Care Challenge



- Poor oral health impacts general physical health
- The statistics are overwhelming – but the progress is minimal
- Limited access is a problem for all segments for the US population
- 1/3rd of all adults have untreated cavities
- Tooth decay is the most common chronic childhood disease, 5 times as common as asthma and 7 times as common as hay fever
- Children miss 51 million school hours/year for dental problems and dental visits
- Adults lose 164 work hours/year
- The current oral health workforce fails to meet the needs of many segments of the US population

Dental Schools, Health Professional Shortage Areas (HPSA) Dental Care, and Health Center Grantees (With and Without Dental Care) as of June, 2010



Legend

-  Dental Health Professional Shortage Areas
-  Not Dental HPSA
-  Dental Schools

Health Center Grantees

-  With Dental Services
-  Without Dental Services

Prepared by: HRSA, Office of Information Technology

Sources:
- HRSA Geospatial Data Warehouse
- 2008 Uniform Data System
- ©2010 Dental Schools from the American Dental Education Association (ADEA)

HRSA Oral Health Goals

- Improve the health infrastructure and systems of care for all, especially underserved populations to assure access to comprehensive quality oral health services
- Improve oral health status and outcomes to eliminate health disparities
- Improve the quality of oral health services (preventative and curative) for all
- Promote oral health by building public-private partnerships, including strengthening dental public health infrastructure
- Integrate Oral Health with primary health care

OSP Highlights – Oral Health

- Conducted oral health inventory and analysis
- Reestablished the trans HRSA oral health workgroup
- OC/OSP developed new oral health website
- Key role in planning the national oral health care conference
- Established a MOU “Oral Health in America” – HRSA, CDC, CMS

OSP Highlights Cont.

- Developing geospatial maps on oral health
- Oversee National oral health technical assistance and training cooperative agreement
- Monitor and advise 2 IOM studies
- Support HRSA Chief Dental Officer activities
- Co lead agency for the HP2010 and 2020 Oral Health Measures

HRSA's oral health quality improvement initiative



- To promote efficiency in planning and implementation of Oral Health quality activities
- To create agency level discussion of oral health quality measurement: roles, practices and results
- To promote collaboration and efficiencies around quality priorities and measurement
- To Support HRSA Programs in their quality initiatives

NNOHA Technical Assistance Cooperative



- HRSA supports a cooperative agreement with the National Network for Oral Health Access (NNOHA) to provide training and technical assistance to BPHC funded Health Center Program with the goal of advancing the HRSA and BPHC missions.
- National Cooperative Agreements (NCAs) are important partners in enabling HRSA to achieve its mission because they are uniquely positioned to work with oral health providers, policy makers, program administrators, States, and communities to improve the health of underserved communities and vulnerable populations.
- This program was funded as a 3-year project

Aligning Measures as Mechanism



HRSA level measures are meant to:

- Build on Bureau/Office data systems to tell a story about the *Agency as a whole*-
- Focus information about how a variety of programs from across the agency that share a targeted mission are performing...eg- improving access to prevention, treatment and improving health outcomes

HRSA Oral Health Performance Measure Workgroup

- Formal feedback from Oral Health Experts will be sought through a series of expert meetings.
- Convening a panel of Oral Health experts to vet the HRSA Oral Health measures.
- This will validate the importance, validity and evidence base for the HRSA Oral Health Measures.

The Value of Oral Health Performance Measures?

- Enable a new level of transparency
- Allow comparisons between organizations
 - report the exact same things
- Consumers and other purchasers of healthcare (ins, CMS etc)
HRSA 😊
 - Know the quality they are getting for the \$\$

HRSA Oral Health Performance Measures



- ***Comprehensive Oral Exam: Completed Treatment Plan***
- Percentage of all dental patients for whom the Phase I treatment plan is completed within a 12 month period.
- ***Objective***
- To prioritize and complete phase 1 treatment needs identified in treatment plan.

Oral health education



Service given by a dentist or dental hygienist dental assistant and/or dental case manager

- Percentage of all oral health patients who received oral health education at least once in the measurement year
- ***Objective***
- To promote good oral health behavior and reduce oral disease through oral health education

Dental Sealant

- The percentage of children between the ages of 6 and 21 years who received at least a single sealant treatment during the report period
- ***Objective: To prevent pit- and fissure caries in children and the progression of early non-cavitated carious lesions***

Annual Dental Visit

- The percentage of patients who had at least one dental visit during the measurement year



Cavity (caries) Free



Percentage of oral health patients that are caries free

- ***Objective***
- Reduce the proportion of children, adolescents and Adults who have dental caries

Fluoride varnish applications (Early Childhood Caries)



- Percentage of children age 12 to 72 months and defined higher-risk with 1 or more fluoride varnish applications documented.
- ***Objective***
- In compliance with the American Dental Association (ADA) recommendation, fluoride varnish is to be applied at 3- to 6-month intervals for higher-risk children. 1

Oral Health Education Anticipatory Guidance: Primary Care Provider Dental Counseling: medical setting



- Percentage of children age 12 to 48 months who received patient education and anticipatory guidance for oral health in the medical setting
- ***Objective***
- To provide oral health promotion and oral disease prevention early in childhood through anticipatory guidance and education of the parent by non-dental health professionals, early detection and referral for appropriate intervention.

Periodontal screening or examination

- Percentage of all oral health patients who had a periodontal screening or examination at least once in the measurement year
- ***Objective***
- To encourage periodontal screening and examination as a way to identify changes in periodontal status that will benefit patients by initiating early and simple treatment.

Topical Fluoride

- Percentage of patients, **assessed moderate to high risk of developing dental caries***, with at least one topical fluoride treatment during the report period.
- ***Objective***
- Periodic fluoride treatments should be considered for both children and adults who are at moderate or high risk of developing caries.





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Bureau of Primary Health Care

August 23, 2010

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Primary Health Care Mission



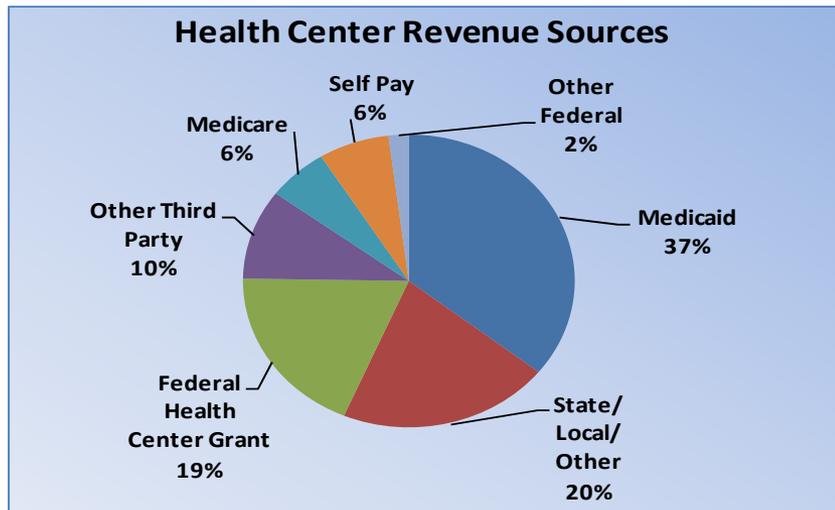
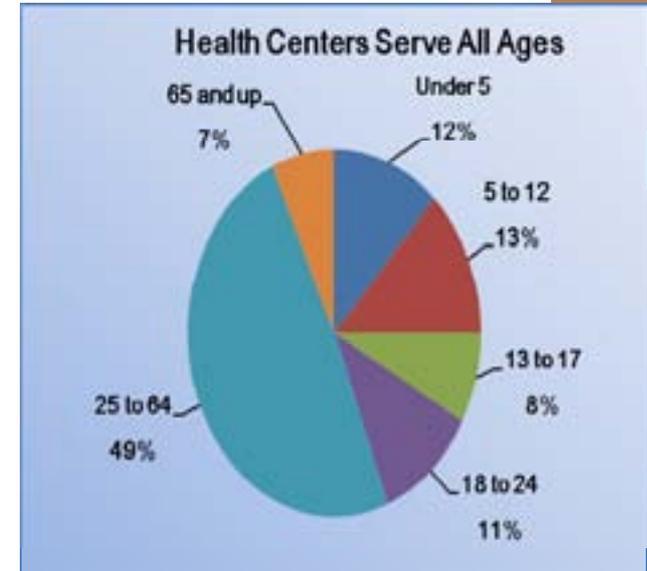
Improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services

Health Center Program Overview

Calendar Year 2009

18,754 Million Patients (1 in 18)

- 92.5% Below 200% poverty (1 in 6)
- 71% Below 100% poverty (1 in 3)
- 38% Uninsured (1 in 7)
- 1,018,000 Homeless Individuals
- 865,000 Migrant/Seasonal Farm workers
- 157,000 Residents of Public Housing (2008)



74 Million Patient Visits 8,402,000/11.4% Dental Visits

- 1,131 Grantees – half rural
- 7,500+ Service Sites

Graphs Source: Uniform Data System, 2008

Health Center Program: Workforce UDS 2009

<u>Total Staff</u>	123,012	<u>Dental</u>	8,474
<u>Physicians</u>	8,815	Dentists	2,577
Family/General P.	4,641	Hygienists	1,019
Internal Med	1,545	Assistants	4,878
Pediatrics	1,764	<u>Mental Health</u>	3,688
Ob/Gyn	864	Psychiatrists	348
Other MD/DO	310	Other Licensed MH	2,216
<u>Midlevels</u>	5,658	Other MH	1,123
NP	3,389	<u>Substance Abuse</u>	698
PA	1,880	<u>Pharmacy</u>	2,166
CNM	489	<u>Other Professional</u>	714
<u>Nurses</u>	10,626	<u>Program Enabling Services</u>	11,648
<u>Other Med</u>	15,283	(Case Managers, Education, Outreach, Transport, etc.)	
<u>Lab/X-ray</u>	2,609	<u>Other Program & Patient Services Support Staff</u>	25,440
		<u>Administration/Facility</u>	24,350

Source: Uniform Data System, 2009 Data



Number of Patients and Encounters by Primary Diagnosis and Encounters Per Patient

- Symptomatic HIV
(a)69,281 (b)330,947 ©4.78
- Asymptomatic HIV
(a) 25,691 (b) 96,850 ©3.77

Health Centers with Oral Health Programs

- All health centers must provide preventive and emergency services on site or through contract
- 79% percent provide preventive
- 62 percent provide emergency
- 64 percent provide restorative

Health Center ARRA Projections

- Through New Access Point and Increased Demand for Services Funding:
 - Serve over 2.85 Million Additional Patients
 - Create or Retain over 11,900 Jobs
- Through Capital Improvement Program Funding:
 - 1,500+ New or Improved Health Center Sites
 - 650+ Health Centers with new equipment or health information technology systems
 - 380+ Health Centers with new/enhanced certified EHRs

Affordable Care Act

- The Affordable Care Act (ACA) provides \$11 billion in funding for the operation, expansion, and construction of health centers throughout the Nation.
- This increased funding will double the number of patients seen by health centers over the next 5 years, making primary health care available for an additional 20 million people.

Questions?





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Maternal and Child Health Bureau

August 23, 2010

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Maternal and Child Health Bureau



Title V

MCHB Oral Health Program

- Block Grants and SPRANS
- Partnerships

States and Communities

National Organizations

Other Federal Agencies



MCHB Oral Health Program

MCHB Leadership Role



- Oral Health Support Systems

National MCH Oral Health Resource Center

- <http://www.mchoralhealth.org/>

National MCH Oral Health Policy Center

- <http://nmcohpc.org/>

Partnerships for Oral Health Leadership

- Coming soon...

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Office of Health Equity

August 23, 2010

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Tobacco Facts

- Tobacco Use is the most preventable chronic illness;
- There are 44 mil smokers in the U.S.
- 126 mil Americans are exposed to second hand smoke;
- 22 mil of these Americans are children;

HIV/AIDS and Tobacco Use



- The proportion of persons living with HIV/AIDS who are current cigarette smokers is between 47 and 65%
- Cigarette smoking appears to decrease the effectiveness of HAART as assessed by both viral load and CD4 count;
- HIV + smokers have an increased incidence of pulmonary diseases such as invasive pneumococcal diseases, spontaneous pneumothorax , and increased respiratory symptoms;

HIV/AIDS and Oral Disease



- Tobacco use in HIV smokers is responsible for increased periodontal disease and tooth loss;
- HIV + smokers also have an increased incidence of cancer of the larynx, pharynx and esophagus;

HIV/AIDS and Oral Disease

- Smokers have an increased risk of oral candidiasis and oral leukoplakia, as well as decreased healing of oral lesions;
- There is a marked risk of oral cancer in tobacco users and more than 80% is squamous cell carcinoma;
- Cancer is one of the leading causes of mortality in the HIV population;

HIV/AIDS and Oral Disease



- Tobacco use in HIV smokers is responsible for increased periodontal disease and tooth loss;
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HIV/AIDS and Oral Diseases

- Smokers have an increased risk of oral candidiasis and oral leukoplakia, as well as decreased healing of oral lesions;
- There is a marked risk of oral cancer in tobacco users and more than 80% is squamous cell carcinoma
- Cancer is one of the leading causes of mortality in the HIV population;

Conclusion

- Tobacco Use has an adverse impact upon the health-related quality of life in persons living with HIV/AIDS;
- There are few cessation trials in the literature for persons living with HIV/AIDS;
- Novel tobacco cessation treatments must be targeted to reduce the burden of tobacco use in persons living with HIV/AIDS;

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HRSA Office of Rural Health Policy



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U.S. Department of Health & Human Services (HHS)
Health Resources & Services Administration (HRSA)
Office of Rural Health Policy (ORHP)

August 23, 2010

Overview

- Introduction to ORHP
- ORHP funding opportunities

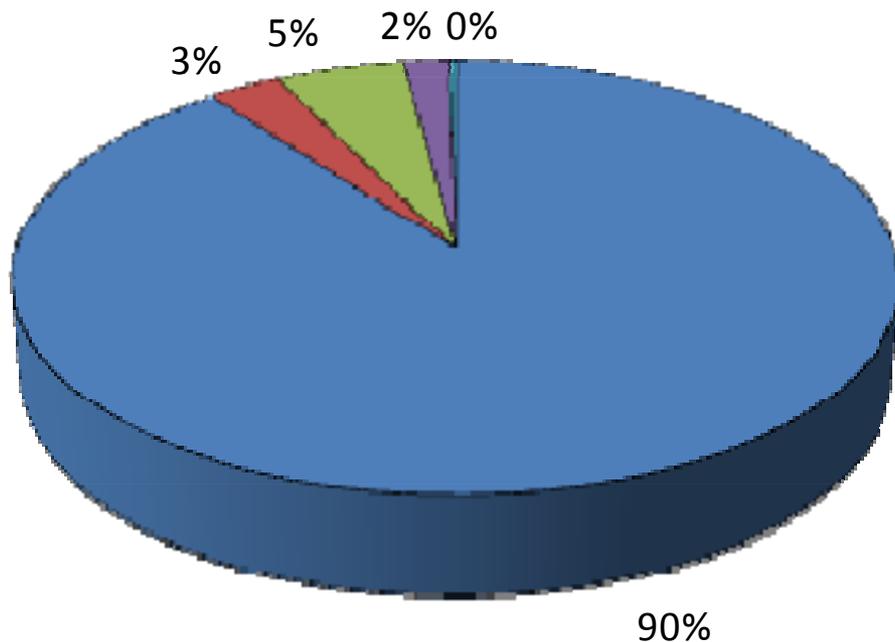


ORHP Structure



ORHP Budget

FY 2009 Budget: \$168.1 Million



- Grant Awards and Cooperative Agreements (\$150.4M)
- Rural Health Research (\$5.1M)
- Contracts/IAA (\$8.9M)
- HRSA Costs (\$3.2M)
- Other (\$503K)



Improving Rural Health Initiative: Key Elements

- Health Workforce Recruitment and Retention



- Building a Programmatic “Evidence-Base”



- Telehealth/HIT Coordination



- Cross Governmental Collaboration



ORHP Grant Programs



- Major Grant making Units
 - Hospital - State
 - Telehealth
 - Community Based

Community-Based Division



- **Programs**

- Rural Health Outreach
- Rural Network Development
- Network Planning
- Delta Network Development
- Quality Improvement
- Black Lung, RESEP, RAED
- Workforce Development



- **2010 Focus**

- Performance Improvement Measurement System
- Best Practices and Tracking
- Sustainability
- Economic Impact
- Technical Assistance

Community-Based Grants Eligibility Requirements



- Applicants must be:
 - Rural Public or Private Non-Profit Entities
 - and/or
 - Federally-Recognized Tribal Government
 - and/or
 - Rural Migrant and Seasonal Farm Worker Services Organization
 - Development of consortium (3 partners)

Network Planning Grant



- Program Activities

- Hire Health Information Technology consultant
- Develop a business, strategic, and/or operational plan
- Formalize and/or incorporate the network 501(c)3
- Develop Economic Community Impact plan
- Conduct Needs Assessment

Network Planning Timeline



- Application Information:
 - Start Date: March 1, 2011
 - RFP Available Now: **HRSA-11-085**
 - Applications due October 8, 2010
 - 20 – 30 Awards
 - Award Amount: \$85K
- Program Contact:
 - Eileen Holloran: eholloran@hrsa.gov

Rural Health Network Development Grant



Program Activities

- Network infrastructure development
- HIT Implementation
- Provider Continuing Education
- Business, Strategic, and Sustainability Planning

Network Development Timeline



- Application Information:
 - RFP Available September 2010
 - Applications due November 2010
 - 15 - 20 Awards
 - Award Amounts: \$180K/year
 - Start Date: May 1, 2011
- Program Contact:
 - Leticia Manning: lmanning@hrsa.gov

Rural Health Services Outreach Grant



- Program Activities
 - Direct health care services
 - Oral health screenings and treatment
 - Mobile dental clinics
 - Health fairs and screenings
 - Patient education
 - Oral health education
 - Provider education and training

Outreach Timeline



- Application Information:
 - RFP Available Summer 2011
 - 80 – 100 Awards
 - Award Amounts: \$150K (1st year), \$125K (2nd year), \$100K (3rd year)
 - Start date: May 2012
- Program Contact:
 - Kathryn Umali: kumali@hrsa.gov

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