

# Dental Program Integrated

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## AIDS Care Group

# Learning Objectives

1. Discuss key decision-making moments and course of actions required for a new dental office to succeed, including marketing to determine location and size of practice and methods to recruit dental staff.
2. Describe dental issues and treatment plans for a Ryan White population.
3. Identify one or more funding streams to support the renovation, equipment, supplies, and personnel costs associated with dental practice.



# Disclosures

Presenters have no financial interest to disclose.

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U.S. Department of Health and Human Services  
Health Resources and Services Administration

*HIV/AIDS Bureau*

*Special Projects of National Significance (SPNS)*

Innovations in Oral Health Care Initiative:  
(1) Demonstration Models and (2) Evaluation and Support Center  
*Announcement Type: New Competition*  
*Announcement Number: HRSA-06-042*  
Catalog of Federal Domestic Assistance (CFDA) No. 93.928

PROGRAM GUIDANCE

Fiscal Year 2006

**Application Due Date: March 31, 2006**

Release Date: January 24, 2006

Date of Issuance: January 24, 2006

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Authority: Section 2691 of the Public Health Service Act, 42 U.S.C. § 300ff-101.

# From the HRSA Guidance of 2006

Oral health and medical services have increasingly important and interrelated roles in the management of HIV disease.

Studies of oral health among the various income groups in the U.S. document that low-income people generally suffer from dental disease at a higher rate than people of higher incomes.

Only emergency oral health care is covered for adult beneficiaries by most State Medicaid programs.

The availability and extent of third party dental insurance and government funding for oral health care can significantly reduce barriers to access oral health care for people with HIV.

# From the HRSA Guidance of 2006

Dentists are unwilling to participate in the Medicaid program because of administrative complexities and extremely low reimbursement rates.

Ryan White CARE Act has a number of programs that support oral health services for HIV-infected persons (such as provided for in Parts A, B, C, and D).

Then there is the Dental Reimbursement Program that retrospectively compensates dental schools and post-doctoral dental programs for providing oral health treatment to people with HIV.





# From the HRSA Guidance of 2006

Many approaches to address barriers to oral health care have been suggested:

1. Improve reimbursement procedures to encourage providers to participate in publicly-funded programs.
2. Identify and utilize excess capacity of private and public dental providers.
3. Mobile care.
4. Increasing the capacity of safety net providers.
5. Use existing case management networks to help find and link clients into care.



Your insurance company only authorized me to take out one. You pick.



# From the HRSA Guidance of 2006

Applicants must include plans for reaching underserved populations in communities where oral health services do not exist or are inadequate to meet current needs.



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA07523 for “Innovations in Oral Health Care Initiative: Demonstration Model” in the amount of \$400,000 each year for five years; with no non-governmental support. The information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# How do we improve efficiencies of care?



AIDS Care Group was one of only 15 projects of this type in the United States.

South-central Pennsylvania, having 14 of the state's 67 counties was targeted knowing there were 3,270 patients living with HIV -most having poor access to dental care.

Having a dental manpower shortage for even the most economically well-off of the population, the ability to access care by those who lived below the poverty line was very desperate.

Under IRB conditions, project goals were to serve 175 patients in the first year, growing to a cumulative unduplicated total of 750 patients by the end of the fifth year.



# AIDS Care Group

- 698 patients served in 2006
- Delaware, Chester, Bucks, Montgomery,
- Philadelphia, Lancaster counties served
- Special Projects of National Significance (SPNS) funding awarded in Sept. 2006





- Philadelphia, Lancaster counties serve
- Special Projects of National Significant (SPNS) funding awarded in Sept. 2006



# Gathering Place

*"Unto Him shall the gathering of the people be..." Gen.49:10*

440

All are welcome!

## Neighborhood Church

Bible Study - 9:15 AM

Sunday Service - 10:00 AM

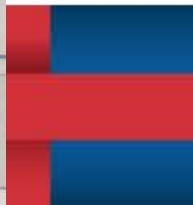
*Isaiah 58 in Action*

*...And you shall be called the Repairer of the breach, the Restorer  
of streets to dwell in. Is. 58:12*

























# Goals & Target Population

Establish a new satellite dental office in Coatesville, more than 30 miles from the agency's principal office.

Collaborate with other area HIV/AIDS medical and service providers to link their patients into the project.

Serve patients receiving HIV medical care and case management services from providers receiving Ryan White CARE Act funding, but having little or no access to comprehensive oral health care.

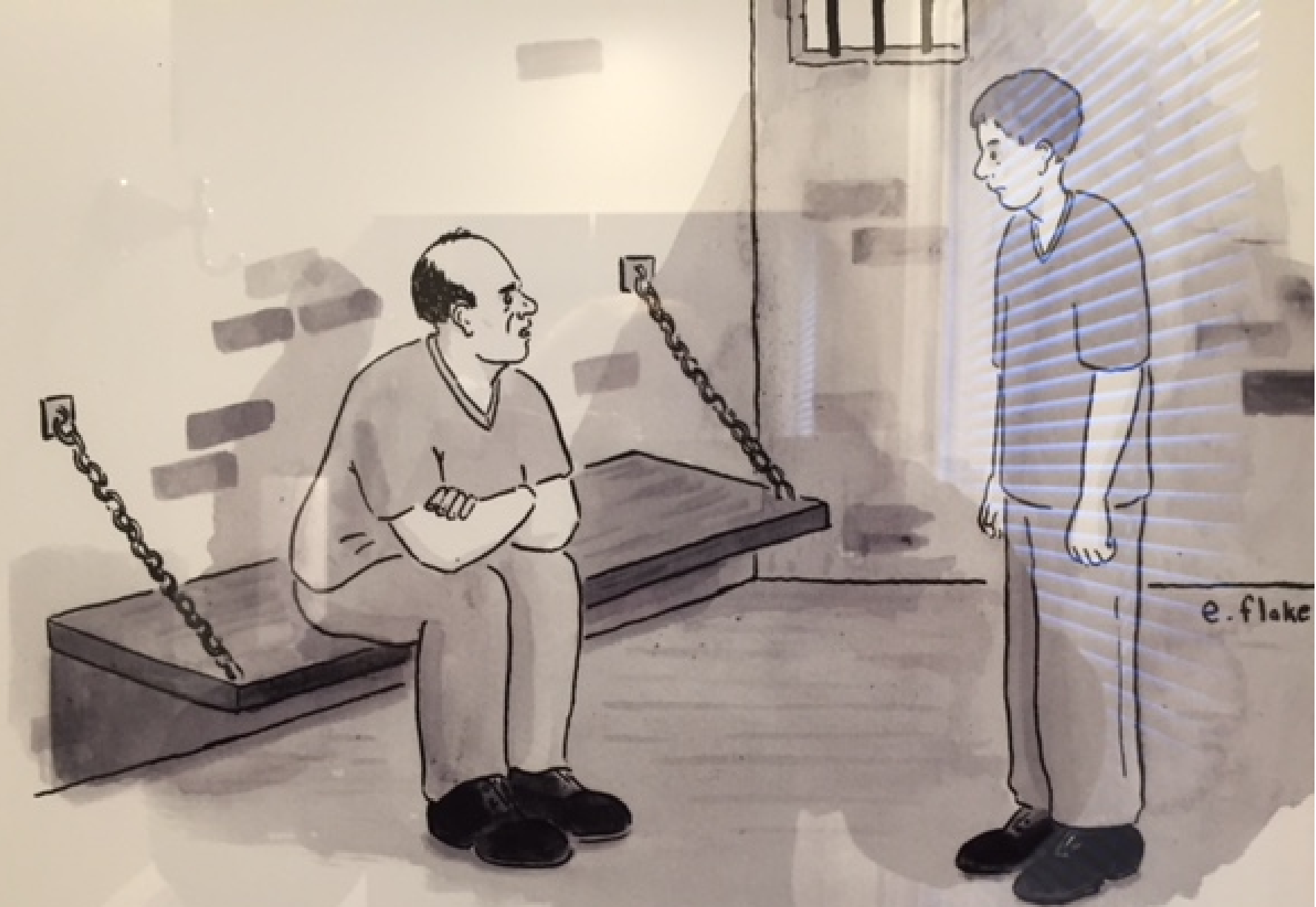
Target the 954 patients living with HIV in the fourteen targeted counties. The targeted group was primarily adults, all living at or below the local and federal poverty levels.

# Social and Medical Factors Affect Individual and Community Health

There is poverty, joblessness, homelessness, and despair.

Clients found to be living with HIV disease can also present with substance using behaviors and/or mental health conditions.





*"I'm just here for the dental."*



















# Implementation Year 1

Secured location in Coatesville, PA. The site served as a pediatric facility with a local hospital and was equipped with:

- one-chair dental operator
- waiting area
- laboratory and storage
- equipment and furnishings needing upgrades

Established linkages to two of the largest targeted case management agencies.

Coordinated group meeting of leadership from nine additional county agencies.

Outreach to consumer groups to introduce the project and project staff.



# Capacity to Implement Project

Before starting a dental program make sure you have the following:

- A clear and concise mission statement
- Consensus from administrators and clinicians
- Fiscal support for capital expenditures and operating losses
- Dental expertise
- Facility support
- Key stakeholder buy-in

Within the dental facility you will need to start a program:

Clinical staff:

- 1 or 2 Part time dentists
- 1 or 2 Part time dental assistants
- 1 full time dental case manager/transportation expert

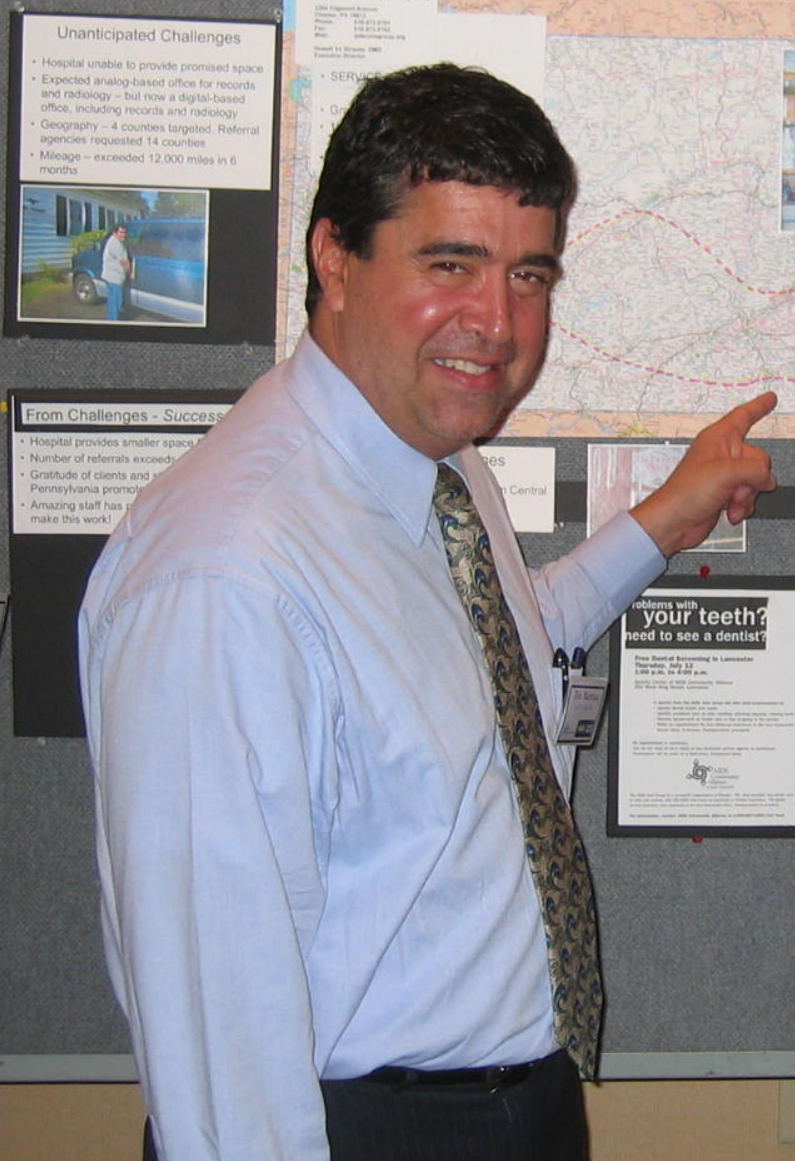
Administrative staff:

- Project Coordinator

# SWOT ANALYSIS

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<b>OPPORTUNITIES</b>	<b>THREATS</b>





# Clues to Success

The dental office is warm and friendly.

Food is available in the clinical facility setting.

There are incentives for good oral health and hygiene reminders: free toothbrushes, toothpaste, denture boxes, soap, and shampoo samples.

Pre and post-operative medications are available and dispensed to the patients who have poor access to pharmacies.

Dentist is on-call daily (helped by the agency infrastructure).

Dental care is a clinical and social service. Treatment plans respect patients' wants, needs, and desires.



# Key Take Aways

Underserved populations need targeted outreach and supportive services to find, link, and retain patients in care; whether for medical, dental, or case management services.

Successful development and implementation of the SPNS Oral Health Initiative required outreach and continual marketing of the project to agencies and the clients they served.

On-going communication and supportive services help to gather enthusiasm and continuity of care, leading to comprehensive care and services.

# Dissemination

Part C grantee in Harrisburg, Pennsylvania; one of the programs that relied on AIDS Care Group activities requested technical assistance from AIDS Care Group for the development of a new dental program. Over the course of a year this program, Pinnacle Health, established a two-chair dental facility, which is now providing much needed care to the HIV population in South Central Pennsylvania.



PINNACLEHEALTH

*Polyclinic Hospital*





# DENTAL SCREENING DAY

Please come to  
**6<sup>th</sup> Floor**  
**Classroom 4**

To sign in!

-Cori



# Please Welcome

Dr. John Roemig; Cherline Charles, CDA; Rebecca Geiser, MPA

REACCH Program

Polyclinic Campus

UPMC Pinnacle

Harrisburg, Pennsylvania

# Integrated Dental Program

John Roemig, DMD

Cherline Charles, CDA

Rebecca Geiser, MPA

## UPMC Pinnacle REACCH Program

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# UPMC Pinnacle REACCH Program

- Resources, Education and Comprehensive Care for HIV
- Part of UPMC Pinnacle, a leading hospital and healthcare system in Central Pennsylvania
- Located in uptown Harrisburg
- Founded in 2000 to provide HIV care to pregnant women
- Provides comprehensive care and treatment to 625 patients including specialty HIV and primary care, and on-site case management, counseling, and HIV testing and dental services



# Strategic Planning: the start of it all

- Clarification of regulation to spend program income within the program year
- Needs assessment and strategic planning with all staff to define patient needs
- Multidisciplinary Continuous Quality Improvement meeting
  - Results of oral exam 69/500 patients with annual exam
- Patient Consumer Advisory Board
  - Defined gaps in services
  - Solicited feedback about current barriers to oral health care



# Key Ryan White program income legislative requirements

- Recipients track program income earned and spent.
- Recipients use program income for the purposes for which the award was made (used for allowable costs under the award).
- Recipients report program income earned at the recipient level on their Federal Financial Report (FFR).
- To the extent available, recipients and subrecipients disburse program income prior to requesting grant funds.

# Collaboration

- Within the hospital system
  - Space/facilities
  - Administration
  - Foundation
  - Accounting
  - And more...
- External relationships
  - Existing RW programs: AIDS Care Group and University Medical Center New Orleans
  - SMILES Committee
  - Dental consultants
  - Dental equipment company: design, equipment and supplies



# Trauma Informed Dental Care

- Goals for innovative practice
  - Address patient barriers to care
  - Utilize creative and effective models
- Trauma Informed Program Design
  - Layout decisions – rear delivery
  - Providing information at time of scheduling
  - Tours of space
  - Music
  - TV
  - Manipulatives













# Challenge: Exam Room

## Space design

- Theory vs. practice

## Positives

- Trauma Informed space
- Chairs facing the door

## Limitations

- Right and left-handed/Rear delivery
- Hygiene room small





# Challenge: Sterilization

## Limitations

- Sterile layout – clean space; not private enough
- Confidentiality in a Ryan White setting
  - Pan located in the middle of the office space
  - Closed exam rooms



# Challenges:

## Clinical

- Ordering supplies
- Referrals to specialists

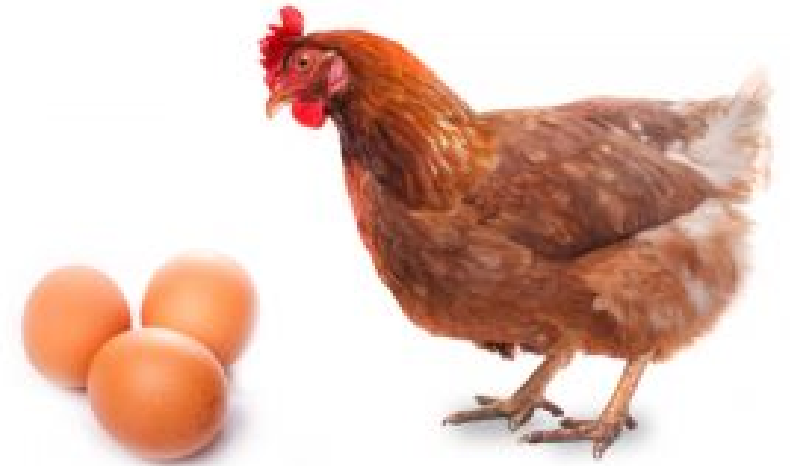
## Administrative

- Establishing payer contracts with dental payers in a hospital setting
- Timeframe for obligating funds



# Key takeaways in setting up space

- Carefully consider order of hiring staff and establishing practice
- Be creative – find a creative vendor
- Minimum dimensions for adequate room size



# Successes

- Identifying the right dentists who knows the population
- Identifying the right staff
- Close collaboration with medical and case management staff

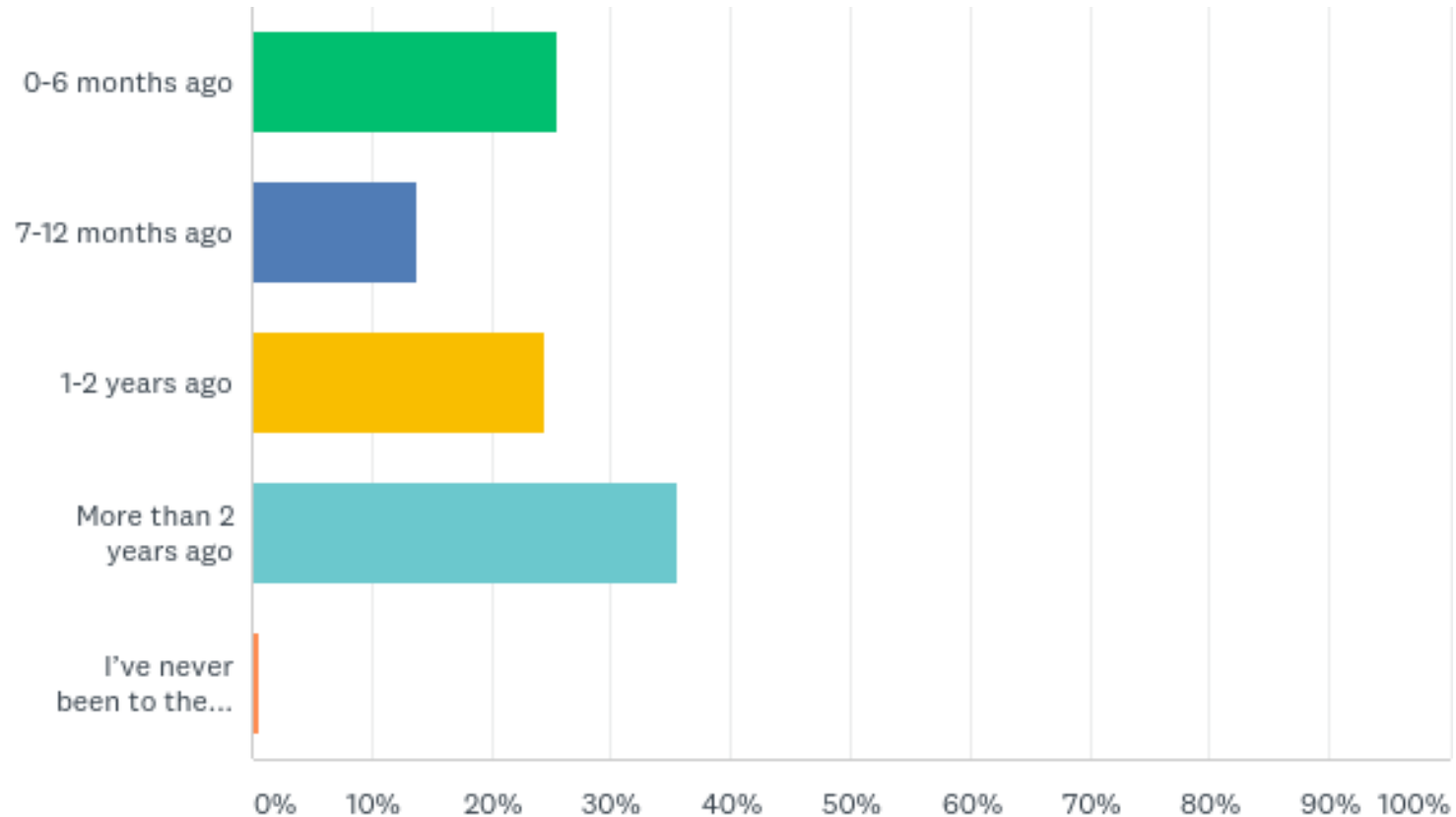


# Survey results

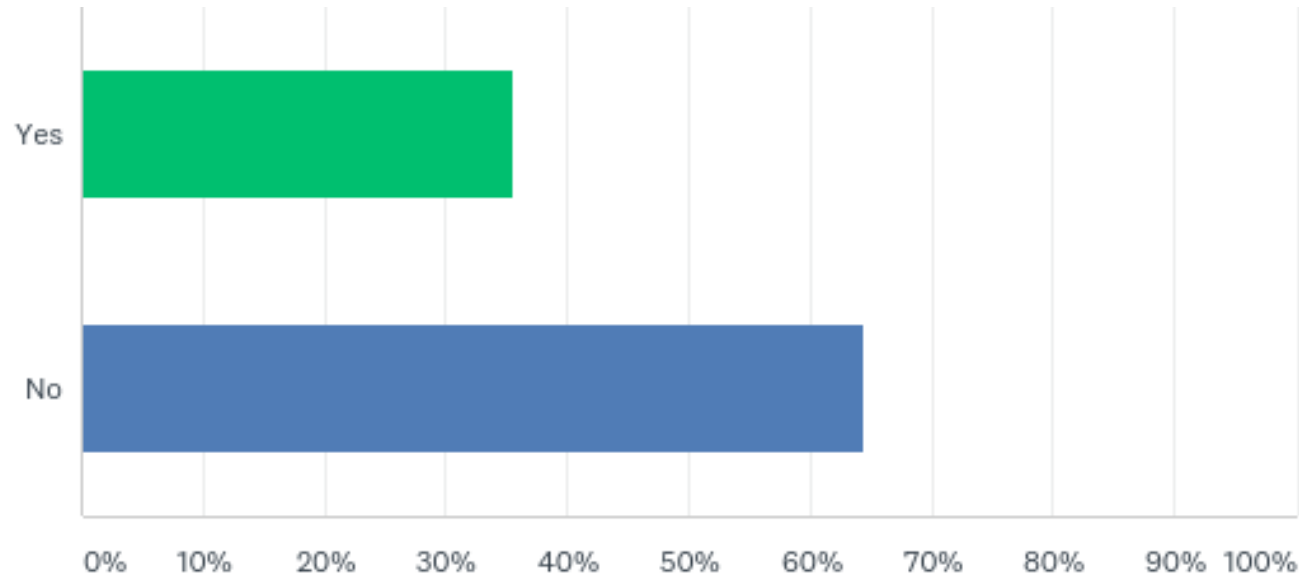
We surveyed 160 patients from June 2017-June 2018

- Access to care
  - Satisfaction with providers
- Dental practice
  - When and why patients go to the dentist
  - Hygiene appointments
- Barriers to care
  - Choice

# When was your last dental visit?



# Before coming to the REACCH dentist, did you have a dentist you saw regularly?





# Generational lack of access

- Where to get care
- Limited knowledge of treatment planning and options for care
- Limited personal oral hygiene skills

# Dentistry in the population

- Older population
- No care for a long time
- Specific barriers to dentistry for HIV population
  - Stigma
  - Don't want to disclose their status

# Dentistry in the population

- 300/600 patients served in the first year
- Patients needed dentures
  - 60 complete dentures
  - 109 partials
- 226 Extractions
- 764 fillings
- 534 Cleaning visits



# Our practice

- Give them private office and high level treatment of a private office
- We take time for each patient
  - High level of chair side manner
  - High level of attention to patient needs
  - Trauma informed
- Denture and partial delivery system
  - Average delivery time
  - Quickly deliver and adjust dentures
- High no show rates in this population – but lower than in other settings
  - Overall 28% in the first year
- 71% of patients have a completed treatment plan

# Case Study

## Authors:

Barry Cohen, DMD

Howell Strauss, DMD

# Patient Information

Age: 50 years old

Gender: Male

Race: Black

Chief complaint: “Please give me teeth.”



# Medical History

- Diseases and conditions: Handicapped, depression, HIV/AIDS, Type II diabetes, epilepsy, obesity, hyperlipidemic, decreased kidney function, polysubstance abuse
- Past medical history: HIV diagnosis 1998 (MSM), stroke history 2 years ago, TIAs, mini CVA in 2008, hx head trauma, peripheral vascular disease
- Medications: Viread, Ziagen, Keletra, Dilantin, Metformin, Colace, Lisinopryl, Ibuprofen, ASA, Oxycodone + APAP, MVI, Collagenase
- Allergies: NKDA

# Oral Health History

Oral hygiene: Poor

Habits: Drug and alcohol addiction

Previous dental treatment: Maxilla edentulous, maxillary denture given 2 years prior but has since lost

Adverse dental experiences: Denies

# Social Considerations

Psychosocial issues: Lack of mobility, need for transportation, fear of the unknown (new provider), multiple medical complications, mental health status including bouts of clinical depression or dementia, seizure disorder, continuing addiction: drug or alcohol



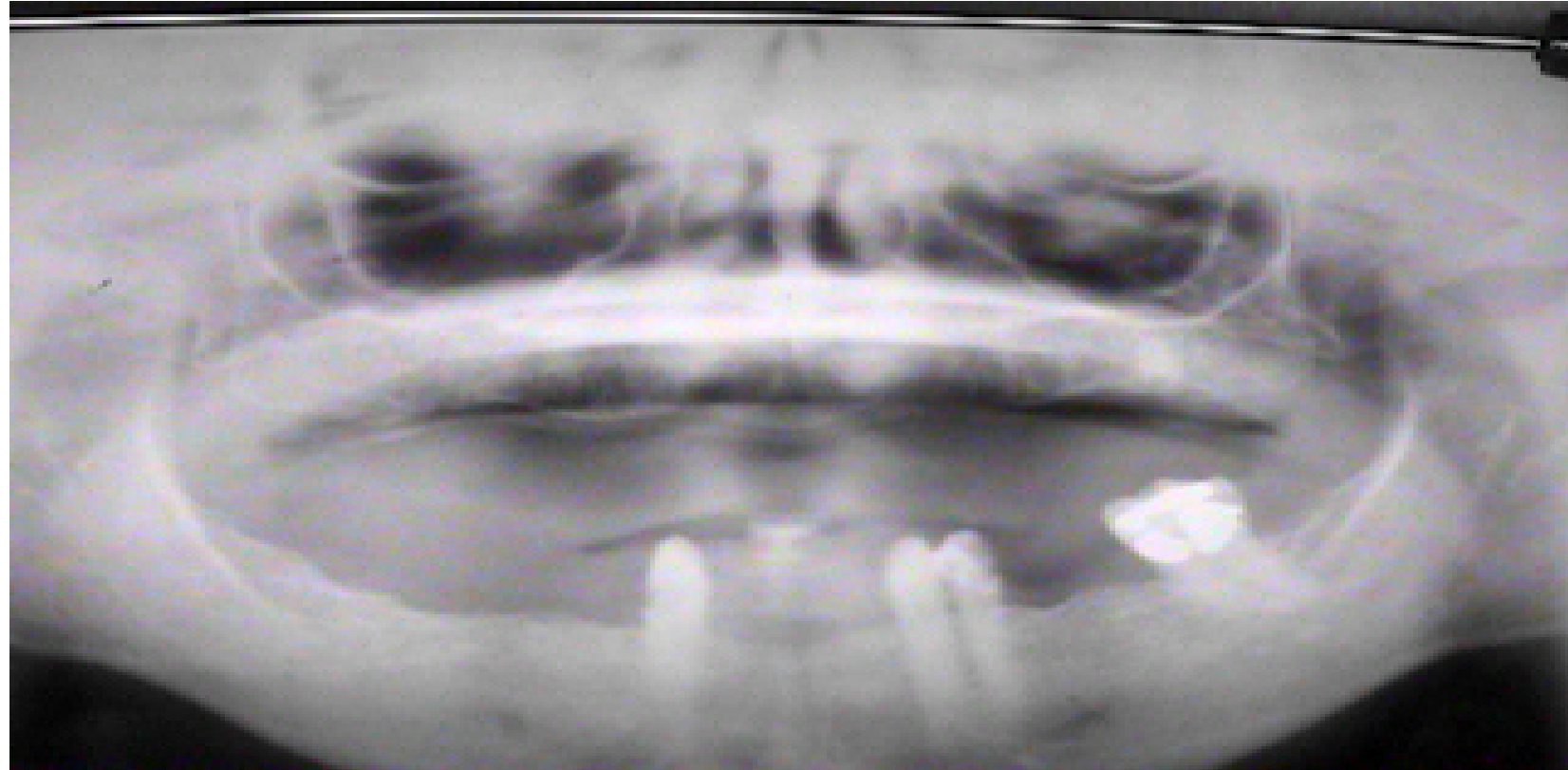
# Clinical/Radiological Findings

Pre-treatment clinical photo



# Clinical/Radiological Findings

## Pre-treatment radiographs



# Clinical/Radiological Findings

The sum of the medical problems/assessments present no contraindications to dental restorations or surgery

Panorex reveals maxilla edentulous

Partially edentulous mandible



# Diagnosis

Edentulism maxilla

Partially edentulous mandible

Generalized localized moderate chronic periodontitis ADA classification III

Decay: Teeth #18 and #21

# Treatment plans

Phase I: Root plane,  
prophylaxis, OHI

Phase III: FU/PL dentures

Phase II: Restorations on  
teeth #18 and #21

Phase IV: 6 month  
preventive maintenance

# Clinical/Radiological Findings

Post-treatment clinical photos:





# Patient follow-up/notes

- Patient has been navigating his HIV disease for 11 years in the presence of addictions, poor living conditions, poverty, and depression.
- Within a two year period of time, Medicaid insurance complications caused him to lose access to dental care and then to medical care.
- His fee-for-service physician referred the patient to a Part C provider of medical care and services.
- The Part C provider could offer medical care, dental care, and other social services.
- Distance to care increased, but transportation services closed that barrier.
- HIV under control, but other systemic diseases are not:
- Consider the diabetes, metabolic syndrome elements, kidney disease, neurologic syndromes, and history of addictions. These may be his greater worries.

# Making a Difference – New Teeth 2008



**AIDS Care Group  
Medical, Dental, and  
Social Services in  
Delaware County, PA since  
1998**



# Making a Difference - 2018

The following slide shows our patient ten years later.





# Learning Objectives

1. Discuss key decision-making moments and course of actions required for a new dental office to succeed, including marketing to determine location and size of practice and methods to recruit dental staff.
2. Describe dental issues and treatment plans for a Ryan White population.
3. Identify one or more funding streams to support the renovation, equipment, supplies, and personnel costs associated with dental practice.

# Treatment Planning in Vulnerable and Disenfranchised Populations

**An assessment that should include the dentition, mouth, head, and body.**

**A capacity to identify needs, hopes, and desires of the patient seeking care and the skill to offer solutions that take into account the dental and medical findings and the life skills and economic pressures of the patient receiving care and the clinician providing care.**



# Complicated cases

Can be an endodontic challenge of one tooth;

An oral-medicine nightmare;

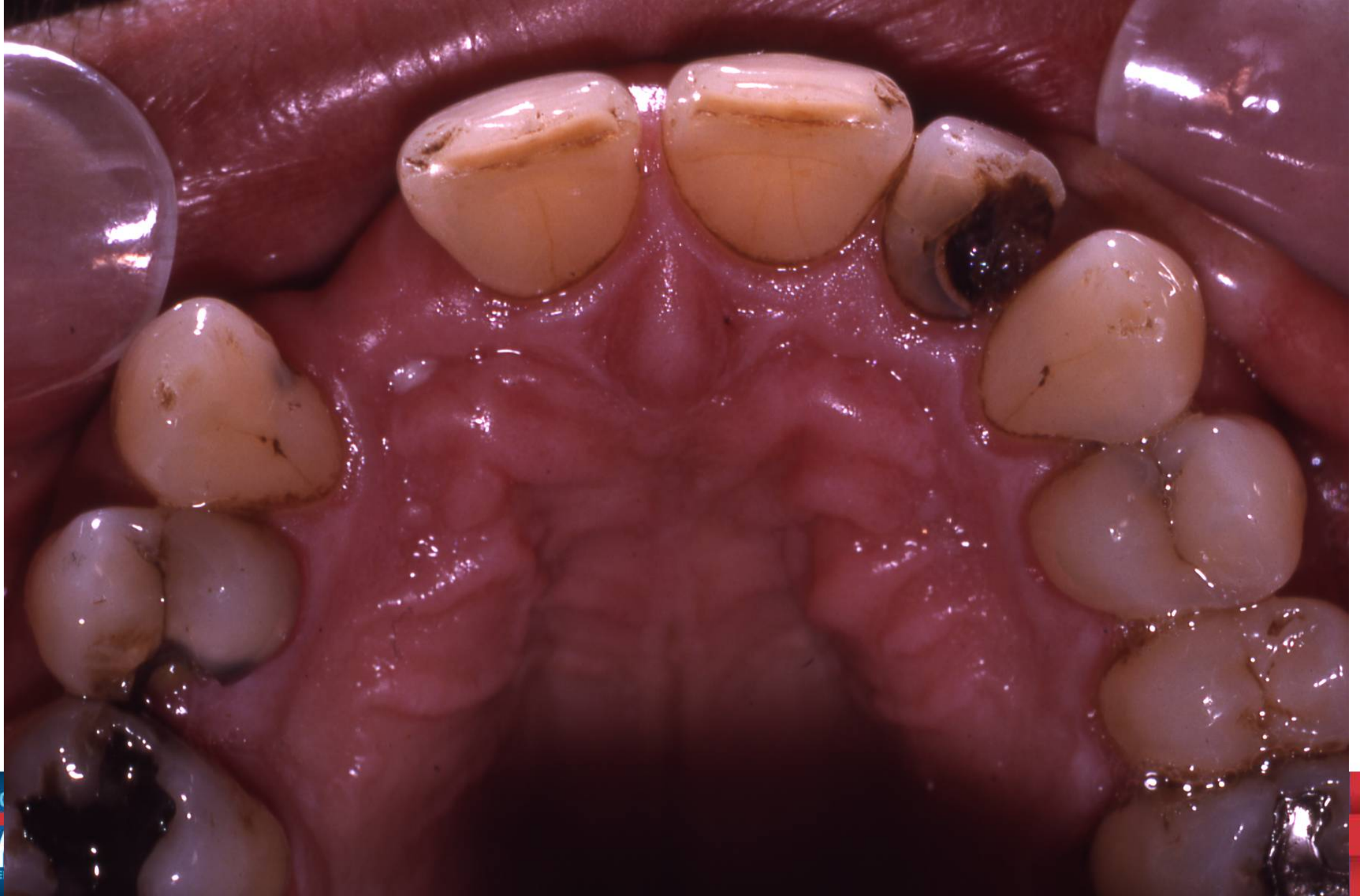
Or a major periodontic-endodontic-oral surgery-orthodontic-and prosthetic rehabilitation of the mouth.

# Case Presentation – History of the present illness:

32 y/o white male living with HIV was receiving medical care that could not link him to routine dental services. He was told that the pain from his tooth was due to an abscess, but due to his low platelet count **he would need hospitalization for a surgical removal. Fearful of a hospitalization**, he asked his case manager to refer him for a second opinion.







# Laboratory values and clinical examination findings:

Patient had  $<50$  CD4+ cells. Platelet count was 50,000.

Painful tooth was not mobile; there was no fistula; and there was no periapical radiolucency. There was response to the electric pulp test.

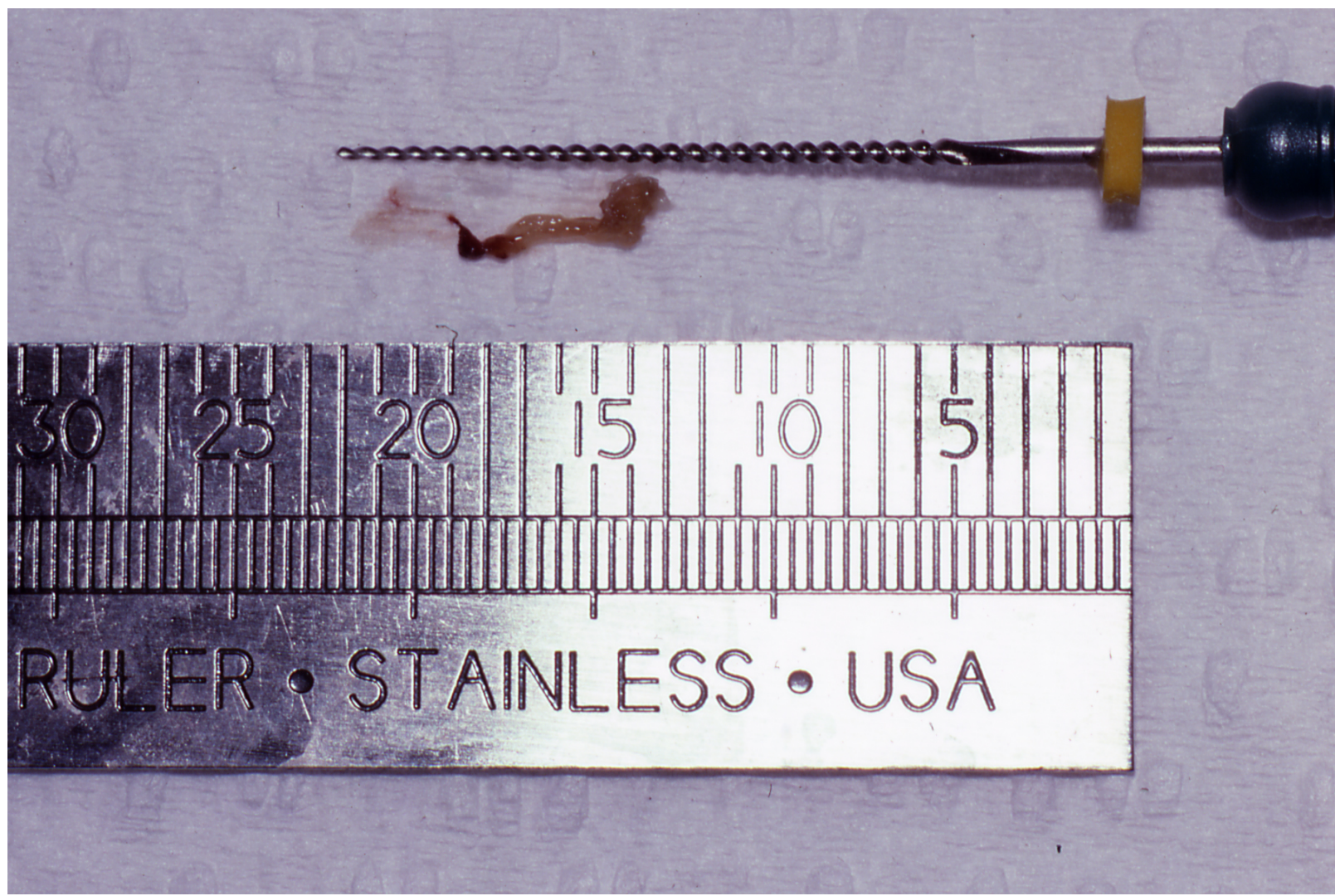
# Treatment of the patient

Having concluded that this was not an abscessed tooth, but a severely inflamed vital pulp, the patient was offered the option to have endodontic therapy (root canal treatment).









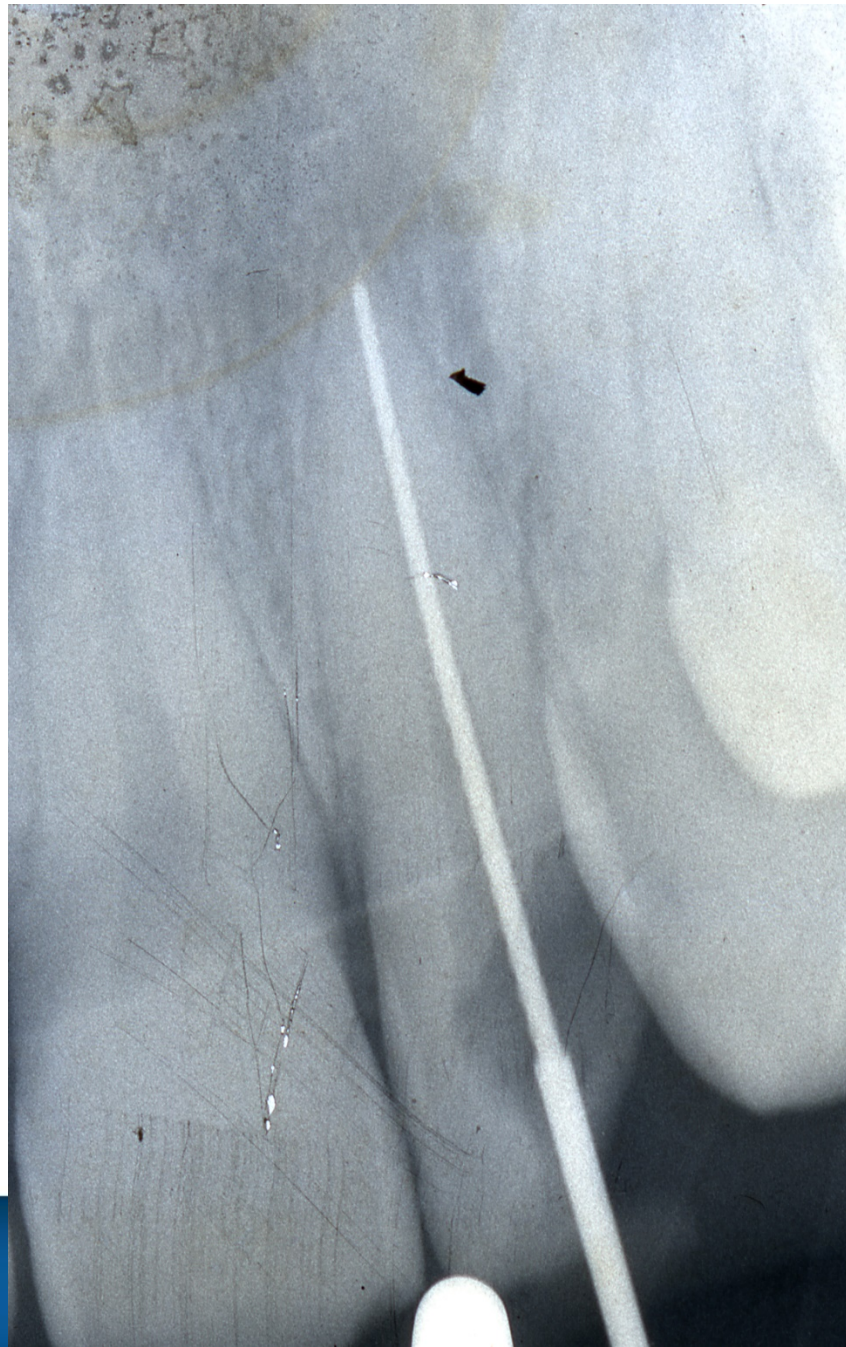
# Radiographic picture of the inter-treatment pulpal therapy

The next slide shows the radiographic picture of the endodontic file in the tooth being treated.

It is used by the dentist to determine the proximity of the file to the apex of the tooth.

The radiograph indicates that the periodontal ligament surrounding the apex is intact, not expanded or expanded due to abscess formation.





# The restorative phase

The next slide shows what can be achieved in the dental operatory following completion of the endodontic therapy.

Show in the slide is the very same patient who presented with a painful and broken down tooth; but who was able to leave the treatment suite with a non-painful and cosmetically restored upper lateral incisor.







# Soft tissue disease seen with immune suppression

The next three slides show a seemingly healthy mouth from the front, but reveal the tissue breakdown consistent with immune deterioration.

38 year old Hispanic male presented for pain in the upper right quadrant. Last dental visit was 10 years earlier. He was living with HIV disease for eight years, but under sporadic care.



# Looking at immune deterioration of the oral mucosa.

The next two slides show one side of the mouth healthy and one side of the mouth with necrotizing stomatitis.







The necrotizing ulcerative periodontitis was treated with debridement, chlorhexidine gluconate 0.12% rinses q8hrs, and metronidazole 250 mg q6hrs for seven days.

Referral was made back to his primary care physician for assessment of HAART therapy.

Physician's report identified CD4+ cells below 50 and viral load >100,000.

Patient moved from area.



# Case presentation on systemic expression of HIV disease as seen in the dental office

The next slides show a patient who wanted dental care, but not medical care.

Chief complaint: “I would like my smile to look better. And, my bottom teeth are loose.”

The lesions are consistent with Kaposi sarcoma and necrotizing ulcerative gingivitis.









# Giving due consideration to a person's chief complaint.

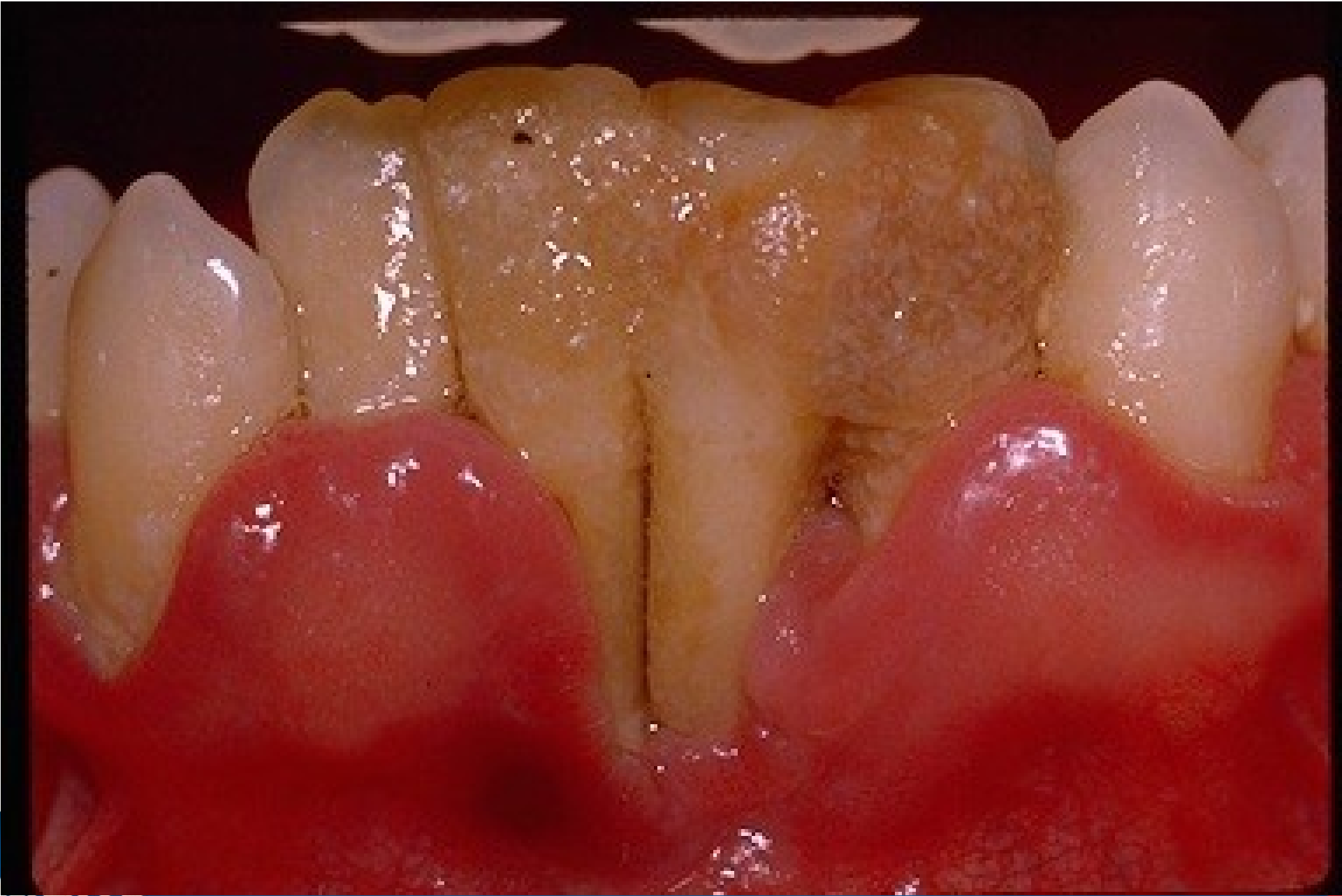
“I want dental care, but I don't want medical care. I have seen my friends die from AIDS and I don't want treatment.”

The next slides show the loss of mandibular soft tissue and bone; a condition severe enough to warrant the extraction of the teeth. The prior dentist tried to stabilize the teeth using a block of plastic as a stabilizing splint.









# Social considerations

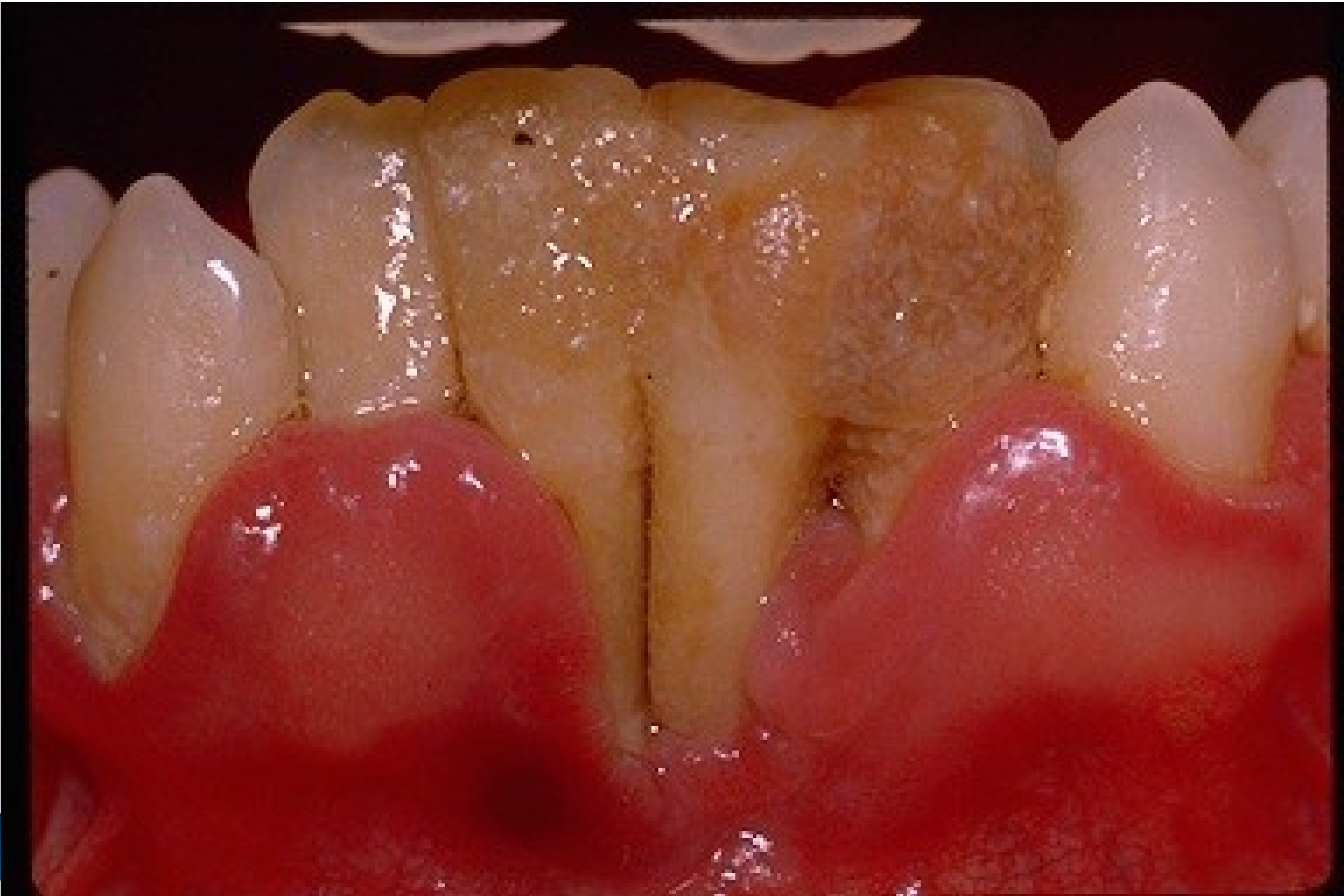
Patient was transported to clinic by his mother who stated that currently no dentists in their community would see her son; the one that did see him quoted a very expensive treatment plan, which they could not afford.



Attempts to link dental care to medical care were unsuccessful.

The patient never wanted to leave the dental setting with a “broken smile”.

The next slide shows the lower anterior dentition that is painful and mobile, despite the plastic splint.



# History of dental splints

The next slide shows a skull that was recovered in France as is believed to be over 400 year old.

There are three lower anterior teeth that are ligated; a more advanced procedure than the plastic block split provided to the patient. (From “Dentistry, an Illustrated History.” Malvin E. Ring, DDS. Abradale Press, Harry N. Abrams, Inc. Publishers, New York)



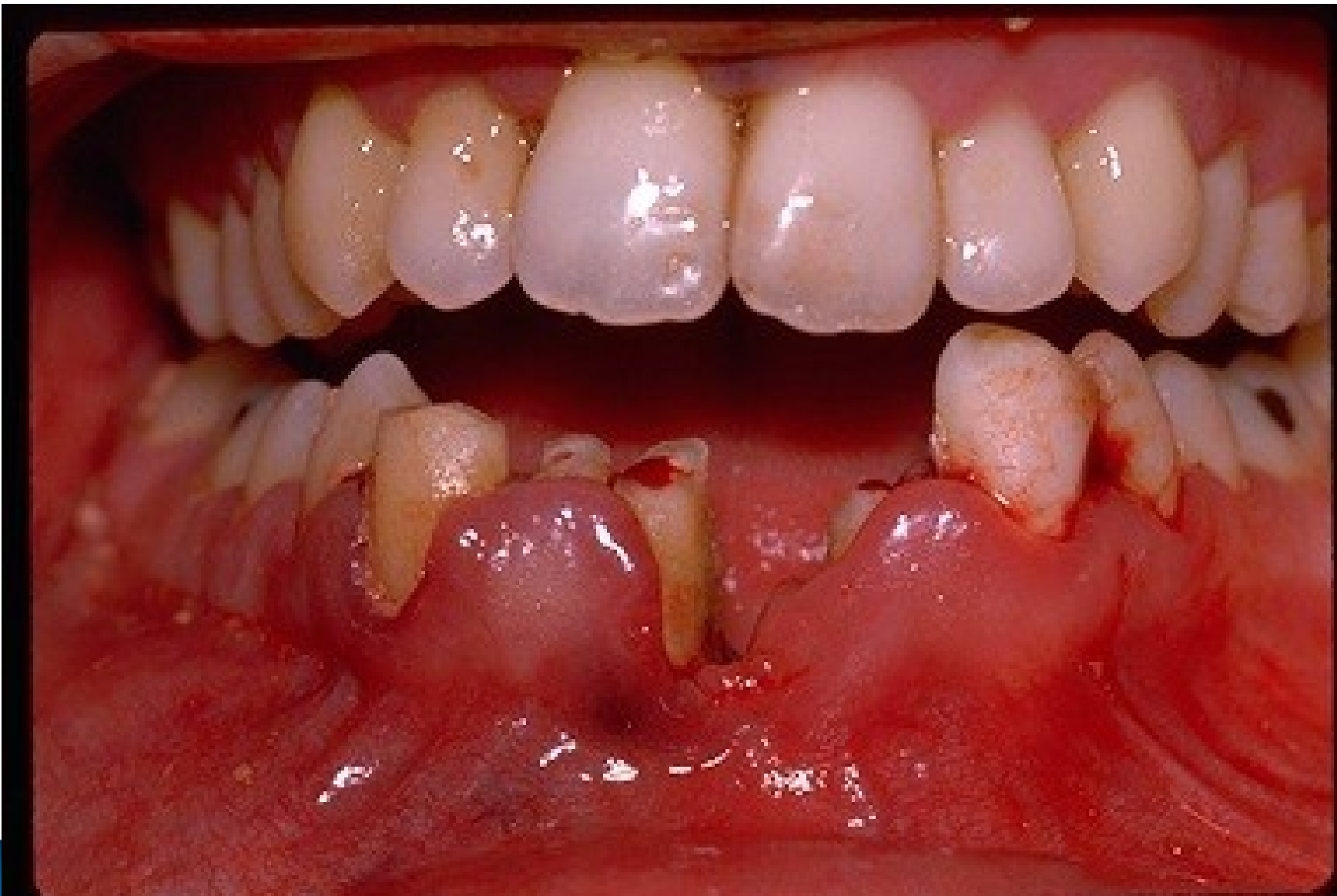


## **Providing a restorative solution to a patient that needs medical care, but is more concerned about the dentition**

The following slides show the intermediate steps taken to create a dental environment where the patient never left the dental office with open extraction wounds.

Endodontic care was provided to allow the very weakest of the lower incisors to be removed, but still help provide a framework for restorative procedures to be done over a period of time.

A five unit metal and porcelain bridge was being constructed for the patient.



# Historical basis for splinting teeth and adding supplemental tooth forms.

The next slide shows a six-unit splint, or bridge.

There are four natural human incisor teeth and two cared ivory teeth bound with gold wire.

Found in Sidon, chief city of ancient Phoenicia. The prosthesis dates between the fifth and the fourth centuries, BC. (From “Dentistry, an Illustrated History.” Malvin E. Ring, DDS. Abradale Press, Harry N. Abrams, Inc. Publishers, New York)



Shown here are front and back views of a mandibular fixed bridge—four natural human incisor teeth and two carved ivory teeth bound with gold wire—found in Sidon, chief city of ancient Phoenicia. The prosthesis dates between the fifth and the fourth centuries B.C. Musée du Louvre, Paris.



# Final dental restoration. Beginning of medical care and services.

The following slide shows the finished lower five unit bridge.

Upon cementing the bridge into place, the patient reported that he was ready to undergo medical care for his HIV disease.



# A pictorial history of dental breakdown in a female patient living with end-stage HIV/AIDS

The next five slides show the progressive deterioration of a dentition being ravaged by dental decay, tooth loss, and progressive chronic candida albicans infection

In a dental program designed to outreach to the most disenfranchised of populations:

Some treatment plans are designed to be acute, episodic moments, with some chronic care interspersed before the clients fade away.

The patient was treated with extractions and dentures. However, the real humanitarian effort was bringing her back into the dental office every day to supervise her brushing her teeth.













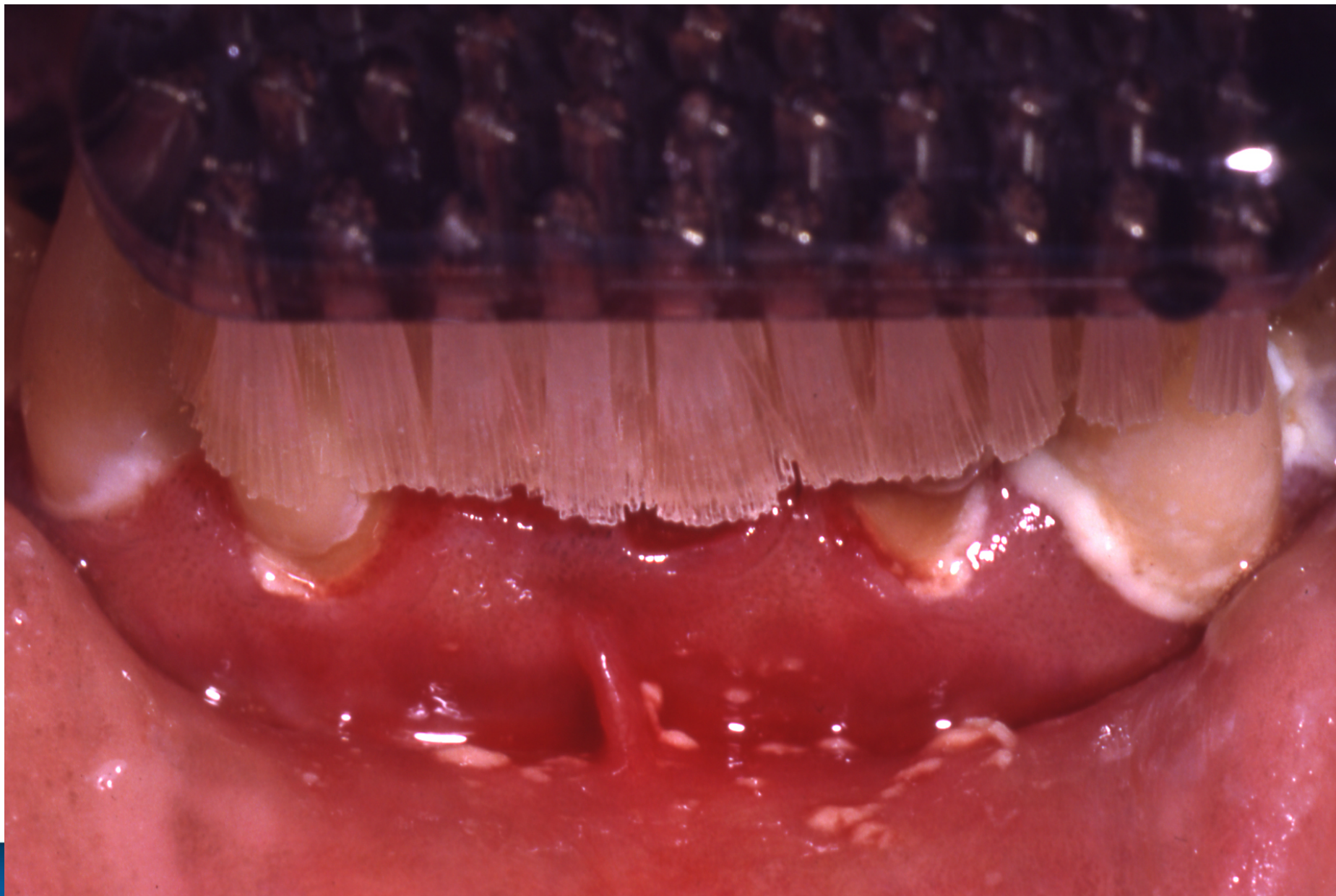




















There is an unequal distribution of physicians and dentists providing clinical services to persons living with HIV disease. Disparities in health care are more obvious for dental care and services than they are with medical care.



Where medical care is hard to get, dental care is almost impossible to get.

Consequently, many patients seeking care have extensive needs; have extensive fear; or have extensive emotional and physical barriers to care.

AIDS Care Group staff have opened the door to dental care to patients from over 14 Pennsylvania counties that are currently experiencing a dental professional shortage; and where care and services to people living with HIV disease are limited.



AIDS Care Group SPNS project has proven that an open-door policy in a non-judgmental environment is conducive to recruiting patients for care. Continuity in their treatment program is a judgment that they make.

# Sustainability

On September 1, 2011, five full years after the original Notice of Grant Award, AIDS Care Group:

- Opened a new satellite dental office at 907 Chester Pike, Sharon Hill, Pennsylvania 19079 (45 miles from Coatesville).
- Three-chair dental operator for improved efficiencies of care -open five days a week.
- Four dentists, two hygienists, and three dental assistants.
- All of the targeted patients from original study are still offered continuing dental care.
- New patients welcomed from other underserved dental care areas.
- Original incentives such as transportation and dental case management are still provided.
- Third largest provider of dental care to HIV+ patients in Philadelphia; which has two dental schools.

SHARON HILL CODE DEPARTMENT

# BUILDING PERMIT ISSUED

To AIDS CARE GROUP  
Location 907 Chestnut Pike  
For ADDITION / Alterations  
Permit No. B1016

4-16-09

24 Hrs. notice will be required for all inspections.

This placard must be posted in a conspicuous place on the premises, easily visible from the principal street, well secured if exposed to the weather, DURING THE ENTIRE CONSTRUCTION TIME.

Work must commence within 90 days from date of issue.



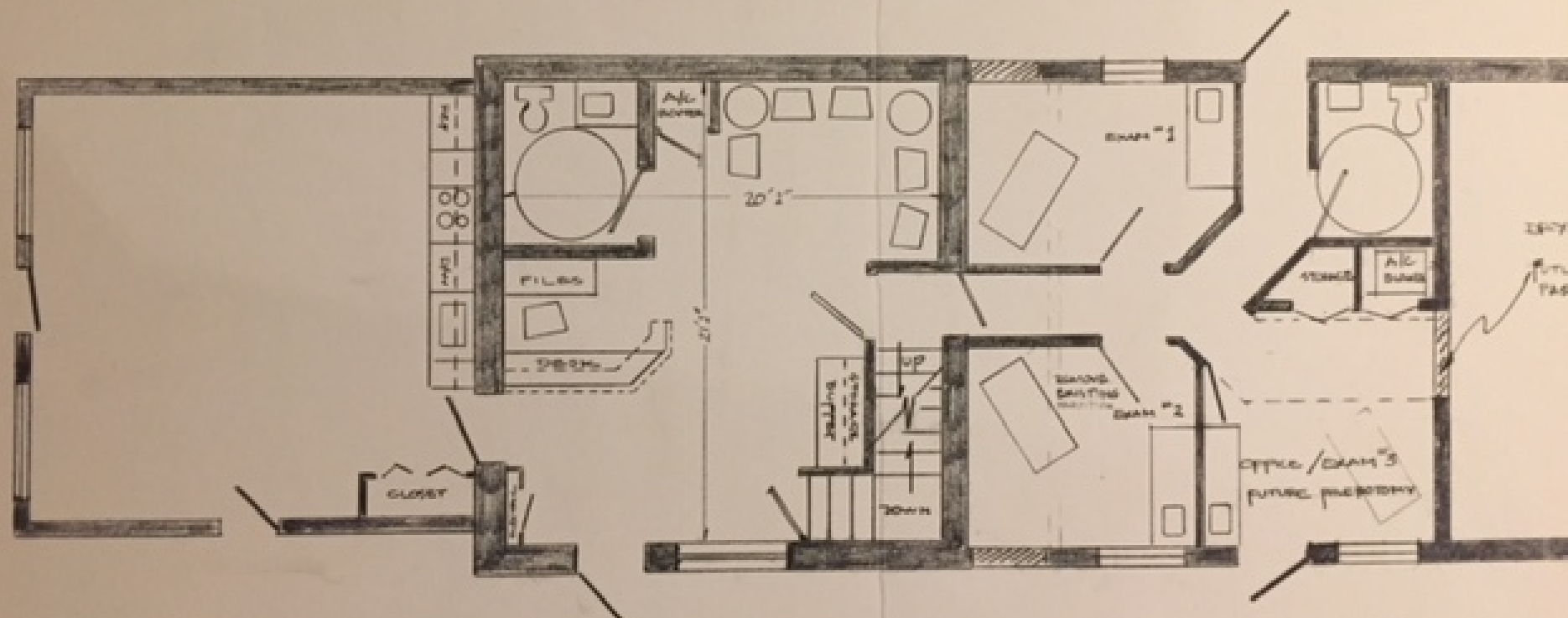












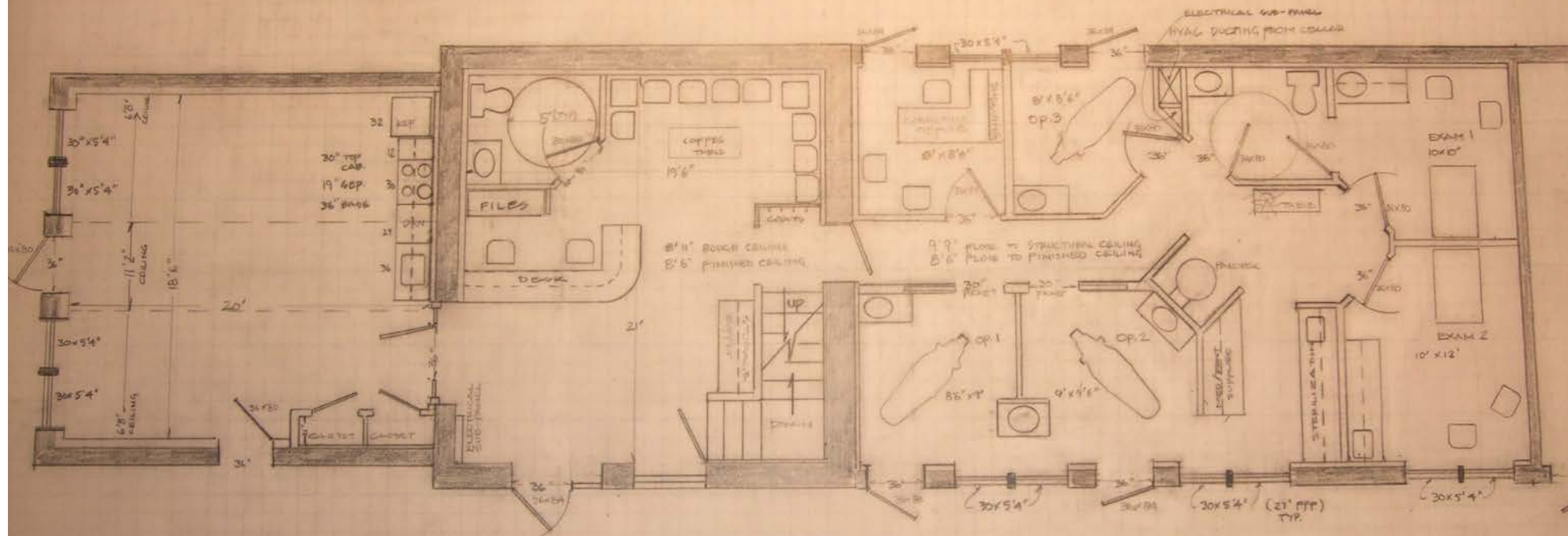
AIDS CARE GROUP • 907 CHESTER PIKE • SHARON HILL • PA • 19017  
 RENOVATION 1ST FLOOR OFFICES  
 DRAWN BY: H. STRAUSS MAY 8, 2009

SCALE 1/8" = 1'









AIDS CARE GROUP • 907 CHESTER PIKE • SHARON HILL • PA 19079  
 RENOVATION 1<sup>ST</sup> FLOOR OFFICES  
 DRAWN BY: H. STRAUSS DEC. 29, 2008 SCALE:  $\frac{1}{4}" = 1'$



















# Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>