



Dental Case Management: Improving Dental Outcomes Among Persons Experiencing Homelessness



BEFORE: Client J.P. in 2014

AFTER: J.P. on 7/2014....

Alameda County Health Care for the Homeless Program

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Oral Health and Homelessness

- 70% of persons experiencing homelessness in Alameda County have not seen a dentist in the past year. Most haven't seen a dentist in 5+ years.
- Dental care is a key need stated by 60% of persons surveyed in the 2015 HCHP Needs Assessment. Improving and expanding dental care is identified as a HCH program priority for 2015-2017.
- Oral health deeply affects a persons physical, mental, and spiritual health.** Chronic physical and mental conditions such as diabetes or depression are worsened by poor oral health.

With the elimination of Medi-Cal dental benefits (Denti-Cal) in 2009, disabled and low-income insured persons lost access to dental care, and uninsured continued to suffer from dental neglect, with a spike in ED visits for dental services.

Limited dental services (Denti-Cal) returned in 2014 with ACA health care expansion. Insured patients face **very long delays** accessing care, and treatment options are limited.

In 2014-15, HCH consumers and staff worked to revise contracts with dental providers to better meet the needs of a target population needing intensive, restorative treatment (partials, dentures, multiple procedures).

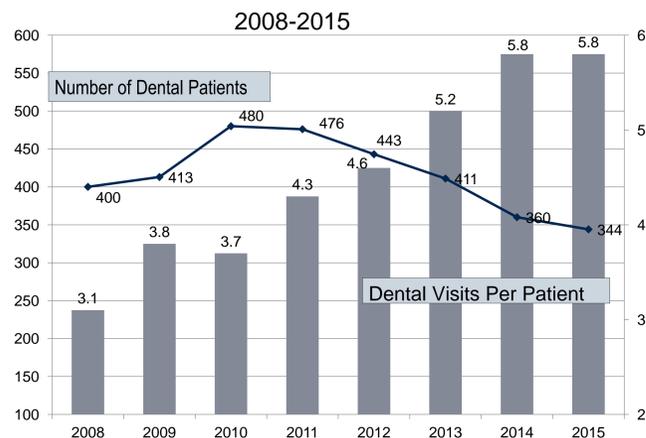
HCH program prioritized: 1) Access to dental services; 2) Timely completion of treatment plans; 3) Patient satisfaction; 4) Coordination with HCH dental case management services.

Program prioritized non-covered specialty dental care services for persons with Medi-Cal; high-needs/fragile persons; and uninsured undocumented homeless patients.

How Much Do We Do? More Demand, Higher Acuity

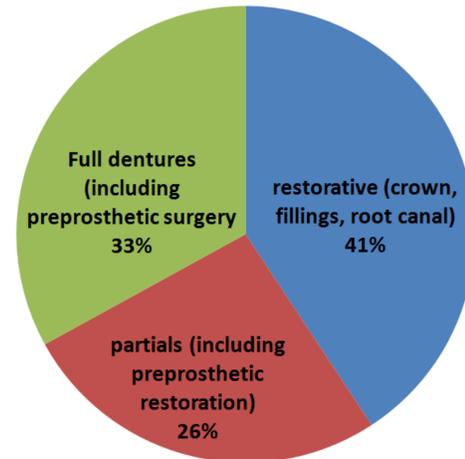
The HCH program sees **fewer** patients, but provides increasingly **more** visits, more complex services and **higher costs** per patient:

- Patients need more treatment, often with more visits;
- HCH is more committed to supporting patients to complete treatment plans;
- HCH expects Medi-Cal patients to seek preventative/routine treatment at Medi-Cal providers, and prioritizes specialty services for uninsured, complex and high need patients..



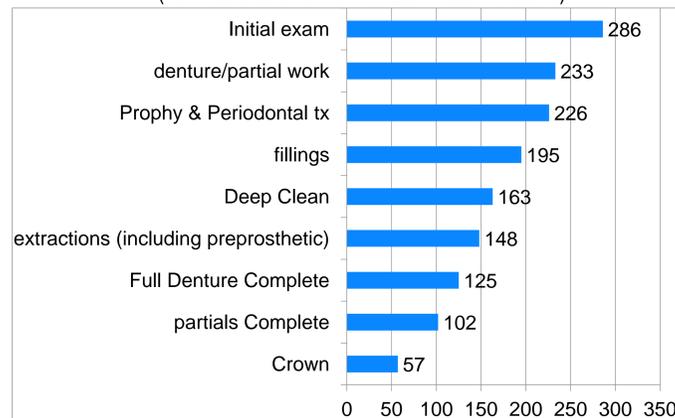
Program Focus: Specialty Dental Services not covered by California Medicaid/Medi-Cal:

Types of Specialty Dental Services Received By HCH Dental Patients (395 Patients between 1/1/2015 and 4/1/2016):



*Partial Dentures and Cast Crowns are not covered by Medi-Cal/Medicaid

Number of HCH Patients Receiving Specific Dental Services (395 Patients between 1/1/2015 and 4/1/2016):



How Do We Provide Dental Care? Different Modalities for Different Needs:

- 2 Freestanding Clinics** (contracted provider)
- 1 Mobile Clinic** (Contractor, 4 sites in County)
- Volunteer Dentist** (Dentures/partial for 2 patients/month)
- Dental Case Management** (provided to all dental patients)
- Coordination with Highland Hospital** (surgical extractions)
- 7/1/2016-on: HRSA Expanded Dental Services Proposal:** Expand mobile dental and new dental clinic at AHS Highland Hospital

Dental Case Management

First we must understand barriers to completing treatment, then plan solutions:

Barriers to Completing Treatment	Approach/Solution
Relapse (drugs/alcohol) or Mental Health	Empathetic, harm reduction relationship with patient; integrated D/A treatment, mental health treatment.
Jail/Institutionalization	Ongoing relationship with patient, program.
Quick Dropout (eg, starts treatment but quickly decides doesn't want to go through)	Dental Contract: Careful explanation of steps and responsibilities; discussion of priorities
Life Priorities: Employment, job interview, medical appointments, court, parole, social workers)	Assistance with life-organizing skills, transportation
Strict residential programs, deny mobility to clients	Advocacy, relationship with programs
Health and Mobility	Is patient strong enough to travel and carry out dental treatment plan? What dental approach is most suitable?

Transportation is Difficult, Expensive and Time-Consuming

Clients can face up to a 2 hour transit costing \$10+ to get to safety-net dental clinic appointments, meaning missed appointments and wasted time for patients. HCH program design has been to bring mobile dental clinics to hard-to-reach locations and support patients with transportation assistance:

- Transportation Assistance (bus/rail tickets distributed by Case Manager and available at dental sites)
- Build client transportation assistance into program costs and budget.
- Print maps and make travel plans with patient
- Assist patient in accessing disabled transit ID card when possible
- Collaborate with support staff at shelters
- Provide meal gift cards if needed

Assessing Dental Patient's Needs:

These are the steps a Dental Case Manager Carries Out:

- Dental Needs Assessment**
 - Emergency care (urgent issues, severe pain)
 - Is eating/nutrition impacted? (painful/difficult to eat?)
 - Will patient need extensive care (Covered by Denti-Cal?)
- Assess Patient and Needs:**
 - Chronic conditions (diabetes, HTN, other chronic conditions)?
 - Substance use & recovery status
 - Mental Health status and treatment
 - Clients' Cognitive/Functional Capacity (30% have functional impairments)
 - Literacy
- Dental Treatment Referral:**
 - Priority or Emergency Referral?
 - Coordinate/maintain waiting list for Dental Clinic appointments
- Pre-Referral & Client "Contract":**
 - Build rapport, trust, allay fears, provide patient education.
 - Case manager and client communicate and agree on expectations of dental program, client signs "contract."

Dental Case Management during Treatment

- Dental Treatment Plan**
 - Treatment Plan is required for HCH contracted dental providers.
 - TP is set and reviewed between Patient and Provider on first or second visit.
- Dental Treatment Case Management Considerations:**
 - Can take up to 10 visits for complex dental treatment plan.
 - Management of covered vs. non-covered dental procedures,
 - Patient Education, instructions, language, literacy
 - Transportation assistance
 - Advocacy/Education/Assurance: Does CM have to advocate on patient's basis to dental provider? Or educate and assure patient?
 - Behavioral issues, intervention management (lots of unknowns when patient is in new environment)
 - Monitor co-occurring conditions (D/A, MH, chronic conditions)
 - Follow-up after extractions and intensive procedures (infection, pain management)
 - Coordination of treatment between emergency provider, hospital, dental provider, and outside referrals
 - Other life case management: Benefits, housing, substance use, medical, etc.
- Treatment Completed:**
 - Many satisfied patients referring friends, family and associates...
 - Maintenance of dental health and healthy habits (smoking, self-care, regular dental visits/dental home.)
 - Denture adjustments, lost dentures, partials, etc.

When Treatment Plan Are Completed Patients Are Better Off!

- 275 clients completed dental treatment in 2015: They improved their health, nutrition, self-esteem, and quality of life.
- Improved dental health reduces hospital visits, helps them get jobs, and enables them to stabilize their housing situations as well.

Did we do our job well? Patient Satisfaction

- HCH dental contractors are required to collect patient satisfaction surveys to patients they treat.
- HCH staff survey patients about their experience.
- Results are reviewed by HCH CCAB, staff and QI committee, and shared with providers to help inform and document quality improvement efforts.
- 90% of patients are very satisfied with their dental care

Contact information

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