Rural Oral Health: Challenges and Practice Models

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Weaving the Threads of Rural Health Conference 2014
Introduction to Rural Dentistry

- Dave Andersen, DDS
- Practice in Park Rapids, MN
- Northwestern District
Who are the patients?

Personal
- Widespread area
- Life-long patients
- Entire families

Health
- Medically/mentally compromised
- Fluoridated water sources

Economic
- Lower income
- Greater array of insurance coverage
- Lack of insurance
- Lower education levels
Access to Care Issues for Patients

What contributes to access issues?

- Travel time/road conditions
- Lack of funds
- Larger % of MA/MN Care patients
- Lack of patient education regarding dental care
- Young motherhood
- Nursing home residents
Who are the dentists?

- Older, male
- More single-dentist offices

Workforce
- Smaller staff
- More duties per employee
- Dentist is CEO/CFO/HR/PR, etc.
- Difficult staff recruitment

Rural Dental Care
- Less use of technology
- 24/7 emergency on-call (office and hospitals)
- Hospital dentistry cases
Who else is available?

- Rural dentists practice wider scope of dentistry “Super Generalist”
- Fewer (and farther) dental specialists
- Fewer hospitals = Fewer M.D.’s
- More difficult to get a second opinion
John Lueth, DDS
Practice in Bemidji, MN
Northwestern District
Procedures Offered

- Fillings
- Extractions
- Root Canal Treatments
- Crowns/Bridges
- Whitening
- Orthodontics
- Dentures
- Repairs
MD & DDS Collaboration for Optimal Patient Care

- How we talk dentist-to-dentist vs. dentist-to-physician

- Better Rx communication
  - What medicine?
  - Who prescribed it?
  - Side effects (dry mouth!)

- Pre-medication
  - Recommendations
  - Who prescribed?
  - Indications
MD & DDS Collaboration for Optimal Patient Care (cont)

- Premedication for dental procedures
- Current Recommendations

- Heart- Endocarditis *2008 Updated Prevention of infective endocarditis: Guidelines from the American Heart Association*

- Joint Replacement *2012 Updated Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures*
MD & DDS Collaboration for Optimal Patient Care (cont)

- Surgeries/cancer therapies and timing of dental treatment
- Are the DDS/MD/patient on the same page?
- How can we create better communication?
Improving Communication with Communities

- Work with Nurses/ CNAs
- Long Term Care Facilities
- MDA has resources available

Growing Old With a Smile: Oral Care for Older Adults in Long-Term Care
Improving Communication with Communities (cont)

- Oral-Systemic Health Awareness that focuses on:
  - Diabetes
  - Cardiac Conditions
  - Joint Replacements
  - Cancers
  - Infections
  - Headaches/migraines/TMD
Improving Communication with Communities (cont)

- Work with Head Start/DAC/Schools
- Promote higher fluoride Rx knowledge
- Pre and post-natal maternal visits
- Promote 1st dental visit at one year of age
- [Current American Academy of Pediatric Dentistry Guidelines](#)
- MDA also has resources available for the FIRST dental examination
MD and DDS Collaboration

Increased early childhood health education that focuses on

- Fluoridation
- Brushing/oral hygiene
- Timing of tooth eruption
- Timing of first dental visit
- Nutrition and caries risk
- Baby bottle use/contents
- Effect of neglect
How Can We Collaborate?

- Communication
- Follow-Up
- Referral System
Increase awareness of dental disease

Mission: Provide access to a dental home for those in need
From Private Practice into the Community

- 2008- Why we became involved in community clinics

- Tooth decay is the single most common chronic disease of childhood

- Difficult access to dental services by poor and minority groups who are at most risk

- High risk service region in and around Beltrami county

- NW Minnesota Medicaid enrollee statistics

- ALL AREA COUNTIES IN NW MINNESOTA REGION DESIGNATED AS DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA’S)
Locating Dental Care

- 100 miles from Bemidji to Brainerd
- 110 miles from Bemidji to Grand Forks
- 140 miles from Bemidji to Duluth
- 160 miles to St. Cloud
- 200+ Miles to Twin Cities!!!
Improving Communication with Patients

- More patient education
- Better home care
- Understand patient priorities
  Cost? Health? Esthetics?
- Understand insurance coverage

**Affordable Care Act** - Increased Medicaid enrollees and expanded public and private pediatric dental coverage

- MDA has patient and provider resources available to help navigate
Taking Action

- Engaging stakeholders
- Access to dental care a public health concern
- Benefit to public
- Comparison to other public health initiatives - such as immunization
Comparison of Practice Models

- Park Rapids and Bemidji Community Dental Clinics
- Developed in different ways
- Serving same populations
- Financially supported by different means
Park Rapids Community Clinic

- ER - substantial costs
- Medicaid reimbursements
- Program streamlines referral from medical for patients with dental needs to receive care
Park Rapids Community Clinic (cont)

- Clinic Operations
- “First come, first served”
- Hospital referrals
- Model is supported by dentists
Park Rapids Community Clinic (cont)

- Procedures performed at the clinic
- Procedures NOT performed at the clinic
- Helping patients with pain and infection
- Non-pregnant adult Medicaid patients have limited benefit set for dental
Northern Dental Access Center-Bemidji

- **Vision:** to be a not-for-profit, non-competitive dental service for the underprivileged and underinsured, providing access and education for emergency and preventative care, paying particular attention to children

- “Stone soup- everyone brings a little something”- Jeanne Larson
Northern Dental Access Center- Bemidji (cont)

- Funding sources - different from Park Rapids clinic

**Includes:** Beltrami Area Service Collaborative, Beltrami County Commissioners, Bemidji Area United Way, Delta Dental of Minnesota, George W. Neilson Foundation, Mardog Foundation, Merit Care Clinic, DHS, Northwest Minnesota Foundation, Patterson Foundation, PrimeWest Health, Private Practice Dentists and Sunrise Rotary
Northern Dental Access Center- Bemidji (cont)

- Accept Medicaid and subsidized programs
- Allow referrals of new MHCP patients
- Clinic is financially self-sufficient with paid staff
- Executive Director, Jeanne Edevold Larson
NDAC Outreach Activities

- NDAC connects with patients!

- Provide patient support services that address barriers to care such as transportation assistance, flexible scheduling, insurance counseling, mental health screening and referral

- Dental professionals go out to schools and perform preventative dental care using mobile equipment
Access to Care Issues

- Location
- High Risk Populations
- Unique needs
- Financial difficulty
Introduction to ASTDD Basic Screening Survey

- US National non-profit organization representing state public health agency oral health programs
- Recognizing a need for community-level oral health status and dental access data
- Provide a framework for obtaining data that is inexpensive, easy to implement and consistent
- Utilized in development of Minnesota Oral Health Plan
“a dental screening is not a thorough examination and does not involve making a clinical diagnosis resulting in a treatment plan”

- Intended to identify gross dental or oral lesions
- Can be done by dentists, hygienists, or other appropriate health care workers
- Ease of implementation, helps locate children that are in need
- Resources are available for use in clinic – Ohio Department of Heath has great guides for screening
Conclusion

Weaving the Threads of Rural Health Conference 2014
Dental Outreach Activities

- MDA Give Kids a Smile Program
- Donated Dental Services
- School of Dentistry- outreach clinics, Rural Track program and other rural initiatives
Mission of Mercy

- Two day annual dental event

**GOALS**
$1$ million in treatment
$2,000$ patient encounters

**Save the Date! MOM 2015**
-at DECC Duluth July 17th and 18th, 2015
Thank you!

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Additional Materials

For any information/resources from today’s presentation please contact:

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