

Implications of COVID-19 on Safety-Net Oral Health Services

BACKGROUND

- COVID-19 pandemic significantly affected the oral health care delivery system in the US
- Temporary postponement of health services beginning in March/ April 2020 had lasting impacts on all medical and dental providers, but especially on those in the safety-net
- Federally Qualified Health Centers (FQHCs) were particularly affected as safety-net providers
- Though most dental practices re-opened by July 2020 (with 90%) at pre-pandemic staffing levels¹ and 70% at pre-pandemic patient volume levels)², a survey of dentists in public health settings such as FQHCs found that these practices were not rebounding as quickly as those in the private sector

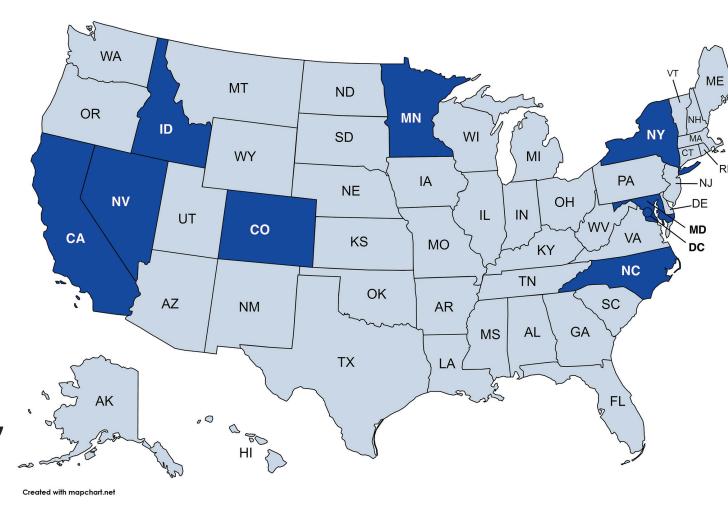


- To describe challenges posed by the pandemic on the ability of safety-net providers to deliver care to underserved communities
- To identify strategies that enabled care delivery during the initial challenging months of 2020

METHODS

 Between May and September 2022, interviews were conducted with 26 staff in various positions at 11 safety-net dental organizations, 9 of which were FQHCs (2 from New York; 3 from California; 1 each from Colorado, Idaho, Nevada, Minnesota, North Carolina, and Maryland/DC)(Figure 1)

FIGURE 1. Geographical Distribution of Safety-Net Organizations in Study



- National Network for Oral Health Access (NNOHA) helped identify safety-net organizations to participate
- Researchers interviewed 26 key informants (2 CEO/Executive Directors, 6 non-clinical directors, 9 clinical directors, 2 dentists, 4 dental hygienists, 1 dental assistant, 2 administrative staff) about the impact of the pandemic on oral health service delivery and patients' access to dental services
- All interview transcripts were uploaded to Dedoose V.9.0 for coding and analysis



THEME 9.

THEME 8.

Staff were impacted in multiple ways from pandemic-related stressors.

- among staff

THEME 7.

dental health.

THEME 6.

Reopening to routine services was a gradual process in most places. Dental centers realized the importance of cautious resumption of practice.

- Several commented that new patient waits for appointments were longer than desirable

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Special grant programs and funding for the safety-net were essential to safety-net provider organizations during the pandemic.

- Many safety-net dental organizations received federal and state assistance during the pandemic
- All organizations spoke to escalating costs of PPE and for some, the difficulty with finding it

THEME 1.

Although the experience of COVID-19 was universal, safety-net providers' impacts differed by location, especially in the early months of the pandemic.

- states did not
- Some states left the option to close at the discretion of dental providers, so some dental practices were seeing partial patient caseloads

Environmental

• While all providers experienced some disruptions in care provision, impacts varied

• Financial stressors included personal or spousal unemployment, and closures of schools and childcare providers

• Drop in morale during the pandemic with more depression and burnout

• Recruitment in the dental safety-net (although an ongoing problem) became a bigger challenge than during pre-pandemic times

COVID-19 impacted patient decision making and ultimately

• Some patients did not consider dental care a crucial need and many were hesitant to return to care once practices reopened

• Largest complaints by patients were limited access to services due to understaffing and recall visits for preventive services were not timely

• Oral health status declined for patients in the safety-net during COVID-19

• Reopening of dental service centers was done gradually

• Dental centers lost workforce (including many who left permanently) during the pandemic which affected patient care capacity

Organizational Individual

THEME 5.

It became necessary to find alternative ways of interfacing with patients.

- Prior experience with mobile and portable dentistry facilitated swift adoption and expansion of teledentistry
- Teledentistry was especially important for nursing home patients who were under strict visitation restrictions
- A few organizations changed from providing portable dentistry services in schools to using mobile dental vans outside of schools

• Some states required practices to close for routine care while some

THEME 2.

Even though infection control in dentistry is standard procedure, the COVID-19 pandemic required extraordinary precautions, structural alterations to the environment, and strict attention to personal protective equipment (PPE) and dental tools to reduce the possibility of transmission.

- Organizations had prior experience with outbreaks and were immediately aware of the need for PPE and infection control
- Precautions/alterations included environmental adjustments, equipment and treatment modifications, patient precautions, and staff precautions
- Dental centers embedded in large health care organizations like hospitals indicated little difficulty getting PPE

THEME 3.

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The challenges of the pandemic were not just clinical but also operational; service disruption impacted staff in numerous ways.

- All staff were impacted (including support staff and administrative personnel)
- Some organizations furloughed a large percentage of their clinical and administrative staff
- Some organizations continued some benefits for furloughed employees

THEME 4.

When possible, the oral health workforce was redeployed to avoid furloughs and layoffs.

- When closure of dental centers was required, redeployment of workforce became an option (when possible)
- Administrative personnel were more easily shifted to different duties and tasks
- Some dental hygienists were assigned dental assisting functions
- Staff in one of the dental centers embedded in a hospital were unionized and remained fully employed (but redeployed to other roles)

- Disruption of care was immediate and precipitous at the onset of the pandemic yet the return to "normal" operations was much slower, more methodical, and challenging due to guidance and regulations which were continually being updated
- The pandemic affected the safety-net, creating greater dental staffing shortages, particularly for dental hygienists and assistants
- Interviews revealed that many organizations were proven to be both resilient and adaptable
- COVID-19 was a catalyst to move strategic planning in organizations in a new direction so that safety-net providers can continue to meet the needs of their patient communities over the long term

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