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← BACKGROUND

Drivers of Change in Oral Health Policy

- Public health and oral health advocacy
- Changing public policy: Increased qualifications for and enrollment in public-health insurance programs
- Limited government resources to pay for care: New emphasis on value-based service delivery
- New technology and materials: Use of glass ionomer sealants, silver diamine fluoride (SDF), lasers, portable x-ray equipment
- Market forces: Changes in population seeking services
- Consumer demand for alternative providers
- Desire for convenient affordable care

📍 STUDY OBJECTIVES

This research assessed the impact of evolving workforce models on improving access to oral health care, with a specific focus on the essential role of the dental safety net in driving oral health innovation.

⚙️ METHODS

This research used a variety of strategies, incorporating a literature review, case studies (>25), and analysis of available data from 2015-2018 to address the identified objectives.

📊 FINDINGS

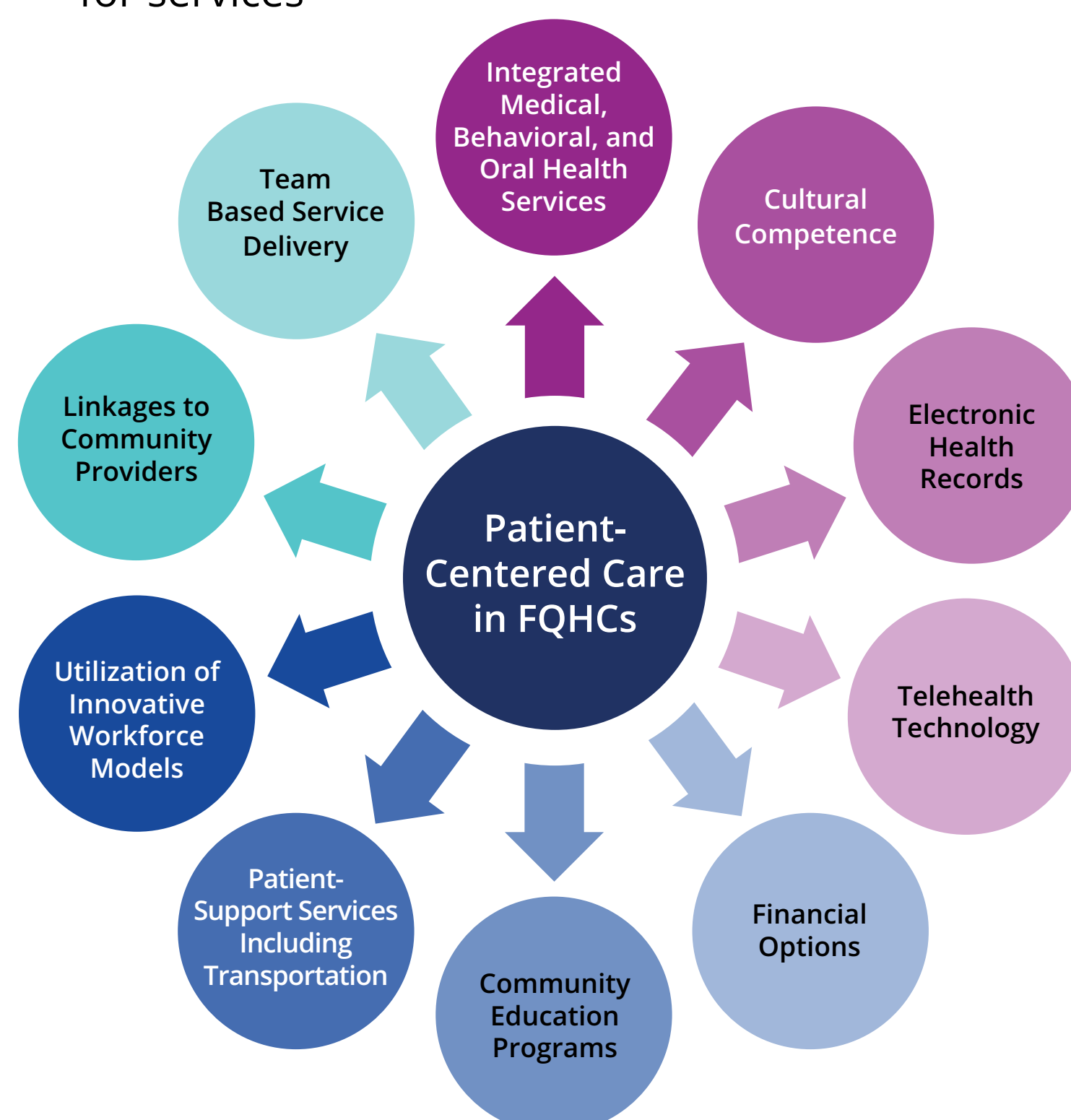
Emerging Key Themes: Innovative Models of Care

- Federally Qualified Health Centers (FQHCs)
 - Constitute largest part of the health care safety net
 - Opportunities to engage with novel local workforce solutions that increase access to oral health services for underserved populations
- Mobile and Portable Dentistry
 - Improves access, compliance, convenience
 - Especially useful for children and elderly
 - Service integration in health care settings
- Teledentistry
 - Provides access to both specialty and general dentistry services in rural areas
 - Provides ability to triage patients to the most appropriate level of care
 - Efficient, timely, and cost effective
- Services in Medical Settings
 - Emphasizes importance of oral health to systemic health
 - Increases likelihood of referrals to a dental provider
 - Improves literacy about prevention and oral hygiene

📊 FINDINGS

FQHCs: Safety-Net Providers Funded by the Federal Government

- Currently ~1,400 FQHCs with more than 15,000 delivery sites across the US serve >30 million people including 6 million dental patients
- FQHCs are uniquely positioned to provide integrated health care services that are patient centered
- FQHCs experience common problems with building sufficient capacity to meet high demand for services



Mobile and Portable Dentistry: Future Smiles (Las Vegas, Nevada)

- 9,000 children patients of record, mainly in low-income schools in 5th largest school district in US
- 4,800 seen annually
- 1,775 identified as needing intensive case management, usually related to treatment needs (2016-2017)
- Dental hygienists provide services in 5 fixed school-based dental clinics and in a portable format in other schools
- Funded mainly by grants from local foundations established by gaming operators (MGM, Wynn, Golden Nugget, Cirque du Soleil)

Teledentistry: Finger Lakes Community Health Center (Penn Yann, New York)

- Serves more than 25,000 patients including 9,000 agricultural workers per year
- Has 9 primary care medical clinics, 6 co-located dental clinics, and 2 stand-alone dental centers providing general dentistry services
- Teledentistry program started in 2010 and provides specialty dental consults for children with serious dental decay via videoconferencing in real time
- Children receive a synchronous teledentistry consultation from a pediatric dentist at the Eastman Institute in Rochester, New York
- 97% treatment-completion rate in Rochester
- 77% of children subsequently establish a dental home in the community

📊 FINDINGS

Services in Medical Settings: Colorado Coalition for the Homeless, Stout Street Health Center (Denver, Colorado)

- Manages 19 residential buildings, 1,900 units, and 2,000 housing vouchers
- 53,000 square-foot main health center
- Served 18,600 adults and children in 2017
- 13,600 patients received health services
- Fully incorporates patient-centered, trauma-informed medical and behavioral health care, substance-use treatment services, dental and vision care, social services, supportive housing
- Providers in various disciplines affect warm handoff referrals for patients as needed
- Clinicians are often able to see patients on the same day, and nurses triage and navigate patients according to need

💬 CONCLUSIONS

The effects of shifting perspectives on oral health and the workforce include:

- Expansion of roles for existing workforce
 - Expanded-function dental assistants
 - Public health dental hygienists
- New workforce models
 - Community dental health coordinator
 - Dental therapists
- Engagement of medical professionals
 - Interprofessional education
- Training primary care clinicians
 - Screening and referrals
 - Application of fluoride and SDF
- Integration of health services especially in safety-net settings

🔗 LINK TO REPORT

