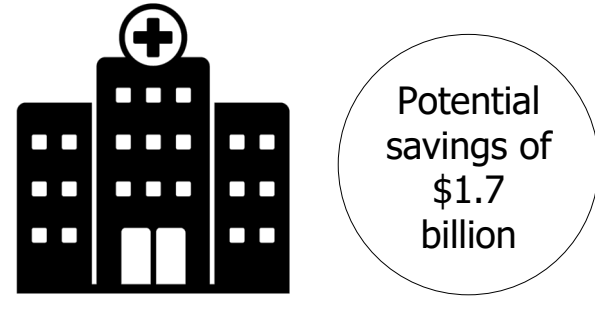
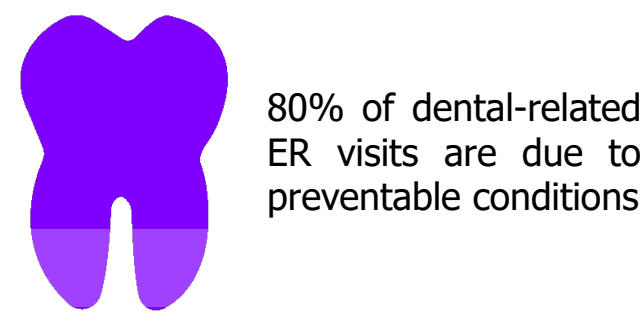
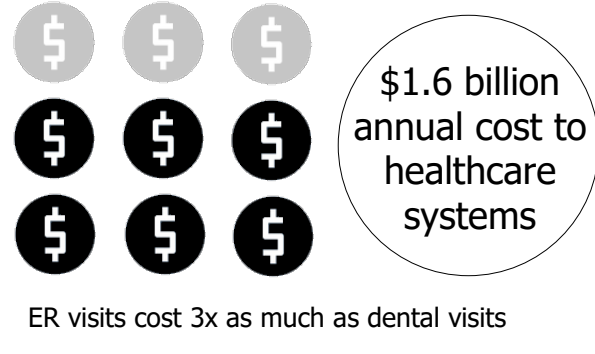
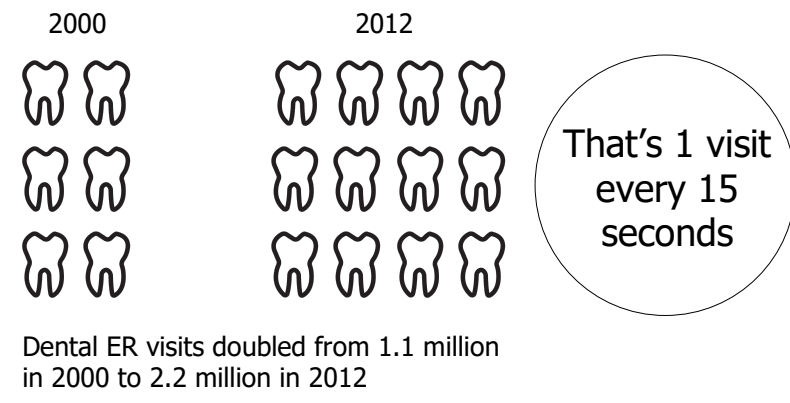


ORAL HEALTH PROJECTS TO ADDRESS DENTAL RELATED EMERGENCY DEPARTMENT VISITS IN UPSTATE NEW YORK

Project Led and Designed By Juned Mohammed, BDS, MPH, DDS and Dawn Sculley, PMP

Background

Millions of Americans lack adequate access to dental care with many suffering from the untreated disease, and many more at risk of disease. According to the American Dental Association Health Policy Institute, preventable dental emergencies are:



*Graphic adapted from the American Dental Association Health Policy Institute.

Care Compass Network (CCN) encompasses a 9-county region in upstate New York. From January to December 2017, 31% of attributed Medicaid members had evidence of a dental services-based claim, leaving 69% of attributed members with reduced dental care utilization and making these individuals a high risk for caries and infections with a high probability of utilizing the ED for dental-related problems.

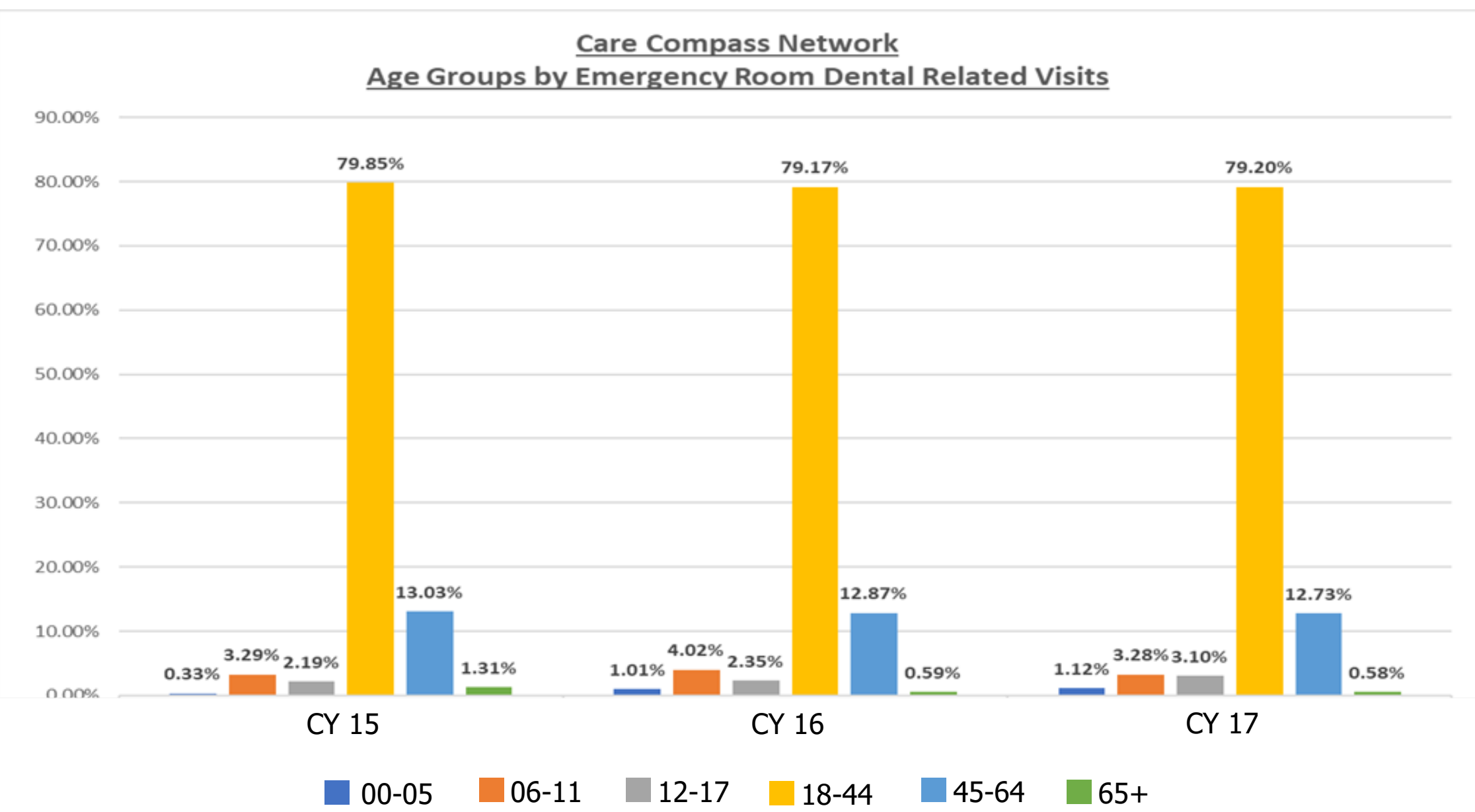
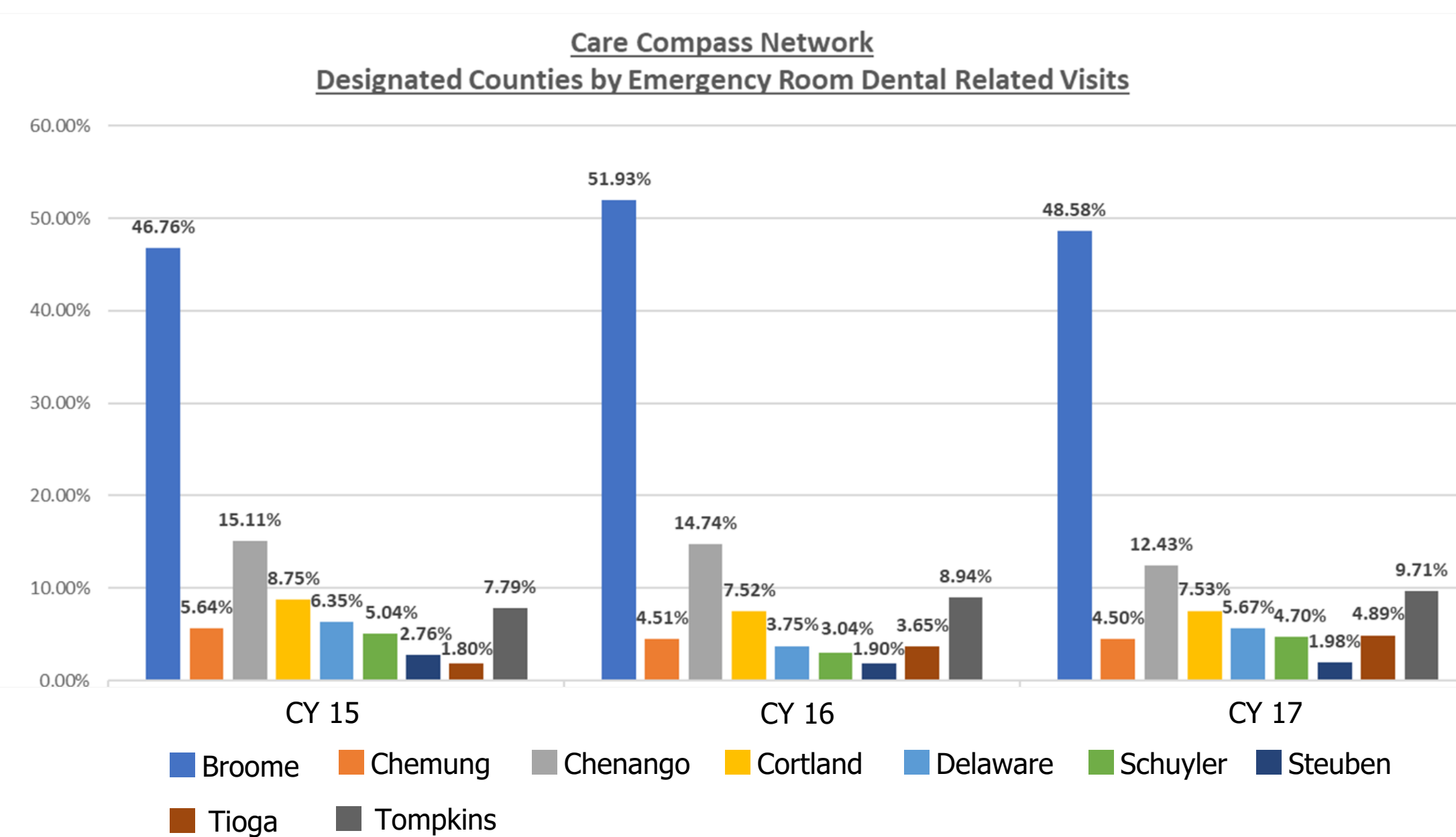
Dental-Related Emergency Department Utilization within CCN's Region

In 2017, **3,113** CCN attributed unique Medicaid members produced **3,962** Emergency Department (ED) visits for dental-related problems. Non-attributed Medicaid members in the region accounted for a total of **7,948** unique members visiting the ED **10,151** times, combined total of **14,113** dental-related ED visits. These numbers do not include Medicare, uninsured, and other insurances.

Primary ICD10 Diagnosis	% of ED Dental Related Visits
PERIAPICAL ABSCESS WITHOUT SINUS	48.56%
DENTAL CARIES, UNSPECIFIED	36.70%
FRACTURE OF TOOTH (TRAUMATIC), INIT FOR	3.14%
PERIAPICAL ABSCESS WITH SINUS	2.63%
IMPACTED TEETH	2.60%
CRACKED TOOTH	1.01%
TEETHING SYNDROME	0.94%
ACUTE GINGIVITIS, PLAQUE INDUCED	0.83%
DISORDER OF TEETH AND SUPPORTING STRUCTU	0.79%
DISLOCATION OF TOOTH, INITIAL ENCOUNTER	0.68%

*Source: Salient Interactive Miner

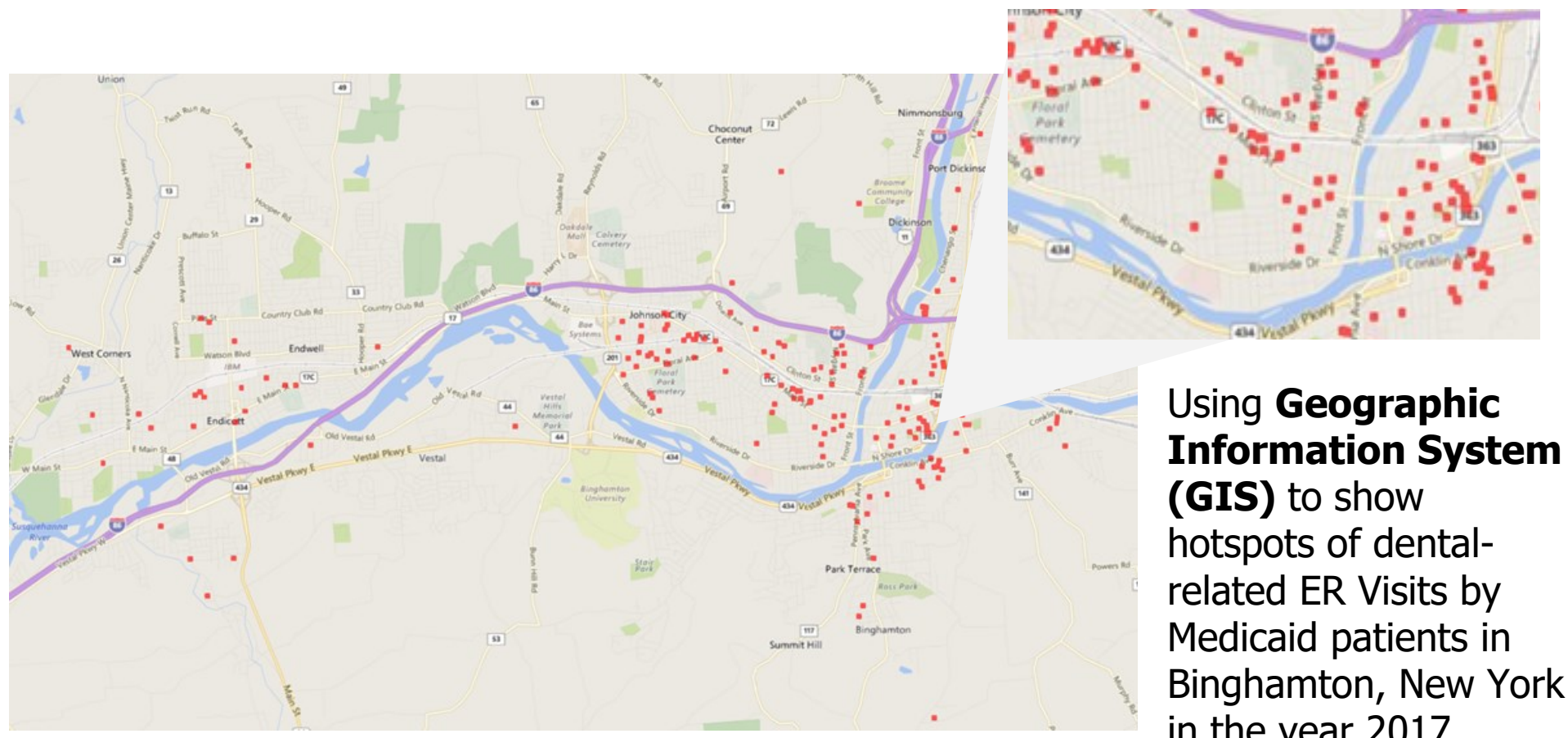
Top 2 Primary ICD10 Diagnoses for dental related ED visits during 2017 made up over **75%** of the diagnoses and both conditions are not well treated within an emergency room setting as the underlying cause is not addressed, which leads to repeat ED visits.



*Definitions: ED - Emergency Department; CDHC - Community Dental Health Coordinator; OHPP - Oral Health Pilot Program

CARE COMPASS
NETWORK

Landscape



Barriers to Accessing Dental Care



Difficulty finding a Dental Provider in the region that takes Medicaid insurance (only 28% of Dentists in CCN's region take Medicaid insurance)

Lack of adequate dental coverage



Lack of reliable transportation to get them to/ from dental appointments, along with lack of childcare and low health literacy

Oral Health Projects Implementation

In an effort to reduce Potentially Preventable Dental-Related Emergency Room Visits and lower costs to New York State in the CCN attributed region. CCN wanted to create oral health pilot programs in collaboration with one of the hospital's with the greatest number of ED visits for dental pain. Taking into consideration, CCN implemented 2 oral health projects, which are:

- New workforce model—**Community Dental Health Coordinator (CDHC)**. With recommendations from the Council on Advocacy for Access and Prevention at the American Dental Association and NY State Dental Association, CCN hired a CDHC in collaboration with Our Lady of Lourdes Hospital Binghamton and Lourdes Center for Oral Health to address the high volume of dental related ED utilization at the ED of Our Lady of Lourdes Hospital and to help navigate Medicaid patients to appropriate dental services.
- Oral Health Pilot Program (OHPP)** - for Medicaid patients requiring an endodontic therapy for molar teeth (currently not covered through NY State Medicaid), Our Lady of Lourdes Hospital is providing funding for endodontic therapy through their patient financial assistance program (PFAP) and CCN through the Oral Health Pilot Program to fund expenses related to lab fees for crowns on those endodontically treated molars.

Community Dental Health Coordinator



CDHC Tasks as Developed by CCN:

- Obtain data on dental-related ED visits from Our Lady of Lourdes Hospital and contact patients to triage them to receive appropriate dental care
- Educate patients on importance of Oral Health
- Conduct Oral Health Surveys designed by CCN
- Participate in community events and provide Oral Health education
- Direct high needs patients to Social Care Providers based on their needs (e.g. financial, food insecurity, housing, etc.)
- Collaborate with local dental practices that accept Medicaid patients and triage ED patients to those dental practices

Funding Support

Care Compass Network invested a total of **\$60,551** for the Oral Health Projects in Upstate New York.



CDHC
\$56,294



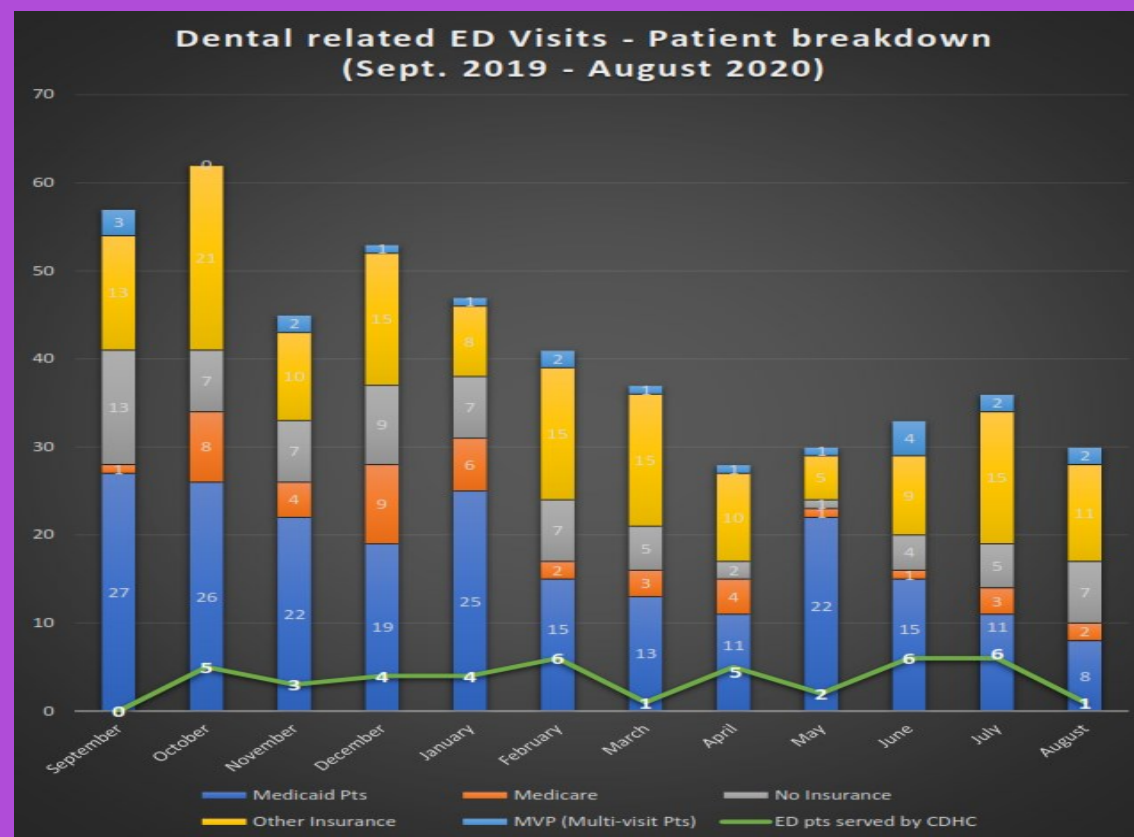
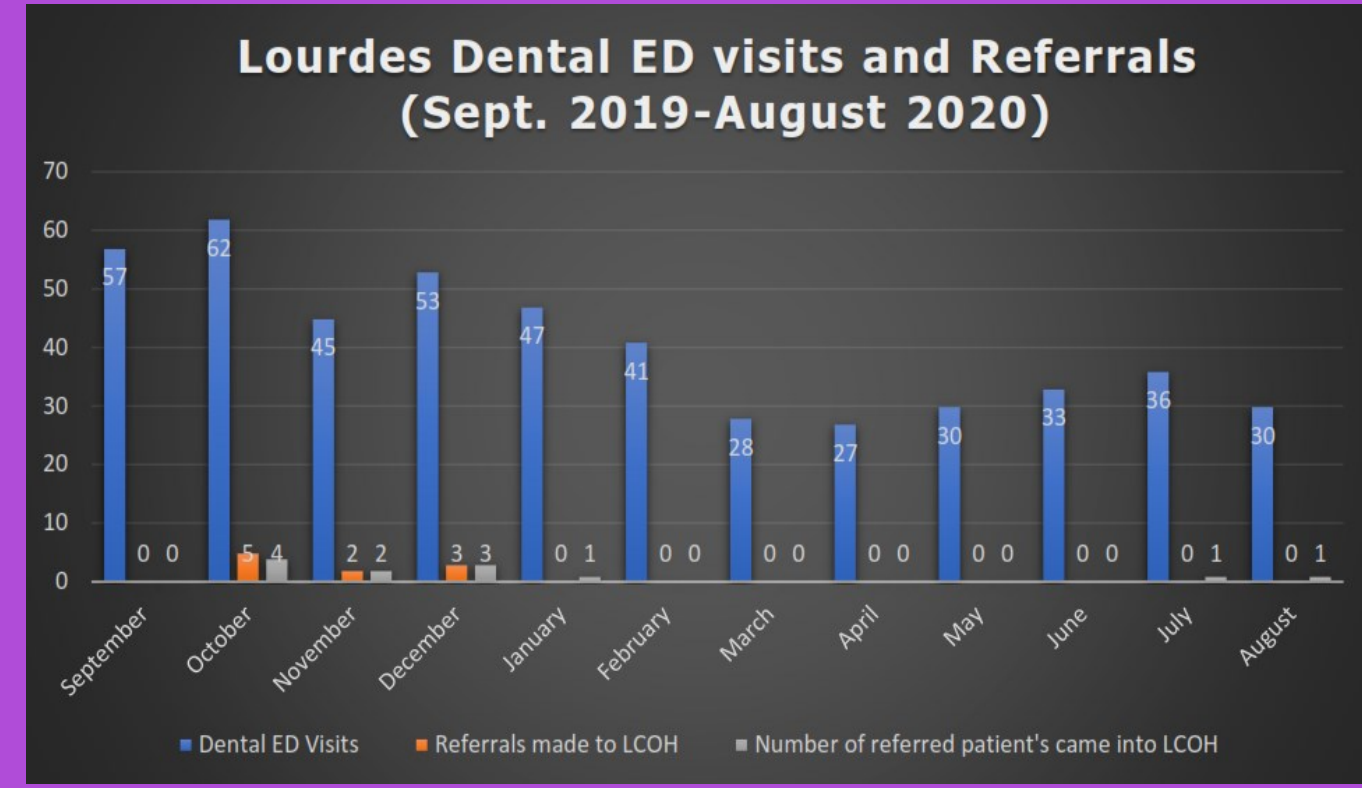
OHPP
\$4,257



Impact and Results

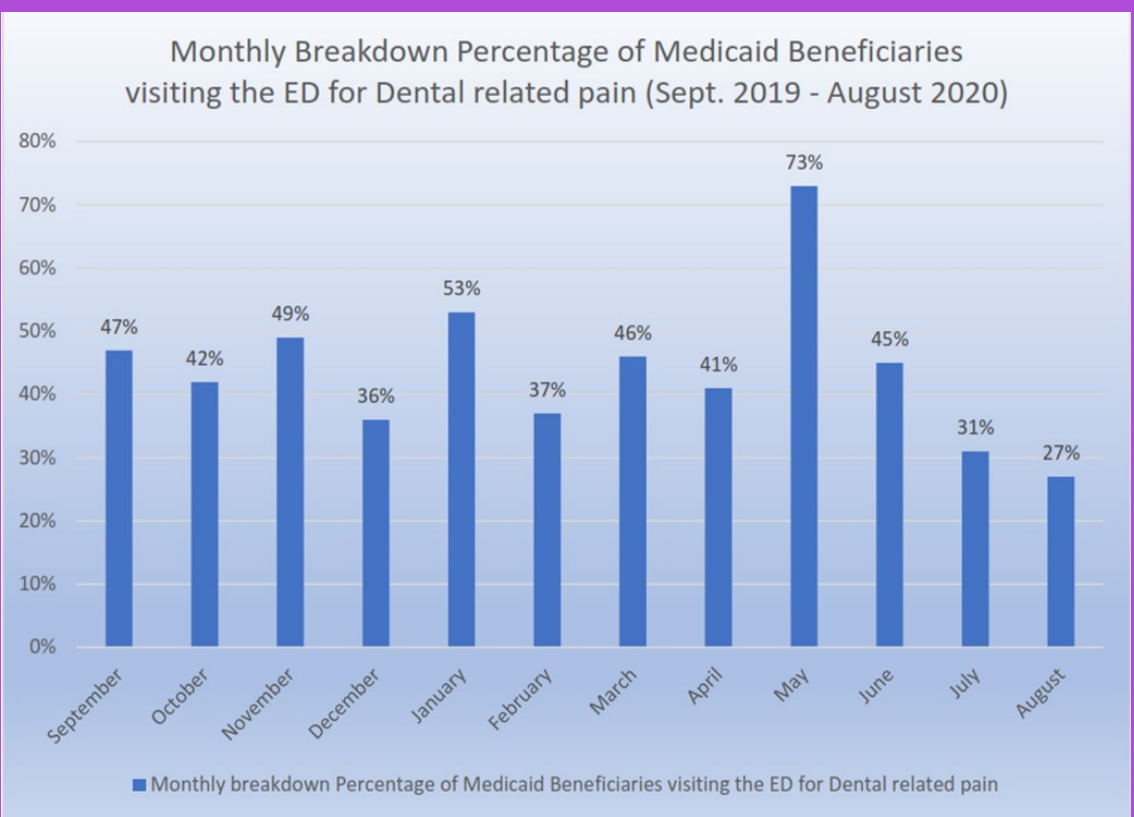
Dental-Related ED Data:

Data gathered by the CDHC from the Emergency Department at Our Lady of Lourdes Hospital Binghamton on dental-related ED visits in the past 12 months.



Dental-Related ED Data:

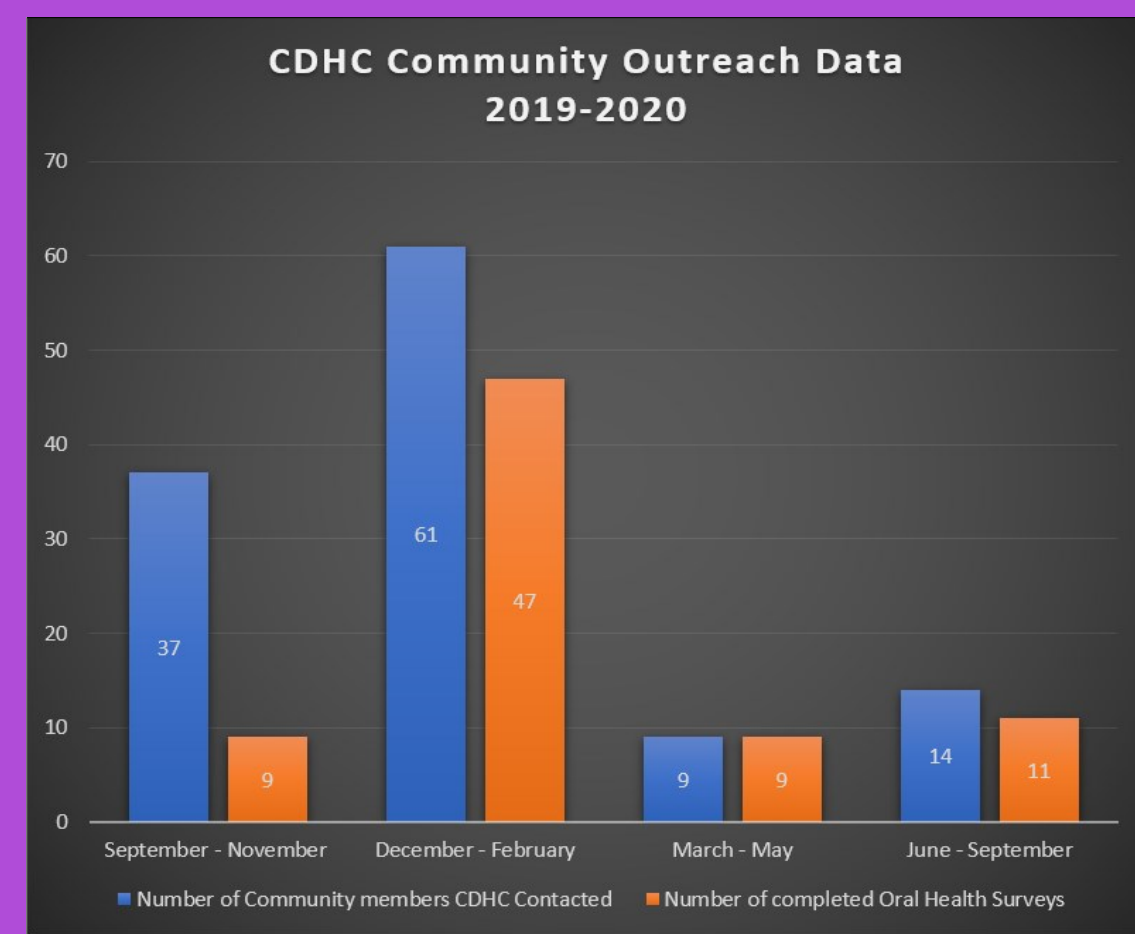
based on insurance breakdown, the data shows that Medicaid members are higher utilizers of the ED for dental-related pain.



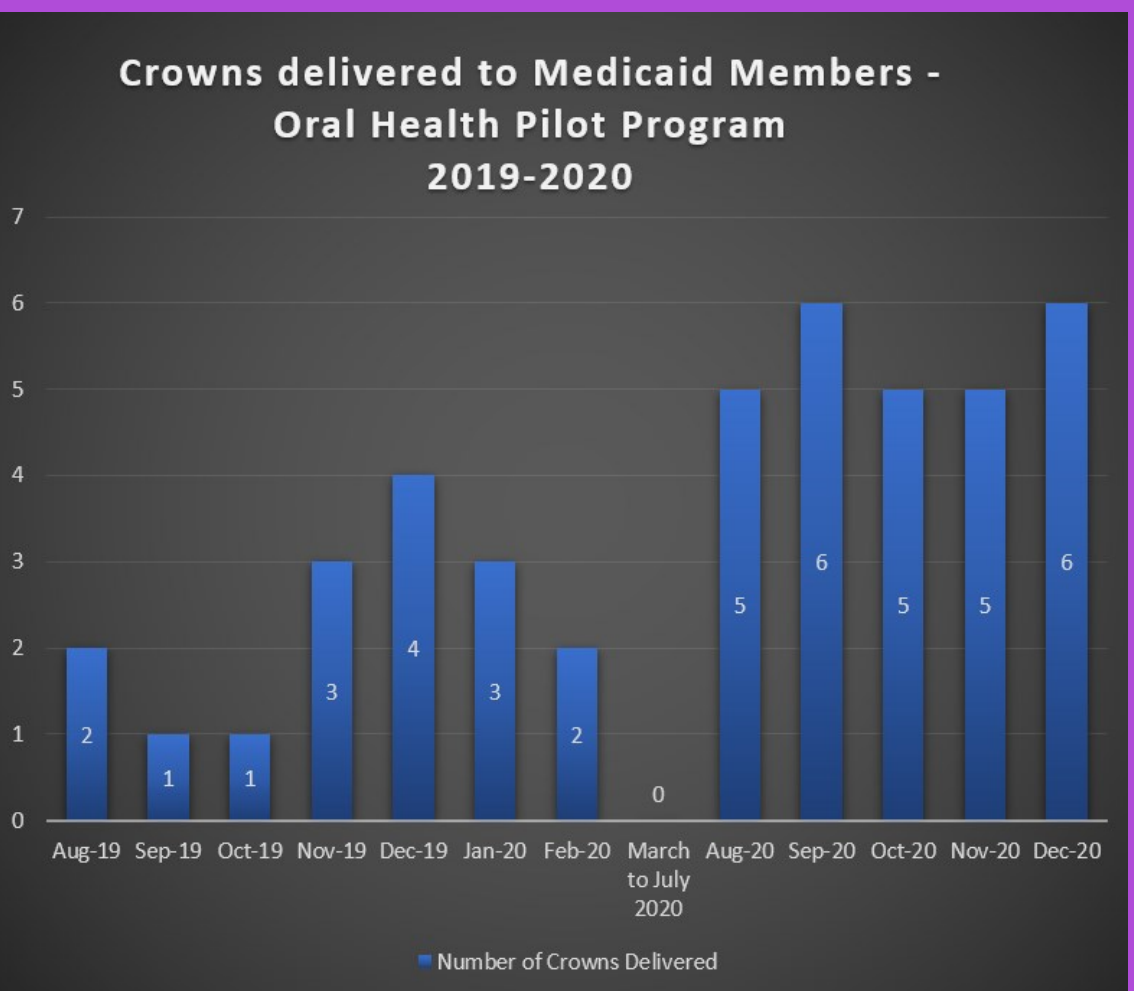
A spike in the number of Medicaid Members visiting the Emergency Department for Dental-related pain is seen during the month of May 2020. This may be attributed to dental clinics in Broome County being shutdown due to the onset of the COVID-19 pandemic in early 2020.

Community Dental Health Coordinator (CDHC) Impact:

- The CDHC conducted several outreach dental events to increase dental health education to the residents of Broome County.
- The CDHC triaged multiple ED patients to Lourdes Center for Oral Health as well as Social Care Providers based on their needs (e.g. financial, food insecurity, housing, transportation, etc.).
- The CDHC collaborated with 7 Medicaid credentialed dental offices to triage patients from the Our Lady of Lourdes Memorial Hospital ED.
- Since March of 2020, the number of community members the CDHC contacted and the number of Oral Health Surveys completed decreased substantially due to dental clinics being shutdown due to COVID-19. Due to this, the CDHC found it very challenging to outreach patients.



Oral Health Pilot Program Impact:



Over a 17-month period, Lourdes Center for Oral Health, with funding support from CCN, was able to place a total of 43 crowns for Medicaid patients. From March to July of 2020, no crowns were delivered due to practice shutdown as a result of the COVID-19 pandemic.



Lessons Learned

- Communication** with patients is often difficult with the CDHC encountering incorrect phone numbers, unresponsive patients, calls going to voicemail, etc. The CDHC build trust with the patients over time which led to an increased engagement. During the COVID-19 pandemic outreach slowed and created unforeseen barriers. CDHC established a home office in an effort to continue administering surveys and outreaching patients.
- Partnerships and collaboration** are key. Due to current dental workforce shortages, patients ended up in the ED due to lack of providers in the area. The CDHC met in-person with several regional dentists that were willing to work with the CDHC and receive patient referrals. There are now 3 pediatric dentists, 4 general dentists, and 1 dentist that assists with veterans that have been added to the provider list.
- Education** is important. Dental health education needs to be simple and easy for community members to understand. It is important for the CDHC to establish trust with the patient prior to providing dental education due the sensitivity of the topic.
- Relationships Build Trust.** Delivery of CDHC services is best utilized when combined within the ED. This allows the CDHC to meet with community members prior to discharge and establish a relationship prior to follow up post discharge.
- Establishing a workflow process** is essential. Documenting calls and discussions is time consuming. Having a workflow process in place is essential to ensure the proper information is captured depending on the system used.



Conclusions

These projects provided us a comprehensive analysis and better understanding of how, where and when to allocate resources to reduce the burden of dental-related Emergency department utilization. Community Dental Health Coordinator was instrumental in helping us move in that direction.

Further research to develop better workflows and programs with the CDHC position around the Dental-related ED use can benefit the health systems to reduce ED related costs and provide better delivery of care to patients. Both, the CDHC and the Oral Health Pilot Program initiated by Care Compass Network in Broome county were greatly appreciated by the community members.

In our efforts to reduce Dental-related ED visits across the country, we should consider about moving towards increasing the number of Community Dental Health Coordinator's to our workforce which will help patients receive appropriate dental care at the right time with someone who can help them understand their oral health and help them navigate our health system better in terms of receiving care.