Briefing on VDH Oral Health Report for HHR Appropriations Subcommittee

October 15, 2012 Jeff Lake, MS Deputy Commissioner for Community Health Services



1

Background

- Item 296 of the Budget in Special Session 1 Chapter 3, directed VDH, in conjunction with DMAS, to appoint an advisory committee to develop a comprehensive oral health plan that evaluates:
 - The efficiency and sustainability of state supported dental clinics operated by VDH
 - The feasibility of shifting from a treatment/prevention model to a prevention only model
- The advisory committee, which included relevant stakeholders held 3 meetings in July and August to review the current system and to develop recommendations



Dental Safety Net Providers - VDH

- VDH current operates dental clinics in 17 of the 35 health districts
- These clinics employ 27 dentists, 41 assistants, and 3 hygienists
- In FY 2011, VDH dental clinics provided services to 20,000 individuals, during 35,000 visits
 - 80% of visits were for children
 - Services are 31% diagnostic, 44% preventive, and 25% treatment



Virginia Department of Health Dental Clinics



Source: Virginia Department of Health, Dental Health Program, Report of Dental Services: July 1, 2010 to June 30, 2011

- * Residents of other jurisdictions may receive dental services at these locations.
- * Programs in Henry/Martinsville and Three Rivers (Mathews) were discontinued.



Current Funding for VDH Dental Clinics

Virginia Department of Health				
Local Dental Resources (Appropriation)				
FY 2013 - FY 2014				
SUBPROG	Fund Details		FY 2013	FY 2014
Local Dental				
Services	0100	General Fund	2,677,977	1,710,033
	0202	100% Local Funds	1,642,542	1,642,542
	0204	Local Match for GF	1,501,668	805,306
	0205	Fee Revenues	972,225	972,225
	0211/0901	Private Grants& Contracts	242,291	242,291
Total			7,036,703	5,372,397



Other Dental Safety Net Providers

- Federally Qualified Community Health Centers (FQHC)
 - FY 11, 18 centers offered dental services at 34 sites
 - Provided services to 43,000 patients during 86,000 visits
 - Employ 29 dentists, 12 hygienists, and 51 assistants
- Free Clinics
 - FY 11, 28 free clinics serving primarily adults
 - Provided services to 17,000 patients during 40,000 visits
 - Staffed by 968 volunteer dentists
- Medicaid Providers
 - Approximately 1,700 Medicaid/FAMIS dental providers
 - Cover comprehensive dental care to children under 21
 - No coverage for adults, except for emergency extractions



Plan for Children's Preventive Service Model

- VDH hygienists provide preventive services in schools (screening, sealants, and fluoride varnish)
 - Focus on areas with >50% of children in free or reduced lunch program in schools
- Referral of children needing treatment to community dentists or safety net providers
- Increase dental health education in schools and community based initiatives for children
- School programs may include education, hygiene instruction, mouth rinse program support and injury prevention
- Plan includes identifying areas for expanding utilization of
- 7 remote supervision model



Adult Oral Health Component

- Community oral health education expanded with hygienists
- Oral health training for allied care givers (nursing homes, personal aides)
- Support collaboration with partner organizations focused on adult care issues (Free Clinics, FQCHC, community nonprofits, VDA)
- Surveillance and data collection on oral health behaviors and "barriers to care" for all populations in support of partner initiatives
- Continue advisory role with Virginia Oral Health Coalition in ongoing refinement of Statewide oral health plan and strategy development

Challenges with Shifting to Preventive Services Only Model

- Some communities with existing VDH dental clinics do not have other safety net resources for dental care
- Current economic conditions reduce likelihood that communities will support VDH Dental Clinics with 100% local funding, or contribute to developing safety net providers that are sustainable only if generating significant patient or third party revenue.
- An effective preventive model requires a referral network of treatment resources to provide care for those with oral disease.



Additional Recommendations from Advisory Committee

- Adopt a targeted regional approach, individually evaluating the impact of closing dental clinics in each area, with consideration of the available resources to meet patient and community needs and the need to provide for transitional services in certain areas.
- VDH proposes to work with the dental advisory committee to evaluate the dental needs and resources in each geographic area to determine whether the closing of a local health department dental clinic will result in significant hardship over the next 12 months.



Additional Recommendations cont.

- The need for an extended assessment period is based on the advisory committee's understanding and appreciation of the complexity associated with how local health department dental clinics are operated and funded, and the need to directly involve local governments in the assessment.
- Evaluate and identify specific areas unlikely to be able to develop and sustain safety net dental services. In these areas, closely monitor existing VDH local dental operations to assure maximal productivity and efficiency.



Additional Recommendations from Advisory Committee

 Identify and develop metrics for the ongoing surveillance of oral health to assess the impact of shifting to a preventive health model



Additional Recommendations from Advisory Committee

- Maintain ongoing stakeholder input into the transition to a prevention model
- Develop a communications plan in collaboration with advisory committee partners.





