

Reducing Barriers to Dental Care
Top Ten Solutions
North Dakota Dental Association
Health Services Committee- November 4, 2015
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- 1. Expand and support the state Seal! ND school sealant program with grant funding to serve more low-income children and add Medicaid-supported case management to direct high-risk patients into dental homes to save treatment costs.**

Update: SB 2197, which would have expanded the state program, was defeated in the Senate in the 2015 session. Since 2012, 3,000 children in 113 schools have received 7,752 sealants through this program. This program is evidenced-based and saves the state money. The case management pilot was amended out of the bill.

- 2. Expand and support the non-profit dental safety-net clinics through public-private partnerships, dentist recruitment with marketing and loan repayment, and innovative outreach to high-need areas and populations in the state.**

Update: SB 2205 expanded and simplified the dental loan repayment program in the 2015 session to allow awards based on rural practice locations, serving Medicaid patients, and/or working in non-profit safety-net clinics. We are working with the Office of Primary Care, UND School of Medicine, as well as the State Health Council to market these program enhancements to potential new licensees. The NDDA volunteer/contracted services program will include safety-net clinics to help supplement their workforce needs.

3. **Support the North Dakota Dental Foundation to improve oral health:**

- **Reduce barriers to care**
- **Prevention of dental disease**
- **Improve education of the dental workforce**

4. **Improve dental Medicaid and maintain adequate network of dentists:**

- **Maintain adequate Medicaid fee reimbursement**
- **Form an active Medicaid Dental Advisory Committee to work with ND Department of Human Services**
- **Reduce paperwork**
- **Dentist recruitment and education programs (Take Five More)**

Update: Regarding Medicaid, the NDDA has several initiatives currently underway to improve the system. Last spring the **"Take Five More"** program which challenges dentists to see "5 more Medicaid" patients in a week, a month, or a year. Currently 75 dentists have responded. We have also initiated a **Medicaid Advisory Committee** with dentists from across the state meeting with the Department of Human Services to listen and eliminate any administrative barriers. The recent DHS MMIS transition has required increased communication to reduce provider confusion.

There are several key barriers to children receiving adequate dental care. They include limited availability of dental providers, low reimbursement rates, administrative burden for providers, lack of understanding by beneficiaries about dental benefits, missed dental appointments, transportation, cultural and language competency, fear, and lack of knowledge about the importance of oral health. The interplay of these barriers determines how North Dakota measures up in Medicaid utilization, participation of dentists, and access. The job of reducing these barriers will never be complete and takes the collaboration of all

stakeholders in the state working together: the dental community, state government, public health entities, and patients.

5. Utilize dental hygienists and dental assistants to their maximum level of education through outreach collaborative practice and training of expanded restorative functions

Update: The NDDA is working wherever needed to help allied dental education programs in the region to expand their training programs and provide certification courses for the recently sanctioned expanded functions for assistants and hygienists. NDSCS in Wahpeton, Williston State College, and Northwest Technical College in Bemidji are considering various programs to fill this need.

The NDDA also initiated a Collaborative Practice Task Force moderated by the Oral Health Coalition to discuss with stakeholders ways that current rules can be more specifically defined relating to outreach hygiene practice in public health settings. That Task Force is nearing a final report of recommendations to be presented to the State Board of Dental Examiners.

5. Develop a volunteer/contracted network of credentialed dentists, dental hygienists, and dental assistants to serve in Indian Health Service and non-profit clinics

Update: The NDDA has initiated a program to identify oral health professionals interested in doing volunteer or contract for service work in high need areas, safety net clinics or Indian Health Service Dental Clinics. Dentists, dental hygienists, and dental assistants are being surveyed currently to determine their interest in the type of service, duration, and location as a part of the program. The clinics and sites across North Dakota that have a need for supplemental services will also be surveyed to determine their needs. The program will have administrative support to be a clearinghouse to link dental professionals with opportunities.

- 7. Engage with tribal communities to improve Indian Health Service dentistry, maximize prevention, reduce credentialing barriers and facilitate contracting with the local dental communities.**

Update: Indian Health Service Dental Clinics have additional challenges in maintaining adequate dental workforce in that the credentialing process is traditionally arduous and time-consuming. This credentialing process is not only a barrier for current IHS professionals transferring into or within the region, but also for oral health professionals in local dental communities interested in volunteering or contracting with those IHS sites. The program will coordinate efforts with regional and local IHS administration to simplify and expedite this process by subcontracting the credentialing process.

- 8. Establish outreach programs in long-term care facilities in partnership with the Oral Health Program, State Department of Health.**

Update: The DentaQuest grant through the State Department of Health is currently funding needs assessment and determining best practices of ND dentists currently providing care in LTC facilities.

- 9. Support and strengthen the Oral Health Coalition (<http://www.ndohc.org>) to collaboratively identify problems and solutions to reduce barriers to care.**

- 10. Coordinate and facilitate the development of dental assisting training programs in western North Dakota to address severe shortages of dental assistants in that part of the state.**

Update: Needs assessments via surveys are currently underway by NDSCS in Wahpeton, Williston State College, and Northwest Technical College in Bemidji, MN to explore allied dental education program initiatives or expansion.

