

Health Services Committee**September 21, 2016****North Dakota Dental Association****Caron Berg DDS, President-Elect**

Chairperson Lee and members of the committee, my name is Dr. Caron Berg and I am President-Elect of the North Dakota Dental Association. I am a general dentist and I practice in Valley City. At the last meeting of the committee, you asked us to provide updated information on Medicaid, ER dental visits, and on maximizing the existing dental workforce in North Dakota, utilizing solutions that target patients with barriers to care. Thank you for the opportunity to present testimony on these topics.

Dental Medicaid

As we have stated many times, as long as dental Medicaid reimbursement is below the cost of providing care (as it is in North Dakota) states will have challenges in maintaining an adequate provider network. CMS has recently provided directives to states that they develop Medicaid access monitoring plans to help better define access to care for recipients

(<https://www.federalregister.gov/documents/2016/04/12/2016-08368/medicaid-program-deadline-for-access-monitoring-review-plan-submissions>). Specific dental benchmarks should include network adequacy through “heat” maps correlating recipients with providers by time/distance standards, recipient utilization, and provider reimbursement (compared to

commercial rates, not to other states). We are excited about the prospect of developing objective measurements of Medicaid access in our state.

Dental Emergency Visits at Hospital Emergency Rooms

As has been stated previously, the NDDA has always supported local initiatives to reduce unnecessary ER dental visits. In Fargo, visits by low-income patients to the Red River Valley Dental Access Urgent Care Clinic (staffed by volunteer dentists) have dropped in half over the last year and discussions are underway for the Family Health Care Dental clinics to take over that function, given their full staffing and expanded facilities. In Bismarck, a network of 20-25 local dentists have indicated a willingness to provide referral care for ER dental referrals and the precise mechanism is being worked out. As in most of these efforts, collaboration will be key to getting results.

Outreach and Case Management

We appreciate the conversation that has been generated by the studies about defining access to care in the state. As we have said many times, North Dakota has unique challenges in reducing barriers to care. Despite the many positive trends in workforce (**Attachment A**) and programs (**Attachment B**) that have helped reduce barriers, given the high overhead cost of delivering dental services and the rural nature of our state, the best future solutions will maximally utilize the current 1,450 dental hygienists and assistants in the expansion of community-based outreach and navigation (case management) to populations of need, rather than single-minded, untested dental therapist models. Since many high-risk patients do not access care

in traditional dental offices for a variety of reasons, it makes sense to bring portable care to those patients that connects them to a dental home. Since we have previously discussed details of these outreach models, we will not do it again here, but specific actions that this committee could recommend would be:

1. Provide a directive to the Department of Human Services that they establish Medicaid reimbursement for the new case management billing codes that were recently established nationally (Attachment C)
2. Clarify language in current statutes and rules that would specifically allow teledentistry and the virtual dental home (Attachment D) in outreach settings and allow third party reimbursement for such services.

We would be happy to work with the committee in organizing the details of these directives. These directives extend our action plan to reduce barriers to care:

1. **Improve dental Medicaid** with adequate funding, reduced administrative burden, and vigorous dentist recruitment
2. **Maximize the current dental hygiene and assistant workforce** through expanded training programs, community outreach, and case management to connect more high-risk patients to a dental home
3. **Expand and support non-profit safety-net clinics** through public-private grant partnerships and dentist loan repayment programs
4. **Engage with tribal communities** to improve Indian Health Service dentistry, maximize prevention, reduce credentialing barriers, and facilitate contracting with the local dental community.

To remind you, the current oral health programs in the state are listed here and in more detail in **Attachment B**.

Smiles for Life Fluoride Varnish Program

Seal!ND School-Based Fluoride Varnish and Sealant Program

Donated Dental Services Program

Give Kids A Smile Program

Mission of Mercy Events

Expansion of Duties for Dental Hygienists and Assistants

Safety-Net Public Health Dental Clinics

Ronald McDonald Care Mobile

Older Adult Programs

North Dakota Dental Medicaid

Dental Loan Repayment Programs

Federally-Grant Funded State Oral Health Program

Native American Collaboration

Oral Health Program

North Dakota Dental Foundation

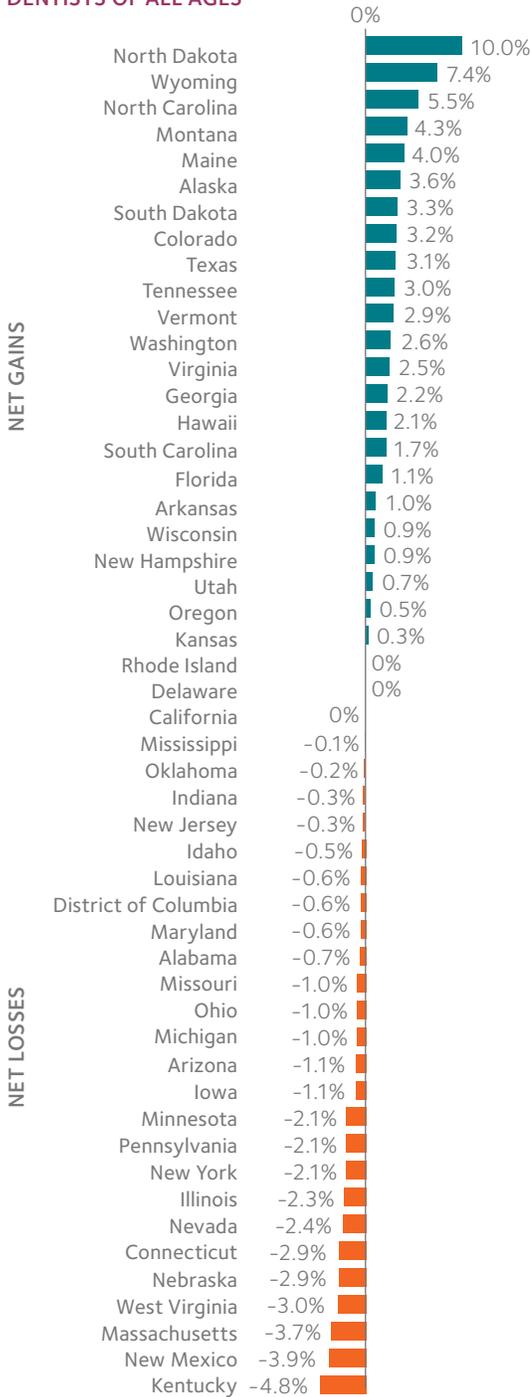
Nation-Leading Community Water Fluoridation

Thanks you for the opportunity to present testimony.

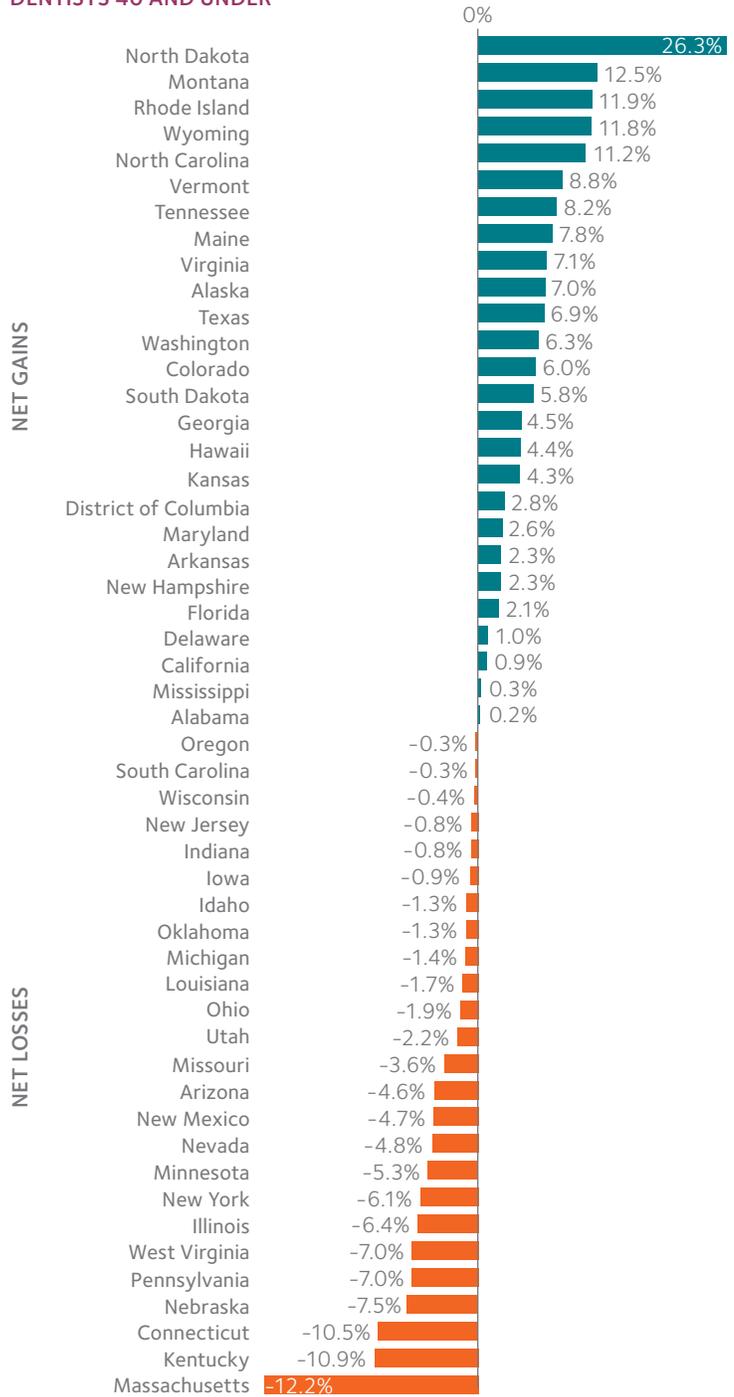
Dentist Migration Across State Lines

ABOUT 1 IN 18 DENTISTS (5.5%) moved to a different state between 2011 and 2016. Dentists 40 years or younger were much more likely to move, with about 1 in 8 (12.6%) migrating across state lines.

DENTISTS OF ALL AGES



DENTISTS 40 AND UNDER



Note: Percentages in the figures refer to net migration of practicing dentists between January 2011 and January 2016 (i.e., the number of dentists who entered the state minus number of dentists who left the state) divided by the number of practicing dentists in the state in January 2011. Age is calculated as of January 2011. Sample includes all dentists in the United States who were practicing in both January 2011 and January 2016. Based on HPI analysis of the ADA masterfile.

Download the [detailed data](#) on the number of dentists migrating from each state to all 49 other states.

Smiles For Life Fluoride Varnish Program

During the 2007 legislative session, HB 1293 was passed, which gave physicians, advanced practice registered nurses, physician assistants, registered nurses, and licensed practical nurses the ability to apply fluoride varnish upon the completion of a fluoride varnish curriculum approved by the North Dakota Board of Dental Examiners. **The North Dakota Department of Health, Oral Health Program**, initiated the Smiles for Life Fluoride Varnish Program. This program utilizes the current, on-line oral health training curriculum (module 6) approved for this program. Since 2008, many local public health units and Head Start entities have applied fluoride varnish to children's teeth. Since 2014, outreach and training have been provided to medical clinics; as a result, 54 clinics have been trained in the application of fluoride varnish. Funding for this program is provided by a DentaQuest Foundation Grant.

School-based Fluoride Varnish and Seal!ND (Sealant) Program

In 2009, HB 1176 was passed, which allowed licensed dental hygienists to perform procedures authorized in advance by a dentist. As a result of this legislation, the **North Dakota Department of Health, Oral Health Program**, implemented a school-based fluoride varnish and sealant program (Seal!ND). Services include an initial screening, sealant placement and fluoride varnish application. Schools with 40 percent or greater of their students on the free and reduced-fee school lunch program are given priority for the program. This criterion helps to reach underserved children who may otherwise be unable to receive dental screening and dental sealants to help prevent tooth decay. Since 2011, public health hygienists funded by the department have served about 4,500 students through this program. During the 2015-16 school year, the program provided services in approximately 40 schools throughout the state. Funding for the Seal!ND Program is provided through a Center for Prevention and Control (CDC) Oral Disease Prevention Program Grant and a Health Resources and Services Administrative (HRSA) Oral Health Workforce Grant.

The Oral Health Program has also been partnering with private dentists to increase services within schools. In the fall of 2014, Dr. Jackie Nord joined the school-based oral health program to provide preventative oral health services in three schools in Grand Forks. Dr. Nord is able to bill Medicaid for the services provided. To assist Dr. Nord with delivering these services, the Oral Health Program provided her with portable dental equipment.

It is hoped that this program can be expanded to include more private practice dentists and a pilot to add case management to help connect high-risk dental patients to dental homes.

Donated Dental Services Program

Supported through state general funding and the **State Department of Health (\$50,000 per biennium)**, the [Donated Dental Services](#) (DDS) program, a national project of the Dental Lifeline Network, provides free, comprehensive dental treatment to the most vulnerable people—those with disabilities or those who are elderly or medically fragile. Donated Dental Services, operates through a volunteer network of more than 15,000 dentists and 3,600 dental labs across the country. Since its inception in 1985, the DDS program has surpassed \$250 million in donated dental treatment, transforming the lives of more than 120,000 people.

Since the North Dakota DDS program began in 2001, 783 vulnerable individuals have received \$2,720,319 in donated dental treatment from some of the 137 dentists and 11 dental laboratories that volunteer statewide! 41% of the dentists in North Dakota participate in DDS, which is the 3rd highest in the nation in terms of state participation.

Give Kids A Smile Program

Dentists nationwide participate annually in the Give Kids A Smile Day event. This year's event will be held next in February of 2017. Dentists and dental teams provide donated screenings, cleanings, sealants, and other needed treatments to needy children through a variety of programs and venues. For many children, this is an opportunity to find a dental home. And for dentists, dental team members, and other volunteers, it's a great way to help the local community. Visit the American Dental Association's [Give Kids A Smile website](#) for more information about the program, or to donate to help needy children receive care.

Mission of Mercy Events

The North Dakota Dental Association will partner with the Minnesota Dental Association in a "Mission of Mercy" event to be held July 22-23, 2016 at Concordia College in Moorhead, MN. 600 dental professionals will volunteer their services to patients that face barriers to care. 100 portable dental units will set up and it is expected that some 1,500 patients will receive care and about 1 million dollars of donated care will be provided. About 25 state dental associations sponsor and organize these events yearly.

Expansion of Duties for Registered Dental Hygienists and Assistants

Rules changes were passed by the North Dakota State Board of Dental Examiners in 2014, which allow registered dental assistants and dental hygienists with additional training to do expanded, reversible, restorative functions under a dentist's supervision. These functions include filling cavities after a dentist prepares them. When we expand the services these trained professionals can provide, it increases efficiency and productivity. It also extends dentists' capacity and, by extension, increases access to care. Maximizing the capacity of the existing dental team is the best route to providing more care to more patients.

The Oral Health Coalition led a Task Force of interested professionals and affirmed collaborative practice by hygienists under the general supervision of a dentist in outreach settings. These collaborative practice rules were established by the State Board of Dental Examiners in 2009, but have been little used. The outreach settings would include schools and long-term care facilities. Efforts must continue to expand this practice and to make case management a part of the process.

Safety Net Public Health Dental Clinics

We're proud to support safety net nonprofit dental clinics in North Dakota. These clinics help provide the necessary dental care to many North Dakota residents who too often go without. There are currently six:

- [Bridging the Dental Gap](#) (Bismarck)
- [Family HealthCare \(FQHC\)](#)(Fargo) Additionally provides follow-up care for dental patients that are referred from Sanford Health ER.
- [Northland Community Health Center - Dental Clinic \(FQHC\)](#) (Turtle Lake and Minot)
- [Valley Community Health Centers Dental Clinic \(FQHC\)](#) (Grand Forks)
- [Red River Valley Dental Access Project](#) (Fargo, ND-Moorhead, Minn.) Since 2002, 45 dentists have provided walk-in humanitarian relief of pain at Family Health Care Center on Tuesday evenings on a rotating basis. About 900 patients without a dental home have received treatment since the clinic's inception.
- [Third Street Clinic Dental Referral Program](#) (Grand Forks) 30 dentists in the Grand Forks area provide emergency care in their offices for low-income patients referred from the Clinic. In 2015, 62 patients were referred to 16 dentists with the 2 oral surgeons providing back-up. \$26,546 of in-kind dental treatment was provided.

We want to expand these public health clinics, where there are unique needs requiring specialized solutions to reduce barriers to care. These facilities can develop innovative ways to target high-risk patients and connect them to dental homes, where regular preventive treatment can prevent painful and costly disease.

Ronald McDonald Care Mobile of North Dakota

The Ronald McDonald Care Mobile (RMCM) is a 40-foot-long, state-of-the-art mobile dental clinic staffed by a dentist, dental hygienist, and dental assistant. It delivers urgently needed care to underserved children through age 21 in their own neighborhoods in western North Dakota. The priority areas for service include schools with 40 percent or greater of their student population on the free and reduced-fee school lunch program, Head Start and Early Head Start, American Indian Reservation areas, and community health centers without dental services. The **State Department of Health, Oral Health Program**, partners with the RMCM and provides funding to the Care Mobile through the HRSA Oral Health Workforce Grant to provide additional services in reservation areas. The RMCM began operation in 2012 and serves the western half of ND. In 2014, the care mobile served 1,008 children with 2,166 patient appointments, providing 9,293 dental services for a total value of \$477,896. The care mobile is currently booking into 2017. The Ronald McDonald Care Mobile is owned and operated by Ronald McDonald House Charities of Bismarck. Bridging the Dental Gap, Inc. of Bismarck, a nonprofit dental clinic, is the clinical manager of the Ronald McDonald Care Mobile Program.

Older Adult Programs

The State Department of Health, Oral Health Program, partners with Bridging the Dental Gap (BDG), a safety-net dental clinic in Bismarck, to provide services to older adults living in long-term care facilities. The Mission of BDG is "To Provide Access to Dental Care for Underserved Populations in North Dakota." BDG provides services in St. Vincent's, Sunset Care Center, Missouri Slope and the Baptist Center in the Bismarck/Mandan area. To date, BDG has provided oral health care services to 266 residents within these four facilities. Funding for this program is provided through the HRSA Oral Health Workforce Grant.

Northland Community Health Center implemented an older adult program in June 2014 at three facilities: Benedictine Living Center in Garrison; the Garrison Memorial Hospital (swing bed facility with long term beds available); and the Community Memorial Hospital in Turtle Lake (swing bed facility with long term beds available). Oral health services have been provided to 35 residents within these three facilities. Funding for this program is supported by a DentaQuest Foundation Grant.

North Dakota Dental Medicaid

Recognizing that private practice dental offices deliver most of the care in North Dakota for low-income patients, it's imperative to maintain adequate funding for dental care for Medicaid-eligible patients. Currently, the fees that Medicaid pays dentists are *less than the cost of providing care*, but North Dakota dentists continue to look for ways to reduce barriers to care.

We must continue to advocate for adequate Medicaid funding and streamlined administration so that there continues to be an adequate network of dentists to care for Medicaid patients. Through the "Take Five More" initiative, 75 North Dakota dentists have agreed to increase the number of patients eligible for Medicaid that they see in their practices.

North Dakota Dental Loan Repayment Programs

Most new graduates of dental schools now have an average of \$250,000 in education debt. The North Dakota dental loan repayment programs provide state and federally financed programs with a variety of eligibilities and benefits to encourage new dentists to practice in three areas of need: serving low-income patients, working in safety-net nonprofit clinics, and practicing in rural or underserved areas. Our safety-net non-profit clinics absolutely depend on these programs to help recruit their dentists.

The North Dakota Dental Association and the State Department of Health, Oral Health Department, were instrumental in starting these programs and modifying them over the years to make them effective in meeting the goals. Since 2010, 45 applications have been received and 23 loan repayment awards have been made. Right now, North Dakota is licensing about 30 new dentists a year, and the growth in new dentist numbers is greater than the population increase. Loan repayment programs also are a great way to market North Dakota to new dentists. Legislation passed in the 2015 session, which greatly simplified the dental loan repayment programs in North Dakota and potentially made them available to more new dentists in the state.

Native American Collaboration

Our Native American citizens have higher rates of dental disease and more barriers to care. One of the frequent barriers expressed by Indian Health Service dental staff is the inability to get the kids with the most extensive treatment needs to pediatric dentists in nearby cities to complete treatment.

In 2011 at Spirit Lake and in 2013 at Standing Rock, the dental community in North Dakota built a collaborative partnership that created a volunteer network of 20 pediatric dental specialists and some 75 dental team members to provide restorative treatment to these high-need children. At these events, 600

children received treatment with an estimated donated value of \$260,000. It is important to continue to find ways to engage Native American communities with local dentists so immediate community resources can augment IHS dental staff.

Maintaining an adequate workforce within Indian Health Service clinics has always been a barrier to care. The arduous credentialing requirements of Indian Health Service dental professionals has been identified as a barrier for not only IHS dentists that are assigned to the Great Plains Area, but also to local dentists that wish to volunteer or contract their services with a tribe. Working with the Great Plains Regional Indian Health Service (GPAIHS) in Aberdeen, the North Dakota Dental Association developed a memo of understanding with that office to outsource their credentialing process with the goal of speeding it up and making it less of a barrier in recruiting workforce. It is hoped that through this engagement, credentialing barriers will lessen allowing more engagement with the local dental community.

Oral Health Coalition

Formed in 2005, the [North Dakota Oral Health Coalition](#) is a chartered, collaborative, statewide coalition comprising a variety of public and private agencies, organizations, and individuals who are focused on improving the oral health of North Dakotans. The Oral Health Coalition is the best collaborative voice in the state to advocate for legislative initiatives to improve access to care. The Coalition represents the best of dental collaboration—the “North Dakota way”—solving problems through partnership, consensus, and sharing of resources.

North Dakota Foundation

The North Dakota Dental Foundation, a North Dakota charity for almost 30 years, was recently boosted with an endowment of \$6.3 million of remainder funds from dissolution of Dental Services Corporation, a nonprofit dental plan for North Dakota residents.

The Foundation receives management services from Dakota Medical Foundation so that its leaders can focus on a North Dakota where dental care to all citizens is second to none, rather than managing paperwork. DMF also provides guidance to the Dental Foundation for reaching its vision. DMF has a long history of guiding this type of strategic funding, with \$80 million-plus invested in programs improving health since its modern history of grant-making and leading initiatives began in 1996.

North Dakota Dental Foundation exists, in the broadest sense, to remove barriers to dental care for North Dakotans, provide prevention and education, and to assure an adequate supply of skilled, well-trained dentists, hygienists & assistants so people across the state can receive dental care that allows them to be healthy and lead better lives.

Attachment C

CDT 2016- Case Management Codes

D9994-Dental Case Management – patient education and oral health literacy

Individual, customized communication of information to assist the patient in making appropriate health decisions explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of the common case presentation.

D9991-Dental Case Management – appointment compliance and transportation facilitation services

Individualized efforts to assist patients in maintaining scheduled appointments by solving for them transportation challenges or other barriers.

D9992-Dental Case Management – care coordination

Assisting and participating in decisions regarding the navigation and coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems requiring experience or expertise beyond that possessed by the patient where additional time and resources are expended.

D9993-Dental Case Management – motivational interviewing

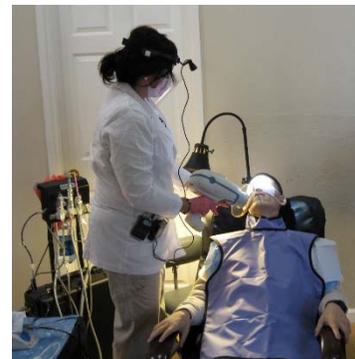
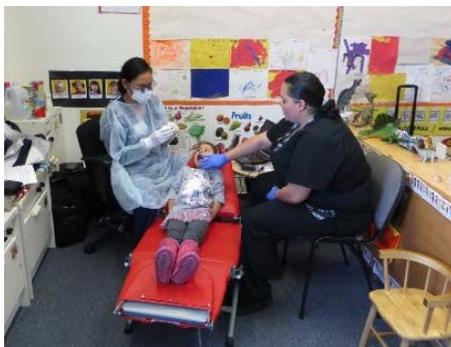
Patient-centered, personalized counseling using the method known as Motivational Interviewing (MI) to identify and modify behaviors interfering with optimal oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.

Report of the Virtual Dental Home Demonstration

Executive Summary

Improving the Oral Health of Vulnerable and Underserved Populations
Using Geographically Distributed Telehealth-Connected Teams

June 14, 2016



This page is intentionally blank for printing purposes

Introduction

The Pacific Center for Special Care at the University of the Pacific School of Dentistry (Pacific) has developed and directed a six year demonstration of a new system for improving the oral health of groups in the U.S. population who do not get dental care on a regular basis and have high rates of untreated dental disease. This system is called the Virtual Dental Home (VDH) because it provides all the essential ingredients of a “health home”, but does so using geographically distributed, telehealth-connected teams.¹ As distinct from “dental home” systems that regard the dental office as the “home”, this model reaches people who do not regularly visit dental offices by bringing services to them. The VDH system emphasizes prevention and early intervention services in community settings, while linking to and expanding the involvement of dental offices and clinics.

This report is a summary of the six year demonstration of the VDH system. While it does not contain all the data and detailed results of this demonstration, it is intended to provide an overview of the system, major accomplishments, lessons learned, and future directions.

What is a Virtual Dental Home?

The Virtual Dental Home (VDH) is a community-based oral health delivery system in which people receive preventive and early intervention therapeutic services in community settings. It utilizes telehealth technology to link allied dental personnel in the community with dentists in dental offices and clinics. Pacific has demonstrated that registered dental hygienists in alternative practice (RDHAP), dental hygienists working in public health programs (RDH) and registered dental assistants (RDA), working in telehealth-connected teams, can keep most people healthy in community settings by providing education, triage, case management, preventive procedures, and Interim Therapeutic Restorations (ITR). Where more complex dental treatment is needed, the Virtual Dental Home connects patients with dentists in the area. In 2014, legislation was adopted in California which defined the categories of allied dental personnel allowed to participate in this system as including RDHAPs, RDHs and Registered Dental Assistants in Extended Functions (RDAEF), collectively refer to in the remainder of this document as allied dental personnel.

This system promotes expansion of dental practices and linkages between dentists in dental offices and these community-based allied dental personnel. Most importantly, it brings much-needed services to individuals who might otherwise receive no care.

The Virtual Dental Home Demonstration

The VDH demonstration was conducted from 2010 to 2016. It was a largely grant funded “proof-of concept” demonstration that also tested and collected data on a number of elements of the delivery system and its outcomes. Approximately 27 funding agencies and organizations

1. American Academy of Pediatrics. Role of the medical home in family-centered early intervention services. Council on Children With Disabilities. *Pediatrics* 2007;120(5):1153-1158.

provided over \$5.5 million to support this demonstration in 11 communities and approximately 50 sites across California. In addition to testing the ability of dentists and allied dental personnel to function in telehealth-connected teams and create Virtual Dental Homes, the demonstration also tested the safety and efficacy of two procedures that were not formerly within the scope of practice of allied oral health personnel through a California Health Workforce Pilot Project (HWPP).

Results

The results of the Virtual Dental Home (VDH) demonstration included the following:

- The project demonstrated the ability to organize and use geographically distributed telehealth-connected teams. These teams provided services for 3,442 patients who received 7,967 visits.
- Examining dentists using the telehealth system determined that approximately two-thirds of children and about half of seniors and people with disabilities in long term care facilities could have their oral health needs met by allied dental personnel in the community site without the need to see a dentist in-person.
- The VDH system allows dentists to verify, using the telehealth system, that most people can be and are kept healthy in the community. This allow scarce referral and care navigation resources to be focused on those minority of people who need additional care.
- All procedures performed by allied dental personnel in the HWPP were rated as “acceptable” which means they met all criteria for correct performance. In addition, there were no reports of adverse outcomes reported in this project.
- A preliminary analysis showed a high rate of retention of ITRs placed by dental hygienists.
- Approximately one-third of children were determined to need to see a dentist in-person. A preliminary analysis indicated that 83% of children had all their needs met.
- There was a high degree of satisfaction with this system of care among parents, caregivers, and administrators.
- A preliminary analysis of the program’s “basic measures” system indicated that the VDH system not only reaches people who don’t get care in the traditional dental care system, and applies proven preventive strategies, but also improves the health of the populations being served.
- The VDH system delivers significantly more prevention and early intervention care at less cost per patient than the current Denti-Cal system as it includes ITR procedures, patient, parent and caregiver education, case management and integration of oral health prevention and care in community settings.
- A financial projection indicated that the system could be financially viable in both the Denti-Cal fee-for-service system and the encounter-based billing system.
- The VDH demonstration resulted in new legislation and regulations that incorporated the procedures tested in the HWPP into the scope of practice of allied dental personnel and required California’s Medicaid dental program, Denti-Cal to pay for services performed using “store-and-forward” teledentistry.

Future work

With the completion of the VDH demonstration and the adoption of legislation and regulations described above, Pacific intends to continue to expand the VDH system and further study its ability to impact health outcomes and the evaluate the economics of using this system in various environments. Aspects of the future work include:

- Help entities in other states replicate the VDH system. There are currently VDH replication projects funded and underway in Colorado, Oregon, and Hawaii. A number of other states have expressed interest or are already planning for VDH replication projects.
- Expand the use of the VDH system in California. Pacific has replication projects underway in several communities in California and plans to support many more communities in the future.
- Expand the study of health outcomes, barriers to success, patient and provider satisfaction, and economic results.

Conclusions

The Virtual Dental Home model is a system of care that has been demonstrated in a multi-site demonstration project across California. Included in the demonstration was a Health Workforce Pilot Project (HWPP) that demonstrated the safety and acceptability of two procedures when performed by allied dental personnel. The Virtual Dental Home system has proven to be a safe and effective method to bring dental care to California’s most vulnerable and underserved populations. It is also a system for providing essential prevention and early intervention services at a low cost per individual.

Among the main finding are:

- The VDH creates a “continuous presence” system of care where allied dental personnel are present in community sites throughout the year, integrating oral health awareness considerations and activities into the structure and processes of community educational, social, and general health systems. This system of continuous presence is critical to influencing children, parents, adults, and caregivers to adopt and support health promoting prevention procedures and diets that are critical to improving oral health.
- The VDH allows the majority of people seen in community sites to be kept healthy with only allied dental personnel being physically present with them. It also allows these individuals to be verified as healthy by dentists, removing the need for them to travel to a dental office to be verified as healthy.
- The VDH connects dentists in dental practices and clinics to activities in community sites creating “community-clinical” linkages and a full system of care.
- The VDH creates a new vision of a dental practice with the dental office and clinic becoming a part of a larger “practice without walls” that includes the community location.

About the Authors

This report was prepared by Paul Glassman, DDS, MA, MBA, Maureen Harrington MPH and Maysa Namakian MPH. Dr. Glassman is a Professor in the Department of Dental Practice at the University of the Pacific Arthur A. Dugoni School of Dentistry and Director of the Pacific Center for Special Care. Ms. Harrington is the Director of Grant Operations and Community Education and Ms. Namakian was formerly a Program Managers at the Pacific Center for Special Care.

For further information contact:

Paul Glassman DDS, MA, MBA
Professor of Dental Practice
Director, Pacific Center for Special Care
University of the Pacific
Arthur A. Dugoni School of Dentistry
155 5th Street
San Francisco, CA 94103
Email: pglassman@pacific.edu
Web: www.pacificspecialcare.org

Maureen Harrington MPH
Director, Grant Operations
Pacific Center for Special Care
University of the Pacific
Arthur A. Dugoni School of Dentistry
155 5th Street
San Francisco, CA 94103
Email: mharrington@pacific.edu
Web: www.pacificspecialcare.org

More information about the Virtual Dental Home demonstration project is also available at:
<http://www.virtualdentalhome.org>