
ORAL HEALTH PRESENTATION AND RECOMMENDATIONS TO ARKANSAS HEALTH WORKFORCE

Strategic Planning Workgroup Meeting

Wednesday, September 21, 2011

Arkansas Center for Health Improvement

The recommendations of the state dental profession in the Arkansas Health Workforce discussion are directed to two separate areas: (1) the role of oral health in the patient-centered medical home model, and (2) status of the dental workforce to meet current and future demands.

The predominance of acceptable medical data underscores the important role of oral health in maintaining overall health through prevention and quality care. Health models that are designed to achieve and maintain overall health of a given population must recognize the function of dental care in achieving these objectives. Likewise, within the same health model, the dental profession recognizes its responsibility in helping patients to be active participants in their own healthy lifestyle, not only for oral health but also overall health.

Along these lines, the Arkansas State Dental Association in 2010 adopted three core values as a tool to guide discussions about the nature and implementation of health care reform:

1. *Prevention* of oral disease is preferable to *treatment* of oral disease.
2. Every Arkansan is entitled to the same quality of care regardless of their socioeconomic status or geographic location
3. The highest and best quality of care is delivered by a dental team led by a dentist in a clinically appropriate setting.

Using these core values as a guide, ASDA worked closely with other health advocacy groups during the 88th General Assembly to promote a package of bills that promoted the concept of preventing oral disease. Again, we implement these same values in making recommendations to the Arkansas Health Workforce concerning the profession's relation to the proposed patient-centered medical home model and current dental workforce.

Patient-centered medical home model

The patient-centered medical home model is not unlike the current delivery system for dental providers. General dentists and pediatric dentists work in conjunction with a variety of other dental specialists to

offer comprehensive care; surgical, restorative, preventive, functional and cosmetic. Although the general or pediatric dentist, functioning as a primary care provider, provides an estimated 80 percent of dental procedures, the safety net of specialists is available for the remaining 20 percent of cases that require the additional training or expertise of a specialist. With dentistry, the proposed model of a patient-centered medical home finds a practical application with the profession's desire to promote the *dental home* concept. The *dental home* functions as a medical home in that it would offer the services of a dental team (dentist, assistant, hygienist, office staff) to foster a sense of comfort and support for all patients. The dental team functioning as a unit is trained to provide quality care in an efficient manner.

The challenge to the *dental home* model is the same challenge that will occur for the medical home model: *accessibility*. Without question, medical care in Arkansas is more accessible than dental care but many patients will still have to travel some distance to access care. Dental offices have available chair time available for new patients. Adequate transportation must be factored in to the model to deliver quality health care.

Dental Workforce Issues

The most recent Arkansas dental workforce study was conducted in 2009 as a result of an interim study proposal (ISP 2007-173) from the Joint Interim Committee on Public Health, Welfare and Labor. The study, based largely on 2007-08 data from the state board of dental examiners and other reporting entities, was well reasoned and organized. However, the economic downturn that has occurred since that study was completed has forced many dentists to reconsider retirement plans and practice characteristics.

Therefore, ASDA has contracted with the UALR Institute of Government Survey Research Center to conduct a new workforce study that will ask specific and pointed questions about workforce plans for dentists and hygienists, as well as questions about the potential need for dental education in Arkansas. The new survey will begin in early October.

Recommendations

In keeping with the intent to recommend specific action items for the strategic plan, we recommend the following:

- Maximize the use of existing EHR technology – EHR technology represents the highest and most efficient opportunity for health care providers to share pertinent data to encourage patients to

achieve and maintain health. For example, DHS recently authorized a fully electronic prior authorization process for ArKids A and B, as well as the adult program. The pilot program was declared an overwhelming success, and the new system will go live on October 1.

- Transportation and Coordination of Services – The most cost-effective and reliable method to provide access to dental care is to provide adequate transportation to existing dental facilities, thereby reinforcing the *dental home* model. Adequate transportation would also assist ConnectCare and/or other services designed to coordinate patients with available chair time in dental practices.
- Continued efforts to prevent disease and provide early intervention – Health care groups must continue to push for legislation to prevent dental disease, such as community water fluoridation programs for all Arkansas water systems, and mandatory dental exams for all children entering pre-kindergarten.
- Assure appropriate care through the dental team in clinically appropriate settings – The *dental home* concept is strengthened and reinforced when dental care is provided by a team of trained dental personnel led by a dentist. Dentistry is a highly regulated profession, and dental facilities are carefully planned and designed to provide optimum care and maximum safety. It is essential that dental services be provided in clinically appropriate settings to all Arkansans regardless of their geographic location or socioeconomic status.

Conclusion

The dental profession of Arkansas recognizes its unique role in the challenges that face our state today. Health care services aimed at helping patients achieve and maintain overall health co-exist with services that treat specific conditions and maladies. As stakeholders continue to search for the keys to building a healthier Arkansas, dentistry will continue its ongoing efforts to find better, smarter ways to deliver oral health care with an overall goal to eliminate oral disease from our state. Likewise, dentistry pledges its cooperation with all other health care groups in this combined effort, and we appreciate the dedication of the many individuals who are working toward meeting those objectives.