

Health Center Oral Health Promising Practice

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Submitted By: Nancy Adrianse

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Strengthen Safety-Net Oral Health Programs through State Oral Health Program and Primary Care Association Collaboration

Organization: Iowa Primary Care Association

One Sentence Description: The Iowa Primary Care Association (PCA) and the Iowa Department of Public Health's (DPH) Bureau of Oral and Health Delivery System (OHDS) collaborated to provide training and technical assistance to safety net clinic dental programs and increase capacity at the PCA and member organizations to provide high-quality, accessible oral health services.

Summary:

Background: In 2005, the Iowa PCA began efforts to engage in statewide oral health initiatives and also establish an oral health program at the PCA. Funding to support this work was provided by the Iowa Health Foundation through a Rural Oral Health Demonstration Project grant. An initial activity was to conduct an assessment of the Iowa PCA members' oral health programs. This assessment indicated that most of the Iowa Health Centers had new, young, and inexperienced dentists as dental directors. Many of these dental directors lacked an understanding of the requirements of FQHC dental programs. In order to fill this gap in knowledge and skills the Iowa PCA sought an existing dental director training program that would be similar to the "New Medical Director's Training" offered by the National Association of Community Health Centers. Unable to identify such training for new dental directors, the Iowa PCA partnered with the Iowa DPH OHDS to develop their own manual and in person training program for FQHC dental directors.

Methods: The Iowa PCA contracted with the Iowa State Dental Director and Chief of the OHDS Bureau, Bob Russell, DDS, MPH, to collaboratively develop the "New Dental Director Training Manual: For Federally Qualified Health Center and Other Safety Net Dental Programs" over the course of one year. The manual functioned as a comprehensive guide for FQHC dental clinics, covering such topics as:

- Understanding the requirements of being a 330 grantee.
- Understanding the financial needs of a dental clinic.
- Best staffing and production ratios.
- Scheduling to maximize time and resources.
- The integration of dental directors and dental expertise into the administration and financial management of the entire clinic.

Though the manual was a success, the Iowa PCA and Dr. Russell identified further needs for training and technical assistance among safety net dental programs in Iowa and surrounding states. In person, one-day trainings were attended by dental directors and staff dentists from Iowa, Kansas and Missouri through partnerships with other PCAs. The majority of Iowa FQHC dental programs also had site visits and office trainings by Dr. Russell and the Iowa PCA. Training and technical assistance topics included:

- Differences between public health dentistry and a private dental practice.
- Strategies to achieve access to oral health care and disease control.
- Community awareness and education about oral health.

- Strategies to eliminate disease through basic, affordable services.
- Strategies for preventing oral disease in children.
- Evidence based preventive practices such as water fluoridation.
- Conducting and implementing community dental needs assessments.
- Using data to drive health improvements and health outcomes.
- Developing sustainable dental programs.
- The impact of the Affordable Care Act on oral health care.

Results: As a result of these efforts oral health gained elevated attention and priority among the Iowa PCA member organizations. Iowa PCA member organization dental clinics also experienced growth: In 2006, there were seven member organizations with dental clinics, which employed 67 oral health staff and provided care to 23,000 patients. In 2011, 12 member organizations employed 138 oral health staff members and provided oral health services to more than 57,000 patients.

Technical assistance by the Iowa PCA and Dr. Russell resulted in enhancements to Health Center dental programs including: the development of comprehensive oral health care programs, the development of scheduling protocols that eliminate no-shows, and increased efficiencies in the management of emergency care. All trainings were recorded and can still be accessed by Iowa PCA members and new staff members online.

The “New Dental Director Training Manual: For Federally Qualified Health Center and Other Safety Net Dental Programs” manual, which was also purchased by other states, was a precursor and prototype for the Association of State and Territorial Dental Directors (ASTDD) sponsored “Safety Net Dental Clinic Manual” and the National Network for Oral Health Access (NNOHA) “Health Center Operations Manual.” These manuals were and continue to be instrumental in training new FQHC dental directors throughout the country.

The Iowa PCA, with input from Dr. Russell, developed a new oral health manager position, which is dedicated to supporting member organization oral health programs and strengthening the oral health safety net in the state. The position was funded for three years by the Delta Dental of Iowa Foundation. Continuous funding is expected to come from the Iowa PCA and other sources. This position supports oral health programs by establishing additional quality initiatives such as an improved blood pressure and tobacco use screening and referral program, working to developing state wide oral health measures, and standardized chart documentation. The Iowa PCA has also added an Oral Health subcommittee to the Iowa PCA Clinical Committee to guide these initiatives.

Conclusion:

PCAs and State Oral Health Programs that are interested in expanding oral health efforts in their states should strongly consider collaborating to provide training and technical assistance. For the Iowa PCA, it was critical that Iowa’s State Oral Health Program had an active state dental director, and it was particularly helpful that Dr. Russell had previous experience as an FQHC dental director. The greatest learning curve when this project began was to clearly understand how a dental program can optimally function within the requirements of an FQHC program. NNOHA and ASTDD trainings and resources aimed at safety net clinic dental programs were helpful to understand this issue and others.

Contact Persons for Inquiries:

Nancy Adrianse, Oral Health Manager, Iowa Primary Care Association, 9943 Hickman Rd., Suite 103, Urbandale, IA 50322, (515) 333-5032, adriansen@iowapca.org