

Dental Case Managers, A Role Whose
Time has Come

Helene Bednarsh, BS, RDH, MPH
Carol Tobias, MMHS

Evaluation Center for HIV and Oral Health
Boston University School of Public Health

Why is dental care important?

- If you are infected with HIV, good oral health and regular dental care become more important.
 - Many first signs of HIV appear in the mouth.
 - Simple dental problems may become more serious quickly with a weak immune system.
 - Problems may be treated more easily if found early.

Why do oral complications occur?

- Changes in the immune system
- From the drugs used to treat HIV
- Same as everyone else – poor oral hygiene , smoking, aging

HIV positive individuals should

- Have routine dental exams, cleanings and prompt care
- Brush and floss daily or as recommended
- Examine face, neck and mouth weekly
- Inform your dental or medical professional of any changes in the face, neck or mouth.
- Inform the dental professional of your medical history and HIV status.

Case Management

CM may be defined as one who provides client-centered services that link with primary medical care and health-related services in a manner that ensures timely, coordinated access to appropriate levels of care. Key activities include information and referral, assessment of client's needs and personal support systems, development of a comprehensive individualized service care plan, coordination, monitoring, and periodic reevaluation of these services.

A dental case manager

- Is a position modeled on a medical case manager
- The goal is to assist PLWHIV's entry and retention into oral health care
- Must recognize the importance of oral health care as part of primary care
- Is a case manager dedicated to facilitating access to oral health care.

Standards of Care - CM

- Provide the highest quality of care through experienced and trained case managers
- Gather information to assess and determine each clients needs
- Develop and implement a service plan

Standards of Care -DCM

- Replace or add the word oral health to current standards

Benefits of a dedicated CM for oral health

- Allows CMs to focus on other issues within a client's service plan
- Works on an issue not always addressed
- Collaborates with CMs, medical and other services – keeps oral health on their radar screens
- Can refer clients back to a CM for other services identified

More benefits

- Provides resources and support materials to clients and their advocates
- Promotes oral health assessment as part of comprehensive case management
- Trains CMs to advocate for oral health services for their clients
- Addresses barriers specific to oral health care
- Makes, takes and ensures no breaks, in appointments

Common tasks, roles, and responsibilities

- Facilitator
- Care coordinator
- Transportation provider/coordintor
- Liaison
- Complaint resolution
- Advocate
- Educator
- Professional colleague/peer
- Companion, escort to care
- Translator

Range of roles

- Client recruitment
- Client retention
- Follow up on dental procedures, wellness checks
- Patient education
- Peer education
- Collaboration with other CMs

Training

- Dental for non-clinical DCMs
- Case management for non-CMs
- Motivational interviewing
- Patient education skills and tools
- HIV 101

Challenges on the client side

- Recruitment, retention, follow up and follow through
- Recognition of importance of oral health
- Minimizing and eliminating barriers, fear being a primary one, disclosure another, and more
- Distances to care
- Perception that care is substandard
- Long wait lists, and more clinic issues

Future considerations

- A DCM is a logical addition to the profession of case management
- A dental assistant could be trained to assume tasks associated DCM
- May have a role in rapid testing
- Can monitor trends in oral health
- Be proactive on oral health and other issues such as substance abuse, mental health, and quality of life
- Create an oral health presence across all programs

Oral health resources

- www.hdwg.org/echo
- www.hivdent.org
- www.ada.org

Dental Case Managers: A role whose time has come

Amanda McCluskey
Oregon Rural Alliance of Dental Leadership
Carolyn Brown, DDS
Native American Health Center
Helene Bednarsh, BS, RDH, MPH
ECHO, Boston University School of Public Health



Oregon Rural Alliance of Dental Leadership ORAL

Eugene Oregon

Amanda McCluskey



HIV Alliance

- Nonprofit organization Providing a wide range of services including Client Services
Prevention Community Education
- Addition of Dental Program September 2006





Partners



- Lane Community College
 - Dental Hygiene and Assisting Programs
- Community Health Centers of Lane County
 - Federally Qualified Health Center (Tort Protection)
- Regional Model
 - 15 county Service area



Clinics

- Main Clinic: Clock Tower Dental Clinic at Lane Community College
- Satellite clinics-Currently Operation
 - Linn-Benton Community College in Albany
 - Central Oregon Community College in Bend
 - Waterfall Clinic in Coos Bay
- Satellite Clinics-Planned
 - Medford
 - Klamath Falls
 - Eastern Oregon



Before Dental Case Manager

- Low client recruitment and retention
- No show rate 35-40%
- Case Mangers and clinic reception staff coordinated appointments
- CMs have limited time to spend on follow through with clients
- Program perceived as burdensome to CMs and Clients
- Lead to frustrated clinicians

With Dental Case Manager (DCM)

- No show rate less than 10%
- DCMs facilitate process with CM and clients ensuring follow through
- Less burdensome to CMs, clients and reception staff
- Clinician time is used more efficiently reducing frustration
- Clients are able to contact one person to guide them through the system

Benefits for CMs

- Decreases the workload for CMs
- CMs have a contact for dental questions and issues
- DCM helps reinforce the importance of dental care and medical care through the need for labs

Client Story

- Andy
 - Dismissed from many medical and dental clinics
 - Desperately in need of dentures and oral health care
 - DCM able to coordinate appointment and provide support for staff and client around MH and AD issues



DCM

- As the program developed, the need for the DCM became apparent
- Minimal training was provided
- Individual hired already had CM skills
- Mirrored CM program
- Needed education around clinical aspects of oral health issues

DCM Activities & Role

- Recruiting clients
- Processing and tracking referrals
- Collaborating with clients and CMs
- Facilitates relationships between clients, clinic and CMs
- Arranging & providing transportation
- Identifying client barriers and overcoming barriers
- Clarifies system, minimizes conflicting information
- Retains clients in care

Outcomes

- Decrease in no show rate, saves program money
- Saves clinical staff time and burnout by facilitating access to care and appointments
- Increases clinic efficiency
- Changes attitudes towards importance of oral health
- Change in attitude has lead to change in client compliance with care
- Increases access to dental care by facilitating access to dental care for populations with historically low dental utilization and keeps them in care.

How did we live without one

- Burdens on CMs in small agencies with large populations geographic diversity
- By isolating dental and assigning this to one individual allows that person to become the expert
- Provides consistent messages to CMs, clients and clinic
- One individual is accountable and reliable for dental issues and information
- The impact on clients, CMs, clinic is huge

Questions?

- <http://www.hivalliance.org/dentalclinic.html>
- Amanda McCluskey dental@hivalliance.org


