

Innovation in Dental Access

Celebrating Community Impact

PRISMA
HEALTHSM

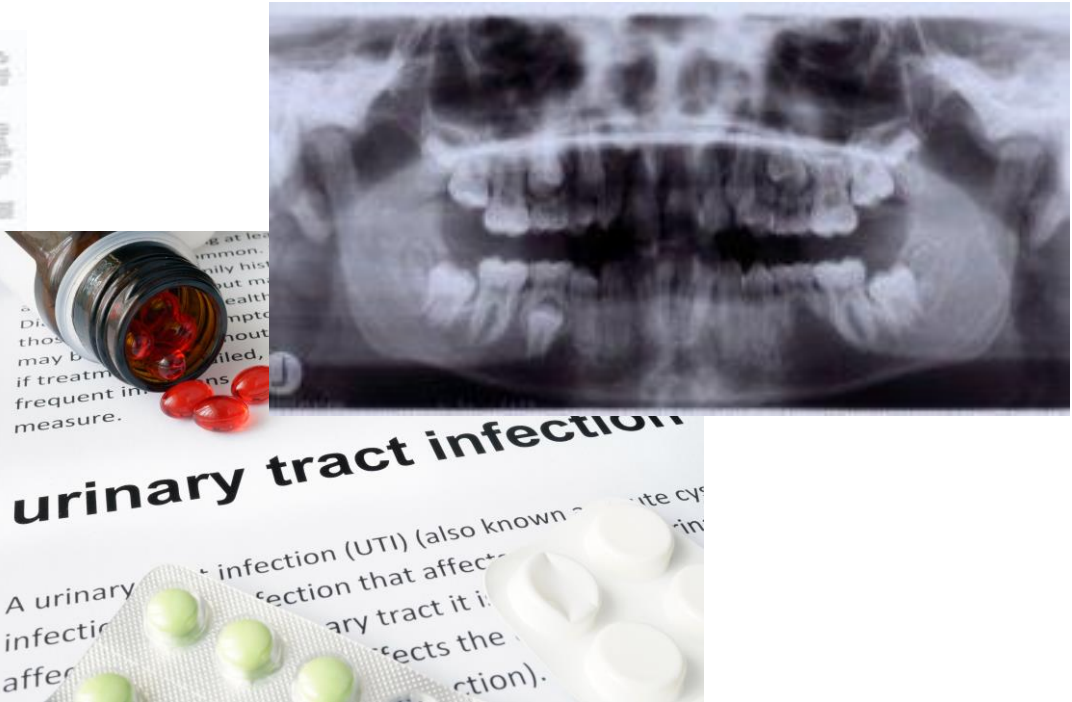
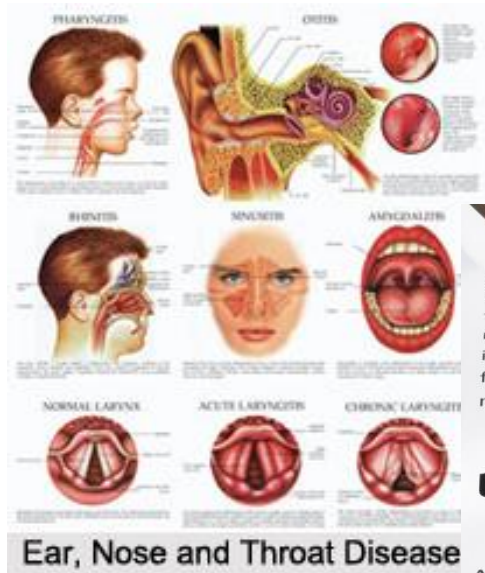
The Journey Began...

2010 Health System Profile

- Poor access to:
 - Mental health services
 - Medications
 - Dental care services
- Care was sporadic
- Confusion in navigating the “system”

Health Profile Data

- In '09, Top 3 uninsured Emergency Department discharges: ENT, Dental, Urinary Tract Infections -- \$1,100,893



A New Model of Care for the Uninsured

- Access to Comprehensive Care
- Access to Social Support Services
- Follow-up

Patient Navigation + Care Coordination +
Continuous Case Management=

LONG-TERM IMPACT

The Dental Care Gap

- Dental care was one of the most neglected and least accessible services
 - Low priority
 - Lack of insurance
 - Expensive

The Dental Care Gap

Seeking care in the ED - ineffective

Common problems - extensive decay, abscesses and recurrent infection

Escalating conditions

Our Solution

- What if we take the AccessHealth approach, but in reverse?
 - Dentist and patient come together in our clinic.
 - We absorb the expense.
 - We connect to AccessHealth and other resources as needed.
 - More than just a bandaid approach.

Solution approach: A Caring Community

Volunteer dentists offer their time & skills
in the clinic +

Hospital provides space & infrastructure +

Grants and individual / organizational
donations support operations, so care is
free to patients

**= Quality care in an appropriate
setting—a win-win-win!**

Financial support

- BlueCross/BlueShield of South Carolina
- Howard Green Foundation
- Pauline Thrift Family Foundation
- OMH Foundation & Foundation Annual Golf Classic
- Sisters of Charity
- Blue Ridge Electric Cooperative
- Julian Davis AllState Agency
- In-kind contributions
 - CompuCarolina, LLC
 - Oconee County Health Department
 - OMH Volunteer Auxiliary

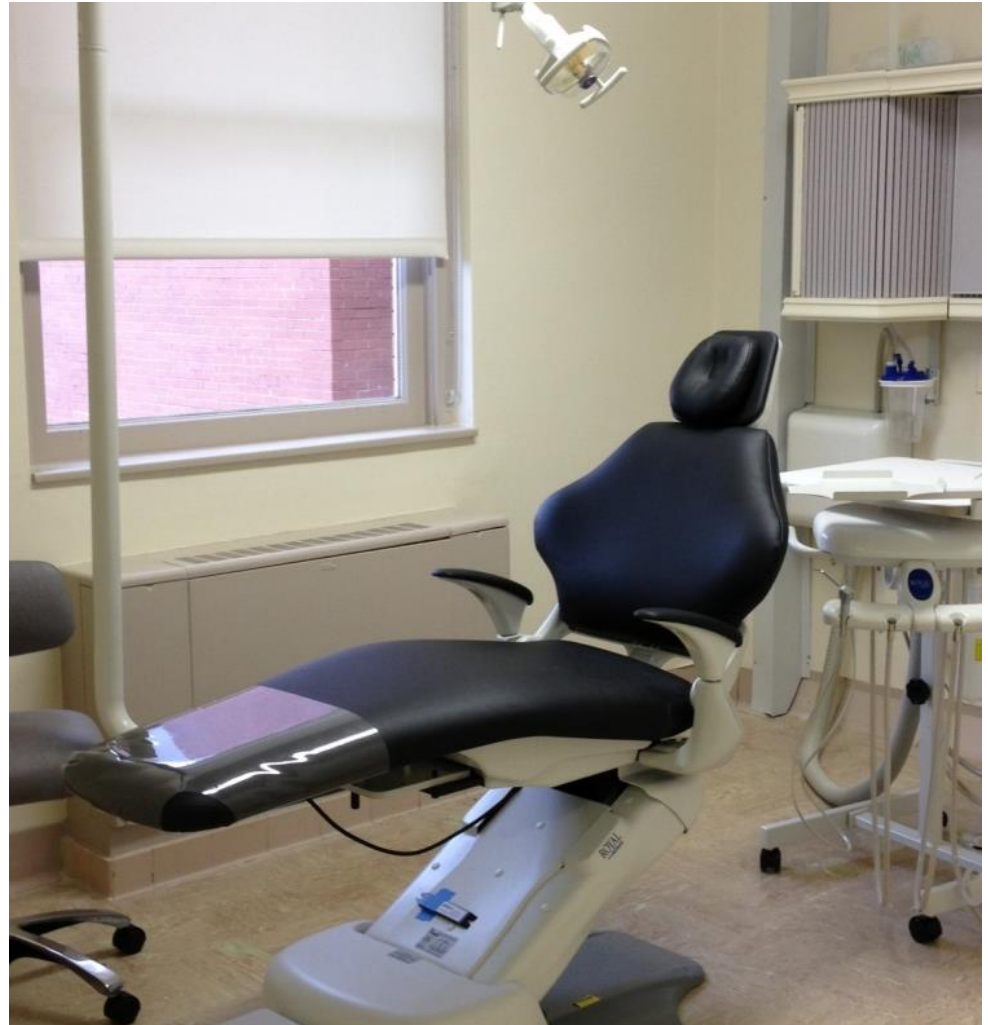
Community support

- Passionate support from dentists and community
 - Nine local dentists have volunteered in the clinic
 - Five are currently practicing
 - Others in consideration
 - Several provide support in their offices

Our Project

Renovation of space on the 4th floor of the hospital's outpatient building

Large treatment suite with two fully-equipped dental operatories



Our project

- Digital Panoramic X-ray system
- Computerized patient records and office management system
- A sterilization and supply room
- A clinical supply room
- A waiting room
- An administrative office
- ADA Restroom

Our project

- Clinic open 4 days/week
- Patient applications/intake every day
- Schedule is flexible based upon the availability of the volunteer dentists

Closing the Gap

- Affordable—patients receive care at no cost to them
- Appropriate—evaluation and treatment in the right setting
- Convenient—easily accessible; on the public bus route

Closing the Gap

- Safe—follow standard dental procedure; hospital location offers support of emergency help if needed
- Efficient—quality care provided at no cost to patients; hospital and dentists avoid costs associated with undercompensated care
- Equitable—volunteers have level opportunity to share in providing care; other dentists assist by accepting referrals from the clinic for services beyond the scope of clinic practice

Challenges

- Enormity of the project
 - Time to implementation
- Integrating dentistry into the hospital setting
 - Joint Commission and so much more
- Recruiting volunteer providers
 - Credentialing
 - Flexibility of scheduling

Challenges

- Minimal resources for additional services
 - Fillings / minor restorative care
 - Dentures / partials

Collective Impact 2018

- 736 teeth extracted
- Value of services \$173,207.00

Collective Impact Since Inception (June 2014)

- 2,920 Patients seen
- 3,952 Teeth extracted
- Value of services rendered in excess of:
\$1,013,000

Collective Impact

- Value of services rendered does not include
 - Referrals to other providers/pathology for biopsies
 - Value of services provided at partner dentist offices
 - Prescriptions given
 - Work of case management staff
 - Support of non-clinical volunteers

Collective Impact: Some data is hard to capture

- 18% Reduction in ED visits for dental problems
- \$3.09 Estimated ROI on capital investment (5 years)
- Immeasurable impact
 - Avoided ED visits and inpatient admissions
 - Overall health
 - Self-esteem / quality of life

Must-Haves

- Visionary implementation team
 - Hospital leadership
 - Dentists/hygienists/assistants
 - Community partners
- Realistic expectations
 - Research, ask questions, learn from others
 - Remember Rome wasn't built in a day!

Must-Haves

- Compassionate and determined staff
 - Patients who are in pain and scared can be more difficult
 - Have to be willing to push through the roadblocks
- Engaged volunteers
 - Enough to keep rotation from burning them out
 - They believe in what you're doing and are champions for the project

Must-Haves

- Willingness to think outside the box
 - Blaze new paths
- Commitment to constant improvement
 - Just because that's how we did it yesterday doesn't mean that's how we'll do it tomorrow

The Future

- Recruit providers to build capacity
- Expand cleaning and oral health education components
- Consider expansion of services to include minor restorative care

In their words...

- "I am very pleased with the clinic. My health is better since my extractions. I am very happy these services were available to me." S.D.
- "I felt so much better I went out and got a better job." J.C.

In their words...

- "I didn't want to smile before. Now, I can't stop smiling." W.I.
- "I really appreciate the help. You all got my teeth to stop hurting so much. All the dentists did a GREAT job, and I'm healing well." R.S.

In their words...

“I am so thankful to have the dental clinic available to me. I didn’t know what I was going to do if I couldn’t get help with my teeth. The clinic is such a blessing.”

M. Campbell



Heather Goss

Program Director, AccessHealth Mountain Lakes
Prisma Health

Heather.goss@prismahealth.org

P. 864-885-7344

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