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***Special Report Highlights the Importance of
Dental Safety Net Providers in Rhode Island***

***Nearly 65,000 Children, Adults and Elders Receive Affordable
Oral Health Care at Community Health Centers, Hospital-Based Dental
Centers, Mobile Dental Services, School- and Community-Based Sites***

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**Providence, RI, May 18, 2011** – The Rhode Island Department of Health, the Rhode Island Health Center Association, Rhode Island KIDS COUNT and the Rhode Island Oral Health Commission released a *Special Report* entitled *The Dental Safety Net in Rhode Island – 2011* at a policy forum at the **Crowne Plaza at the Crossings, 801 Greenwich Avenue, Warwick, RI, from 9:30 a.m. to 10:30 a.m. on Wednesday, May 18, 2011**. The report was released to more than 50 policymakers, state agency leaders and community leaders at a special release that followed the regular quarterly meeting of the *Rhode Island Oral Health Commission*. The *Commission* is comprised of policymakers, oral health providers and community leaders with the mission of formulating and promoting sound oral health policy, increasing awareness of oral health issues and assisting in the promotion of initiatives for the prevention and control of oral diseases.

Lt. Governor Elizabeth Roberts, permanent Co-Chair of the Rhode Island Oral Health Commission, stated, “Dental safety net providers and dentists working in private practice are critical elements of the current and future health care delivery system in Rhode Island. Dental safety net providers have really stepped up to the plate to expand their services for our residents. As we work to get more Rhode Islanders covered by health insurance, we must ensure that coverage for and access to oral health services are a part of those efforts.”

“Rhode Island has been making steady progress toward increasing the percentage of children enrolled in Medicaid who receive dental services each year. With the RItE Smiles managed care dental benefit in place, Rhode Island now ranks sixth best in the nation for access to dental care for children enrolled in Medicaid,” remarked Jill Beckwith, Co-Chair of the Rhode Island Oral Health Commission and Policy Analyst at Rhode Island KIDS COUNT. “Yet, access to dental care remains a major public health issue in Rhode Island. Even with safety net providers seeing more patients every year, only 52% of children and only 39% of adults enrolled in Medicaid last year were seen by a dentist.”

Dental safety net providers are the community health centers, hospital dental clinics, mobile clinics, and school-based and community-based programs that provide comprehensive, ongoing dental care – serving as the dental home for thousands of children, adults and the elderly. Along with private dentists and specialists, these dental safety net providers are a critical part of the dental care service delivery system in Rhode Island, especially for low-income and uninsured Rhode Islanders. The report details how these sites provide oral health care to thousands of Rhode Islanders of all ages, regardless of their insurance status or ability to pay.

Jane Hayward, President and CEO of the Rhode Island Health Center Association, stated, “The community health centers consider dental care an integral part of the comprehensive primary care they provide to Rhode Islanders with and without insurance. Community health centers have increased their dental capacity greatly over the past five years, serving people of all ages. They are a key part of the dental delivery system for all Rhode Islanders and as such, must be preserved especially during these difficult budget times when more people are turning to them for care.”

**Key findings from the *Special Report: The Dental Safety Net in Rhode Island* include:**

**Number of Patients Served More than Doubled Since 2005-2006**

- The number of patients served by hospital-based centers increased by 106% between 2005-06 and 2010-11. The number of patients served by community health centers increased by 51%, and the number of patients served by the CCRI dental hygiene clinic and school-based and community-based dental programs increased by 22% over that same time period.

All of the dental safety net providers reported serving patients who have no insurance, patients who have commercial dental insurance, and patients who have public insurance. Eight community health centers (with 14 sites) reported providing dental care to a total of 10,768 children and 20,426 adults in 2009. Samuels Sinclair Dental Center at Rhode Island Hospital, which specializes in treating children and adults with disabilities, provided dental care to 3,804 children and 1,912 adults. St. Joseph Health Services' three dental centers (in Johnston, Pawtucket and Providence), reported treating a total of 13,248 children in 2009. The Dental Hygiene Clinic at the Community College of Rhode Island (CCRI) saw 1,700 adults during that same time period.

### **Dental Safety Net Workforce Nearly Doubles in Size**

- The FTE totals for staffing among the dental safety net providers represent a 140% increase in the number of dentists, 26% increase in dental hygienists and 94% increase in dental assistants) between 2005-06 and 2010-11 (nearly doubling the total workforce).

Dental safety net providers reported, when fully staffed, they would employ 60.66 full-time equivalent (FTE) dentists, 27.79 FTE dental hygienists and 68.47 FTE dental assistants, working in a total of 121 dental operatories across Rhode Island. An additional 54 dental hygiene students provide dental hygiene service at the CCRI Dental Hygiene Clinic in 18 operatories. Seven responding dental safety net sites reported having at least one vacancy in clinical staff (for a total of 8.05 FTE vacancies at the time of the survey). Staff vacancies can negatively impact the ability to provide dental services.

### **Students Served by School- and Community-based Dental Programs Grows by 24%**

- In calendar year 2009, dental safety net providers saw 11,797 students in 90 elementary schools, 20 middle schools and three high schools in Rhode Island. This is a 24% increase from the 2005-06 survey.

Dental services offered in schools include oral screenings and exams, prophylaxis (cleanings), fluoride treatments, dental sealants and oral health education. Four respondents reported providing dental services in community-based settings, such as Early Head Start and Head Start Programs and child care centers. Two organizations reported providing dental services at Boys and Girls Clubs and one in public housing developments.

**Future Needs:** Most respondent dental organizations reported they were unable to meet all of their clients' oral health needs, and identified the following barriers:

- A lack of dental specialists willing to accept referrals for safety net clients, the limited types of dental services that safety net providers can provide (which require them to refer to other providers).
- Inadequate reimbursement rates from Medical Assistance.
- Insufficient space and insufficient funding.

In order to better meet their clients' needs, dental safety net providers indicated a need for more specialists willing to accept referrals, additional staff (including dentists, dental hygienists, dental assistants, administrators/managers and reception/clerical), increased staff language capacity, updated dental equipment, and increased funding, among other needs. The report also contains additional information on the services offered and financing of the dental safety net.

Many of the safety net sites provide medical care and other health-related services in addition to dental care. "Safety net providers are an ideal place to show the value of integration between medical and dental homes," said Ana Novais, Executive Director of the Division of Community, Family Health & Equity at the Rhode Island Department of Health. "Many of these locations care for people throughout their lifespan and their connection to community-based resources even further enhances the level of care that they are able to provide."

### **Recommendations for dental safety net providers**

- Continue to serve children, adults and older adults with public and private insurance and those without insurance at fixed-site locations, and through mobile, school-based and community-based dental programs.
- Systematically collect and share utilization, staffing, and financing data in order to measure success, improve programs, identify areas for improvement and inform policy change.
- Develop long-term sustainability plans by identifying data-driven critical success factors (cost per patient visit, revenue per patient visit, efficiency, productivity, patient flow, appointment system, quality of care, patient satisfaction and other measures).
- Consider employing best practice strategies to minimize no-show rates including consistently applying strong no-show policies; using scheduling software and technology;

designating and training staff that are responsible for scheduling; minimizing double-booking and overbooking; and scheduling appointments within 30 days in advance in order to eliminate limited appointment availability and waiting lists.

- Continually evaluate unmet community oral health needs and how the safety net can best respond.
- Continue to build capacity in specialty dental services by hiring directly and/or contracting with private dental specialists to serve safety net populations.
- Pursue additional funding to further expand dental services for uninsured patients and those with Medicaid coverage in underserved communities through fixed site locations and mobile, school-based and community-based programs.
- Identify opportunities for workforce recruitment and retention to ensure appropriate staffing for dental programs.

**Recommendations for state agencies, public officials, foundations and charities, and oral health advocates in Rhode Island in order to support the dental safety net**

- Continue to strengthen the infrastructure of dental safety net providers by investing in capital needs for the maintenance and expansion of existing sites and establishing new dental centers in underserved communities.
- Build on the success of RItE Smiles by increasing the age range of children who can qualify and/or expanding it to cover adults, to continue to increase the pool of providers serving patients with Medicaid.
- Ensure adequate reimbursement rates to support the increasing diversity of services provided in clinical and non-clinical settings.
- Identify and implement workforce recruitment and retention strategies to ensure there is an adequate supply of high quality dentists, dental hygienists and dental assistants working in dental safety net locations.
- Identify solutions for the shortage of oral surgeons who will accept patients with Medicaid and/or those with no insurance, as well as ways to improve access to other specialty care for safety net patients.

- Improve health promotion and disease prevention efforts, implement public education strategies on the need for early and regular oral health care and conduct outreach inform Rhode Islanders about oral health resources that are available.
- Ensure that dental benefits for children, parents, childless adults and older adults are available through Medicaid and the Health Insurance Exchange (starting in 2014) at an affordable cost, in order to ensure that all Rhode Islanders have coverage for oral health services.

Jill Beckwith, Policy Analyst at Rhode Island KIDS COUNT and co-chair of the Rhode Island Oral Health Commission closed the meeting, stating, “There is still more work to be done. Safety net providers and private dentists alike must continue to build their capacity to treat children and adults with Medicaid and those without dental insurance so that we accelerate our progress toward ensuring that all Rhode Islanders are able to access quality oral health services.”

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*Rhode Island KIDS COUNT is a statewide children’s policy organization that works to improve the health, economic well-being, education, safety and development of Rhode Island’s children.* This press release is based on the findings of a survey of dental safety net providers conducted between January and April 2011 by the Rhode Island Department of Health, Rhode Island Health Center Association, Rhode Island KIDS COUNT and the Rhode Island Oral Health Commission. The goal of the survey is to track trends in the delivery of dental services to the state’s underserved children, adults and elders.

The following organizations responded to the survey: Blackstone Valley Community Health Care (Pawtucket), the Community College of Rhode Island’s Dental Hygiene Clinic (Lincoln), Comprehensive Community Action Program (Cranston and Warwick), East Bay Community Action Program (Newport), Providence Community Health Centers (Providence), Rhode Island Hospital’s Samuels Sinclair Dental Center (Providence), St. Joseph Health Services Pediatric Dental Centers (Johnston, Pawtucket and Providence), Thundermist Health Center (Wakefield, West Warwick and Woonsocket), Tri-Town Community Health Center (Johnston), WellOne Primary Medical and Dental Care (Foster, Pascoag and North Kingstown) and Wood River Health Services (Hope Valley). The Wisdom Tooth mobile dental program, which serves elders in nursing homes), also responded to the survey.