COVID-19 IN TEXAS: An Opportunity to Improve the Oral Health System in Texas

PRESENTED BY

October 15, 2020
10:00 AM – 11:00 AM
We are an independent, non-profit, non-partisan public health institute in Texas

OUR VISION
Healthy People, Healthy Communities

OUR MISSION
To advance the health of all
COVID-19 IN TEXAS: THE OPPORTUNITY TO IMPROVE THE ORAL HEALTH SYSTEM IN TEXAS

Ankit Sanghavi, BDS, MPH, Texas Health Institute
Rhonda Stokley, DDS, Texas Department of State Health Services
Sean Boynes, DMD, MS, DentaQuest Partnership for Oral Health Advancement
Impact of COVID-19 on oral health system in Texas: Why is it an opportunity?

**SETTING THE CONTEXT**

- **NECESSITY:** Oral health and systemic linkage; worsening disparities
- **INERTIA:** Negative financial impact and inadequate policy reforms
- **CHANGING SYSTEMS:** Concurrent primary care and health systems transformation
OBJECTIVES

• Identify and analyze COVID-19’s impact on Texas’ oral health needs and capacity

• Highlight the oral health and systemic health linkage

• Provide systems-level recommendations to improve oral health system in Texas
TAKEAWAY 1:
Worsening inequitable oral health burden

Nationally, the Centers for Disease Control and Prevention (CDC) notes that “non-Hispanic blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States,” and these same populations have disproportionately higher incidence of COVID-19–related infection and death.
TAKEAWAY 2: Growing need to strengthen and sustain the state’s oral health infrastructure, especially the safety net.

WHY PRIORITIZE TEXAS’ ORAL HEALTH SAFETY NET?

• Impact of school closures
• Growing uninsured burden
• Increasing emergency department visits and preventable deaths
• Disparities in access to care and oral health needs will worsen without a strong safety net system in Texas

A study published in Health Affairs in 2016, revealed that irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving dental care, compared to any other type of health care.
TAKEAWAY 3: Opportunity and need to grow the role of oral health professionals in improving overall health and health equity

- Growing recognition and value of the role oral health professionals play in person and community-centered care design
- Need to address social determinants of health
- Role of oral health team in managing chronic diseases and behavioral health needs

Vital to success is ensuring a person and community-centered system design that facilitates structured yet seamless access to desired and required care.
Advancing an equity and systems approach to oral health improvement in Texas
RECOMMENDATIONS

- PRIORTIZING ORAL HEALTH EQUITY
- ADVANCING A HEALTH TEAM APPROACH
- A VALUE-BASED APPROACH FOR SUSTAINABILITY & GROWTH
- POLICY & SYSTEMS REFORM
- DATA AVAILABILITY & UTILIZATION
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The Oral Health Improvement Program and COVID-19

October 15, 2020
Rhonda Stokley, DDS
Oral Health Improvement Program

- Texas Department of State Health Services
- Community Health Improvement Division

3 main activities:
- Smiles in Schools
- Smiles for Moms and Babies
- Oral Health by the Numbers
Dental Coverage for Texas Children

Percent of Public Schoolchildren in Texas, by Grade and Type of Dental Coverage

*Relative Standard Error (RSE) for Multiple Coverage >30%; estimate not shown. There is no significant difference in the type of dental coverage between grade level, Chi-square, $p=0.1$.

Source: MCH Epidemiology Unit
Caries Experience in Texas Children

Percent of Public Schoolchildren in Texas, by Grade and History of Tooth Decay

- Kindergarten (SFY19): 52.9% History of Tooth Decay, 47.1% No History of Tooth Decay
- 3rd Grade (SFY18): 67.1% History of Tooth Decay, 32.9% No History of Tooth Decay

Source: DSHS MCH Epi Unit
Oral Health in Texas Children Who are Hispanic

Compared to white non-Hispanic children, those identified as Hispanic were 60% more likely to have a history of tooth decay, regardless of grade

Source: MCH Epidemiology Unit
Smiles in Schools

- 5 regional dental teams
  - Lubbock, Tyler, Houston, San Antonio, El Paso
- Limited oral evaluations
- Fluoride varnish
- Dental sealants
- Oral health education

Dr. Anita Albert (pre-COVID photo)
Smiles in Schools

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th># Limited Oral Evaluations</th>
<th># Fluoride Varnish Applications</th>
<th># Children Receiving Sealants</th>
<th>Total Value of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 19</td>
<td>10,094</td>
<td>10,234</td>
<td>488*</td>
<td>$1.17M</td>
</tr>
<tr>
<td>FY 20**</td>
<td>9,793</td>
<td>9,933</td>
<td>749</td>
<td>$1.19M</td>
</tr>
</tbody>
</table>

* FY 19 was a surveillance year so fewer sealants were placed
** FY 20 activities ended in mid-March so ~ 54% of the fiscal year was used
What did OHIP do from March until now?

• Worked on the state’s COVID-19 response
• Convened state school-based sealant programs virtually to discuss COVID-19
• Moved Texas Oral Health Conference to a virtual format (OHIP is member of the planning committee)
Smiles in Schools

How will things be different this year?

• Fewer children will be seen

• Clinical protocols adjusted to match CDC and Texas State Board of Dental Examiners guidance
Statewide oral health surveillance (Oral Health Basic Screening Survey) conducted by OHIP was completed in the 2017-18 and 2018-19 school years.

COVID-19 may impact oral health surveillance data we collect from other sources.
Smiles for Moms and Babies

Moving from in-person to online:
• Oral health training for home visitors and parent educators
• Provider training for prenatal providers and dental providers
Preliminary data show dental service rates among children declined for all states through April, but there was considerable variation across states in May.
Thank you!

The Oral Health Improvement Program and COVID-19

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THE RE-EMERGING SMILE

Sean G Boynes, DMD, MS
Vice President, Health Improvement
DentaQuest Partnership for Oral Health Advancement
A COVID-19 Impacted World
Insights from DentaQuest Participating Providers

- DQP conducted a survey of DentaQuest Participating Providers in August 2020.
  - Questions on attitudes and knowledge.
  - 2,767 responded, for a 13% response rate.
  - 431 providers in Texas.

- 97% of providers in Texas are open for all services, but there are ongoing struggles with patients and revenue:
  - 75% report significant reductions in patient volumes and revenue, compared to 65% nationally.
  - 52% are seeing fewer new patients than pre-COVID, compared to 44% nationally.
  - 61% are seeing more patients without commercial dental insurance due to job loss, compared to 52% nationally.
Texas Medicaid Dental Providers & Teledentistry

• 1 in 5 are confident they can utilize teledentistry and see it as a long-term change in dentistry
  • Nationally, 3 in 10 providers are currently seeing patients via telehealth platforms

• 77% of providers using teledentistry platforms expect the volume of encounters to increase or stay the same over the next year

• Rural providers are more likely than those in urban/suburban environments to use telehealth to triage patients to prioritize care, prescribe needed medications, and visually examine the teeth and mouth

DentaQuest Partnership Survey of 2,055 DentaQuest Participating Dental Providers. Survey ran from August 17th to Sept. 1st, 2020. Response rate was 10%.
Teledentistry:

Component One: Synchronous Urgent Visit

40% of urgent telehealth patients did not need to be seen in person for emergency treatment.

65% of procedures performed during initial in-office emergency visits involved only diagnostics with less than one-third needing restorations or tooth removal.

Component Two: Synchronous Prevention Visit

This synchronous encounter is proactive, provider initiated, and scheduled rather than a reactive urgent telehealth visit.

Holistic care experience: integrated, interprofessional health visits.

Component Three: Asynchronous Visits

Asynchronous prevention visits provide appropriate dental care when dental access is limited.
Impact of a telehealth-enabled prevention approach

Figure 4: Relationship between a visit with caries risk assessment procedures in 2018 on Oral Health in 2019

Figure 7: Average Cost of Dental Treatment Visits (telehealth vs. traditional)
ORAL HEALTH VALUE-BASED CARE:
The Federally Qualified Health Center (FQHC) Story

SUGGESTED CITATION:

ADA News
FQHCs consider adopting new value-based care model in midst of pandemic
New research paper highlights ways underserved can benefit from different approach
September 14, 2020

Healthcare Innovation
Report: FQHCs Should Lead Value-Based Care Approach to Oral Health
DentaQuest Partnership for Oral Health Advancement, National Association of Community Health Centers see opportunity to advance holistic care
Author: David Roth
Sep 14th, 2020
Oral Health and a Healthy Life

Value Transformation Framework

Population Health Management

The Value Transformation Framework addresses how health centers can use a systematic process for utilizing data on patient populations to target interventions for better outcomes, with a better care experience, at a lower cost. This Action Guide focuses on one foundational component of population health management: risk stratification.

Providing diabetes care that improves health outcomes, improves patient and provider experiences, and reduces costs (the Quadruple Aim), requires health centers to couple evidence-based diabetes interventions with larger systems-level change. NACHC’s Value Transformation Framework is designed to guide this systems approach to transformation.

https://www.dentaquestpartnership.org/system/files/Impacts%20Beyond%20The%20Mouth.pdf
http://www.nachc.org/clinical-matters/value-transformation-framework/
Dental services help FQHCs reduce the burden of chronic diseases.

If 70% of patients had dental care, the proportion of diabetic patients with uncontrolled or poorly controlled diabetes would decrease from 34% to 24%.

Each patient with uncontrolled diabetes is estimated to cost double to triple what a patient with controlled diabetes costs ($4,800 compared to $9,600 to $15,000 per year).

There is an opportunity for FQHCs to demonstrate how the treatment of oral disease leads to cost savings on medical expenditures, especially among patients with chronic conditions.

From UDS report and controlling for age, race, poverty and the insurance status of the FQHC patient population.
Questions?
Question & Answer

Please type your question in the Q&A box and specify which panelist it is directed to.
OUR TEAM

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TEXAS HEALTH INSTITUTE
BRIEFS & WEBINARS AVAILABLE TO VIEW & DOWNLOAD:

- Uncovering Racial Inequities and Advancing Health Equity in Response and Recovery
- Call to Action: A Consensus-Based Approach to Protect & Reinvigorate Primary Care in Texas
- The Frontline of Behavioral Health: How Local Mental Health Authorities are Adapting to COVID-19
- Applying a Health Equity Lens to Inform COVID-19 Response and Action in Understanding Transgender and Gender Diverse Health Experiences in Texas

www.TexasHealthInstitute.org/COVID19-Series
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We believe everyone should have an equitable opportunity to achieve optimal health.