Improving Health Outcomes

Moving Patients Along the
HIV Care Continuum

INTERVENTION GUIDE
SPNS Demonstration Model of Oral Health Care

SEPTEMBER 2018

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AIDS Care Group

This intervention guide examines one of 15 SPNS Innovations in Oral Health Care Initiative interventions designed to serve people living with HIV (PLWH). The AIDS Care Group intervention seeks to link PLWH who receive HIV care services at Ryan White HIV/AIDS Program (RWHAP)-funded clinics to comprehensive oral health care. By delivering oral health care to this population, a frequently unmet need is addressed, improving overall health care outcomes and further engaging clients in their care. This intervention guide provides information on key components of the intervention and the capacity required by organizations/clinics to conduct this work.

Diagnosing HIV

Linkage to Care

Retention in Care

Prescription of ART & Medication Access

This intervention guide is part of a training series entitled, "Improving Health Outcomes: Moving Patients Along the HIV Care Continuum," and is published by the Special Projects of National Significance (SPNS) Program, under the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). The purpose of this intervention guide and others featured as part of the *Translation of SPNS Findings and Technical Assistance Support to Implement New Models of Care* project is to highlight SPNS-funded interventions along the HIV care continuum and support replication of these evidence-informed innovative models of care. The HIV care continuum refers to the fluid nature of HIV health care delivery and client experiences, and research has demonstrated the importance of moving clients along the continuum with the goals of being fully linked, engaged, retained, and virally suppressed. This framework has received attention as research has demonstrated the importance of these activities. Therefore, finding programs that help clients move along the stages of the continuum are particularly important.

About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically, or medically vulnerable. The Special Projects of National Significance (SPNS) Program is a part of the HRSA HIV/AIDS Bureau (HAB). The SPNS Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by HAB. SPNS advances knowledge and skills in the delivery of healthcare and support services to underserved populations living with HIV. Through its demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.

About the Innovations in Oral Health Care Initiative

The featured evidence-informed intervention was part of the SPNS "Innovations in Oral Health Care Initiative." For this initiative, SPNS supported 15 demonstration sites for five years to develop innovative models of care for providing oral healthcare services to underserved populations living with HIV in both urban and non-urban settings. The demonstration sites for this initiative provided comprehensive oral health care services to HIV-positive clients and developed individualized treatment plans for each client receiving services. The demonstration sites also participated in a robust multi-site evaluation. Populations of interest included HIV-positive clients in need of oral health services. To learn more about this initiative, visit: **https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-innovations-oral-health-care**.

Demonstration Model of Oral Health Care

AIDS Care Group

Why This Intervention?

PLWH experience a high incidence of oral health problems and oral health care is a frequently cited unmet need. Poor oral health can make it difficult to chew or swallow and can impede food intake, nutritional density of food eaten, appetite, and nutrition, leading to poor absorption of HIV medications and poorer medication adherence, making PLWH more susceptible to HIV progression.[1]

This intervention was able to find, link, and retain clients, reduce wait times, improve proximity to care, provide dental case management services, and support clients in engagement in broader HIV primary care.

Six years after the intervention study, the program continues to be sustained and all original study clients are still engaged in oral healthcare services.

At-a-Glance

The table below provides a general overview of AIDS Care Group's Oral Health Care intervention. The intervention establishes a satellite dental clinic to expand reach and access to dental services for PLWH supported by dental case management and oral health care education.

Model at-a-Glance	
Step 1	**Assess Feasibility for a Satellite Clinic** Assess service area to determine unmet oral health needs among clients, whether a satellite clinic could support those needs, whether there are competitors within the area, and what regulations and/or zoning requirements exist where the clinic is being proposed.
Step 2	**Secure Buy-in** Educate staff, especially case managers, and clients about the new clinic and its proposed service offerings. Educate community HIV primary care providers, case management organizations, and other entities about the proposed services and how they could refer clients to the new dental clinic. Attend consumer advisory meetings to present the proposed clinic concept and solicit consumer feedback.

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[1] Strauss H. Adapted from Abel N. Importance of Oral Health Care in Treatment of PLWHA. [Presentation.]

Model at-a-Glance

Step 3

Staff Up: Identify a Dental Case Manager and Train Staff

Determine anticipated number of clients and required capacity to serve them. For example, AIDS Care Group began staffing the clinic to serve clients one day a week. Staff included a dental supervisor (overseeing logistical planning, launch, and overseeing dental training), dentist, dental assistant, and dental hygienist, along with dental case management services (to support client access and engagement into dental services), and transportation support. Dental case management services are an important component of the intervention but this doesn't necessarily require a devoted position. All dental staff communicate frequently with clients' HIV case managers (who assist clients with their additional health and social support needs to ensure a truly comprehensive one-stop-shop approach). (See **"Staffing Requirements and Considerations for Replication"** table and **"Replication Tips for Intervention Procedures and Client Engagement"** section to learn more about staff positions.)

Step 4

Market the Clinic

Prepare flyers; engage clients and stakeholders in sharing information via word-of-mouth; place information on your organizational website and other communication channels to let the community know the satellite clinic is open, the eligibility/screening criteria for patients, services to be provided, and how they can refer patients to the services. AIDS Care Group markets itself as ACG, an organization offering medical, dental, and social support services.

Step 5

Educate Clients and Provide Dental Care

Screen clients and discuss previous dentistry experiences and oral health care regimens. Draft a care plan, addressing their chief complaints first and then moving on to other required dental procedures. Utilize each engagement as an educational opportunity to share good dental hygiene practices and stress the importance of oral health in overall health. If necessary, refer clients to subspecialty dental care as well as any additional supportive care services they may need. Coordinate any referrals made.

Source: AIDS Care Group. Demonstration Model of Oral Health Care. [Final report.] August 31, 2011.

✓ Resource Assessment Checklist

Prior to implementing the Oral Health Care intervention, organizations should walk through a Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. If organizations do not have these components in place, they are encouraged to develop their capacity so that they can successfully conduct this intervention. Questions to consider include:

☐ Is there a need for your service? Are there clients who have unmet oral health care needs that area dentists either can't or won't address?

☐ Does your organization provide dental services? If not, are you able to secure these services either internally or via a partner agency?

☐ Does your organization provide HIV primary care or have partnerships in place with organizations who do?

☐ Are there organizations near the proposed satellite clinic site that could refer their clients to dental care? Do you have relationships with these organizations or can you create them?

☐ Have you identified a need for a satellite clinic? Have you identified where you would like the satellite clinic to be located, and will regulations and zoning allow you to develop it there?

☐ Do you have a dentist who can serve as a "champion" of the intervention and provide oversight, guidance, and training to staff and support logistical setup of the new site? If not, is there someone you can appoint to this position?

☐ Is there someone who can take over dental case management responsibilities to support client linkage and engagement into dental care and address other patient service needs?

Setting the Stage

Oral health is a critical component of total health for all people. Poor oral health has serious consequences, including painful, disabling, and costly oral diseases. Diseases, such as gum disease and periodontal disease are associated with diabetes, heart disease, stroke,[2] cardiovascular disease, pulmonary disease, poor pregnancy outcomes, and osteoporosis.[3] Dentists are also uniquely positioned to help play the role of diagnosticians as some infections present in the mouth first.

PLWH experience a high incidence of common oral health problems, such as dental decay/cavities, gingivitis, as well as oral health problems that are directly related to HIV infection.[4] Although the incidence of certain oral manifestations, such as oral candidiasis and Kaposi's sarcoma, have decreased,[5] the rate of HIV salivary gland disorder—which results in xerostomia (dry mouth)—has increased.[6] This reduction of saliva, which can be caused by HIV medications or HIV-associated salivary gland disease, can result in a range of dental problems, such as tooth decay, periodontal disease, and fungal infections, and produce serious negative effects on clients' quality of life by affecting dietary habits, nutritional status, speech, taste, and tolerance to dental prostheses.[7] Moreover, poor oral hygiene increases the risk of additional oral complications of HIV disease,[8] as such, these factors are particularly important when developing a care plan.

As with the general U.S. population, PLWH are more likely to have an unmet need for oral health care than for medical care, and amidst the advances in HIV care and treatment, access to oral health care continues to be frequently cited by PLWH as their primary unmet need.[9,10]

Even treatable conditions, such as gingivitis or early periodontitis, can quickly become serious in PLWH when the immune system is weak. Bacterial infections (i.e., dental decay and periodontal disease) that begin in the mouth can escalate to systemic infections and harm the heart and other organs if not treated, particularly in PLWH.[11]

> Diseases, such as gum disease and periodontal disease are associated with diabetes, heart disease, stroke, cardiovascular disease, pulmonary disease, poor pregnancy outcomes, and osteoporosis.

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[2] U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

[3] Strauss H. Adapted from Abel N. Importance of Oral Health Care in Treatment of PLWHA. [Presentation.]

[4] Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). Oral Health and HIV. Ryan White HIV/AIDS Program Fact Sheet.

[5] Patton LL, McKaig R, Strauss R, et al. Changing Prevalence of Oral Manifestations of Human Immunodeficiency Virus in the Era of Protease Inhibitor Therapy. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2000; 90:299-304.

[6] Fox JE, Tobias CR, Bachman SS, et al. Increasing Access to Oral Health Care for People Living with HIV/AIDS in the U.S.: Baseline Evaluation Results of the Innovations in Oral Health Care Initiative. *Public Health Reports.* 2012 (Suppl 2):127:5–16.

[7] Strauss H. Adapted from Abel N. Importance of Oral Health Care in Treatment of PLWHA. [Presentation.]

[8] Rajabiun S, Fox, JE, McCluskey A, et al. Patient Perspectives on Improving Oral Health-Care Practices Among People Living with HIV/AIDS. *Public Health Reports.* 2012 (Suppl 2):127:73–81.

[9] Tobias C. Oral Health Care: The Forgotten Need for HIV-positive Populations in the Continuum of Care. [Presentation.] American Public Health Association (APHA) Conference; Washington, DC.

[10] Kenagy GP, Linsk NL, Bruce D, et al. Service Utilization, Service Barriers, and Gender Among HIV-positive Consumers in Primary Care. *AIDS Patient Care STDs.* 2003;17: 235–44.

[11] Strauss H. Adapted from Abel N. Importance of Oral Health Care in Treatment of PLWHA. [Presentation.]

While poor oral health can impact physical health in a number of ways, its psychosocial impact is equally significant. Poor oral health in PLWH can adversely affect quality of life, lower self-esteem, and limit career opportunities and social contact as result of facial appearance, malodor, or pain.[12]

The landmark *Oral Health in America* report released in 2000 by the Surgeon General[13] made a compelling case for the integration of oral health into overall health. The report calls out factors contributing to disparities in access to oral health care across the country, including socioeconomic factors, lack of transportation, presence of disability or chronic illness, lack of dental insurance, and personal factors, such as lack of awareness and education about the importance of oral health.[14] These access barriers are particularly acute for people with chronic illnesses or compromised immune systems, including PLWH, because of the interconnection between physical health and oral health.[15]

To address unmet oral health care needs and identify strategies and treatment models, the SPNS program launched the *Innovations in Oral Health Care Initiative* (Oral Health Initiative). This represents the largest study to examine oral health care among PLWH in more than a decade.[16] The Institute of Medicine[17] and other studies[18] have also reaffirmed the need to improve access to oral health care and asserted that this access is essential for promoting overall health and wellbeing, particularly for vulnerable populations.

The Oral Health Initiative, including the intervention featured here, sought to:

- Develop innovative strategies for providing comprehensive oral health care services for PLWH

- Expand oral health care services to new communities and populations

- Implement models to maximize payment coverage and sustainability

- Establish linkages and referrals to HIV medical care and support services

- Provide appropriate training and support to staff in managing oral health care for PLWH[19]

AIDS Care Group represents the third largest provider of dental care to PLWH in Southeastern Pennsylvania after the two dental schools at Temple University and University of Pennsylvania. When the SPNS Oral Health Initiative was established, it provided an opportunity to expand dental services and

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[12] HRSA, HAB, Special Projects of National Significance. *Training Manual: Creating Innovative Oral Health Care Programs*. Rockville, MD: Author; 2013.

[13] This report remains the most up-to-date report by the Surgeon General specific to oral health.

[14] U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

[15] HRSA, HAB, Special Projects of National Significance (SPNS). *Training Manual: Creating Innovative Oral Health Care Programs*. Rockville, MD: Author; 2013.

[16] Fox JE, Tobias CR, Bachman SS, et al. Increasing Access to Oral Health Care for People Living with HIV/AIDS in the U.S.: Baseline Evaluation Results of the Innovations in Oral Health Care Initiative. *Public Health Reports*. 2012. (Suppl 2);127:5–16.

[17] Institute of Medicine. Advancing Oral Health in America. Washington, DC: National Academies Press; 2011.

[18] Burger-Calderon R, Smith JS, Ramsey KJ, et al. The Association Between the History of HIV Diagnosis and Oral Health. *Journal of Dental Research*. 95(12); 2016.

[19] HRSA, HAB, SPNS. Innovations in Oral Health Care Initiative: Demonstration Models and Evaluation and Support Center. Rockville, MD: Author; 2006.

target additional counties in Pennsylvania for care. AIDS Care Group runs a comprehensive integrative medical facility and in addition to dentistry also provides HIV primary care, psychiatry, psychosocial support groups, nutritional counseling, adherence counseling, testing and counseling for HIV, medical case management, transportation assistance, food distribution, drug and alcohol counseling, clothing distribution, art therapy classes, housing support, pharmacy services, pharmacy compliance, transitional care coordination, overdose prevention support, and medication-assisted treatment (e.g., Suboxone for opioid addiction).

Providers of dental care to PLWH in Southeastern Pennsylvania:

**Temple University
University of PA
AIDS Care Group**
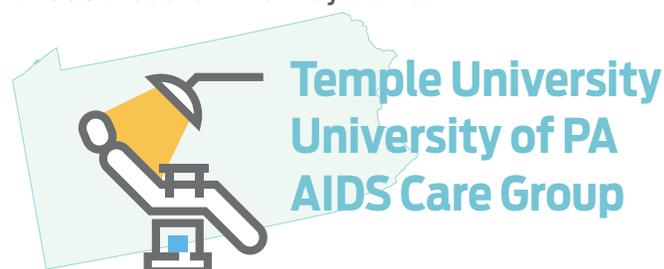
AIDS Care Group's target population—PLWH living in Chester, Lancaster, and York Counties located in south central Pennsylvania—were already receiving HIV medical care and case management services from RWHAP-funded providers but had little or no access to comprehensive oral health care. Although the counties have dentists, the economics of dental care, lack of transportation, insurance status, and poverty of the target population had created significant barriers to their accessing oral health care services and, as such, many had gone years without seeing a dentist.

Description of Intervention Model

Intervention Model: Oral Health Care

CHALLENGE ACCEPTED

THE CHALLENGE: Establish a satellite dental treatment center for PLWH who receive HIV medical and case management services but have little to no access to comprehensive oral health care.

"You don't want a healthy neck-down body. You want a healthy top of the head to the tip of the toe body."

–Dr. Howell Strauss, D.M.D., AIDS Care Group[20]

AIDS Care Group set out to establish a new satellite dental office in Coatesville, PA to extend the reach of oral health care services to a broader service area and set of clients. This included collaborating with other area HIV medical and service providers who could link clients to the satellite clinic. The satellite office was open one-day a week for eight hours, although a dentist was on call daily in case of any urgent needs.[21]

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[20] Strauss H. Adapted from Abel N. Importance of Oral Health Care in Treatment of PLWHA. [Presentation.]
[21] AIDS Care Group. Demonstration Model of Oral Health Care. [Final report.] August 31, 2011.

Staff included a dental director experienced in providing dental care to PLWH who was responsible for start-up and ongoing operations, including staffing, supplies, equipment, and training. The staff also included a dentist, dental assistant, dental hygienist, transportation coordinator, dental case manager, and front desk receptionist. Clients also had access to the entire AIDS Care Group support staff.[22]

Start-up activities included:

- Equipping a new one-chair dental office, waiting room, and laboratory/storage facility (AIDS Care Group set this up within a larger hospital center),

- Hiring a dentist to work with AIDS Care Group's dentists,

- Training auxiliary staff, and

- Establishing transportation systems.

Trainings were multifold. The dentist hired for the satellite clinic was trained in dentistry but had not previously worked with PLWH. As such, one of AIDS Care Group's core dentists (who is proficient in serving this population and serving as the dental director of the satellite clinic) trained this dentist directly. The dental assistant had no HIV training when hired and AIDS Care Group supported her education through state licensure and trained her.

AIDS Care Group engaged two of the largest case management agencies, conducted a group meeting with leadership from nine additional county agencies, and conducted outreach to consumer groups to introduce the intervention and intervention staff as well as seek input and secure buy-in. AIDS Care Group also marketed the clinic through more traditional media (e.g., Spanish radio), professional groups, dental society meetings, social service agencies, religious groups, and their local AIDS Education and Training Center (AETC). Some former dental clients of AIDS Care Group now living in the target satellite clinic area requested to become ambassadors to care and also helped market the new location and services via word-of-mouth and at other consumer-related meetings.

Key to AIDS Care Group's approach were friendly non-judgmental staff, a welcoming environment, and patient education. The satellite clinic has no identifiers related to HIV. There is food available to eat in the office reception room as well as free toothbrushes, toothpaste, denture boxes, soap, and shampoo samples. This helps create an inviting environment while promoting general health. All of these components help improve access, utilization, retention, and improved oral hygiene practices.

The satellite clinic provides all phases of dentistry except those that require general anesthesia. All clients are treated onsite with very few referrals for additional subspecialty care. Treatment planning begins with the client's chief complaints before addressing other required dental procedures.

AIDS Care Group takes a medical history from all clients and, if clients are receiving HIV medical care elsewhere, then lab work and medical records are requested from referring providers. The satellite office

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[22] AIDS Care Group. Demonstration Model of Oral Health Care. [Final report.] August 31, 2011.

is in close proximity of a referring HIV medical care provider, promoting easy access for consultation to discuss clients with complicated medical histories, and helping to expedite treatment planning and pre-medication needs. The dental staff works with each client's case manager to ensure records are kept up-to-date. If clients have poor access to pharmacies then pre- and post-operative medications are also available and dispensed.[23]

All clients receive one-on-one education to improve knowledge, attitudes, and healthful behaviors regarding dental care. The dentist, hygienist, and dental assistant all provide some form of education and 25 percent of the client's visit is devoted to education. There are also educational English and Spanish brochures, enlarged models of teeth, old dental models, and other educational props that are used to help explain concepts.

25%
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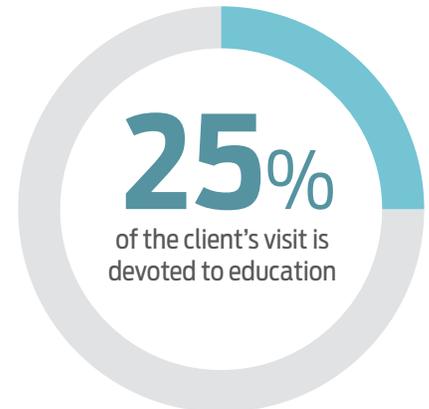
Transportation assistance is also provided to clients who need it. Those coming in from surrounding counties typically meet at a central location and take an AIDS Care Group van together to the dental clinic. The dental case manager provides appointment reminders as well. Nevertheless, some PLWH require increased outreach. AIDS Care Group has an outreach worker who is regularly in the community and follows up with individuals who are no-shows. This is one way the circumstances of the client are understood and accounted for. This information is then updated in the satellite clinic records and shared with the client's dental staff and the client's HIV case manager.

Among clients served in the intervention:

- More than 77 percent indicated their last dental visit prior to the intervention was for emergency dental services

- More than 65 percent presented with some sort of oral pain

- More than one in two (58 percent) stated that they did not seek dental care because they couldn't afford it and perceived services were not available to them

- Of requested/client-indicated procedures, 54 percent requested fillings, 19 percent requested denture work, 15 percent requested extractions, 8 percent indicated soft-tissue or periodontal problems, and 4 percent were other or a combination of these problems.[24]

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8% periodontal
4% other

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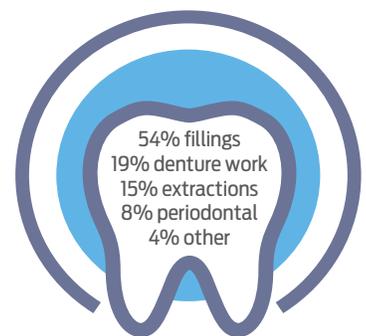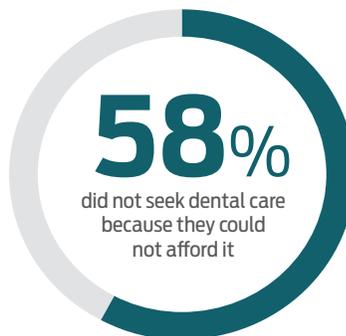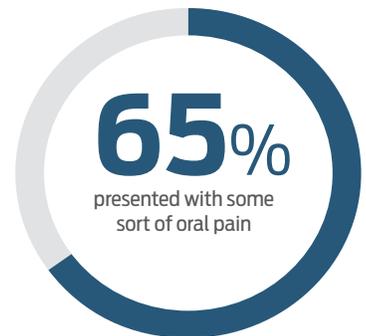
[23] AIDS Care Group. Demonstration Model of Oral Health Care. [Final report.] August 31, 2011.
[24] AIDS Care Group. SPNS—Demonstration Project in Access to Oral Health Care Poster Session. March 2008.

Clients state that addressing their unmet oral health care needs left them "feeling good," with decreases in dental pain and distress, and improvements in self-perceived overall health and oral health. Clients are linked to HIV or oral health care and now understand oral health maintenance is important and available to them when they need it.[25] Dental care also provides a means by which to bring people in for other types of treatment as necessary.

Logic Model

Oral Health Care Intervention				
Resources	**Activities**	**Outputs**	**Outcomes**	**Impact**
• Dental case management • Dental staff • Experience/ expertise • Funding • Referring providers • Transportation assistance	• Identify area to establish satellite clinic • Educate community, referring providers, staff, and clients about new clinic • Assess client oral health care needs and develop dental treatment plan • Provide dental treatment • Provide support services to overcome barriers (either directly or via partner agencies)	• Clients are able to access services to address a previously unmet need at a dental clinic closer to their homes, for a reduced or no cost • Clients remain engaged in dental care	• Clients are better educated about the importance of oral health care in overall health • Improved self-image • Improved oral health • Decreased anxiety about dentists • Improvements in nutritional intake, medication adherence, medication absorption	• Improved client engagement in dental care and overall HIV primary care • Healthier, more confident clients

25 AIDS Care Group. Evaluation Results. [Presentation.] 2011.

Staffing Requirements & Considerations

Staffing Capacity

To replicate the AIDS Care Group Oral Health Care intervention, the following positions and capacity are necessary.

Dental Supervisor
- Responsible for logistical planning and setup of the satellite clinic
- Oversees the clinic's primary dentist
- Provides training to the staff as necessary

Dentist
- Provides day-to-day dental care and dental procedures at the satellite clinic
- Supports the provision of client dental education

Dental Hygienist
- Cleans teeth and provides dental examinations
- Provides client dental education
- May perform dental case management duties

Dental Assistant
- Assists dentist and dental hygienist, takes x-rays, provides recordkeeping, schedules appointments, and possibly tracking referrals
- May be trained in case management and perform or support dental case management duties

Front Desk Receptionist
- Staffs the front desk, welcomes clients when they arrive, schedules appointments, and files

Dental Case Manager
- Provides reminder calls, follow-ups, and other activities to ensure clients are engaged in care (**See page 13 for a fuller list of activities**.)
- Activities may be conducted by a devoted dental case manager, an HIV case manager, or another member of the dental team who takes lead on dental follow-up and helps nurture a relationship with clients to keep them engaged in dental care.

Transportation Support
- AIDS Care Group was able to drive clients to appointments; however, replicating sites may be able to provide transportation support via connection to Medicaid vans, bus tokens, gas cards, metro cards, or other vouchers, as applicable to the service area.

Staffing Requirements & Considerations

Staff Characteristics

- Detail-oriented
- Strong communication skills
- Trustworthy and able to gain clients' trust
- Self-motivated
- Team player
- Non-judgmental
- Organizational skills, including quality record keeping
- Culturally sensitive and culturally competent
- Ability to work with diverse populations
- Additional characteristics for Dental Care Coordinator/Dental Case Manager:
  - ▸ Experience with Word, Excel, and Reminder System (or ability to learn and gain proficiency in Reminder System quickly)
  - ▸ Valid driver's license and driving record sufficient to be covered by agency auto insurance policy (if transporting clients)
  - ▸ Ability to pass agency criminal background check
  - ▸ Ability to speak Spanish (or other language) if providing translation services

If there is a transportation manager, this should be someone who is knowledgeable about the targeted community.

Source: AIDS Care Group. Demonstration Model of Oral Health Care. [Final report.] August 31, 2011.

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, includes grantee examples for further context.

Recommendations for getting started:

- *Assess feasibility.* This intervention reduces travel time for some clients and thus removes what may be a major barrier to care by extending services closer to where they live. Provision of free or reduced cost oral health care also addresses a well-documented barrier to client enrollment into dental care. Nevertheless, developing a satellite clinic does require time, research, and most likely construction. A critical first step is doing your research. Are PLWH living in a county (or counties) where dental care is difficult to acquire and thus represents an unmet need? Where could a satellite clinic be setup? Are there key competitors nearby trying to serve the same target population? What are the building and zoning regulations? How many days a week will the clinic be open and are any days of the week better than others for your target audience?

- *Secure buy-in.* Communication is key. Simply establishing a satellite clinic will not be enough to ensure clients come in or that providers refer them. It's critical to communicate with the community, staff members, and clients about the new location, offered services, patient eligibility criteria and referral processes. Talk to HIV medical providers and case management agencies in the service area where

you plan to setup the clinic and solicit their feedback. Similarly, attend consumer groups and any local dental society/professional groups to educate members about the intervention.

Ensure that all staff members, case managers in particular, are aware of the new clinic and can proactively identify and refer clients who would benefit most from the new location. Staff should be prepared to address questions from clients and stakeholders alike that may arise about the satellite clinic's services.

- *Identify a Dental Case Manager/Care Coordinator.* A Dental Case Manager (or Dental Care Coordinator) is an important role in helping link clients to and retain them in dental care. Although HIV Case Managers are common, dental case management in HIV settings is a relatively new idea, although a critical role for engaging PLWH into oral health care. Dental Case Managers have the same objective as other types of case managers: to increase access to and retention in care. However, where Dental Case Managers differ is their ability to address barriers to oral health care in a way that other HIV care providers often cannot. Unlike an HIV Case Manager who focus on meeting a wide variety of client health and social support needs, a Dental Case Manager focuses specifically on facilitating access and retention in dental care. Dental Case Managers enable HIV Case Managers to focus on other issues within a client's service plan without sacrificing access to oral health care.

This role can be done by a devoted Dental Case Manager, an HIV Case Manager, Nurse, Dental Hygienist etc. The most important part is that the activities are done to help bring clients into dental care and that they receive the services that they need. Dental Case Manager activities support clients in accessing and attending dental services and can include:

- ▸ Recruiting clients into care
- ▸ Scheduling appointments and arranging for transportation
- ▸ Rescheduling missed appointments
- ▸ Contacting clients about upcoming dental appointments and sending out reminders
- ▸ Accompanying clients to the dental clinic
- ▸ Helping clients understand benefits and insurance about dental care
- ▸ Coordinating and referring clients to other services, such as HIV case management, medical care, or support services (as needed)
- ▸ Referring clients to dental specialists (if necessary)
- ▸ Providing dental education to clients, including oral hygiene and healthy behaviors
- ▸ Educating HIV providers and social support staff on the importance of oral health care and how they can refer clients to dental services
- ▸ Answering questions and following up on dental care and treatment to ensure clients complete treatment plans and have adopted preventative oral health behaviors
- ▸ Where applicable, providing translation services for non-English speaking clients[26,27,28]

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[26] Rajabiun S, Bachman SS, Fox JE, et al. A Typology of Models for Expanding Access to Oral Health Care for People Living with HIV/AIDS. *J Public Health Dent*. 2011. 71:212–19.

[27] Rajabiun S, Fox, JE, McCluskey A, et al. Patient Perspectives on Improving Oral Health-Care Practices Among People Living with HIV/AIDS. *Public Health Reports*. 2012 (Suppl 2):127:73–81.

[28] HRSA, HAB, SPNS. Implementing Oral Health Care into HIV Primary Care Settings. [Curriculum.] Rockville, MD: Author; 2013.

Because employing a dedicated Dental Case Manager can be difficult financially, replicating sites can be creative with existing resources to help fulfill this role—for instance, enlist a Dental Assistant who is trained in case management. Organizations that offer both medical and dental care can task HIV Case Managers with dental case management (depending on their existing workload), and organizations with multiple HIV Case Managers can consider tasking one to become the dedicated Dental Case Manager.[29]

- *Train staff and identify a champion.* Some staff may require training around dentistry while others may require additional training around HIV and cultural competency. That's okay. What's necessary is that staff are friendly and non-judgmental, willing to learn, and want to work at the satellite clinic with the target population. Staff includes a primary Dentist to serve at the clinic, a Dental Hygienist, Dental Assistant, and Front Desk Receptionist. For the intervention to work and to ensure fidelity, a Dental Supervisor should also be identified. This person will act as a champion of the intervention, help promote it in the community and among stakeholders, oversee the clinic's day-to-day Dentist, provide trainings as necessary, and ensure the logistical setup of the office. A Dental Case Manager (whether using an existing staff member or having a devoted staff member) is also part of the team.

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[29] HRSA, HAB, SPNS. Implementing Oral Health Care into HIV Primary Care Settings. [Curriculum.] Rockville, MD: Author; 2013.

How Dental Case Managers are Different from HIV Case Managers

Unlike HIV Case Managers, Dental Case Managers do not conduct comprehensive psychosocial or health assessments, nor do they develop, implement, and monitor treatment plans. This is typically the work of the clinical members of the oral health team, the Dentist and the Hygienist. Thus, the work of an HIV Case Manager is much more comprehensive than the work of a Dental Case Manager. HIV Case Managers have to address a broad range of issues, many of which are immediate needs for their clients and are not typically related to dental care. Dental Case Managers perform fewer tasks per client and as a result can serve a higher volume of clients than an HIV Case Manager can. In addition, their education role is different—they focus mainly on dental care rather than on the broader spectrum of HIV care.

In contrast, while an HIV Case Manager, under the best of circumstances, may make a referral to dental care, they are not able to follow up to make sure the client gets the care he or she needs. This is something that the Dental Case Manager can do—arrange the transportation, accompany clients to visits, and provide the one-to-one attention a client needs. For Dental Case Managers, dental care is at the top of the list rather than at the bottom; they make sure it is available and accessed.

Source: Reproduced with permission from Tobias C, Martinez T, Bendnarsh BS. "Evaluation Center on HIV & Oral Health (ECHO). The Role of Dental Case Managers, Patient Navigators and Outreach Workers. BU School of Public Health. December 2008. Available at: http://cahpp.org/wp-content/uploads/2015/04/ECHODentalCaseManager.pdf

- *Provide transportation services.* Transportation services should also be provided to support client linkage and engagement into oral health care. AIDS Care Group was able to provide this service through a transportation coordinator who split time between the "home" clinic and the satellite clinic. If this strategy isn't feasible, other replicating agencies may be able to provide transportation assistance in the form of gas cards, arranged Medicaid vans, bus tokens, metro cards, or through a relationship with a partner organization.

- *Market the clinic.* Market the satellite clinic to referring providers, social support organizations, dental societies, consumer advisory groups, and explore more traditional marketing methods such as flyers and a dedicated clinic webpage on your organization's website. Ensure staff, partner agencies and clients know about the new clinic as word-of-mouth can be particularly effective.

- *Educate clients and provide dental care.* All clients should receive an oral health screening and one-on-one education. Develop a treatment plan for each client, making sure to address his/her core complaints as well as other identified treatment areas. Go over the plan with the client and answer any questions he/she may have. Remember that many clients have had limited exposure to dentists or poor past experiences and may be nervous about care. Calming their nerves and creating a safe, comfortable environment is important. The provider-client relationship is a key part of creating a foundation for encouraging clients to return to care.

  Educational information should be reinforced at each visit. Identify which personnel will handle this task or whether different types of educational topics will be divided among staff members. Be sure to ask clients about their past oral health care, including experiences with providers related to their oral health (this may be dentists or ER doctors) and what they currently do to take care of their teeth. Providing education underscores the importance of dental hygiene and proper oral health care techniques.

- *Coordinate referrals and tracking.* Processes need to be in place to track referrals. There are two primary types of referrals:

  1) Clients are referred to the satellite dental clinic. This requires that providers also share patient medical records and blood work results and that coordination occurs so that the HIV primary care provider site is aware of what services have been provided to their clients.

  2) Referrals being made by dental staff. This can include referrals to subspecialty dental care and to address other unmet needs. For example, given AIDS Care Group's comprehensive service offerings, some clients come in for dental care but are referred to the primary AIDS Care Group location to receive mental health treatment, substance use disorder treatment, and other services.

By developing a satellite clinic, services become easier to access and thus more likely to be utilized. The goal is to address a critical unmet need for PLWH and help move them along the HIV care continuum. Given the strong correlation between oral health care and overall health, the delivery of dental care addresses an important public health need and this model offers one promising way to meet it.

Securing Buy-In

As mentioned in earlier sections, AIDS Care Group engaged a wide range of organizations and individuals. These included HIV primary care providers who could refer clients to the dental clinic, case management organizations, other community-based organizations and AIDS services organizations that work with the target population, religious organizations, consumer advisory boards, dental societies, other professional societies, and regional and local AETCs.

Presentations were given to these groups to inform them about the intervention, outline its goals and objectives, discuss proposed planning, and solicit feedback.[30+] Consistent and transparent communication between referring agencies and the satellite clinic are important to ensure smooth operations and continued support. Presentations are provided to new staff who may be hired at referring agencies and unaware of the satellite clinic.

Overcoming Implementation Challenges

A strategy employed by AIDS Care Group to both help avoid challenges upfront and promote sustainability on the backend was to develop a business plan. Because this intervention was borne out of grant funding, AIDS Care Group enveloped their business plan within the broader grant application; however, in doing so, ensured that strategic questions have been thoroughly explored and reflect entrepreneurial management to identify growth areas that can be used to help pay for services once grant funding ceases.

As an HIV primary care provider opening a satellite clinic, it's important to assure referring providers that this work is not about "poaching" clients but rather addressing an unmet need. In planning upfront, providing presentations to stakeholders, being receptive of feedback, and leveraging any existing relationships can all go far in paving the way for a smooth intervention launch.

Promoting Sustainability

AIDS Care Group prioritizes entrepreneurship and developed a business plan as part of its initial proposal to support the project and ensure its sustainability. Marketing studies identified that a fee-for-service dental practice following the SPNS grant could be marketed to a population that was under-insured and living with or not living with HIV. This presented two objectives: 1) improve oral health care to the working poor, and 2) maintain access to comprehensive dental services to those living with and affected by HIV disease and served through the original grant.

The marketing studies identified that the Coatesville satellite clinic would be in strong competition with other fee-for-service models in the area. At the

> AIDS Care Group prioritizes entrepreneurship and developed a business plan as part of their initial proposal to support the project and ensure its sustainability.

30+ To review a presentation created by the SPNS Evaluation Center for HIV and Oral Health (ECHO), see: **https://vimeo.com/13917365**.

time, however, AIDS Care Group owned a facility in a small community in a neighboring county, which had been identified for medical care, prevention outreach, and HIV testing but previously overlooked as a new dental site. Further research showed that the location would be ideal for a new fee-for-service dental clinic as older dentists were retiring or moving away and there was both a palpable need for primary medical care, HIV services, and general dentistry.

Conclusion

Providing oral health care, particularly to vulnerable populations like PLWH, is a public health priority and is fundamental for the attainment of total health. Addressing oral health issues has been correlated with improvements in medication adherence, medication absorption, overall health, mental health status, confidence, socialization, and more. The inclusion of oral health care services aligns with the current health care landscape shift towards multidisciplinary health homes. The provision of oral health care, particularly a model like this one with dental case management attributes, can improve client linkage, engagement, and retention in HIV primary care as well as dental care and advance clients along the HIV care continuum.

Successes

- Barriers to care were removed.

- Proximity to care was reduced.

- Transportation was provided where required.

- There was no discrimination.

- The Dental Case Manager acted as an intermediary to find, link, and retain clients in care.

- There was minimal waiting time for appointments.

- Dental care was tailored to clients' perceptions of wants, needs, and desires; along with diagnostic criteria of comprehensive oral health care.

- The dental office is warm and friendly.

- Food is available in the reception area and the hospital cafeteria.

- Incentives for and reminders of oral health and hygiene are provided to clients, including:
  - ▶ toothbrushes;
  - ▶ toothpaste;
  - ▶ denture boxes;
  - ▶ soap; and
  - ▶ shampoo samples.

- Pre- and post-operative medications are available and dispensed to clients who have poor access to pharmacies.

- The Dentist is on-call daily (helped by the agency infrastructure).

As of September 1, 2011, the end of the five-year SPNS grant; and continuing now almost seven years after that date, AIDS Care Group Oral Health Program has:

- Opened and maintained a new satellite dental office (45 miles from Coatesville);

- Improved efficiencies of care with a three-chair dental operatory that is opened five days a week;

- Employed four dentists, two hygienists, and two dental assistants to serve PLWH;

- Continued to offer dental care to all the targeted clients from the orignal study;

- Welcomed new clients from other underserved dental care areas; and

- Continued to offer original services such as transportation and dental case management.

Other Resources

- SPNS Initiative: Innovations in Oral Health: **https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-innovations-oral-health-care**

- Creating Innovative Oral Health Care Programs: Tools from the Integrating HIV Innovative Practices Project (Oral Health Training Manual, Curriculum, Pocket Guide, and Webinar Series): **https://careacttarget.org/ihip/oral-health-care**

- Evaluation Center for HIV and Oral Health (ECHO) oral health resources: **http://cahpp.org/project/echo/**

- HIVDent resources on oral health for PLWH: **http://www.hivdent.org/**

Tested and Proven HIV Strategies

The Integrating HIV Innovative Practices (IHIP) project is an outgrowth of SPNS. HAB created IHIP to share knowledge gained from SPNS interventions, and to promote their replication. IHIP takes tested innovations and turns them into practice. IHIP is where training meets implementation, with the intended results being more informed providers, better care delivery and, ultimately, healthier clients and communities.

This intervention guide is part of a larger series of resources and capacity building assistance activities including webinars about the interventions, a dedicated IHIP listserv, and a help desk.

Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to **SPNS@hrsa.gov** and let us know about your replication story.

Appendix: SWOT Analysis

SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a structured planning method that can be used to assess the viability of a project or intervention. By conducting a SWOT analysis in advance of an intervention, organizations can proactively identify challenges before they occur and think through how best to leverage their organizational strengths and opportunities to improve future performance.

Oral Health Care Intervention	
Internal	**Strengths:** Dental staff, inclusive of dental case management services, access to more extensive HIV primary care and social support services, fulfill an unmet need, services provided in underserved area
	Weaknesses: Delineating dental case management responsibilities if triaging activities across staff members. Educating providers about the intervention so that they can refer clients. Can be costly to develop a new satellite clinic and provide both space and staffing.
External	**Opportunities:** Offers a model for other agencies to replicate. May have important implications for PLWH in addressing a consistently noted but persistent unmet need.
	Threats: Lack of funding or staff time to devote to dental case management activities. Lack of transportation support to facilitate client access to dental care.

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