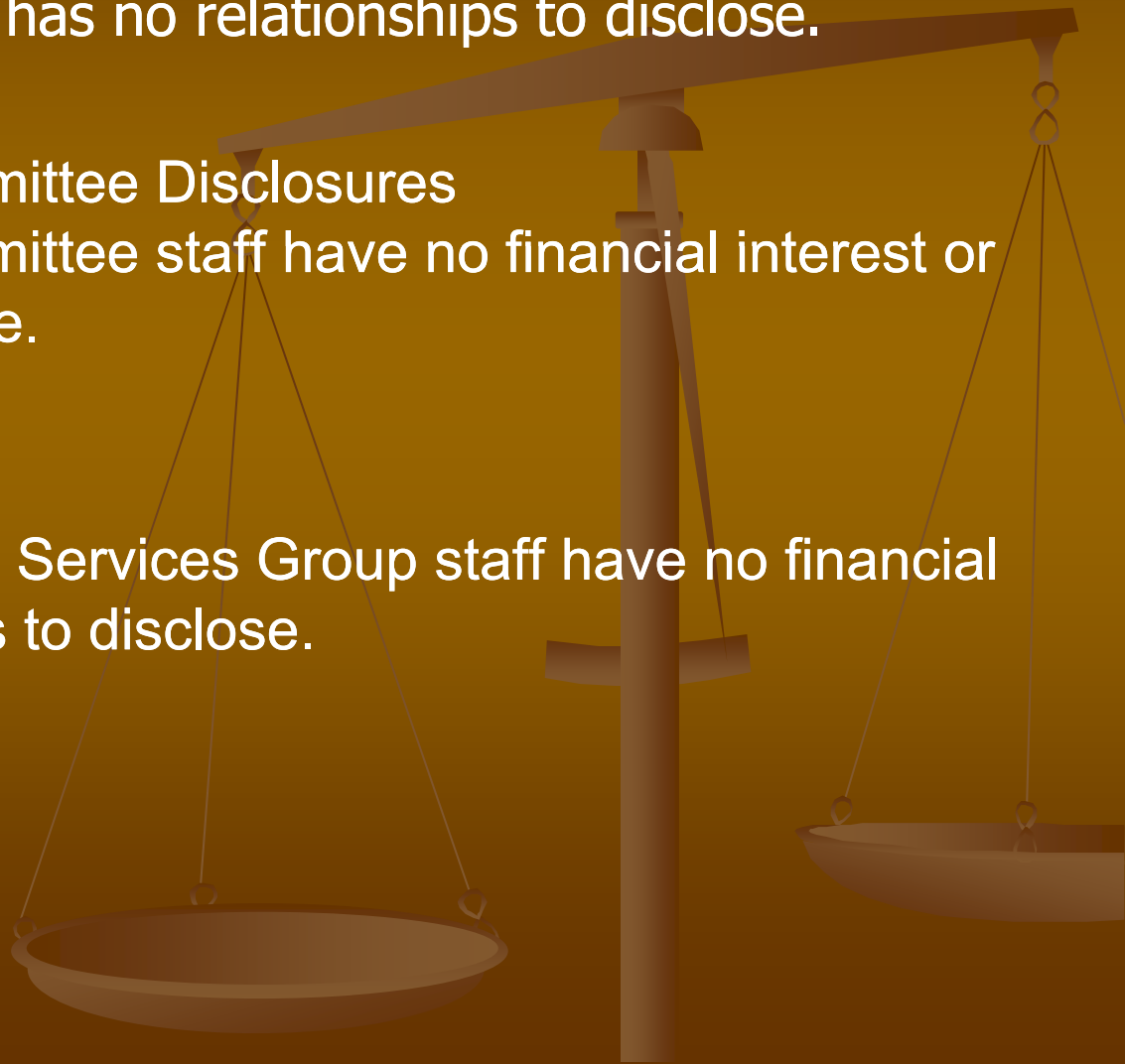
Addressing Barriers to Dental Care for PLWHA

David A Reznik, D.D.S.
Chief, Dental Service
Director, Oral Health Center – Infectious Disease Program
Grady Health System

President HIV Dental Alliance – www.HIVDent.org

Disclosures

- David A Reznik, D.D.S. has no relationships to disclose.
- HRSA Education Committee Disclosures
  HRSA Education Committee staff have no financial interest or relationships to disclose.
- CME Staff Disclosures
  Professional Education Services Group staff have no financial interest or relationships to disclose.



Learning Objectives:

Participants will gather information on:

- Why dental care is a critical public health need by gaining knowledge on what medical information is needed for the dental healthcare worker to provide safe and effective oral health services for people living with HIV/AIDS.
- Unique dental projects addressing not only access to and service utilization among people living with HIV/AIDS, but on strategies to retain PLWA in developed programs.
- Partnerships created among Ryan White funded beneficiaries to merge resources to address dental services for people living with HIV/AIDS.

Implications of HIV Disease for Oral Health Services

- "People with HIV still have problems accessing dental care, due to the volume of care available in relation to their need and acceptability of care. Access problems in the US are compounded by social inequality."

  - P.G. Robinson - Implications of **HIV** Disease for **Oral Health** Services — ADR
    Advances in Dental Research - April, 2006

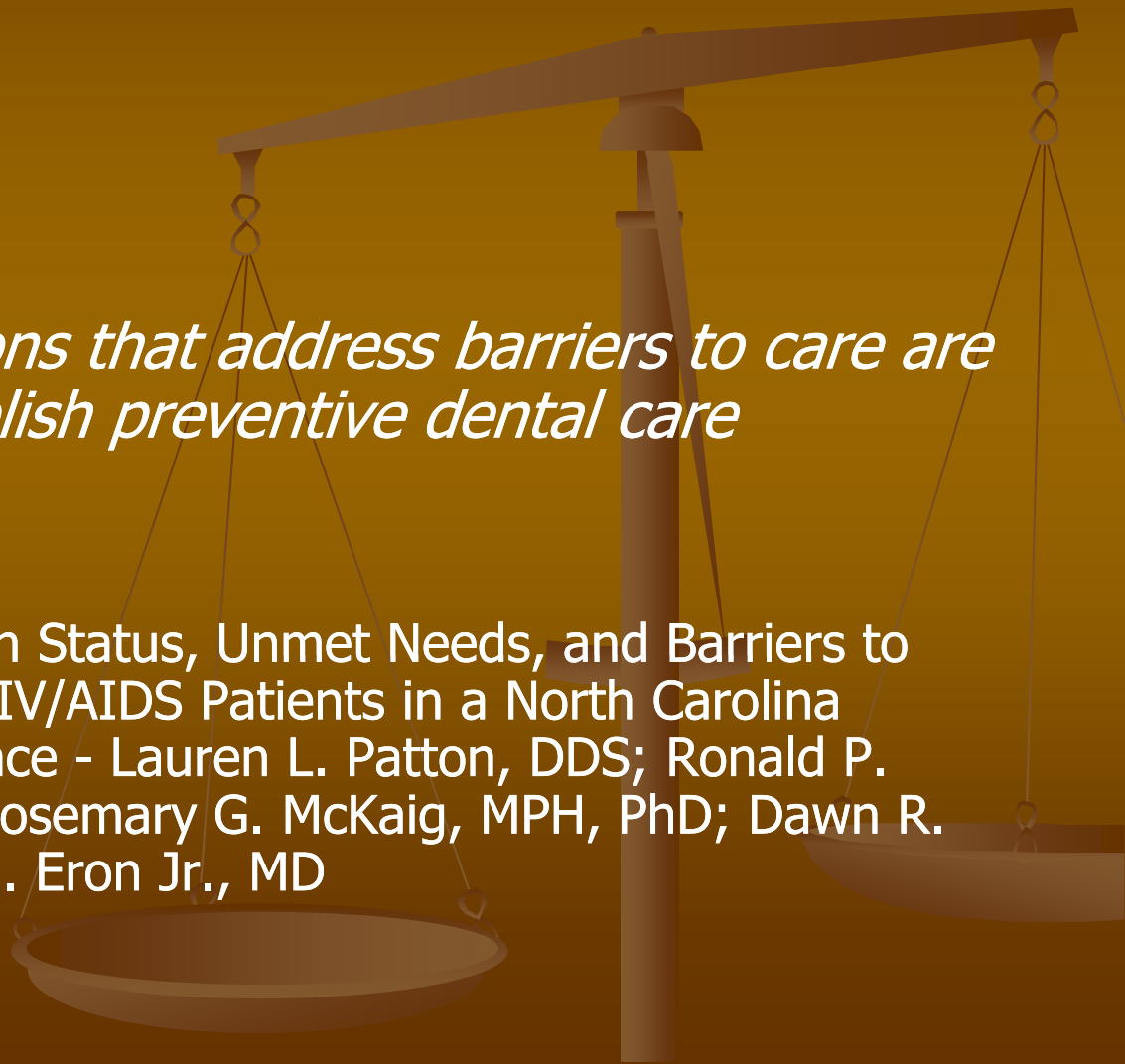
Unmet Need for Dental Care

- Oral Health Care remains in the top 3 unmet needs for PLWHA who obtain services through the Ryan White Programs nationwide.

- Research identified that PLWHA most likely to report unmet need for dental care are African-American, uninsured, Medicaid recipients and within 100% of federal poverty limits (FPL).*
  - **Access to HIV Care: Initial Results from the HIV Cost and Services Utilization Study*, Santa Monica, Calif.: RAND Corporation, RB-4530, 2000

Primary Barriers to Dental Care

- Cost*
- Fear*
- Self-motivation*
- Capacity
- *"Targeted interventions that address barriers to care are needed to help establish preventive dental care patterns…"*



  - *Perceived Oral Health Status, Unmet Needs, and Barriers to Dental Care Among HIV/AIDS Patients in a North Carolina Cohort: Impacts of Race - Lauren L. Patton, DDS; Ronald P. Strauss, DMD, PhD; Rosemary G. McKaig, MPH, PhD; Dawn R. Porter, MPH; Joseph J. Eron Jr., MD

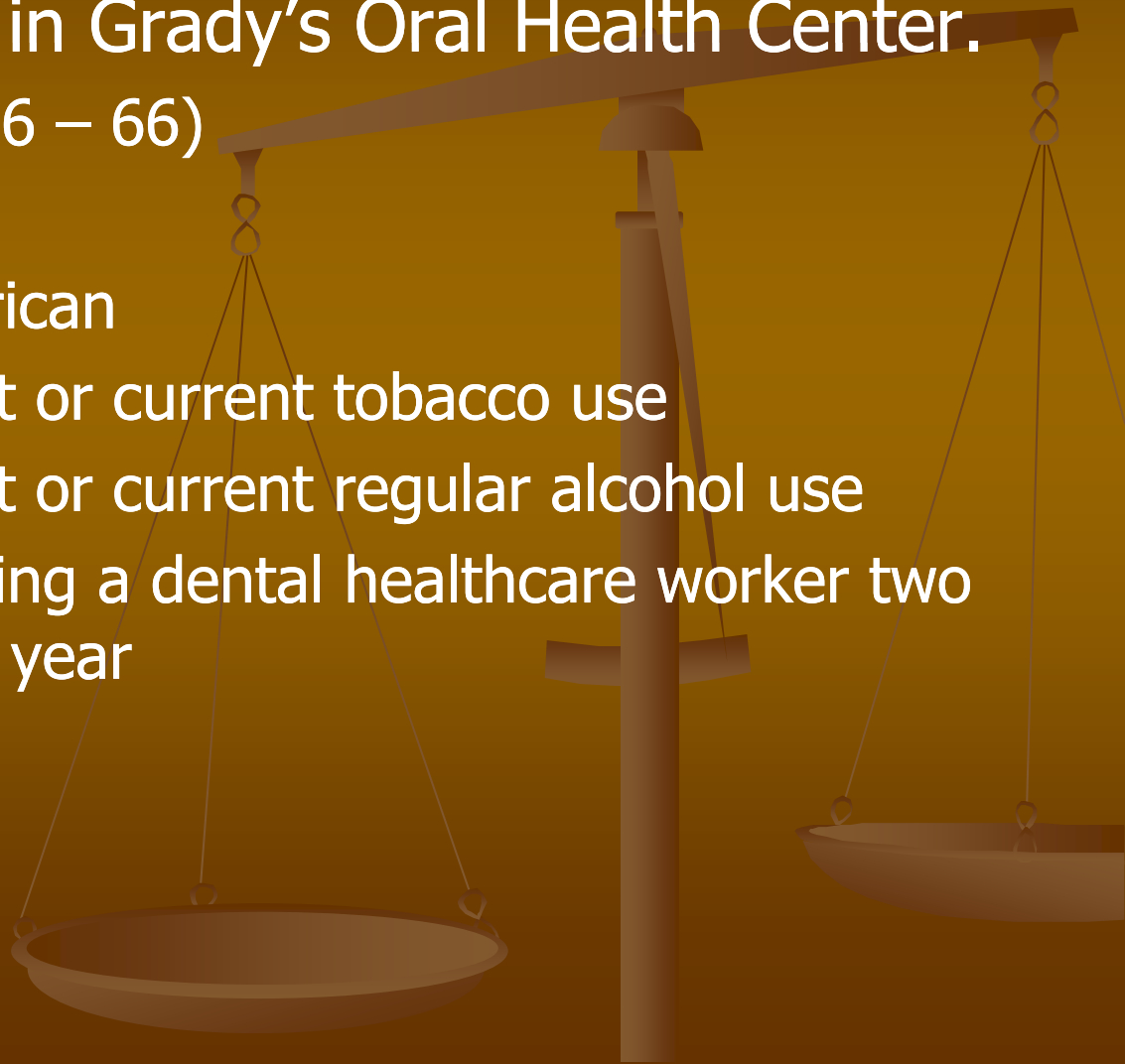
CDC: HIV Surveillance Report - Clinical and Behavioral Characteristics of Adults Receiving Medical Care for HIV Infection Medical Monitoring Project 2005 Pilot Data Collection Cycle

- Met and unmet needs* for ancillary services during the past 12 months (N= 892)
- Assistance finding dental services
  - Needed service N= 249 28% (rank 4)
  - Unmet need for service N=51 20% (rank 2)
- Assistance finding a doctor for ongoing care
  - Needed service N=122 14%
  - Unmet need for service N=9 7%
    - *Defined as a need that the participant experienced during the past 12 months but that the participant was unable to obtain during that period

The importance of involving medical case management in addressing access to dental care cannot be over-stated!

Prevalence of Dental Caries, Periodontal Disease, and Oral Lesions in a Ryan White-funded Dental Clinic in the HAART Era

- 100 patients seen in Grady's Oral Health Center.
  - Median age: 46 (26 – 66)
  - 65% male
  - 79% African-American
  - 74% reported past or current tobacco use
  - 43% reported past or current regular alcohol use
  - 88% reported seeing a dental healthcare worker two or more times per year



Prevalence of Dental Caries, Periodontal Disease, and Oral Lesions in a Ryan White-funded Dental Clinic in the HAART Era

- **The proportion of patients seen in the dental clinic within 3 years of HIV diagnosis was much higher after year 2000 than before 2000 (66.7% vs 34.3%, p=0.0014)**
  - Median nadir CD4+ was 62 cells/μL (range: 97-464).
  - Median recent CD4+ cell count was 393 cells/μL (range 14-1091) with 55% having CD4+ count above 350 cells/ μL.
  - 76% had an undetectable viral load with 92% being on HAART.

Prevalence of Dental Caries, Periodontal Disease, and Oral Lesions in a Ryan White-funded Dental Clinic in the HAART Era

- Dental caries were present in 66% of patients
- 54% had gingivitis, and 28% had periodontal disease.
- Fourteen patients (14%) presented with oral lesions including 7 patients (7%) with oral warts, 5 with oral candidiasis and 2 presented with an oral ulcer.
  - Nguyen M, Reznik DA, McGuire J, et al. IDSA Nov. 2009 – Philadelphia, PA

Public Insurance: Medicaid/Medicare

- This High Unmet Need has been accompanied by a loss in Medicaid Adult Dental Benefits.
  - Mass Health
  - Denti-Cal
  - Michigan's Adult Medicaid Dental Benefit
- A majority of states that do still offer adult Medicaid benefits only have limited coverage, for instance Georgia only covers dental extractions.
- Less than one-third of dentists in Pennsylvania and New Jersey participate in Medicaid.

Health-Care Cavity; Millions Of Americans Have No Dental Insurance

- Adult dental benefits are an optional service under Medicaid and often the first service to be eliminated due to struggling state budgets.
- Reimbursement under Medicaid is low. According to a recent report by the Pew Center on the States. Medicaid program's reimbursed dentists 60.5% of what they customarily charge.
- Medicare covers health care for virtually all seniors and some PLWHA, but it doesn't pay for routine dental care.
- In many cases, Ryan White Programs truly are the payer of last resort as Medicaid benefits are limited and Medicare does not cover routine care.

Health-Care Cavity; Millions Of Americans Have No Dental Insurance

- An estimated 132 million people in the United States without any sort of dental insurance. It's an endemic problem among the unemployed, the poorly paid, and those without medical insurance.
- While the national health-care act passed in spring will increase the number of people eligible for medical insurance, its effects on dental will be mixed.
- The law increases coverage for children, and will eventually cover more adults under Medicaid. But adult dental services are often hard to find.

Cost of Dental Care: EXPENSIVE!

- For those without insurance, the median price for a root canal in Philadelphia is $862, according to a survey that dentists use to price procedures. A crown can cost as much as $1,200.
- Using this example, the cost to save one tooth in Philadelphia in the private sector would be over $2,000!

Percentage of Ryan White Program Part A and Part B allocated for Oral Health Care FY08

- Part A
  - $24,568,389 allocated for oral health care
  - 5.8% of the $420,377,373 allocated for core medical services
- Part B – non-ADAP
  - $11,338,712 allocated for oral health care
  - 6.9% of the $164,849,452 allocated for core medical services

Selected Part A EMA's allocation for Oral Health – FY08

EMA	Amount allocated	% of allocation of core services
Atlanta	$1,135,455	7.4%
Miami	$1,284,746	7.1%
D.C.	$1,309,875	6.7%
Chicago	$1,203,052	6.6%
L.A.	$1,686,531	6.3%
Houston	$1,035,353	6.3%

Atlanta EMA – 2008 System Overview

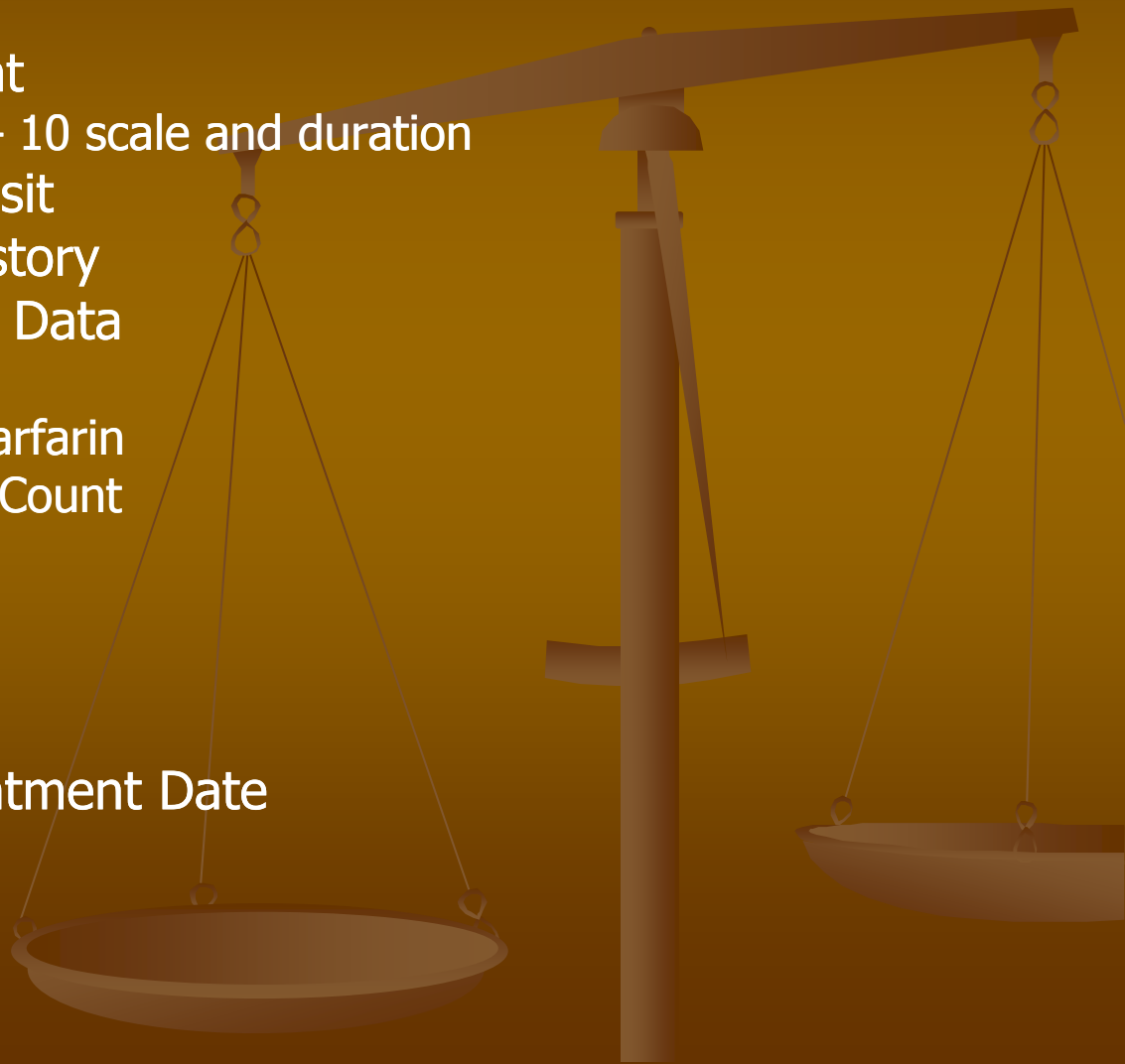
- Oral Health is the number one unmet need in the 1999-2000, 2002-2003, 2007-2008 consumer surveys.
- Dental clients grew at a higher rate than clients in general.
- 6 oral health sites
  - 2,772 clients with 7,951 service visits
- **Average cost per client: $540**
  - Atlanta EMA Oral Health Services Feasibility Study Brief - June 2010; Rebecca J. Culyba, PhD, Center for Applied Research and Evaluation Studies, SEATEC

2010 – Keys to Removing Barriers by educating Core Service Providers

- Removing barriers to care for PLWHA by enhancing communication between core service professionals.
  - What lab values are important and how can they be obtained – referral form, involvement of case management, etc.
- Understanding the consequences of aging with HIV and the impact on the provision of dental care.
  - Cardiovascular disease, liver disease, end-stage renal disease
  - Managing clients on warafin, dialysis, etc.
- Reviewing proper recognition and management of oral lesions seen in association with HIV disease.
- Myth-busting
  - Use of ultrasonic scalers by dental hygienists
  - Need to pre-medicate based on CD4 count
- Post Exposure Prophylaxis review

Sample Referral Form

- Components
  - Chief Dental Complaint
    - If pain present – 0 – 10 scale and duration
  - Date of Last Dental Visit
  - Significant Medical History
  - Significant Laboratory Data
    - Platelet count
    - INR for clients on warfarin
    - Absolute Neutrophil Count
    - CD4 count
    - Viral Load
    - Other
  - Current Medications
  - Date received; Appointment Date

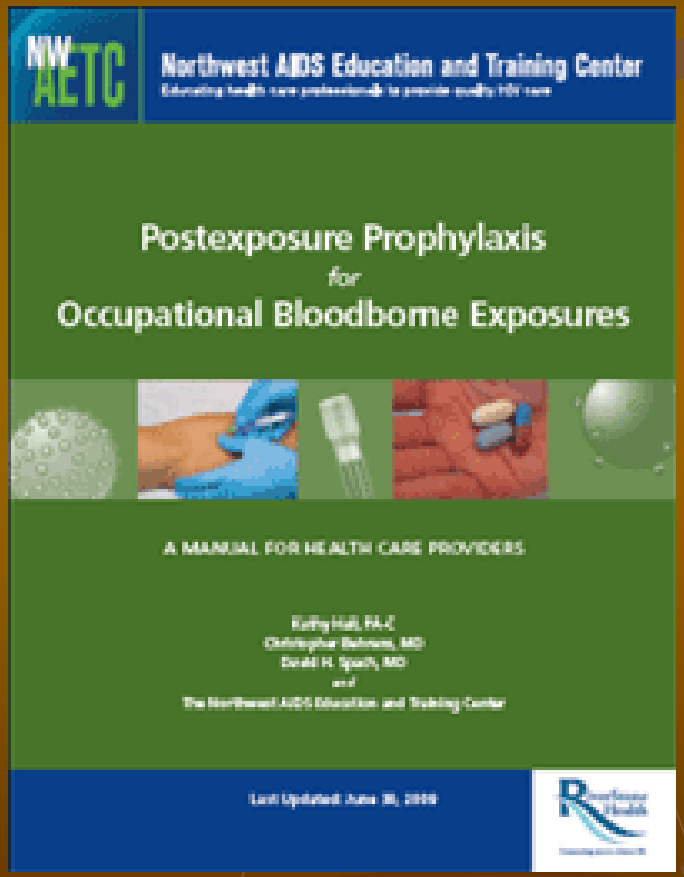


CDC. HIV Surveillance Report, 2008; vol 20.

- **Too many people are diagnosed with HIV late in the course of infection.**
- In 2008, about one-third (32%) of individuals with an HIV diagnosis reported to CDC received a diagnosis of AIDS within 12 months of their initial HIV diagnosis. These late diagnoses represent missed opportunities for treatment and prevention.
- Although not as frequent, we are still seeing the ravages of advanced HIV disease on the oral cavity much the way we did before the HAART era.

Postexposure Prophylaxis for Occupational Bloodborne Exposures [Online]

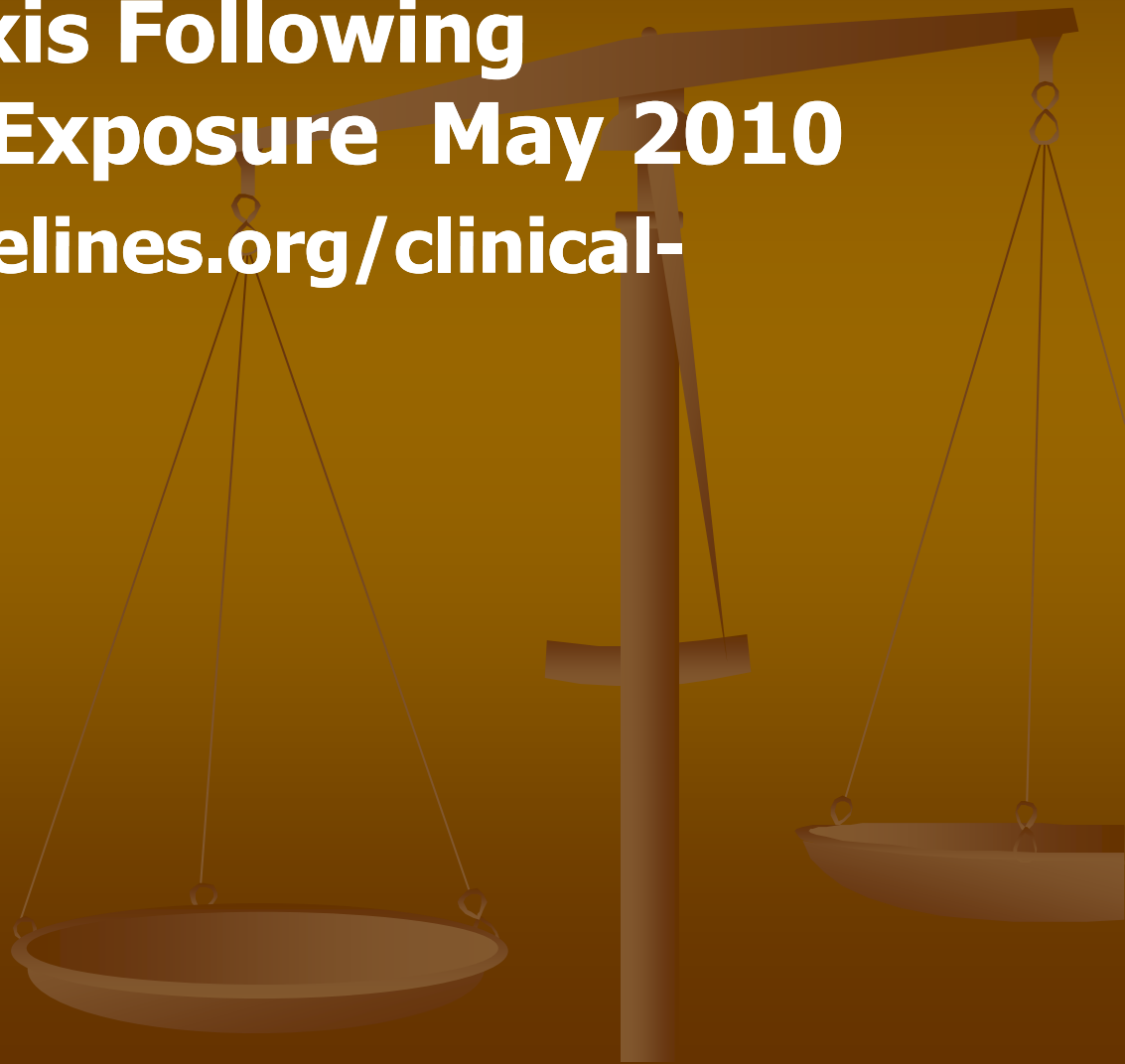
NW AETC



HIV Clinical Resource

Office of the Medical Director, New York State Department of Health AIDS Institute
in collaboration with the Johns Hopkins University Division of Infectious Diseases

- **HIV Prophylaxis Following Occupational Exposure May 2010**
  - **www.hivguidelines.org/clinical-guidelines**



Suggestions

- Increase capacity by working with federal partners to maximize existing resources.
- Battle stigma through education via the AETCs.
- Utilize AETC expertise to train new oral health and medical providers entering the workforce.
- In areas without easy access to oral health care professionals, training primary care providers on basic management of oral diseases, such as dental abscesses and oral ulcers will greatly benefit PLWHA.
- Educate consumers on the importance of achieving and maintaining oral health.
  - HIV and the Mouth – AIDSinfonet.org
- Involve dental case managers/medical case management to improve access to existing services.

Suggestions

- Negotiate fee for service rates whenever possible – consider establishing a cap per year understanding that exceptions will need to occur.
  - For example: full mouth extractions and restoration with complete dentures
- Advocate for increased appropriations to all parts of Ryan White
  - Advocate on the local level for oral health care!
- Work to establish new programs
  - HELP-PSI in the Bronx
- Work to sustain models that work
  - Tenderloin Health Care – SF-DPH – a SPNS grantee that recently was awarded Part A funds and is teaming up the UCSF General Practice Residency program.

Questions?