

# Improving Retention in Care and Viral Load Suppression through Oral Health Care Engagement

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ON HIV CARE & TREATMENT

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# Learning Objectives

At the conclusion of this activity, participants will be able to:

- Describe the Unique Relationship between Oral Health and Overall Health
- Recognize Several Different Techniques that can be utilized patient retention/reengagement in care
- Create a workflow process that will patient interaction skills.

# Why Oral Health and HIV

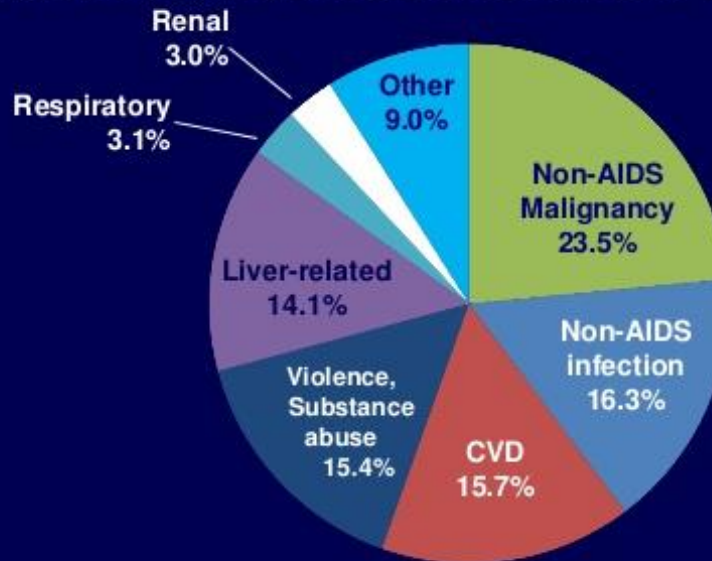
- Less than one half of the population gains access to the oral health care system
- Major Oral Health Problems include dental caries, Periodontal Disease and Oral Cancer

# Oral Health Care Access

- Oral Manifestations of HIV Infection
- Oral Health Inequities
- Barriers to Care

## Non-AIDS Diseases Now Account for Majority of Deaths in HIV (1996-2006)

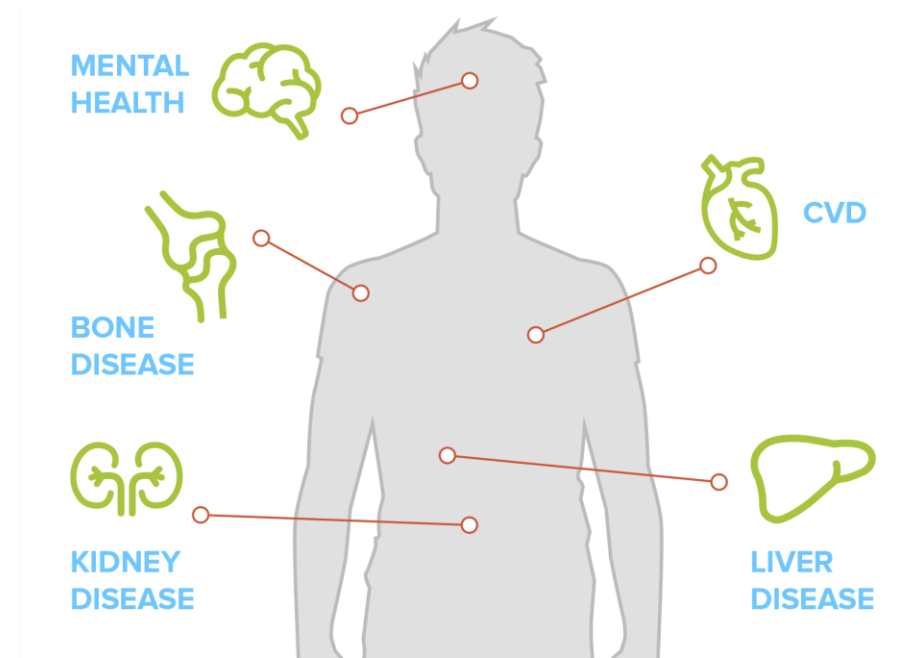
- 1,876 deaths among 39,727 patients
- Non-AIDS related deaths accounted for 50.5%



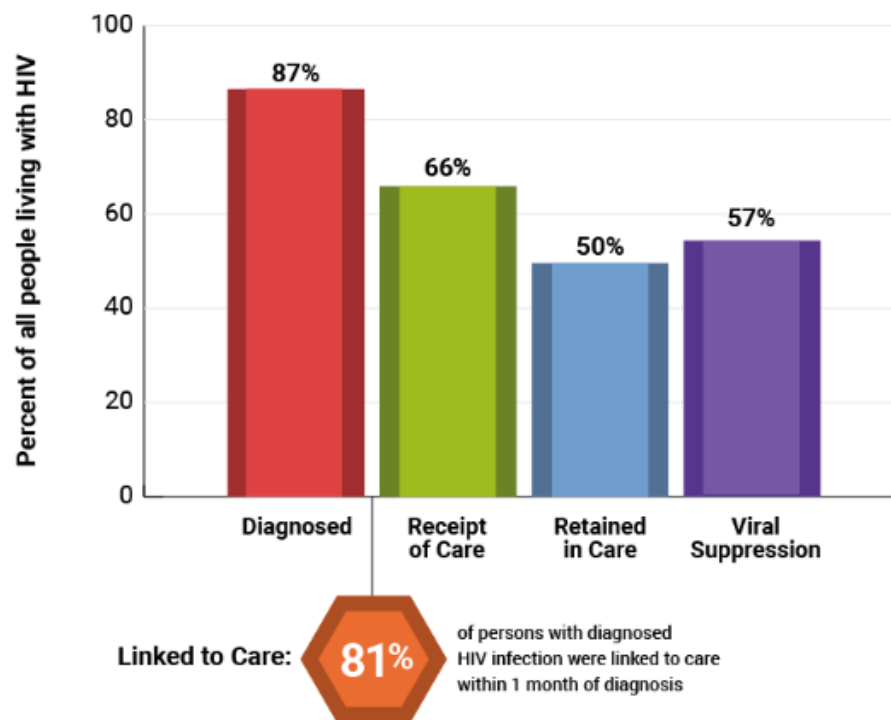
Antiretroviral Therapy Cohort Collaboration (ART-CC). *Clin Infect Dis*. 2010;50:1387-1396.

# Common Comorbidities in Patients with HIV

- Cardiovascular Disease
- Kidney Disease
- Neurocognitive
- **Hepatic Function**
- **Bone Disorders**
- **Diabetes**



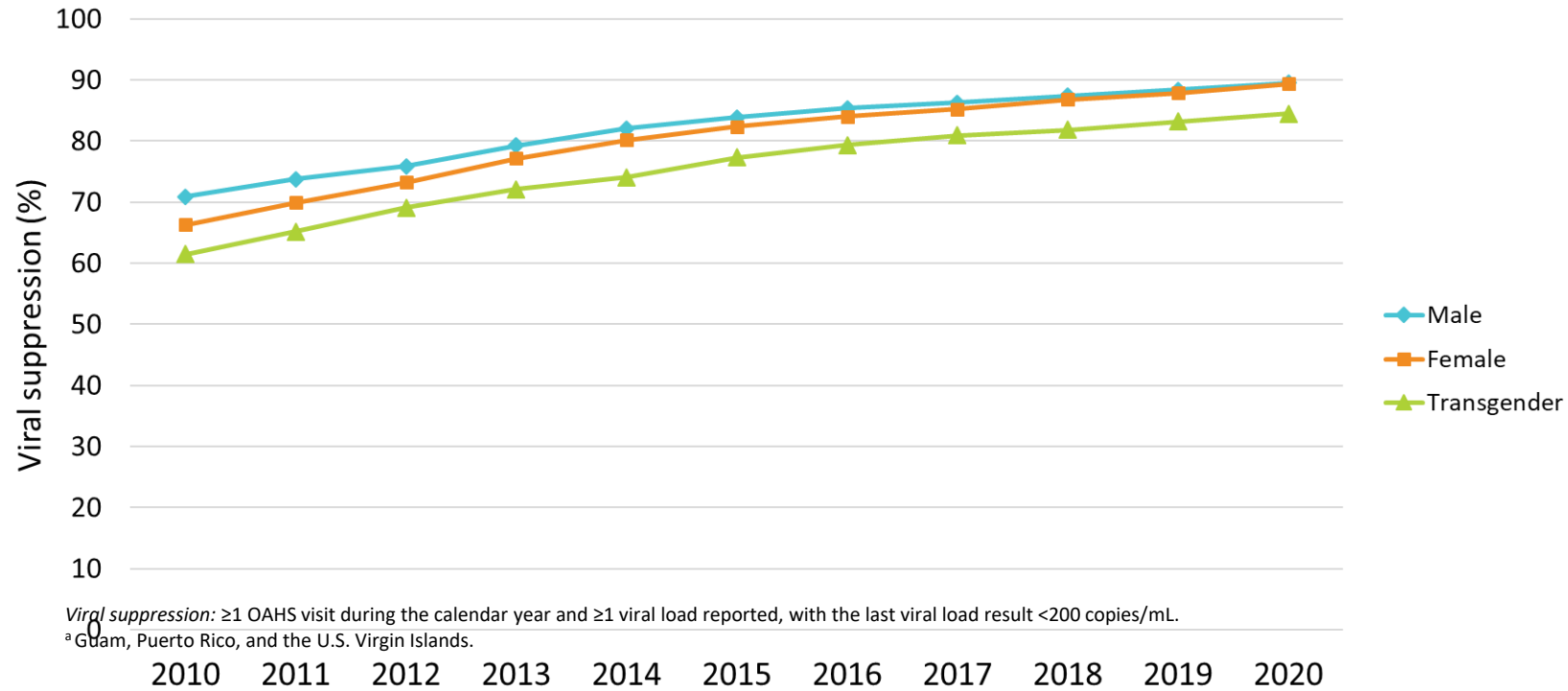
### Prevalence-based HIV Care Continuum, U.S. and 6 Dependent Areas, 2019



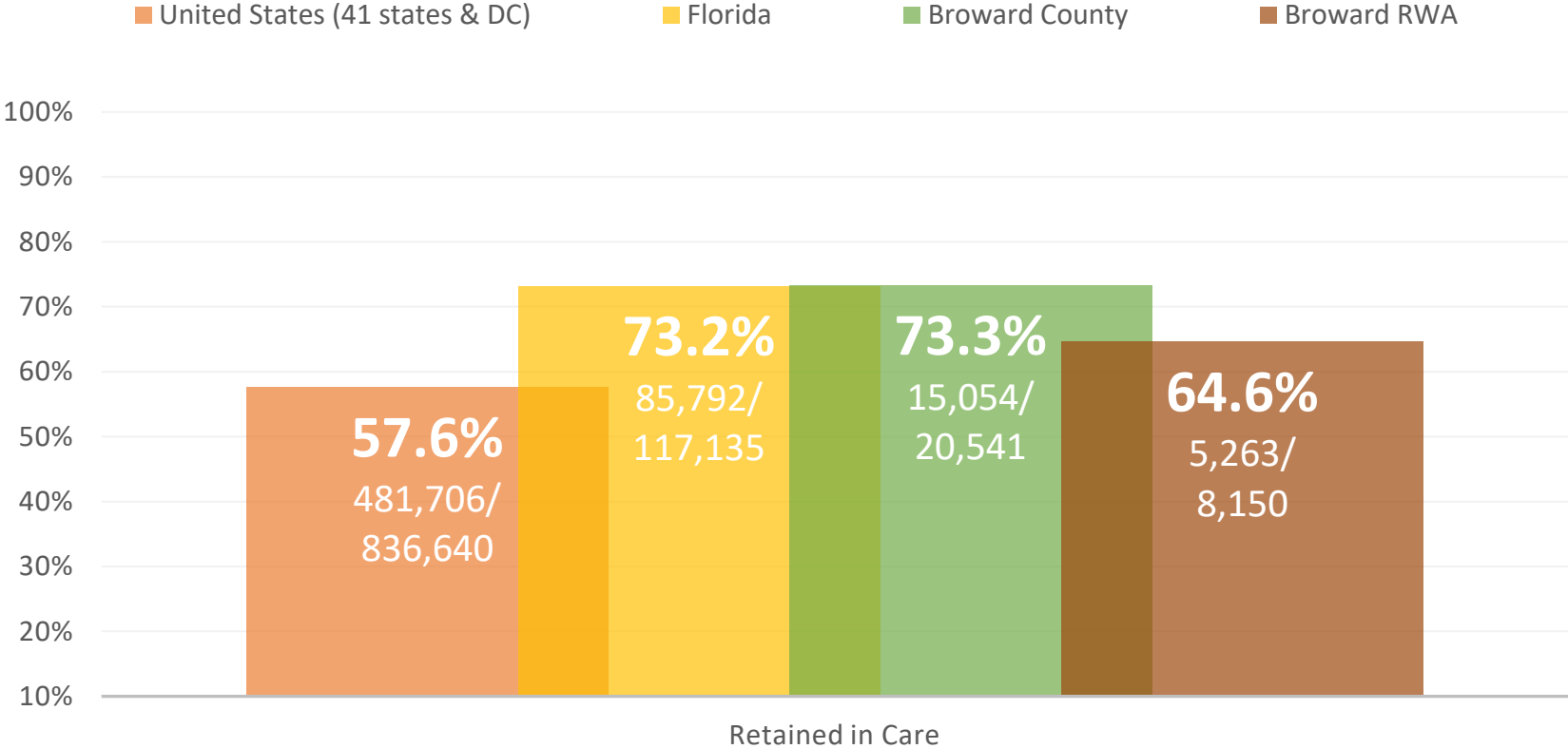
**Note:** Receipt of medical care was defined as  $\geq 1$  test (CD4 or VL) in 2019. Retained in medical care was defined as  $\geq 2$  tests (CD4 or VL)  $\geq 3$  months apart in 2019. Viral suppression was defined as  $< 200$  copies/mL on the most recent test in 2019. Linkage to care is defined as having  $\geq 1$  CD4 or VL test within 30 days (1 month) of diagnosis. (Linkage is calculated differently from the other steps in the continuum, and cannot be directly compared to other steps.)



# Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Gender, 2010–2020—United States and 3 Territories<sup>a</sup>

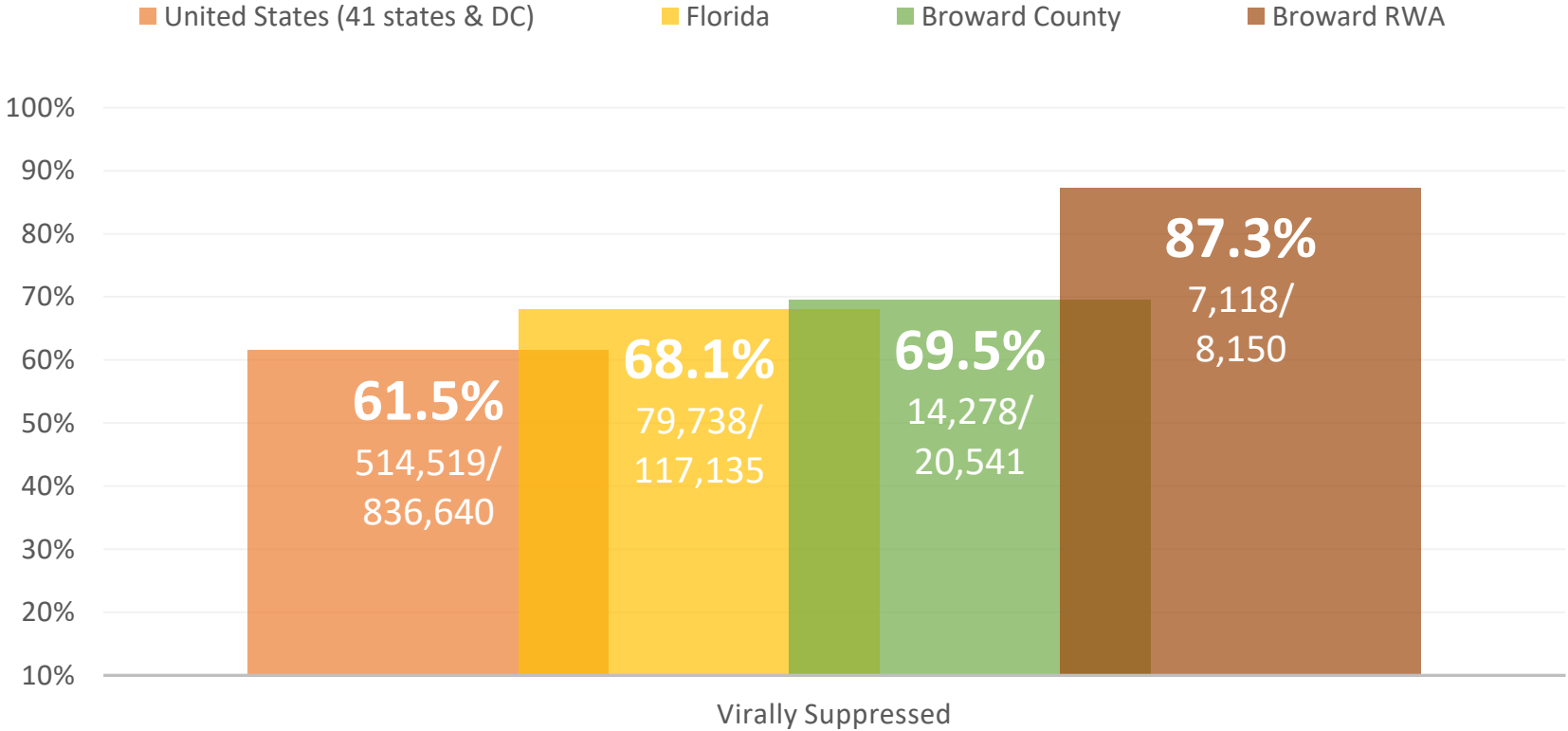


# Retained in Care



**Data Sources:** Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).  
**Technical Notes:** Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021 as of 6/31/2021). Broward EMA data is for FY2020 (3/1/2020-2/28/2021), CDC Data only recent as of 2016.

# Virally Suppressed



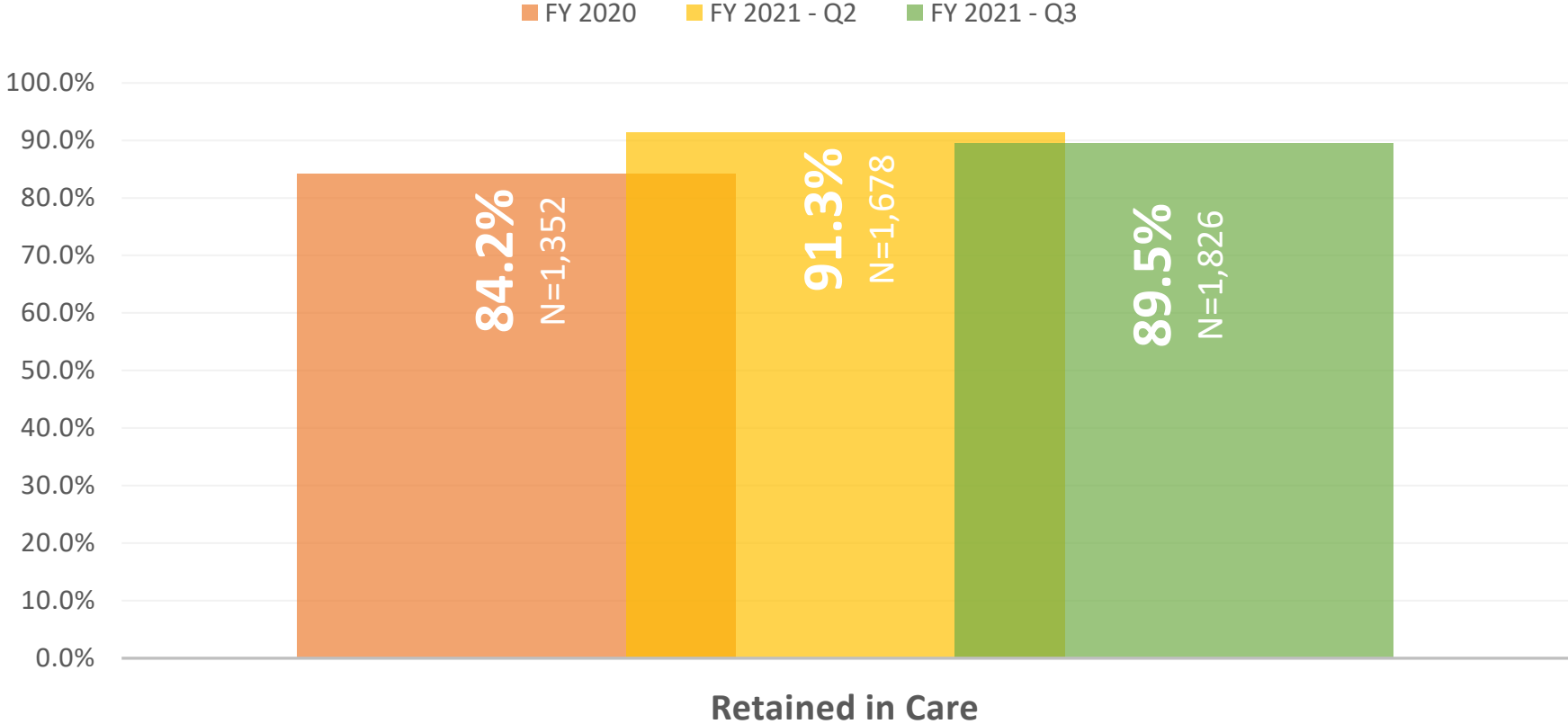
**Data Sources:** Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).

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Retention in Care and Viral Suppression

# Oral Health HIV Care Continuum

# Retained in Care



# Key Take Aways

- **Retention in care** among oral health clients is 30% higher than the national percentage of 68.7%.
- **Viral Suppression** among oral Health clients is 35% higher than the national average

# First Dental Visit



## What to do before the patient's appointment?

1. Confirm the appointment. Before anything, make sure they have all the right information.
2. Let the patient know what they are coming for.
3. Ask them to come 15 minutes early
4. Explain your office policies
5. Tell them what information to bring
6. Be Open, Honest and show patience.



## What the patients should expect at their dental appointment?

1. Treat patients with courtesy, respect, and openness.
2. You might ask the patient to rinse and wash their hands before they are seated.
3. Take the blood pressure and pulse
4. Give the patient an opportunity to ask a few questions and respond in an honest and open manner.
5. Take a thorough medical, dental, and social history.
6. Conduct a thorough intra oral and extraoral exams
7. Radiographs/x-rays
8. An examination of their teeth and gums

### Important-ask questions



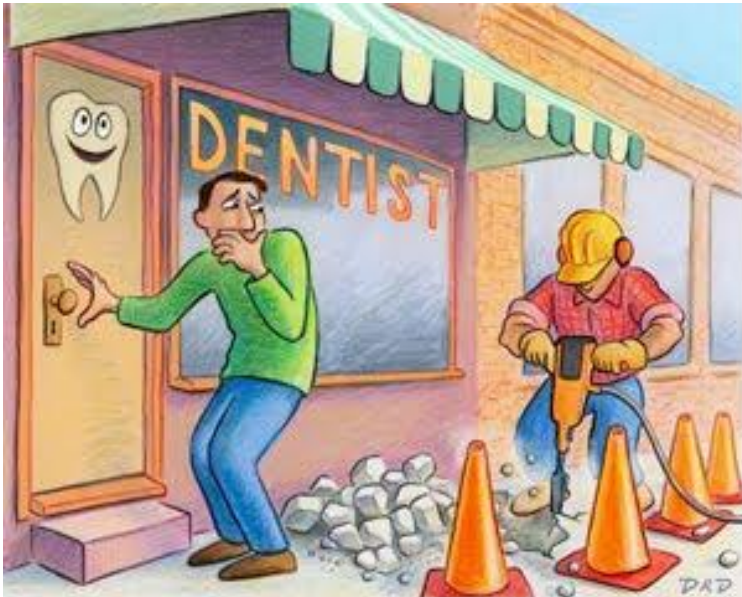
# The Plan of Care



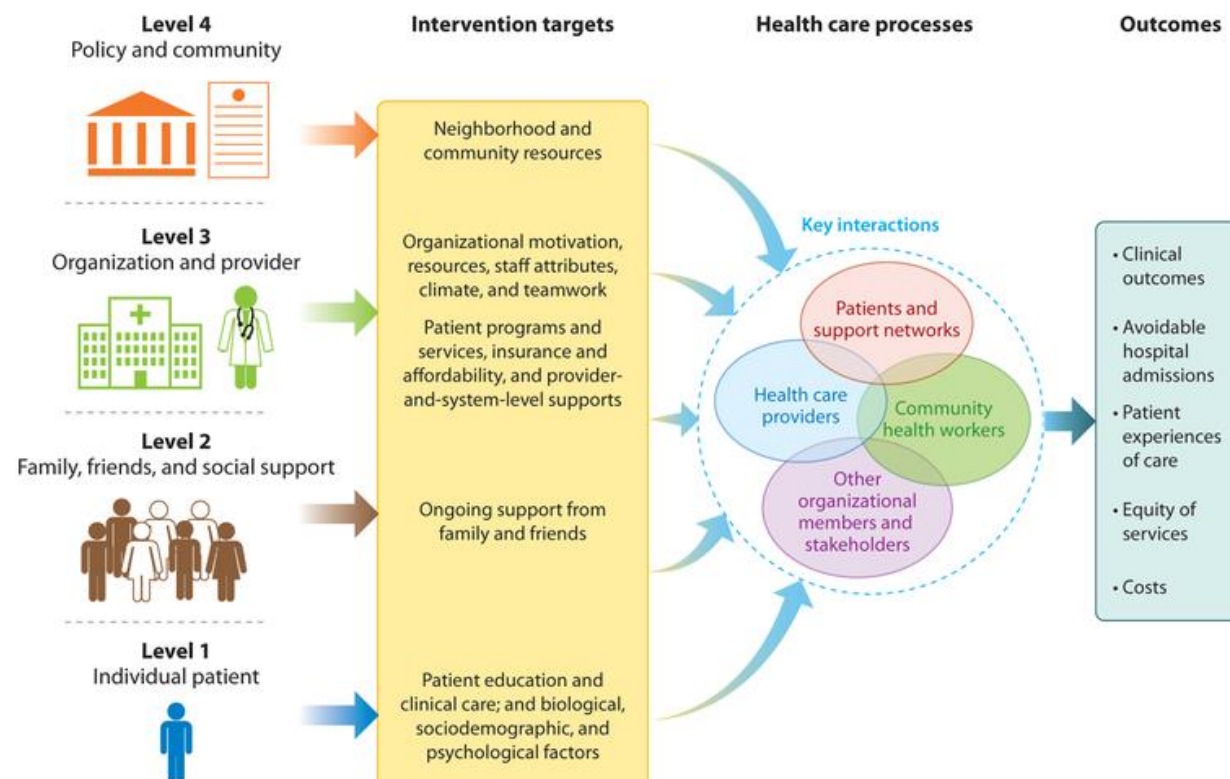
Here are the main elements of a treatment plan.

- Diagnostic Summary. Your provider will review your substance use patterns, medical history, and mental health conditions. ...
- Problem List. ...
- Goals. ...
- Objectives. ...
- Interventions. ...
- Tracking and Evaluating Progress. ...
- Planning Long-Term Care.

# Dental Fear and Anxiety



- Dental anxiety is common, but there are ways to help you manage it.
- Dental phobia is less common, and your dentist might need to work with your doctor and other health professionals to manage it.



This conceptual model, factors that influence disparities in access to care and quality of health care services, by level, was created from the analysis of findings from systematic reviews of cardiovascular disease and cancer disparities (115). Figure adapted from Reference 115 with permission.

# AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinical Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: [www.hiv.uw.edu](http://www.hiv.uw.edu)

# Smile! How Collaboration and Technical Assistance Can Lead to the Expansion of Oral Health Services

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# Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify short- and long-term solutions for addressing clients' unmet oral health needs.
2. Learn how to access technical assistance resources as a first-step in program expansion.
3. Learn the essential role played by the integration of primary health care and oral health services in improved adherence and viral suppression rates.

# Oral Health for People with HIV

- Oral health is essential for overall health and quality of life
- Oral health care is especially important for people with HIV
  - Untreated oral disease may lead to infections, weight loss, malnutrition, and diseases (e.g., diabetes)
  - Oral diseases impact quality of life (e.g., psycho-social problems and limited career opportunities)
- Oral health is one of the top unmet needs for people with HIV who obtain services through the Ryan White HIV/AIDS Program

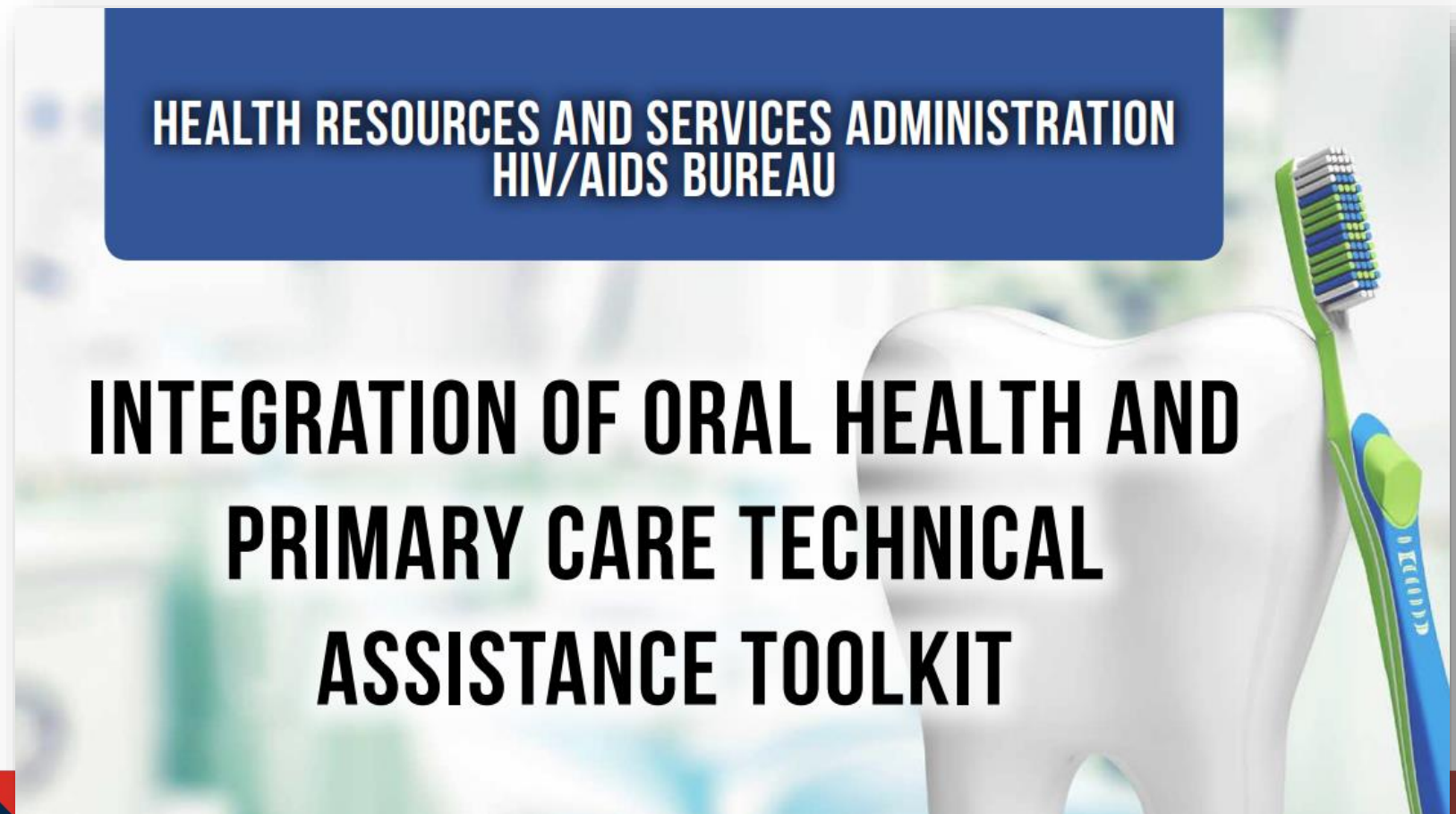


# Oral Health and Primary Care Integration Project

- Project origin: a HRSA-funded contract to identify and disseminate best practices in integrating HIV primary care and oral health care
- Mission Analytics implemented the contract with subject matter experts
- Project identified best practices, developed an integration toolkit, and conducted technical assistance site visits to RW Part C and D programs
- Project revealed continuing challenges with client engagement in oral health care

# Oral Health and Primary Care Integration Toolkit

<https://targethiv.org/library/oral-health-and-hiv-primary-care-integration>



# Seven Components of Integration

## Primary Care Setting

### Assess

1. Ask

2. Examine

### Act

3. Educate

4. Intervene

5. Refer

## Coordinate

6. Support

7. Share

## Oral Health Setting

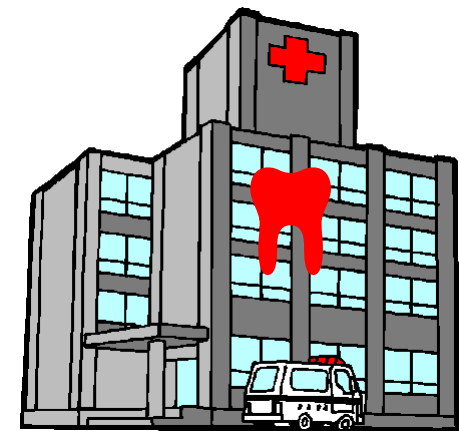
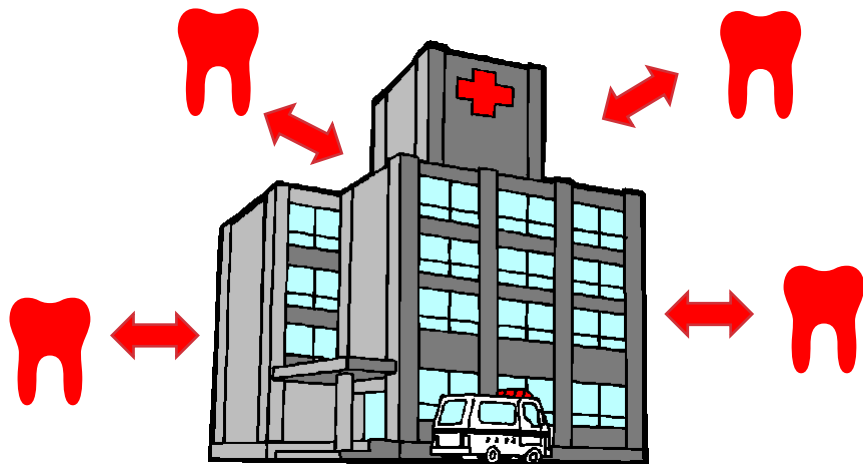
Provide Services

# Models of Oral Health and Primary Care Integration

Referral Based

Coordinated, but  
not Co-Located

Co-Located



# Ask: Assess Risk for Oral Health Disease

- What to ask about:
  - Oral health care utilization
  - Brushing habits
  - Diet
  - Health conditions, such as dry mouth and acid reflux
  - Smoking behavior
- Who does it and when:
  - Visits with a case manager
  - Visits with a primary care provider (PCP)
  - Intake



## Best Practice Idea

Be proactive: Use your risk assessment data, don't just rely on client complaints

# Examine: Identify Active Oral Health Disease

- What to do and look for:
  - Examining teeth for signs of decay
  - Seeing if clients are wearing their dentures and, if not, understanding why
  - Inspecting soft tissues for thrush (candidiasis), warts (papillomas), and other lesions associated with uncontrolled HIV infection
  - Palpating the neck and lymph nodes
  - Swabbing the mouth to diagnose pharyngeal gonorrhea
- Many PCPs aim to conduct these oral exams at every or “most” visits

# Educate: Teach and Empower Clients about Good Oral Health

- Importance and tips for brushing and flossing
- Importance of preventative dental care, scheduling and coverage
- Nutrition
- Client's perceived oral health barriers

# Intervene: Incorporate Oral Health into Primary Care Treatment

- Prescribing antibiotics for swelling and/or fever related to dental problems
- Prescribing chlorhexidine rinse for recurrent denture-related problems or gum inflammation
- Managing dry mouth (applying oral lubricants, frequent sips of water, sugar-free gum, hard candies, and changing prescriptions)
- Applying fluoride varnish



# Refer: Build a Referral Network

- Virtually all recipients/providers refer out for some procedures
- What to look for:
  - Insurance compatibility
  - Welcoming stigma-free environment
- How to find them:
  - Local and state dental societies/associations
  - Dental and dental hygiene schools
  - Dental service organizations (DSOs)
  - Social service programs that assist low-income individuals
  - Searchable databases

# Support: Address Barriers and Facilitate Oral Health Care Access

## Referral coordination and management

- Matching clients to oral health providers
- Scheduling appointments
- Sending appointment reminders

## Supporting appointment adherence

- Financial/insurance enrollment assistance
- Arranging transportation and other support services
- Helping clients overcome fear

## Appointment follow-up



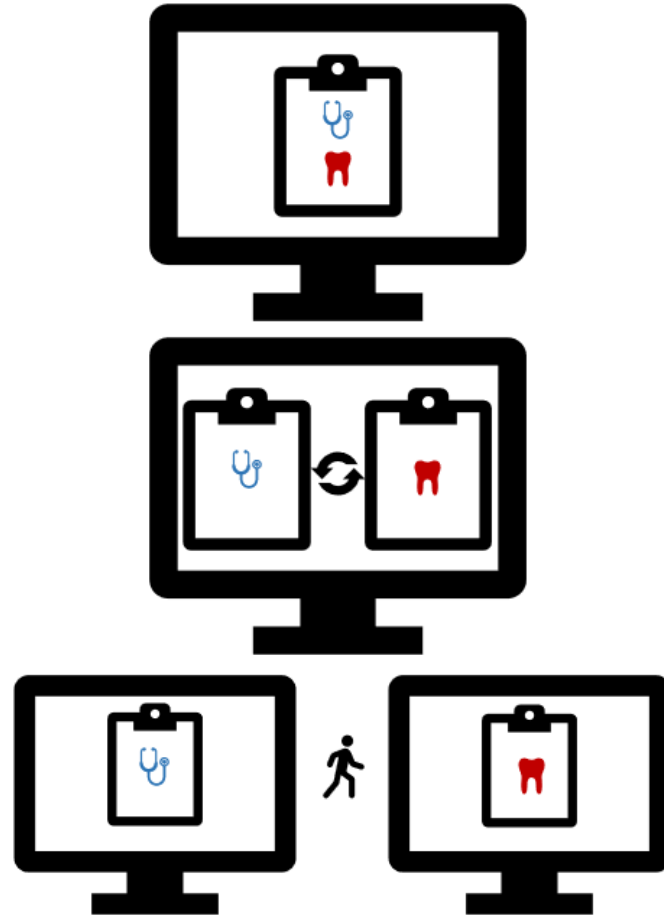
### **Best Practice Idea**

- Use multiple reminder methods
- Stress the importance of visit compliance

# Share: Exchange Information Across Primary Care and Oral Health Settings

- What do dentists need from PCPs?
  - ★  Client health information, including up-to-date labs
  - Medication regimen
  - Barriers to care that could affect dentistry (fear, etc.)
- What do PCPs need from dentists?
  - ★  Appointment attendance
  - Client's care plan
  - Prescribed medications
  - Risk factors that may impact primary health

# Models of Data Exchange



Integrated EHR and electronic dental record (EDR)

Linked through an electronic bridge

Manual entry or uploads

# Best Practice Ideas



- ❑ Keep it standard; develop referral forms (ideally linked to EHR)
- ❑ Use your data!
- ❑ Strike a balance between what you want and what you can get
- ❑ Require treatment plans for payment

Referring provider: \_\_\_\_\_ Agency: \_\_\_\_\_  
Primary care provider fax number (for consult note): \_\_\_\_\_

Reason for referral:  General Care  Urgent Care  Other: \_\_\_\_\_

**Patient Medical History and labs:**  
Please fax or attach a copy of the chronic problem list, medications, allergies, and labs from the patient's record or fill out the necessary fields below. Lab values are not grounds for denying patient oral health services; they are only used to guide treatment decisions. Please see the next page for explanations.

<b>Medical History</b> Current medical conditions:  Past medical/surgical history:  Known allergies: Current medications:	<b>Lab date:</b> CD4 c/mm <sup>2</sup> : Viral Load: Platelets: Hemoglobin: Absolute Neutrophil Count: HbA1C (if applicable): INR (if applicable):
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# Technical Assistance Site Visits with Nine RWHAP Providers

- Range in provider type and geographic location
- Mission team: site visit lead, dentist, oral health service delivery expert
- Discussion topics:
  - Current level of integration (strengths, gaps)
  - Opportunities to enhance integration

# Positive Impact Health Centers: Overview

**Positive Impact Health Center's (PIHC) mission is to provide client-centered care to the HIV community to have a life worth loving.**



- Current agency is a result of the merger of AID Gwinnett and Positive Impact in 2015.
- 4 locations: Chamblee (administration only), Decatur, Duluth, and Marietta. 3 centers provide services located in counties designated for EtHE funding and programs.
- Services offered: Medical care (primary HIV care, PrEP, STi services, lab services), pharmacy, medical case management, Behavioral health (counseling, psychiatry), outpatient addictions services, HIV testing, support services (transportation, housing, linguistics, food resources)
- Varied Funding sources: Ryan White A, B, and C; HRSA SPNS and Capacity grants; program revenue; RW 340B; community grants
- CARF accredited since 2010 (Behavioral Health, Substance Abuse Treatment and Prevention Services)

# PIHC Overview (cont'd)

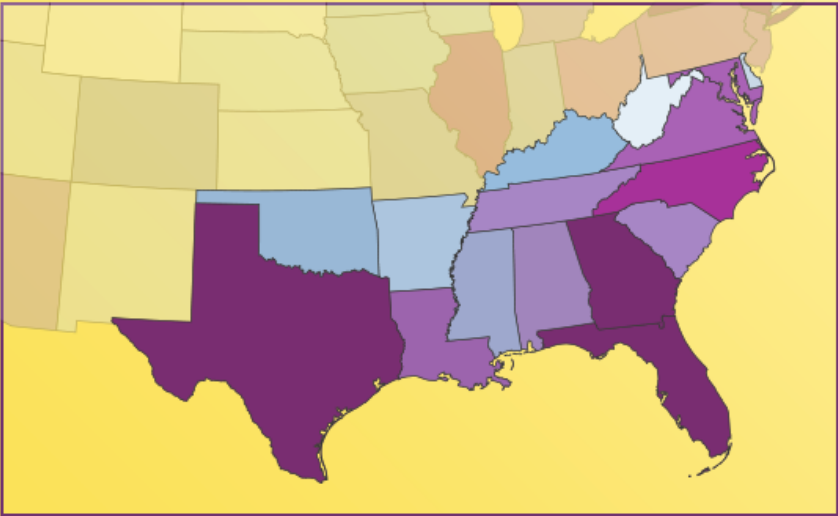
## What happened at PIHC in 2021?

- Over 5000 patients enrolled in either HIV or PrEP care across 3 program locations
- Viral suppression rate of 89%
- 50% of active patients are currently enrolled in some type of health insurance as a part of an active effort to help patients access health insurance
- 89% on anti-retroviral meds prescribed by a PIHC clinic provider
- Over 9,000 mental health visits (in-person and virtual) conducted
- 4,773 HIV tests conducted across 2 centers; 4,034 HIV tests conducted as part of the PrEP program
- Expansion of the Duluth Center in summer 2021 to include additional exams rooms, a nutrition center, an outpatient substance abuse program, an expanded rapid entry/same-day care program, expansion of PrEP services, and an onsite dental clinic

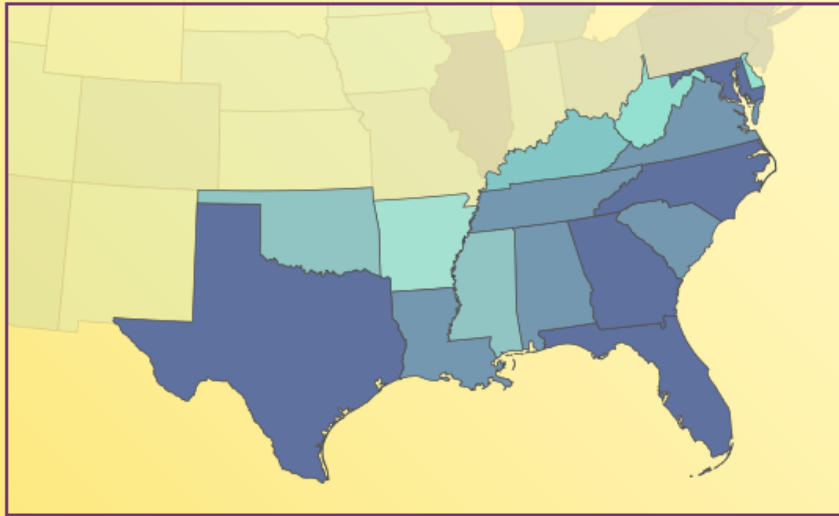


# HIV in the South

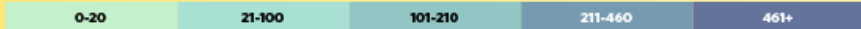
The South represents 38% of the US population, but accounts for **52%** of all new HIV diagnoses and **48%** of all deaths of people with diagnosed HIV.



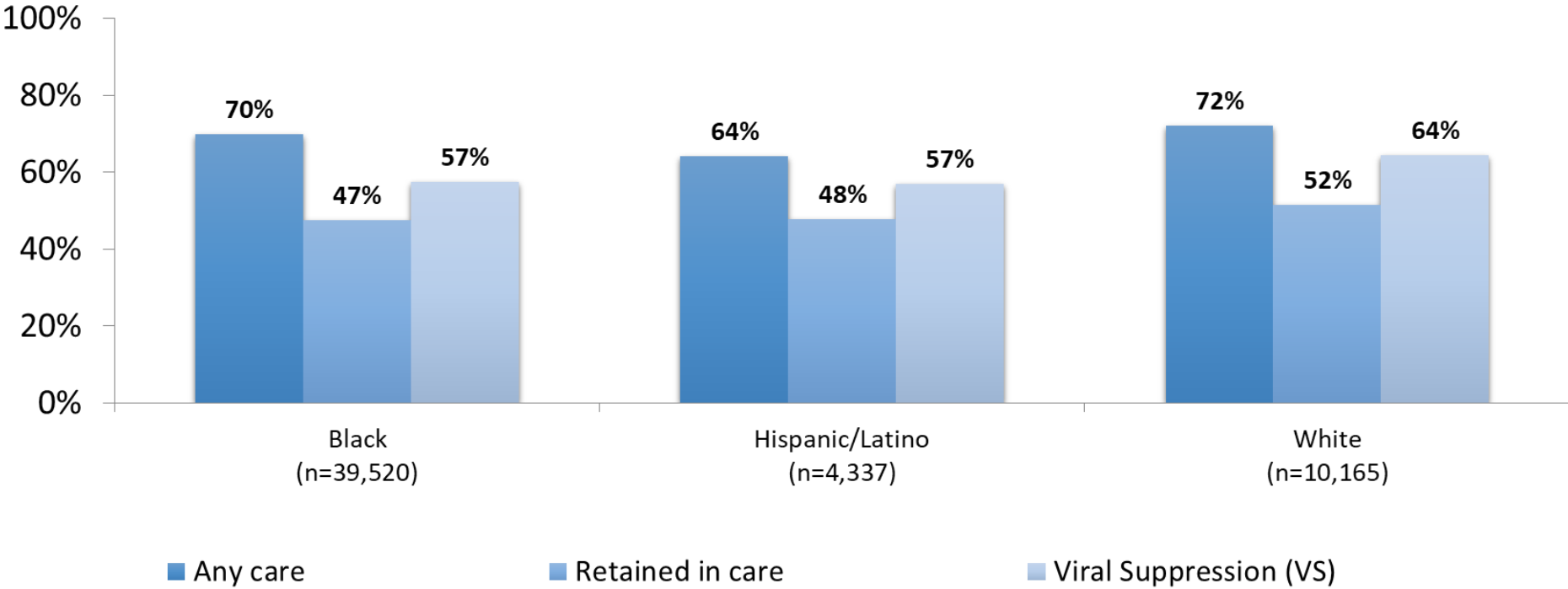
Number of Persons Newly Diagnosed with HIV, 2017



Number of Deaths of Persons with Diagnosed HIV, 2016



# Adults and Adolescents Living with Diagnosed HIV, by Race/Ethnicity, Georgia, 2020



Adults and adolescents  $\geq$  age 13, diagnosed by 12/31/2019, living as of 12/31/2020, with a current address in Georgia  
Any care  $\geq$  1 CD4 or VL in 2020  
Retained in care  $\geq$  2 CD4 or VL at least 3 months apart in 2020  
Viral suppression (VS) = VL < 200 copies/ml on most recent viral load in 2020

# Social Determinants of Health

## Social Determinants of Health and HIV in the South



The **South** accounted for **more than half** (53%) of all new HIV diagnoses in the U.S. in 2019. Social determinants of health such as **poverty**, **lack of health insurance**, **education**, **household income**, **food insecurity**, and **unemployment** can negatively affect **HIV-related health outcomes** for the **South**.

### Poverty

**12%** of the U.S. population were living in poverty

**14%** of people in the **South** were living in poverty

American Community Survey, 2019

### Insurance

**10.4%** of the U.S. population were uninsured

**14.3%** people in the **South** were uninsured

American Community Survey, 2019

### Education

**89%** of U.S. population had at least a high school education

**87.5%** of people in the **South** had at least a high school education

American Community Survey, 2019

### Household Income

The median household income for the U.S. population was **\$65,712**

The median household income among people in the **South** was **\$60,566**

American Community Survey, 2019

### Food Insecurity

**10.5%** of U.S. population were living with food insecurity

**11.2%** of people in the **South** were living with food insecurity

U.S. Department of Agriculture, 2019

### Unemployment

**3.7%** of U.S. population were unemployed

**3.5%** of people in the **South** were unemployed

U.S. Department of Labor Statistics, 2019

# Service Provision Challenges in the Atlanta EMA

- Georgia remains a state which has not expanded Medicaid
- Continued large unmet need for services
- Existence of HIV stigma/homophobia/discrimination
- Economic disparity—worsened as a result of COVID 19
- Large size of service area and lack of affordable, accessible transportation options
- Lack of affordable housing options
- Difficulty finding providers who are eager to work with us

# Why focus on Oral Health?

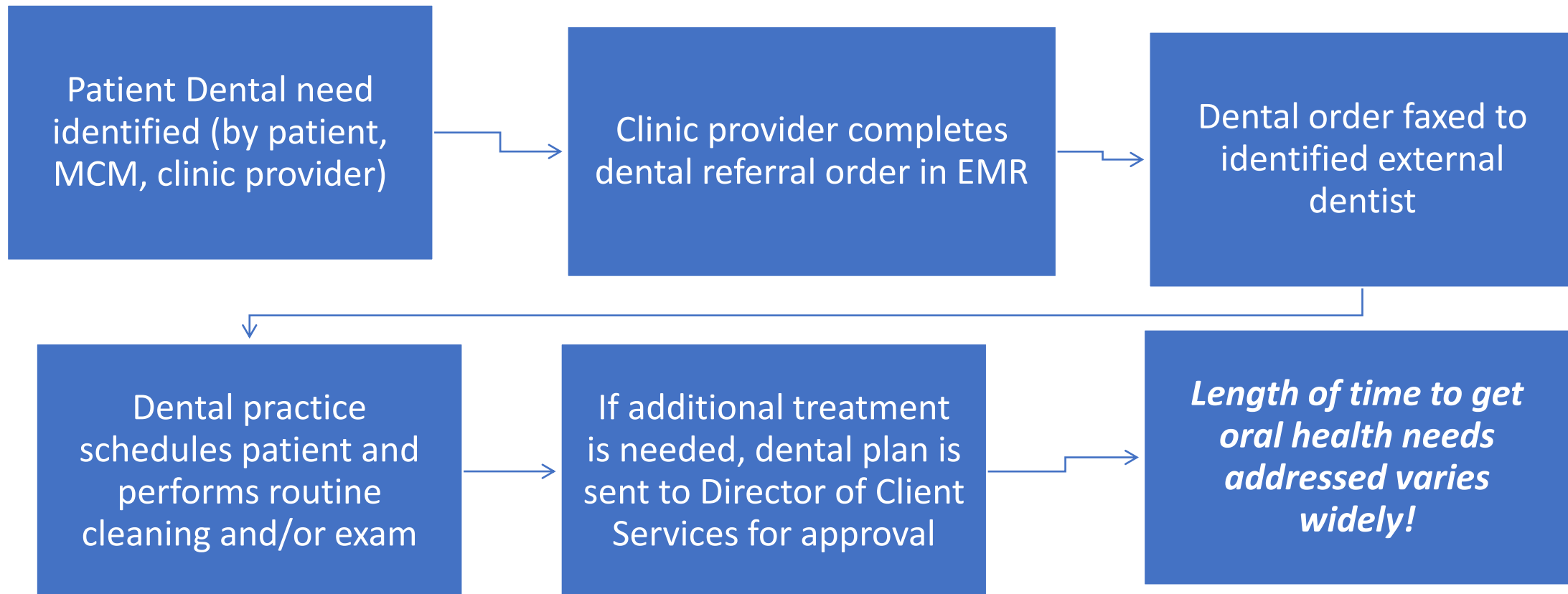
- One of biggest unmet needs at PIHC and the overall service area
- Historically, funding is insufficient to meet the need
- Directly tied to overall HIV health outcomes, including viral suppression and adherence to care
- Insufficient oral health care leads to infection, pain, tooth loss, poor nutrition. Patient may also feel self-conscious about appearance, leading to difficulty seeking employment.
- Is our current process meeting our patients' needs?



# Oral Health Task Force

- Established by the Atlanta RW Planning council in mid January 2019: Oral Health Task Force needed to be established to collaborate and discuss the Oral Health capacity concerns within our EMA.
- Representation requested from all RW A funded Oral health agencies, those that provide RWA care, and interested clients.
- Conducted an Oral Health survey in Oct 2020 to explore current service needs and gaps

# Current Oral health referral process at PIHC





# Dental Partnerships

The key to a successful external oral health referral program lies in the strength of the partnerships. Also vital to leverage resources to maximize funding and services.

- Local dental providers
  - Execution of MOUs
  - Site visits
  - Routine consultation regarding treatment plans, invoicing, patient education and communication
  - Ensure understanding of funding: explain how it works, limitations
- Ongoing consultation with dentists locally who specialize in oral health care to patients living with HIV
- Use of national resources to stay current with treatment practices



# Transition to an onsite dental program: The 5 W's

- *What?* Establish an onsite dental clinic that would accommodate the growth in the patient census and provide greater capacity to address patient dental needs
- *Who?* Collaborative effort—staff (direct service and admin), patients, community
  - Use of feedback from our CAB and Consortiums,
  - Data obtained from Client Satisfaction Surveys and Needs Assessment, EMA Needs Assessment
  - Oral Health Task Force—RW A Planning Council
  - Use of external TA to examine best practices in the integration of primary care and oral health

# The 5 W's (cont'd)

- *Where?* Requires adequate space, room for growth, close to public transportation
- *When?*
  - Funding considerations
  - COVID interruptions
  - Hiring challenges
- *Why?*
  - Outgrew the existing model
  - Another important healthcare outcome to measure
  - Motivates patients to come in for other core and support services
  - One-stop service delivery—getting dental services in a setting in which patients already feel comfortable



# What does it take?

- Space
  - Patient focused
  - Patient friendly and inviting
- Staff: dentist, dental hygienists, dental assistants, billing and scheduled staff
- Dental EMR
  - Integration with existing EMR and data systems
- Dental Supplies
- Integration of services: clinical care, case management, behavioral health
- Data
  - Tracking health outcomes such as adherence and viral suppression

# PIHC's Dental Clinic

- Opening Summer of 2022
- Nine Chair oral health clinic
- Proposed Staffing:
  - Dental Director – 1 FTE
  - Dentist – 2.5 FTE
  - Hygienist – 2 FTE
  - Dental & Lab Tech – 3 FTE
  - Oral Health Business Director – 1 FTE
  - Reception/Billing staff – 2 FTE



# Lessons Learned

- Isn't dental insurance a good thing?!
- Plan for the unexpected: COVID 19 (yet again!)
- Maximize and leverage funding
- Never underestimate the value and importance of patient feedback!

Community Advisory Board

Patient surveys

- It takes a village! Utilize community partnerships
- Be flexible!

# Thank you for attending!





# Questions and Answers



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