VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Collaborative Approaches to Advancing Oral Health Services for People with HIV in Massachusetts

Emily Levine, Service Quality Coordinator, BIDLS, Massachusetts Department of Public Health

Helene Bednarsh, BS, RDH, MPH, Director, Ryan White Dental Program, Boston Public Health Commission

Anthony Silva, Program Coordinator III, Ryan White Dental Program, Boston Public Health Commission

Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

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

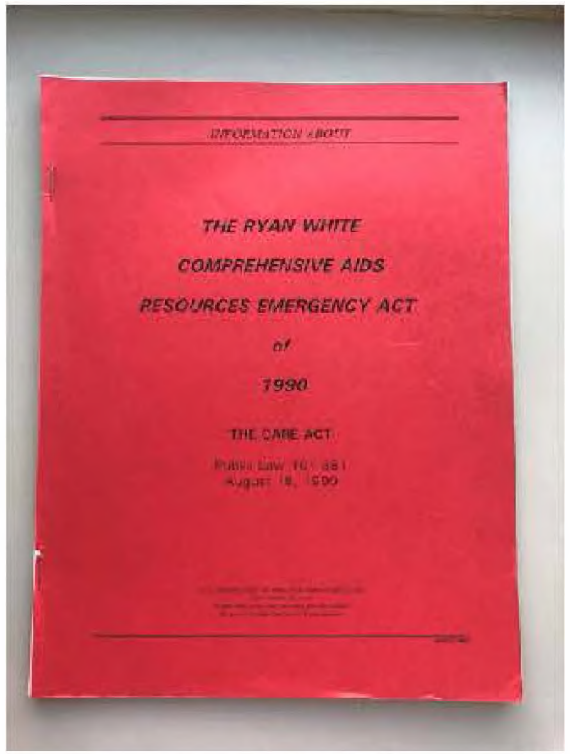
1. Understand how to assess and reduce barriers to oral health services for people living with HIV/AIDS (PLWH/A)

1. Leveraging Ryan White funding and non-HRSA funded partnerships to ensure adequate annual funding as well as the flexibility to respond to emerging trends and challenges

1. Understanding how cross-part collaboration around funding can help address identified unmet needs of PLWHA

History: Access to oral health for people living with HIV/AIDS

In the beginning…



1990 August 18: The U.S. Congress enacts the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 [PDF, 2.41 MB], which provides $220.5 million in federal funds for HIV community based care and treatment services in its first year. HRSA is given responsibility for managing the program, which is the nation's largest HIV-specific federal grant program.

Association between HIV and Oral Health

- Unmet need is high
- Poor oral health outcomes are evident among those not on ART
- PLWHA are more likely to report oral health problems and require more dental procedures than individuals newly diagnosed. - suggests that oral health declines over time
- Newly diagnosed may benefit from early oral intervention.
- The dental care provider is an important link to identifying:
  - a new HIV diagnosis
  - progression of HIV
  - treatment failure

Meeting the moment

Boston convened 16 meetings within a 2-week period to determine priorities and distribution of funds

- Providers, ASOs and consumers gave testimony
- Oral health ranked among the top 5 priorities
- Even before the Denver Principle, the feeling was pervasive: “nothing about us without us”

Thus, in 1991, the Boston Public Health Commission (BPHC) funded a program, using Part A funds, that would remove or reduce barriers to oral health services for PLWHA in the Boston Eligible Metropolitan Area (EMA): Dental Ombudsperson Program

The Ryan White Dental Program

Mission:

The Ryan White Dental Program (RWDP) strives to promote sound oral health in persons with HIV by facilitating their access to oral health care from knowledgeable and sensitive dentists in community-based, non-discriminatory setting. The receipt of early and routine oral health care will enhance the overall health and wellbeing of persons with HIV.

Objective:

Increasing the people living with HIV/AIDS (PLWHA) who received oral health care from the Boston Public Health Commission (BPHC) Ryan White Dental Program (RWDP).

In the beginning

- The program was designed as a partnership between public and private dentists
- The emphasis was on function not form with the intent of restoring and maintaining the integrity of the oral cavity. This drove the development of our scope of service
- Recruitment of providers was challenging parallel to Acer case but we built a strong network that met the needs
- Demand was great, funding was low and I was the only staff part time. Clients enrolled had a routine visit and died. That was before HAART, etc

Access to oral health: Then

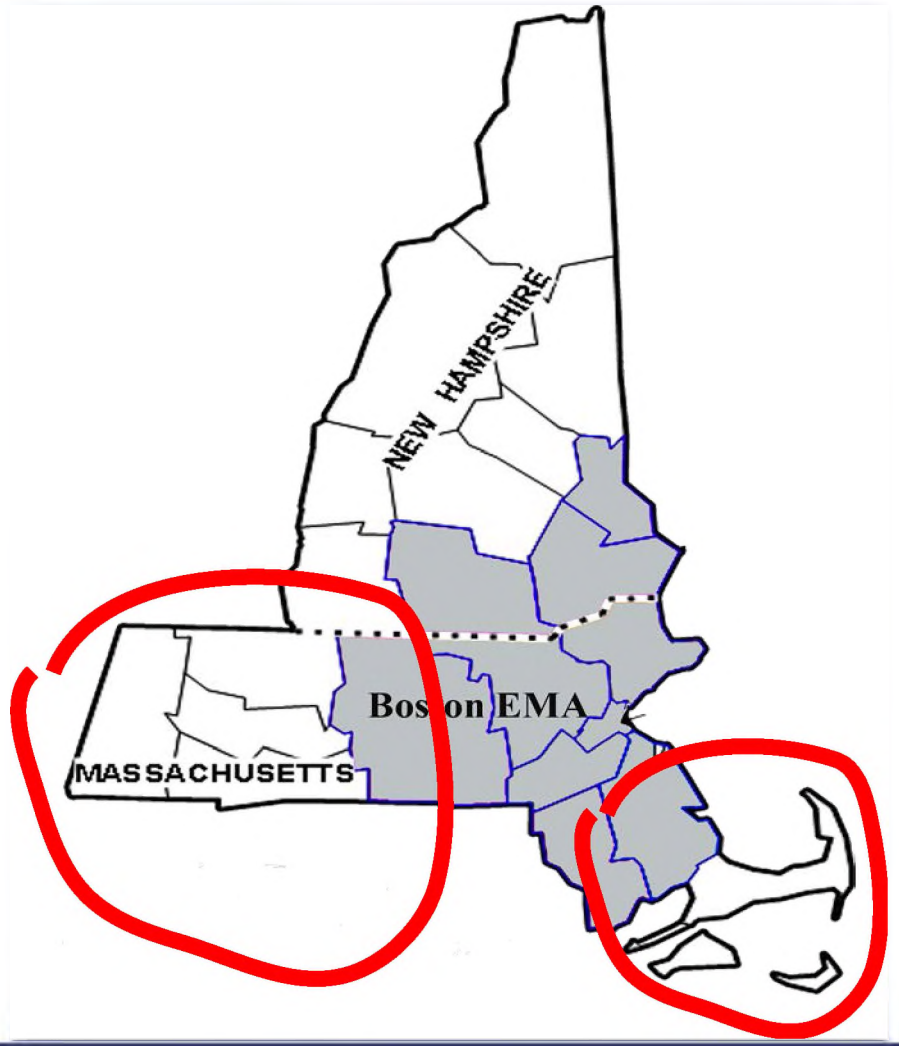
- Initially it was only the RWDP providing care, a few years later 6 Part F programs were funded.
- There was no one coordinating access, scope of service, or eligibility criteria.
- 6 programs brought together with the state dental director, consumer reps from the Planning Council, and the City of Boston
- Working together we identified gaps in coverage, determined how to allow clients outside the EMA access care and address the educational needs of our clients and providers

Creating a more complete funding picture for oral health in Massachusetts

MDPH puts its money where its mouth is

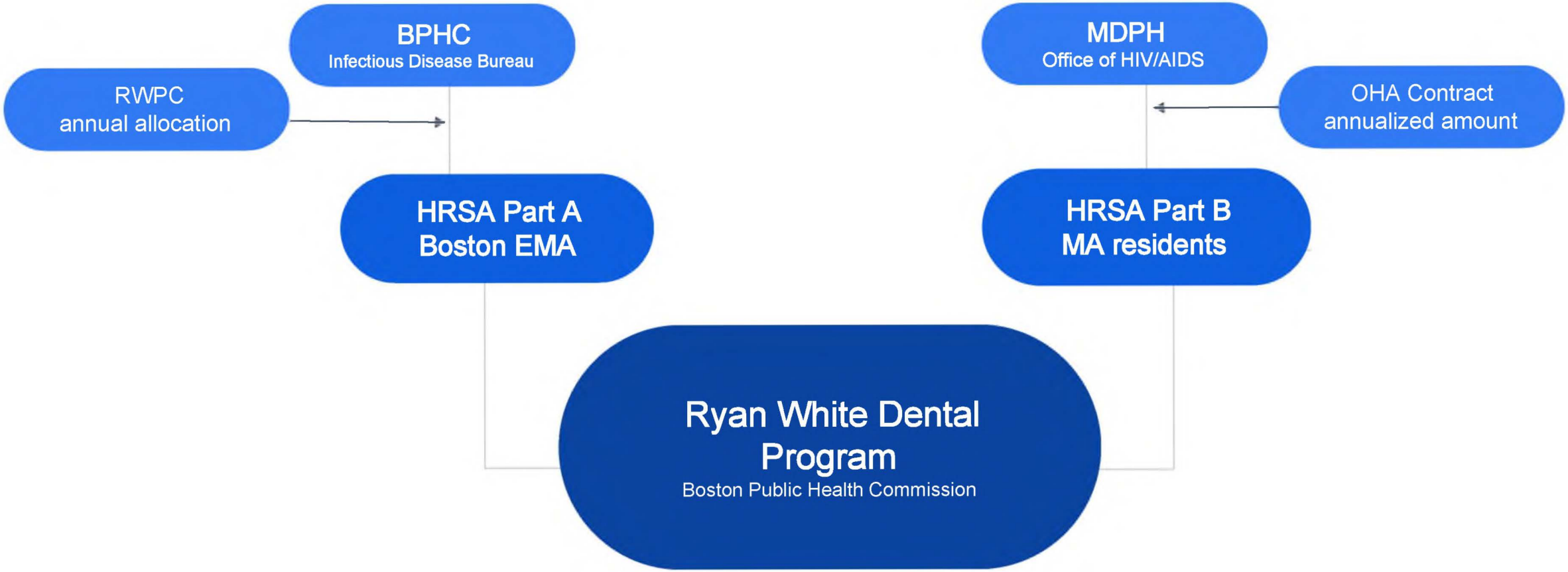
Why leverage funding?

- Had to live in the EMA to access a dental provider without cost
  - currently 3,500 PLWH in those counties
  - Springfield is the 3rd most populous city
- Dental program made do with what they had
- All complaints to the Dental Program office were referred to DPH
- SWCAB



Striving for Statewide Equity

- In 2000, the Office of HIV/AIDS (OHA) decided to fund oral health
  - MA applied for a waiver to use the “balance of state” to pay for it
  - if it ain’t broke, don’t fix it- just fund the current program to continue its great work
- This move allowed for comprehensive oral health care for all PLWH in the Commonwealth leveraging multiple HRSA parts and state money
- DPH sees dental care as a part of "core medical services"
  - recognition of the contribution of oral health to overall health
- Innovative funding of an oral health care program


BPHC
Infectious Disease Bureau
RWPC
annual allocation
MDPH
Office of HIV/AIDS
OHA Contract
annualized amount
HRSA Part A
Boston EMA
HRSA Part B
MA residents
Ryan White Dental Program
Boston Public Health Commission

Win/Win

This funding mechanism allows for:

- a collaborative relationship between funders and contracted provider
- Oral health is at the table:
  - Ryan White Planning Council
  - Massachusetts Integrated Prevention and Care Committee (MIPCC)
  - Massachusetts Ending the Epidemic

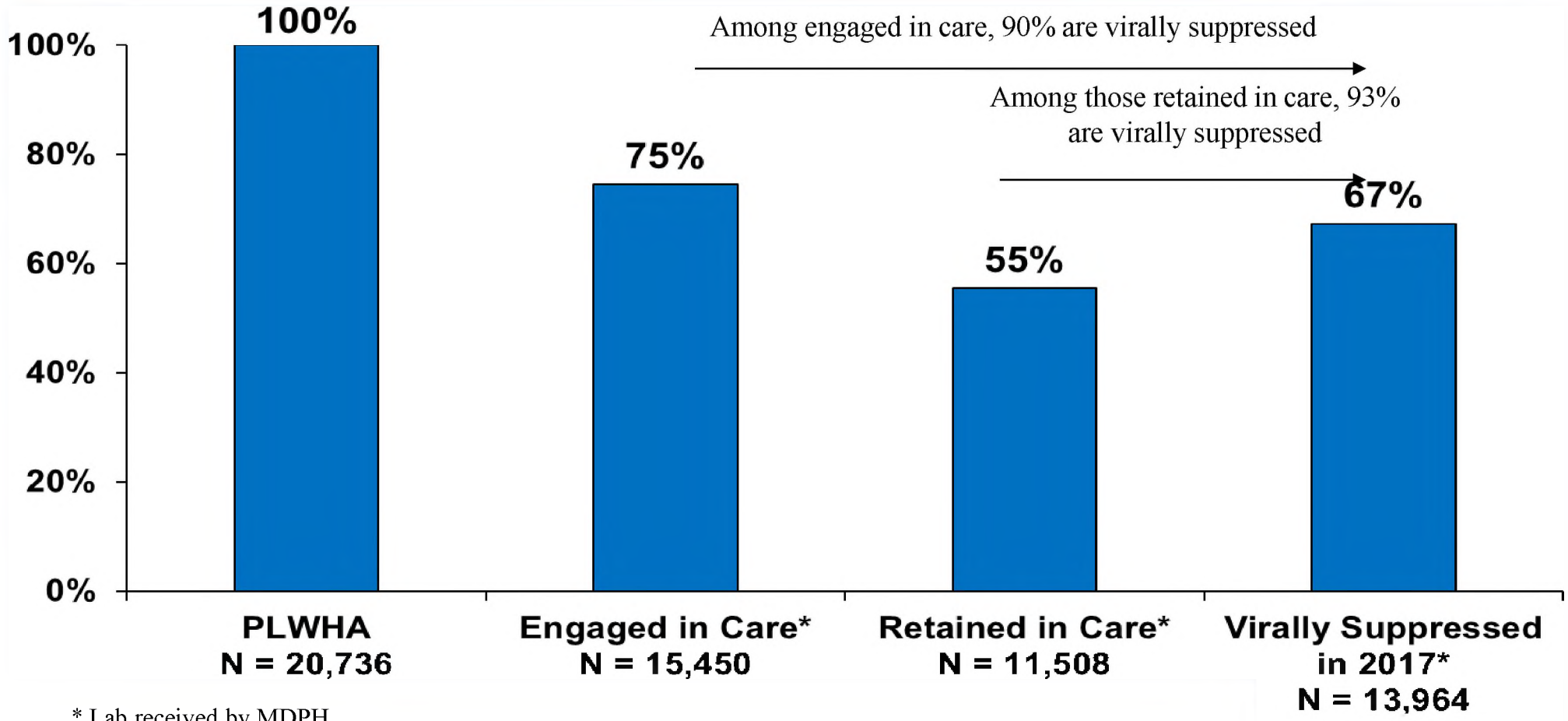
Gold standard: residents of the Commonwealth living with HIV/AIDS have access to needed oral health care services

  - local dental care- when possible
  - no cost to the patient
  - leveraging MassHealth and other 3rd party payers

Current Landscape of HIV and Oral Health

Why is the Ryan White Dental Program so successful?

Care Continuum for People Living with HIV/AIDS in Massachusetts[1]

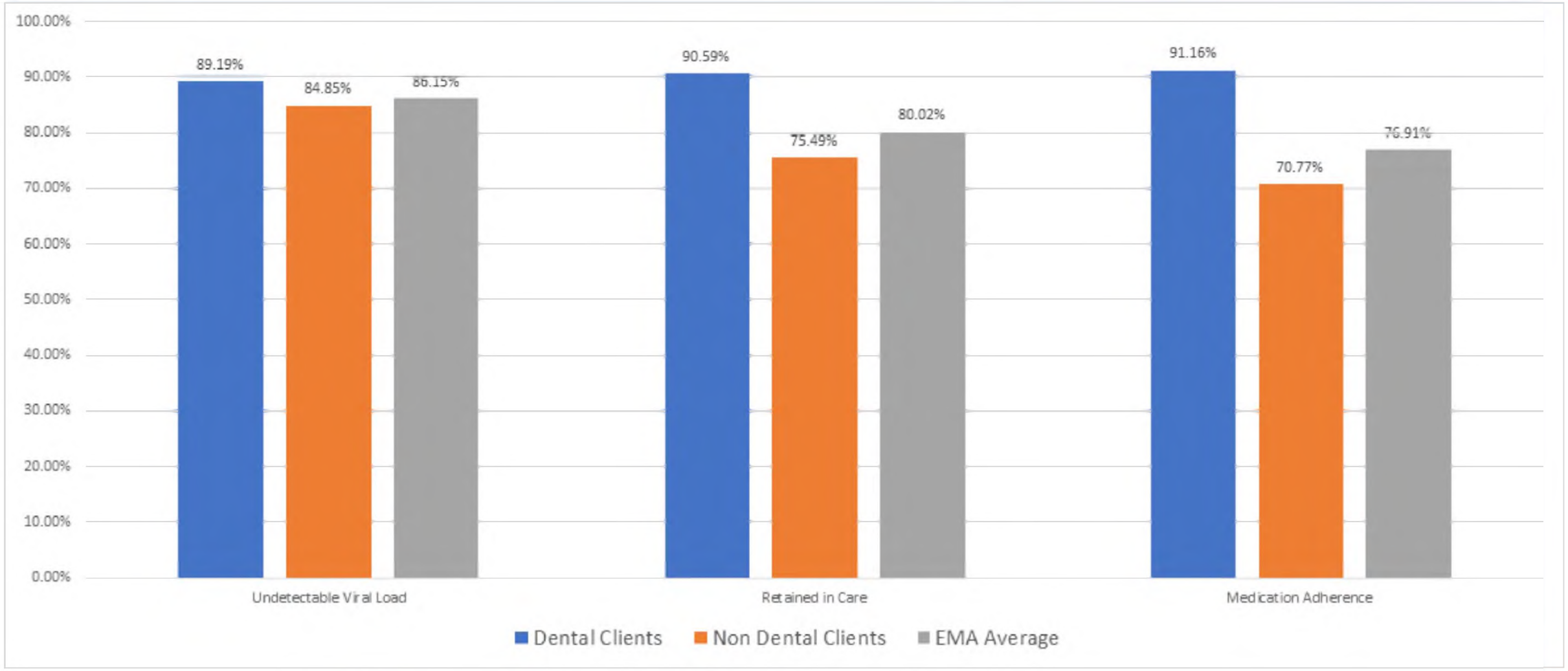


* Lab received by MDPH

[1] Includes individuals diagnosed through 2016 and living in MA as of 12/31/17, based on last known address, regardless of state of diagnosis

• Data Source: MDPH HIV/AIDS Surveillance Program, cases reported through 01/01/19

Health Outcomes Among Ryan White Dental Program Clients in MA



However…

Across the board, access to dental care remains a challenge

3 out of 4 people living with HIV in the US have **failed** to successfully navigate the treatment.

Only **28%** of the more than 1 million living with HIV/AIDS are getting the full benefits of the treatment to manage the disease and keep the virus under control.

We as oral health care professionals can help to improve this……

Secrets to the success of the Ryan White Dental Program

Ryan White Dental Program: Today

- Since 1991, we have served around 30,000 unique individuals living in MA and the NH EMA.
- Currently 185 dental practices work with RWDP.
- Dentists are recruited and preventive, diagnostic and therapeutic services rendered by licensed dentists and dental hygienists.
- RWDP provides education and for people living with HIV, case managers and providers.
- During calendar year 19 (1/1/19-12/31/19) the RWDP provided 9,607 units of service to 2,861 unduplicated clients.
- Funding Part A (BPHC) and Part B (MDPH, Office of HIV/AIDS)

The Secrets to Success

- Case management coordination
- Coordination with medical providers
- Cultivation of a network of dental providers
- Certification, eligibility, and referrals
- Guidance and education

Coordination with MCMs

- RWDP has enjoyed a strong relationship with MCM since the beginning of the program. Today approximately 90% of RWDP have are affiliated with a Part A or B MCM program

- Our goal for the MCM to acknowledge the importance of oral health and encourage them to enroll clients into the program.
  - Include recognition **of importance of oral health care** as part of primary care and basics of client assessment by asking clients about dental
    - Include **information for referral** to oral healthcare
    - **MCMs** assist in updating client records every 6 months. Attestation form is available if no changes in client status once annually.

Working with medical providers

- Integrating oral health with overall health and well-being
- Role(s) of the Non-Dental Health Care Provider
  - **Screening** the oral cavity as part of the head and neck examination
  - Promoting **basic oral health and referring** for clinical dental care
  - Providing **preventive and palliative oral health care** when indicated
  - **Facilitating referrals** for emergent disease of the hard and soft tissues of the oral cavity
  - Ensuring medically complex patients who may be scheduled for chemo, radiation, infusion, transplants, etc have an **infection free oral cavity** prior to treatment

A Network of Dental Providers

Over the past 30 years RWDP has created a network of dental providers.

- Mix of private practices and community health center dental clinics.
- Offices sign a contract with BPHC to provide care to our clients.
- Providers are paid at the State rate setting fee schedule.
- Routine care may be performed without a Prior Authorization, but more advanced care requires a PA as specified in the RWDP Provider Manual.
- Many offices join into RWDP to assist with the care of a patient of record.

Working with Part F

- RWDP refers clients to the Part F Dental programs for clients seeking specialty care such as endodontic and periodontal services.
- Access to services that are outside the RWDP scope of services
- Educational opportunities are provided to the dental students at area events and internships

Certification, eligibility, and referrals

- Clients enroll in the RWDP by completing a four-page application and providing necessary verifications related to HIV status, residency, income and medical insurance.
- Once enrolled coverage is good for 6 months. RWDP staff work with Clients to find a contracted dental provider.
- Enrollment may be extended for a full calendar year through the use of our attestation form, if the client reports no changes to residency, income or medical insurance. This has greatly reduced the burden on clients and MCM in completing a full application twice a year.

Guidance and Education

Part of the programs mission statement is to provide education to Providers and clients.

- Providers are sent materials regarding HIV oral health and infection control. Presentations to dental societies and educational institutions happen annually. RWDP Staff also exhibit at the Yankee Dental Congress to educate the broader New England dental community.
- Presentations at PLWH events such as health fairs at AIDS Service Organizations.
- RWDP staff are active participants in oral health and HIV advocacy coalitions.

Lessons Learned

- Our model is innovative, sustainable and replicable. Versions of it have been used in other areas. This model could be adapted for use with other vulnerable populations.
- MCM are important for keeping clients engaged with the program and being retained in oral health care.
- Dental offices can assist with client retention and provide a source for new clients referrals to the RWDP.
- It is critically important to monitor Medicaid and other health safety nets in case of financial or service changes. The program must be prepared to make adjustments should they become necessary.

Challenges: Current and what's on the Horizon

Even with all our success, there are still hurdles

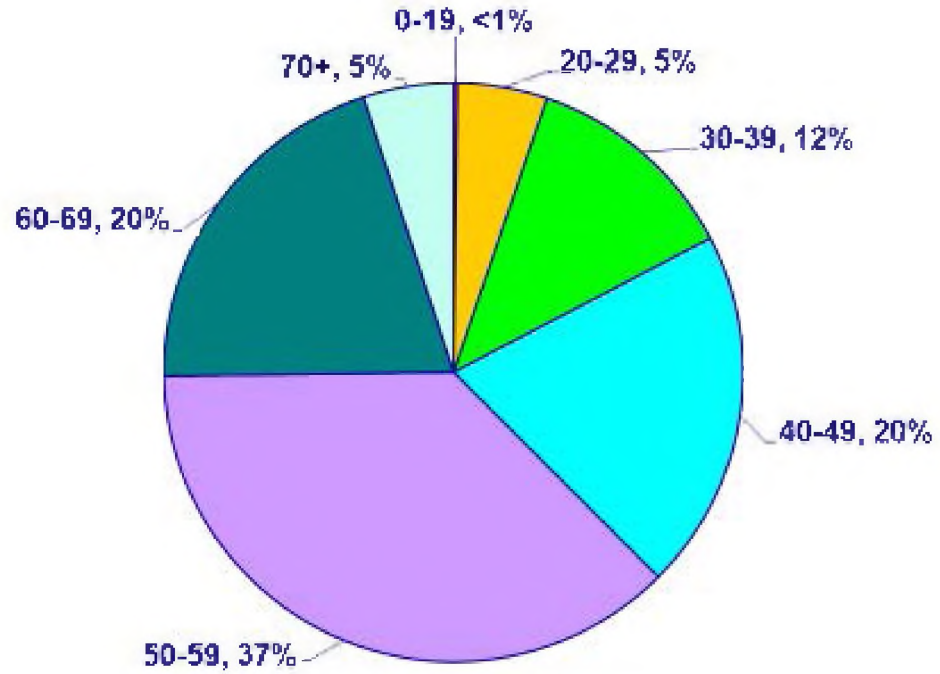
Challenges

- Oral health literacy and cultural norms may affect a client's adherence to oral health treatment.
- Many clients have not engaged in dental care and present with treatment needs which may be very costly to the program. This can be reduced when medical providers and MCMs refer to the RWDP.

Aging with HIV in MA

62% of people living with HIV in Massachusetts are 50+

Figure 7. Percentage Distribution of Individuals Living with HIV Infection on January 1, 2018 by Age: Massachusetts



N=22,112

Data Source: MDPH Bureau of Infectious Disease and Laboratory Sciences, Data as of 1/1/18

Current Challenge: COVID

- Create flexibility for clients needing to update annual applications.
- Supporting dental providers by removing barriers to care for clients of record that had been seen within the past 12 months
- Support MCM in creating ways to gather needed documentation
- Keep Providers, Clients and MCM informed of processes
- Inform Providers and MCM of policies being recommended by the Governor of Massachusetts through a series of letters along with links to relevant information
- Allow for emergency services to proceed without delays that might be caused by application process
- Internally monitoring what care could be provided to clients

Teamwork makes the dreamwork

Partnerships to sustain success and overcome challenges

Success: the funder's perspective

- Commitment to all PLWHA in the Commonwealth at the forefront
  - It promotes sound oral health as a core medical component and integrates it with systemic health
- Funding is based on program need
  - quarterly check-in calls with contract manager
  - leveraging the flexibility of Part B
- Open communication re: challenges and funding needs
  - loss of providers in particular cities and town
  - Ex: Hurricanes Katrina and Maria
  - HIV outbreak in Northeastern MA

Thank you!

Anthony Silva, asilva@bphc.org

Helene Bednarsh, hbednarsh@bphc.org

Emily Levine, emily.levine@state.ma.us

BOSTON PUBLIC HEALTH COMMISSION

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

150 YEARS OF ADVANCING PUBLIC HEALTH