Definition of Access to Care: GDA whitepaper – from AGD

"The ability of an individual to obtain dental care, recognizing and addressing the unique barriers encountered by an individual seeking dental care, including the patient's perceived need for care, oral health literacy, dentist and dental team distribution, financial circumstances, special needs, transportation, location, language, cultural preferences and other factors influencing entry into the dental care system."

I think we should expand this to include the Dental Home: - AAPD definition

"the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way". They recommend that establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

Presuming that we are going to be using the GDA white paper as the framework for our own position (I believe that we have their permission to plagiarize whatever we would like). I feel that the most efficient way for us to stay organized and to move quickly would be to tear this paper apart and then rebuild it to be specific to Colorado. With that in mind, I am going to use their recommendations as a starting point before breaking it down by sections. Here are my comments:

CDA – White Paper on Colorado's Oral Health Status, Access to and Utilization of Oral Health Care Services

Position Statement:

- I think that the overall sentiment is good. We believe that we can better create access to care by better utilizing, and growing, the provider network that we currently have in Colorado. We are opposed to creating another, less qualified, provider entity to create access.
- We need to clearly define what access to care means. Specifically we need to make the argument that every individual deserves to have a "Dental Home".
- I don't believe that the CDA has its own dental home initiative. The AAPD recently rolled out their Dental Home Initiative with Head Start in Colorado. Their definition of a dental home is "the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way". They recommend that establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.
- We need to clean up the statistics in regard to;
    - number of dentists, hygienists and assistants in Colorado
    - number of new dentists licensed per year
    - dentist to population ratio
    - How these statistics rank/compared with other states

- I appreciate Erica's frustration with the ambiguous definition of MLP, particularly in regard to acceptable education. I think that as an organization we need to have a feel of what might be acceptable should we find MLP forced upon us. However, I don't think that we should spend a lot of time defining MLP in our position statement. It would be much clearer for us to express that the acceptable standard of care for all patients (at all socioeconomic levels) is to have a dental home which includes access to a licensed dentist. From there we can create a multifaceted set of recommendations to make this happen.
- I have not had a chance to take a look at the reports that suggest that the New Zealand MLP model has not improved access to care or improved oral health of citizens in New Zealand.
- I agree with Erica the section related to Dental Hygiene education needs to be specific to Colorado.
- The argument to put education programs in place to help patients understand their dental benefits, access government programs, and increase their oral health literacy is a good segway into the Community Dental Health Coordinator (CDHC) as a recommendation.
- One or two members of the task force should tear this section apart and rebuild it to be specific to Colorado, this would include reviewing all of the references to make sure that they are solid and then adding new references when pertinent.

Recommendations:

- Health Status
    - Sealants for elementary school children – what programs currently exist in the Colorado? What is the eligibility requirement? Are any outcome assessments available?
    - High risk children receiving dental screenings – aside from Head Start programs in Colorado, what other programs provide screenings? How and where are these patients identified (i.e. at school)?
    - Fluoridated community water systems – what percentage of community water supplies in the Colorado are fluoridated?
    - Advocate for more Data collection and surveillance by "appropriate" state agencies – I am sure that when this comes down there will be a lot of figures going around. We need some solid statistics in regard to access to dental services in Colorado as well as participation in Medicaid and SCHIP.
- Oral Health Literacy
    - Educating parents and children on importance of good oral health – we have good programs in Colorado like Head Start and Cavity Free at Three. Possibly other programs that I don't know about? It would be good to get a feel for what their capacity is. Expansion of these types of programs as well as help in guiding patients into these programs (possibly via CDHC) would be a good starting point.
    - Education on importance of annual oral cancer examination – I believe that there have been some good ad campaigns, another good role for CDHC.

    - Developing educational materials – The ADA, as well as Delta, have some of these materials available. How can it more effectively get into the hands of patients?
    - Pursue development of a comprehensive oral health education component for public schools . . targeting at risk groups first – other than Head Start and I am not familiar with any coordinated programs in Colorado.
    - Provide information to dentists and their staffs on cultural diversity to eliminate barriers to clear communication – Large HMOs like Kaiser have departments dedicated to this endeavor, I am not familiar with any program here. This may be as simple as continuing education.
    - Form collaborations and partnerships with other interested groups to develop and disseminate oral health education materials . . . promote the "Dental Home" concept – this is the cornerstone of the AAPD/Head Start Dental Home Initiative that was rolled out in Colorado as of September. Similar groups could be expanded to include public health, K-12 schools, and hospitals.
    - Improve patient education and counseling in the dental office.
    - Change perceptions of oral health by explaining in the simplest terms why oral health is important – could be accomplished via many of the above mentioned programs as well as CDHC.
    - Encourage more interdisciplinary collaboration and care among healthcare providers – this is a big part of Cavity Free at Three.
    - Encourage greater utilization of currently available educational resources – I think that there is a lot of great educational material that never gets to the patients who would most benefit from it.
- Utilization
    - Access to PeachCare – does not apply
    - Initiate appropriate recruitment efforts to increase the numbers of underrepresented minority and disadvantaged students in dental schools – I am sure that the University of Colorado specifically has some sort of policy in place that we could explore here.
    - Encourage providers to increase their cultural competency – possibly by offering CE opportunity, or informing members of CE opportunity, for this?
    - Work with federal and state governments to provide additional financial incentives for dentists to provide regular care in underserved areas – what already exists in Colorado? Student loan repayment? What could exist – tax incentive to treat the underserved?
    - Workforce committee to continue to monitor DHPSA designations and report inaccuracies so that the need for additional dentists is reported accurately and not exaggerated – What are the figures and designated areas in Colorado?
- Workforce
- Government Programs
- Financing Care
- Safety Net

- Innovative Outreach

The GDA paper goes on to specifically address all of their recommendations, with statistics and potential solutions. We need to assess to resources within our group and break these sections up.