



# THE DENTAL SAFETY NET IN RHODE ISLAND

SPECIAL REPORT

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# The Importance of Oral Health

**O**ral health is a critical but overlooked component of overall health and well-being among children and adults. Dental caries (tooth decay) is the most common preventable chronic childhood disease. Dental disease restricts activities in school, work, and home and often significantly diminishes the quality of life for many children and adults, especially those who are low-income or uninsured. There is increasing evidence of associations between oral infections and other diseases, such as pre-term, low birthweight babies, heart disease, lung disease, diabetes and stroke among adults.<sup>1,2</sup>

## WHAT IS THE DENTAL SAFETY NET?

Dental safety net providers are public and private non-profit organizations that provide comprehensive oral health care to children, adults and the elderly.<sup>3</sup> These dental centers provide oral health care to thousands of Rhode Islanders of all ages, regardless of their insurance status or ability to pay. They are a critical component of the current and future health care delivery system in Rhode Island.

Although there have been impressive advances in both dental technology and in the scientific understanding of oral diseases, significant disparities remain in both the rates of dental disease and access to dental care among subgroups of the population, especially for children and adults who live below the federal poverty threshold.<sup>4</sup>

Approximately 21% of all children in Rhode Island live in families below the federal poverty threshold. Nearly half (49%) of Rhode Island's poor children are White, yet Hispanic, Black and Asian children are much more likely to be living in poverty. In Rhode Island, 52% of Hispanic children, 48% of Black children, 38% of Asian children, and 13% of white children live in poverty.<sup>5</sup>

Dental services can be paid for by private/commercial dental insurance, public dental insurance (Medical Assistance/Medicaid/RItE Care), or directly out-of-pocket by the patient (for those with insurance that does not cover all services or those without dental insurance). Insurance is a strong predictor of access to dental care. In Rhode Island, 73% of parents reported having dental insurance coverage for their children in 2001 and approximately 70% of adults over the age of 18 reported having dental insurance in 2004.<sup>6,7</sup>

The presence of insurance coverage does not ensure access to dental care. Forty-four percent (44%) of children who

were enrolled in RItE Care, RItE Share or Medicaid fee-for-service on September 30, 2005 received a dental service during federal fiscal year 2005.<sup>8,9</sup> During fiscal year 2000, 46% of adults receiving Medicaid in Rhode Island received at least one dental service.<sup>10</sup> During 2001-2002, 29% of people age 65 or over living in nursing homes in Rhode Island who received Medicaid obtained any dental services.<sup>11</sup> The dental safety net attempts to bridge the gap for these vulnerable groups, both nationally and in Rhode Island.<sup>12</sup>

Although dental safety net programs are designed to serve the most vulnerable populations, their total capacity does not and cannot meet the needs of all who need dental care. Dentists in private practice who provide care to the underserved are essential to ensuring adequate dental care for all Rhode Islanders.

## MEDICAID DENTAL BENEFITS

Comprehensive dental services are a covered benefit under Medical Assistance in Rhode Island for both children and adults. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit of the federal Medicaid program mandates that states provide comprehensive, preventive, restorative, and emergency dental services furnished according to state-defined periodicity schedules to eligible children up to age 21. States are required to recruit dentists to provide dental services under EPSDT, to locate eligible families and inform them about EPSDT services, and assure that providers perform the required services.<sup>13</sup>

Dental services are an optional benefit for adults under the federal Medicaid program; the state of Rhode Island chooses to make it available to adults receiving Medical Assistance (Medicaid/RItE Care/RItE Share).

## RITE SMILES

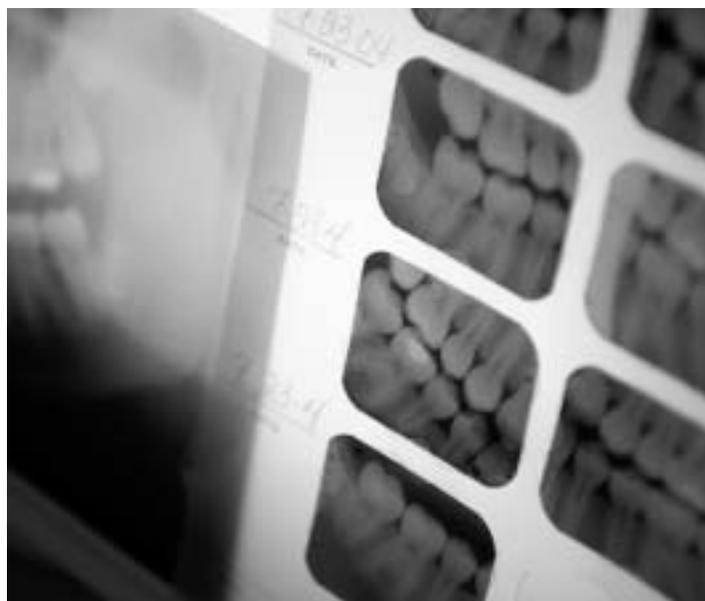
Beginning on September 1, 2006, children born on or after May 1, 2000 who are enrolled in RItE Care, RItE Share, or Medicaid fee-for-service (with the exception of children residing outside of Rhode Island, those with other dental insurance, and those living in long-term care facilities) will be eligible to enroll in the RItE Smiles dental benefit program. In this program, the Rhode Island Department of Human Services will contract with a specialized vendor (United Healthcare Dental) to ensure access to dental services, including ensuring an adequate network of dentists and assisting clients with transportation and interpreter services, if needed.

Children born before May 1, 2000 and adults will continue to receive their dental benefits under the fee-for-service Medicaid system, in which Medicaid directly pays dentists who choose to participate in the program.<sup>14</sup>

# Dental Safety Net Providers in Rhode Island

The dental safety net in Rhode Island is currently comprised of 11 Federally Qualified Health Centers (FQHCs, also known as community health centers) with dental centers, one urgent care/community health center (Block Island Health Services), three hospital based dental centers and the dental hygiene clinic at the Community College of Rhode Island.

There is a dental safety net provider in each of the six core cities in Rhode Island (Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket).



## ORGANIZATION NAME

## DENTAL CENTER NAME

## LOCATION

### Community Health Centers

Bayside Family Healthcare	Bayside Family Healthcare	North Kingstown
Blackstone Valley Community Health Care	Blackstone Valley Community Health Care	Central Falls
Blackstone Valley Community Health Care	Blackstone Valley Community Health Care	Pawtucket
Block Island Health Services	Block Island Medical Center	New Shoreham
Crossroads Rhode Island	Crossroads Rhode Island	Providence
East Bay Community Action Program	East Bay Community Action Program	Newport
Northwest Health Center	Northwest Dental Associates	Burrillville
Providence Community Health Centers	Providence Community Health Centers Dental Clinic	Providence
Thundermist Health Center	Thundermist Dental Clinic of South County	Wakefield
Thundermist Health Center	Thundermist Dental Clinic of West Warwick	West Warwick
Thundermist Health Center	Thundermist Dental Clinic of Woonsocket	Woonsocket
Wood River Health Services	Wood River Health Services	Hope Valley

### Hospital Dental Centers

Rhode Island Hospital	Joseph Samuels Dental Center	Providence
St. Joseph Hospital	Fatima Health Center's Pediatric Dental Center	Pawtucket
St. Joseph Hospital	Pediatric Dental Center	Providence

### Dental Hygiene Clinic

Community College of Rhode Island	Dental Hygiene Clinic	Lincoln
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# Survey Overview

In September 2005, Rhode Island KIDS COUNT conducted a survey of the dental safety net providers in Rhode Island in order to better understand the delivery of dental services to Rhode Island's underserved children and adults. The survey was based on one developed by Gayle Byck, PhD at the Midwest Center for Health Workforce Studies.<sup>15,16</sup> Rhode Island KIDS COUNT also involved the staff (administrators, dentists, and dental hygienists) of several dental safety net providers in adapting the survey for use in Rhode Island.

The Dental Safety Net Provider Survey was distributed to 16 safety net providers in August 2005. Providers were asked to complete the survey via a web-based instrument or hard-copy paper survey by the end of September 2005. The following safety net providers responded to the survey and are included in the findings of this report.

## Survey Respondents

ORGANIZATION NAME	DENTAL CENTER NAME	LOCATION
<b>Community Health Centers</b>		
Bayside Family Healthcare	Bayside Family Healthcare	North Kingstown
Blackstone Valley Community Health Care*	Blackstone Valley Community Health Care	Pawtucket
Block Island Health Services	Block Island Medical Center	New Shoreham
Crossroads Rhode Island	Crossroads Rhode Island	Providence
East Bay Community Action Program	East Bay Community Action Program	Newport
Northwest Health Center	Northwest Dental Associates	Burrillville
Providence Community Health Centers	Providence Community Health Centers Dental Clinic	Providence
Thundermist Health Center	Thundermist Dental Clinic of South County	Wakefield
Thundermist Health Center	Thundermist Dental Clinic of West Warwick	West Warwick
Thundermist Health Center	Thundermist Dental Clinic of Woonsocket	Woonsocket
Wood River Health Services	Wood River Health Services	Hope Valley
<b>Hospital Dental Centers</b>		
Rhode Island Hospital	Joseph Samuels Dental Center	Providence
St. Joseph Hospital	Fatima Health Center's Pediatric Dental Center	Pawtucket
St. Joseph Hospital	Pediatric Dental Center	Providence
<b>Dental Hygiene Clinic</b>		
Community College of Rhode Island	Dental Hygiene Clinic	Lincoln

\*Blackstone Valley Community Health Care submitted a partial response; their data are reflected where provided.

# Services Offered by Dental Safety Net Providers

All of the dental safety net providers that responded to the survey offer preventive and diagnostic services, including exams and x-rays, and most also perform basic restorative care (fillings) and simple extractions.

The core set of dental services offered by dental safety net providers includes preventive care, diagnostic exams and x-rays, basic restorative care, and extractions. The Dental Hygiene Clinic at the Community College of Rhode Island provides only dental hygiene services and x-rays. Patients needing restorative services are referred to dentists. With the exception of the Joseph Samuels Dental Center at Rhode Island Hospital and St. Joseph Hospital's Pediatric Dental Center in Providence, the clinical case complexity among safety net providers is limited to procedures that do not require general anesthesia. St. Joseph Hospital's Pediatric Dental Center provides dental services under general anesthesia only to children, while the Joseph Samuels Dental Center at Rhode Island Hospital provides this type of service for children and adults.

All dental services are offered on a daily weekday basis by all providers, and three dental centers reported having Saturday hours at the time of the survey. Nine dental centers offer evening hours at least one night a week. The number of hours open for clinical care per week ranged from 24 to 60, with an average of 43 hours per week.

Several respondents reported offering non-dental services at the same site as their dental center. Services offered include Obstetrics/Gynecology, Pediatrics, HIV Prevention/Treatment, Internal Medicine and Mental/Behavioral Health.

Dental services also are delivered by dental safety net providers in a variety of locations outside of the dental clinic, including elementary schools, Head Start/Early Head Start programs, and nursing homes. Details on those programs can be found later in this report.

## POLICIES AND GUIDELINES OF SAFETY NET PROVIDERS

All dental safety net providers employ policies and guidelines in order to ensure the best possible care for the children and adults they serve. While no geographic or income guidelines were reported by any providers, 8 respondents reported some type of age restriction (i.e., patients must be under age 18 only, patients must be over age 3, or only adults are treated).

The dental safety net providers who responded to this survey reported an average "no-show" rate (appointments for which patients do not come for treatment and do not call ahead to cancel) for dental appointments of 23%. The no-

show rate ranged from 0% to 35% and varied by the type of dental center. The Dental Hygiene Clinic at CCRI reported the lowest no-show rate (10%). Community health centers had an average no-show rate of 23%, while the three hospital based dental centers reported 30% of appointments resulting in no-shows during an average week. In this survey, no-show rates encompassed patients with no insurance, those with Medical Assistance (RIte Care/RIte Share/Medicaid), and those with private insurance. Nationally, 23% of appointments made by patients with Medicaid result in no-shows, which is nearly twice the rate among those with private dental insurance.<sup>17</sup> Missed appointments result in inefficient use of services that have an already limited capacity.

## STRATEGIES TO MINIMIZE MISSED APPOINTMENTS

Dental safety net providers reported using a variety of strategies to minimize missed appointments both before and after the scheduled appointment. Nearly all providers make appointment reminder phone calls and/or send letters to patients, and they overbook appointments with the dental staff in order to maximize use of limited appointment times. After appointments are missed, many providers follow up with phone calls and letters. At five safety net locations, patients are offered social services intervention, in which an organization's social worker contacts the family and offers assistance with overcoming barriers to accessing care. One provider reported assessing a "no-show fee" (which may be charged to those without insurance; federal regulations prohibit no-show fees from being charged to patients with Medical Assistance). If these strategies fail to result in kept appointments, 10 respondents enforce bans or restrictions after a certain number of missed appointments.



## Patients Served by Dental Safety Net Providers in Rhode Island

DENTAL CENTER	DATE DENTAL CLINIC OPENED	DENTAL OPERATORIES	NUMBER OF CHILDREN TREATED*	NUMBER OF ADULTS TREATED*	REPORTING YEAR
Bayside Family Healthcare	2001	3	182	446	7/1/04-6/30/05
Blackstone Valley Community Health Care	1994	5	1,322	1,312	1/1/05-12/31/05
Block Island Medical Center	1989	2	110	190	1/1/05-12/31/05
Crossroads Rhode Island	1992	3	0	541	1/1/05-12/31/05
East Bay Community Action Program	1997	4	695	1,233	7/1/04-6/30/05
Northwest Dental Associates	2002	7	880	1,320	1/1/05-12/31/05
Providence Community Health Centers Dental Clinic	2005	5	1,671	166**	5/1/05-4/30/06
Thundermist Dental Clinic of South County	1992	5	1,047	2,084	1/1/05-12/31/05
Thundermist Dental Clinic of West Warwick	2004	3	519	1,036	1/1/05-12/31/05
Thundermist Dental Clinic of Woonsocket	1990	5	1,545	2,334	1/1/05-12/31/05
Wood River Health Services	1984	6	695	1,700	7/1/04-6/31/05
Joseph Samuels Dental Center	1932	11	2,392	1,333	6/1/05-5/31/06
<i>Subtotal</i>		<i>59</i>	<i>11,058</i>	<i>13,695</i>	
CCRI Dental Hygiene Clinic***	1989	18		2,005***	6/1/04-5/31/05

\*Data for the number of unduplicated patients treated are for the most recent reporting year, which is a 12 month period designated by respondents.

\*\*Dental services for adults at Providence Community Health Centers are currently limited to pregnant women.

\*\*\*The CCRI Dental Hygiene Clinic provided data for the total number of new and recall (returning) patients served, without a distinction between children and adults. The Dental Hygiene Clinic is open 30 weeks per year, following the academic calendar (September through May). All other dental centers are open 52 weeks per year.

## Patient Visits at St. Joseph Health Services

DENTAL CENTER	DATE DENTAL CLINIC OPENED	DENTAL OPERATORIES	NUMBER OF VISITS BY CHILDREN	NUMBER OF VISITS BY ADULTS	REPORTING YEAR
St. Joseph Hospital's Pediatric Dental Center	1995	9	17,281	0	4/1/05-5/31/06
Fatima Health Center's Pediatric Dental Center	2004	3	4,719	0	4/1/05-5/31/06
<i>Total</i>		<i>12</i>	<i>22,000</i>	<i>0</i>	

The two sites that are divisions of St. Joseph Health Services, St. Joseph Hospital's Pediatric Dental Center and Fatima Health Center's Pediatric Dental Center, provided data on the total number of patient visits between October 1, 2004 and September 30, 2005. These data include duplicate visits by the same child over the course of a year, with an average of four patient visits each year. Both clinics provide dental care only to children.

# Populations Served by Dental Safety Net Providers

## CHILDREN

Nine survey respondents provided data regarding specific age ranges served. Children ages 6-18 made up the highest average percent of the patient population served (34%). Children ages 3-5 comprise an average of 19% of the patient population, while 1% are under 2 years of age. Nearly all survey respondents (13/14) provide services to children who are uninsured or have Medicaid/RItE Care/Medical Assistance. In addition, homeless children and children with HIV/AIDS were served by most providers.

The majority of dental providers reported serving children who have special health care needs. Special health care needs may include, but are not limited to, mental retardation, developmental disabilities, cerebral palsy, autism, down syndrome and mobility issues. The Joseph Samuel Dental Center at Rhode Island Hospital specializes in serving both children and adults who have special health care needs.

## ADULTS AND THE ELDERLY

Adults with special health care needs are also served by many respondents (8/14), as are adults with HIV/AIDS (7/14) and homeless adults (9/14). Crossroads Rhode Island specializes in providing dental care to adults who are homeless or at risk for homelessness. In addition, 8/14 providers

serve elderly/geriatric populations. Uninsured adults and adults with Medicaid/RItE Care/Medical Assistance are served by nearly all providers (11/14).

## INSURANCE STATUS

Six dental safety net providers (East Bay Community Action Program, Providence Community Health Center Dental Clinic, Thundermist Dental Clinic of South County, Thundermist Dental Clinic of West Warwick, Thundermist Dental Clinic of Woonsocket and Joseph Samuels Dental Center) provided data on the dental insurance status of the patients they served in the most recent reporting year prior to the survey in September 2005.

TYPE OF INSURANCE COVERAGE	UNDUPLICATED PATIENTS*	
	CHILDREN	ADULTS
RItE Care/Medicaid	4,865	2,842
No Insurance	373	2,474
Commercial Dental Insurance	452	616
Other	790	260
<b>Total</b>	<b>6,480</b>	<b>6,192</b>

\* Data are for 6 dental safety net providers that provided data for unduplicated patients, as of September 2005.

Nearly 5,000 children and 3,000 adults treated were covered by RItE Care/Medicaid. These six dental centers also reported treating 1,068 adults and children with commercial dental insurance, and 2,474 adults and 373 children who had no insurance.



## Staffing of Dental Safety Net Providers in Rhode Island

Quality oral health care is provided by a team including dentists, dental hygienists, and dental assistants. An adequate workforce is a critical element to ensuring access to care.

In this survey, dental safety net providers reported employing the equivalent of 25.53 dentists, 22.25 dental hygienists and 35.45 dental assistants.

DENTAL CENTER	NUMBER OF FTEs WHEN FULLY STAFFED		
	DENTISTS	DENTAL HYGIENISTS	DENTAL ASSISTANTS
Bayside Family Healthcare	1.0	0.4	1.0
Blackstone Valley Community Health Care	2.0	2.0	2.0
Block Island Medical Center	0.2*	.1*	.2*
Crossroads Rhode Island	0.8	0.2	1.375
East Bay Community Action Program	2.6	3.0	4.0
Northwest Dental Associates	2.6	1.6	4.0
Providence Community Health Center Dental Clinic	1.0	1.0	2.0
Thundermist Dental Clinic of South County	1.73	2.0	2.8
Thundermist Dental Clinic of West Warwick	1.4	1.2	2.5
Thundermist Dental Clinic of Woonsocket	1.8	2.5	2.0
Wood River Health Services	1.75	1.95	2.0
<i>Subtotal</i>	<i>16.88</i>	<i>15.95</i>	<i>23.9</i>
Joseph Samuels Dental Center	3.65	2.8	4.55
Fatima Health Center's Pediatric Dental Center	1.0	1.0	1.0
St. Joseph Hospital's Pediatric Dental Center	4.0	2.5	6.0
<i>Subtotal</i>	<i>8.65</i>	<i>6.3</i>	<i>11.55</i>
CCRI Dental Hygiene Clinic (Students and Instructors)	0	72 students 8 FTE instructors	
<b>TOTAL</b>	<b>25.53</b>	<b>22.25**</b>	<b>35.45</b>

\* Total FTEs for Block Island Health Services are independent contractors.

\*\* The total number of dental hygienists employed by the safety net does not include the 72 dental hygiene students (36 in each of two years) who provide dental hygiene service at CCRI or the 8 FTE dental hygiene instructors who supervise the students. The instructors work under general supervision of a consultant dentist.

### STAFF VACANCIES IN THE DENTAL SAFETY NET

At least one staff vacancy was reported by seven respondents in September 2005, the longest of which had been two years at the time of survey completion. Staff vacancies can have a negative impact on their ability to provide dental services to their patients. Reported recruitment challenges included low salary levels compared to the private sector and nearby states (42%), lack of in-state training and education programs for dentists (33%) and too few applicants with interest in working with underserved populations (50%). The expansion of in-state training, tuition reimbursement opportunities, and student loan repayment programs were identified as strategies that would improve their ability to recruit staff.

### LANGUAGES SPOKEN BY STAFF AT SAFETY NET DENTAL CENTERS

Nearly all (88%) dental safety net providers reported that members of their dental staff spoke a language other than English. Reported languages spoken by dental safety net provider staff included Spanish, Farsi, French, Indian, Cambodian, Russian and Polish. More than half (54%) of respondents reported needing increased staff language capacity and/or better access to translation services in order to fully meet their clients' needs.

### THE IMPACT OF STAFFING ON PATIENT CARE

As a group, respondents reported that they could provide dental services to a total of 2,200 adults and children every week if their dental centers were fully staffed and all appointments were kept. However, given staffing levels at the time of the survey and the average no-show rate of 23%, the safety net providers reported treating 1,461 patients.

The average wait time reported by dental safety net providers for patients requesting appointments varied greatly. Some sites reported same day appointments, while one reported a wait of 120 days for a dental hygiene appointment. The average wait time among all dental centers was 38 business days (7.6 weeks) for a hygiene appointment and 22 days (more than 4 weeks) for an appointment with a dentist. Most sites can address dental emergencies within a day or two.

### LOAN REPAYMENT PROGRAM PARTICIPATION

Six survey respondents reported having dental staff currently in a federal or state student loan repayment program. Crossroads Rhode Island, East Bay Community Action Program, Thundermist Dental Clinic of West Warwick, Thundermist Dental Clinic of South County, Wood River Health Services, and St. Joseph Hospital's Pediatric Dental Center employ dentists or dental hygienists participating in a federal and/or state loan repayment programs. Five respondents provided data on the amount of funding granted; a total of \$207,500 per year in federal and state student loan repayment funds is received by providers at these sites.

### STUDENTS AND RESIDENTS IN THE DENTAL SAFETY NET

Dental safety net providers commonly have student dental professionals working in their dental centers, which fulfills student requirements to practice in a clinical setting. Half (50%) of respondents (Northwest Dental Associates, Joseph Samuels Dental Center, Crossroads Rhode Island, Thundermist Dental Clinic of South County, Thundermist Dental Clinic of West Warwick, Thundermist Dental Clinic of Woonsocket and Fatima Health Center's Pediatric Dental Center) reported students working in their dental centers. Most students who work in safety net provider clinics are dental hygiene students, although three sites reported having dental assistant students as well.

St. Joseph's Pediatric Dental Center is the only safety net provider that reported having dental students (4 students studying at Tufts University Dental School). St. Joseph's Pediatric Dental Center also is the training site for 7 pediatric dental residents through its two-year pediatric dental residency program. Residents are fully trained, licensed dentists who have graduated from dental school and are enrolled in a specialty training program to become pediatric dentists.

### VOLUNTEER CONTRIBUTIONS TO THE DENTAL SAFETY NET

Three dental safety net providers (Crossroads Rhode Island, Thundermist Dental Clinic of Woonsocket and Fatima Health Center's Pediatric Dental Center) make use of volunteer time in their programs, totaling 30 volunteer hours per week among those three providers. Crossroads Rhode Island accounts for over half of the volunteer hours in use by the safety net, and most of Crossroads' volunteer time is donated by dentists.

## Referrals Made by Dental Safety Net Providers

All responding dental centers reported referring patients to other dental providers when necessary. Respondents were asked to rate the level of difficulty of referrals for children and adults who are uninsured or use RIte Care/Medicaid. Referrals for basic levels of care are unnecessary in most instances because those services are provided on-site at the safety net dental provider. The most common referral is to oral surgeons in private practice.

### Average Difficulty Referring Children\*

TYPE OF DENTAL SERVICE	CHILDREN WITH RITE CARE/MEDICAID	UNINSURED CHILDREN	CHILDREN WITH SPECIAL NEEDS
Periodontia	3.4	3.8	3.1
Prosthodontia	3.3	3.3	3.0
Oral Surgery	3.0	2.7	2.8
Endodontia	2.9	3.1	3.0
Orthodontia	2.3	2.4	2.7

### Average Difficulty Referring Adults\*

TYPE OF DENTAL SERVICE	ADULTS WITH RITE CARE/MEDICAID	UNINSURED ADULTS	ELDERLY PERSONS
Periodontia	3.7	3.6	3.6
Prosthodontia	3.8	3.8	3.5
Oral Surgery	3.2	3.2	3.1
Endodontia	3.8	3.5	3.3
Orthodontia	3.1	3.5	3.5

\* Data are as of September 2005.

Scale: 1=Very Easy, 2=Easy, 3=Difficult, 4=Impossible

# Financing of Dental Safety Net Providers

Dental safety net providers serve patients who have no insurance, patients who have commercial dental insurance, and patients who have public insurance. Because they serve a high volume of patients enrolled in Medical Assistance (both RIte Care and Medicaid Fee-For-Service) and uninsured patients, dental safety net providers are reimbursed by Rhode Island’s Medical Assistance program at higher rates than are paid to private dentists. Reimbursement rates for private dentists and other dental providers who participate in the dental benefits manager program (RIte Smiles) will be increased in September 2006.

Federally Qualified Health Centers (FQHCs) are paid a federally mandated “encounter rate” for dental services. Although each community health center is paid its own cost reimbursement rate, all FQHCs are paid per dental visit, regardless of the type or number of procedures performed.

Hospital based dental centers in Rhode Island receive “enhanced fee for service rates,” which were increased in July 2003 in response to one of the recommendations of the Special Senate Commission on Oral Health. While these rates were increased from what they were previously, they still remain below the reimbursement rates paid by commercial insurers for the same procedures.

Most safety net dental clinics reported an operating budget of under \$1 million dollars per year, derived from a combination of patient fees and reimbursement, grant funding, school board funding, volunteers/donations and state budget funding (CCRI).

BUDGET RANGE	NUMBER OF SAFETY NET PROVIDERS*
Less than \$99,999/yr	1
\$100,000-\$249,999/yr	2
\$250,000-\$499,999/yr	3
\$500,000-\$749,999/yr	2
\$750,000-\$999,000/yr	3
\$1,000,000-\$1,499,999/yr	2

\*Data are as of September 2005.

On average, more than half of the respondents’ budgets were dependent on patient fees and reimbursements. Just over half (55%) of reimbursements were RIte Care/Medicaid reimbursements.

The average amount of uncompensated dental services per respondent dental center in the most recent completed reporting year prior to the September 2005 survey was \$175,867. Uncompensated care amounts ranged from zero at three sites to \$1.1 million at one site.



# School Linked Dental Programs

Seven of the survey respondents reported providing dental services in school settings during the 2004-2005 school year, mainly in elementary schools. All school linked dental programs in Rhode Island are administered by dental safety net providers (compared with other states in which dental schools, the state health department, and/or other organizations provide school linked dental programs).

Although it does not operate a full-scale school linked dental program, Bayside Family Healthcare reported performing 1,976 dental screenings in seven elementary schools and one high school during the 2004-2005 school year.

## Schools Served by School Linked Dental Programs\*

ORGANIZATION/PROGRAM NAME	ELEMENTARY SCHOOLS	MIDDLE SCHOOLS	HIGH SCHOOLS
East Bay Community Action Program-East Bay Smiles	10	0	0
Northwest Dental Associates	3	0	0
Thundermist Dental Clinic of West Warwick	2	0	0
Thundermist Dental Clinic of Woonsocket	6	1	0
Wood River Health Services	7	2	2
St. Joseph Hospital's Pediatric Dental Center-Providence Smiles	10	0	0
Fatima Health Center's Pediatric Dental Center-Pawtucket Smiles	5	1	0
<b>TOTAL</b>	<b>43</b>	<b>4</b>	<b>2</b>

\* Data are for 2004-2005 School Year

Dental services offered in schools include oral screenings and exams, prophylaxis (cleanings), fluoride treatments, dental sealants, individual hygiene counseling, oral health education in classrooms, and in-service trainings for teachers and other school staff.

## Dental Services Provided by School Linked Dental Programs\*

ORGANIZATION NAME	ORAL SCREENINGS	ORAL EXAMS	PROPHYLAXIS (CLEANINGS)	FLUORIDE TREATMENTS	DENTAL SEALANTS
East Bay Community Action Program	No	Yes	Yes	Yes	Yes
Northwest Dental Associates	Yes	Yes	No	No	No
Thundermist Dental Clinic of West Warwick	Yes	Yes	Yes	Yes	Yes
Thundermist Dental Clinic of Woonsocket	Yes	Yes	Yes	Yes	Yes
Wood River Health Services	Yes	No	No	No	No
St. Joseph Hospital's Pediatric Dental Center	No	Yes	Yes	Yes	Yes
Fatima Health Center's Pediatric Dental Center	No	Yes	Yes	Yes	Yes

\* Data are for 2004-2005 School Year

## Other Types of Dental-Related Services Provided by School Linked Dental Programs\*

ORGANIZATION NAME	INDIVIDUAL HYGIENE COUNSELING	CLASSROOM EDUCATION	IN-SERVICE TRAININGS
East Bay Community Action Program	Yes	Yes	Yes
Northwest Dental Associates	Yes	No	No
Thundermist Dental Clinic of West Warwick	Yes	Yes	Yes
Thundermist Dental Clinic of Woonsocket	Yes	Yes	Yes
Wood River Health Services	No	No	No
St. Joseph Hospital's Pediatric Dental Center	Yes	Yes	Yes
Fatima Health Center's Pediatric Dental Center	Yes	Yes	Yes

\* Data are for 2004-2005 School Year

An average of 16 total hours per week was spent offering services in schools in 2004-2005, ranging from 3 hours/week to 23.5 hours/week. No staff vacancies were reported for school linked oral health programs.

Five of the 7 respondents provided data regarding unduplicated child patients served as part of a school linked program. These respondents served more than 9,500 children in 2004-2005; most (7,053) were enrolled in RIte Care or Medicaid.

Five of the 7 school linked program providers report plans for expansion of school programs, through adding sites or types of services. All but one of these reported needing additional funding in order to support expansion.

## Community Based Dental Programs

Six respondents reported providing dental services in community settings. Early Head Start and Head Start Programs are the most commonly utilized community setting, while child care centers, Boys and Girls Clubs and public housing developments also were used for community-based oral health programs.

ORGANIZATION NAME	EARLY HEAD START PROGRAM(S)	HEAD START PROGRAM(S)	CHILD CARE CENTERS	BOYS AND/OR GIRLS CLUB(S)	PUBLIC HOUSING DEVELOPMENT(S)	NURSING HOME(S)
East Bay Community Action Program	Yes	Yes				
Thundermist Dental Clinic of South County	Yes	Yes	Yes			
Thundermist Dental Clinic of West Warwick	Yes	Yes	Yes			
Thundermist Dental Clinic of Woonsocket	Yes	Yes	Yes	Yes	Yes	
St. Joseph Hospital's Pediatric Dental Center	Yes	Yes				
CCRI Dental Hygiene Clinic		Yes				Yes

\* Data are current as of September 2005

Dental services offered in community settings include oral screenings and exams, prophylaxis (cleanings), fluoride treatments, dental sealants and oral health education.

Those providers who reported offering dental services in community settings did so for an average of 13.5 hours per week. No staff vacancies were reported for community-based oral health programs.

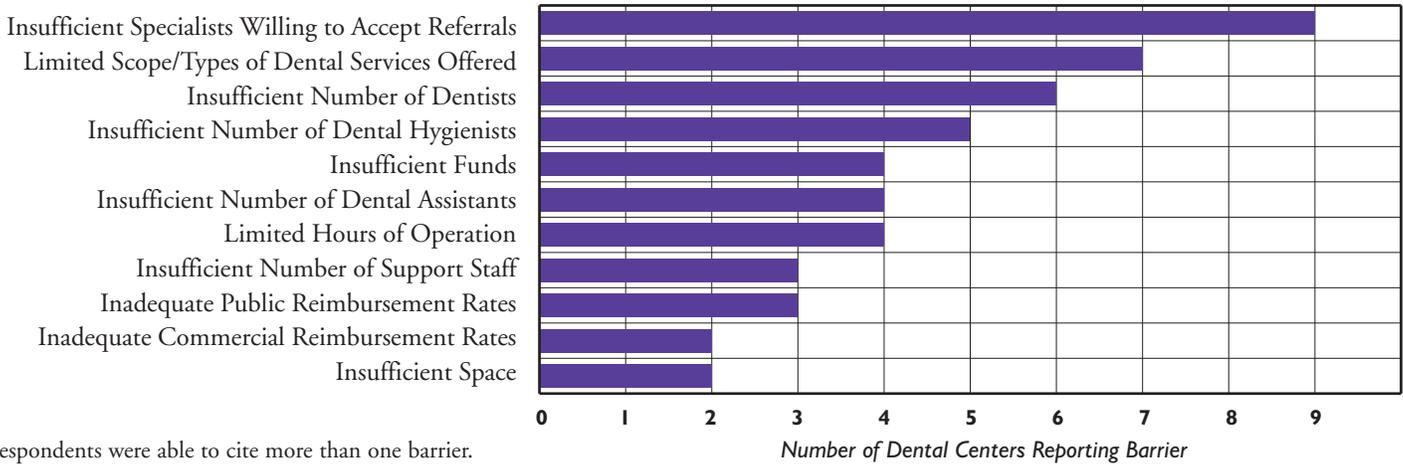
Two providers provided data on unduplicated child patients served in a community-based program; these providers reported serving 1,080 children in the most recent reporting period, nearly all of whom (1,070) were enrolled in RIte Care/Medicaid.

Three respondents who provide dental services in community-based programs plan to expand services by increasing community program sites. Funding and space are two of the resources these respondents reported needing to support expansion.

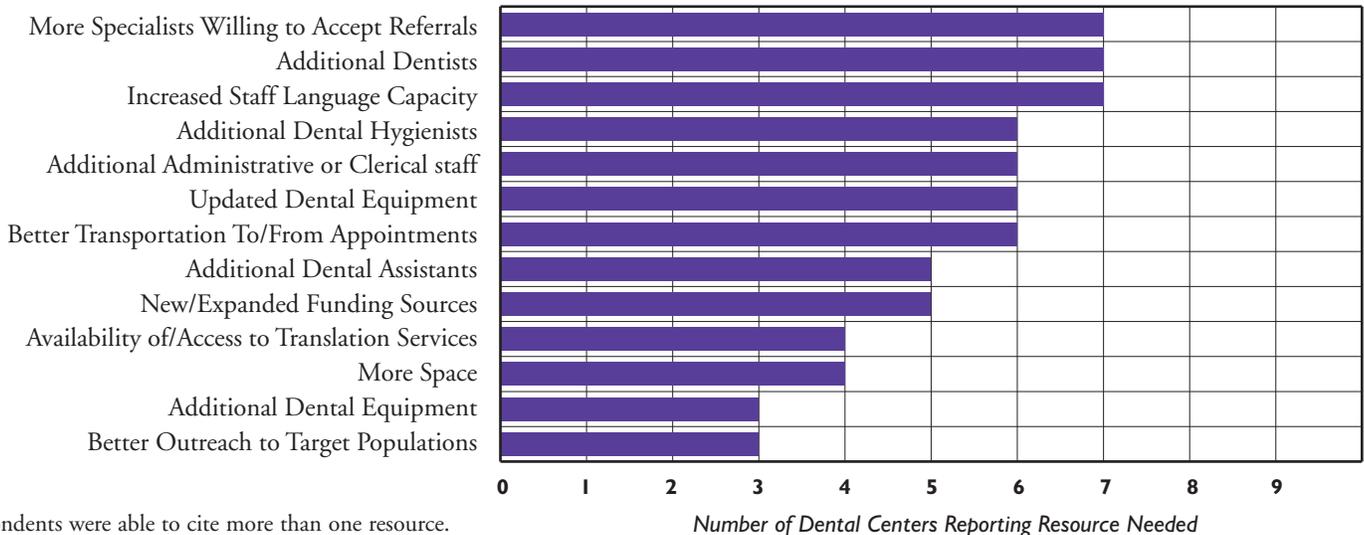
# Future Needs of Dental Safety Net Providers

Most respondent dental organizations reported they were unable to meet all of their clients' oral health needs. Respondents reported all of the barriers they face in meeting their clients' needs. The lack of specialists willing to accept referrals, the limited types of dental services that safety net providers can provide (which require them to refer to other providers), and insufficient staff were the most often cited barriers.

## Barriers to Meeting Client Needs\*



## Additional Resources Needed\*



In order to better meet their clients' needs, dental safety net providers indicated a need for more specialists willing to accept referrals, additional staff (including dentists, dental hygienists, dental assistants, administrators/managers, and reception/clerical), increased staff language capacity, updated dental equipment, and increased funding, among other needs.

### EXPANSION PLANS

Ten out of the 11 who answered the question about plans for the future in the next five years indicated plans for expansion of services. Nine respondents explained their current plans for expansion. Specific plans described included increasing the number and/or hours of dental staff (4/9) and expanding the physical space of current sites or the number of sites where services are offered (4/9). All providers indicated that increased funding was needed in order to fulfill plans for expansion.

# Recent Developments in the Dental Safety Net

The status of the dental safety net is nearly always in flux. Since this survey was administered in September 2005, there have been several developments in the dental safety net that have had an impact on access to dental care for vulnerable populations.

## COMMUNITY HEALTH CENTERS

**Bayside Family Healthcare** expanded from two dental operatories to three in 2006.

**Comprehensive Community Action Program (CCAP)**, which did not offer dental services at the time of the survey, is expected to open two dental centers, one in Cranston and one in Warwick in late summer 2006. The Cranston site will have 5 operatories and the Warwick site will have 3 operatories. CCAP expects to serve more than 3,000 children through its dental center and school-based programs in its first year of operation.

**East Bay Community Action Program** will have 2.6 FTE dentists as of July 1, 2006, up from 1.0 in September 2005.

**The Molar Express**, a Ronald McDonald Care Mobile jointly operated by a collaborative of Comprehensive Community Action Program, East Bay Community Action Program, and Thundermist Health Center is scheduled to be launched in September 2006. The Molar Express will serve children at more than 100 sites in 20 communities in Rhode Island.

**Northwest Health Center** now has 2.6 dentists (including a .6 vacancy), 1.6 hygienists and 4 dental assistant positions and 7 operatories at its Burrillville site (an increase from 2 dentists, 3 dental assistants and 5 operatories in September 2005). Its school-linked services have been expanded to include Burrillville Middle School and Burrillville High School as well as dental screenings at the local Head Start agency. Northwest Health Center also has announced plans to open a community health center with four dental operatories (and room for expansion) in the town of Foster in the second half of 2007.

**Providence Community Health Centers Dental Clinic** served a total of 1,671 children under the age of under 18 and 166 pregnant women during its first full year of operation (May 2005-May 2006). This clinic will be expanding its capacity in the Fall 2006 by hiring another dentist and dental assistant. Four out of five staff members at the clinic speak Spanish, which is a commonly spoken language of the patients seen at the center.

**Thundermist Health Center in West Warwick** increased its unduplicated users to nearly 2,000 children and adults during calendar year 2005, its first full year of operation.

## HOSPITAL DENTAL CENTERS

At the **Joseph Samuels Dental Center at Rhode Island Hospital**, two residents have been selected to begin their one-year general practice residency program at the end of June, 2006. The two residents are licensed dentists who will enhance their skills in a hospital-based program and expand their knowledge of providing oral health care services to pediatric and special needs patients. The staff also has expanded to 3.65 FTE dentists (up from 3.5 in September 2005), 2.8 dental hygienists (up from 2.3), and 4.55 dentist assistants (up from 3.8). The Joseph Samuels Dental Center also provides oral health care services to incarcerated adolescents at the Rhode Island Training School with one dentist, one dental hygienist and one dental assistant.

**Fatima Health Center** in Pawtucket added a third operatory and one full-time dentist in late April 2006.

**St. Joseph Hospital's** pediatric dental residency program will be adding its eighth dental resident starting in June 2006. St. Joseph's community dental program also will be expanding its screening services to seven early childhood learning centers in 2006.

## DENTAL HYGIENE CLINIC

At the **Dental Hygiene Clinic at the Community College of Rhode Island**, ten faculty members have been trained in the delivery of local anesthesia, per the July 1, 2005 amendment of the statute allowing dental hygienists to give injectables in the oral cavity. The Rules and Regulations Committee of the Rhode Island Board of Dental Examiners passed the new regulations for local anesthesia in March 2006. CCRI hired an educational team from another state to present a local anesthesia course the week of May 30, 2006. Faculty members completed the course and are preparing to take the North East Regional Board (NERB) local anesthesia examination and apply for licensure. Next, the CCRI Dental Hygiene program will be preparing their own local anesthesia course to go before curriculum committee at the college in the fall. It is anticipated that courses in local anesthesia may be offered in 2007.

## VOLUNTEER DENTAL PROGRAMS

A small faith-based dental office at the Providence Rescue Mission called **Good Shepherd Dental Care** provides services for uninsured working poor and those returning to the workforce after recovery from substance abuse. It is funded by private donations and staffed by volunteer dental personnel.

# Conclusion

Dental safety net providers are the community health centers, hospital dental clinics and community-based programs that provide comprehensive, ongoing dental care – serving as the dental home for thousands of children, adults and the elderly. Along with private dentists and specialists, these dental safety net providers are a critical part of the dental care service delivery system in Rhode Island, especially for low-income and uninsured Rhode Islanders. These safety net providers have provided a growing proportion of dental services in the state for the past several years.

In order to ensure that the dental safety net remains strong and grows to meet the changing needs of the children, adults, and elderly who seek its services, recommendations include:

#### *For dental safety net providers:*

- u Commit to be participating providers in the RIte Smiles dental program for eligible children (under age 6) and to continue to provide dental services to uninsured children and adults and to children over the age of 6 and adults in the RIte Care, RIte Share, and Medicaid fee-for-service programs.
- u Partner together and with other community agencies to develop strategies to prevent early childhood tooth decay and to develop additional “Providence Smiles-like” model programs to provide oral health education and access to dental care for children and their families.

- u Pursue additional funding to expand dental services for uninsured and Medicaid insured patients in underserved communities, including nursing homes.
- u Identify opportunities for workforce recruitment and retention to ensure appropriate staffing for their dental programs.
- u Systematically collect utilization, staffing, and financing data in order to measure success, improve programs, identify areas for improvement, and inform policy change.

#### *For state agencies, public officials, foundations and charities, and oral health advocates in Rhode Island:*

- u Continue to strengthen the infrastructure of these dental safety net providers by investing in capital needs for the maintenance and expansion of existing sites and building new dental centers in underserved communities.
- u Ensure adequate reimbursement rates to support the increasing diversity of services provided in clinical and non-clinical settings.
- u Address workforce recruitment and retention strategies so that there is an adequate supply of high quality dentists, dental hygienists and dental assistances working in dental safety net locations.

# Resources

*2006 Rhode Island KIDS COUNT Factbook, Access to Dental Care Indicator*  
Rhode Island KIDS COUNT, April 2006  
[www.rikidscount.org](http://www.rikidscount.org)

*Closing the Gap: Improving Access to Dental Care in Rhode Island*  
Rhode Island KIDS COUNT, February 2006  
[www.rikidscount.org](http://www.rikidscount.org)

*Oral Health Care in Rhode Island Nursing Homes: The Crisis and Possible Solutions*  
The Rhode Island Foundation, June 2005  
[www.rifoundation.org](http://www.rifoundation.org)

*Issue Brief: Access to Dental Care for Children in Rhode Island*  
Rhode Island KIDS COUNT, October 2004  
[www.rikidscount.org](http://www.rikidscount.org)

*The Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for All Rhode Island Residents*  
Special Senate Commission on Oral Health, November 2001  
[www.rikidscount.org](http://www.rikidscount.org)

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- 11 The Rhode Island Foundation. (2005). *Oral health care in Rhode Island nursing homes: The crisis and possible solutions*. Providence, RI: The Rhode Island Foundation.
- 14 Rhode Island KIDS COUNT. (2006). *Closing the gap: Improving access to dental care in Rhode Island*. Providence, RI: Rhode Island KIDS COUNT.
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**Design:** Greenwood Associates

**Photography:** Peter Goldberg



# Dental Safety Net Providers in Rhode Island

## COMMUNITY HEALTH CENTERS

	TOWN	PHONE
Bayside Family Health Center	North Kingstown	(401) 295-9706
Blackstone Valley Community Health Care	Central Falls	(401) 724-7110
Blackstone Valley Community Health Care	Pawtucket	(401) 729-5239
Block Island Health Services	Block Island	(401) 466-2974
Crossroads Rhode Island	Providence	(401) 521-2255
East Bay Community Action Program	Newport	(401) 845-0564
Northwest Health Center	Pascoag	(401) 568-7661
Providence Community Health Center	Providence	(401) 444-0430
Thundermist Health Center of South County	Wakefield	(401) 783-0523
Thundermist Health Center of West Warwick	West Warwick	(401) 615-2800
Thundermist Health Center of Woonsocket	Woonsocket	(401) 767-4161
Wood River Health Services	Hope Valley	(401) 539-2461

## HOSPITAL DENTAL CLINICS

Joseph Samuels Dental Center / Rhode Island Hospital	Providence	(401) 444-5284
Pediatric Dental Center / Fatima Health Center	Pawtucket	(401) 723-2891
Pediatric Dental Center / St. Joseph Hospital	Providence	(401) 456-4461
Pawtucket Smiles and Providence Smiles	Pawtucket/Providence	(401) 456-4560

## DENTAL HYGIENE CLINIC

Community College of Rhode Island (CCRI)	Lincoln	(401) 333-7250
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# Other Dental Safety Net Resources for Oral Health in Rhode Island

**Rhode Island Department of Human Services**  
John Young, *Medicaid Director*, (401) 462-3575

**Rhode Island Department of Health**  
Mary Anne Miller, *Chief of Primary Care*, (401) 222-7625  
Maureen Ross, *Oral Health Program Manager*, (401) 222-7633

**Rhode Island Health Center Association**  
Kerrie Jones Clark, *Executive Director*, (401) 274-1771

**Rhode Island Dental Association**  
Valerie Donnelly, *Executive Director*, (401) 732-6833

**Rhode Island Dental Hygienists' Association**  
Mary Anne Barry, *President*, (401) 821-2373

**United Healthcare Dental**  
Judy Taylor, *Medicaid Product Manager*, (401) 732-7152

**Blue Cross Blue Shield of Rhode Island**  
Rodney Thomas, *Dental Director*, (401) 459-1349

**Delta Dental of Rhode Island**  
Kathryn Shanley, *Vice President for External Affairs*,  
(401) 752-6236

**Neighborhood Health Plan of Rhode Island**  
Mark Reynolds, *Chief Executive Officer*, (401) 459-6000



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