

Lessons Learned: A Rural Case Study

Challenges Increasing Access to Dental Care Among Rural Veterans



To increase access to dental services for rural Veterans, the Grand Island Dental Outpatient Team in Nebraska formalized a referral process and worked with community dentists to provide basic dental services to Veterans who were ineligible to receive services from the Department of Veterans Affairs (VA). Due to unforeseen circumstances, the Dental Outpatient Team encountered several challenges that prevented the sustainment of the program. This case study describes dental service delivery opportunities and challenges at VA, identifies a solution for increasing access to dental services for rural Veterans, outlines the challenges encountered by the program, and provides recommendations for those considering implementation of this or similar programs.

Need for Dental Services

According to the Centers for Disease Control and Prevention (CDC), almost 70 percent of Americans over the age of 65 have been diagnosed with a form of periodontal disease.¹ This ranges from simple gum inflammation to serious diseases, resulting in damage to the soft tissue and/or bone.² Poor oral health negatively affects an individual's emotional well-being as well as his or her ability to complete daily tasks, including speaking, eating, and expressing emotions.¹

Routine dental exams may indicate signs of disease, drug use, physical abuse, and other risky behaviors. Additionally, imaging of the oral and craniofacial structures may reveal early signs of skeletal changes associated with osteoporosis and musculoskeletal disorders.³ Research demonstrates several chronic conditions (e.g., diabetes and Alzheimer's disease) are directly related to an individual's oral health.⁴ Oral health may have effects that extend beyond the mouth; several studies report significant associations between periodontitis (i.e., gum disease) and cardiovascular disease.^{5,6,7,8,9}

For individuals living in rural communities, including Veterans, oral health is a significant public health issue due to the documented disparities associated with access and use of dental services.^{4,10} More specifically, rural Veterans face numerous barriers accessing dental services, including lack of transportation, affordability, and limited access to dental providers. These individuals are more likely to report an unmet dental need and only access dental services in response to discomfort or pain.⁴ The limited availability of dental services also contributes to oral health disparities by reducing access to dental care. In 2012, roughly 60 percent of the dental health professional shortage areas were in rural areas, which is expected to continue to increase over the next ten years.¹⁰

Veterans' Access to Dental Services

Based on the VA Benefits Package, VA provides limited dental services to eligible Veterans. A Veteran must meet at least one of the following criteria to be eligible for dental services:

- Have a service-connected compensable dental disability or condition;
- Be a former prisoner of war;
- Have a 100 percent service-connected disability;
- Have a service-connected non-compensable dental condition or disability resulting from combat wounds or service;
- Have a dental condition that aggravates or is associated with a service-connected condition;
- Be actively engaged in a 38 USC Chapter 31 vocational rehabilitation program;
- Be receiving VA care or scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment; or
- Be an enrolled Veteran who may be homeless and receiving care under the Veterans Health Administration Directive 2007-039.

A Proposed Solution: Dental Outpatient Team

At the Grand Island VA Medical Center (VAMC), the Dental Outpatient Team recognized an opportunity to increase Veterans' access to needed dental services. In 2010, the team established a volunteer-run dental referral program to refer Veterans to dental services within the VA health care system or to local community providers. The Dental Outpatient Team worked with local dental clinics (e.g., Dental Day, Sharing Clinics, Denture Clinic, and Mission of Mercy) and the University of Nebraska Medical Center College of Dentistry (UNMC), located in Lincoln, NE, to provide Veterans who are ineligible for VA dental services with access to dental cleanings and other minor procedures. The program provided an estimated 25 Veterans with dental services through a Saturday clinic and two evening clinics. For clinics held at UNMC, the team arranged for volunteer staff to provide transportation to and from appointments, addressing potential transportation barriers.

Before implementing the program, the team conducted an analysis to develop a deeper understanding of the local Veteran population and their dental needs. Through this analysis, the team determined that 95 percent of Veterans who utilized the Grand Island VAMC were ineligible for VA dental services and VA clinicians made very limited referrals to dental services. Many of these Veterans faced transportation and financial barriers in accessing needed dental care. Through this analysis, the program team developed a more targeted program to address the dental needs of local Veterans.

After the needs analysis was completed, the Dental Outpatient Team established an interdisciplinary team, which included a physician, dentist, social worker, nurse, administrative staff, and community stakeholders. The Dental Outpatient Team began to create awareness of the program among VA providers and clinicians. The dental referral program operated for 18 months and initially demonstrated evidence of a rural promising practice based on six criteria defined by the VA's Office of Rural Health (ORH). These criteria include 1) increased access, 2) evidence of clinical impact, 3) customer satisfaction, 4) return on investment, 5) operational feasibility, and 6) strong partnerships and/or working relationships. Specific areas of strength are highlighted below.

Consistent Referral Process: To improve operational feasibility and ensure consistency, the program team developed a standardized consult template in VA's medical records system to refer Veterans to the Dental Outpatient Team. Then, the team would determine whether a Veteran was eligible for VA dental services. If a Veteran was ineligible for VA dental care, the program team worked with local dental clinics to provide Veterans with needed dental services. By increasing access to dental services, the Dental Outpatient Team demonstrated clinical impact by reducing infections related to tooth decay and further complications associated with poor oral health.

Creating Awareness of Veterans' Needs: The Dental Outpatient Team conducted an end-to-end review of the dental referral process to develop a more systematic approach to referring Veterans to dental services. The Dental Outpatient Team developed and disseminated a standardized referral template to providers; the referral then triggered a series of follow-up actions by the program coordinator. This created consistent awareness among providers about availability of dental services through both VA and non-VA providers as well as a consistent referral process.

Leveraging Community Providers: The Dental Outpatient Team established unique partnerships with local dental clinics and UNMC's College of Dentistry to provide Veterans with needed dental treatment. The program team established a streamlined process for the preparation of relevant documents to ensure that Veterans' medical documentation was provided to the community dentist. During the Saturday and evening dental clinics, dental students from UNMC treated Veterans and staff volunteers provided support preparing for appointments and cleaning between appointments. The Dental Outpatient Team worked with a local church and volunteers to provide transportation to and from Grand Island to Lincoln (approximately 90 miles each way). The community clinics demonstrated an increase in access to dental services and had a positive clinical impact for Veterans.

Lessons Learned from the Grand Island Dental Outpatient Team

As other facilities consider implementing similar dental referral programs, they may find the following lessons learned from the Grand Island Dental Outpatient Team useful:

Formal Relationships with Community Partners: The Dental Outpatient Team partnered with community dentists and the local dentistry college and these relationships were largely established through the program champion, who was a physician in this case. After the program champion left in 2011, the Dental Outpatient Team was unable to continue to leverage the community partnerships to provide dental services to Veterans. The facility staff tried to establish new partnerships with community clinics and local dentists; however, they were unable to get the necessary support.

- Facilities need to have strong partnerships with local dental clinics and/or affiliations with dental colleges with minimal costs.
- Formalized agreements or partnerships are critical to ensure that the program will continue regardless of potential staff turnover.

Dedicated Program Staff: The Dental Outpatient Team relied on VA staff and other external volunteers to donate their time to assist with the weekend and evening clinics, and to coordinate medical documentation. The program team estimated that staff spent roughly 200 hours to implement and sustain the program. Staff

turnover and the reliance on volunteers limited the operational feasibility of the program.

- A dedicated multidisciplinary team would mitigate the risks associated with staff turnover and improve the sustainment of the overall program. The multidisciplinary team should include stakeholders from primary care, dental services, facility leadership, and community stakeholders.
- A Program Coordinator should also be assigned to the program, reducing the reliance on staff volunteers. The Program Coordinator should be responsible for coordinating Veterans' appointments, medical documentation, and data collection.

Formal and Consistent Processes and Procedures: The Dental Outpatient Team faced challenges associated with a limited or lack of processes and procedures as well as a non-regular dental clinic schedule.

- Formal and consistent processes and procedures regarding regularly scheduled (e.g., once a month) clinic for Veterans based on demand will improve the program's operational feasibility.
- A more formalized structure for the evening and Saturday clinics will increase access to dental services and reduce potential risks associated with staff turnover.

Rigorous Data Collection: The program staff did not collect any metrics related to Veterans health outcomes and customer satisfaction. The limited operations and small number of participants contributed to the ability of the program staff to conduct any formal analysis to determine the potential return on investment.

- Health outcomes should be collected to determine clinical impact, including time since the last visit to the dentist, preventive services received during the past two years, percentage increase in patient served, and other health outcome measures.
- Stakeholder satisfaction surveys should be designed to determine impact on Veterans and community dentists to allow for continuous refinement of the program.
- Through robust data collection, program staff should allow for critical analysis to determine potential return on investment further supporting program needs, including cost avoidances related to poor oral health and complication associated with tooth decay and infections.

Conclusion and Next Steps

Many rural Veterans do not have dental coverage or face numerous barriers to receiving dental care. Referral programs like this one can increase patient access to dental services. The components of this program do not require special equipment, resources, or training and can be replicated at rural clinics throughout the VA health care system. This program demonstrates the ability to improve access to dental care and improve clinical outcomes for Veterans.

Facilities considering establishing or implementing a dental referral program should formalize community partnerships, identify dedicated staff, document processes and procedures, and collect data. The Dental Outpatient Team established a unique program for Veterans, but due to unforeseen challenges was unable to sustain the program. This provides other facilities with an opportunity to understand these potential challenges and strengthen the program prior to implementation at additional sites.

Additional Information

The VHA Office of Rural Health (ORH) implements a targeted, solution-driven approach to increase access to care for the three million Veterans living in rural communities who rely on VA for health care. As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate, and spread enterprise-wide initiatives through partnerships.

By collaborating with other VA program offices, federal partners, state partners, and rural communities, ORH optimizes the use of available and emerging technologies, establishes new access points to care, and employs strategies to increase health care options for all rural Veterans.

UNMC Students Give a Veteran a New Reason to Smile

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Plenty of people fear this chair, but not Roger Minx.

"I have spent a lot of time in the dental chair from being a navy diver," said Minx. "These are the best chairs I've sat in."

Roger is a navy Veteran. Thursday night he's a patient at the University of Nebraska Medical Center's free dental clinic for Grand Island Veterans.

"My teeth are getting better for sure, thanks to the University of Nebraska," said Minx.

"They've served us and now we can serve them," said Laura Chambers a UNMC Nursing student.

This is Roger's second trip to the clinic.

"I was on liquids when I came down last time, and they did what I wanted them to do here," said Minx. "They didn't just pull a tooth and send me out the door, they fixed my front tooth."

He says the reward was sweet.

"The first thing I did was I took my son and we went and had a steak," said Minx.

Roger says the experience has changed his life, and the dental student he was paired with, agrees.

"It does for us too, for us to be able to help out and volunteer our time," said Kyle Beulke, a UNMC Dentistry student.

"There are going to be some great dentists coming out of this school," said Minx. "They have the compassion and kindness in their hearts. I don't think I've ever been treated this good."

Roger says he's one happy Veteran.

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References

1. Centers for Disease Control and Prevention. (2016). Oral Health. Retrieved from <https://www.cdc.gov/oralhealth/index.html>
2. National Institute of Dental and Craniofacial Research (2013). Periodontal (gum) disease: Causes, symptoms, and treatments. NIH Publication No. 13-1142. Retrieved from <https://www.nidcr.nih.gov/oralhealth/Topics/GumDiseases/PeriodontalGumDisease.htm>
3. U.S. Department of Health and Human Services. (2000). *Oral health in America: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health.
4. Singer Cohen, R. & Stitzel, J. (2015). *Improving dental care access in rural America*. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/11/18/improving-dental-care-access-in-rural-america>
5. DeStefano, F., Anda, R.F., Kahn, H.S., Williamson, D.F., & Russell, C.M. (1993). Dental disease and risk of coronary heart disease and mortality. *BMJ*, 306, 688–691.
6. Beck, J., Garcia, R., Heiss, G., Vokonas, P.S., & Offenbacher, S. (1996). Periodontal disease and cardiovascular disease. *Journal of Periodontology*, 67, 1123–1137.
7. Mattila, K.J., Nieminen, M.S., Valtonen, V.V., Rasi, V.P., Kesaniemi, Y.A., Syrjala, S.L., Jungell, M.,...Jokinen, M.J. (1989). Association between dental health and acute myocardial infarction, *BMJ*, 298, 779–781.
8. Geerts, S.O., Legrand, V., Charpentier, J., Albert, A., & Rompen, E.H. (2004). Further evidence of the association between periodontal conditions and coronary artery disease. *Journal of Periodontology*, 75, 1274–1280.
9. Morrison, H.I., Ellison, L.F., & Taylor, G.W. (1999). Periodontal disease and risk of fatal coronary heart and cerebrovascular diseases. *Journal of Cardiovascular Risk*, 6, 7–11.
10. Haley, J., Kenney, G., Shartzter, A., & Anderson, N. (2015). Honoring those who served: Closing coverage and access gaps for veterans. Health Affairs. Retrieved from <http://healthaffairs.org/blog/2015/05/21/honoring-those-who-served-closing-coverage-and-access-gaps-for-veterans/>
11. Rural Health Information Hub. (nd). Oral health in rural communities. Retrieved from <https://www.ruralhealthinfo.org/topics/oral-health>
12. U.S. Department of Veterans Affairs. (2014). Dental benefits for veterans. Retrieved from http://www.va.gov/healthbenefits/resources/publications/IB10-442_dental_benefits_for_veterans_2_14.pdf

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