

Evolving Delivery Models for Dental Care Services in Long-Term Care Settings: Four State Case Studies

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Objective: To examine the current and changing practice models utilized in providing dental services in long-term care (LTC), residential care, and for homebound individuals through four state case studies. A secondary objective was to determine policy variables that may impact the availability of these services within a state or community and describe these impacts.

Data/Setting: This study entailed in-depth, qualitative interviews regarding models of dental care that are being employed to delivery services LTC settings. Secondary analysis identified critical policy factors and relevant literature, as well as, major sources, quality, and availability of data on the professional dental workforce that provides care in LTCs. Four case study states, California, Florida, Minnesota, and North Carolina, based on their different policy environments, were chosen.

Design/Methods: A snowball sampling method was used to identify interviewees—policy experts in each state, dental providers, and LTC staff willing to participate in the study. A phone or email invitation was sent to each potential participant requesting participation in the study. The qualitative nature of this study limits the assessment of how representatives these models are of all the country.

Results: Although each state was unique in the overall policy and regulatory environments, common themes emerged around delivering dental care in LTC settings that span these case studies.

- No standard of care exists for provision of dentistry in LTC facilities.
- Best practices for the workforce delivery of dental care to LTC residents require complex, collaborative, interprofessional team efforts.
- Configuration of dental workforce and types of care available to elders and disabled individuals in LTC facilities vary according to policy environment of the state.
- Currently, dental care is delivered in a wide range of models from traditional transport to fully mobile and tele-health enhanced models, for nursing home residents in the U.S.
- Training of LTC facility staff in daily mouth care for residents is insufficient and regulations around provision of daily mouth care are ineffective to maintain or improve the oral status of patients.
- Provision of dental care to patients in LTC facilities is different and more difficult than provision of dental care to patients in other environments.

- Traditional sources of workforce data do not adequately capture the size, scope, training, or capacity of the professional dental workforce engaged in LTC settings, nor the volume or appropriateness of dental care being provided to nursing home or other LTC residents.

Conclusions: Oral health is critical to overall health and well-being, even at the end of life. Many tools are in place, but progress is needed to align supportive dental benefits, health care regulations, and workforce training to adequately address the oral health care needs of patients in LTC settings. Workforce policies that enable serving LTC residents include expanded workforce training in geriatric dentistry as well as hygienist autonomy, billing abilities, and expanded practice. Care configuration policies shown to support LTC dentistry include inter-professional practice, teledentistry and mobile dentistry. Payment policies to improve care for LTC residents include a Medicare dental benefit; adult dental benefits under Medicaid; and a reimbursement structure that encourages safe, effective, and evidence-based oral health care for this vulnerable population. Finally, federal and state regulations around the provision of oral health services in nursing facilities should be strengthened and consistently enforced.

Key Words: Long Term Care, Geriatrics, Oral Health, Interprofessional Practice

HWRC Website Link: http://www.oralhealthworkforce.org/wp-content/uploads/2016/03/OHWRC_Long_Term_Care_2016.pdf