



# ORAL HEALTH TRANSFORMATION

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## A Comprehensive Strategic Overview

*Rhode Island Executive Office of Health and Human Services*

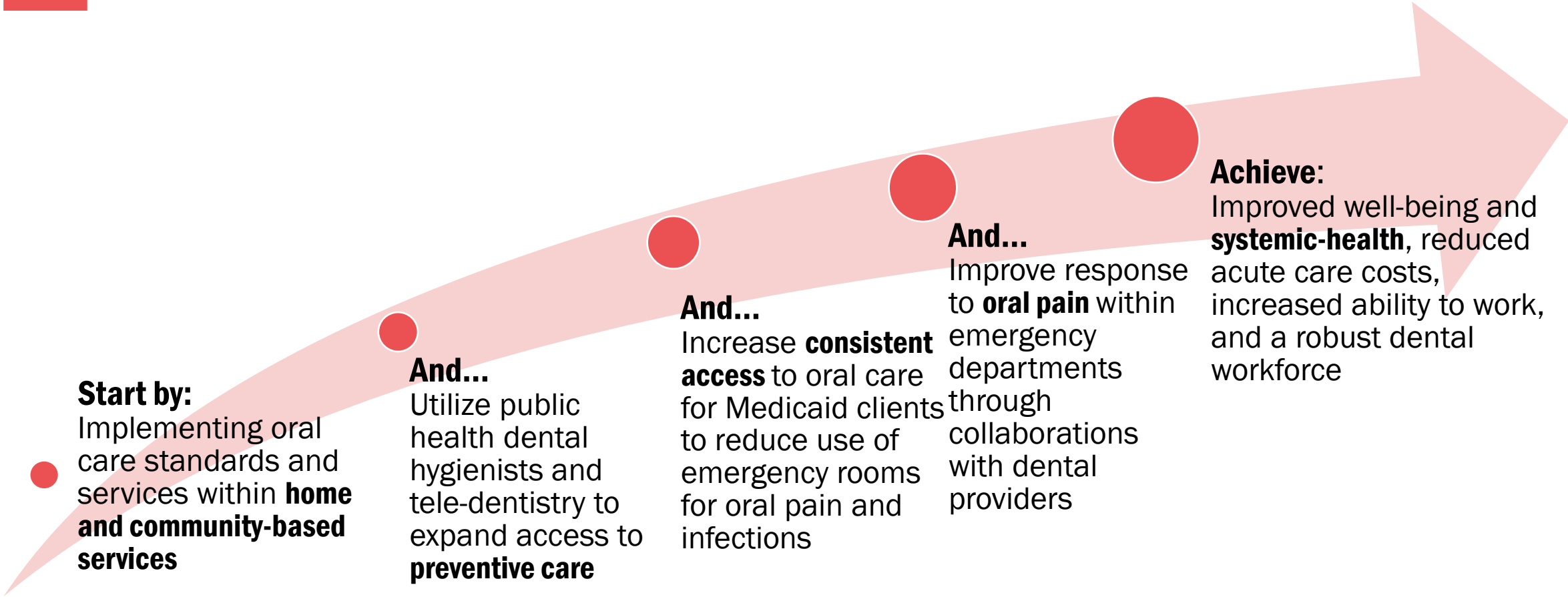
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# Executive Summary

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- **Oral health is critical for quality of life, success in school and work, and overall systemic health, yet represents an area with significant disparities in outcomes based on socioeconomic status and race/ethnicity.**
  - While Rhode Island has some foundation of prior oral health system initiatives through RIte Smiles for children, oral health has been neglected as part of systems change resulting in inequity for low-income and disabled adults in our communities, high costs for systemic health and emergency department use, and missed opportunities for employability and quality of life.
- **Strategies to address these needs include improving access to private practice sites, developing alternative sites of care, enhancing the workforce, and promoting initiatives to increase oral health literacy and use of evidence-based preventive strategies.**
  - Activities are widespread and address costs of care, enhance providers' ability to care for vulnerable populations and increase Rhode Island's workforce through residency training and retention initiatives.

# Our Incremental Change Approach for Improvement



# Summary of Concerns and Planning Considerations

## ORAL HEALTH FOR LOW INCOME ADULTS HAS BEEN NEGLECTED

- Not part of systems change efforts
- Worsening inequities in access and outcomes
- High avoidable costs
- Shrinking workforce impacts provider availability

## LOW USE OF DENTAL PREVENTIVE SERVICES

- Worsening and more costly dental disease
- Impact on systemic health, including diabetes, cardiovascular disease, and poor pregnancy outcomes
- Continued Use of ED for Emergency Dental Services

## EMERGING CONCERNS

- COVID impacting programs, including school-based dental care
- COVID has increased costs to provide dental care and prevent spread
- Time to get a dental appointment has increased dramatically to 5-6 months
- Healthcare vaccine mandate and early retirement

## UNDERLYING WORKFORCE AND SYSTEMS ISSUES

- Workforce Shortages, Reimbursement Inadequacy, Administrative Burdens, Data Gaps, Practice Supports Needed, Stigma

# Our Strategic Approach

Five key strategies guide Rhode Island's approach to transformation of the oral health system to improve outcomes for many of our most vulnerable populations.

Expand  
Community  
Screening and  
HCBS  
Services

Establish  
Dental Homes  
for Increased  
Access to  
Care

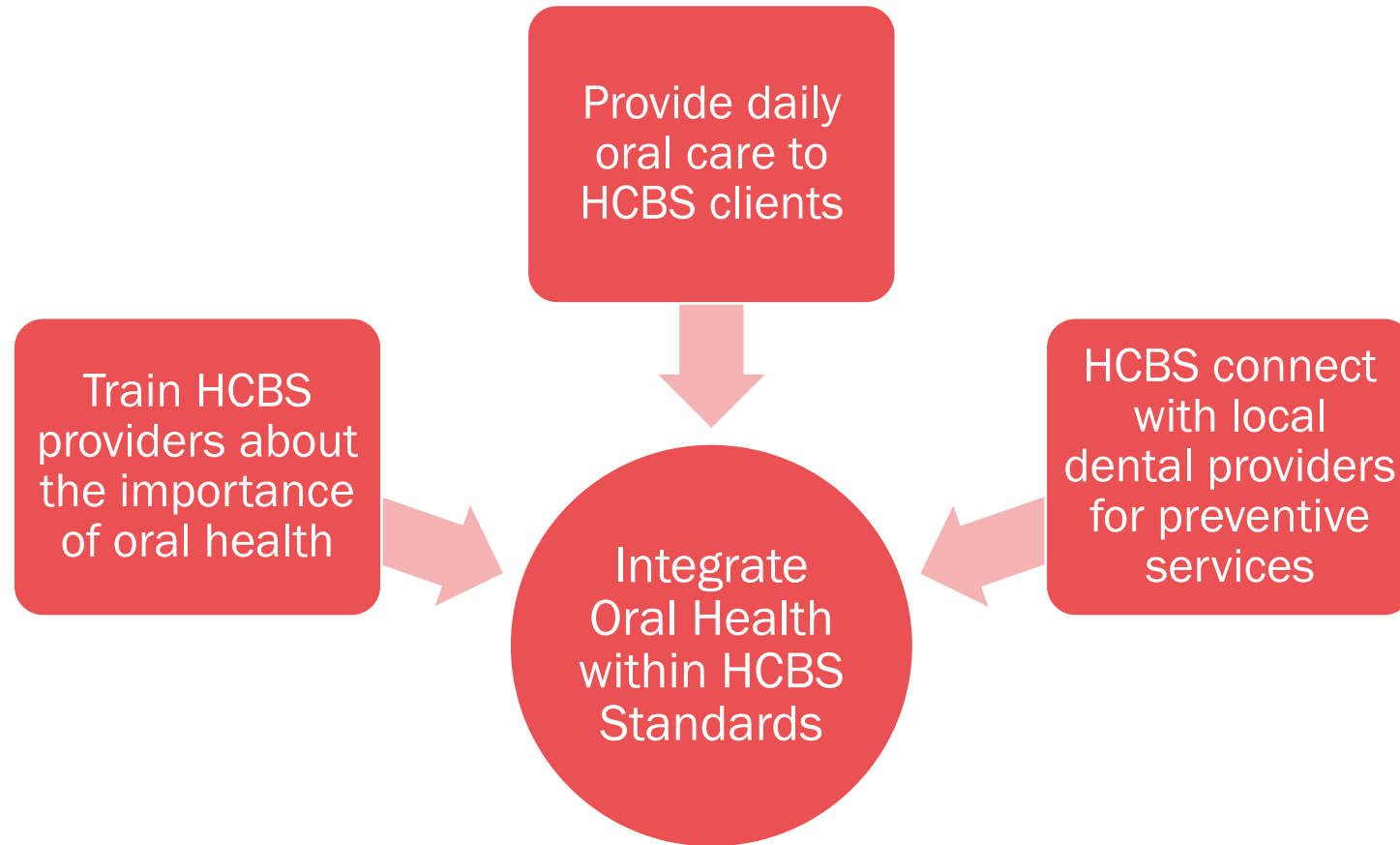
Support  
Growth of a  
Robust Dental  
Workforce

Transform  
Preventative  
Care Using  
Novel  
Approaches

Improve  
Response  
Capacity for  
Oral Health  
Emergencies

# Expanding Oral Care in HCBS Settings

Highlighting the need of daily oral care is necessary as more adults move from traditional health facilities to home and community-based services.



# Transforming Preventive Oral Care

Updates within the dental workforce and technology allows dentistry to meet clients where they are and provide care outside the standard dental clinic.



# Establishing a Dental Home

There is a disproportionate use of preventive dental services based on insurance, socioeconomic status, and race, resulting in the overutilization of emergency departments for oral pain.

## Current System

Historically low Medicaid reimbursement rates caused low dentist participation

Only 15% of adults with Medicaid received preventative dental care

Over 5,000 people go to EDs for untreated dental pain and infection each year

## Future Goal

Increased Medicaid reimbursement rates for the first time since 1992 will encourage more provider participation

More Medicaid clients will be educated on their dental benefits and establish a dental home

Greater utilization of dental benefits will prevent infection and decrease crowding of EDs



# Improving Response to Oral Care Emergencies

Emergency departments are not properly equipped to handle oral complaints. In the future, establishing a Hospital Dental Diversion Program will ensure patients receive the best care for their pain. One example of such approach could be:



- Recruit and train two dental workers to function as emergency dental care coordinators.
- These workers will be on-call or in the hospital to triage dental-related ED visits.



- Hospitals will need to allow dental worker to enter the emergency room until 11pm.
- Dental workers will coordinate discharge care to avoid unneeded hospitalization.



- Expand Sources of Follow-Up Care:
1. Add an oral surgeon to rotate across health centers;
  2. Incentivize dental offices to accept emergency Medicaid clients; and
  3. Incentivize oral surgeons to see emergencies in their office.

# Supporting a Robust Dental Workforce

Making Rhode Island appealing to dental professionals improves workforce morale, addresses shortages and benefits our entire population.

Support providers with resources for their expanding network (CHWs/Case Managers)

Highlight novel ways to provide dental care to a larger population (tele-dentistry, PHDHs, HCBS)

Engage RIDA, RIDHA, and DLT to assess workforce needs and gaps

Provide a forum for providers to participate in the decision-making process

Attract new and diverse graduates by investing in residency programs

# Engagement Opportunities Moving Forward

Making Rhode Island appealing to dental professionals improves workforce morale, addresses shortages and benefits our entire population.

- Virtual Medicaid Townhall with the RI Dental Association (RIDA)
  - Recordings available on EOHHS YouTube page
- Community and Home-Based Oral Healthcare Pilot
  - Request for Proposal (RFP) available in February/March
- Public Health Dental Hygienists (PHDH) Expansion
  - Full tuition support and stipend for PHDH courses at the Community College of Rhode Island (CCRI)

Additional information and resources can be found on the [EOHHS website](#).

# THANK YOU!

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