

Collaborative work of the San Joaquin County Oral Health Program Steering Committee
 May 23, 2018

Indicate Primary Focus Areas

Strengths	Weaknesses	Opportunities and Threats
<ul style="list-style-type: none"> ● St. Raphael's partnership with St. Mary's and SJDS ● Care Coordinators ● Stockton Unified School District (SUSD) <ul style="list-style-type: none"> ○ Brings in mobile clinic ○ 15 School districts ○ SJ TEETH serves <kindergarten ○ SUSD serves kindergarten and up ● SJ TEETH and SUSD trend data collected ● Denti-Cal reimbursement increase <ul style="list-style-type: none"> ○ Prop 56 ○ DTI ● Denti-Cal enrollment now online ● Increased communication with programs and local government ● Ongoing support from local/state politicians ● SJGH open to mobile clinics ● Oral Health common language ● More collaboration of Medi-Cal and Denti-Cal ● First 5 and PHS collaboration on media campaign ● Adult Denti-Cal reinstated ● San Joaquin Dental Society strong support of St. Raphael's ● Medical and Dental collaboration ● Bringing Stakeholders together – Local Oral Health Program Steering Committee 	<ul style="list-style-type: none"> ● Transit ● Time off work to go to dentist ● Identifying the problem <ul style="list-style-type: none"> ○ Lack of knowledge of oral hygiene ● Finding a provider <ul style="list-style-type: none"> ○ Denti-Cal accepted ○ Specialty Care ○ Not enough providers ○ Willing to see a child ● Lack of education <ul style="list-style-type: none"> ○ Social worker ○ Teacher ○ Health educator ● Bad experiences / parental experiences ● Cost (BMM) – upfront costs ● Unaware of insurance coverage <ul style="list-style-type: none"> ○ Denti-Cal ○ Preventive services ● Primary Care Providers connecting oral health with general health ● Knowledge <ul style="list-style-type: none"> ○ Parents ○ Public ○ Health Practitioner ○ Lay-workers ○ No-Show Denti-Cal ○ Dental Guidelines ● Coverage <ul style="list-style-type: none"> ○ Understanding/Getting coverage ○ Cost ● Access <ul style="list-style-type: none"> ○ Finding right provider <ul style="list-style-type: none"> ▪ Sedation ▪ Specialty ▪ See children ● Personal/Individual <ul style="list-style-type: none"> ○ Parental attitudes ○ Time of work ○ Basic dental supply cost ○ Transportation 	<p><u>Trends in Dentists' practice:</u></p> <ul style="list-style-type: none"> ● Dentists place caps on enrollment of Medi-Cal patients. There are more patients than available services (overflow of patients). <ul style="list-style-type: none"> ○ Existing providers that take Medi-Cal cap number they take ○ The number of providers who take Medi-Cal are continuously changing ● Scheduling – long waits to receive care reduce the number of families that go to dentists. <ul style="list-style-type: none"> ○ Families that try to schedule appts after school hours, reduces number of appts available, increases wait times. ○ Schools that encourage getting dental care during school hours – benefits everyone. ○ Care coordinators can regulate number of referrals to Denti-Cal providers (if this service is expanded) ● Dentists graduating with high student loan debt (less incentive to work with vulnerable populations and underserved areas) <p><u>Changes to reimbursement rates:</u></p> <ul style="list-style-type: none"> ● Denti-Cal reimbursement rates increased by 40% . Higher reimbursement rates can increase number of providers available. <ul style="list-style-type: none"> ○ Reimbursement rates in California are still below National average ○ Reimbursement rates dropped in 2011 and are still trying to catch up to National average ○ Providers can handle a higher volume of Denti-Cal patients without it being such a large loss ● DTI introduced incentives if more prevention services are completed by providers ● Prop 56 funds can be matched with Federal \$\$ <ul style="list-style-type: none"> ○ CHDP can be strong partners with care coordinators <p><u>Lack of awareness and importance of oral health</u></p> <ul style="list-style-type: none"> ● Dentists and health providers don't see they are on the same team

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		<ul style="list-style-type: none"> ○ Creating consistent messaging between dentists and health providers to reinforce oral health with patients ○ Pediatricians need to communicate with dentists ● Some dentists don't take children under 3yrs old <ul style="list-style-type: none"> ○ Both dentists and pediatricians need training on best practices ○ Models of provider training available ● Schools have limited health services available <ul style="list-style-type: none"> ○ LCAP provides \$\$ for academic issues ○ Work with districts to work with care coordinators ○ Could allow child to go to dentist during school hours ● AB-1433 kindergarten entry dental assessment (promote awareness of this law) ● Legislation pending in California to make residency NOT an issue to receive health care <ul style="list-style-type: none"> ○ National Immigration policies reducing number of people getting care (fear) ○ Dental provider staff do not culturally reflect population being served ○ Reach out to neighborhoods