

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

Strengths	Weaknesses	Opportunities and Threats
		<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