

**RESPONSE TO  
AHCA RFI 014-22/23  
STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION  
REQUEST FOR INFORMATION**

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Our Response to the ACHA RFI 014-22/23, received May 15, 2023. Our response particularly addresses innovations and best practices in delivery of dental services. Specifically, the response focuses on the following bulleted Agency interests, viz.:

**Interest 1:** Improve integration of dental and primary care services for children, adolescents, pregnant women, and the elderly.

**Interest 2:** Educate future dentists in an academic setting about providing dental services for individuals with intellectual and developmental disabilities.

**Interest 3:** Leverage community partnership innovations to improve access to dental services and outcomes for Medicaid recipients.

**Interest 4:** Describe assessment and needs for rural regions and counties. What relationships can be leveraged to serve the needs of rural populations?

### **Interest 1:**

Improve integration of dental and primary care services for children, adolescents, pregnant women, and the elderly.

#### **Narrative:**

Currently we direct an inter-professional initiative to provide education and training to school-based medical staff, primarily nurses, in Florida Dental Health Professional Area to acquire the knowledge and skills necessary to provide oral health screening, oral health counseling, fluoride varnish application for school children, and to make referrals to a dentist for schoolchildren needing additional dental care.

Training is provided via a synchronous video conferencing platform and our data has demonstrated statistically significant increase nurses' oral health knowledge acquisition. Moreover, our participation in site-visits to provide technical assistance and monitoring of services performed indicates that nurses' successfully deliver the oral health services targeted in the training program.

An important aspect of successfully improving integration of dental and primary care services for children, adolescents, pregnant women, and the elderly centers around providing necessary and sufficient inter-professional education. Clearly a need exists to provide educational training to medical providers to support a model whereby medical providers deliver preventive oral health services within the context of primary health care settings.

Conversely, a model exists whereby screening for chronic diseases (CVD, diabetes, hypertension, obesity, Alcohol use disorders, tobacco use, HIV, etc.) can easily be integrated into the dental care setting. Similarly, a robust inter-professional education program serves as the foundation to support implementation of medical screening in the dental care setting.

Beyond each type of program, successful cross-disciplinary integration must rely on a referral system such that patients identified with dental or medical care needs beyond the scope of medical care or dental care setting, respectively, are referred to the appropriate health care setting.

Funding to develop and deliver educational training programs for both primary medical and dental care setting are important priorities of improving integration of dental and primary care services for children, adolescents, pregnant women, and the elderly.

## **Interest 2**

Educate future dentists in an academic setting about providing dental services for individuals with intellectual and developmental disabilities.

### **Narrative:**

Currently there is a significant need to provide education for future dentists, in academic settings, about providing dental services for individuals with intellectual and developmental disabilities. At Nova Southeastern University, the pre-doctoral curriculum provides few opportunities for actual patient care for individuals with intellectual and developmental disabilities. Dental students do receive an introduction to the dental care needs of such individuals through rotations that predominately involve observation of patient care delivery, rather than actual hands-on direct delivery of patient care. While educational opportunities and delivery of care for individuals with intellectual and developmental disabilities exist at the post-graduate level, particularly within the Department of Pediatric Dentistry, for those enrolled in the specialty training program. Equivalent training does not exist for the pre-doctoral students.

While it is possible to create curriculum to support more advanced training regarding management and service provision for individuals with intellectual and developmental disabilities at the pre-doctoral level. Likely, support for creating such programming, e.g., content experts, faculty, dedicated clinic space, etc. would be required.

### **Interest 3**

Leverage community partnership innovations to improve access to dental services and outcomes for Medicaid recipients.

and

### **Interest 4**

Describe assessment and needs for rural regions and counties. What relationships can be leveraged to serve the needs of rural populations?

#### **Narrative:**

For the past few years, we have worked with the FloridaDOH with funding from HRSA to train school-based nurses to provide oral health care services to schoolchildren in Counties designated as Dental Health Professional Shortage Areas.

The oral health care services provided to schoolchildren during our technical assistance and monitoring visits include:

- Oral Health Screenings.
- Fluoride varnish Applications.
- Oral Health Education.
- Referral of children when additional care is needed.

The following describes a needs assessment based upon our experiences along with a proposed solution for providing dental care Florida's most underserved communities:

- This year to date, in a 1-week monitoring and technical assistance visit to Suwannee and Lafayette County elementary schools, 653 pre-K to 5<sup>th</sup> grade elementary School students received services and our observations based upon the oral health screenings indicated that:
  - 51% exhibited untreated caries.
  - 90% were without sealants on permanent molar teeth.
  - 48% required Early Care.
  - 3.5% Required Urgent Care.
- In looking for a solution to address the clear disparities in access to dental care, that are predominantly due to man-power shortages in Florida Counties like these, I proposed a model to Dr. Bridges that would leverage the dental man-power advantage of our NSU dental school with the existing County Dental Health Clinics.
- The model is designed after the Community-based Clinical Education model currently used at UCLA, University of Michigan, and 5 other US dental schools. The model Dr. Bridges and I have developed consists of the following points:

- Teams of 4-dental students from the NSU Davie and Clearwater campuses will deliver dental care under the supervision of an NSU Dental Faculty member. (NSU can hire a dentist as a faculty working under a FL Dental teaching Permit)
- The teams of 4-students will complete 3-week rotations as a part of their curricular requirements.
- 15 3-week rotations would be scheduled throughout the academic year.
- Dental care to be provided in existing County Dental clinics, currently without a Medicaid provider.
- Program expenses partially off-set by revenue for dental services provided at current Medicaid reimbursement rates.
- The advantages we can observe from the 14-years of experiences of the other dental schools' currently participating in Community-based Clinical Education (CBCE):
  - Clear advantages to NSU
    - Very positive educational experience for students
    - Satisfies CODA Accreditation requirements for extramural rotations.
    - Increases in performance across all metrics of students who participate.
  - Advantages for the State and population
    - Increased access to quality dental care services in severely underserved areas.
    - Increase in **Public Health dentistry as a career choice** among graduating dental student participants:
      - From 1.9% of graduates in 1998-2000.
      - To 14%-22% in 2011 – 2019.
      - For 14 consecutive years students in CBCE programs have chosen public health dentistry as a career choice at 2-10 times the national average.
    - Implications for Florida
      - Immediate reduction in disparities in access to dental care for the population in counties where the program is implemented.
      - Potential to provide a pipeline of dental school graduates willing to work in Public Health Dental clinics, thereby reducing the DHPSA man-power shortages problem.
      - Reduction in the high per capita costs of Emergency Room utilization for dental related visits compared to counties with Medicaid dental providers.

In summary, this is a program specifically targeted to reduce barriers that impede access to dental care that is desperately needed in underserved counties.