



## Dentistry as Primary Care



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## Objectives

- 1) Describe ED utilization for dental pain in ND using ND Essence data.
- 2) Apply complex aspects of reality from patient, dentist and medical provider perspectives to the data.
- 3) Propose and/or critique new ways to address access to dental care, oral health prevention and early intervention, development of referral relationships, and care coordination between the ED and dental practice.

## Case Presentation

Jane: White female, between ages of 25-34. Held private health insurance through her employer, including vision and dental.

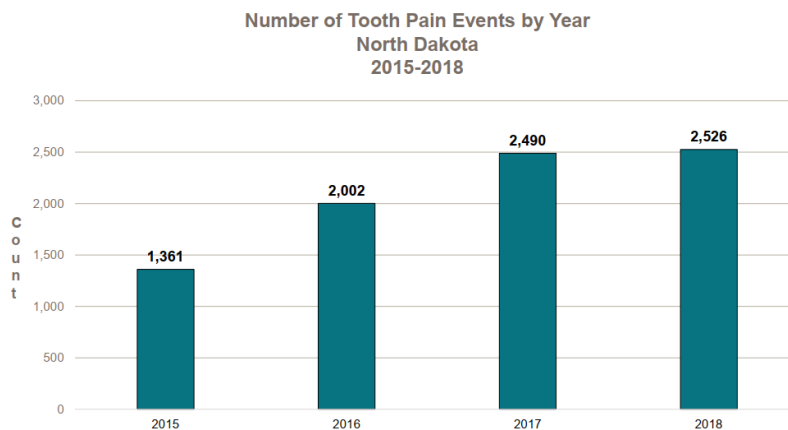
- Limited practices who accepted her insurance
- Out of pocket costs not affordable
- No emergent dental care available

“I was scared the infection was going to go to my brain...I didn’t know what else to do.”



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## North Dakota Essence (Data)

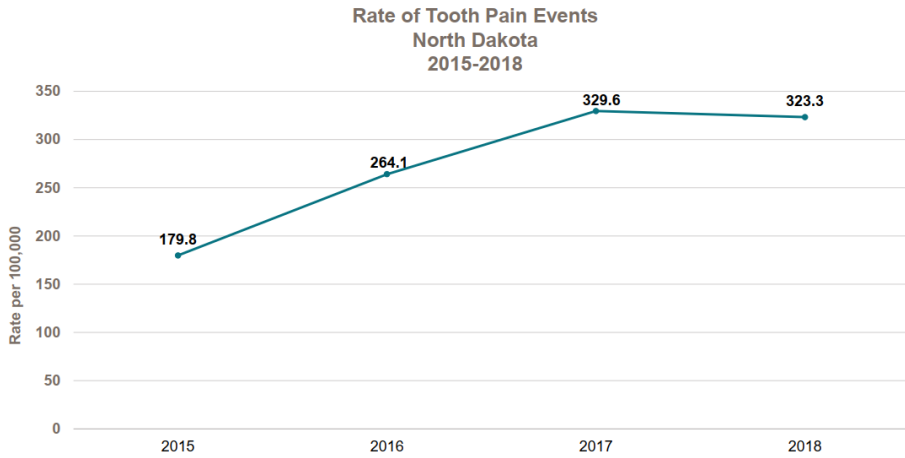


From 2015 through 2018, there were a total of 8,379 tooth pain-related events reported through ND ESSENCE.

Source: North Dakota ESSENCE

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# North Dakota Essence (Data)



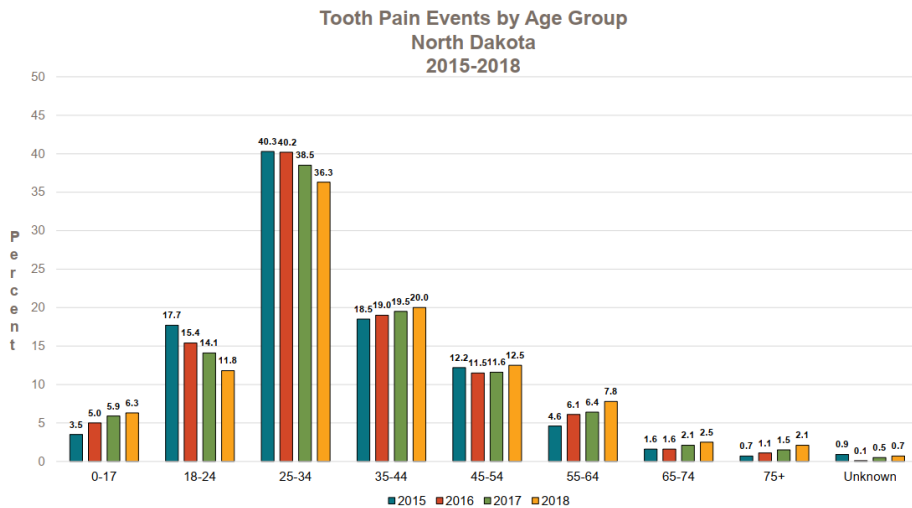
Tooth pain-related events increased by 79.8% from 2015 through 2018.

Source: North Dakota ESSENCE



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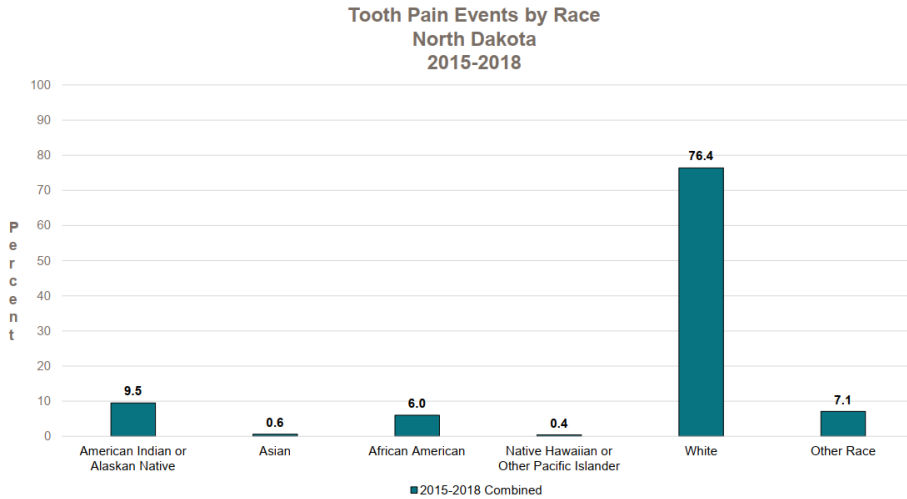
# North Dakota Essence (Data)



Source: North Dakota ESSENCE

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# North Dakota Essence (Data)

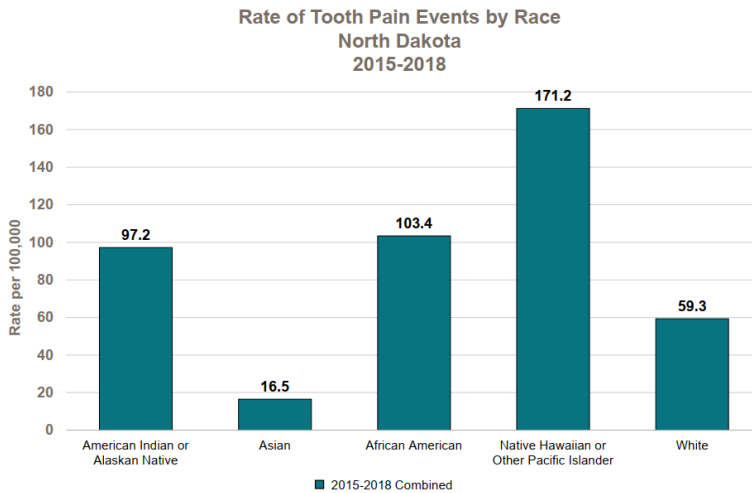


Source: North Dakota ESSENCE

\*7,861 events had no race reported (n=518)



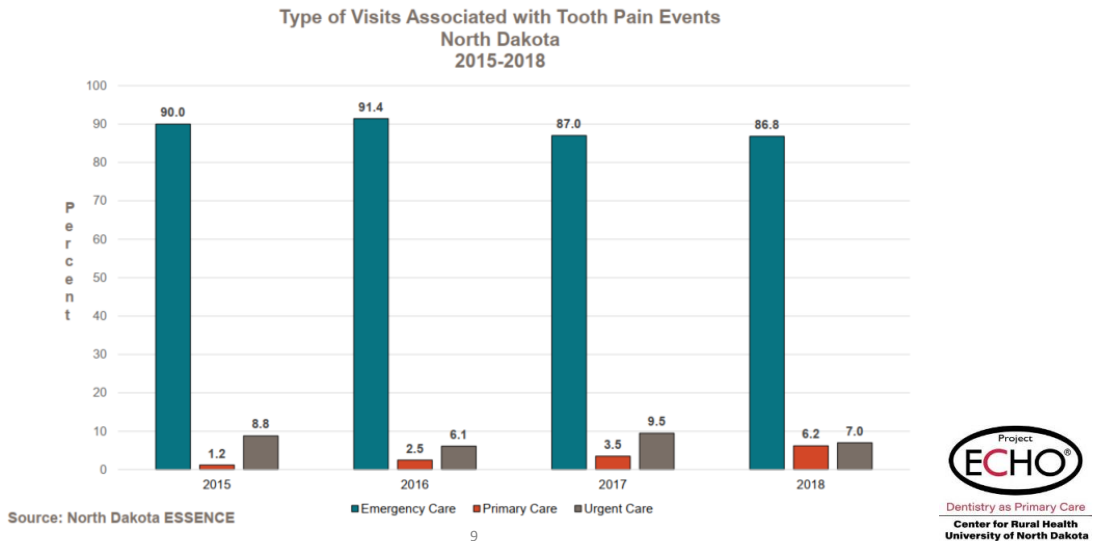
# North Dakota Essence (Data)



Source: North Dakota ESSENCE

\*7,861 events had no race reported  
- 2018 population estimates were used  
- Only looked at single race for analysis

## North Dakota Essence (Data)



## Why do patients use EDs for dental pain?

- Geography
- Financial hardship
- Poor oral health literacy
- No dental insurance

# Environmental Scans: Minot and Williston

Dental ER Diversion Project   Dental Office Facilitation Guide	Dental ER Diversion Project   ED Facilitation Guide	ED Diversion Project   Patient Facilitation Guide
<p><b>Scheduling Meeting/Attendance Recommendations</b></p> <ul style="list-style-type: none"> <li>Suggest including dentists and other staff</li> <li>Ask the dental office who they want to attend meeting</li> <li>Schedule meeting for ____ hours</li> <li>Explain purpose of meeting – Use intro script</li> </ul>	<p><b>Meeting/Attendance Recommendations</b></p> <ul style="list-style-type: none"> <li>Including physicians, NPs, nurses, CHAs, front desk, triage staff, patient navigators (if available)</li> <li>Health system who they want to attend meeting</li> <li>Meeting for ____ hours</li> <li>Purpose of meeting – Use intro script</li> </ul>	<p><b>Notes from ED interview</b></p> <p>Department of Health is seeking to improve access to dental care in North Dakota and therefore has contracted me (us) to gather input from patients. Would you be willing to be interviewed by an emergency department staff member regarding your recent visit to the Emergency Department? Please provide contact information: Name, cell phone number, gender, DOB. An emergency department staff member will contact you to set-up a time for a short interview.</p>
<p><b>Day of Meeting</b></p> <ul style="list-style-type: none"> <li>Introductions – Use intro script attachment</li> <li>Provide ND data and reason for meeting</li> <li>This meeting will be recorded</li> <li>Explain meeting format/questions                     <ul style="list-style-type: none"> <li>Have designated facilitator</li> <li>Have designated note taker</li> </ul> </li> </ul>	<p><b>Meeting</b></p> <ul style="list-style-type: none"> <li>Introductions – Use intro script attachment</li> <li>ND data and reason for meeting</li> <li>Meeting will be recorded</li> <li>Meeting format/questions</li> <li>Designated facilitator</li> <li>Designated note taker</li> </ul>	<p><b>Self-Report</b></p> <p>Would you be willing to be interviewed about your (self/child) recent visit to the emergency department for tooth pain. This interview should take about 20 minutes, is now available for phone call.</p>
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>What are the reasons community members are using the ED for oral health care (from perspective of dentist)?</li> <li>Are patients aware of how to access emergency dental care?</li> <li>Do you have a process in place to receive referrals from the ED?                     <ol style="list-style-type: none"> <li>Are appointments available for patients with emergent dental pain/needs?</li> <li>Is there a certain treatment protocol you would want providers in ED to use for treating patients with dental pain?</li> <li>Is there a process for you to receive information from the ED/physician when receiving a referral from the ED?</li> <li>Is there a process to provide a report back to ED/physician once patient is received and treated? (NDHIN?)</li> </ol> </li> <li>Does your office have staff on call to treat patients outside of normal office hours in the case of an emergency?                     <ol style="list-style-type: none"> <li>Is there an additional cost for patients to be seen emergent or after normal hours for dental pain? If so, what is the average cost?</li> </ol> </li> <li>Is there a program for payment assistance for emergent dental pain treatment?                     <ol style="list-style-type: none"> <li>Do you know the insurance status of patients referred for follow-up after being seen in ED for dental pain?</li> <li>What is your policy on receiving referrals from ED for dental pain that don't have insurance?</li> <li>What is your policy on receiving referrals from the ED with Medicaid?</li> <li>Does your office serve Medicaid clients? If no, why?</li> </ol> </li> <li>What are your suggestions to reduce ED utilization for dental pain?</li> <li>Would you be willing/able to hold a shared-use agreement with the local ED to treat patients with acute dental needs?</li> </ol>	<p><b>Is there the reasons community members are using the ED for oral health care?</b></p> <ul style="list-style-type: none"> <li>Is there a referral process in your health system for those patients using the ED for "tooth pain" or dental issues?</li> <li>Is the health system open to incorporating a system by working with local dental practices?</li> <li>Is there a health system using patient navigators for the individuals coming to the ED for tooth pain?</li> <li>If using patient navigators, what process is used for following through with referrals? How do patient navigators or coordinators get notification of these patients?</li> <li>Is there a health system follow-up with patients coming to them for tooth pain? Why/why not? Is there a process for following through with referrals?</li> <li>Are individuals triaged when they arrive in the ED for oral/dental injuries? Is a standardized used?</li> <li>Are most common prescribing/treatment practices of providers for patients with tooth pain? Do they prescribe antibiotics? Do they prescribe pain medication? If they prescribe a pain medication:                     <ul style="list-style-type: none"> <li>Is it an opioid?</li> <li>How many days prescribed?</li> <li>Are you calculating the number of MME (Morphine Milligram Equivalents)? Is there a limit or protocol that reflects a limit for MME?</li> <li>Is an opioid misuse or overdose risk screening tool (such as OneRx) used? If yes, describe how used and follow-up.</li> <li>Are there any other options for prescribing (e.g., refer to a dentist to prescribe and treat)?</li> <li>Is anyone in the ED perform any dental procedures? If so, what procedures?</li> </ul> </li> <li>Do you have a protocol for dental procedures?</li> </ul>	<p><b>Demographics</b></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Genderqueer/Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/></p> <p>Age: 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+</p> <p>Race: White <input type="checkbox"/> AIAN <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Insurance: Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> IHS <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>tooth pain: _____</p> <p>Id: _____</p>

## Emergency Department Perspectives

### Reasons patients utilize the ED for oral health concerns:

- Cost of dental care
  - Cannot afford a dentist
  - No dental insurance/dental insurance is not accepted
  - Dentists don't accept Medicaid, especially for adults
  - Dental office requires payment up front, ED does not
- Access to care
  - Easier to walk into an ED than wait for a dental appointment
  - Many dental practices closed to new patients
  - ED is more convenient/immediate results



## Emergency Department Perspectives

Role of ED in providing care of patients with oral health concerns:

- Common ED treatment for oral health
  - Antibiotic and pain medication or a dental block
  - Convenience of walk-in vs. appointment (up to a month wait)
  - Rarely prescribe opioid, and then only for 2-3 days
  - Refer to dentist
- Patient follow-up
  - It is expected that the patient will follow-up with a dentist
  - No formal referral process
  - ED does not follow-up with the patient

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## Emergency Department Perspectives

Recommendations:

- Need for patient and provider oral health education
  - Need for community education on preventive oral health (effects of street drugs, when to see a dentist, appropriate use of ED)
  - Providers open to education on prescribing/treating and oral health assessment
- Appropriate use of ED for dental pain
  - Most of the time there is no other option
  - Usually pain meds, antibiotics, dental block (rare), x-rays
  - Most of the patients are for dental pain for abscess

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## Dental Clinic Perspectives

Reasons patient utilize the ED for oral health concerns:

- Cost of dental care
  - Expect payment at time of service
  - Emergency care for non-established patient—the cost is higher (\$50-\$200)
  - Medicaid for dentistry: “I lose more money seeing the patient than if I didn’t see one at all.”
  - Don’t offer a payment plan, “because people don’t pay”
  - Care Credit – gives 12 months to pay and then high interest

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## Dental Clinic Perspectives

Reasons patients utilize the ED for oral health concerns:

- Access to traditional dental care
  - If you call a dental clinic as a non-established patient, they may turn you away.
  - “A first-time patient referred to our dental clinic from the ED, we probably wouldn’t accept them.”
  - “Taking additional MA patients would be an injustice to established patients.”
  - “Not willing to do any after-hours care or weekend type care. Our staff have young families, and we want to keep them happy.”
  - “Dental offices aren’t staffed like an ED where patients can come anytime. We don’t have room for ED patients.”

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## Dental Clinic Perspectives

Expectations for ED care and referral related to oral health

- No dental clinic had a formal referral agreement with a local ED
- Only the FQHCs stated they frequently receive patients by ED referral
- ED is viewed [by dentists] as appropriate after-hours care and necessary for pain management and antibiotics
- For Medicaid patients or patients unable to pay at time of care, it may be the only option during regular business hours as well

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## Dental Clinic Perspectives

Recommendations:

- Need to reach patients before care required is emergent
  - Patients may have forgone preventive dental care or do not prioritize it
  - Patients tend not to establish care; they just go when needed
  - Many patients fear dentistry
- Patient Education
  - Perception of cost is that dental office costs more, though it is the opposite
  - Dental IQ is low (smart people, they just don't know about dental)
  - Understanding how dental insurance really works
  - When they sign up for Medicaid, need to explain how to seek care with this insurance, specifically for dental care.
- Community Dental Health Coordinator/Donated Dental programs (RRVDA)

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## Patient Perspective

- Even those with insurance struggle to find affordable dental treatment (and affordable preventive care) locally
- Patients utilize the ED when they have exhausted efforts to receive care in a dental clinic and are in pain
- EDs typically provide an antibiotic and something for pain relief and leave it to the patient to schedule any follow-up dental care
- The two greatest contributing factors to use of ED for oral health is the out-of-pocket-same-day-cost of dental care and access to **timely** dental services

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## Findings

- Both ED and dental practices agreed most of the time, EDs are used appropriately for dental care
- For patients who cannot afford dental care, the only option outside of the ED is FQHC (only Northland CHC in western part of the state)
  - Looking for dentist for Ray area for 4 years and also in Bismarck; would hire additional dentists in both Minot, Turtle Lake
- No referral process or exchange of information between ED and dentists
- Not a need for more dentists necessarily, but a need to increase dentists who serve Medicaid and lower income patients
- Hesitation by dentists to participate in a coalition to identify solutions in their community

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## Opportunities for Improvement

- Educational messaging regarding the importance of preventive oral health care
- Improved referral relationships
- Improved processes for accreditation and claims
- Expansion of dental care access for low income and Medicaid patients
- Better use of health information exchange (NDHIN) to improve care coordination between ED and dental offices

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## Questions



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Jamestown Regional Medical Center Emergency Department  
Dealing With Dental Pain

Andrea Carlson CDA, RDA, CDHC, RDARF

- Graduated From North Dakota State College of Science in Dental Assisting May 1990
- Have Worked for Downtown Dental in Jamestown since January 2004
- Became a Community Dental Health Coordinator in 2017
- Restorative Function Dental Assistant in 2019

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## CDHC Background

Dr Kenneth McDougall: Past American Dental Association Trustee; now retired owner of Downtown Dental

\*Dr Jane Grover: American Dental Association, Director of the Council on Advocacy for Access and Prevention

\*Pilot Program College Course at Rio Salado College Arizona, CDHC

\*North Dakota Dental Association Encouraged Interested Dental Parties to Enroll, Three from ND, started and completed the course

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## Dr Jane Grover; Community Dental Health Coordinator

CDHC's were created to be dental "navigators" for outreach and prevention

- Uncharted waters: in the beginning 3 of 65 in 10 US states by 2017 were from ND
- Meetings: Jane came to Jamestown to help us coordinate care with JRMC
  - ED Director Sheila Krapp
  - JRMC Hospital Administrator (Has since changed)
  - Chief Nursing Officer Trisha Jungels

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## Communication

ANDREA G CARLSON CDA, RDA, CDHC  
Community Dental Health Coordinator  
Downtown Dental 815 1<sup>st</sup> Ave S Jamestown, ND 58401  
Monday, Tuesday, Wednesday 8:00am-5:00pm, 701-231-2340  
Thursday, Friday 8:00am-5:00pm 701-231-2318  
Ag Carlson944@gmail.com

**Emergency Dental Referral Form**

Please fill out the following information and fax to 701-952-9487  
Andrea will be in contact with you during regular working hours or as soon as possible on the next business day. I will help you get in contact with a dental office of your choice.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Physician/Clinic Name: \_\_\_\_\_  
Date Seen at the Emergency Department: \_\_\_\_\_  
Preferred/Regular Dentist: \_\_\_\_\_  
Estimated Date of Last Dental Visit: \_\_\_\_\_  
Dental Insurance Company, including Medicaid: \_\_\_\_\_  
Ability to Pay for Care: \_\_\_\_\_  
CHIEF DENTAL COMPLAINT: \_\_\_\_\_  
Medication List: \_\_\_\_\_

Your information will be kept private/confidential, with your consent I will be able to contact your previous/desired provider to help you schedule an appointment. hereby give permission for Andrea Carlson to help

A form was made for easy fax communication  
with me at my office

JRMC is in a city of 15,216 people, 25 bed critical access facility, serving 9 ND counties, population 55,000

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## Local Dentist Compliance

- In 2017 Jamestown had 10 practicing dentists
- Meeting with the central district dental society
- Meeting with 6 of the 10 dentist to plan action for treatment
- Take patients on a limited basis, one time lower fee
- UPDATE: 2022 brings change, 5 dentists retired, 4 new to town, new meeting in the works for continued support
- Alternative care Bismarck Bridging the Dental Gap
- Mission of Mercy

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## First ED Dental Referral

Feb 25, 2019

- 30 year old man with a tooth ache
- 3rd time in the ED since January 1<sup>st</sup>
- “Frequent flyer,” “drug seeker.”

Feb 26, 2019

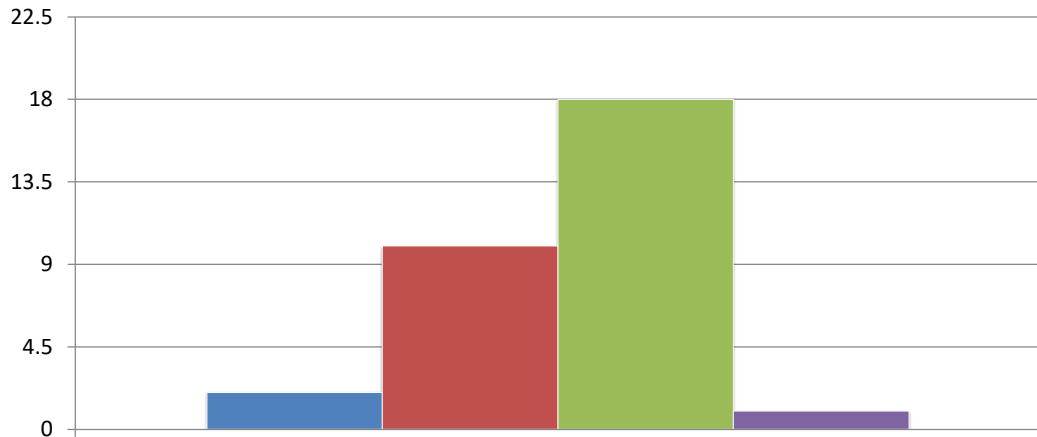
- I talked to him the next day
- Discussed with his dentist that he was in need of an extraction
- The dentist agreed to do it for a minimal fee.
- The patient did not show up for his appointment and was unable to be reached again



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## Case Stats



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## Patient Has a Dental Home

- Only 7 patients treated in the ED claimed to have dental homes in Jamestown or Valley City
- Downtown Dental treated 11 of the 31
- False information was given and 10 were unable to be ever be reached
- 10 individuals with transportation were referred to BDG in Bismarck

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## Success Story

23 year old male student at the University of Jamestown

- terrible TA on the weekend
- Seen at the ED late Sunday
- I contacted him Monday morning and he was seen in our office the very same day
- Paid partial cash payment and was asked to complete payment in two months
  - He was so grateful for his prompt response and service, he paid his bill and has been back for further treatment.

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## Many Hats as CDHC

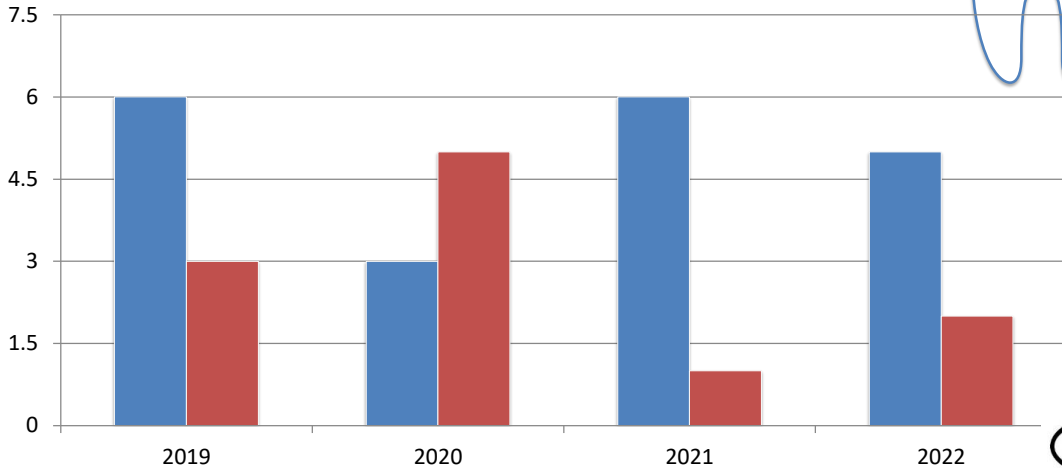
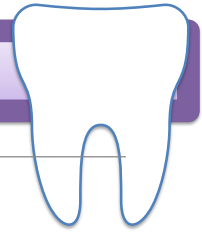
I not only help with ED referrals:

- I do the ND sealants program for Jamestown
- Serve on advisory boards for head start
- Speak to WIC moms
- Talks in Dental Health Month
- School Presentations

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# STATS



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## Contact Information:

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### CONTACT INFORMATION

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