

Ways to Increase Access to Dental Services



Dental Access: This GPRA measure addresses the proportion of patients who obtain access to dental services. The computational formula: the number of patients with \geq one dental visit divided by the local user population. For reasons beyond the scope of this overview, only local patients are counted in the numerator of this formula.

Dental Access measures the number of different patients who receive services in the dental clinic during a one year period. For example, if a patient visits the dental clinic 5 times during the year, he is only counted as one person who received access. Therefore, you increase access by seeing as many different patients as possible during the year. It is important to complete treatment on as many patients as possible, but at the same time, we need to balance that with providing as many different patients as possible access to dental care. There are ways to achieve this balance without compromising the quality of care in your dental program. Most of these methods will also help you achieve the other two GPRA objectives focused on sealants and topical fluoride treatments.

GPRA data is taken from the RPMS clinical services data. Whether a service is provided within a dental clinic, at a Head Start, at a school, or at another location is irrelevant to the software looking at RPMS for GPRA codes. The challenge for those services provided at a remote location is to get the codes entered into the computer.

Ways to Increase or Maintain Access to Dental Services

- Train your dental clinic staff on fluoride varnish application. Inquire with your Dental Support Center, if your Area has one, on providing the training or access the IHS online training modules at www.ihs.gov. Inform your Medical service providers and WIC staff on the availability of this training. Fluoride does not have to be applied by dental program personnel in order to claim credit toward both access to care and prevalence of fluoride treatments among 1 through 15 year olds.
- Establish a walk-in clinic for infants or see infants in a WIC or MCH clinic. You can see many infants for screening, topical fluoride varnish treatments, and education in a very short period of time. Some IHS/Tribal dental programs have a walk-in clinic one morning a week while others have a DA or RDH attend an already established WIC or MCH “baby day” in the medical clinic. Be sure that there will be enough babies attending to justify the staff time.
- Go to Early Head Start, Head Start, and daycare centers to screen and apply topical fluoride varnish on site. After assuring that the proper consent is in place, one or two staff members can take needed supplies to these community programs and screen and apply fluoride for many children in a short time period. This will increase overall access (and contribute toward meeting your topical fluoride annual target) because you often catch children in these programs whose parents would not normally bring them to the dental clinic during a given year. A parent consent form, educational resources are available through the IHS website at www.ihs.gov.

- Establish school-based programs to apply sealants and fluoride varnish for school age children. Again, you will often see children in a school-based program that you would not see if you leave it up to the parents to bring the children to the dental clinic. A parent consent form should be completed before you provide the services.
- Leave a block of time in the appointment book to schedule new patients for exams and preventive services. This may require putting some patients on longer recall intervals, but the reward is seeing many new patients who otherwise might not get into the dental clinic in a given year.
- Establish a referral system with other departments of your health program to recruit diabetic patients to the dental clinic for an exam, prophylaxis, and education. These are often patients who are not routinely seen on a yearly basis in your dental program and this gives you an excellent opportunity to educate them about their increased risk for periodontal diseases.
- Collaborate with other tribal agencies for opportunities to provide dental services or promote your clinic to the community. Health fairs, give kids a smile day event, after-school programs, child care centers, elder centers are all examples of opportunities to provide access and preventive services for patients in a relatively short period of time.
- Establish a partnership with your area Dental Support Center for educational and prevention resources. Some of the Dental Support Centers offer mini-grants that would provide financial support for activities and projects that increase access.
- Include your entire dental staff to generate ideas for increased community outreach.

Resources are tight at present, and are likely to remain so in the immediate future. We have to maximize those resources to see as many different people as possible, while at the same time balancing our efforts to provide as many basic services for each patient as needed and possible within the restraints imposed by limited resources.

Work with key staff to set a reasonable access annual target for each coming GPRA year. Be sure to track your progress quarterly towards reaching your objective. This may require some technical assistance from a local GPRA expert, ADO, or Dental Support Center staff. Keep in mind that local data do not precisely match nationally reported GPRA data, but local tracking will certainly give you excellent feedback about your progress toward meeting GPRA objectives.

At the national level, your dental GPRA coordinator is Dr. Patrick Blahut at Headquarters. He can be reached at Patrick.Blahut@ihs.gov.