Access to Healthcare

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COMMUNITY PROJECT

Evaluating Access to Dental Care for Lowcountry Seniors

INTRODUCTION

Purpose of Project

Our Presidential Scholar group conducted surveys at nursing homes, assisted living facilities, and adult day care centers in the greater Charleston, SC area. These surveys assessed the utilization of dental insurance and its impact on the access to dental services for elderly patients.

Community Partners

Low Income:

- The Canterbury House – non-profit, independent, "affordable" senior living community in downtown Charleston, SC

Medium to Higher Income:

- Franke at Seaside – for-profit, assisted living facility in Mount Pleasant, SC
- Active Day – adult day care on James Island, SC

Population

Medicare eligible patients were the sample population for this project.

Literature Review

Although most Americans now experience increased access to oral health care compared to past generations, there are still segments of our society, such as the elderly (65 years of age and older), who remain underserved due to complex barriers that limit adequate access to dental care. Access to dental care presents a unique challenge for this population as Medicare does not cover most dental care, dental procedures, or supplies, such as cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices.[1] This particularly affects the elderly who may not be able to afford supplemental insurance for dental coverage that covers certain dental procedures while in the hospital or in case of emergency. For many elderly who may be homebound, live in nursing homes, or assisted living facility settings, mobility becomes a barrier to access because they may be unable to travel to a dental treatment facility.[2] For example, in a study surveying 125 eligible homebound elderly patients in the Mount Sinai Visiting Doctors (MSVD), oral examinations provided at their homes by trained dental examiners found high percentages of patients who indicated unmet needs across all domains of the Geriatric Oral Health Assessment Index (GOHAI).[3] This showcased the lack of dental access in the homebound elderly population. The vulnerable elderly (e.g., patients experiencing cognitive impairments, limited functional ability or living in nursing home facilities) are at a much higher risk of developing oral disease.[4] Dental providers therefore must be able to address these unique concerns whenever they encounter an elderly patient. Their willingness to address these issues will become increasingly pertinent as our population continues to age.

Overall, the research suggests that the elderly are an underserved population particularly for their limited access to dental care. Further research into this area was our main focus for our Presidential Scholars project.

METHODS

Summary of Project

The Access to Healthcare group is working on promoting healthy dental care in the local elderly community. Initially this project began as an advocacy for access to and maintenance of dentures, but it evolved into an opportunity to provide general dental care for this at risk population. After compiling the survey results, the group then shifted its focus to determining how to provide dental care to this demographic. Ultimately, our goal is to set up a dental student community-based geriatric rotation at the Canterbury House in partnership with the James B. Edwards College of Dental Medicine.

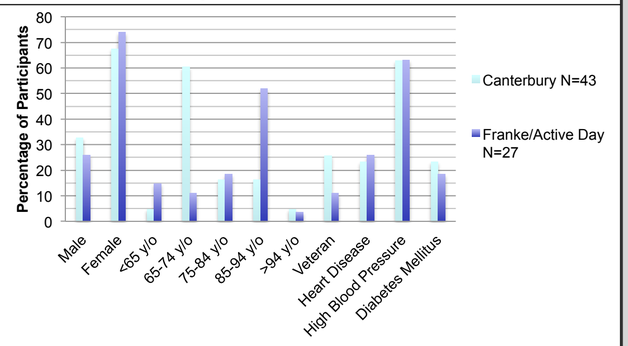
Data Collection

Data was collected via the distribution of surveys to individuals eligible for Medicare in nursing homes, assisted living facilities, and adult day care centers in the Charleston area. There, residents voluntarily answered twenty-two multiple-choice questions, with additional space for further explanation. The survey listed questions related to age, gender, veteran status, common health statistics, access to travel and oral health care, insurance availability, and individual oral health information. The project received Institutional Review Board (IRB) approval.

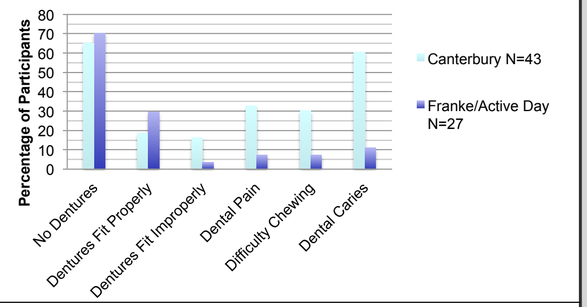
RESULTS

Data based upon results from surveys collected in person. N=3 Facilities

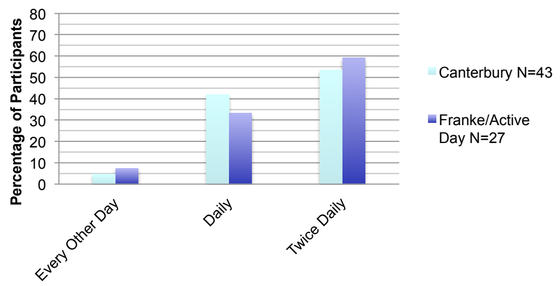
Participant Demographics:



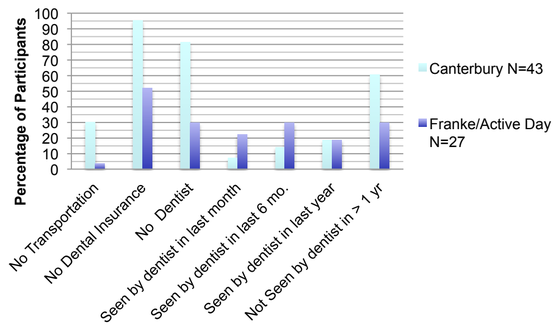
Aspects of Oral Health:



Participants Brushing Habits:



Access to Appropriate Dental Care:



Barriers to Addressing Project

The primary challenge we faced in completing this project was finding facilities that would allow the group to distribute surveys. This resulted in a smaller sample size.

DISCUSSION

Recommendations for Change

It was difficult to establish contact with senior assisted living communities. Ideally we would have preferred to establish partnerships with more Charleston-area independent and assisted living communities to gather more comprehensive surveillance data.

Interprofessional Collaboration

Our primary project of collecting oral health surveillance data was, at first, principally geared towards the profession of dentistry, but our theme—Access to Care—affects all of the professions represented by our group. Lack of access to oral healthcare among geriatrics equally affects systemic health and well-being. Recurring themes of Medicaid and Medicare reimbursement, social safety net programs, barriers to care, and patient compliance are aspects of healthcare that affect each healthcare profession. Each professional is able to contribute their unique perspective and expertise. Collecting epidemiological data is a public health measure essential to all fields of medicine. With regard to insurance coverage and utilization, healthcare policy bridges both the medical and legal fields of expertise. Using the Canterbury House as a pilot site for future dental clinic collaboration with the James B. Edwards College of Dental Medicine allows members an opportunity to contribute ideas from their respective field in order to develop and increase Access to Care for underserved populations.

Lessons Learned

Collaborative team projects are more successful when tasks are divided equally among team members and the group establishes a timeline in which to complete goals. It is beneficial to be more active in pursuing community partners in order to have a larger base for collecting data.

Recommendations for Future Study

A wider distribution of centers should be surveyed to establish a more comprehensive representation of the Charleston geriatric community and oral health utilization. We recommend future scholars contact community partners early on and employ multiple means of communication, such as email, phone, in-person, and through networking. This can also be done by focusing on similar communities that consist of more marginalized geriatrics likely to be affected by retirement and subsequent loss of dental coverage due to lack of Medicare provisions.

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ACKNOWLEDGEMENTS

We would like to thank Dr. Zsolt Ablonczy, Dr. Keri Holmes Maybank and Dayvia Laws for their guidance, mentorship and support. In addition, we would like to thank the MUSC Art Services for poster printing.