PORTABLE DENTAL CARE FOR MIGRANT FARMWORKERS: A PILOT PROJECT

CATHERINE A WATKINS, DDS, MS
NORTH CAROLINA MIGRANT PROGRAM DENTAL CONSULTANT
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* **Title**

* **The Dental Dilemma**

There were five groups with vested interest in the dental care of migrants in the state. Each had slightly different views of the problems. Our challenge was to design a program that would address the primary concerns of each group to gain the needed support.

The farmowner: they came to the state with concerns that their workers were losing time in the fields due to lack of emergency dental care for adults. (A preventive screening program was available to summer school children)

The State Migrant Program: The state spends $100,000.00 per year on fee for service care. It is difficult to find dentists willing to participate in the program. Yet the few dentists who are willing to see migrants deplete the funds before the end of the season.

North Carolina Government: No perception of a problem. We have good dentists and a good school program. Spending money on adults has been shown to be less cost effective than focusing on children.

The dentist: Patients are unreliable and if they do come for the apt, their needs are complex and time consuming. Language barrier is difficult, and financial reimbursement is delayed 3-6 months and only 40-50% of the billing amount since the money runs out before the bills are processed.

The patient: Appointments are during the day and I miss work and therefore money. Language barrier and transportation is a major problem. I prefer the gold work I get in Mexico instead of having my teeth pulled out.

*** Map of high need and target counties**

The state migrant program identified high need counties, those with 4500 migrants per season , limited access to dental care and not near a migrant health center

*** Summary slide of target counties**

Three counties were identified as target counties, two agreed to participate: Surry and Yadkin

***map to show Surry and Yadkin specifically**

***Pilot Program Design**

Design a program that would encourage local dentist participation by improving the financial reimbursement system. Focus on emergency, preventive, and simple restorative dental care only. Gold crowns, and dentures would not be provided in this program. Participating dentists would limit treatment to primary dental care and would be willing to accept a flat hourly fee basis payable that day. Dentists would not provide care in private office but could bring an assistant to be paid hourly as well. A translator would be available during all clinics. Clinics would be scheduled on weekend afternoon and evenings. Children would not be excluded but adult care would be encouraged.

Portable dental equipment was used in examination room of the health departments in Yadkin and Surry counties. The same equipment was transported to each county on alternate weekends. Some instruments were donated by the State Dental Public Health Department and dental supply companies. The local hospital sterilized all instruments daily. Clinics were held from 1-8 PM Saturday and Sundays.

***Dental Services Provided**

24 clinics from Aug.-Nov.

252 patient encounters = 10.5 patients per clinic

***Demographics of Population**
218 patients, 56% male and 70% 12 years or older

We met the objective of targeting those normally in the field
***Service utilization and outcomes**

88% were seen only once, but we tried to do as much as possible. If someone had one painful tooth and 2 cavities we filled the teeth first and then pulled the abscessed tooth.

57% were free of dental needs by the end of treatment
27 patients returned for more than one visit

***Dental Procedures**

1578 procedures completed
23% assessment; 32% restorative; 22% preventive; 16% periodontal; 7% extractions

***Project Goals and Outcomes**

We exceeded goals and proved that dentists working on hourly fee basis still churn out some dentistry,: 7.2 procedures per patients and 6.3 procedures per visit

***Cost Comparisons**

We compared the programs cost to previous fee for service and to comparable Medicaid. We did have generous donations that kept our fixed costs down. Medicaid fees probably reflect well the cost had we had to pay for all instruments and equipment.

Previous years the fee-for -service programs had only seen 300-350 patients in the entire year April-Nov. We saw 2/3 of that number in only 24 clinics. Our costs were reduced since we eliminated the cost of the oral surgeons for extractions. The dentists we hired were comfortable with simple extractions. Only 2 patients were referred for complex oral surgery

Our cost was $12.34 per procedure compared to $70 and $43 in previous years For $89 per patient we completed care on 57%. Previous programs were more expensive and did not report completed care. This project resulted in a savings of $40,000.00 which was used to purchase equipment to keep the program going.

Summary

The NC Migrant Program plans to continue to expand this program to other high need counties.

This model may be modified to provide dental service to other populations that also have barriers to care. During the winter months this program could deliver care to low income children, adults, and elderly in nursing homes and senior centers to maintain year round usage.