

Oral Health Care Service Delivery Model

SERVICE CATEGORY: ORAL HEALTH CARE SERVICES

Goal: To facilitate access to Oral Health services and support services for individuals living with HIV/AIDS.

Definition: Diagnostic, prophylactic and therapeutic services rendered by dentists, dental hygienists, and similar professional practitioners.

The objectives of the Standards of Care for Oral Health Care Services are to ensure that:

- Oral health care services are accessible to eligible individuals living with HIV/AIDS;
- Clients have access to Oral Health Care which is defined as diagnostic, preventive, and therapeutic services;
- To ensure all programs reflect competence and experience in the care and therapeutics known to be effective in the management of dental conditions of person with HIV infections; and
- Oral health care services are recognized as an essential “core service” in the TGA.

Oral Health Care service providers are expected to comply with the Universal Standards of Care, as well as these additional standards. The service specific Standards of Care for Oral Health Care services provide additional requirements on the following components of service provision:

STANDARDS	INDICATOR	DATA SOURCE	MEASURES
1. Participating dentists, dental hygienists, and auxiliaries will possess appropriate license, credentials and expertise as required by the State of Virginia.	1.1. 100% of oral health professionals have current degrees, licensing, certificates and resumes on file.	Credentials and resume in employee files.	$\frac{\# \text{ oral health professionals with licenses, credentials, certificates in file}}{\# \text{ of Oral Health professionals}}$
2. All participating dentists, dental hygienists and auxiliaries must have staff training, continuing education and/or experience with at least 4 hours of HIV- specific continuing education on a yearly basis concerning assessment and treatment of persons with HIV.	2.1. 100% of oral health staff completed 4 hours of HIV-specific (not necessarily oral education) continuing education annually.	Records of completion of continuing education in employee's file.	$\frac{\# \text{ of oral health professionals with 4 hours or more of HIV education per year}}{\# \text{ of Oral health professionals}}$
3. Referrals will be made by Primary Care providers or Case Managers to assist clients in accessing oral health services.	3.1. 100% of charts will contain documented referral in the client dental record.	Client chart	$\frac{\# \text{ clients with referrals by PMC/CM}}{\# \text{ total clients in PMC}}$

STANDARDS	INDICATOR	DATA SOURCE	MEASURES
4. Ensure that for each client's individual needs, coordination will be maintained between appropriate medical services and the dental program according to his/her medical condition, and will be noted in the patient chart.	4.1 100 % of charts document collaboration with the client's Primary Medical Care Provider.	Dental chart	$\frac{\# \text{ of clients reminded to visit PMC by Oral Health}}{\# \text{ Oral Health clients}}$
5. Provider completes a health/dental history at the initial visit. Dental providers may request additional tests before initiating invasive procedures.	5.1 90% of charts document the following: <ul style="list-style-type: none"> • Confirmation of HIV status via laboratory results; • Diagnostic studies performed within six months prior to dental appointments, include: <ul style="list-style-type: none"> • CBC laboratory results • Viral Load and CD4 • List of current medications 	Dental chart	$\frac{\# \text{ of charts with complete oral history at initial visit}}{\# \text{ of new clients to Oral Health}}$
6. Provider conducts a Phase One Comprehensive Oral Exam at the initial visit and at least annually. (ADA code D0120)	6.1 100% of charts document a comprehensive oral exam, a periodic recall oral evaluation & oral health education	Dental chart	$\frac{\# \text{ clients with comprehensive oral exam}}{\# \text{ of clients}}$ $\frac{\# \text{ clients with recall oral health evaluation}}{\# \text{ clients with annual oral health visit}}$ $\frac{\# \text{ clients receiving oral health education}}{\# \text{ clients with annual oral health visit}}$
7. Provider will complete a comprehensive Assessment and Plan. Treatment options should be those that are accepted as effectual in the treatment of HIV and include oral hygiene and regular dental care. All services should be coded with CDT codes and reported to the Grantee using same coding.	7.1 100% of charts document an assessment and plan including oral hygiene and regular dental care.	Dental chart	$\frac{\# \text{ of charts with assessment \& plan}}{\# \text{ of clients}}$
8. Treatment Plan is reviewed & updated as necessary by the dental provider.	8.1 100% charts have updated Plan as needed.	Dental chart	$\frac{\# \text{ of charts with updated plan}}{\# \text{ of clients with multiple visits per year}}$

STANDARDS	INDICATOR	DATA SOURCE	MEASURES
9. Clients that Do Not Keep Appointments (DNKA) are tracked.	9.1 100% of charts document missed appointments 9.2 100% of charts show communication to the referral source of missed appointment	Dental chart	<u># of missed appointments documentation</u> # of missed appointments # of communication documentations of <u>missed appointments to referral source</u> # of missed appointments
10. Clients are referred to specialty care in accordance with the clients' needs, Assessment and Plan, and availability of funds to pay for referrals if a RW provider is not able to meet clients' needs and Plans.	10.1 100% of charts document referrals to specialty care for clients as needed	Dental chart	<u># of clients needing referrals</u> # of clients referred
11. Client referred to specialty services are followed-up.	11.1 90% of charts document referral follow-up.	Dental chart	<u># of client referral follow-ups</u> # of clients referred