HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 954-357-8647 • FAX 954-357-8204

ORAL HEALTH NETWORK MEETING
Wednesday, October 7, 2020
WebEx Virtual Conference Room

MINUTES

PROVIDERS PRESENT
Mark Schweizer; Nova
Kailtin Mooney; Nova
Ryan Robinson; BCFHC
Elliot Romero; Care Resource
Deborah Davis; AHF

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Debbie Cestaro-Seifer
Marcus Guice
Jessica Seitchick

GUESTS
None

PART A RECIPIENT STAFF
Kelsey Giglioli
Timothy Thomas

I. Call to Order

The meeting was called to order at 3:05 p.m.

II. Welcome/Introductions

CQM Support Staff welcomed everyone, made a statement of the goal for the meeting, and individual introductions were made.

I. Presentation of Oral Health No-Show Project Findings

The presentation of Oral Health No-Show Findings can be found attached in this meeting's packet.

The CQM Support Staff presented the findings of the Oral Health No-Show Tracking Tool project. This recently concluded project began in January of 2019. After all data for this project was submitted in March 2020, the CQM staff analyzed the data collected using a tracking tool developed by the CQM program, along background,

data analysis, and recommendations is currently being generated and will be shared with the Network upon its completion.

Key findings from this presentation included the following:

- The most common reasons for reporting dental appointment non-attendance was forgetfulness and competing priorities.
- Those who were permanently housed and used more oral health services in the past year had significantly lower risk of missing their appointment.
- Clients whose income level was less than 200% of FPL were more likely to no-show for their appointment.
- Less than half of documented no-show events reported client contact following the no-show event.

II. Open Discussion

Representatives from Nova Southeastern University and AIDS Healthcare Foundation report seeing an influx of patients in their clinics. Moreover, many of the referrals they have been receiving have been for emergency appointments, which need expedient response, restricting their operating capacities.

Care Resource and Broward Community & Family Health Centers (BCFHC) both report renovations which have decreased their capacity to see patients. BCFHC expect to be back at full capacity by the end of the third week in October. Renovations at Care Resource will continue through to November.

The CQM Support Staff offered to draft a memo for case managers to report on the current status of Broward Oral Health Services.

III. Announcements

- The Recipient staff has re-formatted the Access to Care Schedule. These schedules will be sent to providers monthly.

IV. Adjournment

The meeting was adjourned at 4:08 p.m.
with metrics that are available in Provide Enterprise (PE). A report detailing the project's

Next Meeting Date: January 6, 2020

Oral Health No-Show QIP Results

Oral Health Network

10/7/2020

1

Role of oral health care for people with HIV/AIDS (PWH)

- Oral manifestations of HIV occur in more than 50% of PLWH
  - Experienced one or more times throughout the course of the disease
- Oral symptoms are present as a first sign of an HIV transmission
- PLWH commonly need tooth repair and replacement as a result of extensive caries
- Association between psychosocial well-being and oral health among PLWH
- Oral health care retention is fundamental to improve health outcomes, and promote overall well-being

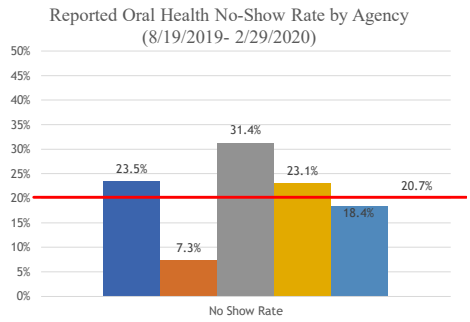
2

Background

- Oral health care no-show prevalence rates range from **9-58%**
- Purpose: To investigate what factors can potentially lead to a no-show among PLWH participating in Ryan White Part A in Broward EMA.

3

No Show Data

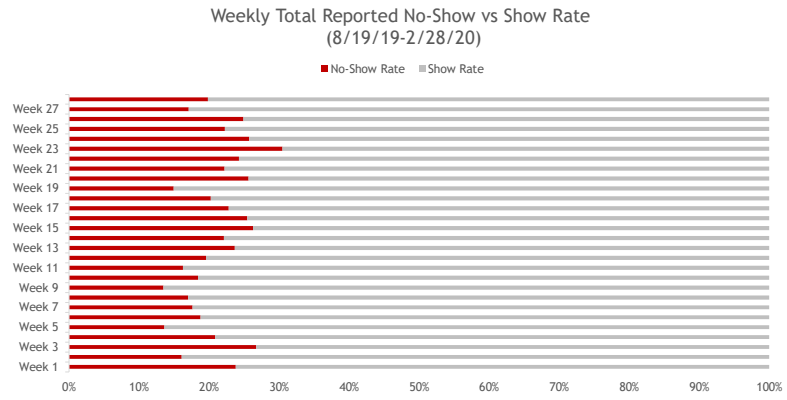


Agency	Total Ryan White Part A No-Shows	Total number of Ryan White Part A Clients Seen	No-Show Rate
A	65	277	23.5%
B	28	383	7.3%
C	233	743	31.4%
D	596	2583	23.1%
E	770	4175	18.4%
Overall	1692	8161	20.7%

Summary Statistics- No-Show Rates	
Mean	20.7%
Standard Error	3.9%
Median	23.1%
Standard Deviation	8.8%

4

Weekly No-Show Rates



5

Overall No-Show Rate

The overall no-show rate for the entirety of the project was 20.7%. No-show rate varied greatly among participating agencies. The mean no-show rate was 20.7% with a standard deviation of 8.8%.

The no-show rates reported varied by week for all agencies, indicating that the day or time of the week or month might play a role in client no-show behavior. Results are as follows:

- Highest reported no-show rate, 30.5%, occurred 1/20/20 - 1/26/20(1/20/20 was Martin Luther King Jr. Day)
- Lowest reported no-show rate occurred 10/14/19 - 10/20/19 (13.5%)
- Higher than average reported no-show rates the week of Thanksgiving (11/25/19 - 12/1/19, 26.3%) and the week of New Year's (12/30/19 - 1/5/20, 25.6%) and lower than average no-show rates the week of Christmas (12/23/19 - 12/29/19,14.9%); during the aforementioned weeks, approximately 50% fewer clients were seen by oral health providers compared to non-holiday weeks.

6

Summary of Client Information and Actions Before No-Show

Variable		Count (n=951)	%
Agency			
	A	63	6.62%
	B	12	1.26%
	C	143	15.04%
	D	302	31.76%
	E	**431**	**45.32%**
Client Status			
	Previous Client	858	90.41%
	New Client	91	9.59%
Confirmation Response			
	No	587	61.7%
	Yes	364	38.3%
Method Used by Clinic to Obtain Appointment Confirmation Response			
	Case Manager	2	0.21%
	Emergency Contact	1	0.11%
	Phone Call (Talked to Client)	289	30.39%
	Text	30	3.15%
	Voicemail via Phone Call	209	21.98%
	Subtotal of Yes	531	55.8%
	N/A	35	3.68%
	No Confirmation Response	385	40.48%
	Subtotal of No	420	44.2%
Scheduled Provider-Type Appointment			
	Dentist	514	54.05%
	Dentist & Hygienist	147	15.46%
	Hygienist	290	30.49%

7

Summary of Client Information and Actions Before No-Show

Variable	Count	%
Was the client successfully contacted to reschedule appointment within 72 hours of no show?		
Yes	379	41.29%
No, Language barrier	3	0.33%
No, Client phone disconnected	97	10.57%
No, Client not responding to contact efforts	424	46.19%
No, Client moved/location unknown	14	1.53%
No, Client hospitalized	1	0.11%
Total	**918**	**100.00%**
If appointment was rescheduled, when was the new appointment rescheduled for?		
Beyond 3 months of missed appointment	4	0.44%
N/A	549	59.93%
Next Day	22	2.40%
Within 2 months of missed appointment	38	4.15%
Within 2 weeks of missed appointment	78	8.52%
Within 3 months of missed appointment	13	1.42%
Within 3 weeks of missed appointment	42	4.59%
Within a month of missed appointment	82	8.95%
Within a week of missed appointment	88	9.61%
Total	**916**	**100.00%**

8

Summary of Client Information and Actions Before No-Show

Variable	Count	%
Client reason for oral appointment no-show.		
Incarcerated/Jail	1	0.11%
Client believes that they no longer needed dental care	2	0.22%
Changed Provider	3	0.33%
Transportation (Personal Transportation)	12	1.31%
Transportation (Public Transportation)	15	1.64%
Eligibility	19	2.08%
Illness or In Inpatient Rehab Facility	40	4.37%
Other scheduled commitments/Work	110	12.02%
Forgot/Misunderstanding	179	19.56%
N/A (No client contact)	534	58.36%
Total	**915**	**100.00%**

9

Demographic Analysis

Case-Control Sample

421 Ryan White clients who had a scheduled dental visit in Broward EMA between 08/19/2019-03/01/2020

Controls

209 Ryan White clients who utilized oral health services and were NOT reported as a no-show

Cases

212 Ryan White clients who were reported as a no-show

Evaluated

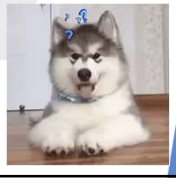
- Oral health service utilization (number of oral services clients received in the past year)
- Total number of services used in the past year
- Income (% of Federal Poverty Line (FPL))
- Sexual orientation
- Educational level
- Primary language
- Viral suppression
- Housing stability
- Race/ethnicity
- HIV risk factor
- HIV status
- Gender
- Age

10

Significant Results

- Young people were 2.4 times more likely to be a no-show
- Non-permanently housed were 3 times more likely to be a no-show than permanently housed
- Those with an income below 200% FPL were 2.3 times more likely to be no-show
- Complete results will be detailed in full report

VARIABLE	OR	95% CI
Age (yrs.)		
18-50 vs. 51+	2.4	(1.6-3.6)
Housing Status		
Non-permanent vs. Permanent	3.0	(1.8-5.1)
FPL		
0%-200% vs. 200%-400%	2.3	(1.4-3.9)



11

Discussion

Similar to other studies, this project found that the most common reasons for reporting dental appointments non-attendance was forgetfulness or other activities such as work taking priority

Other reasons for not attending a dental appointment:

- Lack of transportation
- Travel distance
- Patients' attitudes and perceptions towards dental services.

This rationale was not reported by the study sample in the present study.

12

Discussion

Even though gender, ethnicity, race and educational level were not strongly associated with missing a dental appointment:

- Other research:
  - Women vs. Men
  - African Americans/Hispanic or Latinos
  - Positive correlation between educational level and retention in oral health care

Those who were permanently housed and used more oral health services in the past year had significant lower risk of being a no-show

- It is unknown whether other studies have examined these associations.

13

Discussion

Clients whose income level was less or at 200% of FPL were more likely to be a no-show.

- Association between socioeconomic status and no-show conduct.
- The lower socioeconomic status the higher the odds of not being retained in care.

Age: Younger individuals were at higher odds of not attending a dental appointment

- active lifestyle
- self-perceived good health status
- prioritizing other activities such as work

14

Summary

- Oral health retention is fundamental for positive health outcomes among PWH.
- Age, income, and housing status had a significant effect in no-show behavior among PWH in Broward County
- These factors should be considered when outlining future strategies to increase oral health retention among PWH.

15

Next Steps/ Recommendations

Less than half of documented no-show events reported client contact following the no-show event. For client with no contact following no-show event:

- Unclear if client contact information was incorrect or client chose not to respond
  - Providers frequently reported challenges in obtaining and maintaining accurate contact information.

Potential next steps:

- Utilize Motivational Interviewing to encourage appointment adherence
- Improve transparency with clients in rescheduling appointments

16

Next Steps/ Recommendations

"Forgot or misunderstanding" was the most prevalent reason for a reported oral health appointment no-show.

Potential next steps:

- Evaluation of the appointment scheduling process to identify areas that may prove confusing to clients
- Utilization of appointment reminder cards or other appointment reminder strategies
- Collaborating with case managers, disease case managers and peer specialists when a client is receiving oral health services to create a "safety net" to prevent no-shows

17

Next Steps/ Recommendations

The second most reported reason for oral health appointment no-shows in this project was "other scheduled commitments/work"

Potential next steps:

- Create flexible scheduling options for clients (evening, weekend)
- Provide education regarding the short and long-terms benefits of engaging in ongoing oral health care

18

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19

Questions?

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20

20