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# Mission of Mercy patient characteristics and dental-related emergency department use

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## ABSTRACT

**Background.** Although dental Mission of Mercy (MOM) events have existed for more than 2 decades and are held in more than 30 states, systematic data collection and reporting on patient characteristics, oral health care use patterns, and oral health care needs are lacking.

**Methods.** The authors surveyed patients attending the 2016 Florida MOM, asking about their reasons for seeking oral health care, oral health care use, and dental-related emergency department (ED) use. The authors conducted descriptive and multivariable analyses of survey and patient registration data to describe patient characteristics and examine associations between patient characteristics, time to last dental visit, and ED use.

**Results.** Sixty-six percent of 1,462 study participants reported having orofacial pain; one-third of those were in pain for more than 1 year. Only 18% reported fair or poor overall health, whereas 75% reported fair or poor oral health. Florida MOM attendees who were younger adults, were of non-Hispanic ethnicity, had less than a college education, lived below federal poverty guidelines, and reported poorer oral health were at increased risk of having dental-related ED visits.

**Conclusions.** Incorporating systematic data collection into dental MOM events provides important information about the characteristics and oral health care needs of clinic attendees that can be used to develop programs to address oral health care access on the basis of community-specific needs.

**Practical Implications.** Community partners are using study data to develop strategies to address unmet oral health care needs. By systematically collecting information about patients who attend dental MOM events, we can obtain valuable information to create awareness about local community oral health care needs and promote efforts to develop sustainable strategies to improve oral health care access and outcomes.

**Key Words.** Access to oral health care; emergency services; oral health; vulnerable populations; Mission of Mercy.

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Dental-related emergency department (ED) visits in the United States doubled between the release of the surgeon general's report on oral health in 2000 and 2012<sup>1</sup> and have increased more rapidly than ED visits in general and those for other ambulatory care sensitive conditions.<sup>2,3</sup> These visits represent substantial resource use for nondefinitive health care that requires follow-up with a dentist.<sup>4-7</sup> Slightly more than one-third of working-aged adults visited a dentist in 2014, and only 20% of those living in poverty obtained oral health care.<sup>8</sup>

To provide oral health care for patients who often have nowhere else to turn, dentists across the country have conducted Mission of Mercy (MOM) dental clinics since 2000.<sup>9-12</sup> More than 249,000 patients have received free oral health care through these programs.<sup>13</sup> MOM clinics are usually 2-day events during which 1,600 patients on average receive oral health education, medical screenings, and dental treatment.<sup>13</sup> An average of 1,400 clinical and community volunteers and financial donations for space and equipment support these events.<sup>13</sup> Patients line up hours in advance and often exceed clinic capacity, underscoring the substantial unmet need for oral health care.

Although dental MOM events have existed for almost 2 decades and now are held in 31 states,<sup>13</sup> systematic data collection and analysis of patient characteristics and oral health care use patterns

of MOM patients are lacking. We are aware of only 1 small-scale study, in which the investigators used a convenience sample, that focused on patient comorbidities.<sup>12</sup> Collecting and reporting information about clinic attendees is critical for creating awareness of unmet oral health care needs in the community and helping local community stakeholders develop sustainable strategies to improve oral health care access and outcomes after the MOM clinic. By collecting and sharing data, MOM events can contribute to changes that are longer lasting and of broader scale in the communities they serve.

We conducted a study of patients seeking oral health care at the Florida Dental Association Foundation's Florida Mission of Mercy (FLA-MOM) event in 2016. Similar to national trends, dental-related ED use in Florida has increased. Between 2005 and 2014, age-adjusted dental-related ED visits increased by 44%, with a total of 163,906 visits representing more than \$234 million in charges in 2014.<sup>14</sup> For adults 21 years or older, the Florida Medicaid standard benefit covers emergency dental services to alleviate pain or infection, as well as dentures and denture-related procedures.<sup>15</sup> However, all Medicaid-contracted managed health care plans offer expanded services that vary according to plan; most cover an examination, radiograph, and prophylaxis but less than one-half cover fluoride, restorations, extractions, or periodontal care.<sup>16</sup>

The objectives of this study were to describe the sociodemographic and health characteristics of FLA-MOM attendees, their reasons for seeking oral health care, oral health care use, and self-reported dental-related ED use and to examine the patient characteristics associated with dental-related ED use. We undertook the project with the purpose of using the study findings to share the information with community stakeholders to improve oral health care access within their communities; initiate conversations with stakeholders and community partners to deliver collaborative oral health care and develop public-private partnerships to improve health outcomes; communicate with governmental leaders and other stakeholders the need for oral health care and development, implementation, and appropriate funding of dental programs for those in need; and plan future MOM clinics and secure funding for those clinics. The ultimate goal is to achieve an after-MOM effect in communities served by MOM clinics to improve access and outcomes.

## METHODS

FLA-MOM was a free 2-day dental clinic held in Jacksonville, Florida, on April 22 and 23, 2016. The IntegReview Institutional Review Board, Austin, Texas, approved the study protocol and data collection forms.

### Participant recruitment and informed consent

We invited adult patients (18 years or older) attending the 2016 FLA-MOM dental clinic who spoke English or Spanish to participate. Children (younger than 18 years), patients requesting translation services for languages other than English or Spanish, and patients unable to consent for themselves legally were not eligible. The informed consent requested permission to use standard information collected during the clinic and additional study-specific survey questions. Participant recruitment, informed consent, and data collection processes were integrated into the clinic workflow to facilitate patient flow and event logistics. All patients, regardless of study participation, followed the same processes for registration, patient education, and clinical care. Trained volunteers reviewed the informed consent form to participate in research individually with patients before patient registration, and they answered questions patients had about the study. Materials were provided in English and Spanish. Trained study personnel read consent documents for patients who were visually impaired or indicated they were unable to read, and the consent form was signed in the presence of an impartial witness.

During patient registration, study personnel verified each patient's agreement to participate and signed informed consent form, and they answered remaining questions. Study personnel recorded research consent for each patient as yes or no into a database created for the event. A response of yes meant that the patients who had consented would answer additional study-specific questions during patient registration and that data collected at FLA-MOM could be used for the study. A response of no meant that patients would not answer the additional questions and that their data would not be included in the study. There were no other differences for study participants and nonparticipants. Electing not to participate did not affect receipt, type, or timeliness of treatment. Study and patient registration leaders were trained in the protocol before the clinic by means of electronic

### ABBREVIATION KEY

<b>ED:</b>	Emergency department.
<b>FLA-</b>	Florida Mission of
<b>MOM:</b>	Mercy.
<b>FPG:</b>	Federal poverty guidelines.
<b>FQHC:</b>	Federally Qualified Health Center.
<b>MOM:</b>	Mission of Mercy.

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