DISCONNECT

The Gap between Patient Experience and Provider Assumptions

An Impact Story

Virginia Health Catalyst
The Intersection of Overall Health and Oral Health

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Executive Summary

In an equitable health system, all people have equal opportunities to achieve health, and no one is at a disadvantage because of their social position, income, place of residence, or other condition. Inequities exist when there is an unequal or unjust distribution of poor health outcomes or lack of access to care or treatment.[1]

In 2018, dental providers and administrators noticed Virginians who visited public health safety net clinics in the Richmond area were not using dental services as much as they used medical services, even when a patient had a medical home that offers oral health services. The Community Partners in Oral Health (CPOH) Project used a health equity lens to understand why.

What the CPOH team learned was startling, but perhaps not surprising. There was a significant disconnect between the providers' assumptions about why patients were not accessing dental care and the reasons offered by the patients themselves. When asked to describe why they thought patients struggled to access dental services, clinicians often cited reasons that placed the onus on patients, such as not valuing oral health or not understanding its importance to overall health. Patients themselves described a public health system that did not serve them or respect their situations. Some patients even reported delaying dental care because they recalled being shamed or embarrassed by providers about their poor oral health at previous dental visits.

The CPOH project underscored that **to ensure patients get the care they need and deserve, the oral health system must change to meet the needs of everyone it serves.** It also uncovered examples of seeing or experiencing racism in health care affecting a patient's use or continuation of services. **Racism drives health inequities.** Identifying and addressing racial biases can advance health equity and improve health overall.

Informed by the project outcomes, the CPOH team identified four common barriers to dental care and developed recommendations to achieve an equitable health care system, outlined on the next page.

This Impact Story examines each barrier and demonstrates specific community-driven strategies to drive change at the community, clinic, public health system, and policy levels. While making system changes that improve equitable access to dental care is not easy, the overall findings of this project inform realistic actions to build a health care system that works for both patients and providers alike.

System changes address the cause of an issue by transforming policies, practices, power dynamics, social norms, and mindsets. It requires diverse stakeholders working together to enact impactful change.

Overall Recommendations

1. Design and adapt clinic operations to better meet the needs of patients
2. Prioritize cultural humility and racial equity
3. Address root causes that impede access to care

In addition to the three Overall Recommendations, the CPOH team outlined community-driven strategies to drive change at the community, clinic, public health system, and policy levels. Here are the strategies that were recommended for each barrier:

Cost of dental care and coverage

- **Policy**: Ensure public coverage includes dental
- **Public health system**: Integrate prevention-focused oral health education and services across disciplines
- **Clinic**: Implement clinic-level payment options, like a sliding scale system
- **Community**: Educate members about available coverage options and provide enrollment opportunities

Availability of care

- **Policy**: Advocate for policy change that ensures a strong public dental program
- **Public health system**: Implement initiatives to reduce provider burnout and increase provider capacity
- **Clinic**: Design and adapt clinic operations to better meet the needs of the patients, like hours of operations and teledentistry programs
- **Community**: Identify and bolster care coordination pathways

Culture, language, and health

- **Policy**: Incorporate health equity in all health care policies
- **Public health system**: Ensure the health care workforce reflects the community it serves
- **Clinic**: Train staff in cultural humility and create an environment that encourages it in all aspects of work
- **Community**: Engage community members meaningfully to inform clinic operations and the health system

Health literacy and awareness of care options

- **Policy**: Integrate oral health education into other aspects of the health system
- **Public health system**: Embed community health workers into the care team
- **Clinic**: Develop culturally appropriate educational resources for patients
- **Community**: Collaborate with community organizations to reinforce messaging and care options

About the Project

People with low incomes and those who are uninsured or underinsured face the greatest number of barriers and lowest access to dental care. Without care, many visit the emergency room for dental treatment where providers are not equipped to provide comprehensive dental care, and patients often leave with an opioid prescription for pain relief and instructions to visit a dentist to address the cause of pain. Poor oral health is linked to worse chronic disease outcomes, reduced social participation, and diminished quality of life. Addressing the barriers that keep adults from accessing care is a key component to improving health and eliminating this disparity.

The CPOH team aimed to identify factors influencing dental care use and access using a health equity lens. They developed tools and trained staff to conduct the following interviews and surveys in the Richmond community:

97 patient interviews

Mostly women; between the ages of 18-44; average income lower than $35,000

49 clinical surveys

Mostly licensed providers in medical, dental, and social work fields; employees or volunteer providers

68 community liaison surveys

Mostly paid health referrers in the community (i.e., home visitors and community health workers)

All patients – participating in interviews or on the CPOH project team – were compensated for their time.

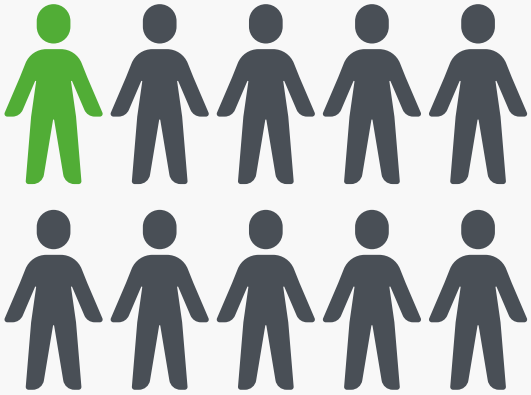
The CPOH project was funded by the Richmond Memorial Health Foundation.

Findings

In analyzing the interview and survey responses, the CPOH team found differences in patient experience and provider assumptions with regard to prioritizing oral health care. Health care providers often assumed that patients did not access dental care due to reasons that were under the control of the patient, such as fear of the dentist, low prioritization of dental care, inability to find a dentist, or lack of education about why dental care is important. These assumptions focus on the patient, without taking the efficiency and accessibility of the health care system into consideration.

The providers also directly contradicted the perspectives of the patients. Almost two-thirds (74%) of the patients interviewed had personal goals for their oral health or were working on taking care of their mouth, teeth, and gums, but faced real and persistent systemic barriers to achieving good oral health. In other words, the dental safety net care network was operating in ways that were deeply disconnected from the realities of their communities. Many community liaisons, who were working directly with and advocating on behalf of clients in the community, also noted this disconnect in their survey responses.

> [My oral health goal is] to find a dental clinic to take care of my teeth and keeping up with the habit of brushing them regularly.
>
> -A patient



Similarly, **1 in 5 patients reported delaying dental care due to feeling embarrassed about their oral health.** About 1 in 10 patients did not feel welcome or respected in the dental office or clinic. Patients referred to meaningful relationships and clear communication with clinic staff, including in languages other than English, as components of a positive experience at the dental clinic.

After analyzing the interviews and surveys and identifying barriers to care, three overall recommendations became apparent in achieving an equitable health system that gives everyone the opportunity for good health:

Overall Recommendations

Design and adapt clinic operations to better meet the needs of the patient

Patients experienced several barriers to care that are mainly out of their control, including a lack of availability of appointments, transportation to the clinic, and translation services. Clinics and community support services can collaborate to better meet their patients' needs.

Prioritize cultural humility and racial equity

Respect and understanding are crucial to build a healthy patient/provider relationship. Different cultures or circumstances impact health behaviors, so creating a culturally humble environment open to various perspectives can embrace these differences rather than risk embarrassing patients.

Address root causes that impede access to care

About 80% of health outcomes are determined by social determinants of health, social, environmental, economic, and political factors that impact health, and only 20% depend on clinical care. It is imperative to address the upstream factors that affect a patient's access to care, outside of the clinic walls.

The interviews and surveys outlined inadequacies of the oral health care system and identified the following barriers to accessing care:

Barriers to Care

- **Cost of dental care and coverage**
- **Availability of care**
- **Culture, language, and health**
- **Health literacy and awareness of care options**

Using this input, the CPOH team outlined recommended strategies for clinics, communities, and advocates to take to make the oral health care system more equitable. Continue onto the Community Insights and Strategies section to learn more about each theme.

Community Insights and Strategies

Cost of Dental Care and Coverage

Patients and providers alike were aligned on one topic. The cost of dental services makes them out of reach for many. Eight in 10 patients, and over 70% of the clinicians and community liaisons, cited this as a barrier to dental care.

> I needed the [dental] care because I want to have healthy teeth and I didn't get it because sometimes I don't have money or a ride to get there.
>
> -A patient

Virginia Medicaid includes a comprehensive dental benefit for adults. Unfortunately, it was not in place at the time of the CPOH project, and not all patients interviewed were Medicaid-eligible. Just over half (52%) of the respondents did not have health coverage at the time of the interviews; only 25% reported having dental coverage. Since the CPOH project, over 800,000 Virginians gained dental coverage, including many (but not all) of the study participants.

Strategies

- Advocate for oral health coverage for all, including Medicaid and Medicare beneficiaries and undocumented individuals.
- Prioritize prevention-focused and minimally invasive dentistry to reduce the need for costly dental treatments. Integrate tools like oral health screening, fluoride varnish applications, or silver diamine fluoride applications in primary care visits.
- Offer varying patient payment options at health clinics. Consider a sliding scale to determine price depending on income level. Identify programs that help cover dental expenses or offer free dental services for those that do not have coverage.
- Educate patients about dental services available through public health coverage options, like Medicaid and Medicare. Some programs offer comprehensive coverage while others only cover some dental services. Clinics and community organizations can work together to increase awareness and provide opportunities for eligible community members to sign up for public health coverage options.*

*In Virginia, SignUpNow and CoverVA have support staff located across the state to help people through the Medicaid enrollment process. Look for similar programs in your communities.

Availability of Care

Two in five patients could not find a dental appointment that accommodated their schedules and almost as many (38%) reported having to wait a long time for a dental appointment. Patients often cited busy work schedules where they could not get time off, few options for transportation to the dental clinic, or a lack of child care as barriers to attending appointments during regular clinic hours.

> I would have liked to [get dental care] but the clinic list is very full. Sometimes I call and they do not call me back.
>
> -A patient

Strategies

- Advocate for policies that support a strong public dental program that can meet the needs of its patients while also supporting providers in the system.
  - Consider increasing reimbursement rates for dental providers in Medicaid. There are not enough dental providers in the health safety net to adequately serve its patients. A higher reimbursement rate would give dental clinics the financial resources to support more dental providers, but other funding mechanisms may still be required for these positions.
- Support dental providers by ensuring all clinic staff are working at the top of their license.
- Ensure clinic operations accommodate patients' needs.
  - Survey patients to understand what days and times, including before or after normal business hours and weekends, are most convenient for them to see the dentist, and alter clinic hours accordingly.
  - Use tools like JotForm to move patient forms online so that patients spend less time in the waiting room before their appointment.
  - Support community and/or state-level public transportation programs that allow community members better access to local dental clinics. These may be available through managed care organizations or other insurance carriers.
- Identify and use established care coordination pathways in your area to connect patients seeking oral health care dental clinics in their area.
  - Consider fostering a relationship with local emergency rooms or urgent care clinics to create a referral loop. This not only relieves crowded emergency rooms, but also provides patients with a dental home to continue their oral health care.

Culture, Language, and Health

Culture can be viewed as the set of attitudes, beliefs, and behaviors specific to named groups of people that influence a person's[4] decisions and how they interact with the world. Cultural factors surrounding dental care and dental hygiene include fear of dental care, embarrassment about seeking dental care, or the absence of good dental hygiene practices within a particular cultural group. Cultural norms are fairly easy to identify, but they can be challenging to change.

> When a worker doesn't understand me, they don't try to understand me. They should put themselves in our position and try to understand us.
>
> -A patient

Cultural factors that patients cited as barriers to accessing dental care included issues with or lack of translation services, and feeling fearful, unheard, or embarrassed at the dentist. Conversely, clinicians were more likely to refer to factors that involved an absence of good dental hygiene practices within a particular cultural group.

Patients shared three ways to provide better access to dental care:

- Clear communication with the clinic staff
- Reliable translation services
- A respectful clinic environment

Strategies

- Advocate for health policies that incorporate health equity and patient-centered care.
- Ensure the health care workforce reflects the community that it serves, both racially and culturally. Create opportunities for students to learn about careers in health care. Invest in programs that support and train existing health care workers to advance their careers locally.
- Train all clinical providers and staff in cultural humility. Cultural humility requires providers to practice critical self-reflection and confront their own biases. It's also important for providers to build equitable relationships and partnerships with their patients, and engage in lifelong learning by continually seeking culturally relevant information. Providers who practice cultural humility are better equipped to provide the most appropriate care.[5]
- Use motivational interviewing (MI) during interactions with patients, clients, or community members. MI is an effective method in promotion behavior change that centers the client and their autonomy, and can be used during short dental or medical appointments. This approach increases patient satisfaction and can help individuals feel more motivated, ready, or prepared to make a change.[6]
- Create meaningful opportunities for community members to engage with clinic staff or people who inform policies. Health fairs are one type of event that can enable clinic staff to interact face-to-face with the community they serve. Understanding the priorities of those most impacted by health outcomes and affected by health policies can inform realistic solutions to make health care more accessible.

Experiencing Racism in Health Care

When designing intake forms or replicating the CPOH project in your community, ask all patients if they have ever experienced racism in health care. The CPOH project did not ask this question, but in reviewing patient responses, the team recognized a need to better understand how racism has impacted patient views on oral health or the actions they take that affect their oral health.

Systemic racism exists in oral health care, exhibited by a lack of racial representation among dentists, few incentives to provide care in under-resourced communities, and policies that do not account for historical impacts of racism in education or housing on overall health. Racism impacts oral health as well, through inadequate access to comprehensive oral health services or lack of trusting patient-provider relationships.[7] Understanding how racism impacts patients' experiences can help clinics identify and disrupt biases among staff.

Health Literacy and Awareness of Care Options

Health literacy is defined as how well people can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.[8] It is essential for achieving good oral and overall health. The clinicians surveyed cited a lack of oral health literacy as a leading factor preventing patients from both practicing good oral hygiene and receiving dental care in the clinic. Clinical respondents assumed patients did not know where to find care, what coverage options they had, or how important oral health is to their overall health.

Most patients (79%), however, knew where they could go to get dental care. Roughly three in four patients (74%) said they had prioritized their oral health enough to create personal goals for their oral health, including improving dental hygiene and obtaining treatment. Over 8 in 10 patients were aware of general dental hygiene habits and information, including that a healthy mouth is important for preventing and treating other health problems like cancer, diabetes, and heart disease.

> "[My oral health goal is to] try to come see the dentist more regularly, like I'm supposed to every six months, and not just come only when a problem arises."
>
> -A patient

Strategies

- Integrate oral health education across the health system, including medical and behavioral offices, and in languages that the patients speak. Oral health is inextricably linked to overall health, so an integrated health system can provide patients access to truly comprehensive care.
- Develop culturally appropriate tools, education, and resources that help patients better understand their care, treatment or condition. Make sure the language is at an appropriate health literacy level; learn more about plain language and how to write clear and effective health materials from the Centers for Disease Control and Prevention.
- Embed community liaisons, such as home visitors, care navigators, or community health workers, into the health care team. They are trusted members of the community whose role is critical in disseminating information and engaging patients in treatment. It is important to ensure the community liaison is knowledgeable and feels comfortable facilitating a relationship between dentist and patient.
- Develop and foster partnerships with community organizations, health care centers, and state or local government agencies to help share relevant health information and coverage options. The reinforcement of messages multiple times and in various settings can spur patients to act.

Conclusion

The CPOH team set out to understand why patients in greater Richmond's safety net community were not utilizing dental services, even though they were available to them. The answers painted a clear picture of the ways that the system can better serve the patients. This project identified a disconnect between patients' experiences and providers' assumptions about barriers to care, as well as examples of the impact of racism in health care; both of these biases are barriers to care themselves, in that they stand in the way of ensuring equitable access to care for all patients.

These community insights inform the strategies presented in this Impact story that will build an equitable health care system that works for both patients and providers alike. Clinics, community members, and policymakers all play a role in activating positive system-level changes by taking these important steps:

1. **Design and adapt clinic operations to better meet the needs of patients**
2. **Prioritize cultural humility and racial equity**
3. **Address root causes that impede access to care**

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Recreating CPOH in Your Community

Interested in learning more about the perspectives and experiences of patients and providers in your community? You can implement the Community Partners in Oral Health (CPOH) project where you work or live! In this section, you will find:

- Project purpose and goals
- Partners and project design
- Data collection

Purpose and Goals

Community Partners in Oral Health (CPOH), a collaborative of healthcare stakeholders from the safety-net health care system in the Richmond area, sought to learn why patients who were accessing medical services were not accessing dental care. The CPOH team knew that these community members were at greater risk of adverse health that could be prevented or reduced with proper dental care. They formed CPOH with two main goals:

- Understand the factors that influence access to dental care in historically marginalized communities in Richmond; and
- Identify strategies to address these barriers with input from community members.

Partners

CPOH was a collaborative team of partners, including:

- **Patients and health care advocates from two of the participating clinics**
- **CrossOver Healthcare Ministry**: a dental safety net clinic which serves many patients who are not native English speakers
- **Capital Area Health Network**: a large community health center with several dental programs
- **Daily Planet Health Services**: a community health center with several dental programs
- **GoochlandCares**: a clinic in Richmond's rural suburbs that serves patients without dental coverage
- **Virginia Health Catalyst**: a statewide public health nonprofit working to ensure all Virginians have access to comprehensive health care that includes oral health
- **Community Health Solutions**: a consultancy that provides nonprofits with strategic and operational support
- **Virginia Commonwealth University iCubed Oral Health Core**: an academic research program focusing on equity and diversity

Project Design

The CPOH team utilized a community-engaged research approach to foster meaningful collaborations with members of the community whose health could be impacted by the results of this project. This approach allows for power sharing and reciprocal learning among community members and researchers, and builds trust and capacity for future collaborations. The invaluable perspective of the community members within the Steering Group guided the project design, development of interview tools, analysis of the data, and informed the final strategies.

Data Collection

The CPOH team gathered insights from community members by conducting structured interviews with 97 clinic patients. The Project Steering Group developed the interview instrument with an iterative process of drafting and review. Question topics included a patient's experience in accessing dental care and practicing dental hygiene, with special attention on obstacles and ideas for improvement. Staff and volunteers from several CPOH team organizations were trained to conduct the interviews, which were held at the clinics.

The CPOH team also gathered information from 117 clinicians and community liaisons in the community using an electronic survey. The Project Steering Group also developed the survey instrument, which asked for perspectives about why community members may have difficulty accessing care or practicing good dental hygiene. The survey was sent to professional staff and volunteers at the safety net clinics on the CPOH team, as well as 22 additional organizations in the health and human service sectors.

Copies of the interview and survey instruments are available upon request. Contact Sherrina Gibson at sgibson@vahealthcatalyst.org or 804-362-2424 for more information about the CPOH project and resources.