

An Alternative to Emergency Department Care for Dental Pain and Infection

Douglas F. DeGroot

To the Editor—Oral health and the perceived inability of communities in our state to treat acute/chronic dental pain and infection gained some attention in the March/April 2012 issue of the NCMJ. The St. Mary Health Center in Wilmington is a successful model for addressing this problem. Our center focuses on caring for individuals whose incomes are below 200% of the federal poverty guidelines, who are uninsured, and who are not enrolled in Medicaid. Since our founding in 2008, many of our nearly 7,000 patient encounters have been referrals from the emergency department of the New Hanover Regional Medical Center.

St. Mary Dental Clinic treats only those patients with pain or infection due to dental disease. Practitioners remove only nonrestorable teeth affected by severe dental caries or periodontitis. Because our mission is to alleviate acute and chronic pain, we do not restore teeth. Patients who express an interest in restoring carious teeth are referred to the New Hanover County Community Health Center or Cape Fear Dental Clinic in Wilmington. This operating model not only provides high-volume emergency dental and oral surgery care for lower-income and uninsured citizens in Southeastern North Carolina but also relieves local hospitals of the need to address these issues, facilitates their use of more productive resources, and reduces their overall costs.

We presently operate as an independent stand-alone clinic. Patients are asked to donate \$20 for an extraction and \$50 for a more complex procedure. Patients who cannot afford this donation are treated at no cost. In addition to patient donations, we rely on support from community foundations, local organizations, and individuals.

As an independent clinic, however, we have been frustrated by the trend in health care to view greater organization, structure, and participation in collaborative networks as the path to improved efficiency and effectiveness. Foundations and grantors that fund health care in the state often express an interest in attacking the problem of dental patients visiting local emergency departments. However, these entities frequently either refuse to support stand-alone clinics that have a proven ability to deal with this problem, or they choose to channel their funding through network organizations, mistakenly thinking that this approach offers a way to allocate resources more efficiently by not duplicating services.

There is a big difference between theory and practice. Unlike medical clinics, the number of emergency dental clinics in the state is limited, and these clinics tend to have unique operating issues. In this environment, the addition of another organizational layer for emergency dental care does little to improve efficiency. Rather, it adds administrative costs and burdens to typically small and highly volunteer-oriented staffs, reduces interaction with community supporters, and sends a message to professional and support volunteers that paperwork and structure are more important than patient care.

The network focus on community-wide efficiency also tends to reduce organizational innovation. For example, rather than encouraging dental clinics to support small, on-site medical facilities to treat dental patients who present with systemic medical problems such as hypertension, uncontrolled diabetes, and/or asthma, the networks tend to encourage referrals to local medical clinics, which usually delays urgently needed dental care for an extended period. This increases staff workloads, creates burdensome follow-up among one or more agencies, and results in additional patient visits to emergency departments for medical management of their dental problems.

In summary, we believe that the St. Mary Health Center provides an excellent model for addressing the problem of acute dental pain and infection and for reducing the volume of dental visits to the emergency department. The issue is not whether the dental health problems of low-income and uninsured patients can be addressed efficiently and effectively but how to improve the allocation of funding necessary to achieve greater progress. **NCMJ**

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