

Good morning: Drs. Bank, McDuffie (comments in red) & Meeks (comments in blue) met via teleconference call to respond to your questions. Below are the results of our call. Please let me know if you need further clarification....thanks....Dr. Meeks

Follow-up Oral Health Questions from Planning Council:

Are the Cecil County and Kent County clinics serving only HIV positive clients and if so, why? Is there a stigma associated with these clinics? *As per Dr. Bell-McDuffie: Both Cecil and Kent do not have county public health dental clinics, but rather FQHCs. Cecil has West Cecil Health Center which accepts children and adults. Kent – has Goldsboro Family Dental Center – accepts adults for dental ER only*

Usually health department dental clinics see children, mothers and elderly, but do not know if Cecil or Kent Counties have a dental clinic associated with their health department. UMSOD Perryville dental clinic see all patients regardless of HIV serostatus.

How would additional funding help oral health services? *Would position us to retain a PT oral surgeon or general dentist with extensive experience with complicated surgical procedures; it will allow for more durable appliances such as crowns, possible bridges beneficial to a younger clientele*

UMSOD is totally supported by RW funds. Additional funds would allow for FT dental hygienist and FT patient care advocate. RW services available more locally would be helpful so that an exorbitant amount of money is not spent on transportation. Or consider the “one stop shopping” idea that originally was the hope for all health care services in one location.

What would it take to get medical assistance, medicare, and Medicaid to pay for more dental services? *Better economic times; Legislative statute for change in mandatory health benefits to include dental*

More emphasis needs to be place on oral health care by legislation and lawmakers. The importance of good oral health and how it is an integral part of a patient’s overall health needs to be brought to the forefront.

What percentage of your clients are referred from PMC programs? *Approx.95%; majority of referrals from BCHD STD/HIV program, but also receive referrals from Johns Hopkins Moore Clinic, Baltimore Medical Systems, and local community health centers*

98% are referred from PMC programs w/a small minority referred from current patients. It is important to maintain that RW qualified patients receiving dental care should also be in primary medical care also.

What percentage of clients are engaged in PMC?
>98%; we request PCP info upon initial visit

99% are in PMC as per request of lab values. However, it may be difficult to determine if patients are seeing their PCP on a continued regular basis, ie once every 3 months, 6 months and not just when a crisis arises.

The MHBE will be offering dental plans this year. How do you expect that to impact your services? ***Overall not much, most plans do not cover for needed services***

Care for adult patients would probably not be covered extensively except for emergency care. Comprehensive care is what is needed.

As per Dr. Bank:-“there is only one problem with the dental insurance being offered by the Maryland Health Exchange and that is THE DENTAL INSURANCE BEING OFFERED BY THE MARYALND HEALTH EXCHANGE- from our collective experience with dental insurance plans there is not one reason that any patient currently BEING COVERED BY RYAN WHITE ORAL HEALTH CARE plan would possibly benefit one drop and would only get immersed in a cesspool of exclusions, and copays, and maximums, and a million other insurance roadblocks..... Ryan White oral health care is excellent, why fix something that is not broken.

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