

# The Fenwick Foundation

## *ADAPT*

A D A P T  
**Adult Dental Care Access, Prevention and Treatment**

### Oral Care for Older Adults



### **About the Initiative**

*ADAPT* (A D A P T) is an initiative focused on providing older adults – particularly those living in nursing homes, assisted living residences and senior housing - access to dental care and treatment. Too many of

these older adults cannot afford and/or are unable to access this essential health care need. Additionally, in many long-term care facilities where they live, there is insufficient oral care literacy among residents and staff as well. **ADAPT** is focused on closing these treatment and literacy gaps and encouraging preventive care practices and good oral hygiene.

The Fenwick Foundation (Fenwick), a 501(c)(3) public charity, recently completed a pilot project in Northern Virginia designed to test different ways of providing dental care and treatment for this population. We coordinated with local dental practices, long-term care facility staff, nonprofit partners and governmental agencies to work through the financial and logistical “red tape” and impediments to care. From the pilot, we learned that while the financial costs of care are the biggest challenge to providing dental treatment, the logistical challenges for this target population are considerable and too often result in no dental care treatment at all. We set out to change this condition.

**ADAPT** is focused on overcoming these financial and logistical impediments, ensuring that patients have access to care and actually receive care – comprehensive care. We work to identify sources of income to pay for dental care. We also work to identify the best approaches for patient care – dental visits, on-site treatment at long-term care facilities, oral hygiene education and follow up.

We named our initiative “**ADAPT**” because it is clear that new ways and methods are needed to garner dental care resources for this older adult population. As such, we believe that **ADAPT** is innovative – adapting and adjusting to the challenges older adults face to keep themselves healthy. ADAPT is designed to emphasize coordination, collaboration and employment of creative techniques for this special target population.

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*ADAPT* is sustainable in that it identifies available payment sources – private pay, Medicaid and related reimbursement, and grants/donations. *ADAPT* is designed to employ creative approaches to make it easier for dental professionals to treat older adults – by assessing and determining the best ways for them to access and receive dental care. For example, patients are scheduled in groups for on-site facility checkups, cleaning, and treatment.

*ADAPT* is not only a program but also a model for how to provide older adults access to dental care – and, even more importantly, to make sure they actually receive it. We have been working with local partners – dental practices, government agencies, nonprofits and long-term care management and staff – to ensure identification of patients needing treatment, determination of patient payment options, scheduling, treatment and follow up, and providing education and training for promoting (and achieving) good oral hygiene. We have established methods, procedures and measurement tools which will assist other organizations who want to utilize the *ADAPT* methodology. *ADAPT* can be implemented anywhere; we intend to implement it in our geographic areas but others can do it too.

We believe *ADAPT* fits the definition of providing access to comprehensive dentistry for individuals who are elderly. We also serve individuals with disabilities and intend to expand our efforts down the line to this target population. **To reiterate - *ADAPT* provides comprehensive dentistry and not just initial care and treatment.**

*ADAPT* is designed to address what we consider to be a major “below the radar” need. Our overriding goal is to make oral care possible for many who otherwise can’t get access to it. We’re determined to make this effort work.

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## Need and Background

For too many low-income older adults, the lack of any basic dental care is staggering. Many older adults receive dental care and resources do exist. However, large numbers of low income and “80 plus” older adults do not receive **any** significant dental care and suffer from general poor dental health, as well as a full range of dental maladies including periodontal disease, dental caries (tooth decay) and abscess. Good oral care and regular access to dentists are essential to overall health and well-being. A decline in oral health – such as gum disease, missing teeth, and dental cavities – can affect nutritional status, behavior, self-esteem and overall quality of life for older people, as referenced by the U.S. Centers for Disease Control and Prevention. Research has uncovered possible links between gum or periodontal disease and diabetes, heart disease and stroke.

Additionally, even where resources are available, the logistics of providing treatment to this target population quite often renders care unattainable. This is most evident with those living in long-term care facilities – many will decline opportunities to have dental care provided in a dental office because the logistics of physically transporting them from the long-term care facility to the dentist, combined with transferring to/from a wheelchair to the dental chair for treatment, are arduous and overwhelming.

Older adults (particularly “80-plus” older adults) living in long-term care residences need more and better dental care. There is ample data and analysis of this need at the federal, state and local levels that qualifies and quantifies the problem. In one Northern Virginia county, for example, a 2014 survey of the County’s long-term care residences (nursing homes, assisted living residences and senior apartment complexes) demonstrated that only a little more than ten percent (10%) of the residents had received any dental care.

Further, we know that, in many states, Medicaid does not generally cover dental care for adults except in connection with emergency medical treatment. The vast majority of Medicaid nursing home residents receive no routine or non-emergency care. Likewise, Medicare does not cover most oral care treatment and services.

**The Fenwick Foundation Pilot.** In 2015, The Fenwick Foundation set out to tackle this problem. We began a pilot program to provide basic dental treatment to Northern Virginia’s low-income older adults living in long-term care residences. The pilot tested different approaches to treatment (to “kick the tires”/assess feasibility) and identified an array of providers and treatment options – focusing on attracting local dentists, clinics, dental schools and government partners, to provide sustainable services for the target population. The results of our pilot indicated that:

- **Virtually all patients receiving dental care required additional follow up treatment as documented in treatment plans;**
  - **In-facility dentistry emerged as an essential and logical treatment approach, particularly given that so many are physically and otherwise challenged;**
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- **In-facility care helps to bend the cost curve by providing services on-site and for defined blocks of time where multiple patients are seen and treated;**
- **Besides cost, addressing the necessary logistics of care is essential for access to treatment and actually receiving it.**

## **How ADAPT Addresses the Need**

The **ADAPT** initiative builds off our pilot results with its goal of reaching older adults who need dental care and are not receiving it. It addresses the challenges and logistics of providing oral care by:

- ✓ **Increasing patient capacity** – Fenwick’s initiative provides oral care to individuals who currently do not receive any or adequate care.
- ✓ **Expanding the scope of services provided** – Fenwick’s in-facility efforts bring oral care to those for whom the logistics of dental office treatment are difficult and challenging.
- ✓ **Enhancing coordinated systems of care** – Fenwick’s initiative is designed to link other community resources and to facilitate these linkages.
- ✓ **Developing the infrastructure for treatment** – Fenwick’s initiative includes protocols for coordination with long-term care facility staff (Administrators, Directors of Nursing, Social Workers, Business Officers), oral care professionals and other community resources.

## **Community Commitment and Collaboration**

As part of our initiative, we have reached out to the community to request commitment, collaboration and support. We carefully planned our pilot with input and recommendations from government officials, nonprofit partners, long-term care management/staff and advocates. We will continue these efforts as we implement our broader initiative.

Our fundraising and resource efforts have been focused on grants, in-kind services and partnerships with long-term care and affordable housing organizations, including:

- **Grant funding from organizations including the Philip L Graham Fund, Arlington Community Foundation and Washington Forrest Foundation;**
  - **“Reduced fee” treatment services from area dentists for patients traveling to dental offices for treatment;**
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- **Working with facility staff to identify all government, private and insurance reimbursement options;**
- **Collaboration with long-term care facilities who partner with us to provide space, electrical outlets and a water source for dental equipment use for in-facility dental care efforts.**

We intend to continue and expand all aspects of our efforts with our broader initiative. From our standpoint, the effectiveness of these efforts is very dependent on the credibility of our programming and services. Our success with the pilot has helped to lay a solid foundation for our broader initiative.

Additionally, our long-term care and affordable housing partners have not always been aware of other community dental care resources available to the target population. Our relationship and coordination with them has resulted in appropriate referrals to these resources. We intend to ensure that this aspect of our efforts is encouraged and promoted going forward.

Lastly, our initiative and focus have helped to change thinking about the efficacy of oral care for this target population of older adults. This underlying shifting of “can’t do” to “can do” is a fundamental and so important for the success of this initiative.

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