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Little Hoover Commission
 925 L Street, Suite 805
 Sacramento, CA 95814

March 9, 2018

Dear Commissioners,

What is PDI Surgery Center? We are a non-profit, two (2) Operatory Room (OR) Stand-alone surgery Center located in Sonoma County. Patients are referred to us from close to 100 community clinics in 33 Northern California Counties. Patients come to us when the dentists at the dental clinics have attempted treatment on the child at least *twice*, but been unable to complete treatment. To date, PDI has treated close to 19,000 children in 10 years of being open. The typical child is 3.5 years old, with 10-18 cavities (basically, full mouth decay) referred to us hopefully only once, for one-time care. Children with Autism, Down syndrome, or Cerebral Palsy, however, come to PDI for regular care. Due to the huge unmet need, PDI also serves a second patient population: Special Needs teens and adults up to age 25. PDI's services differ from traditional (non-surgical) dentistry because of the extreme needs of our patients: the young child with severe decay cannot sit still in a dental chair for this amount of treatment, nor can the Special Needs patients. PDI's medical anesthesiologists put the child under General Anesthesia (GA) with intubation through the nose, so that there is always a safe airway for the child, and the dentists has full access to the mouth (performing dental fillings, caps, extractions or baby root canals).

Prevention Education. While Sonoma County clinics (Federally Qualified Health Clinics/FQHCs) are receiving moneys for community health workers, through the Dental Transformation Initiative (DTI), PDI is not a recipient of such funds. We collaborate with those clinic-based health workers, and fundraise for our staff who promote oral health education in the hopes of preventing rampant decay so that much fewer kids will ever need our services. Over the years, we have found that almost no parents in the counties we serve have received prevention education.

Challenges with the Denti-Cal Program

- **Low reimbursement rates.** Hardly any pediatric dentists accept DentiCal, and FQHCs can't afford to hire pediatric dentists.
- **Too few DentiCal providers** for millions of enrollees. Providers will join if higher reimbursements are known, and can be depended upon remaining in place.
- **Disrupted Adults' Coverage.** While adult dental has recently been restored, most adults aren't aware of this. Years without care harmed them and their families, and now it's hard to find treatment for massive dental decay/restorative treatments.
- **Lack of reimbursement code for preventive services** (except under age 3, but again few pediatric dentists take DentiCal, and regular dentists usually don't see toddlers).
- Insufficient reimbursement for root canals on older kids (lengthy procedure)
- **Uncertain Prop 56 funds.** While we are grateful for enhanced reimbursements, PDI did not receive these funds until January 2018, and as they will end June 2018, we know of no provider who currently does not accept DentiCal who (1) either learned of the payment from the Bulletin, or (2) now will sign up to be a provider for a few months only. Retroactive payments, paid more than a half year after implementation of a 1 year program, does not in fact function as an effective incentive for increasing provider enrollment that a business can plan for. Need more long-term commitment to higher rates so that providers can rely on it, more promotion of it, and speedier payments.
- **Lack of Public Awareness.** A Campaign is needed: for DentiCal enrollees to know the nature of their coverage, for providers to know what to plan for, to raise awareness generally that severe tooth decay is the #1 chronic disease affecting low-income families, that it affects overall health, that it is preventable, and how to prevent it, through diet and dental care.
- **Up-to-Date Provider Info.** Is the Provider list up to date, including spot checking for which providers in fact see young children?

Sincerely Yours,

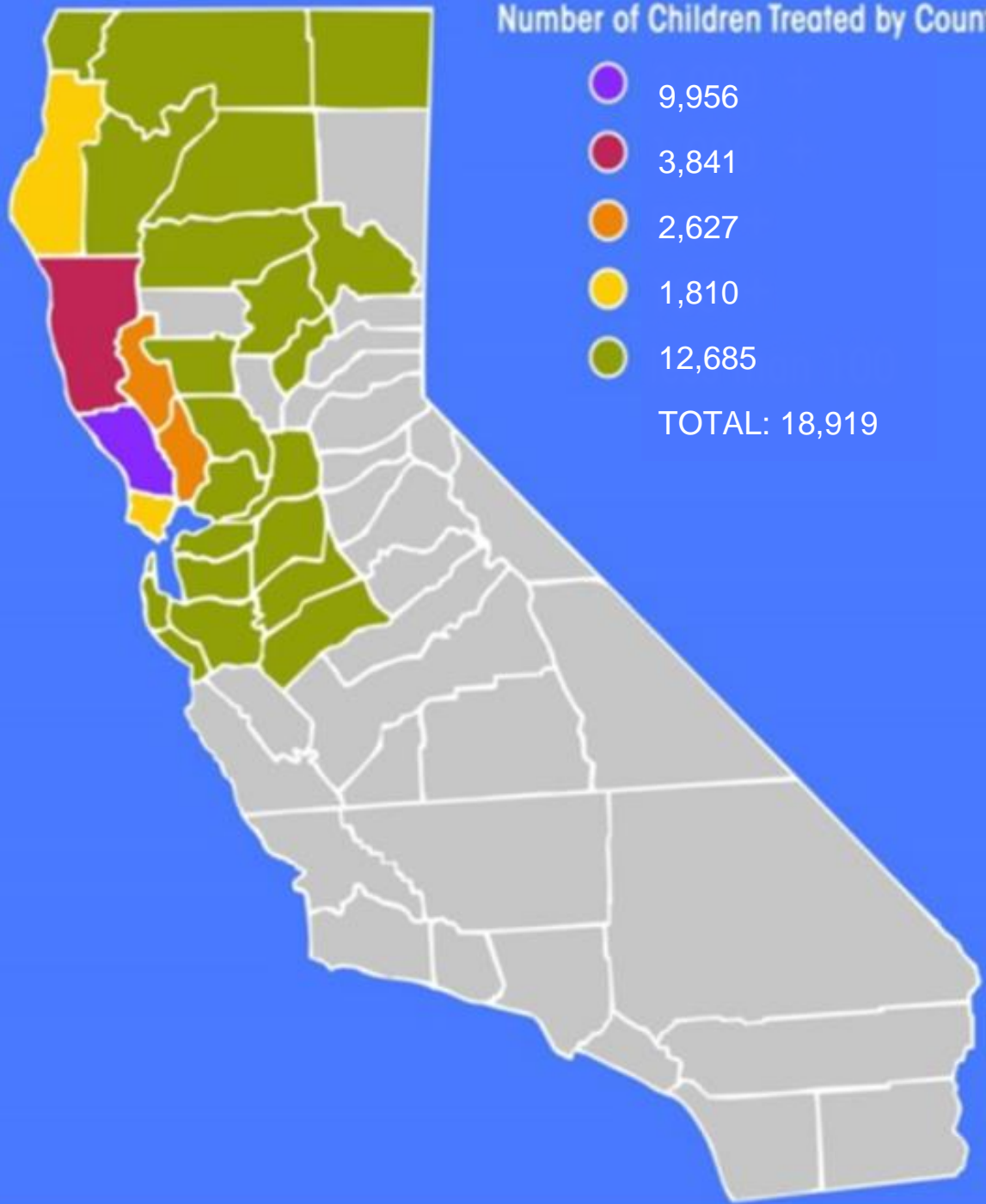


Viveka Rydell-Anderson, Esq., CEO and Mark Hagele, DDS, Dental Director

Attachments: Icky teeth
 Map
 PDI Patient Stories
 PDI's Prevention Education Program
 PDI's Public Awareness Campaign



PDI Surgery Center Service Area





PDI's mission is to serve low-income children suffering from severe tooth decay who would otherwise go untreated and to provide preventative oral health education to parents/guardians while their child is undergoing surgery at PDI and to families in their communities throughout Northern California.

We serve children from 33 counties in Northern California. Our typical patient is just 3 years old and suffers from an average of 12 cavities. Combined, these young children miss over 51 million hours of school each year because of the effects of poor oral health.

Examples of Typical PDI Patients

1. PDI's Treatment Program:

Example: Celia's mother was shocked when a teacher called to tell her that her sweet-tempered 6-year-old girl was acting out in class with angry vocal outbursts and angry tears. Her grades were declining and other children in the class said they didn't want to sit next to Celia any more.

She was taken to Clinic Ole in Napa to check if there was anything wrong physically. The doctor immediately saw that she was suffering extreme pain from severe dental decay and referred her to PDI Surgery Center where she underwent surgery on 9 teeth while her mother received education on the causes of dental decay and how to prevent it. Celia and her mother left PDI with dental kits that they promised to use daily and smiles on their faces.

Celia is typical of the 2,000 plus cases whom dentists at PDI Surgery Center see every year. They are the lucky ones. In California, the state with the lowest oral health records for children, when they start kindergarten, 50% have cavities and 25% suffer from untreated tooth decay. According to a December 2014 report by State Auditor Elaine Howle, 56 percent or 2.8 million children enrolled in Denti-Cal in 2013 did not receive care through the program. A PEW Report cites a shortage of dentists willing to treat MediCal patients as the cause of this problem.

2. PDI's Special Needs Program:

In response to the difficulties parents of children with special needs encounter when seeking dental treatment for their child, in September 2015, began a program for special needs patients up to the age of 25. Two Mondays per month are dedicated to their treatment. The number of families requesting treatment for their children far exceeded expectations and we are trying to organize additional time slots to support this vulnerable population.

Example: A 12-year old boy from Shasta, with Soto's Syndrome came to PDI after treatment of 8 teeth had been attempted elsewhere, but, according to the PDI dentist on duty, not very successfully. Despite his age, he weighed 240lbs and so the sedation process was difficult as staff had problems calming and controlling him. Treatment took 2.5 hours and he left PDI with a healthy mouth. PDI will now be his permanent dental home and we hope to see him twice a year.



PDI Surgery Center Programs

Treatment: PDI is the only nonprofit agency in Northern California dedicated to serving children from underserved families who are suffering from such severe dental decay that they require surgery under anesthesia. Children are referred to PDI from 33 Northern California counties. Their average age is three, and the average number of teeth requiring treatment under anesthesia is 12. Dentists perform extractions, fillings, crowns, and caps. PDI also serves as the dental home for children and young adults aged up to 25 with special needs whose families have difficulty finding a dentist willing or able to treat them. Since opening in 2008, PDI has served more than 19,000 children.

Case Management: PDI's bilingual/ bi-cultural case managers contact parents to verify insurance information and provide them with the information vital to preparation for surgery. They also manage PDI's Patient Support Program (PSP) that subsidizes transportation or treatment fees and Project Wine Smiles, a program reaching out to workers in the wine industry informing them about the cause of tooth decay and health risks associated with it.

In-house Oral Health Education: PDI's Oral Health Educator meets one-on-one with parents while their child is undergoing oral surgery explaining the causes and dangers of tooth decay, the importance of a healthy diet and good oral health habits, and the danger of sugary beverages. When they leave, patients are given an oral health kit. Last year, the educator worked with 3,200 adults.

Outreach –The Promotores Program: Since the start of the in-house program, the number of return patients has declined to 7%, but the number of children requiring PDI's services continues to grow. This prompted the development of the Promotores Dentales Program with two bilingual and culturally diverse lay health workers going out into the community to promote oral health. For uninsured children, as Certified Application Assistants one promotor guides parents through the application process for Medi-Cal. In 2016/17, the promotores worked with 9,386 adults and 6,923 children.



Tooth decay is the nation's
#1 childhood health epidemic
It is preventable.

LEARN MORE AT pdisurgerycenter.org

