

Little or no access to oral care over the years is an issue in regard to long- and short-term inmate dental treatment.

Long in the Tooth



Partner with

Experience.

At Wexford Health, correctional medicine is the only thing we do. For the past three decades, we have successfully managed offender health care programs at facilities of every size, mission, and security level. Let us apply our broad range of experience to help you deliver quality, cost-effective health care.

Partner with experience. Partner with Wexford Health.

A *Houston Chronicle* investigation found that inmates with few or no teeth were routinely denied dentures and instead offered pureed food served in a cup. In 2016, prison medical providers in Texas approved dispensing a mere 71 denture prosthetics to a population of nearly 150,000 inmates, many of whom were elderly, had a history of drug use, or who came from impoverished backgrounds with little or no access to dental care. It was a significant decrease from 15 years before when there was a denture-mak-

ing program in-house and medical practitioners approved nearly 1,300 dental prosthetics.

The *Chronicle* investigation, which went on for a year, included communications from more than two dozen inmates who discussed failed attempts to get dentures, difficulties chewing, and a reluctance to adopt the diet of pureed cafeteria food. Some reported that they'd had all their teeth removed under the pretense of getting dentures. Others lost their dentures over time or came in with dentures that later broke. Some filed grievances but were

repeatedly denied, in some cases by staffers who cited policies that were no longer in effect, and other times by dentists who claimed inmates couldn't get dentures unless they became underweight. The policy only allowed for dentures in situations of medical necessity, and chewing didn't count as one. Since then, the Texas Department of Criminal Justice has become what's believed to be the first correctional agency in the country to use 3D-printing technology to mold dentures on site. The process is expected to reduce the

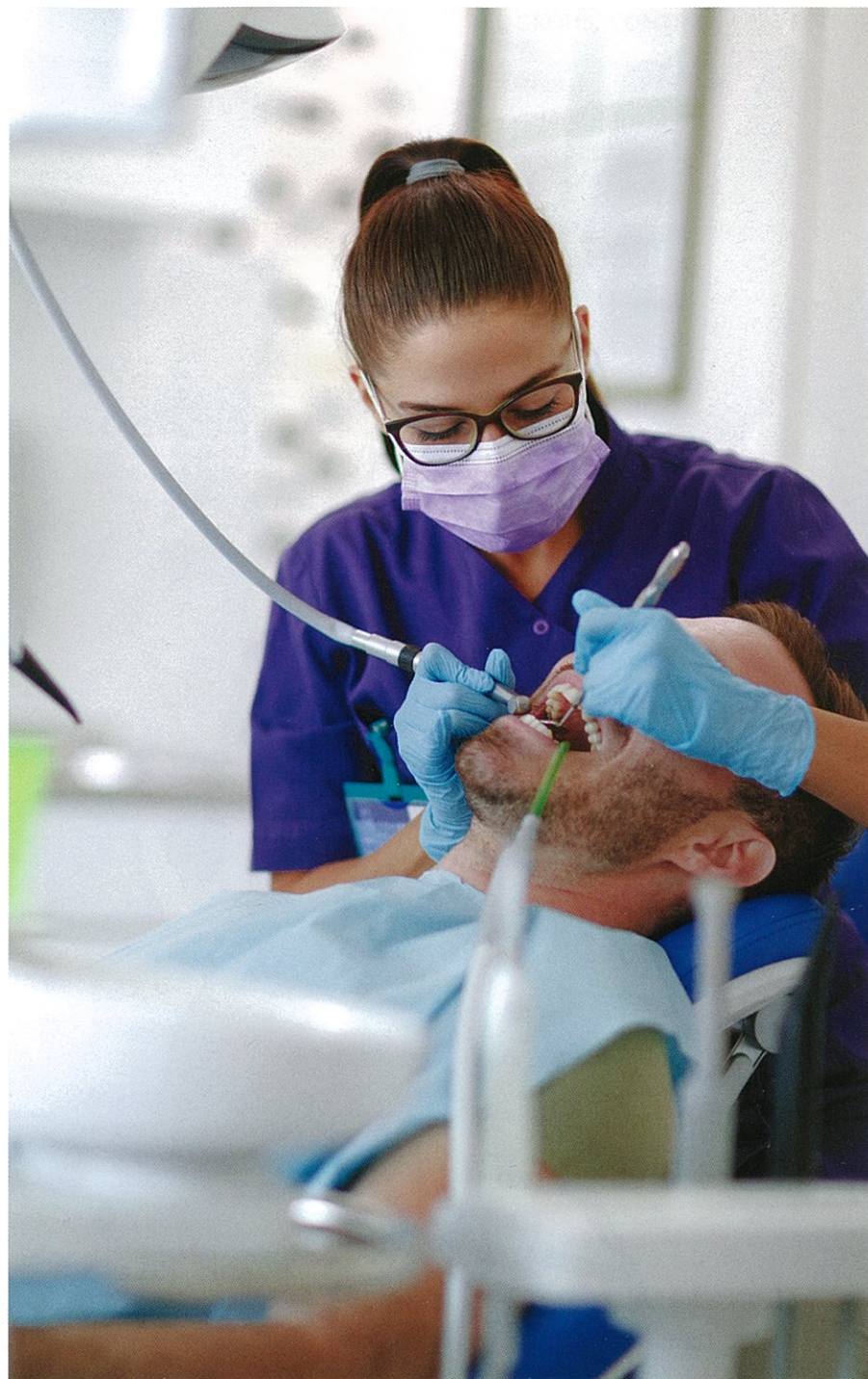
waiting time from months to weeks and may cost as little as \$50 apiece. (Start-up tech costs were predicted to be between \$50,000 and \$100,000.)

Isaac Newman, chief operating officer of DentServ Dental Services, notes that oftentimes, when inmates are admitted to a facility, it is with “pretty poor conditions, orally.” While inside, he says, dental problems are treated, but continuous care is often overlooked. Many arrive from underprivileged communities and come in with little information about dental care, and while they are inside, they do not get any information. A problem is fixed, and a new one arises.

Inmates interviewed for one study discussed a policy called “pull and pay” in which a tooth is extracted for a small fee rather than filled or fixed with other costlier methods. For many inmates with “no money on the books,” this can cause problems. That lack of information is one aspect DentServ is trying to remedy. Says Newman, “We come into the facility and train the inmates on oral hygiene.” The dental issues, he says, are “all over the map” and often depend on the region in which the facility is located. For example, regions where methamphetamine is rampant might produce more inmates with “meth mouth.”

Jean Kennedy, DDS, corporate dental director at Wexford Health notes that the general dental health of detainees and inmate patients is relatively similar to those of free-world patients; however, “We do find a higher percentage of people needing dental care, often because some of the people we care for are part of an underserved population. The dental needs may be due to factors such as less preventive care, poor nutrition, and incomplete dental procedures. These factors not only affect the condition of their teeth and mouth but their overall health as well.”

She also stresses that a signifi-



Delay and decay: Poor oral hygiene, lack of care and methamphetamine use can wreak damage on inmate's teeth, gums, and mouth.

cant percentage of inmate patients are substance users. One of the many ways that drugs, such as methamphetamines, can seriously harm a user is by wreaking damage on their teeth, gums, and mouth. The need for extensive dental care for inmates recovering from any type of substance abuse is generally greater than that of other inmate

patients. “As mentioned before, depending on an inmate patient's specific circumstances surrounding preventive care, nutrition, follow-up care, and substance abuse, there is often a need for more than average dental care. With some inmate patients, their repeated neglect of dental problems prior to incarceration can also lead to more complex treat-

ment needs during their incarceration.”

Rhonda Lemons, DDS, CCHP, is Centurion's statewide dental supervisor in Georgia. The overall situation with dental health and inmates, she says, is that there is such a high demand in prisons and jails for dental treatment. “The majority of patients that we serve come to prison with pre-existing conditions of tooth decay and gum disease.” The primary issues that most of the patients present with are tooth pain, bleeding gums, and missing teeth.

Generally while incarcerated, inmates, says Lemons, are not more susceptible to certain issues than the community because they have better access to care while in the facility. They arrive with many unresolved dental issues or complaints as a result of neglect and lack of care on the outside because of money, insurance, or drug use. “In some cases, a visit to the dentist in prison is the first encounter with dental treatment some patients have ever had.”

In a study authored by David Redemske, a Certified Correctional Health Professional from the National Commission on Correctional Health Care at HDR, wrote that inmates have “patterns of dental decay that far exceed the general population.” As did Kennedy and Newman, he noted that the primary reasons are behavioral, such as drug use, as well as the lack of information, lack of insurance, and a lack of preventive care. There is also the matter of chronic medical conditions such as hepatitis and cardiovascular disease, which can complicate dental proceedings.

Redemske cited a study that noted the difficulties in determining whether the effects of long-term prisoners' dental needs are the same as the newly incarcerated as a result of personnel shortages, lack of patient cooperation, and the difficulties in maintaining long-term doctor-

patient relationships as well as other barriers. Incoming inmates, though, did have a higher need for care than long-term inmates, which may be a result of long-term inmates having more access to resources.

What procedures and how much is covered is largely up to the facility. Newman points out that naturally procedures such as implants, which are expensive and inaccessible to many insured people in the community, are

not going to be available to an inmate. Says Kennedy, “The amount of dental care provided to inmate patients in any of our facilities depends on the contract we have signed with the client and that jurisdiction (state, county, or city). To ensure a standard of appropriate care, Wexford Health complies and upholds all American Dental Association (ADA) and National Commission of Correctional Health Care (NCCCHC) standards

The best correctional care begins with your peace of mind

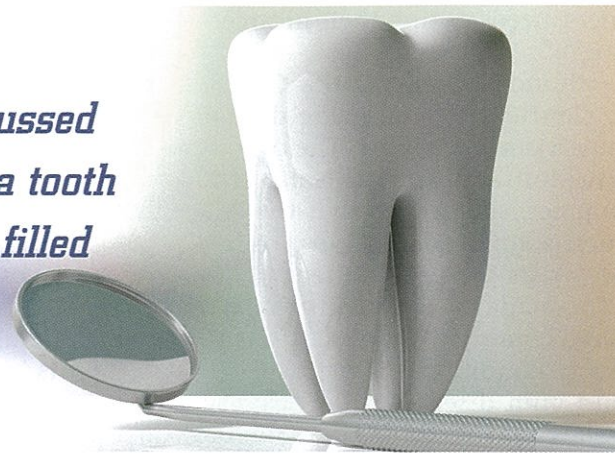
PROACTIVE CARE
CLINICAL EXCELLENCE
INNOVATION



Advancing Correctional Healthcare

For the best comprehensive healthcare from intake to discharge, call 1.800.834.2420 or visit naphcare.com

Inmates interviewed for one study discussed a policy called "pull and pay" in which a tooth is extracted for a small fee rather than filled or fixed with other costlier methods.



and regulations for inmate patient dental care. In general, routine inmate patient dental care will consist of cleanings, fillings, root canals, extractions and dentures, etc."

According to the California Department of Corrections and Rehabilitation (CDCR) policy, inmates with certain chronic medical conditions that could affect oral health, such as HIV, diabetes, or seizures, are to be notified that they are eligible to receive an annual, comprehensive dental examination. All CDCR facilities are also required to maintain a periodontal disease program that is to be available to all patients based on the completion of a comprehensive dental examination, the implementation of a dental plan, prior completion of DPC 1 dental treatment, and the amount of time remaining on the inmate's sentence.

Lemons furthers that the amount of dental work Centurion provides is based on the needs of the patient and varies from state to state. She also points out that there are limitations for cosmetic, fixed prosthodontic, and orthodontic procedures. "Nevertheless, we do focus on the alleviation of pain and infection as well as restoring masticatory function."

Much correctional dental care is outsourced rather than performed by in-house dental teams, and the majority is conducted on-site. According to the National Health Statistics Reports, approxi-

mately 4 out of 5 of the states that participated in the survey provided dental care services both on-site and off-site. Seven delivered dental care exclusively on-site. None provided all dental care off-site. Says Kennedy, "Dental care is provided both on- and off-site. Routine care is typically provided on-site. The more complicated surgeries and procedures are usually sent off-site to specialty care providers. On rare occasions, we may bring dental specialists on-site if the volume of inmate patient needs requires it." Lemons note that most dental treatment is handled on site with the exception of difficult extractions and jaw fractures.

Despite the fact that telemedicine is a growing trend in the medical field, particularly in corrections, neither Wexford Health nor DentServ is utilizing dental telemedicine at this time. Says Johnny Wu, MD FACP FACCP CCHP-A, Centurion's chief of clinical operations: "In corrections, patients' dental needs commonly require hands-on care for treatment such as fillings and teeth extraction. Thus, there is limited need for telemedicine with dental services except for remote triage. Centurion's programs currently do not perform telemedicine for dentistry for this purpose; however, Centurion is always willing to implement such services if a client requests this to be provided."

A 2016 study called *Decayed Prospects: A Qualitative Study of*

Prison Dental Care and its Impact on Former Prisoners pointed out that after the implementation of the ACA, correctional literature has focused more on inmate medical conditions, but far fewer studies have addressed inmate dental care. The researchers found that dental care protocols were such that they often discouraged inmates from seeking treatment, thus resulting in or exacerbating damage. They further found that the social and psychological implications with such damage during reintegration were "profound" and providing dental care can have long-term positive effects on inmates that extend beyond their time in prison, and insufficient health care can have a negative impact on reentry efforts.

Dental health may affect not only the inmate but society as a whole. "Dental health also affects offenders' feelings about themselves, employability, and capacity to successfully reenter society." As opposed to tattoos, which are applied deliberately and can usually be easily hidden, dental issues are difficult to hide. "Dental problems invite stigmatization and can symbolically eliminate the boundaries between imprisonment and freedom, extending the perception of confinement beyond the lengths of actual sentences." Says Newman on the matter, "If they considered dentistry like medicine, they would save tremendous amounts of money. That's the reality." ❖

Are You Paying the Price for Wasted Medications?

Take control of your pharmacy inventory with InSite® In-Facility Medication Packaging and Dispensing System



Wasted medications cost corrections facilities hundreds of thousands of dollars every year. Today, forward-thinking facilities are taking back control of their pharmacy inventory by packaging and dispensing medications on demand.

With the InSite System you'll experience

Accountability - Provides down-to-the-dose traceability at each facility, reducing waste and diversion while improving compliance

Control - Tracks a patient's current location based on the latest data—even if they are off-site or at court

Accuracy - Minimizes the risk of legal action due to medication errors with on-demand, automated, patient-specific packaging

Learn more about the InSite System by calling 800.764.0300 or visiting swisslog.com/corrections.

InSite is a registered trademark of Swisslog AG.

Swisslog Healthcare

800.764.0300 | healthcare.us@swisslog.com | swisslog.com/corrections

swisslog
healthcare