Access and Oral Health Workforce Research

The American Academy of Pediatric Dentistry
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Overview of Today’s Discussion

• What is the problem and why should dentistry care?

• CDA’s commitment

• Research projects

• Next steps
Why is Access an Issue?

- ADA examination of 2006 census indicates ~30% of the population face barriers to care
  - 82 million people nationally
  - ~10 million Californians
- Underserved encounter multi-faceted barriers to accessing care - targeted solutions necessary
The Challenge Facing Dentistry

- The problem of ‘access’ is persistent

- More stakeholders are looking at the access problem (public health groups, national philanthropies, policy makers)

- The dental profession has a responsibility to engage in meaningful discussions and offer solutions
CDA becomes the experts

- 2002 CDA House of Delegates resolution recognizes access to care difficulties:
  - Committed to a thorough and deliberative process for understanding access barriers and opportunities
  - Committed to conducting necessary research in order to understand and apply the evidence-base for future decision-making
Initial research on unmet need

- 2004-2006, CDA collaborates with the Nicholas C. Petris Center on Health Care Markets & Consumer Welfare at the University of California, Berkeley on unmet needs:
  - The demand for dental care and financial barriers among adults in California
  - Oral Health Status of Adults Over 65 in California 1995-2006
- These foundational studies important to understand unmet dental care needs in California
CDA House action

• 2008/09 CDA House of Delegates affirms concerns about access, authorizes research
  – Access Workgroup
  – Workforce Taskforce

• Focus on the ~ 30% of the population that has difficulty accessing oral health care services
• Access Workgroup identified numerous potential solutions to explore

• Consolidated the options and chose several areas in which to pursue research
Access Research Agenda

- Benefits of a strong state oral health infrastructure
- Medicaid reform
  - Reducing administrative burdens
  - Increasing reimbursement rates
  - Impacts, benefits and pitfalls of litigation
  - Federally qualified health centers contracting with private dentists
- School-based /school-linked programs
- Incentives for dentists to work in public health
- Dental residency programs
Benefits of a strong state oral health infrastructure
Study Design

• Benefits of state oral health infrastructure
  • Why does state infrastructure matter?
  • What are the national standards?
  • What are the federal resources for funding and support?
  • Lessons learned from other states?
  • What is California’s opportunity?
Some Key Findings

• Leadership, leadership, leadership
• Strong support from the administration and policymakers essential
• Visibility in state agencies critical
• Excellent models already exist
• Doing something is better than doing nothing
Medicaid Reform
Study Design

- Medicaid Reform
- Analysis of reforms in other states
  - National Academy for State Health Policy
  - U.S. General Accounting Office
  - Center for Medicare and Medicaid Services
  - Review of state litigation for Medicaid reform
Some Key Findings

• Rate increases are necessary – but not sufficient on their own – to improve access to dental care

• Rates must cover the cost of providing service, estimated at 60 to 65 percent of dentists’ charges

• Working with families on how to use dental services is a core element of reforms

• Even after substantial effort and investment – only 32 to 43 percent of children covered under Medicaid received dental care, pointing to the need to explore other solutions
Dental Residency Programs
Study Questions

- *Dental Residencies*
  - What is required to establish a dental residency?
  - What are the funding opportunities?
  - What is the experience of dental graduates who complete residencies?
  - What is potential benefit to the dentist and the public?
  - What are the barriers?
Preliminary Findings

- History of national commissions recommending all states make dental residency a licensure requirement
- Too few residency positions and large graduate debt burden are common reasons to oppose
- General Practice Residencies hold potential to increase care to underserved
Workforce and Forecasting Research Taskforce

- Charged with analyzing existing and proposed dental workforce models and the potential to improve oral health care to underserved populations in California

- Report findings to the CDA Policy Development Council, Access Workgroup
Workforce Research Agenda

• Service Capacity and Provision of Care
  – A review of the capacity of current California dental delivery system to address unmet needs

• Economics
  – An econometric model to estimate the economic impact of workforce categories on private practice dentistry
  – A financial analysis of the capitalization and sustaining operating costs for proposed dental provider categories

• Patient Safety
  – Literature review and paper on comparative safety of dental providers worldwide
Service Capacity & Provision of Care
Study Design

- A review of the capacity of current California dental delivery system to address unmet needs
  - Study seeks to determine the technical efficiency of the dental delivery system in California – defined by patient visits
  - Includes private practice and safety net providers
  - Utilizes data from 2003 and 2005, which is a representative time frame for typical dental practice patterns outside a recession
Study to answer key questions

• How efficient are dental practices at utilizing time and resources?
• How efficient are community clinics at utilizing time and resources?
• How stable is this efficiency over time?
• What is the capacity in the current system to treat additional patients?
Preliminary Findings

• Data shows
  – high efficiency in dental practices
  – practice patterns stable over many years

• Significantly increasing number of patients seen would require substantially more days and longer hours – unlikely given the physical and emotional demands of dental practice
Economic Modeling
Study Design

- **A financial analysis of the capitalization and sustaining operating costs for workforce categories**
  
  - Objective: assess the economic viability of dental providers
  
  - Rationale: essential to know the costs of educating, employing and sustaining the dental workforce
Study Design

- Research tasks include:
  - Modeling dental therapists (DTs), dental health aide therapists (DHATs), and advanced dental hygiene practitioners (ADHPs)
  - Evaluating compensation levels, cost of training, cost of practice, estimated productivity, and potential revenue for each practitioner
  - Developing economic projections for alternative dental workforce practitioner models
Preliminary Findings

• The costs of education, debt burden and compensation significantly impact the viability of any workforce model
  – The Advanced Dental Hygiene Practitioner (ADHP) is most costly – due to length of education and likely debt burden
  – DT and DHAT models are less costly, but even those costs are substantial
  – Dental education is very expensive and educational programs must be subsidized for economic viability
Other Findings

- Advantages to drawing from local population – enhances cultural competency and longevity of practitioner; supports practice in community of origin

- To ensure practitioner serves intended population, licensure must limit practice location or patient population
Next Steps

- Research to continue in 2011
- Taskforce reports findings to Policy Development Council (PDC) Access Workgroup
- Access Workgroup considers broad set of recommendations to address barriers to dental care
- A single comprehensive report to PDC
- PDC reports to Board of Trustees; Board of Trustees report to CDA House of Delegates
THANK YOU!