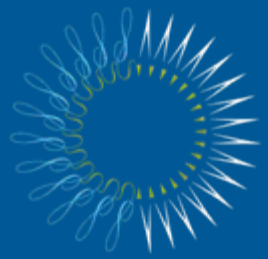
The Pew View on New Dental Providers



THE PEW CHARITABLE TRUSTS

Shelly Gehshan, MPP
Director, Pew Children's Dental Campaign
Pew Center on the States

September 24, 2010

Agenda

- Overview of Pew Children's Dental Campaign
- Why Do We Need Change?
- Our Approach to Workforce Campaigns
- Our Workforce Research Portfolio
  - Scott & Company
  - UCSF
  - UCHC Scope of Work

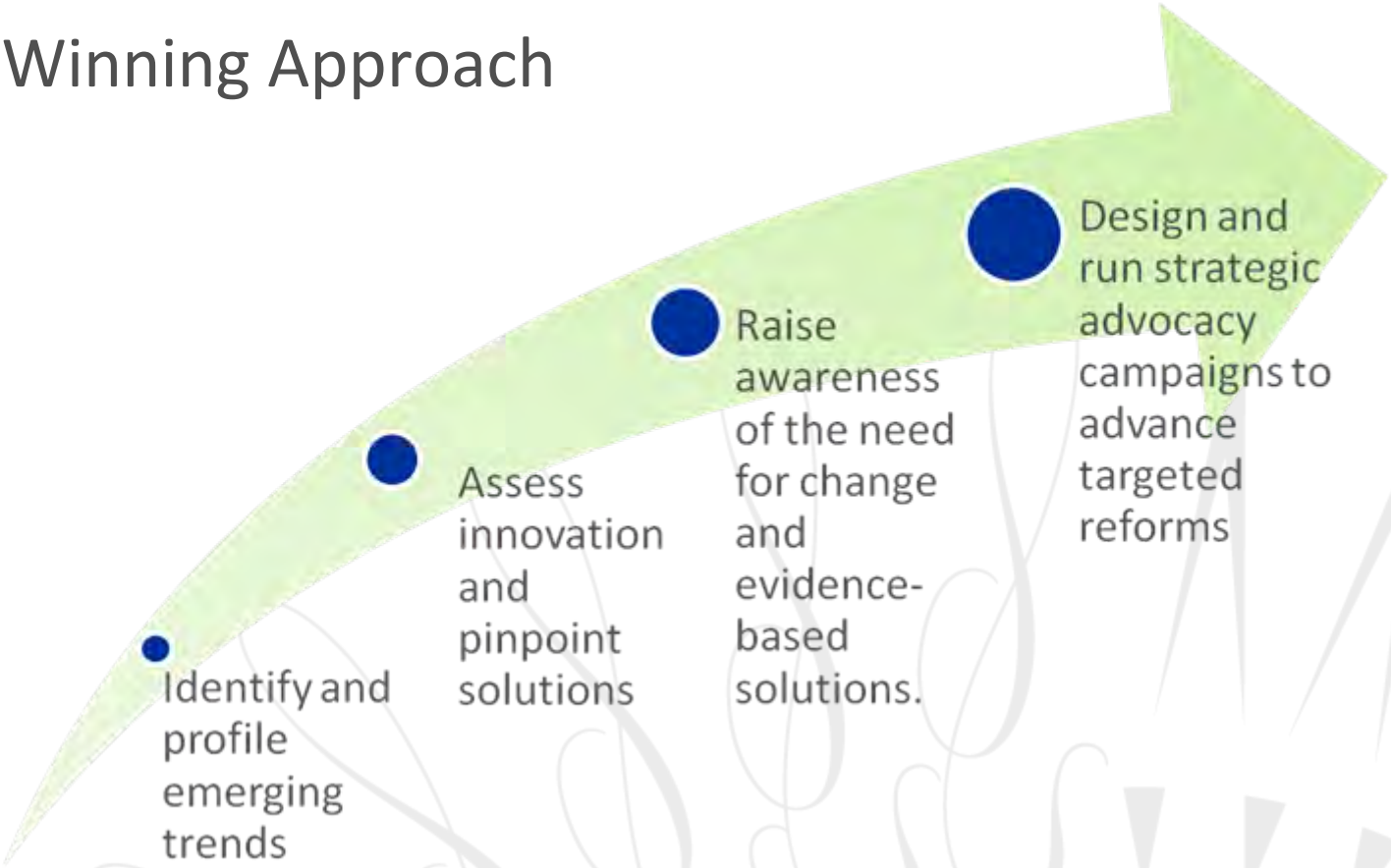
Why Pew Cares about Kids' Dental Health

THE PEW CENTER ON THE STATES

- Strong interest in promoting kids' readiness for school
- Seeks to improve government performance – only 1/3 of Medicaid children receive care
- There is strong evidence for solutions
- Bipartisan support for change
- The issue is "ripe," with many potential partners

Pew Center on the States:

A Winning Approach



Children's Dental Campaign: Advancing Children's Dental Health

THE PEW CENTER ON THE STATES

Mission

To promote policies that will help millions of children maintain healthy mouths, get the care they need and come to school ready to learn.

Three Policy Areas—Current Focus

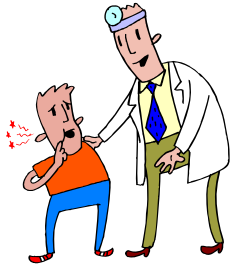
THE PEW CENTER ON THE STATES

Prevention

- Community water fluoridation—campaigns
- National messaging and strategy development

Funding for care

- Advocating for appropriations for oral health programs
- Medicaid reimbursement for fluoride varnish by MDs and RNs



Workforce

- Ensuring adequate workforce to care for children
- Research on economics of new models

The Cost of Delay

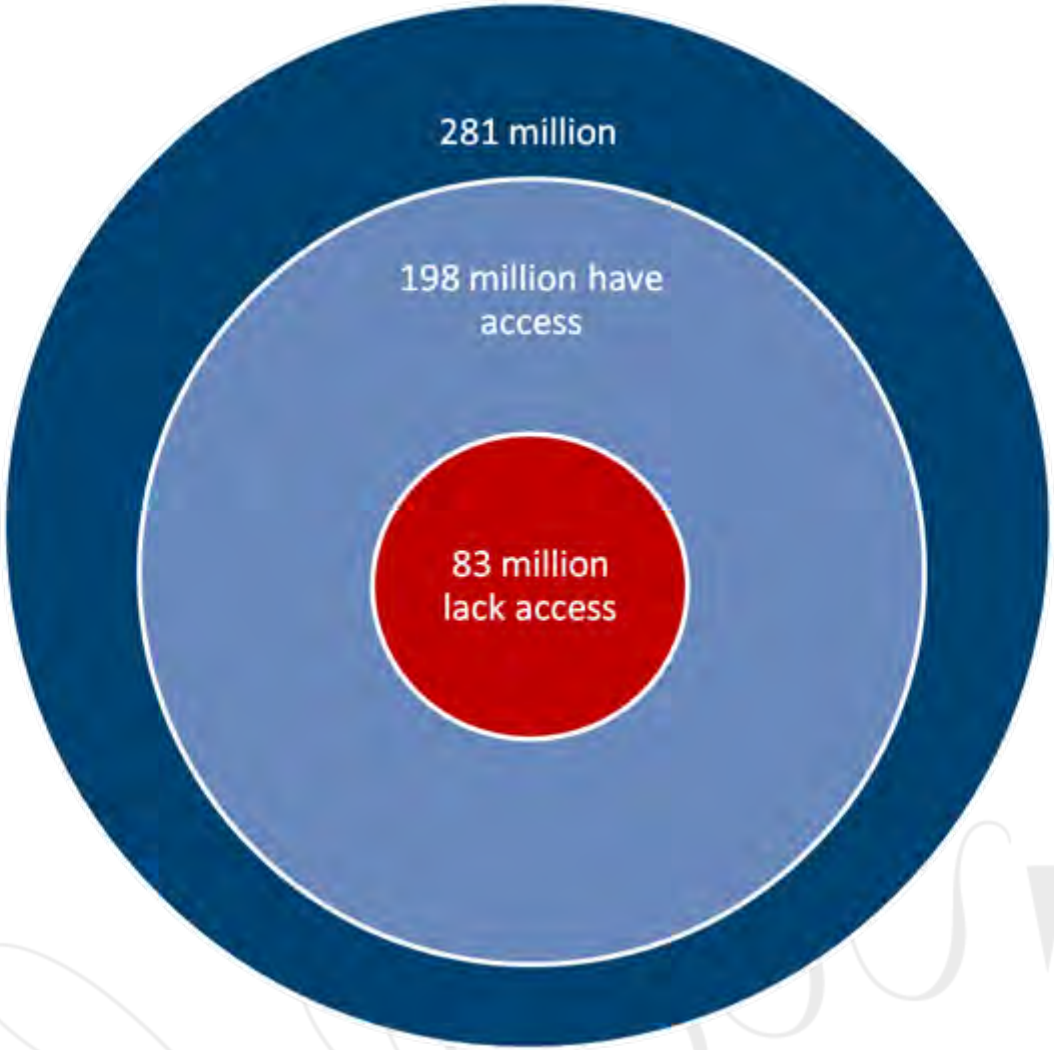
THE PEW CENTER ON THE STATES

- Produced with the support of the W.K.Kellogg Foundation and the DentaQuest Foundation
- 8 policy benchmarks
- Benchmark 7: New Primary Care Dental Providers
  - Evaluates states on new types of dental professionals used to expand access, fill gaps
  - Does not specify a particular model

The Cost of Delay

State Dental Policies Fail One in Five Children

Why Do We Need Change?



17,000,000
children do not get care

Current System and Workforce Are Not Sufficient

- Financing for dental care is likely to grow and will spur demand
  - Pew estimates **5.3 million** more children will have dental insurance due to national health reform
  - Public programs are underfunded
- Few private practice dentists participate in Medicaid and CHIP programs
  - Medicaid rate increases don't solve the problem
- Shortage and maldistribution of dentists
  - Shortage is getting worse. Too few care for low income, rural patients
  - Dental safety net only reaches 10% of the 83 million who lack access
  - Growing recognition that new providers can competently and safely deliver high-quality care

ESTIMATED NUMBERS OF RETIRING DENTISTS AND DENTAL GRADUATES, 2001-2020.

YEAR	DENTISTS RETIRING*	DENTISTS GRADUATING†	RATIO	DIFFERENCE
2001	3,546	4,090	.867	–544
2002	3,631	4,130	.879	–499
2003	3,754	4,172	.900	–419
2004	3,805	4,213	.903	–409
2005	4,028	4,256	.946	–228
2006	4,149	4,298	.965	–149
2007	4,226	4,341	.974	–115
2008	4,447	4,385	1.014	62
2009	4,563	4,428	1.030	135
2010	4,816	4,472	1.077	344
2011	5,029	4,517	1.113	512
2012	4,928	4,563	1.080	365
2013	5,117	4,608	1.110	509
2014	5,114	4,654	1.099	460
2015	5,114	4,701	1.088	413
2016	5,233	4,748	1.102	485
2017	5,060	4,795	1.055	265
2018	5,237	4,843	1.081	394
2019	5,003	4,892	1.023	111
2020	4,965	4,941	1.005	24

* Assumes that 20, 50, 20 and 10 percent of dentists retire after 40, 35, 30 and 25 years in practice, respectively, and that the average age of retirement is 62 years.

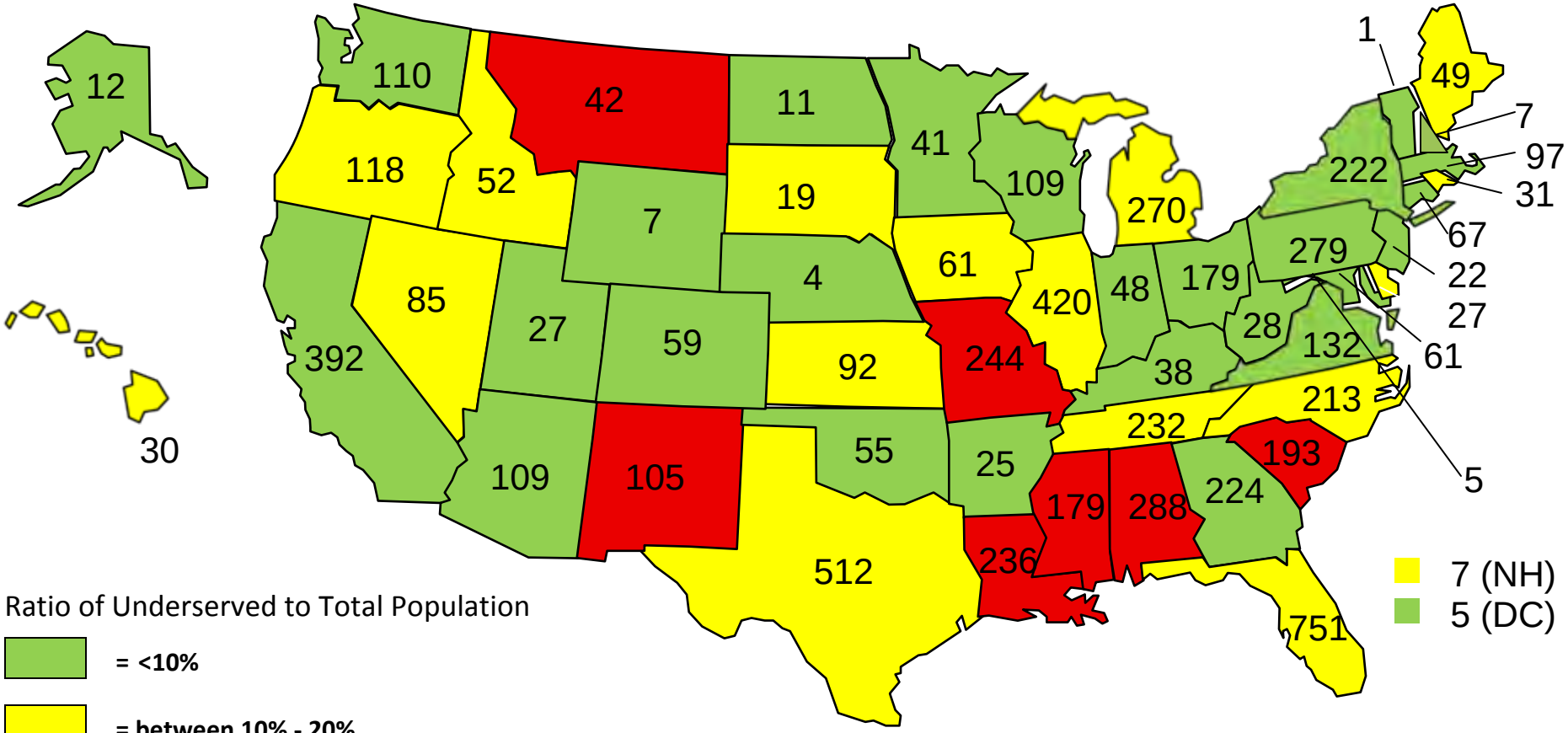
† Based on the average annual rate of growth (1.0 percent) of first-year enrollments from the 1989 to 1990 school year to the 1998 to 1999 school year.

In 2008, the number of dentists retiring began exceeding the number of graduates entering practice.

Source: T Beazoglou, H Bailit, LJ Brown, Selling your practice at retirement: Are there problems ahead? J Am Dent Assoc, Vol 131, No 12, 1693-1698.

6,620 Practitioners Needed to Remove Designation of Health Professional Shortage Area

THE PEW CENTER ON THE STATES



Source: Health Resources and Services Administration, U.S. Department of Health and Human Services, Geospatial Data Warehouse. Designated HPSA Statistics, Table 4, "Health Professional Shortage Areas by State Detail for Dental Care Regardless of Metropolitan/Non-Metropolitan Status, as of June 7, 2009," http://datawarehouse.hrsa.gov/quickaccessreports.aspx (accessed June 8, 2009).
Source: U.S. Department of the Census, State Single Year of Age and Sex Population Estimates: April 1, 2000 to July 1, 2008 - CIVILIAN. http://www.census.gov/popest/states/asrh/ (accessed June 23, 2009).

The Financial Costs

THE PEW CENTER ON THE STATES

"[CMS] estimates that the Medicaid program alone pays between $100 million and $400 million each year to treat children with early childhood caries, each of whom could have avoided the operating room and experienced better dental health through early and aggressive preventive care—at much less overall cost to the Medicaid program."

— Burton L. Edelstein, DDS, MPH; *The Cost of Caring: Emergency Oral Health Services*

Source: Edelstein, Burton L. "The Cost of Caring: Emergency Oral Health Services," NCEMCH Policy Brief, May 1998, http://www.hawaii.edu/hivandaids/The_Cost_Of_Caring__Emergency_Oral_Health_Services.pdf (accessed June 21, 2010).

The Human Costs

Jacobi Hill
6 years old
Virginia

Diamond Brownridge
5 years old
Chicago, IL

Dylan Stewart
5 years old
Florida

The Human Costs: The Driver Story

"It took the combined efforts of one mother, one lawyer, one helpline supervisor, and three health care case management professionals to make a dental appointment for a single Medicaid-insured child!"

— Laurie Norris, JD; Congressional Testimony

Barriers to Care for the Underserved

- Low health literacy and expectations
- Many competing needs, few practical supports
- Medicaid and CHIP eligibility paperwork
- Lack of access to transportation, paid personal/sick days, and childcare

The Private Practice System has Limits

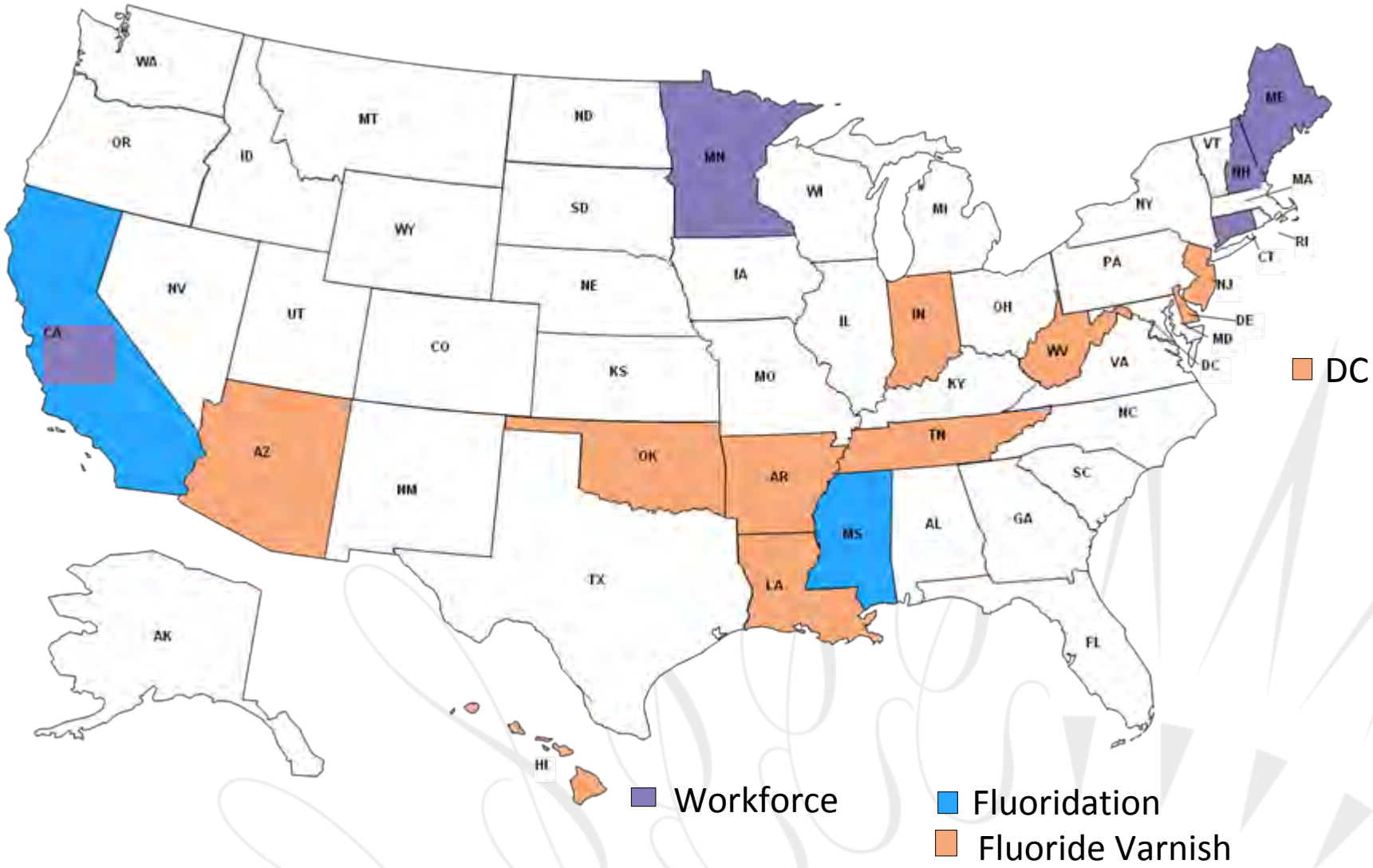
THE PEW CENTER ON THE STATES

"If you live in the suburbs, if you have a car, plenty of money, dental insurance, and no dental disease, we have the perfect delivery system for you."

- Charles Bertolami

Dean, New York University College of Dentistry

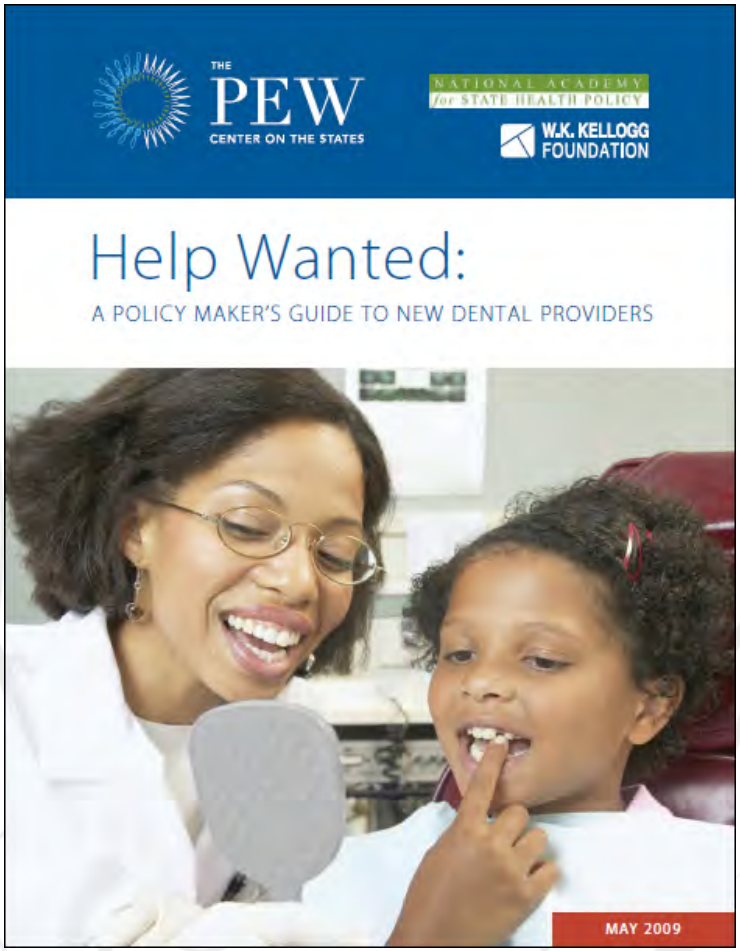
Where is Pew working?



Help Wanted: State Process to Fill Need

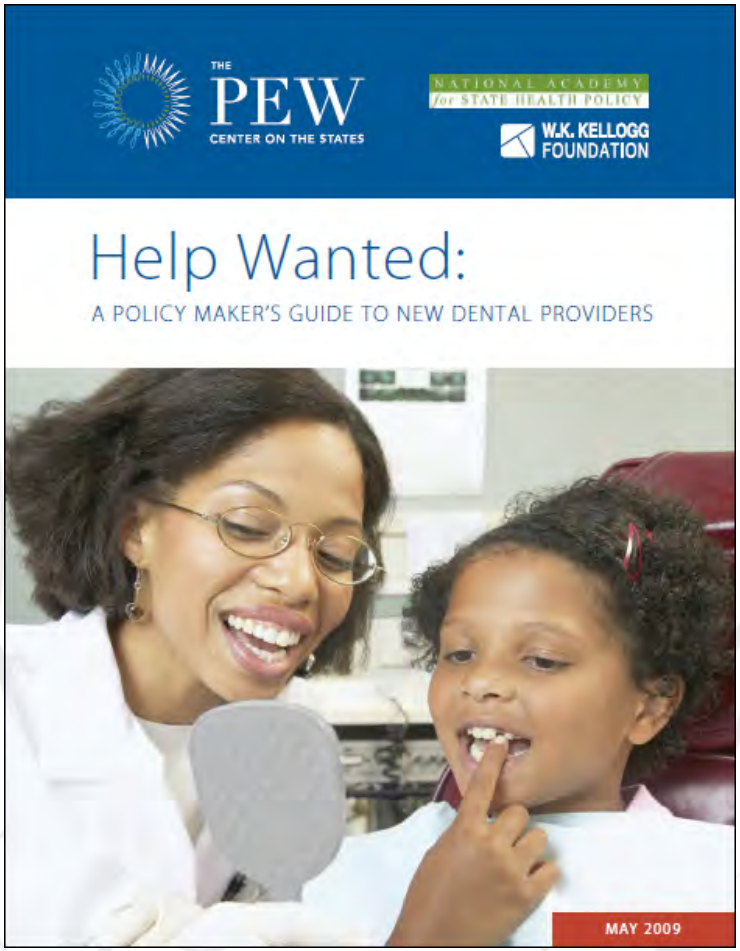
THE PEW CENTER ON THE STATES

- Collect baseline data to determine which populations, or communities would benefit from a new provider
- Assess the current dental workforce and educational infrastructure in states
- Identify potential funding streams to support a new provider model
- Assess who would support or oppose the new provider type



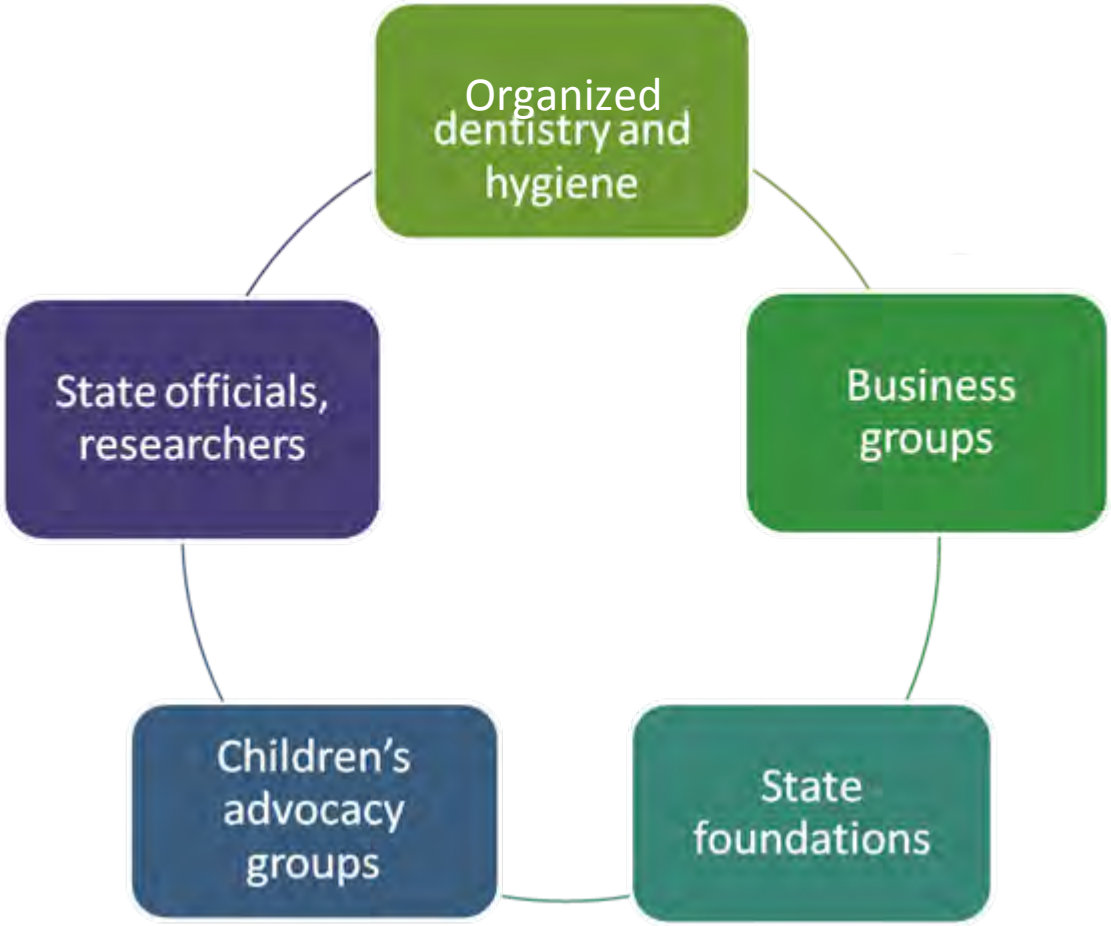
Help Wanted: State Process to Fill Need

- Create a broad-based partnership with a neutral leader
- Keep focus on improving access
- Obtain legislative approval
- Prepare states to handle regulatory issues
- Develop an educational framework, standards for licensure or credential required to practice
- Consider system where care will be delivered; support for new providers to be successful



Collaboration with External Partners

In our campaigns, we work with:



Pew's Guiding Principles on New Dental Workforce Models

THE PEW CENTER ON THE STATES

We believe children should see a dentist when needed, and when possible. However, we recognize it is not always possible.

Therefore, Pew supports:

- State innovations that show promise in improving access to preventive and restorative services
- State efforts to expand the existing dental health care team with new providers

Pew Guidelines on what models we will support (see www.pewcenteronthestates/dental)

THE PEW CENTER ON THE STATES

- Based on evidence, international and domestic
- Model addresses a states' needs
- Scope of practice should fit gaps in the system
- Education should be adequate and cost-effective (not excessive for scope of practice)
- Least restrictive level of supervision to ensure safety AND expand access

New Provider Models in Dentistry

- Community Dental Health Coordinator (CDHC)
- Dental therapist (DT, DHAT)
- Combined dental hygienist/therapist (DH/DT)
- Minnesota dental therapist/advanced dental therapist (MN DT and ADT)
- Advanced dental hygiene practitioner (ADHP)

Our Workforce Research Portfolio

Scott & Company

THE PEW CENTER ON THE STATES

Lead investigator

Mary Kate Scott

Question

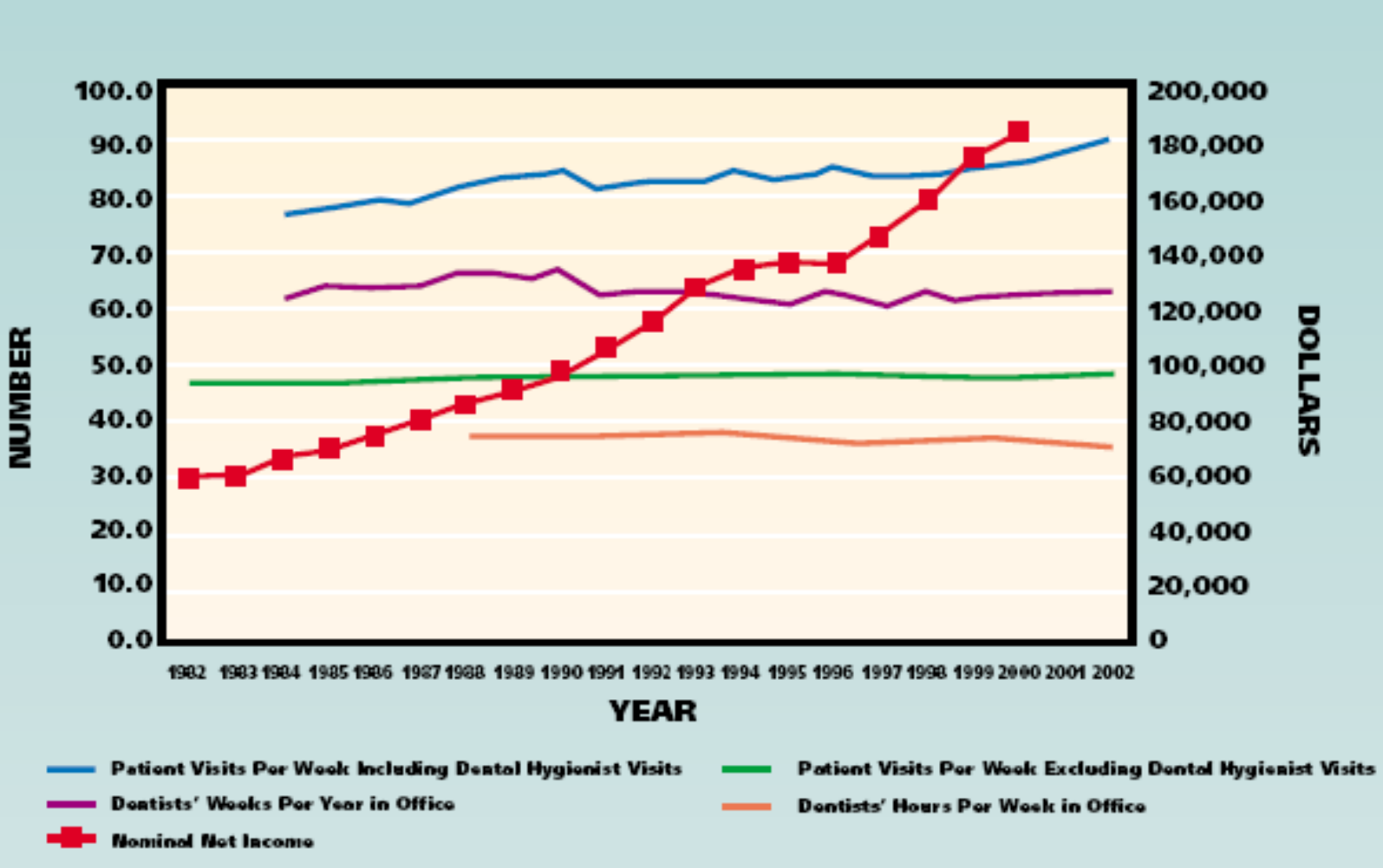
What are the potential economic impacts of hiring new allied dental care providers to a dentist practice?

3 case studies: solo general practice; pediatric practice; small group practice. Excel model will allow practitioners to estimate impact for them.

Release Date

October 2010

Dentists' Real Income over Time



Source: Albert Guay, "Dental Practice: Prices, Production, and Profit," JADA, Vol. 136 (March 2005), 359.

University of California, San Francisco Center for the Health Professions

THE PEW CENTER ON THE STATES

Lead investigators

Elizabeth Mertz, PhD, MA, and Catherine Dower, JD

Question

How can medical collaborative practice models be applied to and affect the dental care delivery system?

Release Date

December 2010

University of Connecticut Health Center (UCHC)

THE PEW CENTER ON THE STATES

Lead investigators

Howard Bailit, D.M.D., Ph.D. and Tryfon Beazoglou, Ph.D.

Question

What are the impacts of new dental care providers on FQHCs, and what is the most effective way to utilize those providers to increase access to care?

Release Date

Spring 2011

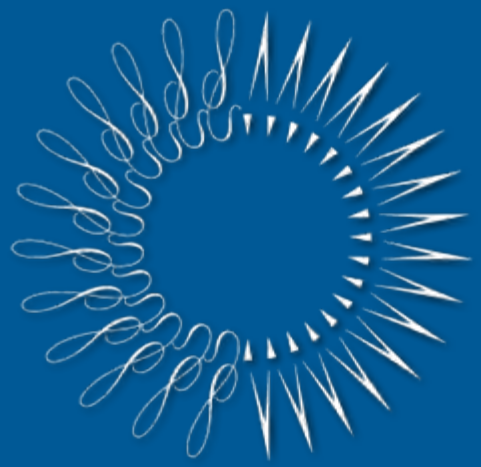
UCHC: Scope of Work

THE PEW CENTER ON THE STATES

- Analysis and description of the organization and operation of FQHC dental programs in 4 states: CA, ME, WI, CT
- Development of an economic framework to estimate the impact of new providers on FQHC dental clinic productivity and finances under two conditions:

  (a) new provider training and delivery system organizations

  (b) Medicaid program design and FQHC payment methods and reimbursement rates.
- Testing of the economic model on selected FQHC dental programs
- Analysis of how existing and proposed models in medical care practices could translate to dental settings in the U.S., focusing on legal and regulatory issues, reimbursement, professional culture and team structure.



THE PEW CENTER ON THE STATES

Shelly Gehshan

202.552.2075

sgehshan@pewtrusts.org

www.pewcenteronthestates.com/dental