Access and Oral Health Workforce Research

The American Academy of Pediatric Dentistry

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California Dental Association

MOVING FORWARD. TOGETHER.

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

- 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!