Dentists’ attitudes towards the earned benefits structure of Iowa Medicaid’s Dental Wellness Plan

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Introduction
The Dental Wellness Plan (DWP) provides dental coverage for enrollees in the Iowa Health and Wellness Plan (IHWP), which is the Medicaid expansion program in Iowa. IHWP covers adults aged 19-64 years with incomes between 110% and 133% of the Federal Poverty Level (FPL) and who are not otherwise eligible for Medicaid. A unique feature of the DWP is that it is an earned benefits structure (EBS) that was designed to encourage preventive health care-seeking behaviors and member responsibility through the structure of the core, cost, benefits, and financial incentives.

Methods
A random sample of 1140 general dentists were administered an online survey, including 12 domains: altruism, sociodemographic and practice characteristics, complexity of patient dental treatment needs, perceived workload, ability to refer to dental specialists, difficulty of eligibility determination, denial of payment, time to povide comprehensive treatment, patient compliance with recommended treatment, acceptability of new members, acceptability of Medicaid members, and complexity of care delivery. The survey collected data on the attitude of general dentists toward DWP's EBS, as well as factors associated with dentists’ attitudes toward DWP’s earned benefits structure.

Results
Adjusted survey response rate was 60% (N=664). Of the 484 respondents, complete data were available for the 448 individuals who completed the full survey. The respondents were more likely to agree with new and non-Medicaid enrollees. The results indicate that there were significant differences in attitudes about EBSs and the need for financial incentives. The findings suggest that DWP enrollees receive dental benefits at three levels: core benefits, enhanced benefits, and financial incentives. The results also indicate that dentists perceive the EBS as a way to reward people who return for regular check-ups. The EBS summative scale score ranges from -10 to +10; higher scores indicate more positive attitudes towards the EBS.

Conclusions
The results suggest that general dentists had a slightly negative overall attitude toward the DWP’s EBS. Attitudes toward the EBS were influenced by their perceptions about the DWP-related problems and patient personal attitudes. The results also indicate that the DWP current participation did not demonstrate significant associations with attitudes towards EBS. The findings suggest that dentists’ experiences from the first year of DWP implementation further research is needed to examine changes in factors influencing long-term general dentists’ attitudes towards DWP’s earned benefits structure for subsequent years.

References

Significant at p<0.05

Table 1. Bivariate correlations between dentists’ attitudes towards DWP’s Earned Benefits Structure (EBS) and altruism and DWP’s Earned Benefits Structure (EBS) (N=664).

Table 2. Bivariate correlations between dentists’ attitudes towards DWP’s Earned Benefits Structure (EBS) and sociodemographic and practice characteristics (N=664).

Table 3. Bivariate correlations between dentists’ attitudes towards DWP’s Earned Benefits Structure (EBS) and perceived workload and complexity of patient dental treatment needs (N=664).