The Dental Safety Net in Iowa (DSNI) Project

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Professor, College of Dentistry
University of Iowa

DSNI National Advisory Committee
Webinar

December 6, 2012
Today’s Topics

- Introduction of advisory committee members
- Project overview
- Research activities
Collaborators

- Steering Committee
- National Advisory Committee
  - National, state, and local experts
- DentaQuest Foundation
- The Commonwealth Fund
Steering Committee

Pete Damiano
(PI)

Ray Kuthy
(Co-investigator)

Susan McKernan
(Co-investigator)

Elham Kateeb
(Co-investigator UI OSU)

Julie Reynolds
(Grad Research Asst.)

Nancy Adrianse
(Iowa PCA)

Sarah Dixon Gale
(Iowa PCA)
National Advisory Committee

Cathy Coppes
Policy Specialist,
Iowa Medicaid Enterprise
National Advisory Committee

Wayne Cottam
President,
National Network for Oral Health Access (NNOHA)
National Advisory Committee

Jim Crall
Director, National Oral Health Policy Center, Chair, Public Health Dentistry
UCLA
National Advisory Committee

Mark Doherty
Executive Director,
DentaQuest Institute
National Advisory Committee

Isabel Garcia
International Research Director,
NIH/NIDCR
National Advisory Committee

DaShawn Groves
Asst. Director of Research, National Association of Community Health Centers (NACHC)
National Advisory Committee

Larry Hill
Executive Director, American Association of Community Dental Programs (AACDP);
CincySmiles Foundation
National Advisory Committee

Jaime Hirschfeld
Director, Health Center Growth & Development,
National Association of Community Health Centers
(NACHC)
National Advisory Committee

Michael Kanellis
Assoc. Dean for Patient Care,
UI College of Dentistry
National Advisory Committee

Janice Kupiec
Manager, Legislative & Regulatory Policy, Federal Affairs, ADA
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Mary Mariani
Iowa Dental Association (IDA)
National Advisory Committee

Michael McCunniff
Dept. Chair, Dental Public Health & Behavioral Sciences,
UMKC School of Dentistry
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Beth Mertz
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Bob Russell
Iowa State Dental Director and Chief,
Oral Health Bureau,
Iowa Department of Public Health
National Advisory Committee

Ed Schooley
Dental Director,
Delta Dental of Iowa
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Debra Scott
Regional Administrator, Region VII, HRSA

Scott Trapp
Deputy Regional Administrator, Region VII, HRSA
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Andy Snyder
Policy Specialist, National Academy for State Health Policy (NASHP)
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Maria Rosa Watson
Epidemiologist/Research Director,
Primary Care Coalition of
Montgomery County, Inc.
DentaQuest Foundation

Michael Monopoli
Director of Policy and Programs

Matthew Bond
Grants and Programs Associate

Andrea Forsht
Grants and Programs Associate
Iowa Safety Net, the ACA, and Related Primary Care Delivery System Changes

• Funded by The Commonwealth Fund (New York, NY)
• April 2011 through June 2013
• Project Goal:
  Assist policymakers by using national and state-level experts to evaluate potential impacts of the ACA on states and identify opportunities for integration and coordination in the health care delivery system
• Emphasis on primary care:
  Medical, preventive, dental, mental health, & pharmacy
The Iowa Safety Net and ACA Project: Objectives

1. Determine the current funding, expenditures, and infrastructure of the health care safety net at the state level, using Iowa as an example

2. Evaluate the potential implications of the ACA on funding of safety net activities at the state level

3. Study the current safety net capacity and opportunities for expansion, given the expanding number of people with insurance coverage in 2013
   - With support from The Wellmark Foundation
The Iowa Safety Net and ACA Project: Objectives

4. Support the development of Medicaid health homes
   • With additional support from the NASHP Medicaid TA award

5. Identify the capacity within the safety net for oral health services
   • With additional support from the DentaQuest Foundation
The Iowa Safety Net and ACA Project: Subcommittees

1. Safety net provider: **FQHCs/Rural Health Clinics**
2. Safety net payer: **Medicaid**
3. Safety net primary care service area: **Oral Health**
Access to dental care and the oral health safety net: An assessment of the public and private delivery systems and collaborative options for improvement

• Grant funded by the DentaQuest Foundation (Boston, MA)

• September 2012 through August 2013

• “The Dental Safety Net in Iowa (DSNI) Project”
Target populations

• Uninsured seeking dental care at Community Health Centers (CHCs)
  – 12 FQHCs (of the 14 in the state)
  – 1 CHC (look alike, sort of)

• Medicaid enrollees seeking care at public and private clinics
Goal

• Inform policymakers in Iowa and the nation of dental specific issues regarding implementation of the ACA for vulnerable populations
  – What is the access to care?
  – Medicaid expansion emphasis

• Will develop policy recommendations and considerations based on findings in Iowa
Project Phases

1. Establish a National Oral Health Advisory Committee
   - Done

2. Survey private dentists about Medicaid participation and attitudes
   - Survey under development

3. Compile a background inventory report on oral health in Iowa, especially as it relates to vulnerable populations
   - Report under development
Project Phases

4. Conduct **conjoint analysis** to determine factors affecting dentist participation in Medicaid
   - Follows dentist survey

5. Assess the **capacity of FQHC** dental clinics in Iowa
   - Concurrent with similar study of medical care capacity as part of CMWF project

6. Develop **policy recommendations** to improve the safety net and increase public/private collaborations
   - After data are collected
Access to dental care and the oral health safety net: Logic Model

**Inputs**
- Partners: Iowa PCA, OHS, SAG, NAC

**Activities**
1. Evaluate access & utilization of oral health services
   - Characteristics
   - Medications
   - OHS
   - Current IowaCare utilization
2. Assess public delivery system for dental care
   - Survey PCAAs (n = 11)
   - Site visits for qualitative follow-up (n = 5)
3. Assess private delivery system for dental care
   - Survey private dentists regarding Medicaid participation (mail-out)
   - Conduct analysis survey of private dentists (web-based)
4. Develop policy recommendations to improve oral health access

**Outputs**
- Access to Oral Health: Report & Interpretation
  - Current state of access to oral health services in Iowa
  - Potential implications of ACA expansion
- Public Delivery System: Report & Interpretation
  - Peer-reviewed manuscripts
  - Policy brief
- Private Delivery System: Report & Interpretation
  - Peer-reviewed manuscripts
  - Policy brief

**Outcomes**
- Inform development of Activities (2) & (3)
- Identify methods for FGHC expansion
- Identify levers for dentist participation as Medicaid/safety net providers

**Distal Outcomes**
- Improved collaboration within Iowa for oral health activities
- Improved access to oral health care for vulnerable populations
- Iowa serves as a state model for oral health access improvement

External factors: Patient Protection and Affordable Care Act, Commonwealth Fund Project

**Abbreviations:** PPC – Public Policy Center, Iowa PCA – Iowa Primary Care Assoc., OHS – Oral Health Subcommittee, SAG – State Advisory Group, NAC – National Advisory Committee, IHA – Iowa Dental Association
Expected deliverables

- **Activity #1: Current state of access to oral health services in Iowa**
  - Background report
  - Policy briefs

- **Activity #2: Public dental delivery system capacity assessment**
  - Peer-reviewed manuscripts with survey results
  - Policy briefs with interpretation
Expected deliverables

• Activity #3: Private dental delivery system capacity assessment for Medicaid patients
  o Medicaid participation survey: Report & peer-reviewed manuscript
  o Conjoint analysis survey: Report & peer-reviewed manuscript

• Activity #4: Collaboration with key stakeholders to develop policy recommendations
  o Policy brief
Dentist Medicaid Survey

- Draft submitted to National Advisory Committee for review
- Anticipated field date: January 2013
Survey Domains

1. Current Medicaid participation

The following questions are about your experience with the Title 19 (Medicaid) program in Iowa.

1. Do you currently accept new Title 19 patients in your practice?

   a. Have you ever treated Title 19 patients in the past?
   - 1. I have never accepted Title 19 patients.
   - 2. I accepted Title 19 patients for _______ years, then stopped accepting new Title 19 patients in the year _______.

   b. In the past year, how seriously have you or your practice considered starting to accept new Title 19 patients?
   - 1. Not at all seriously
   - 2. Slightly seriously
   - 3. Moderately seriously
   - 4. Extremely seriously
   - 5. Not sure, I am not responsible for this decision.
   Go to Question 2.

2. YES

   a. Do you accept all new Title 19 patients into your practice?
   - 1. YES, I accept all new Title 19 patients.
   - 2. NO, in our office we only accept the following Title 19 patients: (please check all that apply)
     - 1. A set number of new Title 19 patients
     - 2. Our own patients who go on Title 19
     - 3. Referrals from other dental/physicians
     - 4. I-Smile coordinator referrals
     - 5. Child patients
     - 6. Adult patients
     - 7. Patients only from our county
     - 8. Other ________

   b. How seriously have you or your practice considered stopping your acceptance of new Title 19 patients in the past year?
   - 1. Not at all seriously
   - 2. Slightly seriously
   - 3. Moderately seriously
   - 4. Extremely seriously
   - 5. Not sure, I am not responsible for this decision.
Survey Domains

1. Current Medicaid participation

2. Do any other dentists in your practice accept Medicaid patients?
   - N/A – I am a solo practitioner
   - YES, they accept some Medicaid patients
   - YES, they accept all Medicaid patients
   - NO

3. About what percentage of your current patients are covered by Title 19?
   %

4. Where do you refer Title 19 patients that you are not interested or able to accept in your practice? (check all that apply)
   - I accept them all
   - Community Health Center
   - The UI College of Dentistry
   - Another local practice
   - Local I-Smile coordinator
   - Iowa Medicaid “Find a Provider” website [https://secureapp.dhs.state.ia.us/provide rsearch/]
   - I don’t have a good place to refer
   - Other __________________

5. What was your personal level of involvement in the decision whether to accept Title 19 patients in your practice?
   - Not involved
   - Somewhat involved
   - Involved
   - Very involved

6. Who was *primarily* responsible for making the decision whether your practice would accept Title 19 patients? (please check only one)
   - I was
   - The dentists in the practice as a group
   - The owner of the practice
   - The clinic management
   - Other __________________
Survey Domains

2. Attitudes towards Medicaid

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not sure/Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is difficult to provide comprehensive treatment to Title 19 patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>b. The Title 19 program has been getting less complicated in the last few years</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>c. Title 19 patients make other patients feel uncomfortable in the office</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>d. Without the Title 19 program, low income patients would not be able to get adequate dental care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>e. I am concerned about having the only practice in the area that accepts Title 19 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>f. The Title 19 program respects my professional judgment concerning patient care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>g. Oral health problems of Title 19 patients are more severe than those of other patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>h. Dentists can have an impact on the policies of the Title 19 program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>i. Low income patients are more difficult to treat than others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>j. Dentists have an ethical obligation to treat Title 19 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>k. Changes in the Title 19 program are communicated effectively to my office</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>l. I am more likely to be sued if I treat Title 19 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
</tbody>
</table>
## Survey Domains

2. **Attitudes towards Medicaid**

10. The following is a list of commonly reported problems with Title 19 programs. Please indicate how important you considered each problem to be when deciding how much to participate in Title 19.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Extremely important</th>
<th>Not sure/Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Complicated paperwork</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>b. Low reimbursement rates</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>c. Intermittent eligibility of Title 19 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>d. Denial of payment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>e. Broken appointments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>f. Slow payment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>g. Patient non-compliance with recommended treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>h. Frequently changing Title 19 regulations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>i. Not enough other practices in the area accepting Title 19 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>j. Fear of government investigation (e.g., chart audits)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>k. Limited services covered by Title 19</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
</tbody>
</table>

11. Which three of the problems above (a–k) are the most important considerations for your office (with “1” indicating the most important)?
### Survey Domains

3. Attitudes towards underserved populations

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not sure/Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is the responsibility of the government to fund programs that provide dental care to the needy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>b. I feel a personal responsibility for providing dental care to the needy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>c. Society as a whole has a moral responsibility for the oral health care of all its members</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>d. Individual dentists rather than the government have a responsibility to care for needy patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>e. Taxes should be raised so that dentists can be reimbursed more to treat needy patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>f. It is more efficient for the government to pay private dentists to provide care to needy patients than to fund public clinics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>g. I feel I am personally unable to have an impact on the problem of meeting the dental needs of the underserved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>h. Dental care should be available for needy patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
</tbody>
</table>
Survey Domains

4. Attitudes towards CHCs

12. Please read the following statements about Community Health Centers (CHCs) and circle the number that indicates the degree to which you disagree or agree with these statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not sure/Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. CHCs provide patients with high quality dental care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>b. CHCs are a source of professional competition for my practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>c. CHCs are a good place to refer Title 19 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>d. Patients are not able to get comprehensive care at CHCs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
</tbody>
</table>
Survey Domains

5. Attitudes towards corporate dental practices

13. Please read the following statements about corporate dental practices (e.g., Aspen Dental, Ocean Dental, or Applewhite Dental) and circle the number that indicates the degree to which you disagree or agree with these statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not sure/Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Corporate practices provide patients with high quality dental care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>b. Corporate practices are a source of professional competition for my practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>c. Corporate practices are a good place to refer Title 19 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>d. Patients are not able to get comprehensive care at a corporate practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NS</td>
</tr>
</tbody>
</table>
Survey Domains

6. Current practice patterns
Survey Domains

7. Use of health IT

22. Do you currently have one or more computers in your office?

- 1. NO
- 2. YES

a. How do you use computers in your practice? Check all that apply.
   - 1. Scheduling
   - 2. Billing information
   - 3. Patient treatment information (an electronic dental record)
   - 4. Digital X-rays
   - 5. Medical history
   - 6. Submit insurance claims electronically
   - 7. Send information to other health care providers
   - 8. Check eligibility for Medicaid-enrolled patients

b. Is your computer system capable of sending information such as chart information or x-rays to other health care providers?
   - 1. Yes
   - 2. No
   - 3. Don't know
Survey Follow-up

Request for e-mail address for survey #2.

May we contact you to participate in a follow-up survey?

We will be conducting an online survey in 4-5 months to further understand how we can improve the Title XIX program based on dentists’ responses to this survey. If you share your e-mail address with us below, we will e-mail you with information on how to participate. As always, your responses to that survey will remain confidential and we will not share your e-mail address with anyone else. Your responses to both surveys may be linked so that we do not have to ask certain questions twice.

Please call me if you have any questions about this:

Your e-mail address: ________________________________

Thank you for your consideration.

Pete Damiano
319.335.6800
peter-damiano@uiowa.edu
Oral Health Background Report

Topics:
1. Oral health delivery system
2. Financing of oral health care
3. Access and utilization of oral health services
4. Oral health status of Iowans
5. State oral health promotion/disease prevention programs

Data Sources:
1. State and national health departments and agencies
2. Non-profit think tanks (eg, KFF, CDHP, Pew)
3. Peer-reviewed journal articles
4. Professional organizations (eg, ADA, ADHA, ASTDD, NACCHO)
In progress

Will be sent out to the National Advisory Committee to discuss at next webinar:

February 2013
## Timeline

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Establish a National Advisory Committee</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 2</td>
<td>Dentist Medicaid survey</td>
<td>January 2013</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Compile inventory report</td>
<td>In progress</td>
</tr>
<tr>
<td>Phase 4</td>
<td>Conjoint analysis dentist survey</td>
<td>May-June 2013</td>
</tr>
<tr>
<td>Phase 5</td>
<td>Assess CHC capacity</td>
<td>Winter/Spring 2013</td>
</tr>
<tr>
<td>Phase 6</td>
<td>Policy development</td>
<td>Summer 2013</td>
</tr>
</tbody>
</table>
Discussion

Vinny