

TRANSFORMATION PROJECT PROPOSAL

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Project Title	DENTAL ACCESS PARTNERSHIP PROGRAM
Rationale for the Project	
<p>Oral health is essential to general health and well-being. Progress in the next decade will require diligent efforts to identify public health problems, mobilize resources, and ensure that the necessary conditions are in place and crucial services received.¹</p> <p>Despite recent expansion of Medicaid dental coverage in Washington, only a small portion of beneficiaries have received care. Dental insurance doesn't mean access to care. Part of the problem: Washington has one of the nation's lowest reimbursement rates for dental care provided through Medicaid, the state-administered health-care program for low-income patients. State Medicaid pays an estimated 29 cents on the dollar for dental care, with dentists absorbing the rest. Existing dental safety net facilities in Spokane are overwhelmed with clients and oftentimes understaffed. It can be challenging to recruit dentists to work in public clinics for a variety of factors: poor reimbursement, lower salary, or wanting to manage their own business.²</p> <p>Population-based risk factors for increased cavities include those with a low socioeconomic status, not seeking regular dental care, not having dental insurance, or not having access to dental services. Intergenerational poverty feeds cultural habits and fears. Persons least likely to seek or receive care are those most likely to suffer from gingivitis, partial or complete tooth loss, meth mouth, periodontal damage, bone loss, and chronic pain. Many such persons in Spokane have never received any dental care in their lives.</p> <p>Providence Emergency Rooms treated and/or referred 1,121 dental patients in 2015. The average charge for an ER dental visit was \$658 in FY2012/2013.³ But the real cost for some approaches \$10,000. DAP addresses 3 of the 5 actions proposed in The National Oral Health Plan:⁴ enhance health infrastructure and program integration; reduce barriers to oral health care; and increase public-private partnerships to address health disparities.</p> <p><i>Evidence-based and promising practices:</i></p> <p>Effective disease prevention measures exist for use by individuals, practitioners, and communities. Most of these focus on dental caries prevention, such as fluorides and dental sealants, where a combination of services is required to achieve optimal disease prevention.⁵</p> <p>Community-based preventive programs are unavailable to substantial portions of the underserved population.⁶</p> <p>Disease prevention and health promotion approaches, such as tobacco control and fluorides highlight opportunities for partnerships between community-based programs and practitioners, as well as collaborations among health professionals.⁷</p> <p>An estimated 47% of Washington dentists are not busy enough.⁸</p>	

¹ National Inst. of Dental and Craniofacial Research <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/part4.htm>

² SRHD, Healthy Smile, Healthy Life: Improving Oral Health in Spokane County

³ DENT reports

⁴ <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/part5.htm>

⁵ National Inst. of Dental and Craniofacial Research <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/part4.htm>

⁶ National Inst. of Dental and Craniofacial Research <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/part4.htm>

⁷ National Inst. of Dental and Craniofacial Research <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/part4.htm>

⁸ Diane Oakes, Washington Dental Foundation

DAP aids these 2015 **GAO Medicaid Objectives:**

1. Deliver better care to more low-income individuals
2. Increase access to and strengthen provider networks
3. Improve health outcomes for Medicaid populations
4. Increase efficiency and quality of care through transformation of service networks

Project Description

Medicaid Transformation Goals supported by this project:

- √ Reduce avoidable use of intensive services
- √ Improve population health, focused on prevention
- √ Accelerate transition to value-based payment
- √ Ensure Medicaid per-capita growth is below national trends

Transformation Project Domains:

- √ Health Systems Capacity Building
- √ Care Delivery Redesign
- √ Population Health Improvement – prevention activities

The program welcomes **any Medicaid recipient**, which in Spokane County is a 2015 target population of 100,000+. Subpopulations will include extremely low-income, homeless, persons with substance addictions or mental illness, unemployed, under-employed, and the elderly.

Relationship to Washington’s Medicaid Transformation goals.

- **Reduce avoidable dental care** in intensive settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- **Improve population health** with coordinated and whole-person centered care.
- Accelerate the transition to **value-based payment**, while ensuring access to specialty and comm services for all.

Goals of this program during the waiver period:

- a. Restore overall patient health & self-confidence
- b. Use EFDA’s and restorative hygienists at their highest scope of training
- c. Match the quality expectations-of private dentistry
- d. Divert clients from dental-related ER treatment
- e. Leverage non-government community support and interagency collaborations
- f. Attract more dentists by increasing cost-recovery rates
- g. Assess whole-person outcomes of general wellness, employment, self-confidence, etc.
- h. Widely Replicable

DAP increases access to affordable, high-quality restorative dental care. In a dignified setting, DAP supports private dentists with Hygienists and Expanded Function Dental Auxiliaries. Such a cost- and time-effective restorative service creates a sustainable partnership with participating private Medicaid dentists.

The program builds on both new and existing Spokane partners such as DENT, DOH, DSHS, SRHD, Better Health Together, dental professional training programs, Catholic Charities, Volunteers of America, Salvation Army, Goodwill Industries, SNAP, Transitions, & World Relief, many of which receive wellness funding from local, state, and federal health programs.

Core Investment Components

Pilot Project Experience, Service Growth Projections, and rough estimated costs

	2-month Pilot Fall 2015	Year 1	Year 2.5	Year 5
# chairs	5	20	60	100
# dentists	1	4	8	16
# staff	8	60	120	240
# days/week	1	4	6	7
# patients	32	750	2,000	8,000
% of Spokane eligible	-	.75%	2%	8%
Cost/visit	\$150	\$140 ⁹	\$135	\$130
Cost/patient	\$656	\$700	\$675	\$650
Total Program Cost	\$22,000	\$525,000	\$1,350,000	\$5,200,000

Interventions in the DAP Pilot were exams & X-rays, emergency pain treatment, cleanings, restorations, surgeries, extractions, composite resin fillings, and alveoplasty.

The proposed course for an average adult Medicaid Patient, totaling 12-15 hours, during 3-5 visits:

Comprehensive Exam and X-rays	1 hour
Extensive Cleaning	4
Restorative Dentistry	4
Extractions, Dentures, and/or Protheses	3-5

The proposed **basic clinical care team**, totaling 15 persons, includes 1 Dentist, 2 Hygienists, 2 EFDA, 7 Dental Assistants, and 3 Support Staff. This will maximize the care output in the shortest time.

Services & Operations beyond the traditional FQHC per-encounter model Medicaid Reimbursement

- Time-efficient Quadrant Dentistry
- Establishment and follow-up strategies of a Dental Home
- Capital equipment, including eventual mobile-site operations
- Education, including community outreach (including patient’s children)
- Attentive referrals to/from other agencies for “whole person” wellness
- Facilities & equipment expenses
- Program Directors
- Behavioral coaching to reduce avoidable use of ER.

Potential Program Income sources for costs beyond Medicaid Reimbursement include facilities & capital equipment; insurance & self-pay; proposed financial incentives; grants & contracts; corporate, individual, & church donations; in-kind goods & professional services; and dental interns & support volunteers.

⁹ Based on reported overall organizational costs at New Day Dental Clinic in Vancouver, \$120/visit in 2013

Project Metrics

Our 2015 pilot study of 32 patients is too small to create our own reliable projections for this population in Spokane. Benchmarks used by other projects have been studied but not yet established.

We recommend these specific waivers, which are vital to the proposed goals:

1. **Financial incentives for “relative completion of care”**, to the HRSA standards for FQHA. We welcome scrutiny of comprehensive courses of timely methodology.
2. **Higher cost-recovery for prophylaxis and education**, because it invests in oral health in the future.
3. **Payment for treatment rendered**, not by encounter.

We think this method will yield better long-range oral health, reduce the per-capita costs of quality care, and make treatment available to more people.