Capstone Project
Medical College of Wisconsin

Access to Dental Care for Rural and Underserved Areas: Applying Evidence to the Practice Setting

by

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Background

A lack of access to dental care for rural and underserved populations in the United States and Wisconsin is a critical public health problem.
Background

Tooth decay is the most common chronic childhood disease, as well as the most preventable.

Background

The incidence of caries and untreated decay varies in the US but ranges from:

72% untreated decay for American Indian

39% untreated decay for African American

21% untreated decay for white population
Factors Influencing High Rates of Oral Disease

- Ethnicity
- Economic Status
- Rural Status
- Age
Background

Wisconsin Oral Health Indicators

• Predominantly a Rural State
• Relatively Low Poverty Rate
  (9.2% vs 19.9% nationwide)
• Northern (Rural) Counties have High Rates of Oral Disease
Background

Dental Workforce Issues

A contributing factor to lack of access for dental care is a shortage of dental providers available to provide that care.
Background

National Workforce

There is not a shortage of dentists for those who have the economic means to demand services
Background

National Workforce

• 49 million people live in 4,230 Health Professional Shortage Areas (HPSA) nationwide
• It would take 9,642 dental practitioners to meet their current health needs
• By 2014, retiring dentists will outpace the new dentists entering the workforce

• Source: Health Resources and Services Administration. HPSA Designation. 2009
Background

Wisconsin Workforce

- No counties in Wisconsin currently meet the recommended number of dentists per-low-income populations
- 69/72 counties had serious shortages of general dentists

- Source: Wisconsin Department of Health Services. DPH Primary Care Office. 2009
Background

Medicaid

• Nationally, low numbers of providers accept Medical Assistance Insured patients
• A low re-imbursement rate provides for less than $\frac{1}{2}$ the normal fees
Background

Safety Nets For Care of the Underserved

- Federally Qualified Health Centers (FQHCs)
- State operated dental clinics
- Dental Schools
- Hospital Clinics
Background

Safety Nets For Care

Current Capacity

• Only 10% of 82 million low income patients served
• Less than 1% of the nations dentists are employed by the FQHCs
• Low output of dental services per patient as compared to private practices

• Source: Bailit, Howard. The Dental Safety Net. JAMA 2006; 137
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Solutions

1. Raise Medicaid Fees for Dental Services

48% of Non-Medicaid Dentists Would See Medical Assistance Patients

Source: Roth, Kathleen, DDS. An ADA report to the US Representatives on Improving Access to Health Care. 2007
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Medicaid Fees

Michigan Healthy Kids Dental Program

• Private Dental Care Administrator
• Fees at a 20% Discount to Usual/Customary

Dentists Providing MA Services Rose From 27% to 85%
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Medicaid Fees

Smile Alabama Dental Program

• Fees increased to market based rates
• Dental participation increased by 47%

Access To Care For The Underserved Rose From 26.7% to 41.5%
2. Increase The Dental Safety Net

- The Safety Net System has the ability to expand by 34% in 10 years
- Increasing the productivity in FQHCs will increase the numbers seen

Source: Bailit, Howard. The Dental Safety Net. JAMA 2006; 137
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Solutions

3. Emphasize Community Based Service/Selection in Dental Schools

Change Traditional Models of Dental Education

- Community Based Service and treatment
- Form strategic partnerships with communities
- Reach underserved groups in rural areas, inner cities, nursing homes
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Dental School Solutions

Admit In-State Students to Dental Schools

- State students are more likely to stay and practice in the state they attended school
- 82.5% of Marquette University Dental School graduates stay and practice in Wisconsin
4. Admit Students From Underserved Areas to Dental School

Students from underserved/rural areas are more likely to practice in those areas upon graduation.

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Solutions

5. Utilize Different Types of Dental Providers

- **Community Health Coordinator**
  Facilitator in communities to help those gain access to care

- **Dental Therapist**
  Provides preventive and restorative care in schools and public health settings

- **Advanced Dental Hygiene Practitioner**
  Works independently with no dentist supervision providing preventive and restorative care
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5. Develop Community Based Partnerships

Provide a combination of private fee-for-service offices with:

- Government Agencies
- Hospitals
- Community Health Centers
- Dental School Outreach Clinics
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Community Based Partnerships

• **Michigan Healthy Kids Dental Program**
  – 87% of Michigan dentists participate
  – Run by a private dental administrator

• **Tennessee Tenn Care Program**
  – Single private benefit manager
  – Access to care increased by 50%
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Community Based Partnerships

• Connecticut Dental Program
  – FQHCs partnered with private dentists
  – All administrative duties through the health center

• Washington State – Access to Baby and Child Dentistry (ABCD)
  – Participation by Dentists doubled
  – Local dental society partnered with an outreach agency
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Solutions

- Raise Medicaid Fees
- Increase Safety Net
- Emphasize Community Based Service/Selection in Dental Schools
- Admit Underserved Students to Dental Schools
- Utilize Expanded Auxiliaries
- Develop Community Based Partnerships
Conclusions

• Dentists trained to practice in rural and underserved areas are necessary to provide adequate access to care

• Increasing auxiliary personnel to deliver dental care will increase access to care

• Private, market-based partnerships with community centered approaches have demonstrated significant increases in access to care
Conclusions

All solutions for increasing access to care require:

• Increases in Funding
• Recognition that a serious public health problem exists for access to oral health care
Conclusions

Federal and State Representatives Fail To Recognize That Access To Care Is A Public Health Problem

• Re-imbursement rates are 40% lower for dental procedures than for medical procedures
• No dental benefits/provisions are in the recently passed National Health Plan (2010)
Conclusions

• Changes Must Use Proven Public Health Initiatives
• Change Must Start on the Local and Community Levels
• Changes Must Involve Local Partners and Representatives
Conclusions

The Evidence Is Proven And Available

Now We Need to Turn Evidence Into Practice