CHC Oral Health Programs & Primary Care Associations:

Working together to create policy change & state partnerships

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Established in 1972, the Massachusetts League of Community Health Centers ("the League") is a non-profit, statewide association representing and serving the needs of the state's 50 community health center organizations with more than 280 total access sites.
Today’s Objectives:

• Recognize the role of the state primary care association

• Strategies for engaging member health centers in oral health advocacy.

• Understand the challenges and opportunities.

• Identify best practices for PCAs and dental associations to partner to address issues affecting community dentistry during difficult fiscal and political times.
What is a Primary Care Association?

State/Regional PCAS are private, non-profit organizations that:

- Provide training and technical assistance to health centers
- Support the development of centers in their state
- Enhance the operations and performance of health centers
- Help communities apply for and obtain funds for new health centers
- Develop strategies to recruit and retain health center staff.
Where are PCAS?

There is a PCA in every state
### PCAs and Oral Health

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<thead>
<tr>
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<th>Count</th>
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<td>Total Visits</td>
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<tr>
<td>Medical</td>
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<tr>
<td>Dental</td>
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<td>Mental Health</td>
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<td>Substance Abuse</td>
<td>1,056,754</td>
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<tr>
<td>Other Professional</td>
<td>1,152,635</td>
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<tr>
<td>Enabling</td>
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*Not the traditional focus of the PCA*

_Data from HRSA 2011 UDS report*_
Why PCAS Are Paying More Attention

- More than 850 Health Centers (80%) across the country offer on-site dental services

- Between 1998 and 2008, the number of dental patients at Health Centers increased by 158%

- Federal funding opportunities through ARRA

- Private funding opportunities such as the Strengthening the Oral Health Safety Net Initiative from DentaQuest Foundation
How Did The League Get Involved With Dental?

- Saw a 20% increase in dental sites in the last 15 years
- 38 members organizations (73%) have dental at 54 sites
- Saw it as a major need in the community.

**In 2008 MLCHC wanted:**

- To establish a permanent position for an Oral Health Affairs Manger (OHM) at MLCHC.
- OHM to play a key role in the management structure of the PCA, focusing specifically on the oral health needs of CHC’s and the integration of oral health into all PCA activities.
DentaQuest Foundation awarded us a 3 year grant to develop the OHM position and to focus on the following:

- Improve Communications
- Improve Infrastructure
- Improve Quality and Efficiency
- Improve Policy and Advocacy Activities

* For all CHC oral health programs in our state
Where to Begin? Challenges That Existed

- MassLeague didn’t know where all the dental sites were
- Email and contact list was extremely dated
- Medicaid adult dental benefits were being threatened
- Contentious relationship with state dental society
- Lack of CEU and training programs for CHC dental
- Very little data
- Lack of communication among the dental providers
- Lack of partnerships and resources
Step 1: Had to Engage the CHCs

- Site visits with all of the CHCs to explain who the Mass League is and what we could do for dental.
- Met with all members of CHC to get the full picture.
- One on one time asking what specific TA was needed.
- Contacted every single CHC to see who had dental, who was expanding dental, who wanted dental but wasn’t doing it, and who the key contacts were.
- If a dental director isn’t going to read emails, who is the best person next in line to contact?
The Snowball Effect....

- Email Groups for CEOs, CFOS, Dental Billers, DDs
- Provided CEUs for DD meetings
- Created a private Google site for dental
- Created dental list serve
- Changed format and location of DD meeting
- Offered Free Clinical Workshops and CEUS
- Dental Billing Workshops
Step: 2
Policy and Advocacy
Protecting What We Could

• In 2008 and 2009, the MLCHC was successful in keeping Medicaid adult dental benefits alive but we knew it couldn’t last.

• In 2010, MA cut restorative dental services for adults on Medicaid. Only preventative and emergency extractions were allowed. Certain exceptions for SSDI.

• The League was able to secure a unique provision that allowed the CHCs to continue to perform restorative services by billing the state’s Health Safety Net.
What is the Health Safety Net?

• The Health Safety Net is a program for Massachusetts residents who are not eligible for health insurance, do not have coverage for all medically necessary services, or can't afford to buy insurance. The Health Safety Net is sometimes called Free Care. The goal of the Safety Net is to make sure that all Massachusetts residents can get health care when they need it, regardless of income.

• *Very unique to Massachusetts*
Who Funds the Health Safety Net?

• Hospitals and insurances pay a “special tax”

• Some federal & state funds are used

• Only hospitals, hospital licensed CHCs, and CHCs can be reimbursed by the Health Safety Net

• HSN will not cover anyone or anything outside the 4 walls of a CHC, HLCHC or a Hospital.
How did we do it?

• Back in the late 90s the MLCHC advocated that the term “medically necessary” that applies for the Health Safety Net include dental services.

• To ensure that in the event of a Medicaid cut, an HSN wrap would go into effect MLCHC started advocacy as soon as the threat of a cut was mentioned (2009).

• Went to meetings with policy officials armed with the names of the dental CHCs and data on the # of dental visits. Dentists came to State House.
But We Didn’t Stop There....

- The HSN wrap is not a guarantee.

- It takes advocacy every year to keep it in place.

- Next two slides will explain why....
Community health center (CHC) payments increased by 27% in the first six months of Health Safety Net fiscal year 2011 (HSN11) compared to the same period in the prior year. The majority of this increase is attributable to additional eligible dental services. In July 2010, the HSN expanded access to dental services for certain MassHealth members as a result of MassHealth dental restructuring.
Community health center (CHC) volume increased by 23% in the first six months of Health Safety Net fiscal year 2011 (HSN11) compared to the same period in the prior year.
Step: 3
Hit them with the Data
More Advocacy...
An imperfect solution to a big problem

- There are over 700,000 Medicaid Eligible adults in MA
- Only 54 CHC dental sites that can provide restorative care
A New Approach…Assessing the Impact to CHCs

- 6 months after the dental cut the League sent a survey questionnaire to all CHC dental and executive directors.

- Took several months, and several pleas to get 100% back.

- Survey results revealed:
  1. Level and nature of demand for health center dental services
  2. Strategies employed by CHCs for meeting the demand
  3. Significant remaining gaps in access to dental services for the Medicaid population
Sample Survey Questions:

1. The # of new ADULT patients your dental center has treated since July 1st
2. The # of patients who are seeking services at your center that their private dentist can no longer provide them
3. Any increase in patient volume you feel is a result of the dental cut
4. Any increase in patient emergencies/walk ins you feel is a direct result of the dental cut
5. Any increase in the # of patients calling the center for new appointments
6. If any of you had to develop a waiting list due to demand since this cut please let us know and let us know how long that wait list is
7. If any of you expanded your hours of operations to accommodate seeing more patients due to the dental cut, let us know what you did.
6 Month Results Were Powerful:

- 96% experienced an increase in new adult patients between July 2010 and December 2010.

- New patients totaled 22,047, with an average increase of 760 per site.

- 90% experienced an increase in patient emergencies and walk ins between July 2010 and December 2010. The total average increase was 498 per site.

- 50% are experiencing a significant increase in wait times for adult patient seeking restorative care.

- 65% have expanded their hours of operations to accommodate more adult patients.
Marketing Outreach

Report was sent to:

• All CEOs and Dental Directors
• Joint Committee on Public Health
• Joint Committee on Health Care Finance
• Oral Health Caucus
• All members of leadership at Statehouse
• Any organization affiliated with Oral Health!
Impact of Report

- Used the report as an advocacy tool with policy makers.

- Allowed us to show the immediate impact to CHCs and patients. Easy to link specific data to district representative.

- Demonstrated the need for the HSN wrap—it’s still in place today.

- Incremental restoration- 2 restorative codes are going to be covered by Medicaid in January (D2330 and D2331).

- A bill passed calling for an analysis and report on the cost and frequency of emergency room utilization related to dental.
Sharp Cuts in Dental Benefits

BOSTON — Banned from years, many states have imposed cruel measures on adults in the program. Many states have reduced or outright eliminated dental coverage for adults on Medicaid, the New York Times reports.

Both Democratic and Republican-controlled states have made cuts. For example, Massachusetts stopped paying private dentists taking Medicaid for fillings, root canals, crowns and dentures in 2010 due to budgetary pressures. Patients are now turning to community health centers, packing waiting rooms. Illinois, which had one of the most generous Medicaid programs in the country, also cut dental benefits to “emergency-only” tooth extractions.

Massachusetts, though, recently backtracked from its 2010 cuts, and is now covering fillings, crowns and dentures. It’s a reason: healthy front teeth help patients land and keep jobs.

The benefits cut extends beyond just dental coverage. Illinois also eliminated chiropractic and podiatry coverage, cut vision benefits, and now requires co-

At the Lynn Community Health Center outside Boston, demand has not stopped growing.
Revisiting the Challenge Checklist

✓ MassLeague didn’t know where all the dental sites were
✓ Email and contact list was extremely dated
✓ Medicaid adult dental benefits were being threatened
✓ Very little data
✓ Lack of communication among the dental providers at CHCs
  • Lack of partnerships and resources
  • Contentious relationship with state dental society
  • Lack of CEU and training programs for CHC dental
Step 4: Developing Partners

Thinking Beyond Just The PCA
If you are not at the table....
You are probably on the menu

*Today’s Special:*
Eliminate CHCS
Partnerships to Develop - State Dental Society

In MA, after years of contentious relationships we have developed a relationship that resulted in

- Free registration ($295 savings) for ALL New England CHC staff to attend Yankee Dental
- Reduced rates on clinical courses
- CEUS for our trainings at no cost
- Speakers for dental director meetings
- Foundation side awarded 5 mini grants of $25,000 each to CHCs

9/17/2013
How Did We Do It?

• Meetings, meetings and more meetings

• Key staff from League met with Dental Society staff

• Educate what CHC dentistry is all about - dismiss myths

• Acknowledge the differences and find the common ground
But what was most important?

Getting them new members

Getting Medicaid Adult Dental Services Restored
The Numbers Game:

- In MA we have:
  - Dentists (FT and PT): 206
  - Limited License Dentists: 86*
  - Dental Assistants: (Ft and PT): 211
  - Dental Hygienists (Ft and PT): 61
  - Dental Residents: 28

* Foreign trained dentists operate under special supervision and regulations.
The Numbers Game:

- 320 dentists

- Less then 50% of CHC dentists are Dental Society members

- If MDS reached half of our members(162) at $1,000 a provider for membership = $162,000 per year

- Not to mention assistants and hygienists
Providing Free Registration at Yankee Dental

• 1\textsuperscript{st} year= 700 CHC staff registered (MDS covered $206,500).

• 2\textsuperscript{nd} year= 553 CHC staff registered (MDS covered $163,135).

• Each year MDS and MassLeague work together to create free CEU courses geared towards CHC. Grows each year.

• Open to all New England CHCs.

• This year opening it up to NNOHA members.
A Win Win for MDS and MassLeague

• Each year the CHC staff spend money on the exhibit floor, and on CEU courses *that do cost money*. *MDS profits.*

• CHC staff get free CEUS, and can use the $295 dollars they didn’t spend on CEU courses and workshops that do cost money (endo, clinical courses etc.).

• By providing these discounts, it shows MDS has an interest in CHCs and our members have started to join the MDS.
In 2009, there were no CHC dentists involved in leadership roles at MDS. But now.....

Guest Board Members (2012-2013)
Think outside the box…

“I can live with you not wanting to push the envelope, but your refusal to think outside the box…”

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Partnerships to Develop- State Licensing Board

- These are the people behind the rules and regulations regarding the dental workforce

- In MA, we have 3 CHC providers on the Board

- PCA staff stay on top of new regulations proposed to the Board and provide testimony on behalf of CHCs
Partnerships to Develop Dental & Hygiene Schools

- In MA, these schools work with us to provide
  - Externships and residency programs
  - Placements after graduation
  - Scholarships for students focused on CHCs
  - Speakers and CEUS for our trainings
  - Equipment donations when possible
  - Discounted rates on courses
Partnerships to Develop- Lutheran Dental Residency

- When you don’t have dental schools in state or when they are not cooperative focus your energy on Lutheran.

- Out of state schools also place many residents and externs in other states.

- A.T. Still University in Arizona is another option.
Partnerships to Develop - Vendors

Henry Schein Dental

CommonWealth Purchasing Group, LLC

Patterson Dental

Dentsply International
Partnerships to Develop Health Departments

- **State Department of Public Health**
  - Does it have an Oral Health department?
  - Consider other departments besides oral health.

- **Local Departments of Public Health**
  - MLCHC secured $250,000 for a quality improvement project on tobacco cessation for oral health providers.
Partnerships to Develop - State Coalitions

• Many states are developing oral health coalitions, these are key partners to be working with.

• These are great sources of networking and connecting with potential future funders.
Partnerships to Develop policy makers

- Can not stress enough the importance of informing the key policy makers
- Legislators & Congress
- Leadership committees
- Office of State Medicaid
- Consider forming an Oral Health Caucus
Leave here knowing...

- If your CHC is not a member of the state PCA - join.

- If your PCA is not focused on Oral Health, encourage them to get involved and be engaged.

- As a provider you don’t always have time to make the connections and partnerships you need but your PCA can and should.

- Strength in numbers when all CHCs come together.

- Data for policy makers and media is key.

- Find the common ground even when it seems impossible.
Questions?

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