Do Facts Matter?
Shelly Gehshan
Director, Pew Children’s Dental Campaign

Agenda
• Pew Children’s Dental Campaign
• Why dentists might oppose new workforce models
• Economics of new models in private practice
• Economics of new models in FQHCs
• Why facts matter

Our Mission:
The Pew Children's Dental Campaign strives for cost-effective policies that will mean millions more children get the basic dental care they need to grow, learn and lead healthy lives.

Focusing on Three Policy Areas
Prevention
• Community water fluoridation campaigns (CA, AR, MS + 2)
• National messaging & strategy development
Funding for care
• Advocating for federal appropriations for oral health programs
• Medicaid reimbursement for fluoride varnish by MDs and RNs
Dental Workforce
• Ensuring adequate workforce to care for children (MN, CA, ME, NH +1 )
• Research on economics of new models

Why dentists might oppose new models
• Nobody but dentists can diagnose, treat (patient safety, competence)
• Would provide second tier care (lower quality)
• There is no shortage of dentists, only maldistribution
• We need more prevention, not treatment
• Now is not the time
Studies that show any concerns about quality, competence, safety


Yes, we need more prevention % on fluoridated water (2008)

Source: www.cdc.gov/nohss

75-100%
50-74%
25-49%
1-24%

Yes, we need more sealants

• Sealants have been found to prevent 60% of decay on permanent molars over a five year period after just one application. (cdc.gov/oralhealth)
• Still, 33 states and D.C. fail to bring school-based sealant programs to even one-quarter of their high-risk schools.

Supervision Rules for RDH Sealant Application - 2010

<table>
<thead>
<tr>
<th>Supervision Rules for RDH Sealant Application</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist’s exam and direct or indirect supervision required (10)</td>
<td>11</td>
</tr>
<tr>
<td>Dentist’s exam always required (12)</td>
<td>7</td>
</tr>
<tr>
<td>Dentist’s exam sometimes required (13)</td>
<td>4</td>
</tr>
<tr>
<td>Dentist’s exam never required (16)</td>
<td>3</td>
</tr>
</tbody>
</table>

*MA – Recent changes will allow hygienists in schools and other public health settings to place sealants without a dentist’s prior exam, but those changes were not yet in effect at the time Pew’s report went to press.
*FL – A change to not require a dentist’s exam had been proposed, but was not in effect at the time Pew’s report went to press.

<table>
<thead>
<tr>
<th>Percentage of high-risk schools with sealant programs, 2009</th>
<th>Number of states</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 - 100%</td>
<td>3</td>
</tr>
<tr>
<td>50 - 74%</td>
<td>7</td>
</tr>
<tr>
<td>25 - 49%</td>
<td>11</td>
</tr>
<tr>
<td>1 - 24%</td>
<td>15</td>
</tr>
<tr>
<td>None</td>
<td>15</td>
</tr>
</tbody>
</table>

6,600+ dentists are needed: shortages AND maldistribution

Are those restrictions evidence-based?

- According to J. Beauchamp et al., "Evidence-Based Clinical Recommendations for use of Pit-and-Fissure Sealants: A Report of the American Dental Association Council on Scientific Affairs," from the Journal of the American Dental Association:
  - X-rays and other advanced screenings are not necessary to determine the need for sealants
  - It is appropriate to seal a tooth with early lesions, and a visual assessment is sufficient to determine whether a molar is healthy enough for a sealant
  - Dental hygienists have the clinical training to conduct the necessary visual assessments and apply sealants with no prior exam

Now is not the time?

Free clinic in Brighton, CO, about 30 minutes outside of Denver. The first person in line arrived at 5:00 p.m. The clinic opened the following day at 5:00 a.m.

What concern isn’t expressed?

Pew’s It Takes a Team report

What prompted our report:

- We need new workforce models to address the access problem.
- It’s critical that policy makers and dentists understand the potential impact of new providers on dental practices so they can make informed decisions about these issues.
- Pew wants to encourage more dentists to see Medicaid-enrolled children in a financially sustainable way.

What we learned

Key findings:

- New types of allied providers can strengthen both the productivity and financial stability of private dental practices
- These new providers can make it financially viable for most dental practices to serve Medicaid patients
- Medicaid rates play a key role in making it financially viable for practices to serve more low-income patients
Solo General Dentist Serving Medicaid Enrollees

DA issued a “rebuttal”

• ADA found no mistakes in ITAT
  • ADA ignores a Colorado study of EFDAs that it sponsored in 2009 — the study’s conclusions were similar to Pew’s:
    • The Colorado study found that net incomes of practices delegating restorative duties rose by 62%.
    • Patient visits (gross billings) also increased with delegation.
• ADA wrongly assumes that demand for dental services will remain flat after hiring a new type of provider.

ADA’s analysis—apples and oranges

• ADA caps a practice’s productivity by assuming new providers will not perform any preventive services.
• ADA wrongly assumes that dental practices hiring a new provider will receive lower reimbursements.
• ADA’s analysis assumes all practices hire hygienists.
• ADA assumes new providers are “perfect substitutes” for dentists

How will new providers affect FQHCs?

Lead investigators
Howard Bailit, D.M.D., Ph.D. and Tryfon Beazoglou, Ph.D.

Problem
To reach 55% Medicaid Utilization - 7.2 million more children need to obtain care

Goal of study
Develop Model to Estimate Impact of Dental Therapists (DT) on FQHC Productivity and Finances Treating Children

Study assumptions and limitations

• Only looked at:
  – Dental Therapists (2-yr model)
  – Serving children, not adults
  – Doing only restorative care
• New studies should examine:
  – Use with all populations
  – Adding, not substituting, to staff
  – Doing all services in scope
  – Non financial aspects

DT Services Provided to Children by FQHCs in CT and WI

<table>
<thead>
<tr>
<th>Service</th>
<th>Connecticut #</th>
<th>Value (in 000)</th>
<th>Wisconsin #</th>
<th>Value (in 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHC/Sites</td>
<td>4</td>
<td>$2,660</td>
<td>5</td>
<td>$3,826</td>
</tr>
<tr>
<td>Restorations</td>
<td>5,427</td>
<td>$794</td>
<td>5,682</td>
<td>$1,103</td>
</tr>
<tr>
<td>Stainless Steel Crowns</td>
<td>121</td>
<td>36</td>
<td>130</td>
<td>28</td>
</tr>
<tr>
<td>Pulp Caps, Pulpotomies</td>
<td>254</td>
<td>38</td>
<td>152</td>
<td>23</td>
</tr>
<tr>
<td>Extractions</td>
<td>1,021</td>
<td>141</td>
<td>687</td>
<td>84</td>
</tr>
<tr>
<td>Subtotal</td>
<td>6,823</td>
<td>1,000</td>
<td>6,571</td>
<td>1,138</td>
</tr>
<tr>
<td>Total Children Served</td>
<td>39,951</td>
<td>$2,660</td>
<td>55,259</td>
<td>$3,826</td>
</tr>
<tr>
<td>Total Patients Served</td>
<td>167,691</td>
<td>$9,217</td>
<td>163,091</td>
<td>$14,563</td>
</tr>
</tbody>
</table>
### Savings from Substituting DTs for Dentists Treating Children in FQHCs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Connecticut</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of All Services</td>
<td>$9,217,500</td>
<td>$14,562,737</td>
</tr>
<tr>
<td>Value of Child Services</td>
<td>$2,660,020</td>
<td>$3,826,340</td>
</tr>
<tr>
<td>Value of Child Services Provided by Dentists and Replaced by DT</td>
<td>$999,604</td>
<td>$1,002,964</td>
</tr>
<tr>
<td>Dentist’s Share Value of Child Services Replaced by DT</td>
<td>$299,881</td>
<td>$300,889</td>
</tr>
<tr>
<td>Number of FTE Dentists</td>
<td>14.4</td>
<td>19.0</td>
</tr>
<tr>
<td>DT Absolute Savings</td>
<td>$149,941</td>
<td>$150,445</td>
</tr>
<tr>
<td>DT Savings Per Dentist</td>
<td>$10,412</td>
<td>$7,918</td>
</tr>
<tr>
<td>DT % Savings</td>
<td>5.6%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

### Findings
- Study estimated that Dental Therapists will have a modest impact on cost effectiveness of FQHCs:
  - 5% savings
  - Savings reflect in the difference in wages between Dentists and Dental Therapists
- Potential impact of Dental Therapists on school-based systems of care was far greater:
  - Save $116,640 per 10,000 children
  - Save $80,000 per dentist
  - For $1.8 billion, we could bring Medicaid utilization up to 55% with 1,200 dental therapists in school based programs

### Wishing Don’t Make it So
- **Truthiness** refers to the quality of preferring concepts or facts one wishes to be true, rather than concepts or facts known to be true. As Stephen Colbert put it, “I don’t trust books. They’re all fact, no heart.”


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