Impact of Cuts to Adult Medicaid Dental Benefits on The Oral Health Workforce in California

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Background

- In California, the fee-for-service Medicaid dental program (Denti-Cal) was the primary public funder of dental care for more than 40 years, serving upwards of 8 million low-income, elderly, and disabled people in 2007.
- In July 2009, reimbursement for all non-emergency procedures were eliminated for most adult Denti-Cal recipients.
- Pregnant women, children under age 21, and residents of skilled nursing facilities maintained these benefits with some limitations.
- This paper presents a qualitative assessment of the impacts of the Denti-Cal cuts on the oral health safety-net workforce in California.
- *Source: California HealthCare Foundation. Denti-Cal Facts and Figures. May 2010. Accessed March 10, 2011. http://www.chcf.org/publications/2010/05/dentical-facts-and-figures.*

Literature on other States' cuts

- Other States have previously eliminated optional Medical dental benefits
  - Michigan (2003)
  - Massachusetts (2002-2003)
  - Maryland (1992)
- Findings included:
  - Adults decreased utilization & children increased utilization.
  - FQHCs and dental schools increased volume of patients, while private providers decreased volume.
  - Focus shifted to children and privately insured.
  - Increased use of ED for dental treatment.

Source: Pryor C, Monopoli M. Eliminating adult dental coverage in Medicaid: An analysis of the Massachusetts experience. Washington DC: Kaiser Commission on Medicaid and the Uninsured, Henry J. Kaiser Family Foundation; 2005.

Literature on California's cuts

- Analysis of quarterly Denti-Cal claims data for July 1, 2008 – June 30, 2010 (2011)
  - Lower expenditures on adults
  - Increased expenditures on children's services
  - Decreases in both rendering and billing providers
  - Remaining providers treated more children than prior to the cuts

Source: Maiuro, L. Eliminating Adult Dental Benefits in Medi-Cal: An Analysis of Impact. Oakland, CA: California HealthCare Foundation (CHCF); December 2011.

Methods

- Fourteen semi-structured, qualitative interviews were conducted with 21 safety-net providers in 13 settings between November 2011 and April 2012.
- IRB approved interview guide covered changes in:
  - patient utilization of services,
  - revenue and revenue sources,
  - patient and employee-related policies and clinic operations, and
  - participants' perceptions of the Denti-Cal program and the current funding environment.

Methods (Cont'd)

- Interviews were recorded and transcribed.
  - Some interviews included more than one interviewee.
  - At least one interviewee had to have been employed continuously at the site prior to July 2009.
- Transcripts were coded using Atlas.ti
  - Coding was performed separately, not independently
  - Major code categories were periodically reviewed and consolidated by research team.
  - Researchers employed an iterative approach, simultaneously analyzing and collecting data throughout the research process

Distribution of Interviews

Distribution of interviews by setting type			
Interview Site	Telephone Interview	In-person Interview	Total Interviews
Private Provider	3	0	3
Federally Qualified Health Center (FQHC)	2	1	3
County Public Health Department	1	1	2
Dental Health Maintenance Organization (DHMO)	1	0	1
Native American Health Clinic	1	1	2
Dental School	2	1	3
Total Interviews	9	4	14

Findings

The burden of the cuts is not distributed equally among the safety-net providers.

Low burden	Middle	High burden
• FQHCs • Indian Health • Dental Schools	• DHMO	• Private Providers • County Health Departments

Differential resources behind unequal burden

- Ability to subsidize care
  - FQHCs & look-a-likes subsidize “uncompensated care” with encounter rate reimbursement.
  - Dental schools can discount cost of care using funds from tuition, grants, & private donations.
- Access to federal and private grants allows for expansion & larger market share.
- Successful targeting of children and pre- & post-natal women with expanded chair space and mobile services.

Results for FQHCs, look-a-likes, and dental schools

- Mostly emergency treatment for Denti-Cal adults.
- Currently over-capacity – long waits or no new adult appointments.

  "We've had to streamline a lot of our referrals, mainly from a lot of outside offices. We used to just have patients call in, but now they're sending a lot more. So I've actually talked to them and set up what information we need from them in order to get their patients to us. There's been a much higher volume of referrals to us … from private dentists."

  – Dental School Clinic Coordinator

- Major focus on efficiency improvements in care provision including staffing changes, provider education, and triage practices.

Results for FQHCs, look-a-likes, and dental schools (Cont'd)

- Use of mobile services at encounter rate billing allows for expansion of reimbursements without capital expense of new building.
- FQHCs & Indian Health clinics have added chair space or are seeking funds to do so.
- FQHCs, Indian Health clinics, & dental schools have added staff, particularly pediatric staff and treatment planners.

"We got some federal grant funding from the American Recovery and Reinvestment Act to expand clinics. So we actually built two new facilities during this period of time."

– FQHC Dental Director

DHMO's in the middle ground

- Initial staff and salary cuts were reported, but recovery is well underway.
- Medi-cal eligible adults are receiving mostly emergency services, but pediatric services are increasing.
- Expansion into frontier areas with previously underserved managed care or PPO populations is fueling part of growth.
- Recruiting high-quality providers and expanding franchise.

"I don't think there's any question that there has been a reduction in overall patient visits in the global sense. And of course specifically with Denti-Cal visits, there has been a significant drop-off in the adult population. But there has been an adjustment [upward] relative to the children's population."

– DHMO Administrator

Results for private Denti-Cal providers and County Health Departments

- Severely under-capacity.

"The patients are not being seen because we are not staffed because we don't have enough funding. If we could get better revenue from Denti-Cal, we could do more. We could hire more. We could run at capacity."

– County Dept. of Public Health

- Hours, pay, and staff cuts (or attrition) among all interviewees.

"For 2012, [my employees are] all taking a dollar an hour less money than they used to. If I could just show you five years' worth of what Denti-Cal numbers used to be to what they are now, even though the fees never increased in the last five years. I mean the numbers [of patients] just dropped down in the basement."

– Private Provider

Results for private Denti-Cal providers and county health departments (Cont'd)

- County health departments increasingly rely on volunteer labor.
- Revenues severely decreased due to
  - Inflexibility in fee schedule;
  - Emergency care creates less revenue than comprehensive; and
  - Increased children's services are insufficient to make up for loss of comprehensive adult care.

"Because the adult benefit has been cut, most of my chairs are now empty. I just care for the kids. You know, there's no major work. The office is actually not making any income right now, not enough to survive."

– Private Provider

Across the safety-net

- Availability of pediatric care is increasing and access to care for Medi-Cal-eligible adults is decreasing.
- Providers are frustrated with not being able to save teeth and not being able to deliver care.

"One of the things that most frustrating to our front staff and the doctors is to have a whole bunch of patients that we can't complete the treatment on and have a bunch of disease literally running around through their mouth."

– DHMO Provider

"[Denti-Cal adults can] come in if they have a toothache, but there's only coverage if they have the tooth pulled. So now they come in asking to have their tooth pulled. That's the first thing they say, and that just drives me nuts because that's not exactly what dentists want to do for a living."

– Private Provider

Across the safety-net (Cont'd)

- Patient-provider relationships are being hurt.

"You develop a relationship with a patient over years. So when you can't afford to help them anymore, it's a crappy way to have to end a relationship with a patient."

– FQHC Dental Director

- Providers would like Denti-Cal to reimburse preventive care for adults.

"What we see a lot of now with the emergency care is even simple things that could be treated with inexpensive care end up going neglected and making a worse outcome for the patient, which I think could be cost-effective. I mean covering basic fillings, extractions, those kinds of things I think would be a huge benefit."

– FQHC Asst. Dental Director

Discussion

- The cuts have been disruptive to State's safety-net infrastructure.
- Private Medicaid practices have been disproportionately impacted by the cuts.
- Morale & will has been undermined in practitioners' relationships with underserved patient populations.
- Providers' relationship with the State was tenuous prior to the cuts and was further undermined by cuts.

“Is anybody listening?”

“Is anybody listening? I don't think they know the impact and the seriousness of what they're doing - whether it's the federal government or the state government. I don't think they know what they're doing. We have taken a system which was working as a public health safety-net, and all the efforts we have put in for that many years to maintain and prevent diseases, prevent the systemic conditions going bad because of the dental issues -- we have prevented a lot of the expenses on the medical side of it, just by taking care of this population, which is a vulnerable, neglected population. But all of a sudden, to end it? To get rid of it? It's very difficult.

They destroyed all the goodwill we have built in the last 30 years with the Denti-Cal population continuously taking less and continuously sacrificing to give them the quality of care.”

– Private Provider

Conclusions

- The finding from this study were similar to those found in the Massachusetts experience.
- The effects of Denti-Cuts were distributed unevenly among safety-net provider types.
- All providers report wanting some form of Denti-Cal reimbursement for adult preventive care to be reinstated.

Limitations

- This is a small qualitative study and is not representative of the whole experience of safety-net providers.
- The study is limited to understanding the impacts of the cuts on the safety-net workforce and does not account for the experiences of emergency departments or individual patients.
- Interviews were conducted two years after initial cuts. With the exception of dental schools, we heard many times from interviewees that other providers of the same type had failed and closed their doors. On some level, all of the providers who participated in our research are survivors.

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