

Utah's Health Care Safety Net Summit— July-December, 2006 Review of Dental Providers and Services

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Health, Health Systems Improvement Division

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This presentation is a continuation of the Utah Health Care Safety Net data collection process.

This process was initiated in 2004, after a community health center data collection project (The Environmental Assessment) was expanded to include a more representative sample of providers and agencies who strive to offer health care to the medically underserved in Utah.

Other Utah Health Care Safety Net data collection projects include:

- Primary Medical Care – Data collected from 01/01/06 to 06/30/06.
- Analysis of uninsured primary medical care users
- Capacity Survey of Health Care Safety Net Partner agencies
- Various mapping projects through U of U DIGIT GIS Lab

The dental data collected for this project, along with the 6-month medical data, will serve as a baseline set of data for future research and assessment of changes in Utah's health care environment.

The Need for Dental Data Collection

- A 2000 Institute of Medicine (IOM) report described the health care safety as "intact but endangered"; the IOM committee recommended that efforts be made to monitor the structure, capacity, and stability of the health care safety net.
- Dr. David Satcher, in releasing the landmark report *Oral Health in America: A Report of the Surgeon General* described the lack of oral health care as a "silent epidemic" that disproportionately affects the poor, racial and ethnic minority groups, and those lacking dental insurance.

Lewin ME, Altman S, editors. America's health care safety net: Intact but Endangered. Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers. Washington, DC: National Academy Press; 2000.

The IOM report, *America's Health Care Safety Net: Intact but Endangered*, lays out the basic concepts for identification of safety net entities, describes the challenges these entities face in light of significant changes in the health care delivery system, and provides a series of recommendations to ensure continued availability of medical care to our nation's most vulnerable populations. A summary brief of the full report is available here - <http://www.iom.edu/Object.File/Master/4/118/FINALSAFETYNET4PAGERCOLOR.pdf>

Oral Health in America: A Report of the Surgeon General was released in 2000. In summarizing the report the US Department of Health and Human Services stated "In addition to a lack of awareness of the importance of oral health among the public, the report found a significant disparity between racial and socioeconomic groups in regards to oral health and ensuing overall health issues. Based upon these findings, the Surgeon General called for action to promote access to oral health care for all Americans, especially the disadvantaged and minority children found to be at greatest risk for severe medical complications resulting from minimal oral care and treatment". The full report may be found here - <http://www.surgeongeneral.gov/library/oralhealth/>

Utah's Health Care Safety Net

“Those providers that organize and deliver a significant level of health care and other health related services to uninsured, Medicare, Medicaid, underinsured, and other vulnerable patients who experience geographic, cultural, language, economic, or other barriers to care.”

The original definition as defined by the IOM stated *“Safety net providers are providers that deliver a significant level of health care to uninsured, Medicaid, and other vulnerable patients. In its report, the committee focuses on “core safety net providers.” These providers have two distinguishing characteristics: 1. Either by legal mandate or explicitly adopted mission, they offer care to patients regardless of their ability to pay for those services; and 2. A substantial share of their patient mix are uninsured, Medicaid, and other vulnerable patients. Core safety net providers typically include public hospitals, community health centers, and local health departments, as well as special service providers such as AIDS and school-based clinics. In some communities, teaching and community hospitals, private physicians, and ambulatory care sites fill the role of core safety net providers”.*

In order to capture the unique health care environment in Utah, the original definition was clarified and expanded. A original group of health care and health policy leaders met to discuss AUCH's efforts to conduct a larger safety net assessment, and agreed to this definition.

The Scope of the Problem-National

- Dental caries is the single most common chronic disease in children, well above both asthma (5x) and hay fever (7x)
- Poor children suffer twice as much dental caries as their more affluent peers, and their disease is more likely to be untreated
- Uninsured children are 2.5 times less likely than insured kids to receive dental care
- Four to 5 million children have dental disease that limits them in some daily activity, and as many as 20 million lack any form of dental coverage

US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General – Executive Summary. Rockville, MD:US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. (as reported in *Make Your Smile Count, Utah Oral Health Survey, 2005*)

Other major findings of the *Oral Health in America* report include

- Oral diseases and disorders in and of themselves affect health and well-being throughout life.
- Safe and effective measures exist to prevent the most common dental diseases—dental caries and periodontal diseases.
- Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health as well.
- There are profound and consequential oral health disparities within the U.S. population.
- More information is needed to improve America's oral health and eliminate health disparities.
- The mouth reflects general health and well-being.
- Oral diseases and conditions are associated with other health problems.
- Scientific research is key to further reduction in the burden of diseases and disorders that affect the face, mouth, and teeth.

Rate of dental caries – 58.6%; Asthma – 11.1%; Hay fever – 8.0% Source NCHS, 1996

Untreated tooth decay age 2-9 – Poor kids – 36.8%; Non-poor kids – 17.3%

8.5% of total population did not receive needed dental care, compared to 22.6% of uninsured.

The Scope of the Problem - Utah

- The 2005 Utah Dental Survey reported that almost 10% of children age 6-8 were unable to get needed dental care
 - 53% reported they could not get care due to the inability to afford it
 - 23% reported they could not get care because of a lack of dental insurance
- The 2005 Health Status Survey reported that 411,600 Utahns were unable to get needed medical, mental health, or dental care in the past year
- Most providers, and almost all sliding-fee scale providers queried for this project report waiting lists for dental services, some up to a year

The *Make Your Smile Count; Utah Oral Health Survey 2005* report can be found at http://health.utah.gov/oralhealth/pdf/Make_Your_Smile_Count.pdf

The 2005 Utah Health Status Survey Overview Report can be found here - http://health.utah.gov/opha/publications/2005hss/ovr/2005HSS_Ovr_Report.htm

A detailed review of the impacts of uninsurance, based on the 2005 Utah Health Status Survey, can be found here - http://health.utah.gov/opha/publications/2005hss/ins/2005HSS_Ins_Report.htm

Although most sliding-fee scale providers report the capacity to serve the publicly and privately insured populations, the sheer number of uninsured persons in need of dental services has far exceeded the grant funding provided to these entities for care to the uninsured, and has resulted in a limited capacity to take new patients.

The Scope of the Problem - Utah

- Disparities in Hispanic Children
 - Needed dental care but could not get it (21%/6%)
 - No visit to dentist in the past year (35%/15%)
 - Caries experience (76%/50%)
 - Untreated decay (37%/16%)
 - Urgent dental need at time of survey (9%/1%)
 - Sealants present (22%/50%)

All data points extracted from tables and graphs contained in the 2005 Utah Oral Health Survey.

The Scope of the Problem - Utah

Untreated Dental Decay in 6-8 YO by Local Health District

Local Health District	Percent	CI*
Bear River	29.5%	18.3%-40.7%
Central	37.0%	20.3%-53.8%
Davis	***	
Salt Lake Valley	17.9%	14.2%-21.6%
Southeastern	27.6%**	8.8%-46.4%
Southwest	21.1%	11.1%-31.1%
Summit	26.9%**	0.4%-53.4%
Tooele	37.9%	17.5%-58.3%
TriCounty	50.0%	28.4%-71.6%
Utah	16.5%	11.6%-21.4%
Wasatch	23.1%**	0.0%-48.6%
Weber-Morgan	24.4%	16.0%-32.8%
State	21.4%	18.9%-24.0%

Utah Dental Survey, 2005

A related statistic from the 2005 Utah Health Status Survey Overview Report details the number of people in each local health district that report being unable to get needed medical, dental, or mental health care in the past year.

Bear River – 16.0%; Range 12.1-20.8%; 24,000 people

Central – 20.1%; Range 15.5-25.7%; 14,300 people

Davis – 12.6%; Range 9.4-16.7%; 34,900 people

Salt Lake – 15.7%; Range 13.6-18.1%; 152,500 people

Southeastern – 29.0%; Range 24.1-34.4%; 15,300 people

Southwest – 18.3%; Range 14.4-23.0%; 33,300 people

Summit – 11.4%; Range 8.0-16.1%; 4,200 people

Tooele – 20.8%; Range 16.7-25.6%; 10,800 people

TriCounty – 17.4%; Range 13.4-22.2%; 7,400 people

Utah County – 18.1%; Range 15.1-21.5%; 82,200 people

Wasatch – 13.2%; Range 9.9-17.4%; 2,700 people

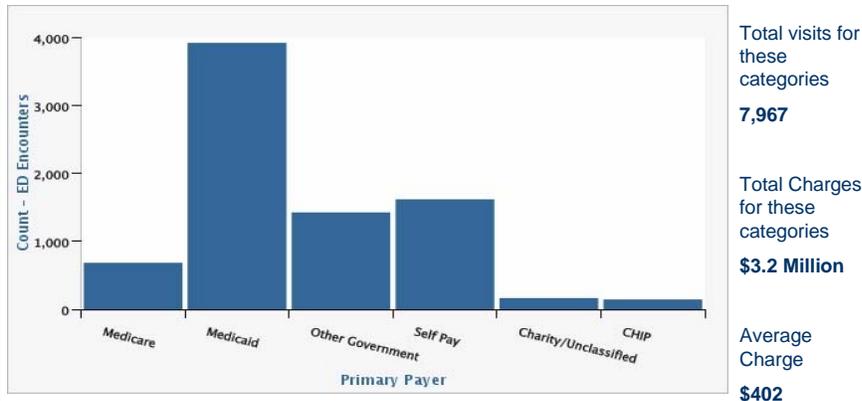
Weber-Morgan – 13.7%; Range 10.3-18.2%; 30,400 people

Total Utah – 16.3%; Range 15.1-17.6%; 411,600 people with access to care issues

In addition 38.9% of uninsured report an access problem, compared to 13.9% of the insured.

The Scope of the Problem - Utah

2005 Emergency Department Visits for DRG Categories related to Dental and Oral Disease, Dental Extractions, and Restorations – IBIS Query



Diagnosis Related Group (DRG) categories are a classification scheme with which to categorize patients according to clinical coherence and expected resource intensity, as indicated by their diagnoses, procedures, age, sex, and disposition, and was established and is revised annually by the US Centers for Medicare and Medicaid Services (CMS).

The DRG categories for this graphic are

185 – Dental and Oral Disease, age >17, minus extractions and restorations,

186 - Dental and Oral Disease, age 0-17, minus extractions and restorations, and

187 – Dental extractions and restorations.

If privately insured and other payer types are included in query, the result is 14,334 emergency department encounters, with total charges of \$6,620,763. This results in an average charge of \$461.89 and a median charge of \$272. The median charge for included graphic is \$233. The median charge for persons in included graphic payer categories admitted to the hospital for these DRGs is \$7,025.

Encounter counts for each payer in query – Medicare(685), Medicaid(3,924), Other Government(1,427), Self Pay(1,620), Charity/Unclassified(166), CHIP(145), Blue Cross/Blue Shield(1,354), Other Commercial(903), Managed Care(3,235), Industrial and Worker's Compensation(162), Unknown(713)

Responding to the Need - National

The recent deaths of 12 year old Deamonte Driver and 6 year old Alexander Callendar have highlighted the need for dental access, especially in kids



Senators and Representatives have introduced the *Dental Health Improvement Act of 2007*, which aims to expand access to dental coverage for low-income children, ensure access to qualified dentists, and improve the reporting and tracking of dental disease in children

The full text of the Washington Post article by Mary Otto can be found here -
<http://www.washingtonpost.com/wp-dyn/content/article/2007/02/27/AR2007022702116.html>

The story of the death of Alexander Callendar can be found here -
http://www.wlox.com/Global/story.asp?S=6170121&nav=menu40_6_12

Information about the Dental Health Improvement Act of 2007 can be found here-
<http://www.washingtonpost.com/wp-dyn/content/article/2007/03/02/AR2007030200827.html>
http://energycommerce.house.gov/Dental/dental_index.shtml

Responding to the Need - Utah

- Several categories of providers
 - Special populations providers
 - HIV/AIDS, shelters, children, Title I Schools, homebound, Native American/American Indian
 - Schools of Hygiene
 - Focus on preventive services
 - Public Coverage Providers (some may discount for self-pay)
 - UDOH Providers
 - University Dental Clinics
 - Sliding-fee or Free Providers
 - Community health centers, free clinics
 - Many at capacity or with long waiting lists
 - Other Types
 - Emergency only
 - Private Providers who offer payment plans or cash discounts
 - Volunteer provider networks, health access programs

Utah providers were identified through:

Salt Lake County Dental Resource Guide (3/2007 edition), compiled by the Coordinated Dental Access System through the Health Access Project

To Your Health! A Guide to Health Care Resources for Low-Income Advocates and Service Providers (12/2004 edition), compiled by Utah Issues

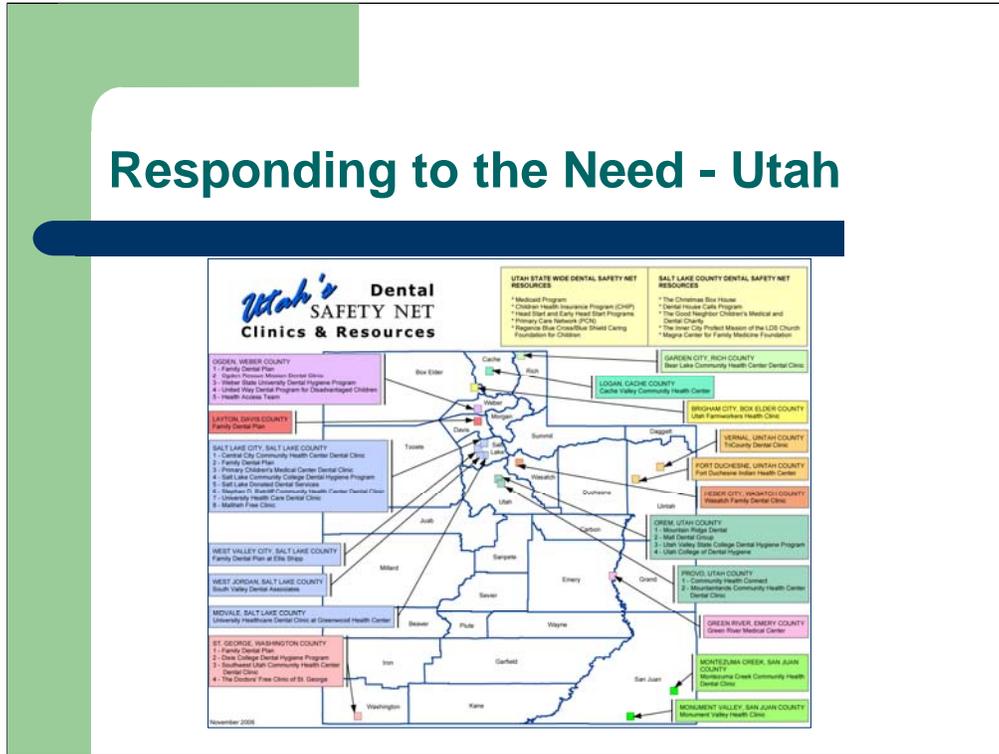
Association for Utah Community Health (AUCH) internal documents

Utah Department of Health Oral Health Program web site and staff resources

The Utah Cares Web Site at <http://www.utahcares.utah.gov/>

Discussions with Utah Health Care Safety Net attendees

Responding to the Need - Utah



Map compiled by Utah Department of Health Oral Health Program (11/2006)
 Please notify Oral Health Program or Kevin McCulley of any changes or additions
 Full size copy of map attached at end of document

2006 Dental Assessment

- Responding agencies generated 24,148 records
- Time period July 01-December 31, 2006
- Data received from these agency types
 - Medicaid/Public Coverage Providers (n=11,515)
 - Sliding Fee Providers (n=7,900)
 - Free Clinic Providers
 - Volunteer Provider/Referral Programs (n=4,733)
 - Ryan White Providers
 - Children's Dental Care Providers

Project respondents:

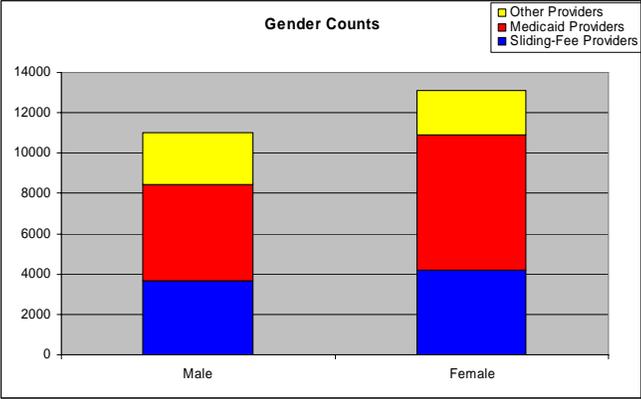
Medicaid/Public Coverage Providers – Family Dental Plan (all sites)

Sliding Fee Providers – Community Health Centers (7 agencies)

Other Provider Types – Utah Partners for Health, Salt Lake Donated Dental, Community Health Connect, Ryan White Title II Program, Caring Foundation for Children, Food and Care Coalition

Although reporting was limited to the above described agencies, researchers estimate that the data collected represents between 50-60% of the total volume of safety net dental services provided during the study time period (07/01/06-12/31/06). This study did not attempt to quantify the services provided by private dental providers in Utah, which is significant. Discussions are underway to determine a method to include private provider charity care volume. Providers are still encouraged to submit data for the study time frame, and should contact Kevin McCulley to discuss appropriate data submission procedures.

Data Report - Gender



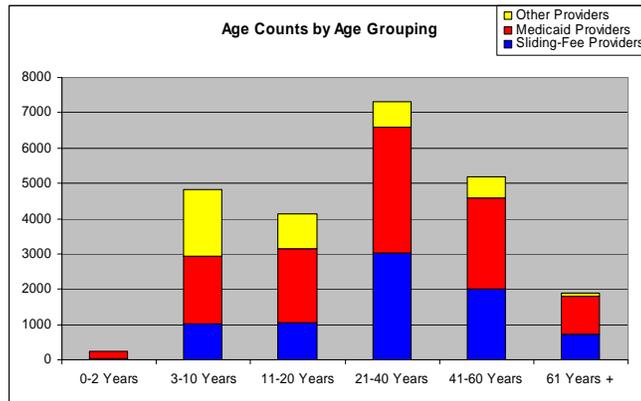
N=24,113
35 Unknown/No Answer

46%

54%

Note: All graphs are based on recorded visits to provider. Additional research areas may include a determination of unique users that are seen at safety net providers.

Data Report – Age Groups



N=23,604

1%

20%

18%

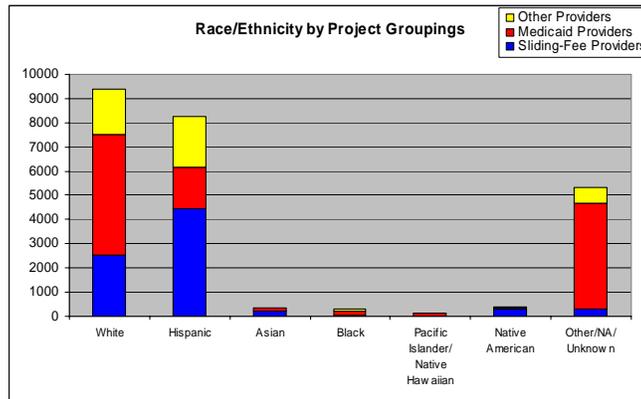
31%

22%

8%

544 Unknown/No Answer

Data Report – Race/Ethnicity



N=24,148

39%

34%

2%

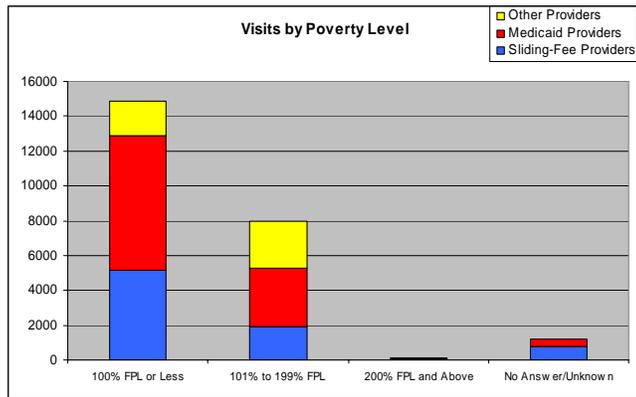
1%

1%

2%

22%

Data Report – Poverty Level



N=24,148

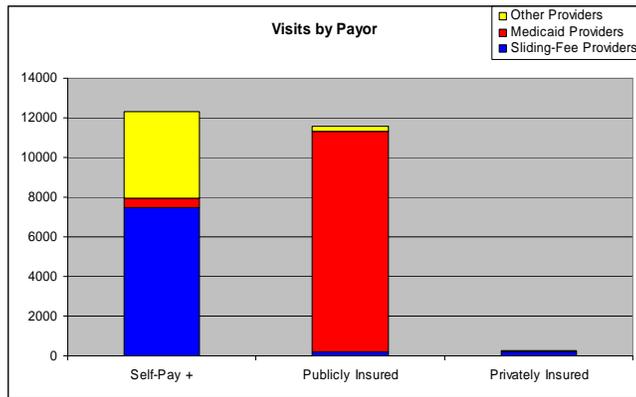
61%

33%

1%

5%

Data Report – Payor Mix



N=24,148

51%

48%

1%

Self-Pay + includes: Uninsured, Prepay, Special Contracts, Funded Programs, Charity Care, and Other Payment Sources

Of the 12,313 in this category, 11,717 (95%) were clearly defined as self-pay patients

Data Tables for Graphs

Gender	Male	Female	NA/ Unknown
Sliding-Fee Providers	3660	4211	29
Medicaid Providers	7491	6718	6
Other Providers	2572	2161	0
Total	11023	13090	35

Age	Age 0-2	Age 3-10	Age 11-20	Age 21-40	Age 41-60	Age 61+	NA/Unknown
Sliding-Fee Providers	17	1029	1053	3039	1996	723	43
Medicaid Providers	226	1899	2104	3559	2596	1067	64
Other Providers	2	1897	980	714	593	110	437
Total	245	4825	4137	7312	5185	1900	544

Ethnicity	White	Hispanic/ Latino	Asian	Black	Pacific Islander	Native American/ American Indian	Other/NA/ Unknown
Sliding-Fee Providers	2527	4467	232	49	21	297	307
Medicaid Providers	5001	1699	111	187	112	54	4351
Other Providers	1847	2085	20	85	11	22	663
Total	9375	8251	363	321	144	373	5321

Data Tables for Graphs

Poverty Level	100% FPL or Less	101%-199% FPL	200% FPL and Above	NA/Unknown
Sliding-Fee Providers	5148	1914	71	767
Medicaid Providers	7728	3350	0	437
Other Providers	1960	2700	72	1
Total	14836	7964	143	1205

Note: All NA/Unknowns are likely to be less than 200% FPL. If all NA/Unknowns, 100% FPL or Less, and 101-199% FPL are allocated into a category of Less Than 200% FPL, then 99% of encounters were provided to people under 200% of FPL (\$19,600 for individual, \$40,000 for family of four)

Payor Status	Self Pay +	Publicly Insured	Privately Insured	
Sliding-Fee Providers	7489	219	192	
Medicaid Providers	437	11078	0	
Other Providers	4387	291	55	
Total	12313	11588	247	

Note: Self-Pay + includes: Uninsured, Prepay, Special Contracts, Funded Programs, Charity Care, and Other Payment Sources. These categories have been included in the Self Pay + Category to reflect conditions when the user is provided funding for visits that would be self pay if not for the external funding. In addition, these categories typically do not follow the patient, but are a component of the provider service. Of the 12,313 in this category, 11,717 (95%) were clearly defined as self-pay/uninsured patients.

Questions?

- Contact Marc E. Babitz, MD
 - UDOH, Division Director, Health Systems Improvement
 - 801-538-6659
- Contact Kevin McCulley
 - Data Analysis/Emergency Preparedness, Association for Utah Community Health, 801-716-4612; comdev@auch.org

Utah's Dental SAFETY NET Clinics & Resources

UTAH STATE WIDE DENTAL SAFETY NET RESOURCES

- * Medicaid Program
- * Children Health Insurance Program (CHIP)
- * Head Start and Early Head Start Programs
- * Primary Care Network (PCN)
- * Regence Blue Cross/Blue Shield Caring Foundation for Children

SALT LAKE COUNTY DENTAL SAFETY NET RESOURCES

- * The Christmas Box House
- * Dental House Calls Program
- * The Good Neighbor Children's Medical and Dental Charity
- * The Inner City Profect Mission of the LDS Church
- * Magna Center for Family Medicine Foundation

