Oral Healthcare Access for All: Workforce Trends and Solutions in Washington State

NOSORH Region C
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Smoke chokes Washington - air quality worst in the nation
Acknowledgment

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*formerly the Washington Dental Service Foundation
Road map

• Why oral health matters
• Describe the study
• Oral health and workforce challenges
• Potential solutions
  • New provider types
  • Integrating oral health and primary care
  • Other solutions
• Summary and discussion
Oral health disparities

“Dentistry is where you see the income gap most of all...polished, capped, whitened teeth versus missing teeth, pain, and lost work days.”
Oral health is linked to overall well-being

1 in 4 adults avoid smiling due to the condition of their mouth and teeth.

23% of adults feel embarrassment due to the condition of their mouth and teeth.

Source: American Dental Association 2015 Oral Health and Well-Being Survey
Oral health is linked to life opportunities

“The appearance of my mouth and teeth affects my ability to interview for a job.”

29% low income adults
28% young adults

Source: American Dental Association 2015 Oral Health and Well-Being Survey
Oral health is linked to other diseases

- Washington residents with periodontal disease have 40% more chronic conditions – e.g., arthritis, liver disease, metabolic syndrome – than those without periodontal disease.
Drivers of change in access to oral health care in WA (check all that apply)

- Great Recession
- Affordable Care Act
- New provider types
- Expanded educational programs
- Community health center and non-profit dental clinic expansion
- Increasing engagement of primary care medical providers
- Changes to ACA?
- Other: ________________________
- Other: ________________________
Study purposes

• Provide new information about the supply, distribution, characteristics of—and demand for—Washington’s oral health providers

• Inform workforce planning efforts
Methods and progress to date

✓ Review literature
✓ Interview 26 key informants (oral health workforce challenges and solutions)
✓ Analyze Washington licensure data:
  • dentists
  • dental hygienists
✓ Survey Washington dentists, pediatricians, and family physicians
✓ Analyze survey findings
☐ Final report (soon to be released)
Key informants’ organizations

• Arcora Foundation
• Columbia Basin College, Department of Dental Hygiene
• Governor Jay Inslee’s Office
• Sea Mar Community Health Centers
• Spokane Community College, Department of Dental Hygiene
• Swedish Medical Center General Practice Residency Program
• University of California San Francisco, School of Dentistry
• University of Washington:
  • Department of Pediatrics
  • School of Dentistry
• Washington Academy of Family Physicians
• Washington Association of Community & Migrant Health Centers
• Washington Center for Nursing
• Washington Chapter of the American Academy of Pediatrics
• Washington State Allied Health Center of Excellence
• Washington State Board of Health
• Washington State Dental Association
• Washington State Dental Hygienists Association
• Washington State Department of Health:
  • Washington State Dental Commission
  • Nursing Care Quality Assurance commission
  • Office of Rural health
  • Washington State Health Care Authority
• Washington State Legislature
• Yakima Valley Farm Workers Clinic
Surveys: 1,500 dentists; 1,500 physicians (887 family physicians, 613 pediatricians)
Survey respondents

• Dentist response rate: 63.6%
  • 793 providing direct patient care in WA

• Physician response rate: 50.2%
  • 285 family physicians in active practice in WA
  • 226 pediatricians in active practice in WA
Key informant perspectives: Workforce distribution challenges

- Many underserved communities in Washington, segregated by
  - geography (rural)
  - mobility (place-bound)
  - socioeconomic status (uninsured)
  - language (limited English proficiency)
  - age (adults/elderly)
Key informant perspectives: Workforce distribution challenges

“I can’t overemphasize the importance of regional distribution issues. Everyone practices in Seattle or Bellevue.”
Low concentrations of dentists outside urban counties
Similar pattern for dental hygienists....
The more rural, the lower the concentration of dentists and hygienists.

According to Rural-Urban Commuting Area codes, v. 3.0
Rural dentists report greater recruitment challenges

"Very" or "Somewhat" Difficult to Recruit

- Rural dental hygienists: 94.1%
- Rural dental assistants: 86.5%
- Urban dental hygienists: 62.7%
- Urban dental assistants: 66.7%
Key informant perspectives: Adult oral healthcare challenges

“Medicaid does not reimburse enough, so expanded [adult] coverage ended up being pretty meaningless.”

“We’ve made significant investments in providers, patient navigators and reimbursement for kids’ oral health—but we haven’t made those same investments for adults.”
Key informant perspectives: Adult oral healthcare challenges

• ACA requires pediatric oral health coverage; no ACA or Medicare provision for adults
• WA adult oral health coverage eliminated 2011-2014 in Apple Health (Medicaid); providers discouraged (“eliminated network and trust”)
• More people covered via Medicaid expansion, but low Medicaid reimbursement—especially for adults.

• Survey: Just 40% of dentists accepted Medicaid
Key informant perspectives: Workforce distribution solutions

• **Lack of agreement about solutions**: “Is there more bang for the buck in residencies, loan repayment, dental school slots, or in trying to change scope of practice for mid-levels?”

• **Producing more dentists without changing education**—location, practice expectations, evidence-based care—is not likely to solve shortages.
Key informant perspectives: Potential rural workforce solutions

“Small communities can’t support a dentist – their needs must be addressed in other ways.”

“NPs are an available workforce to expand oral health in rural areas.”
Key informant perspectives: Potential workforce solutions

Most key informants supported new provider types, especially in rural/underserved communities:

1. Expanded function dental auxiliaries (EFDAs: dental assistant + limited restorative functions) are in an in-between phase (37% of dentists unlikely to employ):
   • May not be found locally (education programs are distant)
   • Practice reorganization required
   • Lack of familiarity inhibits use/trust in quality
   • Inability to perform anesthesia a potential barrier

2. Community dental health aide coordinators (like navigators/community health workers): some interest
Key informant perspectives: Potential workforce solutions

3. Dental therapists
   (preventive and restorative services under remote supervision): most supported the creation of this provider; not everyone convinced can address complex patients or be financially viable
Dental therapists: Momentum building

Dental therapy programs

- Allowed
- Under consideration statewide
- In tribal areas
- Not allowed

Source: The Pew Charitable Trusts
Key informant perspectives:
Potential workforce solutions—primary care/oral health integration

“Dentistry is primary care.”

“Dentists need training to make referrals to medicine and vice versa.”
Dentist-physician referral relationships

WA Dentists Reporting Referrals with Primary Care Providers "Sometimes" or "Often"

- Receive referral from PCPs: 42.3%
- Refer to PCPs: 64.5%
Smiles for Life*
smilesforlifeoralhealth.org

*This training does not qualify providers for enhanced reimbursement in WA.
Preventing Dental Disease in Pediatric Primary Care

Trains physicians, physician assistants, nurse practitioners (with care team) to:

1. Screen and assess oral health risk
   (Position the Child, Ask, Look, Refer)
2. Provide oral health messages
3. Apply fluoride varnish

→ Providers in WA must be trained by Arcora Foundation for enhanced Medicaid reimbursement for these services.

✓ Arcora Foundation has trained 45% of WA pediatricians and family practitioners to deliver oral health preventive services for children (2004-14).
Physicians (responding to survey) trained in oral health prevention

WA Physicians Trained to Provide Oral Health Preventive Services During Well Child Visits

- Family physicians: 41.8%
- Pediatricians: 68.1%
Benefits of providing oral health preventive services as reported by physicians

- **Improved patient health outcomes**
  - Minor Benefit: 90.5%
  - Major Benefit: 8.7%

- **Opportunity to provide coordinated, whole patient care**
  - Minor Benefit: 74.5%
  - Major Benefit: 23.0%

- **Access to referral resources for oral health concerns**
  - Minor Benefit: 67.9%
  - Major Benefit: 24.1%

- **Reimbursement for providing oral health care**
  - Minor Benefit: 34.1%
  - Major Benefit: 43.4%
Training makes a difference in practice

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Training makes a difference in practice

- Asks about oral disease symptoms/risks: 67.8% trained, 50.0% not trained
- Looks for signs of risk/disease: 87.9% trained, 76.2% not trained
- Decides on response with patients: 79.7% trained, 50.5% not trained
- Delivers preventive care (e.g., fluoride): 43.6% trained, 4.3% not trained
- Refers to dentists/specialists: 77.4% trained, 65.4% not trained
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Legend: Trained, Not trained
Trained physicians provided services and got reimbursed more often in the past year.
Pediatricians perceived fewer barriers to integrating oral health

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<th>Family Physicians</th>
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<td>Limited time</td>
<td>53.7%</td>
<td>73.0%</td>
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<td>Limited support or resources to integrate oral health services into my practice</td>
<td>23.7%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Difficulty incorporating into clinic workflow</td>
<td>37.1%</td>
<td>47.1%</td>
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<tr>
<td>Limited knowledge or training in oral health</td>
<td>16.3%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Limited reimbursement</td>
<td>26.4%</td>
<td>36.0%</td>
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<tr>
<td>Limited oral health providers in my community for referral</td>
<td>14.2%</td>
<td>30.8%</td>
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<tr>
<td>Limited evidence-based guidelines</td>
<td>6.8%</td>
<td>14.0%</td>
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<td>Concern about exceeding my scope of practice</td>
<td>10.0%</td>
<td>13.3%</td>
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Barrier to rural primary care integration of oral health services: lack of oral health providers

Limited oral health providers in my community a "major" barrier

40.4% 21.4%
Rural physicians Urban physicians
Opportunity: untrained physicians want training to provide oral health services

Agree "Somewhat" or "Completely"

- Would like to provide oral health services: 55.6%
- Interested in training: 61.5%
- Know how to access training: 28.4%
Other rural workforce solutions offered by key informants

- **Mobile clinics** (e.g., Sea Mar Community Health Centers Migrant and Seasonal Farmworker Promotores and Homeless Healthcare Programs, with Medical Teams International)
- **Preventive care in non-traditional settings** (e.g., “big box” retailers, K-12 schools, hospitals, nursing homes, Rotary Clubs, chamber of commerce events)
- **Teledentistry**
- **Interprofessional dental education in rural and underserved sites** (University of Washington School of Dentistry Regional Initiatives in Dentistry program—RIDE)
- **Hospital dental residencies** (Swedish Medical Center General Practice Residency Program—including rotations for rural physicians)
- **Loan repayment/scholarships** (dentists, hygienists)
- **Better Medicaid reimbursement** (e.g., ABCD program enhanced reimbursement)
Public health solutions (that have workforce impacts)

• Fluoridation
• Sugary beverage taxes
Key take-aways

• Rural areas lack dentists and rural dentists have more difficulty recruiting staff

• Low dentist acceptance of Medicaid limits access, especially for adults

• New models of care are needed for rural and underserved populations
  • New provider types are gaining traction
  • Washington is a leader in integrating oral health and primary care for children, with room for growth (especially among family physicians)
    • BUT: Rural physicians feel more hampered by lack of oral health providers in their communities

• And what about adults?
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