


Making GKAS More Than Just a Day: A Social Scientist Looks at Care Continuity

Burton L. Edelstein, DDS, MPH, Board Chair, Children's Dental Health Project,
Professor of Dentistry and Health Policy, Columbia University.




More Than Just a Day

A Social Scientist Looks at Care Continuity

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Plan for Today

1. Recap where we left off last year
2. Delve deeper into the challenges of care continuity
3. Use a recognized social theory to consider determinants of care continuity
4. Revisit last year's recommendations in light of today's breakout sessions
5. Propose new recommendations for your consideration

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Chapter 1 - Recap: The Problem



The World of Children's Oral Health is Upside Down

Kids with most needs get least **CONTINUOUS** care
Kids with least needs get most **CONTINUOUS** care

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As a result, too many children suffer

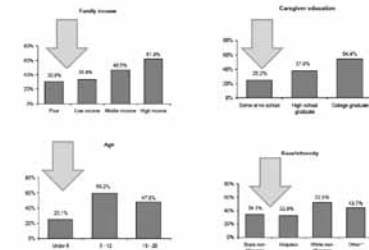
- too much
- too often
- too consequentially

from a disease that is overwhelmingly preventable

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Who are those that don't get much care?

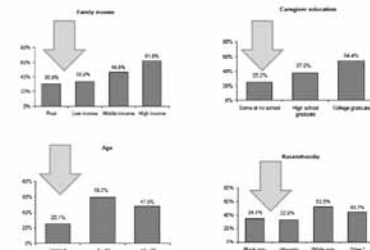


Most underserved are young children of low income minority families whose parents have little education

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Who are those that don't get much care?

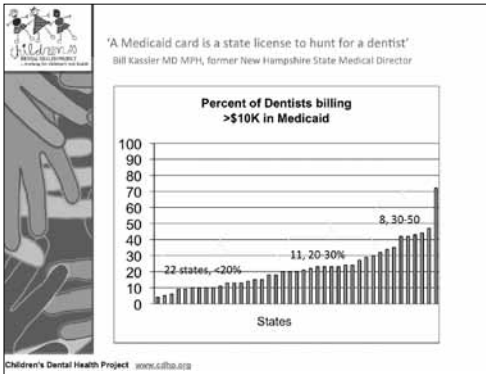
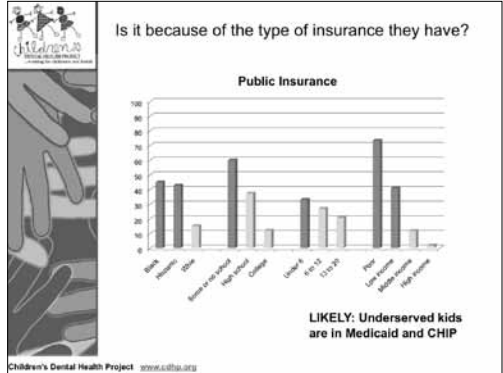
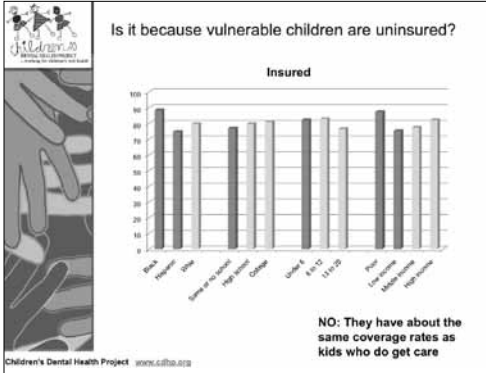


But also note low rates for "advantaged" children. What's that about? What strategies are needed for them? Does it Matter?

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Government Accountability Office

"While several factors contribute to the low use of dental services among low-income persons who have coverage... the major factor is difficulty finding dentists to treat them."

Updates:

- Congressional hearings and continued "oversight"
- Congress commissioned another GAO study – due out soon – on "dentists' willingness" to see children in Medicaid and CHIP
- USDHHS established a new senior-level Oral Health Initiative
- Institute of Medicine is conducting two dental studies and a practice act study (and released an adolescent healthcare study)
- CHIPRA implementation
- ACA (Health Reform) dental provisions

CHAPTER 2
Delving deeper

Is the problem that dentists don't care?

NO. Dentists regularly demonstrate their consideration, compassion, and commitment to underserved children

- Give Kids a Smile (\$30M/yr donated services)
- Donated Dental Services
- Special Olympics
- Dentistry With a Heart
- Missions of Mercy
- Your continuity program
- ...and more


Dentists regularly demonstrate willingness to see:

- individual children upon request of nurses/others
- patients of record who hit hard times

Yet only 6% of GP's patients and 18% of Pediatric Dentists' patients are in Medicaid while more than one-quarter of all children are in Medicaid (& half of all new births)

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Reasons dentists claim for not participating in Medicaid

- 1.
- 2.
- 3.

My Columbia University research

- How early do dental students "know" this?
- How true are these claims?
- How immutable are these perceived barriers?
- What happens when these barriers go away?
- What sits behind these claims?

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Fixing Payment

Notable fee increases in some states have yielded major *relative* increases in dentist participation but still few enrolled dentists

Relative Increase in participating dentists	% of dentists who participate
MI: 150%	24%
TN: 112%	19%
SC: 93%	44%
AL: 76%	31%
VA: 62%	17%

Thus, payment fixes are a **necessary but not sufficient** condition for improving access

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Fixing Paperwork


Enrollment: 10 Columbia University dental students each "enrolled" as Medicaid providers in 5 states

Findings: With few exceptions

- On line enrolment predominates
- Sites found easily on Google
- Documentation, especially for managed care, more demanding than enrolment

Claims Processing: In states/vendors that do not honor commercial claims forms and procedures, providers need to be familiar with program idiosyncrasies

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Fixing Patient Compliance

States and their managed care vendors have used a variety of techniques with varying success. Medicaid *requires* beneficiary assistance with transportation, translation, & appointment making

- Mail and telephone notices to beneficiaries
- Care coordinators
- Telephone translation services
- On line resources including "Insure Kids Now"

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Fixing The Economy!

Medicaid is "countercyclical" with the health of the economy. Recession

- Increases the numbers enrolled
- Reduces state tax-generated income

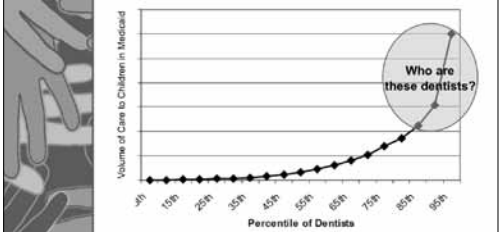
States are responding to economic downturn with:

- Adult program cuts (but cannot cut children's program)
- Fee cuts
- Risk shifting to vendors

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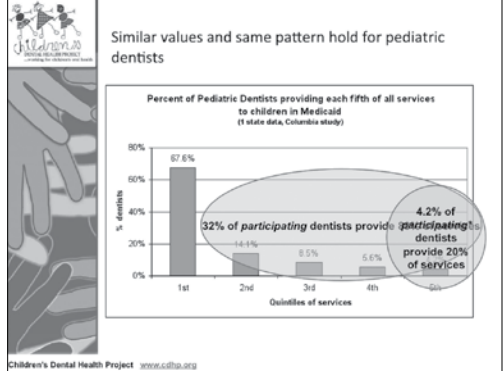
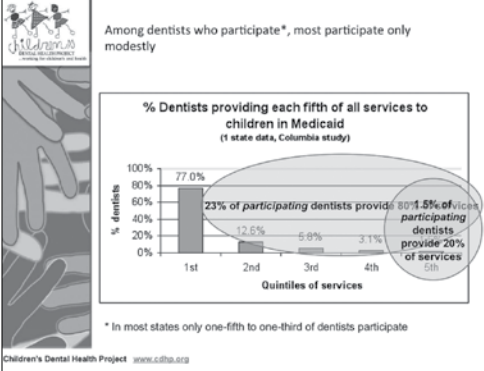
Who does treat these kids?



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- ### Characteristics of Active Dentists
- Committed to the population
 - Because of personal experience/identification
 - Because of professional mission
 - Because of business opportunity
 - Willing to stretch "social norms"
 - Reject normative notion of "successful" practice
 - Elect to locate in areas accessible to the population
 - Atypically large offices (size, staff, volume)
 - Atypical scheduling flexibility and management to support volume and deal with "no-shows"
 - May have lower income expectations
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- ### Characteristics of Active Dentists
- Comfortable with the populations
 - Because of personal characteristics
 - Because of cultural competency training within or outside of dentistry
 - Because of clinical training
 - Able to deal with administrative demands
 - Highly systematized practice management technology for:
 - prior authorizations
 - billing
 - appointment management
 - patient reminders
 - "recall" systems
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- ### Studies of Active Providers
- WI dentists accepting new Medicaid patients are:
- more likely practicing in rural areas
 - pediatric specialists
 - non-white
 - practice in groups of three or more
 - foreign educated
- Among the 2% of MA dentists employed in health centers
- 40% hold limited licenses for foreign dental graduates
 - are disproportionately minority (36%)
 - have lower incomes (83% earned less than \$120,000)
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CHAPTER 3

Introducing the Social Scientists

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Behavioral Sociologists

- Icek Azjen PhD
- Marty Fishbein PhD




"Theory of reasoned action"
"Theory of planned behavior"

- Carol Kunzel PhD
- Don Sadowsky DDS PhD

Theories applied to understanding dental providers

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Icek Azjen PhD (University of IL)
Professor, Department of Psychology
University of Massachusetts



"My research interests include

- attitude formation and change
- effects of attitudes on behavior
- intention-behavior discrepancy
- the relation between knowledge and behavior
- theory of planned behavior
- habitual versus reasoned action

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Martin Fishbein, Ph.D.
Distinguished Professor
Director of the Health Communications
Annenberg Public Policy Center
University of Pennsylvania



Dr. Fishbein's research interests included:

- attitude theory and measurement
- communication and persuasion
- behavioral prediction and change and behaviors
- effectiveness of health-related behavior change


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7/21/2010
Predicting and Changing Behavior
The Reasoned Action Approach
By **Martin Fishbein, Icek Azjen**


Price: \$19.95
Binding: Frontmatter, Health's
ISBN: 978-0-8856-3628-9
Publish Date: July 27th 2009
Language: English
Pages: 139 pages

Predicting and Changing Behavior



<http://images.sandf.co.uk/>

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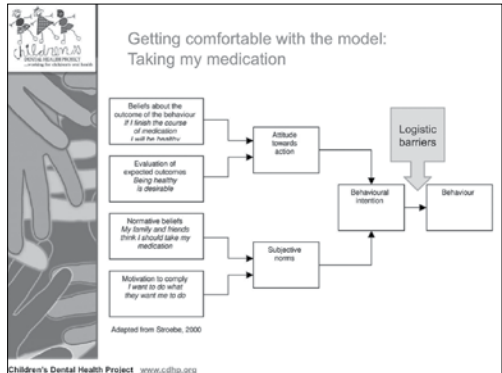
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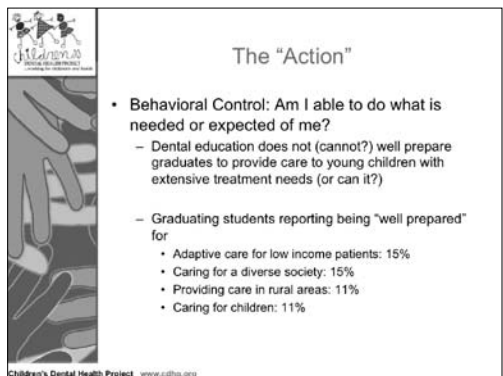
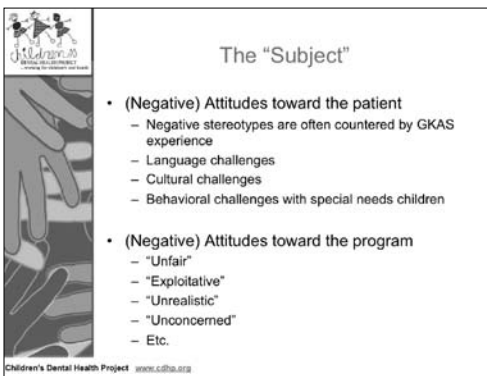
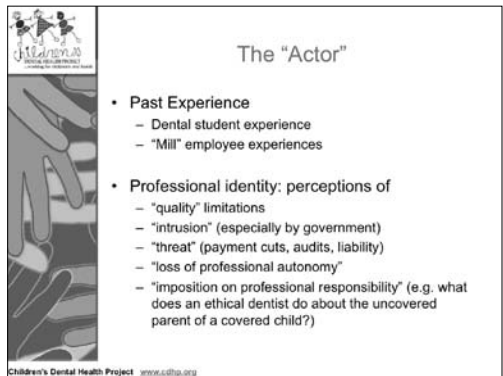
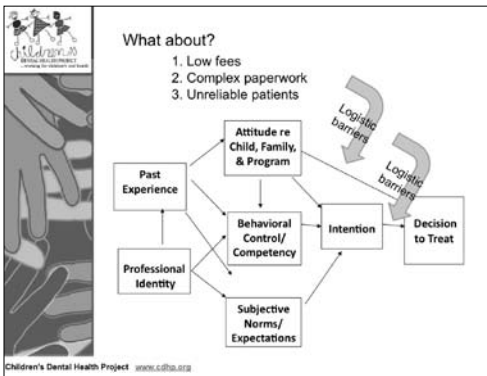
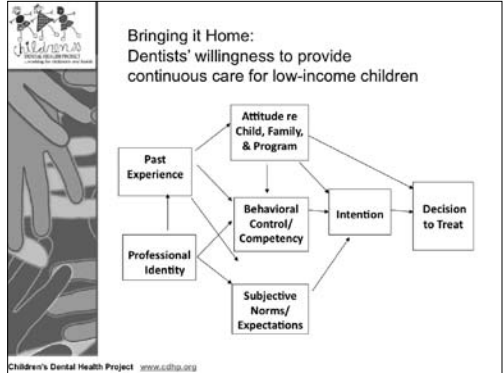
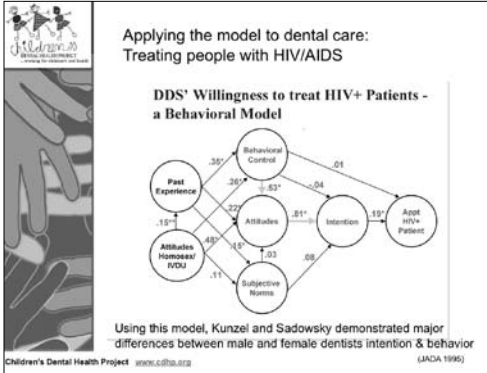
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The "Environment"

- Social Norms and Expectations: What will others think of me for what I do?
 - Colleagues
 - Staff
 - Spouse & Family
 - Community

This element may best explain the higher participation by minority, foreign, rural, and group practice dentists


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CHAPTER 4

Revisiting last year's recommendations in light of this year's breakout sessions

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What can you do today??

1. Establish a local study club just for GKAS participants
 - to enhance competencies in pediatric dentistry
 - to explore cultural competency
 - to share experiences, frustrations, and 'best practices'
 - to learn from those who do currently treat these kids
 - to learn more about these kids, their families, their lives
 - to meet with Medicaid program officials
2. Promote understanding of marginal overhead and other concepts – including how to work with Medicaid - *to be recast from charity to profit*
3. Introduce patients-as-people through GKAS, MOMs, DDS, & contracting with FQHCs
4. Identify the subset of children who match a dentist's interests and comfort to establish niche dental homes

Susan Bauer
CHWs in IL

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5. Implement a small area collaborative case manager (Tomkins County Model) paid by a foundation, club, professional society, or participating dentists
6. Partner newbies with mentors
7. Create 'Adopt a' program
8. Publicly honor and provide social reward to dentists and their entire offices with plaques and certificates
9. Solicit and disseminate testimonials from patients
10. Invite dental trainees to private offices for hands-on mentorship

Joan Linn, CT
AHEC


Debra Wood, CA
Project K.I.N.D.

Jessica Minahan,
OR Safety Net
Program

Lora Mattson, OR
OHSU Program

Colleen Greene,
MA
HSDM

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Commonalities Across These Programs

Most appear to

1. use "systems" approaches to integrate multiple components
2. build on explicit core values and have identified goals
3. collaborate with partners (many are public-private partnerships)
4. target specific populations (e.g. uninsured children) and/or specific providers (e.g. dental students)
5. rely on both paid staff or institutional programs and volunteers to seek continuity
6. involve public health professionals for whom these are core operating principles


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Changes in Public Policy Important to GKAS

March 2010: Passage of Health Reform ("ACA")

- The end of uninsured children: With enactment of CHIPRA and ACA, after 2014 there will be **no** US children who lack access to dental insurance except for those who are themselves undocumented immigrants



Employer-based


Exchange Plans

Medicaid/CHIP

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But Coverage Doesn't Guarantee Access


Also Needed Are

- Prevention
- Workforce
- Safety Net
- Surveillance



CDHP's five "Buckets"


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ACA Addresses a Host of Issues Important to GKAS


Prevention & Health Promotion	Quality Treatment
Oral Health Infrastructure & Capacity	
Community Awareness/Education	Effective Coverage
Family-level Prevention	Effective Workforce
Child-level disease management	Effective Delivery Systems
Surveillance, Evaluation, CQI	

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CHAPTER 5
New Recommendations

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New Recommendations

Use new ACA provisions to

1. Focus GKAS efforts on determining eligibility and enrolling children so they have ongoing dental insurance
2. Work with school-based care programs to include dental care
3. Work with local FQHCs to ensure that their expansions include dental care for children
4. Work with your state's dental school(s) and residencies to partner in
 - caries management grants
 - dentist and hygienist training programs
 - demonstrations with new providers including ADA's Community Dental Health Coordinator

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Use new CHIPRA provisions to

5. promote contracting between private dentists and community health centers to establish continuous care
6. make sure that all area participating dentists are properly listed on "Insure Kids Now"
7. partner with local hospitals through GKAS volunteers to institute ECC prevention education and early care


Use new ARRA Health Information Technology option to

8. encourage dentists to explore the Medicaid "HIT" incentive payments for practices that are 30% or more Medicaid

Use the AAPD Head Start Initiative to

9. reach out to your state Dental Home Program Leader to connect GKAS volunteers to ongoing care for Head Start children

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Forge new linkages

10. link GKAS programs to federal grant programs
 - "Grants to Support Oral Health Workforce Activities" (HRSA)
 - "Targeted Oral Health Service Systems Grants" (HRSA)
 - "Partnerships to Promote Maternal and Child Health" (HRSA c/o CDHP and AAPD)
 - "Promoting State Oral Health Infrastructure Grants" (CDC c/o CDHP)
11. link GKAS programs to philanthropic efforts to can help build continuity programs
 - Community and conversion foundations
 - National foundations
 - Service Clubs
 - Faith based organizations

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(continued)

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Forge new linkages (continued)

12. link GKAS activists to State, county, and local Maternal and Child Health Agencies (This is their anniversary year) for attention to "special" child populations

- Children and teens with disabilities: intellectual, developmental, and physical
- Children and teens in institutional programs: group homes, foster care, juvenile justice
- Adolescents in special programs: HIV, drug, and pregnancy

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The Solution

Turn The World of Children's Oral Health Right Side Up

Kids with most needs get *most* care

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"It is essential to develop a habit of observation and reflection"

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Personal Reflections

- As clinician
 - Children suffer too much, too often, and too needlessly. To see a child in pain and relieve that pain is hugely satisfying for the dentist but too often short lived for the child
- As analyst
 - Dental concerns represent the worst case of prevalence, day-to-day consequence, Medicaid performance, & workforce/ financing/safety net shortcomings but is uniquely solvable at low cost
- As advocate
 - America offers children promise but not success. Failing their needs for oral health fails our collective future.

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THE PRIZE

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FOR MORE

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