Improving Oral Health Care Delivery Systems through Workforce Innovations

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Institute of Medicine
Background

- Institute of Medicine February 2009 workshop on *The Sufficiency of the Oral Health Workforce*
- AAPHD Mission
  - Promotion of effective efforts in disease prevention, health promotion and service delivery;
  - Education of the public, health professionals and decision-makers regarding the importance of oral health to total well-being; and
  - Expansion of the knowledge base of dental public health and fostering competency in its practice.
Special Issue Purpose

1) highlight the oral health needs of specific population groups,
2) identify successes and challenges of current oral health care delivery;
3) propose workforce innovations that would overcome access challenges; and, and
4) present policy considerations aimed at advancing delivery system improvements
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Private Sector

- 181,000 professionally active dentists, 166,000 (92%) are in private practice
  - Most solo owner/operator (entrepreneurial model)
  - Overhead > 60%
Financing

- Most care delivered fee-for-service
- Most care paid out of pocket
- Dental insurance – feature of employment
  - No Medicare coverage
  - Medicaid mostly for children
  - Not consistent with rules of insurance
  - 2 time more uninsured vs medical insurance.
  - 70% charges: diagnostic or preventive
Service Mix and Disease Trends

• General decline in disease over last 40 years
  – Disease rates remain high in many sub-populations
  – Strong SES gradient
Service Supply Trends

- Dentist to population ratio – level
- Likely to decrease in next decade
  - 4700 dentists graduate/year
  - More leave practice (retirement)
- Aging workforce
- Distribution of workforce not related to need.
Current Concern: Access to Care for 1/3 of US population

Affordable, Accessible, Culturally Appropriate.
Access to Dental Care – US Population

Source: American Dental Association

Total Population
- 281 Million

Community Living
- 277 Million

Generally Healthy
- 253 Million

Not economically Disadvantaged
- 210 million

Non-Remote
- 199 Million

Institutionalized
- 4 Million

Severe Medical Co-morbidities
- 25 Million

Economically Disadvantaged
- 43 Million

Remote
- 11 Million

Non-Remote
- 40 Million

Remote
- 3 Million

82 Million Americans
Attributes of an Ideal Oral Health Care System

Reviewed major health organizations’ principles
• WHO, IOM, Healthy People, APHA, AAPHD

Attributes include:
• standards for system orientation and performance (comprehensive and evidence based),
• professional conduct (ethical and culturally competent),
• the system’s relationship to society (empowering).
Oral Health Disparities

• Widespread disparities by race, income, geography and other factors

• Adapt Office of Minority Health’s Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities for evaluation of the workforce

• Provides a framework for understanding how current workforce deficits contribute to disparities, and how workforce proposals may help to eliminate them
Private Sector Approaches

• General trend of increased office productivity and use of workforce
• General trends in dental economics
• Public private partnerships and other efforts
The Dental Safety Net

- Serves underserved populations, essentially the 1/3 who cannot get care in private market
- Comprised of a large set of uncoordinated programs and policies
  - Systems: FQHCs, VA, IHS
  - Policies: Medicaid and CHIP
  - Other: Corporate Medicaid practices, Dental Schools, Volunteer Free Care, Hospital ERs, large scatting of community based and public health programs
- Limited capacity and overall insufficency to meet need in population
Special Populations

• People in Institutions
  – Census defined as people under formally authorized supervised care or custody including correctional institutions, nursing facilities and skilled nursing facilities, hospitals patients who have no usual home elsewhere, juvenile intuitions. Also included are those in assisted or dependent living arrangements, children in school settings and home bound adults.
  – Challenge is inability to get to dental office
Special Populations

• Rural Populations
  – Rural populations have lower dental care utilization, higher rates dental caries, lower rates of insurance, higher rates of poverty, less water fluoridation, fewer dentists per population, and greater distances to travel to access care than urban populations.
  – Challenge for rural populations is multidimensional.
Envisioning Success

• Three key themes:
  1. the foundational issues of “who pays” together with “who is paid” and “exactly what are they paid to do”; 
  2. the evident gaps in the US dental educational system with the resulting failure to educate enough of the ‘right’ types of providers; and
  3. the overriding need for significant policy changes, at both the Federal and state levels, in regards to matters such as licensure, scope of practice, and related concerns.

• Framework for evaluation of success must include assessment within each domain
Questions?