

ACCESS TO CARE IN CALIFORNIA: MEETING THE CHALLENGE AND INNOVATIVE SOLUTIONS

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What **IS** the Problem of Access?



What do dentists say?



- “too many administrative barriers to enroll, or to get paid”
- “patients have behavior issues, eg. often missing appointments”
- “fees too low, not even covering costs”

What do clients/patients say?

I was told....

- ☐ “my insurance didn’t cover the treatment”
- ☐ “ wait 1-2 months for an appointment”
- ☐ “they don’t accept kids under 5”
- ☐ “they’re not accepting new patients”.

San Francisco Chronicle

State leaves poor kids short of dental care

Low rates mean few providers serve neediest children

By Victoria Colliver

California's dental program for low-income children is leaving many of the kids it is intended to serve at high risk of developing lifelong dental diseases because it has failed to provide adequate services, a state audit released Thursday has found.

The 92-page report described a system that serves fewer than half the children enrolled in the program, attributing that mainly to a lack of dentists willing to accept the rates the state is willing to pay them for their services. Those rates, which haven't increased since 2000, were cut by 10 percent last

year.

Problems with the program, known as Denti-Cal, have persisted for years, but health advocates worry that the migration last year of more than 865,000 kids into Medi-Cal from the state's Healthy Families program under the federal health law

Dental continues on D4



Michael Short / The Chronicle

Dr. Tony Mock gives Jenine Smith a dental checkup. Low-income children are at high risk of dental problems.

Utilization of Care FY 2012-13 : 43.9%

***“nearly 56% of the 5.1 million children
in Medi-Cal did not receive dental care”***

Provider Capacity FY 2012-13

“While the number of providers appears sufficient...some counties may not have enough providers to meet the dental needs child beneficiaries”.

- **“In 5 counties > 2000 beneficiaries –no active providers “**
- **“In 11 counties no providers willing to accept new patients**
- **“In 16 counties the number of providers appeared insufficient”**

Provider fee-for-service reimbursement

- Fees have not increased since FY 2000-01
- Are significantly lower than national, regional averages
- Are 35% the national average for 10 selected procedures.
- California implemented a 10% fee reduction in 2013.
- DHS has not conducted required annual reviews of reimbursement for dental services and periodically revised rates – only two reviews since FY 2000-01.

Medi-Cal Enrollment

Children and Adults- February 1, 2015



Age 0-20 5,441,030 **Roughly 50% of all CA children**

Age 21+ 8,144,666

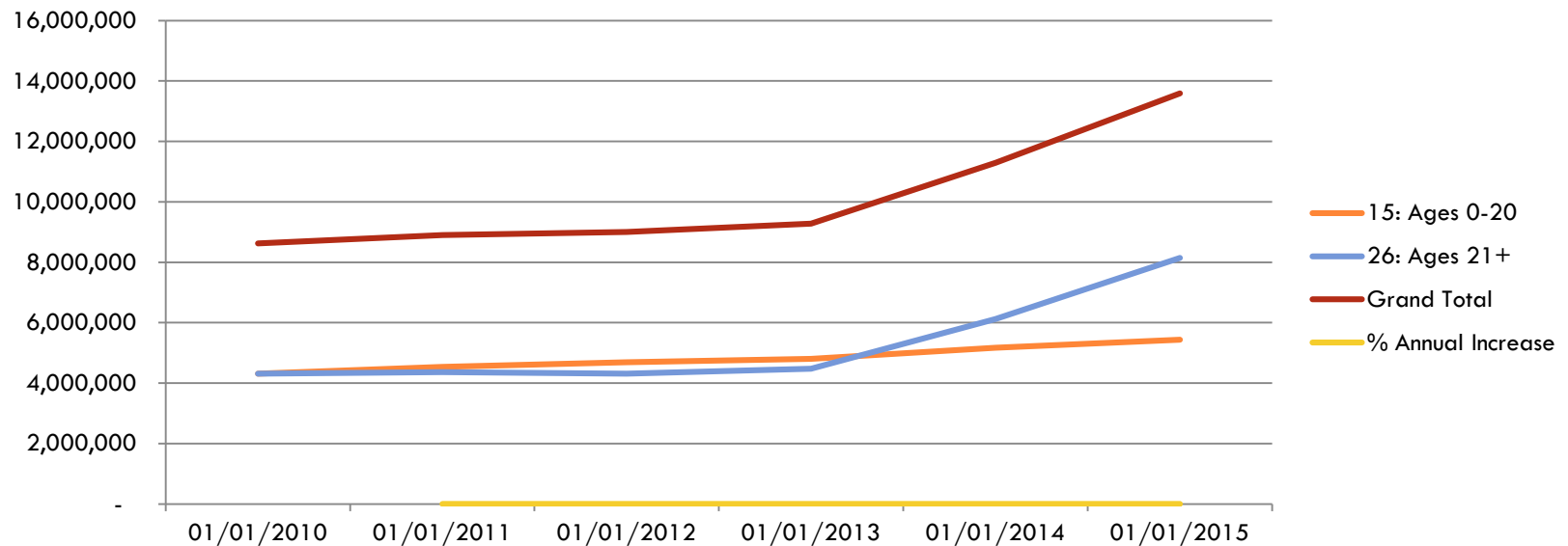
Total 13,585,696 **Roughly 1/3 of all Californians**

Specialty

Specialty Type	Number	%	% just of DDS
General Practitioner	13,545	85.6	87.0
Oral Surgeon	415	2.6	2.7
Endodontist	53	0.3	0.3
Orthodontist	29	0.2	0.2
Cert. Orthodontist	811	5.1	5.2
Pedodontist	546	3.5	3.5
Periodontist	92	0.6	0.6
Prosthodontist	74	0.5	0.5
Oral Pathologist	3	0.0	0.0
Medicare Crossover	4	0.0	
Full time faculty	1	0.0	
RDHAPs	245	1.5	
Total	15,818	100.0	

Enrollment Trend

Elig Date	Ages 0-20	Ages 21+	Grand Total	%Annual Increase
02/01/2010	4,307,829	4,314,502	8,622,331	
02/01/2011	4,535,375	4,364,610	8,899,985	3.22
02/01/2012	4,687,284	4,310,641	8,997,925	1.10
02/01/2013	4,805,755	4,477,061	9,282,816	3.17
02/01/2014	5,165,555	6,120,887	11,286,42	21.58
02/01/2015	5,440,949	8,144,747	13,585,696	20.37



Medi-Cal Users / GP And Pediatric DDS

	# of Eligible's as of 02/01/2015	GP	Ped DDS	Total	Elig/DDS	50% Util	Users/DDS
Age 0-20	5,441,030	13,545	546	14,091	386.1	2,720,515	193.1
Age 21 +	8,144,666	13,545		13,545	601.3	4,072,333	300.7
Total	13,585,696	13,545	546	14,091	964.1	6,792,848	482.1

Covered California Enrollment

Enrollment 2014

2015 Eligible Population

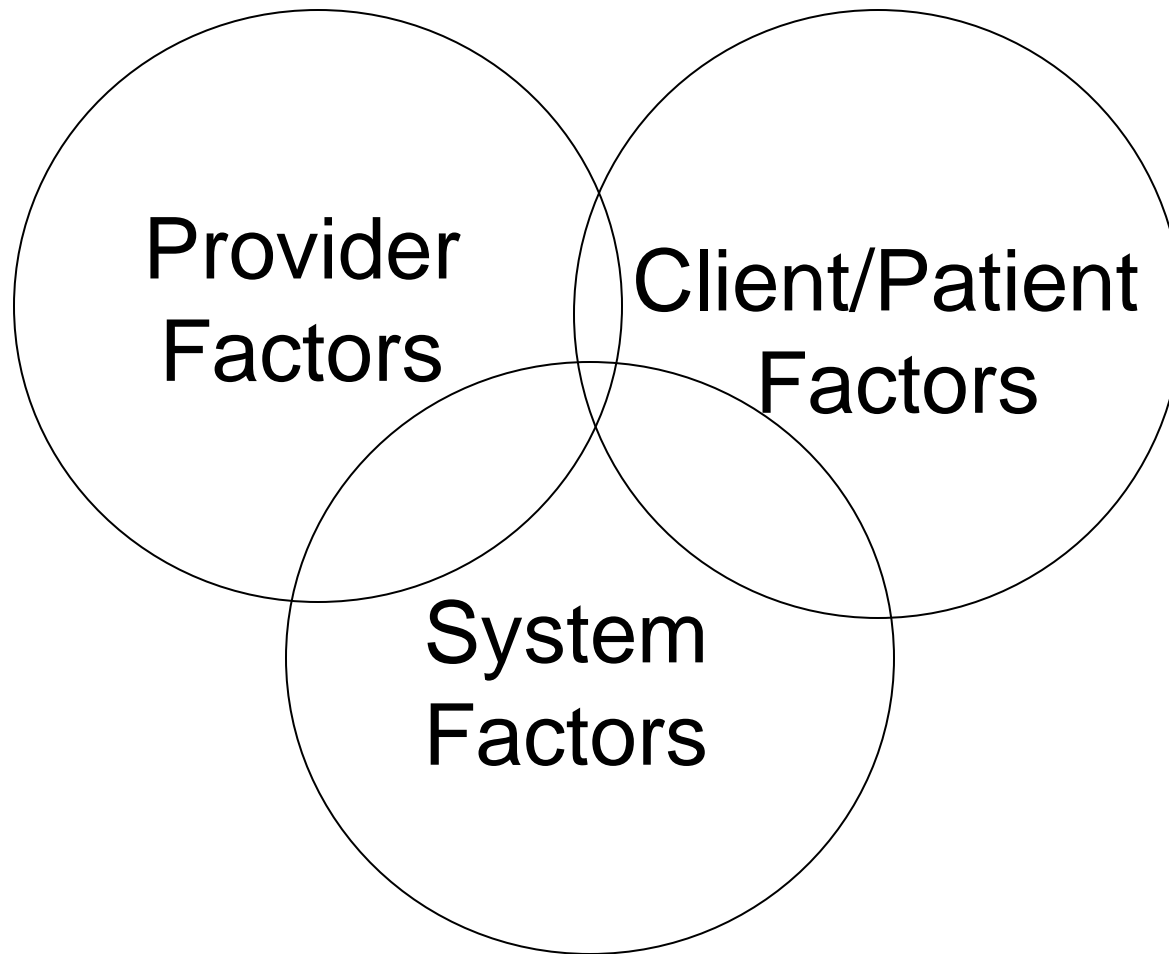
Age less than 18	82,923	50,000
Age 19-24	276,772	660,000
Age 30-44	359,897	620,000
Age 45-64	674,964	1,200,000
Age 64 and older	1,373	

Total	1,395,929	2,530,000
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Recommendations

1. Set criteria for utilization, provider participation, geographic areas falling below criteria; act to resolve declines.
2. Perform annual rate reviews.
3. Follow it's own measurement of 12 month utilization.
4. Direct Delta to submit a plan to remedy access problems, including fixed or mobile facilities as per contract.
5. Set county specific provider to beneficiary performance measures.
6. Pursue detailed service specific utilization reports .
7. Stop paying deceased providers and seek to recover those payments.

ACCESS to CARE



Provider Factors

- Most care in traditional private practice settings;
- No single model will serve needs of underserved and vulnerable populations;
- Diversity in the profession not representative of vulnerable/underserved population including, language and cultural barriers;
- Geographic maldistribution in underserved communities;
- High health literacy demands .

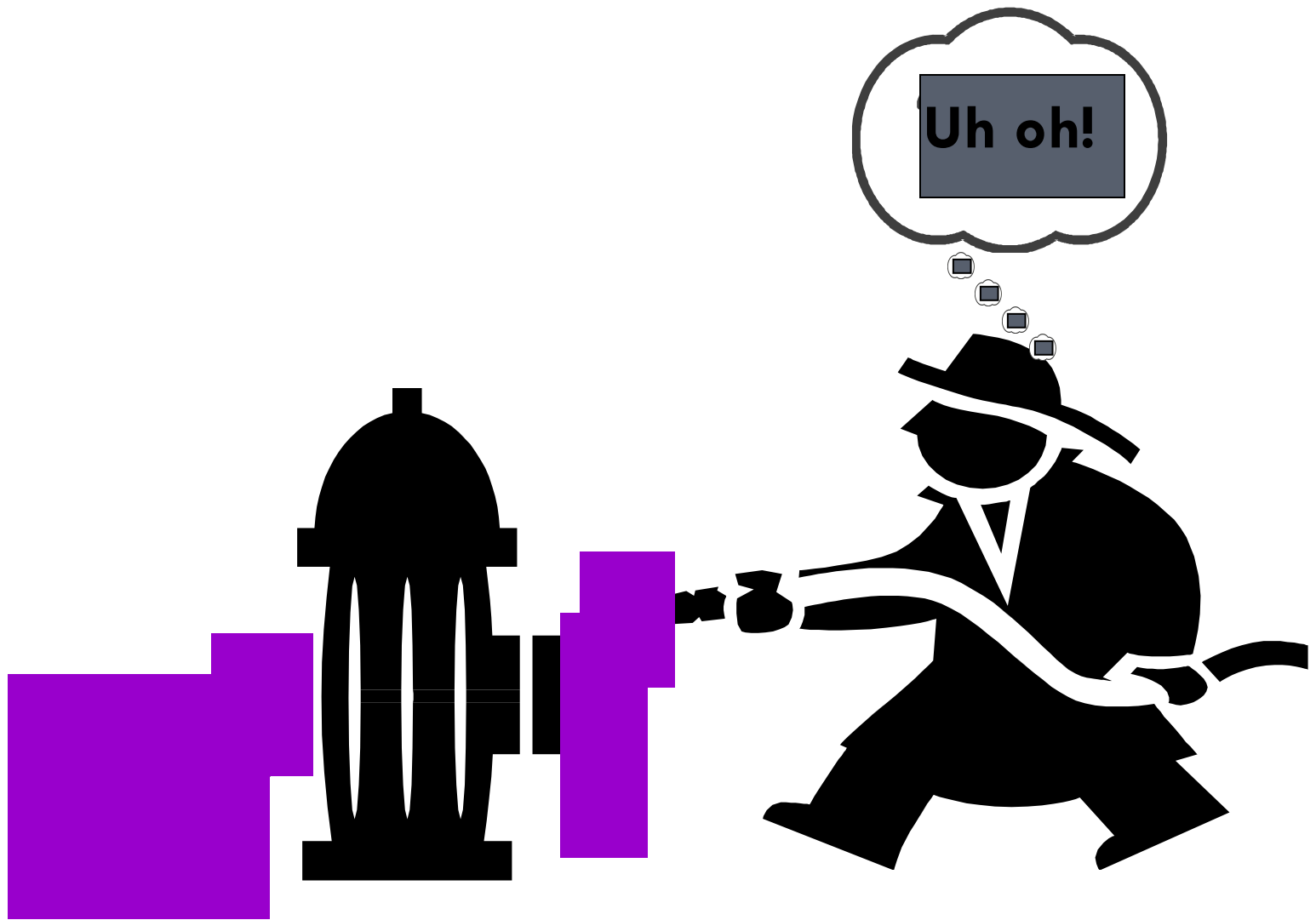
Client/Patient Factors

- Low health literacy;
- Cumbersome insurance enrollment requirements;
- Language and culture differences from dental provider;
- Geographic distances;
- Time loss from employment and school;
- Psycho social impediments to seeking care;
- Extensive waiting for appointments.

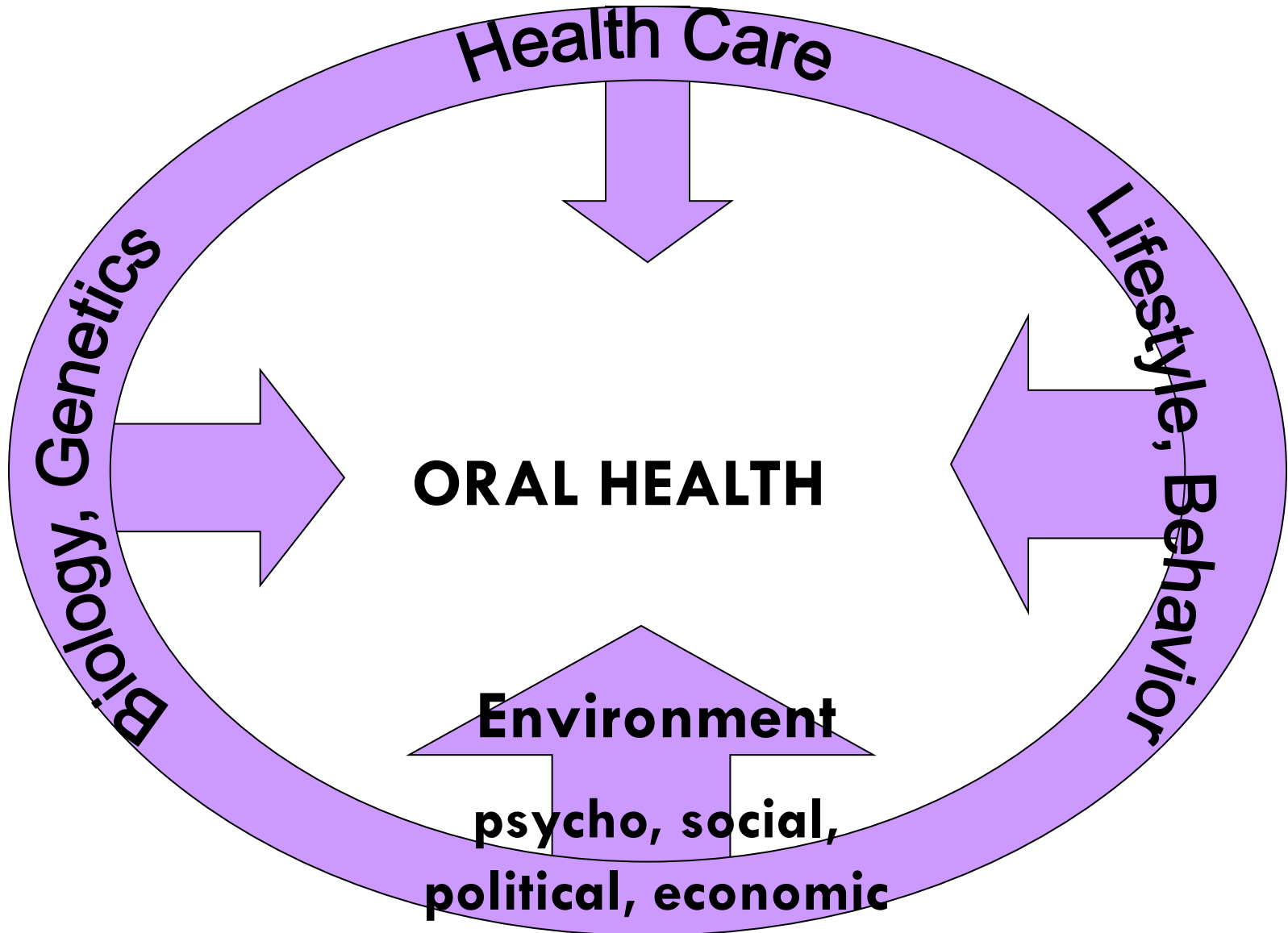
System Factors



- Low reimbursement rates;
- Little care coordination, patient navigation or case management;
- Limited service settings;
- Administrative burden on providers and patients;



Determinants of Oral Health



“Improving Access to Oral Health Care for Vulnerable and Underserved Populations”

1. Integrating Oral Health and Overall Health Care
2. Creating Optimal Laws and Regulations
3. Improving Education and Training
4. Reducing Financial and Administrative Barriers
5. Promoting Research
6. Expanding Capacity

IOM: Integrating Oral Health into Overall Health Care

- Expanded role for medical care providers
 - Fluoride varnish
 - Age 1 mandated dental referral
- Expanded WIC Oral Health Programs
- Support for Reducing Sugar Sweetened Beverage Consumption

IOM: Expanding Capacity and Creating Optimal Laws and Regulations

- Virtual Dental Home
- School based sealant programs
- Federally Qualified Health Centers
 - ▣ Contracting with private providers
 - ▣ Beyond “4 walls” services

IOM: Financial & Administrative Barriers

- Fee increases
- Fee incentives for treating young children, Healthy Kids, Healthy Teeth (or Access to Baby and Child, Dentistry aka ABCD in Washington State) Program
- Fee incentives for treating pregnant women
- Streamline provider administrative processes
- Assure resources for outreach & case management