



Do Facts Matter?
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Agenda

- Pew Children's Dental Campaign
- Why dentists might oppose new workforce models
- Economics of new models in private practice
- Economics of new models in FQHCs
- Why facts matter



The Pew Center on the States




The Pew Children's Dental Campaign

Our Mission:
The Pew Children's Dental Campaign strives for cost-effective policies that will mean millions more children get the basic dental care they need to grow, learn and lead healthy lives.




Focusing on Three Policy Areas

Prevention


- Community water fluoridation campaigns (CA, AR, MS + 2)
- National messaging & strategy development

Funding for care

- Advocating for federal appropriations for oral health programs
- Medicaid reimbursement for fluoride varnish by MDs and RNs

Dental Workforce

- Ensuring adequate workforce to care for children (MN, CA, ME, NH +1)
- Research on economics of new models

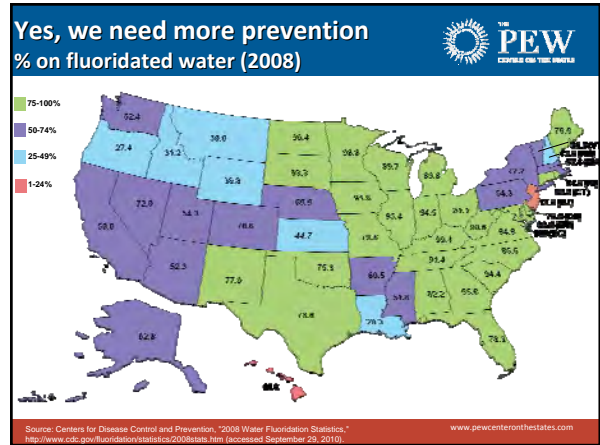
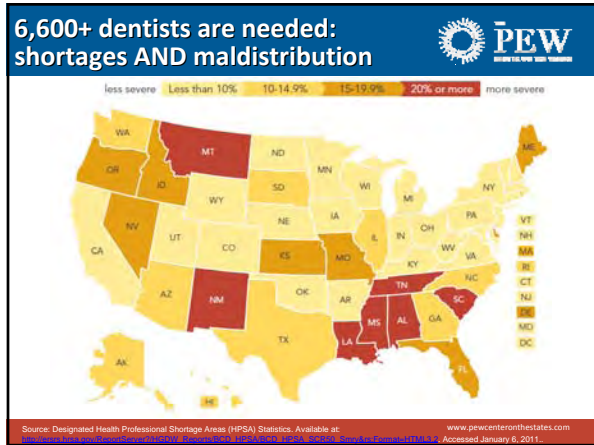
Why dentists might oppose new models

- Nobody but dentists can diagnose, treat (patient safety, competence)
- Would provide second tier care (lower quality)
- There is no shortage of dentists, only maldistribution
- We need more prevention, not treatment
- Now is not the time



Studies that show any concerns about quality, competence, safety

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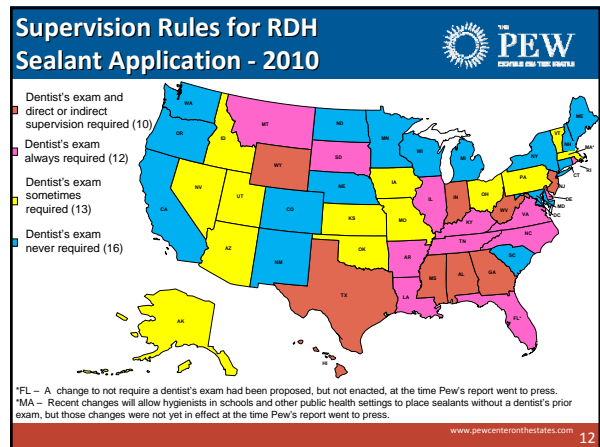


Yes, we need more sealants


- Sealants have been found to prevent 60% of decay on permanent molars over a five year period after just one application. (cdc.gov/oralhealth)
- Still, 33 states and D.C. fail to bring school-based sealant programs to even one-quarter of their high-risk schools.

| Percentage of high-risk schools with sealant programs, 2009 | Number of states |
|---|------------------|
| 75 - 100% | 3 |
| 50 - 74% | 7 |
| 25 - 49% | 7 |
| 1 - 24% | 23 |
| None | 11 |


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Are those restrictions evidence-based?




- According to J. Beauchamp et al., "Evidence-Based Clinical Recommendations for use of Pit-and-Fissure Sealants: A Report of the American Dental Association Council on Scientific Affairs," from the *Journal of the American Dental Association*:
 - x-rays and other advanced screenings are **not** necessary to determine the need for sealants
 - It is appropriate to seal a tooth with early lesions, and a visual assessment is sufficient to determine whether a molar is healthy enough for a sealant
 - Dental hygienists have the clinical training to conduct the necessary visual assessments and apply sealants with no prior exam



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Now is not the time?

Free clinic in Brighton, CO, about 30 minutes outside of Denver. The first person in line arrived at 5:00 p.m. The clinic opened the following day at 5:00 a.m.

Denverpost.com, http://www.denverpost.com/news/ci_13320334, accessed 4/6/2011.



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What concern isn't expressed?




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Pew's *It Takes a Team* report

What prompted our report:

- We need new workforce models to address the access problem.
- It's critical that policy makers and dentists understand the potential impact of new providers on dental practices so they can make informed decisions about these issues.
- Pew wants to encourage more dentists to see Medicaid-enrolled children in a financially sustainable way.

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What we learned



Key findings:

- New types of allied providers can strengthen both the productivity and financial stability of private dental practices
- These new providers can make it financially viable for most dental practices to serve Medicaid patients
- Medicaid rates play a key role in making it financially viable for practices to serve more low-income patients



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Solo Pediatric Dentist Serving Medicaid Enrollees



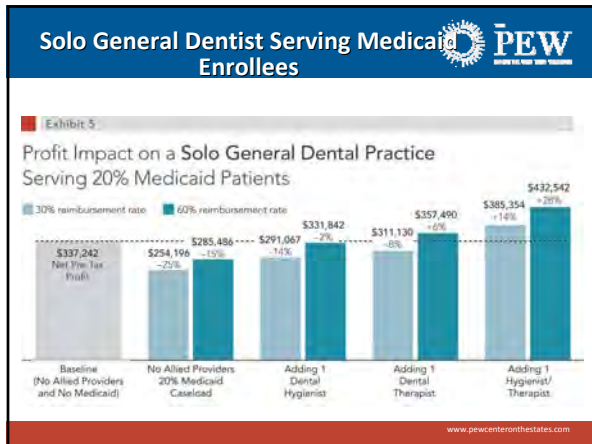


Exhibit 3: Profit Impact on a Solo Pediatric Dental Practice Serving 20% Medicaid Patients



| Scenario | 30% reimbursement rate | 40% reimbursement rate |
|--|------------------------|------------------------|
| Baseline (No Allied Providers and No Medicaid) | \$120,503 | - |
| No Allied Providers 20% Medicaid Caseload | \$239,796 (+25%) | \$270,123 (+10%) |
| Adding 1 Dental Hygienist | \$277,705 (+13%) | \$317,587 (+13%) |
| Adding 1 Dental Therapist | \$298,126 (+7%) | \$343,841 (+7%) |
| Adding 1 Hygienist/Therapist | \$371,021 (+10%) | \$417,268 (+10%) |

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ADA issued a "rebuttal"

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The ADA found no mistakes in ITAT

- ADA ignores a Colorado study of EFDA that it sponsored in 2009 — the study's conclusions were similar to Pew's:
 - *The Colorado study found that net incomes of practices delegating restorative duties rose by 62%.*
 - *Patient visits (gross billings) also increased with delegation.*
- ADA wrongly assumes that demand for dental services will remain flat after hiring a new type of provider.

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ADA's analysis—apples and oranges

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- ADA caps a practice's productivity by assuming new providers will not perform any preventive services.
- ADA wrongly assumes that dental practices hiring a new provider will receive lower reimbursements.
- ADA's analysis assumes all practices hire hygienists.
- ADA assumes new providers are "perfect substitutes" for dentists

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How will new providers affect FQHCs?

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Lead investigators
Howard Bailit, D.M.D., Ph.D. and Tryfon Beazoglou, Ph.D.

Problem
To reach 55% Medicaid Utilization - 7.2 million more children need to obtain care

Goal of study
Develop Model to Estimate Impact of Dental Therapists (DT) on FQHC Productivity and Finances Treating Children

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Study assumptions and limitations

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- Only looked at:
 - Dental Therapists (2-yr model)
 - Serving children, not adults
 - Doing only restorative care
- New studies should examine:
 - Use with all populations
 - Adding, not substituting, to staff
 - Doing all services in scope
 - Non financial aspects

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DT Services Provided to Children by FQHCs in CT and WI

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| Service | Connecticut | | Wisconsin | |
|------------------------|--------------|----------------|--------------|----------------|
| | # | Value (in 000) | # | Value (in 000) |
| FQHC/Sites | 4 | 20 | 1 | 5 |
| Restorations | 5,427 | \$794 | 5,682 | \$1,103 |
| Stainless Steel Crowns | 121 | 36 | 130 | 28 |
| Pulp Caps, Pulpotomies | 254 | 38 | 152 | 23 |
| Extractions | 1,021 | 141 | 607 | 84 |
| Subtotal | 6,823 | 1,000 | 6,571 | 1,138 |
| Total Children Served | 39,951 | \$2,660 | 55,259 | \$3,826 |
| Total Patients Served | 167,691 | \$9,217 | 163,091 | \$14,563 |

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Savings from Substituting DTs for Dentists Treating Children in FQHCs



| Variable | Connecticut | Wisconsin |
|---|-----------------|----------------|
| Total Value of all Services | \$9,217,500 | \$14,562,737 |
| Value of Child Services | \$2,660,020 | \$3,826,340 |
| Value of Child Services Provided by Dentists and Replaced by DT | \$999,604 | \$1,002,964 |
| Dentist's Share Value of Child Services Replaced by DT | \$299,881 | \$300,889 |
| Number of FTE Dentists | 14.4 | 19.0 |
| DT Absolute Savings | \$149,941 | \$150,445 |
| DT Savings Per Dentist | \$10,412 | \$7,918 |
| DT % Savings | 5.6% | 3.9% |

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Findings



- Study estimated that Dental Therapists will have a modest impact on cost effectiveness of FQHCs:
 - 5% savings
 - Savings reflect in the difference in wages between Dentists and Dental Therapists
- Potential impact of Dental Therapists on school-based systems of care was far greater:
 - Save \$116,640 per 10,000 children
 - Save \$80,000 per dentist
 - For \$1.8 billion, we could bring Medicaid utilization up to 55% with 1,200 dental therapists in school based programs

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- **Truthiness** refers to the quality of preferring concepts or facts one *wishes* to be true, rather than concepts or facts *known* to be true. As Stephen Colbert put it, "I don't trust books. They're all fact, no heart."

http://www.americandialect.org/index.php/ameridial/truthiness_voted_2005_word_of_the_year/

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Wishing Don't Make it So



- **The Claim:** Fluoride is a poison that causes cancer, arthritis and other health problems.
- **The Facts:**

"These adverse effects are not found in persons exposed to the amounts of fluoride in toothpastes and fluoridated drinking water. ... fluoridation of water spawns a number of websites that don't spare lies and misleading statements."

Ernie Mueller, former EPA researcher and Alaska's ex-commissioner of Environmental Conservation

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