Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Practice:
Health Care Commission's Dental Care Access Improvement Committee

Public Health Functions:
Policy Development – Oral Health Program Policies
Assurance – Access to Care and Health System Interventions

HP 2010 Objectives:
21-10 Increase utilization of oral health system.
21-12 Increase preventive dental services for low-income children and adolescents.

State:	**Region:**	**Key Words:**
Delaware	Northeast Region I	Commission, dental services, access, utilization, Medicaid

Abstract:
The Delaware Health Care Commission, with a purpose to promote accessible, affordable, quality health care for all Delawareans, recognized the seriousness of the access to dental care problems in both the Medicaid and general populations, and the need to bring all parties together to develop workable solutions. In the fall of 1998, the Delaware Health Care Commission formed the Dental Care Access Improvement Committee to study ways to improve access to dental care. The Committee reflected a cross section of professional and community interests in dental care as well as a balance of perspectives and representation from groups already examining the wide array of factors impacting dental care access in Delaware. The Committee's work was in two phases. Phase One was devoted to fact finding comprised of research and presentations. Phase Two was devoted to consensus building and developing recommendations. The Committee's findings and recommendations resulted in the passage of two key bills designed to improve access to care. One bill allows for the development of alternative methods for satisfying some of the requirements for dental licensure. The other bill empowers the Health Care Commission to develop innovative programs to improve access to care. The Committee and its report have increased awareness of the dental care access issues and set the stage for implementation of programs and activities for improving access to dental care.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Several legislative and community activities have focused on dental care issues for some time in Delaware. One notable event was a public hearing held by the Senate Health and Social Services Committee, chaired by Senator Patricia M. Blevins in the spring of 1997. The hearing was prompted by heightened community concern about the supply of dentists in downstate Delaware and inadequate access to services, particularly among the poor. On January 8, 1998, Senator Blevins requested the Delaware Health Care Commission to conduct a review of the Delaware Institute of Dental Education and Research (DIDER) – DIDER has functioned as a funding conduit between the state and the general practice residency program at the Christiana Care Health Systems, Inc. – to determine its role in the provision of dental care to Delawareans. At that time, the Department of Health and Social Services was also working with Dental Health Administrative and Consulting Services, Inc. (DHACS) to study access to dental care for Medicaid and other recipients of health services provided by the state. The Delaware Health Care Commission, with a purpose to promote accessible, affordable, quality health care for all Delawareans, recognized the seriousness of the access to dental care problems in both the Medicaid and general populations, and the need to bring all parties together to develop workable solutions. In the fall of 1998, the Delaware Health Care Commission formed the Dental Care Access Improvement Committee to study ways to improve access to dental care.

Justification of the Practice:

In Delaware, factors that appear to contribute to poor access to dental services include:

- A shortage and maldistribution of dentists in Delaware.
- The low number of dentists who traditionally have treated Medicaid patients on a routine basis.
- Understaffed pubic health dental clinics.
- Transportation difficulties, which make keeping scheduled appointments difficult.

The population to dentist ratio in Delaware is approximately 2600:1 for the entire state; county ratios vary widely (5400:1 for Sussex County, 3400:1 for Kent County, and 1900: 1 for New Castle County). At the time of convening the Dental Care Access Improvement Committee in 1998, only one private practicing dentist was providing services to Medicaid beneficiaries. Delaware Division of Public Health's dental clinics provide dental care to approximately 9,000 patients annually, but are serving only 25% of the patients who are eligible to receive services at the clinics.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The Dental Care Access Improvement Committee reflected a cross section of professional and community interests in dental care, and had a balance of perspectives and representation from groups already examining the wide array of factors impacting dental care access in Delaware. Lois M. Studte, R.N., a member of the Delaware Health Care Commission, chaired the Committee. The Committee Members included two Delaware State Senators and two members of the Delaware House of Representatives. In addition, members included representatives from the Delaware Health & Human Services (Division of Public Health and Division of Social Services), Central Delaware Community Health Partnership, Delaware Healthcare Association, Western Sussex Health Coalition, Mid-Atlantic Association of Community Health Centers, Christina Care Health Services, Beebe Medical Center, Delaware School Nurses Association, Higher Education Commission, Office of the Budget, Delaware Institute of Dental Education and Research, Delaware Board of Dental Examiners, Delaware State Dental Society, Delaware Dental Hygienists' Association, dentists from the private sector, and the State's Public Health Dental Director.

The Committee's work was in two phases. Phase One was devoted to fact-finding and comprised of research and presentations. The Committee also drew on previously prepared reports, such the Dental Health Administrative and Consulting Services' *Dentists in Delaware Study*. Phase Two was devoted to consensus building and developing recommendations.

A report was prepared of the year-long study by the Committee capturing key findings and recommendations for improving access to needed dental health care services in Delaware. A review of the original stated purposes for the Delaware Institute of Dental Education and Research (DIDER), combined with new ideas on how DIDER could function more effectively, is a key component of the

report. In addition, more general recommendations were made for improving the effectiveness of public health and the private sector in meeting Delaware's dental health care needs.

The Committee's findings and recommendations resulted in passage of two key bills designed to improve access to care. One bill allows for the development of alternative methods for satisfying some of the requirements for dental licensure. The other bill empowers the Health Care Commission to develop innovative programs to improve access to care. This includes a dental loan repayment program, and an active dentist recruitment campaign. The Committee recommended that if these steps did not result in significant improvements, the dental licensure issues should be reevaluated.

Budget Estimates and Formulas of the Practice:

The Health Care Commission (HCC) did not receive any special funding for the Committee, but did use its general operating funds to support the Committee's activities. Committee members, other than HCC staff, donated their time and efforts.

Lessons Learned and/or Plans for Improvement:

The Committee was an excellent forum to bring interested stakeholders together. Having structured meetings for the Committee kept the sessions from becoming too focused on complaints and instead allowed for adopting recommendations. Although the Committee appointed subcommittees, there were not sufficient staff resources to facilitate and support formal subcommittees to develop their specific plans.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- *Dental Care Access Improvement Committee Report and Recommendations to the Delaware Health Care Commission* (March 2, 2000)
- *Dentists in Delaware Study* (A Dental Health Administrative and Consulting Services report which also cited numerous position papers submitted in testimony.)

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The Committee's findings and recommendations resulted in passage of two key bills that are designed to improve access to care. One bill allows for the development of alternative methods for satisfying requirements for dental licensure. The other bill empowers the Health Care Commission to develop innovative programs to improve access to care, including a dental loan repayment program, and an active dentist recruitment campaign. The Committee increased awareness of the dental care access issues and the need for implementing programs and activities to improve dental care access.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

Committee members donated their time and efforts and their agencies/organizations provided in-kind contributions. The Health Care Commission supported the Committee's activities through its general operating funds. The potential impact of the Committee's effort appears to far exceed the costs.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The Committee has no current plans to meet, but if access to care has not improved in three years, these issues could be revisited. The Committee's work and resulting legislation has raised the level of awareness of oral health care access. This will continue to be addressed through the revised Delaware Institute of Dental Education and Research (DIDER).

Sustainable benefits resulting from the Committee's efforts are demonstrated in the passage of two key bills designed to improve access to care.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The Dental Care Access Improvement Committee was established with the purpose of bringing all parties together to develop workable solutions. The committee represented a cross section of professional and community interests in dental care and groups already examining dental care access in the state. Members included legislators, health care and education commissions, local coalitions, professional associations, state agencies, health centers, and providers in the private and public sectors. Agencies such as the Division of Public Health and the Department of Social Services supported the Committee by providing information.

Objectives/Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The Dental Care Access Improvement Committee and its efforts address at least two Healthy People 2010 objectives: increasing utilization of oral health system and increasing preventive dental services for low-income children and adolescents. In addition, the Committee's aim to improve access to care for the Medicaid and general population reflects efforts to reduce disparities as cited by the Surgeon General's Report on Oral Health.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Bringing partners together to examine and seek solutions to improve access to dental care is recognized by many states as an effective strategy with varying outcomes. Commissions or committees for improving oral health or access to dental care have been developed in other states including Colorado, Iowa, and Ohio. However, a comparison of what is similar or unique in the structure and working processes of the Delaware Dental Access Improvement Committee to these other states' committees/commissions has not been made.