Project Zero—Women & Infants (PZWI), a Perinatal Infant Oral Health Quality Improvement (PIOHQI) grant project has analyzed Arizona Medicaid (Arizona Health Care Cost Containment System—AHCCCS) 2016 and 2017 dental claims data to better understand the state’s oral health workforce capacity. Anecdotal evidence in Arizona suggested a shortage of AHCCCS oral health providers to meet the needs of the population. However, there was no hard evidence to support the claim. As such, there was a critical need to quantify and verify the data in order to better assess provider capacity.

As part of this process, our evaluation expert analyzed AHCCCS claims data, our community liaison formed partnerships and networked, our principal investigator verified the results of the data analysis, and our program manager assisted with communication, administrative duties, and coordination. This project would not have resulted in as many positive outcomes without collaboration with AHCCCS, Arizona State University Center for Health Information and Research, the Children’s Action Alliance and the Arizona Public Health Association. Because PZWI’s parent institution prohibits lobbying activities, we relied on these partners to work with state lawmakers; we also had to depend on others who possessed the data. Associated costs were covered by the PIOHQI grant.

Data analysis resulted in an established data pull, a database, charts, graphs and heat maps. These graphics were used by our partners to advocate for legislative change including the addition of an adult emergency dental benefit, passed in 2018 and the promotion of a pregnant women’s benefit, reintroduced in 2019. Our team learned the importance of asking the right questions about the data of our partners at the right time and having the flexibility to explore the data from many perspectives. Additionally, this project re-affirmed the need to have everyone that is impacted by a project be a part of the planning.

Lessons Learned:

The most significant lesson learned was the importance of engaging the right partners at the right time. Without the support of collaborators, the resulting positive outcomes would not be possible.

Another lesson learned was to have a good working relationship with partners. Through teleconference meetings, we developed good communication with CHiR staff to ensure that the available data would tell a story that addressed our questions. We also nurtured relationships with AHCCCS, CAA, and AzPHA.

The greatest barrier to the project was finding someone with the skills and time to analyze the data and someone else who to review the findings to support the veracity of the analysis. Data analysis, when done correctly, takes a lot of time and a highly skilled staff.

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