

Dental Public Health Activity Descriptive Summary

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Oklahoma Dental Loan Repayment Program

Description. The Oklahoma Dental Loan Repayment Act, authorized in 2006, created a program designed to increase the number of dentists serving and caring for those dependent upon the state for dental care, and to make dental care accessible to underserved metropolitan and rural areas by providing educational loan repayment assistance to qualified dentists. The program began with \$125,000 of state funding with the intent to increase by annual increments up to \$625,000. Depending on funding, additional dentists enter the Oklahoma Dental Loan Repayment Program (ODLRP) each year with a maximum of 25 participating dentists for any year. Each dentist agrees to a one-year service obligation with the option to renew for up to five years. Our ideal is to have up to three dentists serving as faculty members at the University of Oklahoma College of Dentistry (OUCOD). The remaining dentists practice in designated underserved areas and document a minimum of 30% of patients treated during the service obligation period are Medicaid recipients.

General Eligibility Requirements for Applicants:

- Graduate from an accredited U.S. dental school during the last five years prior to the time the service obligation begins for the ODLRP
- Have an active unrestricted Oklahoma dental license or faculty permit at the time the service obligation begins
- Demonstrate financial need with outstanding eligible dental school loans
- Sign a Memorandum of Agreement with the Oklahoma State Department of Health (OSDH)
- Have a Medicaid provider number and agree to the 30% minimum Medicaid recipient requirement (shortage area applicant)
- Be recommended by the OUCOD administration (faculty applicant)

Additional Considerations for Applicants:

- Preference given to graduates of the OUCOD
- Preference given to eligible practice sites that are not Medicaid/SoonerCare specific
- Geographic diversity of the practice site

The amount of the award, currently \$25,000 per year for each participating full time equivalent dentist, is determined by OSDH annually based upon the amount of state-appropriated funds. Each award is distributed monthly to the participating dentist by a two-party check made payable to the dentist and the appropriate lending institution.

Dental health professional shortage area counties, as designated by the OSDH, are determined using three criteria:

- The percentage of Medicaid enrollees receiving dental services
- The ratio of Medicaid enrollees to Medicaid dental providers
- The ratio of the general population less than 21 years of age to Oklahoma licensed general or pediatric dentists

Dental Health Service maintains a website with information, maps, and forms.

<http://den.health.ok.gov>

Objectives. A major goal of the ODLRP is to increase access to dental care and services for those dependent on Medicaid. This is accomplished by increasing the number of dental Medicaid providers. The clients served through the ODLRP are predominantly low-income children because Oklahoma has extremely limited Medicaid services for adults. Two Healthy People 2020 objectives are impacted by the efforts of the ODLRP: 1) Oral Health of Children and Adolescents: OH-1) Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth, and OH-2) Reduce the proportion of children and adolescents with untreated dental decay; 2) Access to Preventive Services: OH-1) Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

A second goal of the ODLRP is to improve dental student education by enhancing faculty recruitment at the OUCOD. By virtue of the loan repayment as incentive, the OUCOD has been able to recruit and retain qualified faculty. This effectively strengthens the infrastructure and capacity of dental providers in Oklahoma.

In addition, the ODLRP addresses certain issues put forth by the Surgeon General's Report on Oral Health. Three examples addressed are: 1) Educational debt has increased, affecting both career choices and practice locations; 2) Current and projected demand for dental school faculty positions... is not being met. A crisis in the number of faculty and researchers threatens the quality of dental education and ultimately, the health of the public; and 3) Access to care makes a difference.

Impact. Each ODLRP participant contributes to the cumulative positive impact on dentistry for Oklahomans. At the time of this writing, 22 full-time-equivalent dentists are participating at a cost of \$550,000 per year. Of the current 22 dentists, 19 are practicing in shortage areas and three are working as faculty. Some faculty positions have included research activity. Since inception, seven ODLRP dentists have been employed by the OUCOD and 47 dentists have practiced in shortage areas.

Because oral health is associated with social, mental, physical and economic health, the ODLRP contributes to the overall well-being of people in the communities where they practice. In addition, oral health is related to school readiness and school performance. The recent trend data illustrates the increasing number of Medicaid encounters. Funding for SFY 2018 is expected to remain the same as SFY 2017. Data for SFY 2017 is not available at the time of this writing.

Recent trend data for ODLRP:

- SFY 2013 – 15,550 Medicaid encounters
- SFY 2014 – 22,056 Medicaid encounters
- SFY 2015 – 31,507 Medicaid encounters
- SFY 2016 – 33,651 Medicaid encounters

The ODLRP is administered by the OSDH, Dental Health Service. Two state employees contribute time and effort to the program: an Administrative Program Officer acts as manager (approximately 70% of time) and the State Dental Director (approximately 20% of time).

Collaboration. A five-member committee with representation from the Oklahoma Dental Association, the OUCOD, the Oklahoma Health Care Authority (Medicaid agency), the Oklahoma Board of Dentistry, and the Oklahoma Oral Health Coalition advises and supports the OSDH with program issues and the participant selection process. Partnering with these diverse entities ensures the applicants are interviewed on several relevant issues, such as organized dentistry, philosophy of practice, hospital privileges, ethics, HeadStart, and community involvement. Other partners include the Oklahoma Dental Foundation, the Oklahoma Hygiene Association, Delta Dental of Oklahoma Charitable Foundation, and the Indian Health Service. Internal partners include WIC and public health nurses. All these bodies boost awareness of the ODLRP.

Sustainability. By state statute, the maximum funding for the ODLRP is \$625,000. We have not reached that threshold, but in general, the level of funding has been able to sustain the program. The Oklahoma Dental Association lobbies state legislators to fund the program and the OUCOD advocates for the program. The ODLRP is valued by our partners because it helps children, helps communities, and helps dental higher education. In addition, the loan assistance enables new dentists to establish their careers while alleviating large portions of their student debt.

Appropriations for the ODLRP are maintained in a revolving fund to enable crossing fiscal years. Applications from potential participants are received throughout the year and the advisory committee is convened when there are openings that funding can support. While the selection process is taking place, there is usually a period of time in each year when expenditure of funds is somewhat reduced. It is our responsibility to be good fiscal stewards of the available funds and to fulfill the intent of the law. An annual report is created each year for the Governor and state legislators.

Outcome Indicators. By increasing the number of dental Medicaid providers treating children and adolescents, it is reasonable to assume the ODLRP contributes to the reduction of dental caries experienced in the primary or permanent teeth and to the reduction of untreated dental decay in this vulnerable population. Likewise, it is reasonable to assume these accessible Medicaid providers increase the proportion of low-income children and adolescents who receive any preventive dental service during the past year. We do not have data to prove these assumptions; however, we work closely with Medicaid personnel who support this philosophy.

An exit survey was created to determine if shortage area participants will continue to treat Medicaid recipients once they leave the program. To date, there are not enough responses to make significant findings. We do know that the ODLRP meets the major objectives intended by state law: to increase the number of dentists serving and caring for those dependent upon the state for dental care, and to make dental care accessible to underserved metropolitan and rural areas by providing educational loan repayment assistance to qualified dentists.

Lessons Learned:

Budgetary concerns plague Oklahoma state programs. Since 2008, the OSDH sustained cuts of 30% in state funding. Alarmingly, a real threat exists to eliminate the Dental Health Service from OSDH. For the past several years, the state Medicaid program warned of drastic provider fee reductions, conceivably up to 25%. There is a constant fear of crisis. The future of the ODLRP relies on three conditions: state appropriated funding, OSDH administration, and dental Medicaid providers. All three conditions are at risk. The lesson is to be politically aware and prepare for various potential scenarios.

Communication is critical for the successful administration of the ODLRP. The dentists must comply with rules and regulations of the program. Respectful interactions occur regularly between the ODLRP dentists and OSDH staff regarding licensure, liability, monthly invoices, and percentage of Medicaid patients. Also, continual communication within state government is needed to generate the monthly

awards for the dentists. The lesson is to be diligent, expedient, professional, and open with communication.

Collaboration leads to promotion for the ODLRP. Support from diverse partners results in advocacy to state decision-makers and legislators. The future of the ODLRP relies on favorable exposure from our influential friends. The ODLRP advisory committee is of tremendous value. OUCOD assists with recruitment. The Oklahoma Dental Association provides opportunities for press coverage. The lesson is to develop symbiotic relationships with others and not to presume the state oral health program can do everything alone.

Contact Person(s) for Inquiries:

Paul McCain, Manager, Oklahoma Dental Loan Repayment Program, Oklahoma State Department of Health, Dental Health Service, 1000 NE 10th Street, Oklahoma City, OK 73117-1299, Phone: 405-271-5502, Fax: 405-271-5434, Email: PaulMC@health.ok.gov

Jana S. Winfree, DDS, MPH, Director, Dental Health Service, Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK 73117-1299, Phone: 405-271-5502, Fax: 405-271-5434, Email: JanaW@health.ok.gov