North Dakota
DENTAL ASSOCIATION

December 5, 2018

How can we collaborate to reduce barriers to care in North Dakota?

Defining the problem

There are many reasons why patients do not visit the dentist:

- Fear
- Cost
- Transportation
- Low knowledge of value for oral health
- Not experiencing pain
- Cultural factors
- Language barriers
- Lack of available workforce

Dental Medicaid is the primary program that provides state support for low-income patients to access dental care. For patients eligible for Medicaid that do seek treatment, there are other potential barriers that limit access to the system. In North Dakota, the percentage of dentists enrolled in Medicaid, along with the Medicaid fee reimbursement, are above national averages (ADA HPI, 2015), however there are still other measures of utilization of services that are below national averages (ADA HPI-CMS).

National research has identified three reasons that dentists limit participation in Medicaid: 1) fee reimbursement below the cost of providing the service (in ND around 50% of usual fees); 2) claims administration complexity and delayed payment; and 3) failed appointments at a 30-50% rate. North Dakota experiences all of these barriers. The Department of Human Services MMIS Medicaid transition in October, 2015 required many hours of office administrative time to adapt to the new system. Despite these inherent barriers, the four urban centers in North Dakota, where one-half of Medicaid recipients reside (DHS Medicaid Access Monitoring Plan 2016), all have public health dental clinics that are currently fully-staffed and supported by statewide oral health programs as well as private practice Medicaid providers.

Sorting out the reasons that Medicaid recipients visit a dentist less frequently than the rest of the population is less important than finding ways to reduce barriers. Keep in mind effective solutions address the reasons patients do not visit the dentist. Workforce, although it receives a lot of attention, is only one of many important factors. Education, prevention, and outreach to high-risk patients are equally as important.

What are the solutions (blue) and current actions (red)?

1. **Improve dental Medicaid** with adequate funding, reduce administrative burden, and vigorous dentist recruitment.

- Studies from several states show that fee reimbursement closer to market-based rates will significantly improve dentist participation (NASHP 2009).
- The North Dakota Dental Association (NDDA) will work with the Governor and DHS to improve the current MMIS claims system and partner in considering a risk-based managed care organization (MCO) to facilitate administration and build in prevention and value incentives. Currently 18 states utilize dental MCO's (ADA 2016). ACTION: The NDDA provided technical assistance to the interim Legislative Health Care Reform Committee regarding Medicaid managed care options. Any managed care changes to the dental Medicaid system in the state will benefit patients and costs more effectively if practicing dental providers are part of any changes.
- The NDDA will continue to work with dental offices to minimize Medicaid administrative barriers and continue vigorous recruitment efforts such as the "Take Five More" program started in 2015 which resulted in 75 dentists taking a pledge to see more Medicaid patients.
- Continue the quarterly Medicaid Advisory Committee meetings with DHS Medicaid officials to improve administration.

2. **Maximize the current dental hygiene and assistant workforce** through expanded training programs, community outreach, and case management to connect more high-risk patients to a dental home.

- The ND State Board of Dental Examiners passed rules in January, 2016 that allow dental hygienists and assistants, with training, to do expanded restorative functions to include placing fillings and finishing them under supervision. This will leverage the productivity of dental practices while assuring standards of care. ACTION: Discussions are continuing to develop an **Expanded Restorative Functions Course** through a collaboration with an out-of-state online course with the clinical component completed on-site in North Dakota.
- Community outreach is key in North Dakota given its rural population and the impracticality of starting high-cost dental practices with limited patient demand. North Dakota is expanding the number of low-income children who receive screenings and sealants in school-based outreach programs, such as those sponsored by the State Department of Health (Seal!ND). In the 2017-2018 school year, 899 children were screened in the Seal!ND Program and 331 students received sealants in 29 North Dakota schools. Many more children received sealants in Federally-Qualified Health Centers (FQHC's), the Ronald McDonald Care Mobile School-Based Sealant Program, and in private

offices. The total number of schools that were served by school-based sealant programs increased from 18 in the 2014-2015 school year to 112 in the 2017-2018 school year. 49 of these schools were served by private practice dentists (Program Evaluation:ND Department of Health Seal!ND 2017-2018, NDSU Center for Social Research, Nov 2018). ACTION: Continue to support the Seal!ND Program and encourage business models that expand sustainable, private-practice, school-based sealant programs.

- The North Dakota Dental Foundation (NDDF), in collaboration with a dedicated $6.3 million endowment at Dakota Medical Foundation, will be a significant contributor to future access programs, including outreach and expanded education. Collaborative efforts should continue to find the most effective solutions. ACTION: The NDDF has committed funds to expand the dental assistant workforce through on-site training and DANB certification, career marketing strategies, and alternative pathways to the RDA designation statewide. The NDDF also supported the recent dental Mission of Mercy in Bismarck that provided donated care to 916 patients.
- Case management should be integrated in all dental public health programs to reach the 25% of the population that has 80% of the dental disease to get them into a dental home (Healthy People 2000, Oral Health Review, CDC). This navigation is now recognized nationally by the establishment of reimbursement codes that will eventually allow a mechanism for reimbursement by Medicaid. **Medicaid reimbursement for case management needs to be established in North Dakota**. Three North Dakota dental assistants have completed certification through the online Community Dental Health Coordinator (CDHC) program through Rio Salado College (http://www.riosalado.edu/programs/Documents/DC_FL_DentalHealthCoord_0715-R9.pdf). This program provides evidenced-based case management training. These case management experts show great promise in working in Native American communities and public health outreach. These opportunities should be expanded through grant funding. ACTION: Currently, discussions are on-going to utilize grant funds to train more CDHC's in FQHC non-profit clinics and private practices to connect patients to dental homes through CDHC case management.
- There are currently "ER Diversion" programs operating in Fargo and Bismarck whereby patients without a dental home that present at the hospital emergency rooms for dental problems are referred to the local public health clinic with additional support being provided by volunteer local dentists.
- Teledentistry, whereby dental hygienists work in outreach settings providing preventive care and communicate exam data electronically to a supervising dentist, shows efficacy for North Dakota. The North Dakota Dental Foundation is currently piloting a program with grant funding to develop best practices and a viable private practice business model. Teledentistry equipment has been purchased for the project. All rules and regs are in place in North Dakota to allow teledentistry. ACTION: The NDDA advocates for establishing Medicaid reimbursement in ND for teledentistry and case management is to establish more outreach.

- The Ronald McDonald Care Mobile provides mobile dental care for rural and Native American schools in western North Dakota. This project should be supported and expanded where needed.
- Continue to support the many volunteer safety net programs including Mission of Mercy events, Donated Dental Services, etc. ACTION: The NDDA organized a "Dental Mission of Mercy" that was held at the Bismarck Civic Center on September 28-29, 2018 that provided over $560,000 of donated care for 916 patients. The effort was supported by 110 North Dakota volunteer dentists, 200 dental hygienists and assistants, and 260 lay volunteers.
- Given the severe shortage of dental assistants across the state, efforts continue to expand the dental assisting workforce. ACTION: An NDDA-led Work Group that included NDSCS, western colleges, and other stakeholders, studied options that included a distance-learning expansion of the current accredited NDSCS program. A grant proposal to expand the dental assistant workforce through on-site training and DANB certification, career marketing strategies, and alternative pathways to the RDA designation statewide was approved by the ND Dental Foundation and is currently in action. The goal is to increase the number of registered dental assistants statewide over the next 5 years.

3. **Expand and support non-profit safety-net clinics** through public-private grant partnerships, student internships, and dentist loan repayment programs.

- Collaboration should continue with the six non-profit dental public health clinics to support their workforce through recruitment activities, grant support for outreach, and volunteer dentist support. ACTION: The NDDA collaborated with the State Oral Health Program, State Department of Health, on grant applications to fund the on-going state school-based sealant program, the long-term care outreach program to connect nursing home residents to dental care, student internships, and a case management pilot program. Grants were awarded in September.
- The NDDA maintains a semi-annual survey of North Dakota dentists to match dentists interested in volunteering or contracting with non-profit or Indian Health Service clinics.
- Continue to advocate for and publicize the state loan repayment programs and WICHE Professional Student Exchange Program, which provide incentives for dentists to start practicing in the state with a focus on non-profit clinics, Medicaid, and rural areas. These programs have been successful in recruiting dentists to the state and have been a big reason that North Dakota leads the nation in the net in-migration of dentists (ADA HPI, 2016). These programs are most important to provide an adequate workforce for non-profit clinics. ACTION: The NDDA markets these loan repayment programs to dentists and graduating dentists on an on-going

basis. The NDDA also helped facilitate a recent grant from the NDDF to Valley Community Health Dental Clinic (FQHC community clinic) to support a September internship of 2 University of Minnesota 4th year dental students. The students treated 162 patients, which included 105 Medical Assistance patients. These internships help recruit new dentists to North Dakota and connect them to oral public health.

4. **Engage with tribal communities** to improve Indian Health Service dentistry, maximize prevention, reduce credentialing barriers, and facilitate contracting with the local dental community.

- Continue to provide support from the local dental communities for Indian Health Service clinics that have chronic workforce shortages. After the Spirit Lake Clinic lost its Indian Health Service (IHS) dental provider in summer 2016, the NDDA recruited four dentists to assist until a new full-time dentist was hired. There are currently 6 part-time dentists working there along with the new full-time dental director that was hired January 2017. ACTION: Visits were made in 2018 to the 5 Native American IHS/contracted dental clinics to learn where help is most needed. A site visit at Spirit Lake was made in March 2018 with dental staff, Cankdeska Cikana Community College staff, and Spirit Lake Medical Administration to develop a plan to establish a local CDHC training program to assure an adequate workforce and improve community outreach.
- Continue to facilitate outreach on reservations through the state school-based sealant preventive programs and the Ronald McDonald CareMobile.
- Provide support for tribes that elect "638" status to contract directly for their dentist workforce and establishment of third-party billing systems.
- Continue working with our Congressional delegation to require IHS to simplify credentialing throughout the system to allow better recruiting of contracted and volunteer dental professionals. Credentialing has been a major barrier to engaging the local dental community to help with IHS workforce needs. ACTION: The NDDA led a national effort in 2017-2018 to simplify IHS credentialing in coordination with the American Dental Association and the ND congressional delegation. This resulted in legislation to standardize credentialing protocol at the national IHS level.

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