Hennepin Health

2020 SNBC Dental Access Improvement and Evaluation Project

May 1, 2021

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SNBC Dental Access Improvement and Evaluation Project

Description

The Special Needs BasicCare (SNBC) Dental Access Improvement and Evaluation Project was initiated upon analyzing Department of Human Services (DHS) data that revealed that less than half of SNBC members had completed one or more dental visits with a dental practitioner during 2015. The project was a collaborative effort between the DHS Special Needs Purchasing Division, DHS/Direct Care and Treatment Community Dental Clinics (DCT-DC) and managed care organizations (MCOs) to improve access to dental services for SNBC members throughout Minnesota.

The primary goal of the project was to improve the annual dental visit rate for SNBC members, ages 18 to 64, to sixty percent or more over three to five years from the start of the project in May 2017. The theory was that access could be expanded if more community dentists had the education to treat patients of special needs and the necessary facility accommodations.

Throughout the duration of the project, the MCOs collaborated with other supporting organizations, namely: Dental Services Advisory Committee, SNBC Stakeholder Meeting for Seniors and People with Disabilities, Minnesota Dental Association, and the University of Minnesota School of Dentistry.

Process and Documentation

MCO representatives from HealthPartners, Hennepin Health, Medica, PrimeWest Health, South Country Health Alliance and UCare (known as the “Collaborative”), with the assistance of Stratis Health, submitted the SNBC project proposal to DHS on April 17, 2017. DHS approved the proposal on May 3, 2017. During 2017 and 2018, work focused primarily upon educating the community about the project, obtaining feedback from stakeholders, members and providers, and implementation of primary interventions: dental case management, special needs community dentist and staff mentoring program, and teledentistry demonstration project. Surveys played a significant role in this project, allowing the Collaborative to gain a better understanding of the dental access issue from the perspective of the providers, members, and case managers. Feedback from the surveys helped to create new dental resources and provide project direction. In 2018, it was determined that the teledentistry intervention was unable to be implemented due to resource constraints. Therefore, the Collaborative shifted its focus from teledentistry to process improvements. The Collaborative continued its partnership with DCT-DC in alternative ways which included developing resources aimed at increasing member access at the DCT-DC clinics and helping providers understand best practices in serving the SNBC population. The work efforts and interventions from 2018 carried forward into 2019, when the project concluded.

Analysis

Project Interventions

Dental Case Management Intervention

As part of the MCO's case management model, dental needs are incorporated in the health risk assessment and care planning process. As a result, the relationship between Case Manager (CM) and member was leveraged for this intervention. CMs conducted member dental outreach and dental home coordination. To be effective in their efforts, the Collaborative provided training and resources to CMs on the importance of dental care. The following resources were created in late 2017 and 2018 and were kept current throughout the duration of the project:

- The ***Care Coordination Informational Guide*** was developed to provide insight to Care Coordinators and CMs on SNBC members' unique dental needs and considerations when assisting members schedule dental appointments. This included education on chronic conditions and complications of medications contributing to dental decay and pain, disabilities and anomalies to the oral cavities, oral care exams, related behavioral health concerns, and medical information needed for dental appointments.
- ***Tips for Good Oral Health*** is an educational resource developed for case management staff to use as an education resource during outreach calls, face-to-face meetings with members and mailings to members unavailable when conducting outreach calls. Topics covered included:
    - Instructions on daily oral hygiene
    - Reasons to visit a dental provider at least annually
    - When to contact a dentist with concerns
    - When to call a dentist with emergency concerns and when to access the hospital emergency department (ED)
    - Locating a dental provider
    - Transportation assistance
    - Additional oral health resources
- ***Outreach Letters*** were developed and used for mailings to members by CM staff for members whom staff were unable to reach. These letters, along with the ***Tips for Good Oral Health*** resource, were mailed to members who were either due or overdue in scheduling a dental exam and/or to members accessing hospital EDs for non-traumatic dental concerns.
- ***Dental Benefit Sheets*** were developed by individual MCOs for use in educating members about the dental benefits available to them.

The CMs also conducted outreach to members who used the ED for non-traumatic dental reasons. Outreach was performed to educate members on the appropriate use of the ED and to work with the member to establish a dental home. One known concern with this process measure/outreach was the claims lag. The ED claim may not be received by the MCO for several

months from the date of service; therefore, outreach did not always occur immediately following the ED Visit.

Special Needs Community Dentist and Staff Mentoring Program Intervention

This intervention encouraged additional education regarding the care of patients with special needs in the hopes that more Minnesota dental providers would be willing to see SNBC members. A Mentoring Expert Panel was created to advise the project and assist the MCOs in understanding the issue, as well as provide project direction. The Collaborative, with the feedback of the Expert Panel and Provider survey scores, was able to create a Provider Toolkit. The provider toolkit topics and information included:

- Overview: explanation of product lines and care coordination for members
- Health plans: information on each health plan's dental benefits manager and resources (e.g. prior authorizations, commonly use forms, etc.)
- Specials needs population: description of this population, who they are, and tips and strategies to working with these members
- Behavioral health screening: screening tools and resources on what questions to ask during scheduling, how to use the information once it is collected, action steps if someone scores as a high need, and how to work with someone with dental anxiety
- Evidence based practices: tips, advice from the field (expert panel interviews)
- Oral health education: how to work with English/Caucasian population versus diverse cultural groups on dental care, providing feedback to culturally diverse patients based on the food they eat, and how to provide oral health education, so it translates appropriately back to the cultural group (e.g. Hmong, Somali languages, etc.)
- Medical and behavioral health conditions and dental health: medication and side effects and how it affects dental care, chronic conditions and dental health or how dental health affects chronic conditions
- Resources for members and providers

Teledentistry Demonstration Project Intervention

The teledentistry project efforts were not implemented due to resource and funding concerns. As indicated above, the focus was shifted to other partnership opportunities with the DCT-DC clinics. The MCOs found the DCT-DCs to be valuable partners throughout this project. The MCOs met with DCT-DCs staff and had an open discussion about the project as a whole and the various resources created by the MCOs. The group discussed other areas where collaboration may be possible, including the following:

- ***MCO 101 Medicaid Dental Grid***

  Based on feedback from the DCT-DCs, as well as providers included in the SNBC Dental Access Improvement Project Expert Panel, the health plans collaborated on the creation of an MCO Grid. The subtle differences among the MCOs can result in confusion and misinformation. This helpful and easy-to-use tool was shared with DCT-DCs, other dental providers, the MN Oral Health Coalition, various counties, and Child & Teen

Checkups (C&TC) workgroups. The grid contained the following information for each Health Plan:

- Identification, information, and explanation of Dental Benefits Manager
- Dental customer service contact information for members and providers
- Incentives offered for preventive dental visit
- Additional benefits outside of Medicaid non-pregnant adult benefit set
- Contact information for transportation services
- Member services hours and contact information on each health plan
- Health plans' website address
- Listing of Medicaid products that are available from each health plan, including the definition of each product

- ***DCT-DC Decision Tree and Webinar***

  Another challenge identified by the DCT-DCs was providing clarity on which population they serve. A decision tree was created to assist dental clinics, medical providers, care managers, and caregivers in identifying appropriate individuals to refer to the DCT-DC for dental care.

- ***Prior Authorizations***

  SNBC members often present with additional medical and dental needs that may warrant more frequent dental care than other patients. The MCOs acknowledged that the dental provider is in the best position to identify the patient-specific preventive care plan and that the existing prior authorization requirement was burdensome. Several of the MCOs decided to revise or remove the prior authorization requirement for additional (more than two) dental cleanings for their members. This benefited the dental clinics in reducing workload and administrative staff time for these prior authorizations. Saving administrative time with this new process will increase time for the clinics to devote to access and care for special needs patients.

DATA ANALYSIS AND ROOT CAUSE

The MCOs received the following project results from DHS. Table 1 shows results from the primary project measure, defined as the percent of continuously enrolled members who had one or more regular (not ED) dental visits during the year.

Table 1. SNBC Members with One or More Dental Clinic Visits

Year	Denominator	Numerator	Rate %
2016	45,596	20,782	45.60%
2017	45,104	20,358	45.10%
2018	47,162	21,749	46.10%
2019	47,630	22,027	46.20%

The goal of this project was to increase the SNBC annual dental visit rate to 60 percent. The data above shows that the rate in dental visits has slightly increased from 45.60 percent in 2016 to 46.20 percent in 2019. This was not a statistically significant change (with a 95% confidence interval). The goal of 60 percent would have been an increase of about 15 percentage points. While the importance of this topic is understood, a more attainable goal may be helpful. The project was started in 2017 with MCOs creating and implementing interventions collaboratively through the life of the project. While the rate increase has been minimal, enormous efforts were made in better understanding the barriers SNBC members face, engaging dental providers across the state of Minnesota, and increasing care coordination for the members.

Another measure monitored through this project was non-traumatic ED visits for dental reasons. Data was calculated from 2014 to 2019 by DHS. Table 2 shows the percentage of continuously enrolled members who had one or more non-traumatic dental ED visits. Overall, utilization in this area decreased from 2.5 percent in 2014 to 1.3 percent in 2019. As this project began in 2017, data from the prior years to this year is important to compare. The three years prior to the project start had an average rate of 2.5 percent and the three years after implementation had an average rate of 1.4 percent. This represents a 1.1 percent decrease in ED visits.

Table 2. SNBC Members with One or More Non-Traumatic ED Dental Visit

Year	Denominator	Numerator	Rate %
2014	38,186	968	2.5%
2015	43,376	1,134	2.6%
2016	45,596	1,043	2.3%

Year	Denominator	Numerator	Rate %
2018	45,104	729	1.6%
2019	47,162	649	1.4%
2020	47,630	625	1.3%

This population and the clinics that serve them face multiple barriers that are described throughout this report. Some of the barriers include transportation, other health priorities, how to assess needs prior to an appointment, the ability to meet special accommodation needs, staffing, reimbursement which may not fully compensate extra time spent treating the population, etc.

The SNBC Dental Access Improvement and Evaluation Project concluded on December 31, 2019. While the rate increase was minimal, significant efforts were made to better understand the barriers SNBC members face, engage dental providers across the state of Minnesota, and increase care coordination for these members. The final report, submitted to DHS on May 15, 2020, provided the final summary and analysis of this project.

Recommendations and Next Steps

The Collaborative spent three years of the Dental Access Improvement and Evaluation Project initiating primary interventions, gathering feedback from members, providers, and stakeholders, and identifying the true barriers to dental access for SNBC members. Since the results did not significantly improve the dental rate, DHS acknowledged the dental issues are systemic versus access issues. Below are recommendations from the project team based on the lessons learned from the project:

- DHS presented the project to the MCOs as a project that would be required in addition to other quality activities already required by the contracts. The state specified the measurable goal, was prescriptive in identifying expected areas of project activity (ED follow-up, care coordination, dental mentoring and teledentistry) yet the specifics interventions were left to be determined by the MCOs as the project was developed.
- The MCOs agree that obtaining input and buy-in from MCOs, dentists and the oral health stakeholders prior to launch of the project would have greatly enhanced this project. Seeking input from the MCOs and utilizing an Expert Panel in the development of the project would have helped guide project goals and interventions in a more meaningful way. Engaging oral health stakeholders prior to project launch may have

increased the buy-in of the overall dental community into the project.

- During the development of this project, the MCOs were handicapped by a lack of models of similar successes in other states. Research on what other states had done to achieve similar outcomes over the past decades would have been helpful as a foundation to build upon. Similarly, data from other states on access to dental care and penetration of interventions being considered would have been helpful to the MCOs.
- A goal of increasing the rate of dental care received by SNBC members was set by DHS at 60 percent when the project was presented. While the MCOs appreciate the desire for DHS to establish stretch goals in response to pressures from external sources, establishment of performance goals should always be based on validated analytics and of realistic projections for improvement. The MCOs would appreciate transparency in the creation of goals as well as in the development of data specifications so the data can be replicated by health plans for internal use and projection.
- At the outset of the project, DHS was clear that reimbursement rates and benefit set were not within the scope of the project. The MCOs appreciated the acknowledgement of the role reimbursement plays in dental access; however, avoiding discussion of this major barrier was not a realistic expectation as was evidenced by the frequency with which the topic was raised by community partners, dental providers, care coordinators and counties over the course of the project.
- The MCOs recommend taking these systemic issues into consideration in the development of any future improvement activities. Additionally, the inclusion of legislative staff in the project and, particularly, the broad distribution of the results of the project would be beneficial to ensure a shared understanding of all relevant issues related to dental access for people with special needs.
- The expert panel provided vital insight and guidance during this project. Dental students who complete a dental residency program receive hands-on training in dental care for people with special needs. The expert panel members were clear in the recommendation that one strategy should focus on the retention of dental graduates from residency programs into Minnesota practice. Creating an environment to achieve that would include incentives to ensure that they continue to provide care to people with special dental needs such as loan forgiveness programs for serving underserved populations or parts of the state, reimbursement commensurate with services provided, and should include public-private partnerships to ensure success.
- An emerging need interrelated to the retention of new dental graduates is the aging population of current experts in this field. Many members of the expert panel self-identified as nearing retirement age and expressed concern about recruiting their own replacements. The dental policy makers within the state face a real challenge to reconcile these two issues in the near future to avoid even further limits to access to dental care for people with disabilities.

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