



Hennepin Health

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SNBC Dental Access Improvement Project

SNBC Dental Access Improvement and Evaluation Project

Description

The Special Needs Basic Care (SNBC) is a program for members with disabilities, ages 18-64, who have Medical Assistance. Some members may also qualify for Medicare. This population must have a certified disability through the Social Security Administration or the State Medical Review Team, or have been determined by the county to have a developmental disability. SNBC enrollees often require a unique set of structural and supportive service modalities in order to successfully access both preventive and routine dental care.

The SNBC Dental Access Improvement and Evaluation Project was initiated through Department of Human Services (DHS) based on DHS data revealing that less than half of the SNBC enrollees had completed one or more dental visits with a dental practitioner during 2015. This is a collaborative effort between DHS' Special Needs Purchasing Division, DHS/DCT Community Dental Clinics (DCT-DC) and MCOs to improve access to dental services for SNBC enrollees throughout Minnesota. Collaborative and active engagement of stakeholders who have a vested interest in addressing access barriers to oral health, have the potential to increase public awareness, support the planning and implementation of improvement strategies and help ensure that efforts are effective and sustainable (Chazin, 2015).

Through the duration of this project, the MCO's will collaborate with other supporting organizations as applicable such as the Dental Services Advisory Committee, SNBC Stakeholder Meeting for Seniors and People with Disabilities, Minnesota Dental Association and Minnesota School of Dentistry.

The primary goal of the project is to improve the annual dental visit rate for SNBC enrollees to 60 percent or more and to maintain that rate for at least two years. The project timespan is three to five years. The theory behind the project is that access potentially can be expanded if more community dentists have the capacity to accommodate the special needs of SNBC enrollees.

This project concept is based upon collaboration and assigned roles and duties to be carried out over the project's three to five year timespan. In this arrangement, roles and responsibilities have to been assigned to the following three stakeholders: DHS, health plans and the DHS/DCT Dental Clinic.

The project has three mandatory access improvement interventions:

- *Dental Case Management* - Help establish a dental home for enrollees that have: not had a dental visit within the last 12 months; missed a scheduled dental appointment; or visited the emergency department for a non-traumatic dental related reason
- *Special Needs Community Dentist and Staff Mentoring Program* – Create a community dental mentoring program so dentist, therapist, hygienist and clinic staff can remove access barriers and care for SNBC enrollees in their community
- *Teledentistry Demonstration* – Develop and implement a teledentistry demonstration

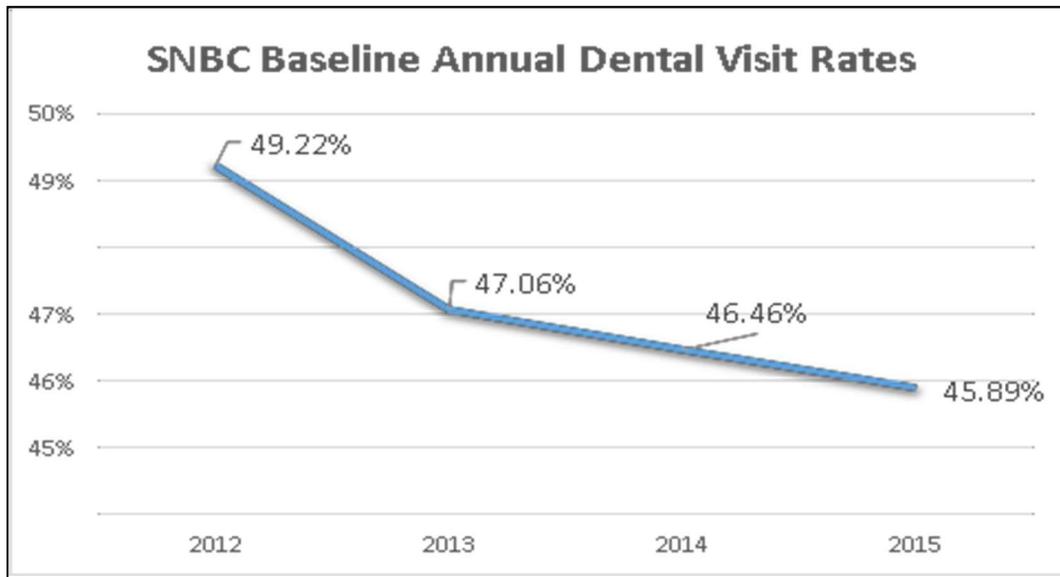
DHS had recommended the three access improvement interventions listed below be implemented:

- Expand Dental Service Contracts - Expand contracting strategies and opportunities to secure additional dental services
- Provider Education - Develop and foster educational opportunities focused on the SNBC enrollee's special dental care needs, and how providers can address access barriers
- Support Charitable Community Dental Treatment Clinics - Reach-out and support community dental treatment opportunities sponsored by community charitable organizations

The data collection and measurement plan is based on three dental measures: 1) HEDIS Annual Dental Visit; 2) DQA/HEDIS Use of the Emergency Room for Non-Traumatic Dental Related Reasons and 3) DQA/HEDIS Follow-up after Emergency Department (ED) Visit measure.

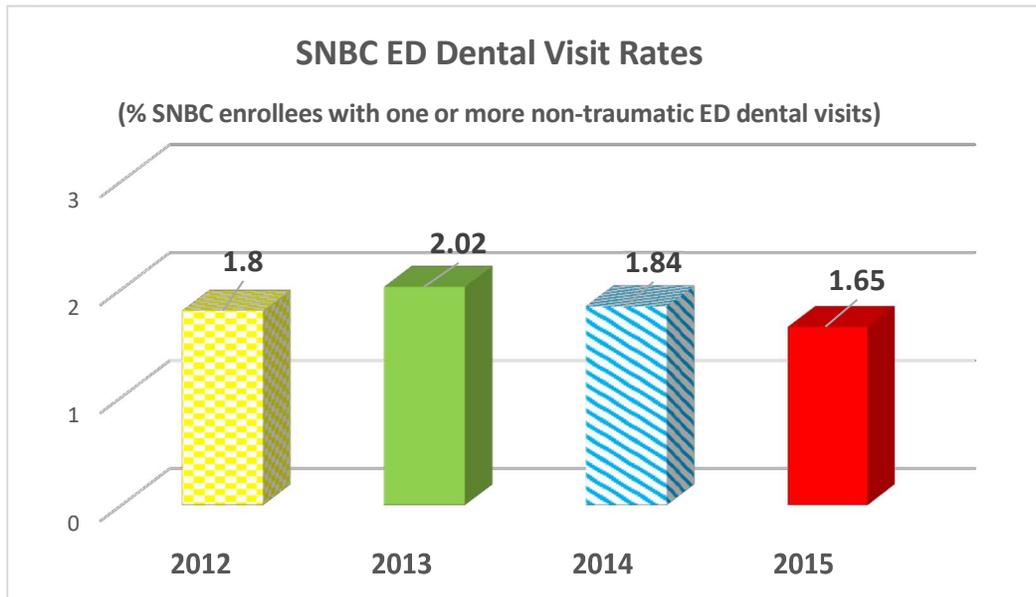
Baseline rates, as indicated in Figure 1 below, show that in 2015, 45.89 percent of SNBC members had one or more dental visit in 2015. The annual dental visit rate has been declining since 2012.

Figure 1



Baseline rates for the SNBC ED Dental Visit measure are included in Figure 2.

Figure 2



Results

With the assistance from Stratis Health, health plan representatives from HealthPartners, Hennepin Health, Medica, PrimeWest, South Country Health Alliance and UCare (known as the “Collaborative”) met every two weeks from September 2016 through March 2017 to write the project proposal and plan, focusing on the three mandatory interventions above. The collaborative consulted frequently with DHS to ascertain if the direction of the proposal was satisfactory. The project proposal was submitted to DHS on April 17, 2017, and approved by DHS on May 3, 2017.

Access improvement interventions focused primarily on dental case management, special needs community dentist and staff mentoring program, and a teledentistry demonstration project. The three recommended access improvement interventions: dental service contracts expansion, provider education and supporting charitable community dental treatment clinics would be incorporated into the project as applicable and able. Of the three, supporting charitable community dental treatment clinics created the most challenge in implementing as charitable organizations providing free community dental treatment clinics, often do not like working with health plans or being involved in “more paperwork”. Interventions outlined above were carried out by all participating MCOs as a collaborative group, with each MCO implementing the interventions as describe above. There were no individual MCO interventions planned or implemented at the time of this writing.

Since the project proposal was approved, the Collaborative continued to meet every two weeks, focusing their efforts on implementing the project interventions. Two subgroups were formed: one to work on the case management intervention and the second to work on the teledentistry intervention. A decision was made to combine the mentoring program with the teledentistry interventions.

The Collaborative presented information on the SNBC Dental Access Improvement Project at Dental Services Advisory Committee (DSAC) in March and the Odyssey Conference in June. The Collaborate also provided case management training on the dental project to the individual care coordinators and care

coordinator agencies in October 2017. The individual health plans also provided training to their internal and external care coordinators/case managers.

The teledentistry demonstration project is being led by DHS-DCT staff. The teledentistry equipment was obtained in the fourth quarter 2017. The first meeting of the mentoring group was held in September 2017 to discuss developing a mentoring program was held in September 2017. This group consists of dental practitioners located throughout the state of Minnesota and from various dental practice type distribution including the University of Minnesota, Hennepin County Medical Center, Veterans Administration, private practice and Federal Qualified Health Centers (FQHCs). There was a discussion on the use of the patient categories one through four with categories three and four being the most complicated. Ideas were shared on how to potentially expand the network to accommodate patients who are in the categories of one and two.

In 2017, DHS worked with a Consumer Assessment of Healthcare Provider Systems Survey (CAHPS) vendor to conduct an annual provider access survey and an annual CAHPS dental satisfaction survey (member focused). The provider survey results showed that most dental providers (85%) had the ability to serve SNBC members with a physical disability/limitation; the clinic had dental chairs that adjusted to wheelchair height, accessible waiting areas and allowed for service animals. The challenges the provider survey uncovered is that there is a lack of information (educational materials) on special needs dentistry. Reimbursement was also identified as an issue. The Member Dental CAHPS survey results are under analysis by DHS. Once the results are available, the Health Plans will be able to use them to help evaluate the effectiveness of implemented interventions.

[Recommendations and Next Steps](#)

The Collaborative will continue to meet every two weeks to discuss project interventions and all other activities related to the project throughout 2018. The Collaborative will be submitting the first annual status report to DHS on May 15, 2018. In addition to the annual status reports, the MCO's will provide an annual project update presentation to the DHS Stakeholder Committee, the DSAC and the External Quality Review Organization (EQRO) contracted by DHS.

The teledentistry demonstration project will start in early 2018 at the Willmar DHS-DCT office. The plan is for a dental hygienist to visit a group home one time per month and will see about four patients per day. The dentist will be available at the office for consultation. The mentoring group will continue to meet to discuss next steps.

It is anticipated that DHS will release the final 2017 Member Dental CAHPS summary report in early 2018 which will be distributed to the various dental offices and enrollees. The case management subgroup is working on a care manager survey, to better understand the barriers SNBC members face in obtaining dental care. The survey is scheduled to be sent to Care Managers on March 5, 2018. The results will be included in the annual project update.



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