



Hennepin Health

Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

SNBC Dental Access Improvement & Evaluation Project: 2018 Dental Provider Survey Analysis

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Summary

The Special Needs Basic Care (SNBC) Dental Access Improvement & Evaluation Project is a collaborative effort between Department of Human Services' (DHS') Special Needs Purchasing Division, DHS/Direct Care & 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 is to improve the annual dental visit rate for SNBC members, ages 18 to 64, to 60 percent or more over the next three to five (3-5) years, by 2021.

The MCOs, as part of the project interventions, conducted surveys with dental providers. The goal of the provider survey is to learn about access barriers for people with disabilities ages 18-64 years old and to identify any possible areas for further action as part of the SNBC Dental Access & Improvement Project.

The survey was conducted using an online survey tool and was sent to the MCOs dental provider networks. The survey link was sent with a cover letter in late September 2018, with the survey remaining active until October 31, 2018. A reminder to complete the survey was sent out in mid-October. A total of 101 provider responses were received.

Trends

After reviewing the survey results, many common themes emerged. While many of the providers surveyed are currently serving Medicaid patients that are managed by a MCO, they are unwilling to see new Medicaid patients. This limits access for members trying to establish a new dental home. Some of the common reasons cited for not accepting new Medicaid patients are as follows:

- Reimbursement is inadequate.
- The limited benefit set impacts treatment plans.

Upon further analysis of the limited benefit issue, providers cited that adding additional coverage for periodontal treatment would help with this barrier in care.

Other trends observed are that providers are interested in additional training to help them to better serve patients with a special healthcare need. The resources that providers felt would be helpful are toolkits and webinars. The educational topics that they are interested in are as follows:

- SNBC program benefits.
- Best practices in working with SNBC members.

Barriers

As indicated above, a common theme noted was the lack of benefits for needed services. It was consistently noted this population has more extensive needs than the general population and that the current benefit set does not support these needs. For example, providers indicated that the lack of coverage for periodontal services and the restrictive sedation benefits is a barrier to appropriate care. Other responses focused on preventive care; some stating that one (1) cleaning per year is not adequate for this population. Overall, providers expressed the difficulty in treatment planning due to the limited benefits.

Most providers indicated that the limited benefit set has a negative impact on the dental practice's ability to see patients with Medicaid insurance. Of those, almost one-fourth (1/4) cited reimbursement as the reason they must limit the number of Medicaid patients they see.

Another barrier noted by providers addressed the increased challenge of caring for patients when their personal care giver is not present. A few providers expressed difficulties in treating patients with physical disabilities due to their special needs. One provider expressed the challenges of performing patient transfers at their facility. For example, transferring to use the restroom when they are not accompanied by a caregiver can be challenging and a task they are not equipped to assist with. Another provider suggested that funding for transfer equipment along with training in transferring these patients safely may be helpful. Communication barriers were also observed when patients present to the clinic with a lack of assistance and support. Some expressed having difficulty helping the patients to understand what the provider is trying to convey to them. Lastly, some providers simply noted that their staff were not equipped to serve these patients, but did not provide further detail to the specific concerns the staff have with this population.

Opportunities

The results of this survey assisted the MCO collaborative in identifying action items to further the goals of the SNBC Dental Project during 2019. Responders clearly identified educational opportunities that would enhance their ability to successfully serve the SNBC population.

The majority of those who responded are not aware of the case management role (also referred to as care coordination) that SNBC members have access to. Educating the dental clinics about the availability of case management, and how this role could be optimized for some of their patients would enable dental clinics to include the case manager/care coordinator in the clinic visit process to increase the likelihood of a successful visit. This education could be completed via a combination of MCO provider newsletter articles and/or webinars to introduce this resource. In addition, there appears to be an opportunity to educate both providers and case managers about the benefit of having caregivers attending the dental appointment with members. For example, if member is approved for Personal Care Attendant (PCA) services, the PCA can be authorized to attend the appointment with the member. Educating care coordinators to ensure that the PCA is scheduled to attend with the member as well as educating dentists of this option may help members have a better experience at their dental appointments.

In addition to the case managers, providers indicated a desire for education on health plan operations and resources such as filing claims, updates to State regulations, benefit set information and reasoning for low reimbursement. While the reimbursement rate is outside the scope of this project, the other topics are applicable for future educational opportunities. The plans can utilize the MCO grid developed in 2018 as a teaching tool for building these educational opportunities and offering a webinar on health plan resources.

Providers also clearly identified a desire for more information on best practices in working with the SNBC population. This aligns with the MCO mentoring group activities related to best practices. Interviews of experts in special needs dentistry in Minnesota were conducted in 2018. This information is being compiled into a usable format for educating clinicians and will be dispersed in 2019. Clinicians indicated that a toolkit format and/or a webinar series would be the most useful way for us to share this information.

The MCOs will incorporate these educational opportunities into our work plan for 2019.

Survey Responses

Survey questions were sent to DHS in advance for approval. There were 17 questions total. The questions and responses received are as follows:

1) Which geographical location best describes your patient population?

Responses were received from 101 providers. The geographic breakdown aligns with the Minnesota Department of Employment and Economic Development. The map was shared to help providers determine which geographic area aligns with the provider practice. As indicated below, we received responses from providers across the state.

Answer choices	Response Percentage	Response Number
Central	26.73%	7
Northeast	14.85%	15
Northwest	18.81%	19
Southeast	8.91%	9
Southwest	13.86%	14
Metro	39.60%	40

2) Do you provide care to patients who receive Medicaid benefits through a Managed Care Organization (MCO) Health Plan?

Responses to this question were received by 99 providers; with 13 preferring not to answer the question. As indicated in the table below, two-thirds (2/3) of respondents provide care to Managed Care members.

Answer choices	Response Percentage	Response Number
Yes	66.67%	66
No	20.20%	20

Answer choices	Response Percentage	Response Number
Prefer not to answer	13.13%	13

3) Does your patient population also include treating fee-for-service Medicaid (straight MA)?

One hundred providers answered this question; with five (5) preferring not to answer. A slightly higher number of respondents serve the general fee- for- service Medicaid population than serve the MCO Medicaid population.

Answer choices	Response Percentage	Response Number
Yes	73.00%	73
No	22.00%	22
Prefer not to answer	5.00%	5

4) How many hours per week are patients seen in your practice?

One hundred and one responses were received to this question. As shown in the table below, over half (1/2) of providers are seeing patients more than 36 hours per week. Over 84 percent of providers are seeing patients for 31 hours or more per week.

Answer choices	Response Percentage	Response Number
25-30 hours	15.84%	16
31-35 hours	24.75%	25
36-40 hours	40.59%	41
>40 hours	18.84%	19

5) What is the average wait time for new patients with Medicaid coverage to secure an appointment at your practice for a comprehensive (new patient) dental examination?

Ninety-eight responses were received for this question. Wait times appear to vary amongst providers. Of the respondents, approximately one-third (1/3) have a wait time of more than 12 weeks. However, over 50 percent of providers have wait times for new patients of less than six (6) weeks.

Answer choices	Response Percentage	Response Number
1-2 weeks	26.53%	26
3-6 weeks	32.65%	32
7-12 weeks	7.14%	7
More than 12 weeks	33.67%	33

6) What is the average wait time for new patients with Medicaid coverage with emergent needs to secure an appointment at your practice?

Responses were received from 98 providers. Over half (1/2) of providers (56.12%) surveyed are able to see patients with emergent needs within one to two (1-2) days of the patient making a request. The common reasons for a Provider selecting an answer of “other” are as follow; they are not taking new patients or they have a full patient schedule.

Answer choices	Response Percentage	Response Number
Same Day	29.59%	29
1-2 Days	26.53%	26
3-7 Days	16.33%	16
Other	27.55%	27

7) What is the average wait time for existing patients with Medicaid coverage with emergent needs to secure an appointment at your practice?

Responses were received from 96 providers. Almost three fourths (¾) of providers (73.95%) surveyed are able to see members with emergent needs within one to two (1-2) days of their request. The common reason for a Provider selecting an answer of “other” is as follows; they have a full patient schedule.

Answer choices	Response Percentage	Response Number
Same Day	37.50%	36
1-2 Days	36.46%	35
3-7 Days	16.36%	16
Other	9.38%	9

8) With respect to the Americans with Disabilities Act (ADA) accessibility, does your practice offer full access and transfer assistance to patients with special needs?

Of the 99 responses to this question more than half (1/2) indicate that their practice offers full access and transfer assistance.

Answer choices	Response Percentage	Response Number
Yes	55.56%	55
No	7.07%	7
Our practice is grandfathered in to this rule	13.13%	13
Prefer not to answer	24.24%	24

9) Do you experience any specific challenges in serving Medicaid MCO/ Health plan patients with special health care needs?

Of those who responded to this question, inadequate reimbursement and barriers related to physical disabilities and transferring needs were most commonly cited. This question is an open text field so answers were group according to themes in the responses.

	Response Percentage	Response Number
Low reimbursement	27%	14
Mobility barriers / transferring / need for assistive devices	19%	10
Need for sedation/specialized facility	17%	9
Communication barriers / lack of assistant/support to pt.	10%	5
Lack of benefits for needed services	8%	4
High fail rate	8%	4
Lack of training / staff not equipped to serve these patients	8%	4
Facility is not physically accessible	6%	3
Don't serve this population	6%	3
Non-specific/" too many to list"	10%	5
Noncompliance with oral hygiene		1
Calls from outside their service area/zip code		1
More people looking for a dentist than they can serve		1

10) Have you ever worked with a Medicaid MCO/Health Plan Care Coordinator and/or are you aware of the care coordination services available to patients through the Special Needs Basic Care (SNBC) program?

Of the 100 respondents to this question, 60 percent are not aware of care coordination services. This would appear to be an opportunity for education for providers.

Answer choices	Response Percentage	Response Number
Yes	17.00%	17
I am aware of Care Coordination services but have not worked with them	23.99%	23
No to both	60.00%	60

11) What educational topics would help you to better serve patients with special healthcare needs? Select all that apply.

Responses were received from 82 providers. This will assist the MCOs with providing educational topics in the upcoming year. Approximately 80 percent of providers indicated that they would be interested in learning more on Health Plans 101 topics and SNBC program benefits.

Additional comments from providers show an interest in topics such as, filing claims, updates to State regulations, benefit set information and reasoning for low reimbursement.

Interest in educational sessions regarding best practices in working with the SNBC population was expressed by 48 percent of providers. One provider expressed the challenges of performing patient transfers. For example, transferring to the restroom when they are not accompanied by a caregiver. They are not a health care provider that is appropriately equipped to assist patients with these basic needs.

No specific health topics we noted in the free text field of the survey.

Answer choices	Response Percentage	Response Number
Health Plans 101	36.59%	30
SNBC Program Benefits	45.12%	37
Best Practices in working with SNBC members	47.56%	39
Other	21.95%	18

12) Please identify resources that you feel would be helpful in providing care to patients with special healthcare needs. Check all that apply or specify other.

Responses were received from 88 providers. Nine providers indicated they have had the proper training to treat this population for their dental care.

Several providers indicated that their physical space is a barrier to patient care. A few providers noted that funding for transfer equipment along with training in transferring these patients safely would be helpful.

It was also indicated that education to maximize reimbursement would help more clinics afford to see more SNBC patients.

The providers indicate that toolkit and webinar series are the preferred format of training. Only 20 percent of providers indicated that in-office training would be helpful to them. Nine providers indicated they have had the proper training to treat this population for their dental care.

Answer choices	Response Percentage	Response Number
Toolkit	47.73%	42
Webinar Series	47.73%	42
In-office Training	21.59%	19
Other (please specify)	17.05%	15

13) Do you encourage your patients who are edentulous, with or without dentures, to come in for annual oral evaluations?

Responses were received from 97 providers. Seventy-seven percent indicated they do encourage their patients to come in annually whereas 9 percent indicated they do not.

Methods used among those responding positively ranged from using their standard recall systems (including post card reminders) to using text/email methods. Of those providing an explanation of why they do or don't encourage annual examinations (26), eight (8) respondents indicated they are a dental specialty practice, and this did not apply to them. Three respondents indicated they saw value in these annual examinations for oral cancer screening.

Answer choices	Response Percentage	Response Number
Yes	77.32%	75
No	9.28%	9
If yes, what method	4.12%	4
If no, why not?	9.28%	9

14) Does the limited benefit set under Medicaid for non-pregnant adults create a barrier in your practice to seeing patients or seeing more patients with coverage under Medicaid? If yes, please explain.

Responses were received from 97 providers. Most indicated that the limited benefit set does have a negative impact on the office's ability to see patients with Medicaid insurance.

We received 37 narratives of explanation. Of those, almost one-fourth (1/4) cited reimbursement as the reason they must limit the number of Medicaid patients they see. Seven responses focused on preventive care, some stating that one (1) cleaning per year is not adequate. Lack of coverage for periodontal services was noted in six (6) responses. Six responses reflected difficulty in treatment planning due to limited benefits, some expressed difficulty getting the patients to understand. Several comments indicated that this population has more extensive needs than the general population. Four stated that they are not taking new patients with Medicaid. Six providers stated N/A, as being either an ortho or pediatric specialty.

Answer choices	Response Percentage	Response Number
Yes	55.67%	54
No	44.33%	43

15) Do you believe that the limited benefit set for non-pregnant adults creates a barrier for patients with coverage under Medicaid to receive dental care?

Almost three-fourths (3/4) of the 99 responses reflected the belief that the limited benefit set does create a barrier for these patients.

Comments included 11 that felt that the benefit set does not include the necessary benefits to prevent tooth loss. Specific items mentioned favoring tooth loss were lack of coverage for molar root canals and periodontal treatment as well as being allowed only one (1) preventive appointment per year. A few providers expressed frustration of the administrative burden in finding out what is covered and authorizing extra preventive visits. Two comments were related to difficulty in locating or working with specialists for these patients. Cost was another factor, as it was stated that these patients cannot afford to pay for the necessary non-covered services.

Answer choices	Response Percentage	Response Number
Yes	70.7%	70
No	29.29%	29

16) What additional benefits would you like to see added to the non-pregnant adult benefit set to better manage the treatment needs patients often present with?

The results from 98 respondents showed that the highest percentage of providers feel that adding coverage for periodontal treatment would be the most beneficial. In addition to the 28 that chose scaling and root planing treatment exclusively, 24 of those that selected "Other" specified that they would like to see most or all of the above covered.

Answer Choices	Response Percentage	Response Number
Scaling and root planing	28.57%	28
Full mouth series of radiographs (separate from panoramic radiographic benefit)	10.20%	10
Molar root canal treatments	11.22%	11
Crown Coverage	11.22%	11
General anesthesia in an Oral surgery office	6.12%	6
Other, (please specify)	32.65%	32

17) How often do you re-evaluate your ability to increase accepting more patients on Medicaid in your practice?

Responses were received from 100 providers. Thirty eight percent of providers evaluate their volume of Medicaid patients and their ability to increase accepting more patients on Medicaid on an annual basis. The next highest response was “other” at 37 percent. Those that choose “other” and provided a response, include some of the following: weekly, monthly, never, we always accept new patients, right now we are not accepting any new patients, we put no limit; however, we require a referral from a physician, dentist, mental health provider, or social worker, and I can’t until reimbursement increases. Thirty-seven total responses were received by those who selected “other.”

Answer choices	Response Percentage	Response Number
Annually	38.00%	38
Semi-annually	8.00%	8
Quarterly	17.00%	17
Other	37.00%	37

Conclusion

The responses to this survey will be used to help inform the MCOs work plan for 2019. As indicated above, there are several opportunities for provider education, as well as education for Case Managers. While not all barriers identified are within the scope of this project, the MCOs feel it is important to share our learnings through this survey with our partners at DHS. In addition to continuing our planned interventions, the MCO collaborative will focus our efforts in 2019 on the educational opportunities identified in this survey.