Health Reform: Health Professional Workforce
Tuesday, April 26, 2011
North Carolina Institute of Medicine, Morrisville
9:00am-12:00pm
Meeting Summary

Attendees:
Workgroup and Steering Committee Members: Tom Bacon (co-chair), John Price (co-chair), Renee Batts, Joseph Crocker, Regina Dickens, Erin Fraher, Greg Griggs, James Hupp, Polly Johnson, James McDeavitt, M. Alec Parker, John Perry, Glenn Potter, Justine Strand de Oliveira
NCIOM Staff: Kimberly Alexander-Bratcher, Thalia Fuller, Rachel Williams, Berkeley Yorkery
Other Interested Persons: Anne Braswell, Jessica Carpenter, Mark Casey, Alisa Chapman, Art Eccleston, Katie Eyes, Katie Gaul, Rebecca King, Bob Konrad, Andy Landis, Sarah Langer, Victoria McGee, Catherine Moore, Tamar Odle, Gary Rozier, Chris Skowronek, Lyle Snider, Marvin Swartz, Carl Taylor, Betsy White, Jacqueline Wynn

Welcome and Introductions
Thomas J. Bacon, DrPH, Director, NC Area Health Education Centers Program, Co-chair
John Price, MPA, Director, NC Office of Rural Health and Community Care, Co-chair

Dr. Bacon welcomed everyone to the meeting.

Overview of Dentist Supply and Distribution
Erin Fraher, PhD, Director, Health Professions Data System, Cecil G. Sheps Center for Health Services Research

Dr. Fraher discussed the current status of dentists and dental care in North Carolina. The supply of dentists in North Carolina is lower than the national average. The University of North Carolina-Chapel Hill is currently the only dental school in the state. East Carolina University will enroll its first class in its new dental school this fall. Most UNC dental school graduates do not work in underserved areas. Also, UNC graduates do not have a high in-state retention rate, possibly due to an increase in dental residencies.

The state's dental workforce is getting older, especially in health professional shortage areas (HPSA). Diversity is another issue in the dental workforce. A majority of dentists are white, non-Hispanic, males. Despite ECU's new dental school and an expansion of slots in UNC's dental school, the ratio of dentists to population in the state is expected to decline by 2020.

Dr. Fraher's presentation can be found here: Dentist Supply and Distribution in North Carolina.

Selected questions and comments:

- Q: How many seats are there in NC dental schools? A: Currently there are 81 at UNC. UNC will add 19 seats and ECU will have 50 seats beginning this fall.
- Q: Why are dental school graduates going into residencies? A: It is probably a combination of more residency slots and the economy. A lot of graduates that, due to the economy, can't decide what they are going to do for their career. Some students have had a verbal agreement with an older doctor for a residency if they cannot find a job. Dental office traffic has dropped so dentists don't need another dentist and therefore the graduates go to a residency program.
    - Q: Is there a perception of greater prestige if a dentist has done a residency? A: Not as much as in some other professions such as in medicine, but yes.
    - Q: Are those in residencies going to other states? A: For a specialty residency or a general practice residency students are going to seek programs with good reputations. If the program happens to be out of state students are not averse to traveling out of state.
    - There has been an effort in past 10 years to increase dental care access to children and increasing the number of pediatric dentists. This effort has resulted in a nationwide attempt to increase residencies for public health and pediatric dentists.
- If a dentist is not self-employed, where do they typically work? A: Usually at a group practice/partnership, an independent practice owned by a business partner or public health facilities.
- Q: Are there any outcome measures or data on negative outcomes tied to the low ratio of dentists to population in the state? A: Yes. Measures on lack of access, emergency department visits, number of teeth removed, and advanced decay are examples of measures related to a lack of dentists.
    - For Medicaid, a child's access to care is above the state average in counties with no dentists. Access is more complex than the number of dentists.
- Q: Are there any programs to increase diversity in the dental workforce? A: UNC has increased the percentage of minorities in their dental classes. The dental school is a joint sponsor, along with the medical school, of the Medical Education Development (MED) program to recruit more minorities. The program has changed the demographic of dental class. Diversity is also a high priority of ECU's new dental program.

Impact of Medicaid Policies on Dental Care

Mark W. Casey, DDS, MPH, Dental Director, Division of Medical Assistance, North Carolina Department of Health and Human Services

Dr. Casey presented policy changes to improve utilization of dental services, the impact of the ACA on the Medicaid dental program, and new models of care to improve access to dental services. Provider participation in the Medicaid dental program has been declining. Increasing

reimbursement rates could reverse this trend as well as increase specialist enrollment. A high number of dentists participating in Medicaid would mean more access to care for beneficiaries. Reimbursing preventive services at higher rates than other services will encourage dentists to provide those services. Educating patients on the importance of oral care and reporting patients who miss a high number of appointments are other ways to increase service utilization.

The Medicaid expansion to those with 138% FPL or less will impact the dental program. Adult dental services are an option that the state can decide to reduce or cut if needed due to budget constraints. However, reducing or eliminating adult dental services would lead to higher utilization of more expensive services such as emergency rooms and safety net clinics. Also, poor dental health can exacerbate other health conditions which are prevalent in the Medicaid population.

A new pilot, funded by a CHIPRA Quality Demonstration Grant, aims to improve access to care for preschool-aged children enrolled in Medicaid and at high risk for tooth decay. The program builds on the IMB/Physician Fluoride Varnish Program. Care coordination and health navigation are key components of the program, which uses a health home model for dental care. Other ideas for new models include a CCNC-like model using public-private partnerships and per-member-per-month fees for care coordination and administrative services.

Dr. Casey's presentation can be found here: NC Medicaid Dental Program.

Selected questions and comments:

- Q: Who ultimately makes the decision on the continuation of adult services? A: Ultimately it is a legislative decision. The General Assembly can grant flexibility to the Department of Health and Human Services to make cuts in the program.
- Q: A key component of the CCNC medical home is inter-professional collaboration. Who would participate in a dental home model? A: If we were to start dental home project, it would focus on children with special health needs. The dental home would use general dentists and pediatric dentists.

Rural and Underserved Communities: Recruitment and Retention
Bob Konrad, Research Scientist, Institute on Aging, UNC-Chapel Hill

Mr. Konrad discussed ways to recruit and retain dentists into underserved communities. The National Health Services Corps (NHSC) has had success in retaining dentists into HPSAs. A majority of those enrolled in the dental loan repayment program are from rural areas in North Carolina and have a desire to work in an underserved area. Many NHSC participants start their careers in a public health dental setting. This explains the fact that NHSC graduates have more

unscheduled visits, more days until a patient can get an initial appointment, see more patients with Medicaid, and see a higher percentage of children 0-14 years old.

Dentists currently in safety net practices are also usually from rural areas and/or from North Carolina. Many have also started in public practice and have a desire to work in underserved areas. A majority participated in the NHSC loan repayment program.

Recommendations to increase the dental workforce in underserved areas include dental schools recruiting more students with a motivation to serve in underserved areas or who are from disadvantaged backgrounds and increasing coordination between policy makers and educators to support students early in their careers. Showing appreciation, offering flexible loan repayment options, and more evenly distributing the Medicaid caseload are other options to increase retention.

Mr. Konrad's presentation can be found here: Recruitment and Retention of Dentists.

Selected questions and comments:

- Q: What is the utilization like in rural versus urban counties? A: For many children's services, some rural and semi-rural counties do better than expected for once a year visits. In contrast, Mecklenburg County, an urban county, is below the state average. It can vary.

Impact of the New School of Dentistry at ECU

James Hupp, DMD, MD, JD, MBA, Dean, School of Dental Medicine at East Carolina University

Dr. Hupp presented information on East Carolina University's new dental school. The School of Dental Medicine, located in Greenville, North Carolina, will begin training students during the 2011-2012 academic year. The first class will be comprised of 50 students and graduate in 2015. The admissions process for the school is focused on bringing in students who can successfully practice in a rural setting.

The Greenville facility will operate as both an academic building and a clinic. There will be areas for pediatric, adult, and emergency dental care. A special care suite will provide dental access for patients with physical disabilities who usually must go to an emergency room or other special location for basic dental procedures. The school will use a decentralized educational model, making it unique from other dental schools in the country. This education model will be more case-based than lecture-based and provide students with hands-on training.

Ten community service learning centers, located in rural underserved areas throughout the state, will address North Carolina's shortage of dental care access, give students extensive clinical experience, and be fully sustainable. The community service centers will also have telemedicine available to connect with students and faculty at other centers.

Dr. Hupp's presentation can be found here: ECU's Dental School.

Selected questions and comments:

- Q: How does your admissions process ensure a student's commitment to serving underserved areas? A: Applicants write essay that address working in rural areas. Candidates are told up front that they will be expected to have shown experience in serving others beyond what most high schools and/or Greek organizations require. Interviews go into aspects of an individual's background and in-depth on thoughts on the topic of serving others. A scoring system gives extra weight to interviews and essays versus GPAs and test scores. Part of the interview also includes giving the applicant a case to show his/her approach to working in a team. This process brought out certain characteristics in applicants that were useful in the evaluation process.
- Q: How were the first four communities for the learning centers selected? A: The process involved many community visits to make sure the community understood what we wanted and to engage any dentists in the area. It was important for communities to buy into the idea. A consultant group looked at the financial and logistical aspects of the various communities to determine economic sustainability. Also, access to the site from various regions of the state was considered.
- Q: Do you anticipate a lot of students will opt for the NHSC? A: Many applicants are inquiring about that as well as Native American and Military financing options. The Board of Governor's scholarships can only go to UNC students, but we are working on getting legislation to change that.

Policy Options for Meeting the Needs of Rural Communities
Lyle Snider, PhD, NC Office of Rural Health and Community Care, CCNC-Uninsured Parent Program (CCNC-UP)

Dr. Snider went over possible practices and policy changes to address the dental needs of rural communities in North Carolina. Social marketing is a tool dentists can use to promote oral health literacy and the importance of oral health care. Also, other medical providers can address oral health at primary care visits or prenatal visits and refer patients to dentists for care.

Fluoride supplementation for children is one method of addressing poor oral health in rural communities. City water supplies should have enough fluoride in them and children without city water in their homes should be given Oral Health Drops. Schools should provide healthy

lunches and get rid of foods that contribute to tooth decay such as sodas. Schools should also have students brush their teeth after lunch every day.

Optimizing scope of practice is another policy option. Dental hygienists should be used to their maximum education level. Another, though controversial, option is the creation and use of dental ancillary workers such as Expanded-Function Dental Assistants (EFDAs).

Dr. Snider's presentation can be found here: Policy Options to Improve Rural Oral Health.

Discussion of Potential Recommendations

The workgroup discussed possible recommendations related to the dental workforce in North Carolina. Some suggestions are below:

- Continue adult Medicaid benefits and increase or retain Medicaid reimbursement rates.
- Create a CCNC-like dental home model.
- Policies to increase diversity in the workforce (i.e., dental school recruitment policies, support those working in underserved areas, making Board of Governor's scholarships available to ECU students).
- Address licensure to credential barriers.
- There could be some minor changes made to the dental hygienist scope of practice.
- Ongoing tracking for ECU dental students and evaluation.
- Long-term care and home health access to dental care.
- Training providers to work on multiple co-morbidity patients.
- Improve enrollment procedures to link more dentists into Medicaid.
- Conduct a study on the number and demographics of students in residency programs.
- Continued funding for loan repayment programs.
- Accept more in-state residents to dental schools.
- Stimulate communities to build dental practices.
- Improve coordination of the workforce.

Public Comment Period

- The development of a community health information system would help educate the average person on oral health needs.
    - ECU has an innovative system to understand the oral health needs of populations. The system was used as part of the service learning center site selection criteria.
- The Office of Rural Health and Community Care has a grant to put dental technical assistants into dentist offices. The program includes ten practices around the state, and will have another 10 in future, to do more technical assistance in offices.

- Q: Could these assistants develop packages for a community to help recruit dentists and/or raise starting costs for a practice? A: These assistants are a way to help communities recruit dentists, making practices more financially viable, and making it more likely a dental provider will stay in state.