



ORAL HEALTH

Greater Kansas City Oral Health System Assessment

Executive Summary



Oral health - the health of the mouth, teeth, and gums - is a critical challenge for both adults and children.

Oral health problems have been linked to chronic conditions such as heart disease, stroke, diabetes, and respiratory issues. For decades, oral health has not received the same attention and understanding as other areas of health and is often not covered by insurance, further challenging prevention and treatment. However, more models of effective oral health systems are being identified in the literature and demonstrating positive ways to treat the patient in a holistic way.

In order to understand the challenges and successes related to oral health in Greater Kansas City and identify how the entire health and health care community can more effectively address oral health needs, the Health Care Foundation of Greater Kansas City (HCF) undertook a comprehensive assessment of the oral health system in Greater Kansas City. Health Resources in Action (HRiA), a non-profit public health organization, lead the assessment study.

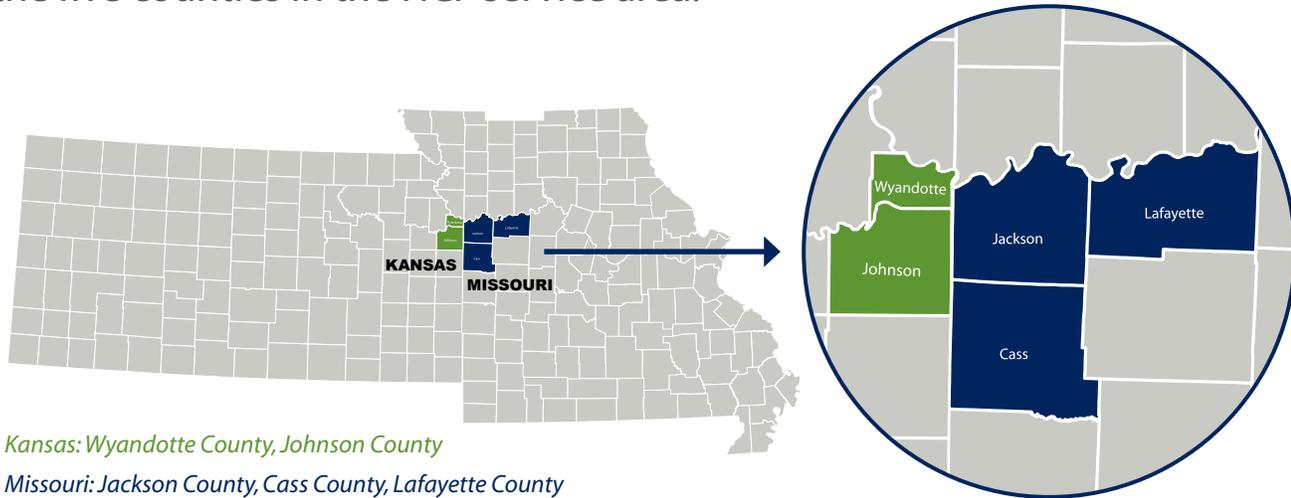
This report provides an overview of the key findings and concludes with evidence informed recommendations tailored to the context and needs of Greater Kansas City.



HCF has been supporting oral health-related initiatives under its safety net priority area for several years.

ASSESSMENT METHODS

The assessment utilized a collaborative approach to look broadly at oral health in the five counties in the HCF service area.



The process included:

- 1** Synthesizing existing data on social, economic, and health indicators
- 2** A scan of existing oral health services and programs
- 3** Information from a survey of oral health stakeholders and providers (n=86)
- 4** Four focus groups with over 60 medically underserved adults, most of whom were parents of school-age children
- 5** 22 interviews with oral health and medical providers, advocates, educators, community services providers, dental school administrators, public health leaders, and insurers



KEY FINDINGS

Oral Health: The Magnitude and Severity of the Problem in Greater Kansas City

Oral Health Status:

When noting their concerns about oral health, focus group and interview participants identified the prevalence of dental caries in children, untreated dental decay in adults, and dental-related pain.

Poor oral health was also discussed as affecting academic success for youth and job success for adults. Self-reported poor oral health status varied in the region, from 7.6% of adults in Johnson County, KS to 29.8% of adults in Lafayette County, MO reporting poor oral health status.

Perceptions of Oral Health as a Priority:

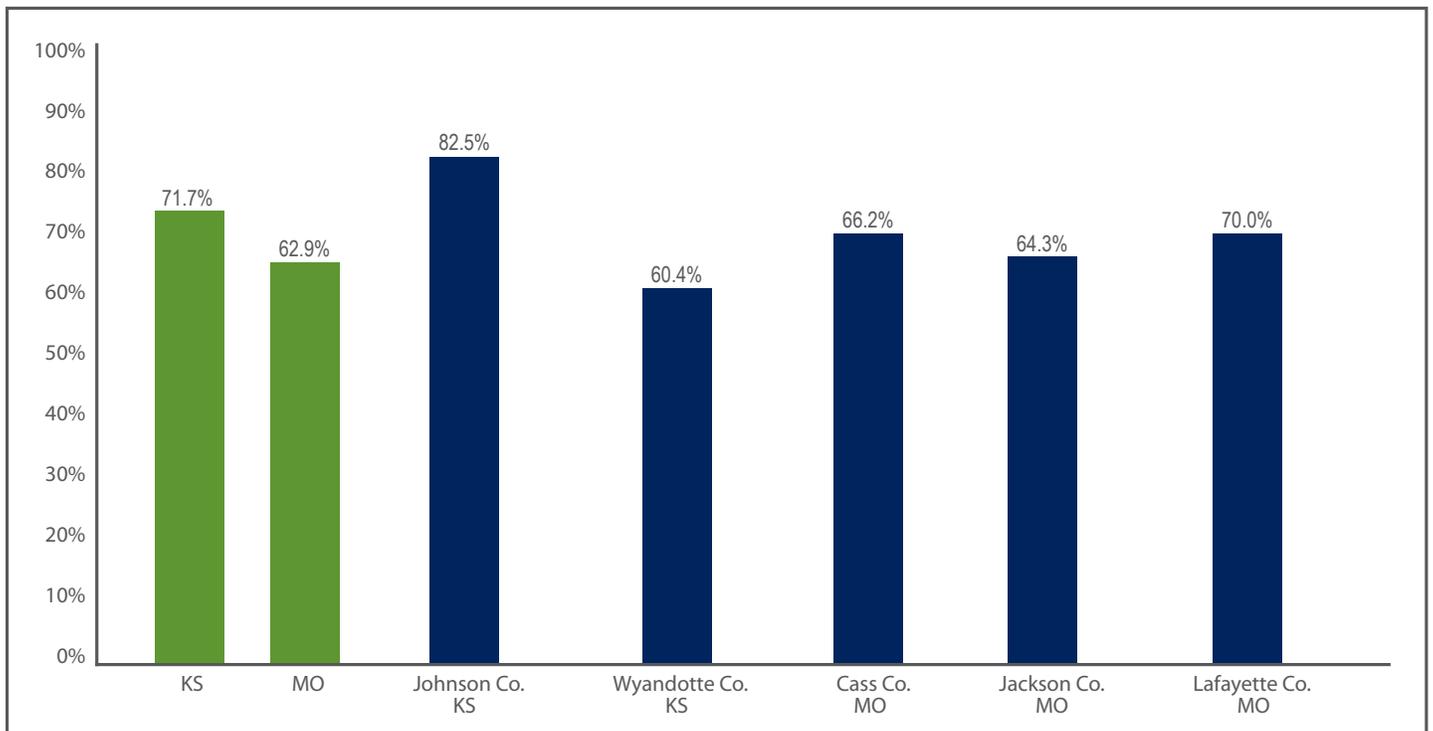
Low-income residents face many challenges in meeting basic needs, and consequently oral health is often not a top priority. While it is challenging for adults to seek oral health care, many parents noted that they try to overcome challenges to ensure their children’s oral health needs are met. Oral health stakeholders also noted that oral health does not seem to be a priority in larger public health discussions.

“If I have no pain, I’ll never go to the dentist.”
- Community resident focus group participant.

Utilization of Oral Health Services:

As seen in Figure 1, across the region approximately two-thirds of adults reported visiting a dentist in the past year, with a notably higher percentage of adults in Johnson County, KS. However, only 4 out of every 10 eligible Medicaid children in Kansas and 3 in 10 in Missouri received any dental or oral health care service in 2012.

Figure 1: Adults Who Have Visited a Dentist or Dental Clinic within the Past Year by State and County, 2006-2010
Data Source: Behavioral Risk Factor Surveillance Survey, 2006-2010



KEY FINDINGS

Current Oral Health System Landscape in Greater Kansas City

The Federal and State Policy Environment:

A challenge of having a regional oral health system is that many of the parameters of how it functions are defined by federal and state laws. Greater Kansas City has the added issue of straddling two states with differing insurance and workforce laws.

- Neither Kansas nor Missouri's Medicaid programs cover comprehensive dental benefits for adults, although all children are provided these benefits through the Early and Periodic Screening, Diagnosis, and Treatment program.
- Medicaid reimbursement rates vary by state. In 2010, only 46.7% of Missouri dentists' median retail fees were reimbursed by Medicaid, compared to 55.0% in Kansas and 60.5% nationally.
- The two states also vary in the type of practitioners in the oral health workforce. Missouri has expanded function dental assistants, while Kansas has higher skilled extended care permit hygienists. The Kansas legislature is currently considering licensing registered dental practitioners (hygienists with advanced education and training) who would provide routine and preventive care, allowing dentists to focus on more complicated procedures.

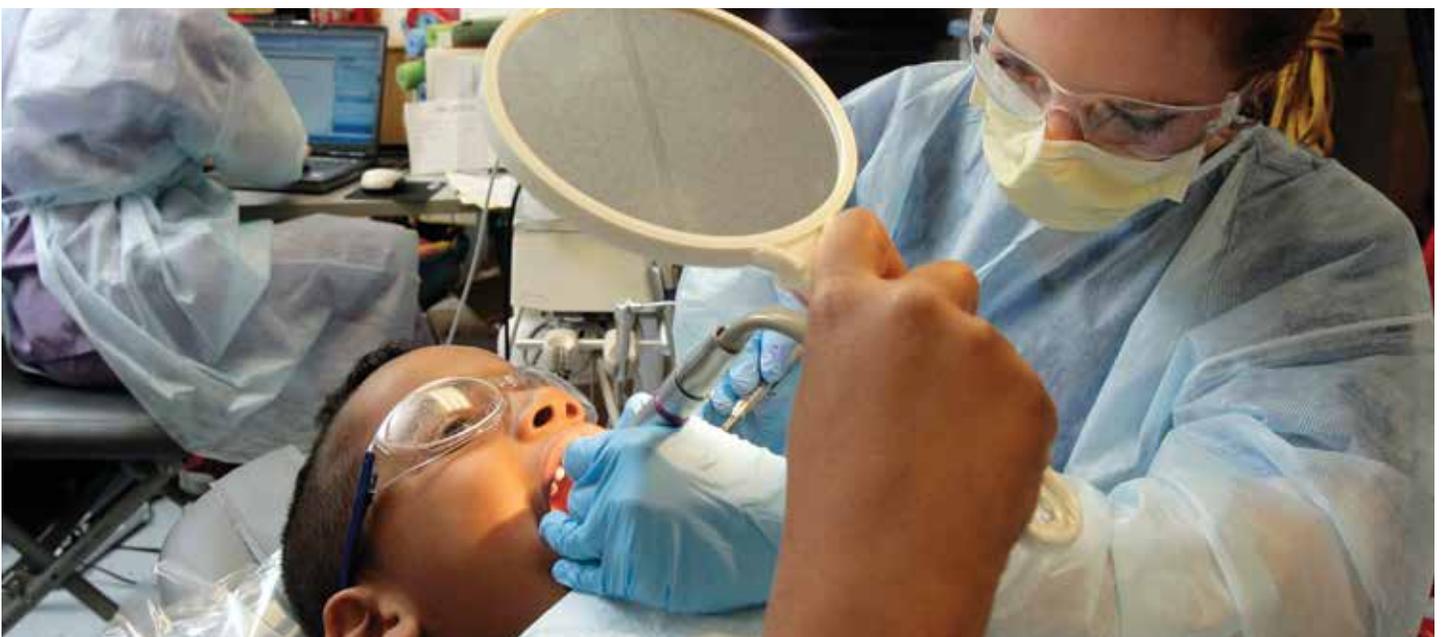
Greater Kansas City Oral Health System and Services:

The region has several preventive services, including health departments providing education, dental clinics providing cleanings and sealants and some communities with fluoridated water.

Interview and focus group participants generally agreed that the Greater Kansas City region has a sufficient number of dental providers overall. Most concurred there are not enough providers who accept Medicaid or treat patients within the safety net system. There were also concerns about the number and availability of dental specialists in the area.

Provider and Patient Perceptions of the Oral Health System:

While a variety of prevention services exist for children, they are viewed as underfunded and in high demand, while safety net provider dental services for adults were noted as not meeting the large demand. Additionally, the perception was that the oral health system lacks coordination and integration with the larger medical and primary care system.



KEY FINDINGS

Barriers to Oral Health Care Services in Greater Kansas City

Provider Challenges to Care:

While there are numerous individual patient barriers to accessing care, the system presents many challenges for providers as well.

As seen in Figure 2, inadequate reimbursement by Medicaid and patient compliance/not keeping appointments were seen as the greatest challenges among provider survey respondents.

System Level Challenges:

In addition to issues of insurance coverage and reimbursement, other challenges that were identified as issues affecting the oral health system were the lack of integration and coordination of care and the appropriate match of workforce and settings to the patients' needs. Respondents had mixed reactions on the roles and settings of alternative providers to meet patient needs.

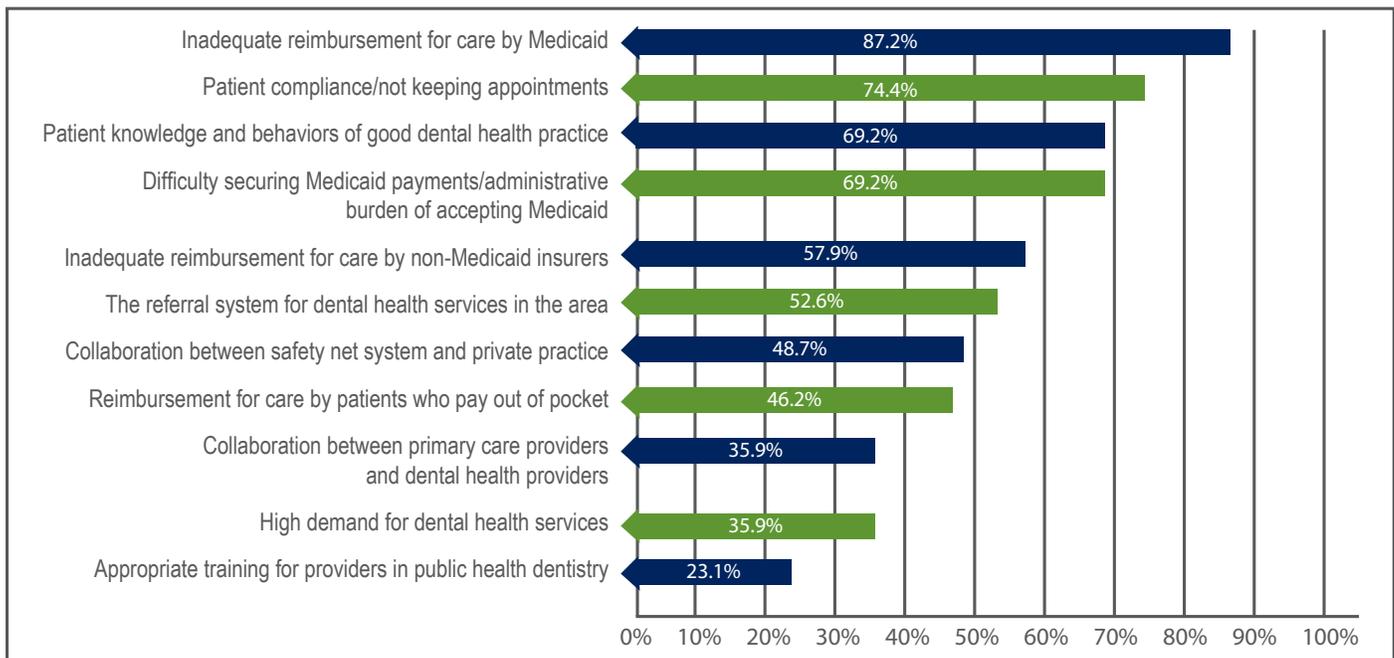
Patient Barriers to Care:

According to assessment participants, oral health care is more accessible to children, especially due to Medicaid coverage, but poorly accessible for adults. Lack of insurance coverage for adults, workforce issues, cost of care, transportation, and language issues were the main challenges cited as patient-related barriers to oral health care.

Strengths of the Oral Health System

Most respondents spoke positively about the quality of the regional oral health system that currently exists, which includes federally qualified health centers (FQHCs), community-based services, active statewide organizations, and local collaborations, but that it needed to expand to meet patient needs.

Figure 2: Provider Challenges for Treating Low-Income Patients in Community Perceived by Direct Service Provider Survey Respondents, 2013 (n=49)
Data Source: Greater Kansas City Oral Health Assessment survey, 2013



KEY FINDINGS

Participants' Vision and Recommendations for the Oral Health System

Integration and Coordination of Oral Health and Primary Care:

Assessment participants noted that higher education institutions and community health centers can play leadership roles in better linking oral health and primary care to improve referral systems and increase collaboration across disciplines.

Medicaid Dental Coverage for Adults:

The most frequently cited aspiration among participants was the inclusion of dental coverage under Medicaid for adults.

Lower Cost Oral Health Services for Patients and Providers:

Given the limited insurance coverage for adults and lack of providers who accept Medicaid, lower cost oral health services were the vision of many community residents and some providers.

Key to improving access, according to many respondents, is enhancing the number and types of providers able to provide oral health care.

Additional Oral Health Care Providers: Specialists, Hygienists, and Others:

Additional specialists and enhanced scope of practice for mid-level providers were seen as promising strategies to help meet current demand.

Increased Provision of Community-based Services:

Participants noted a disconnect between where oral health services exist and where community residents live and work. Competing priorities of life make it difficult for residents to access services where and how they are currently provided. Thus, community residents envisioned services provided in schools, churches, and other community settings.

A Greater Priority on Prevention and Integration into Overall Community Health:

Community residents and oral health providers agree that the system needs to focus more on prevention of oral health issues, including various means of education about prevention and consequences of oral health issues, and integrate these into overall community health initiatives.



OVERARCHING THEMES

Several overarching themes emerge from the data:

- High cost of oral health service and lack of Medicaid coverage for adult oral health services
- Limited number of providers in Greater Kansas City who accept Medicaid
- Coordination and integration of providers within the oral health care system of prevention, treatment, and acute care, and across the broader health care system
- Mismatch of types and locations of providers with patient needs
- Importance of focusing on prevention activities and services related to oral health
- Stress the importance of oral health and its connection to overall health



"I had better dental care when I was in prison. When you come in, they give you an examination and they say that the tooth might need to be pulled."

- Community resident focus group participant.

RECOMMENDATIONS

Recommendations on Education and Convening

Programmatic Approaches

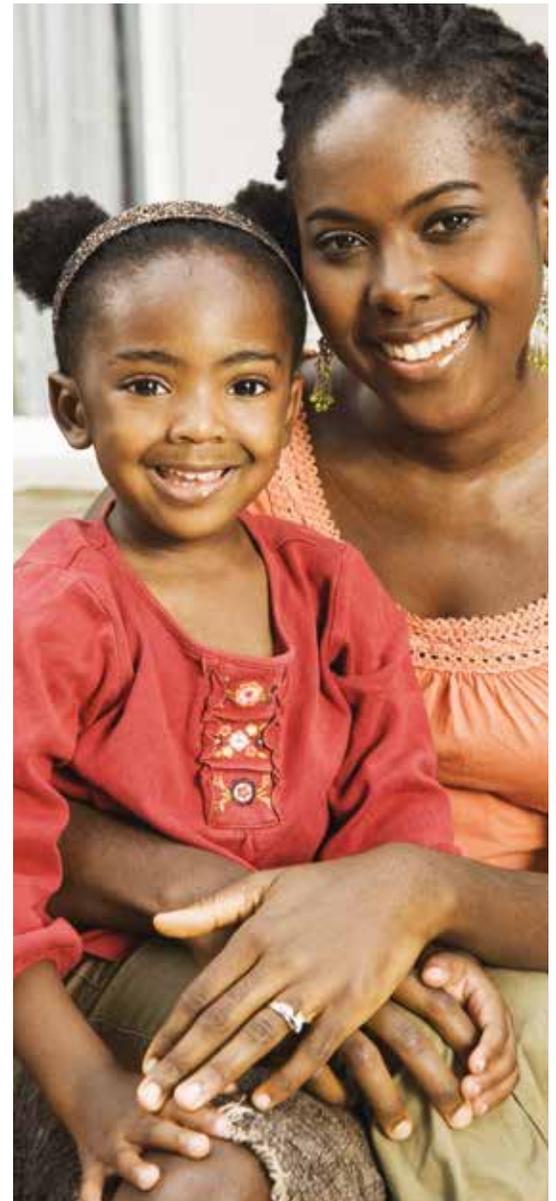
- Engage schools in preventive dental education by utilizing existing, evidence-based curricula
- Utilize staff at dental offices (safety net clinics and private providers) to provide preventive education, especially among patients with missed appointments
- Work with public health partners to conduct a multi-faceted public campaign to emphasize the importance of oral health

System Level Approaches

- Reinvigorate existing stakeholder groups and/or develop community or regional coalition(s)
- Create a cadre of early childhood practitioners who are equipped to promote oral health education
- Integrate oral health providers and leaders in larger public health dialogue and decision-making bodies
- Develop a more comprehensive data surveillance system in Greater Kansas City on oral health behaviors and awareness to help track changes across time

Policy Approaches

- Support initiatives aimed at creating community water fluoridation policies



RECOMMENDATIONS

Recommendations on Enhancing the Workforce

Programmatic Approaches

- Encourage private dental providers to begin accepting Medicaid and/or accept a greater percentage of Medicaid patients via a peer mentoring or training program
- Update content of and increase utilization of searchable online databases that highlight local providers who accept Medicaid and/or other specific populations like Head Start children

System Level Approaches

- Work to reduce actual administrative barriers to enrolling in and billing for dental services through KanCare and MO HealthNet
- Support, and/or expand dental school rotational programs and curricula that encourage public health dental work among dental school graduates
- Integrate training on providing oral health care to children with special health care needs into dental school curricula and existing professional development programs
- Promote initiatives like the National Health Service Corps (NHSC) and loan forgiveness programs among dental students in order to encourage practice with underserved communities
- Create a Community Dental Health Coordinator (CDHC) program at the UMKC School of Dentistry

Policy Approaches

- Support and advocate for the authorization of alternative models of oral health providers



RECOMMENDATIONS

Recommendations on Improving Integrated Care and Enhancement of Existing Oral Health Care

Programmatic Approaches

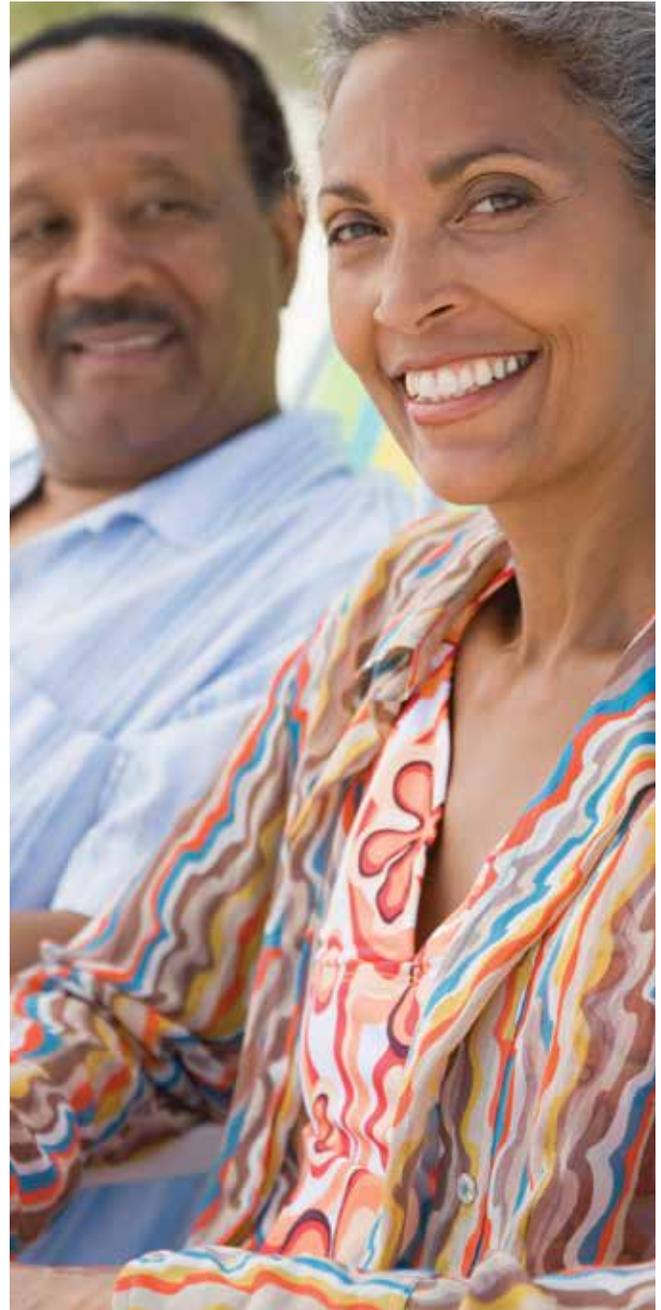
- Provide increased training for primary care practitioners to administer oral health prevention and education to increase access points for underserved patients
- Enhance the experience of patients and their families seeking care at existing dental facilities by addressing transportation barriers and other challenges

System Level Approaches

- Support health care settings in becoming better integrated and meeting specific needs of underserved populations
- Encourage the incorporation of dental health educators, such as hygienists, as part of the larger medical team for specific at-risk populations such as diabetics
- Increase collaboration and cooperation with non-traditional, community care settings

Policy Approaches

- Support regional and/or national advocacy work to integrate medical and dental billing codes



Recommendations on Financing

Policy Approaches

- Advocate to increase Medicaid reimbursement rates
- Encourage Medicaid to reimburse a wide range of providers
- Support instituting comprehensive oral health coverage for adult Medicaid population by developing a business case to be used for advocacy efforts

CONCLUSION

There was strong interest for oral health to be addressed via a more strategic, coordinated system.



Numerous services, agencies, and organizations are currently working in Greater Kansas City to address oral health issues. From discussions with stakeholders from a range of different sectors, it is clear that there are challenges to both patients and providers as well as the oral health system as a whole.

While these challenges are great, there are existing individuals and groups working on these issues locally and statewide. However, efforts are fragmented, uncoordinated, and insufficient to meet the needs of the uninsured and medically underserved.

Recommendations include advocacy for comprehensive Medicaid dental coverage for adults and increasing the number of providers accepting Medicaid patients to establishing a Community Dental Health Coordinator program and supporting community/place-based oral health services.

Overall, participants in this assessment recognize the solid foundation of Greater Kansas City's oral health system and look forward to the entire system moving forward in an innovative, collaborative, and comprehensive approach toward addressing the oral health issues of the region.

To read the full report,
visit hcfgkc.org.