CENTER FOR THE HEALTH PROFESSIONS
RESEARCH BRIEF

The Impact of the Elimination of Optional Adult Denti-Cal Benefits on the California Dental Safety-Net

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ABSTRACT
This research brief presents a qualitative assessment of the impacts of the elimination of dental benefits for Medicaid-eligible adults in California on the oral health safety-net workforce. To understand the workforce impacts, this study examined the effects of the policy change on patient utilization, financing, and operations across 14 sites in the California oral health safety-net.

Introduction

In July 2009, California eliminated optional adult dental benefits from its Medicaid program, Denti-Cal, which had been in place for over 40 years. Although states are required to provide coverage for preventive and restorative dental care for children, benefits for adults are optional. Pregnant women and residents of skilled nursing facilities maintained benefits with some limitations. In January 2012, dental benefits were restored for adults with developmental disabilities and associated with regional care facilities.(1) For all other Medicaid-enrolled adults, only the Federally Required Adult Dental Services (FRADS), consisting of emergency procedures to address dental trauma and the management of pain and infection related to dental disease, remain covered.(2)

This change effectively disenfranchised as many as three million poor adults from comprehensive dental care.(3) Additionally, this severe reduction of a core safety-net funding stream had a ripple effect, negatively impacting California Denti-Cal providers including private dentists, community clinics, public health departments, dental health maintenance organizations and dental schools.

Distribution of Study Interviews

Interview Site	Telephone Interview	In-person Interview	Total Interviews
Federally Qualified Health Center (FQHC)	2	1	3
Indian Health Clinic	1	1	2
Dental School	2	1	3
Private Denti-Cal Provider	3	0	3
Dental Health Maintenance Organization (DHMO)	1	0	1
County Public Health Department	1	1	2
Total Interviews	10	4	14

Methods

Semi-structured interviews were conducted with 21 safety-net providers at 14 sites between November 2011 and April 2012. At least one interviewee at each site had been working continuously at their site from prior to the cuts in July of 2009 through 2011. Interview transcripts were coded, and themes, concepts, and categories identified as they emerged in the interviews.

Results

The goal of this research study was to explore the impacts of the Denti-Cal policy change on

the safety-net workforce in California. To understand the effects on the workforce, we first examined the impact of the policy changes on patient utilization, financing, operations, and then the concurrent impacts on the safety-net workforce.

Utilization

Safety-net providers reported an across-the-board decrease in utilization of services by Denti-Cal eligible adults. To make up for that loss, most providers (except the Dental Health Maintenance Organization (DHMO)), reported they had increased their provision of services to Denti-Cal eligible children. All providers reported that when Denti-Cal eligible adults now seek dental care, it is primarily for emergency services. Providers reported that these individuals cannot afford the cost of an evaluation and treatment plan, much less the cost of restorative dental care.

The providers we interviewed had established long-standing relationships with the Denti-Cal population in their communities. Interviewees expressed frustration with no longer being able to provide the comprehensive care that is in their patients' best interests. They expressed strong resentment for having to turn away patients and not being able to provide treatment that would save teeth, due to a lack of any payment source for those services.

Within the dental safety-net there also appears to be a shift in the sites of utilization for Denti-Cal patients. Interviewees reported that Denti-Cal adults are now more likely to seek care from community clinics and dental schools rather than from private providers. The Denti-Cal cuts have effectively produced a reduction of Denti-Cal adult services available in private practice and county health departments, and an expansion of adult and pediatric service provision in dental schools, FQHCs, and Indian Health Clinics, where some amount of Denti-Cal adult services can be provided under non-Denti-Cal funding streams. Unfortunately, even these providers report that there is a real limit to the amount and kinds of services they are able to provide to adult Denti-Cal patients.

> *"We can't do what we know, what we've been trained to do. If it's a front tooth, we have to take it out... It's really a bind, I think, for any dentist who wants to do the right thing by the patient."*
>
> *– Indian Health Clinic Dental Director*

Financing

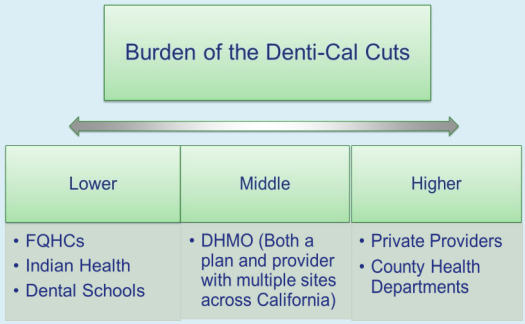
The Denti-Cal cuts had a negative financial impact on providers across the safety-net. To mitigate the financial impact of the Denti-Cal cuts on their practices, dental schools, FQHCs, and Indian Health Clinics reported an increased use of cross-subsidization, grants and other funding to maintain operations. All of the providers also reported increased marketing and outreach to attract more children and privately insured patients. Despite these efforts, the financial impacts of the cuts have been felt acutely by county health departments and by private providers with large Medicaid practices, who do not have access to these other revenue streams. As a result, county health departments and the private providers in our study are operating under-capacity and have been unable to fully replace revenues lost as a result of decreased adult utilization.

Safety-net providers in our sample reported that they would be both better positioned financially and better able to serve vulnerable patients if adult optional Medicaid dental benefits were restored.

Operations

The impacts of the cuts to Denti-Cal were unevenly distributed across the safety-net as some types of safety-net organizations reported a greater organizational ability to adjust to the new environment.

FQHCs and Indian Health Clinics in our sample reported having expanded capacity through



The impact of the cuts to Denti-Cal were unevenly distributed through the safety-net. This had implications for the strategic responses available, with some types of safety-net organizations reporting a greater organizational ability to adjust to the new environment.

expanding physical space, adding additional chairs for pediatric patients, and/or hiring additional providers. These clinics report utilizing federal funds, private loans, capital campaigns, or their strong pre-existing capital positions to fund expansions and care delivery. However, despite these expansions, clinics can only provide their adult Denti-Cal patients with emergency care.

Private providers in our study reported very different trends, including cutting staff, hours of operations, and salaries to remain solvent. These providers have lost the majority of their patient base due to the Denti-Cal cuts, and report continued uncertainty about their ability to stay in business.

County health departments reported shifting their focus exclusively to the provision of care to children, pregnant women, and populations such as HIV-positive patients -- whose dental care is supported by grant funding -- because they no longer have a revenue stream from which to provide comprehensive care to Denti-Cal adults. Counties have concentrated their efforts on outreach, education, and collaborations with volunteer providers to expand services to children and pregnant women. The one county interviewed that provides comprehensive care reported lacking the budget to hire adequate numbers of providers to staff their existing clinics, which resulted in their being under capacity in all of their clinics despite feeling stretched thin to cover the demand for services.

DHMO representatives reported that they have shifted their focus away from the Denti-Cal population and expanded into areas in California with privately insured populations who were underserved due to a lack of providers in the area. Thus, while they experienced an initial contraction after the cuts to Denti-Cal, they have since expanded their practices by moving into new markets.

Workforce

Overall, the study found that the safety-net workforce was negatively, but unevenly, affected by the Denti-Cal cuts. Some sectors of the safety-net, including private providers and county health department reported cutting hours, staff, and salaries, as well as using fewer contracted services such as labs and suppliers, further affecting employment in the state. In contrast, FQHCs and Indian Health Clinics reported expanding their physical size and hiring additional providers, especially pediatric providers.

Dental schools reported that training for dental students has changed to include a greater focus on extractions (which are covered as an emergency service), and that dental students now face more difficulty training in complex dental procedures on medically complex Denti-Cal patients, who tend to have a higher disease burden than private insurance patients.

County health departments reported an increased reliance on volunteer dental professionals, including hygienists, dentists, and dental students, particularly to serve the prevention and education needs in their respective counties.

Conclusions

Overall, providers across the safety-net are deeply concerned about the effects of the benefit cuts on Denti-Cal eligible adults who no longer

are able to access preventive or restorative dental care. None of the providers interviewed reported being able to treat adult Denti-Cal patients at the same volume as they could prior to the cuts, and none were able to provide comprehensive care to these patients since the cuts. Study participants generally agreed that Medicaid-eligible adults now have very few options for getting dental care and are delaying care until emergency extractions are required.

Safety-net providers reported experiencing differing effects from these cuts based on their location and the type of provider. Private providers and county health departments reported the greatest negative financial and operational impacts from the cuts, while other providers have been more resilient due to greater flexibility in their patient payer- type and funding streams. All safety-net providers in the study reported making efforts to increase their share of pediatric and privately-insured patients.

> *"A lot of the adult patients, as an unintended consequence, feel like they have no place to go at all. We never see them in the office, even occasionally if we do see one of their kids. So they don't come in to be directed anywhere. We can't point them in a direction if they don't come to the office to begin with."*
>
> *– DHMO Provider*

Providers reported experiencing troubling professional ethical dilemmas as well as conflicts with organizational missions. As a result of the cuts to the Denti-Cal program, safety-net providers can no longer serve the communities for whom they have long provided care, and are unable to render treatments that are in the patients' best interests. Providers reported feeling demoralized by the Denti-Cal cuts, and all strongly supported a full reinstatement of adult dental benefits, with reinstatement of preventive care for adults at a minimum.

Limitations

This small qualitative study does not speak to the experience of all safety-net dental care providers in the state and cannot account for the experience of emergency departments, ambulatory urgent care facilities, dental laboratories or suppliers, primary care providers, or the experiences of patients themselves. The cuts to Denti-Cal are embedded in the larger landscape of the recession, and our results can only evaluate the Denti-Cal cuts within this context.

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