

Environment of Care

The Importance of Conducting an
Environmental Assessment of Care



Understanding the environment of care in which Safety Net Clinics operate identifies opportunities and resources available to adapt to change, increase access to care, improve business operations and increase best practices for quality care

*If we could first know where we are and
whither we are tending, we could better
judge what to do and how to do it. -
Abraham Lincoln*

What is an Environmental Assessment?

- A complete assessment and survey of oral healthcare in a community in which a safety net practice is operating.

Why is it Important to Research the Environment of Care?

- In order to strengthen the Oral Health Safety Net and preserve access to care, safety net clinics must first understand the environment under which they are working, and the potential partners that can help meet oral health needs in a community
- By having a comprehensive understanding of the stakeholders, potential community partners and other providers of oral health, a safety net clinic is better equipped to meet the needs of the community it serves
- The data is useful for grant writing and possible fundraising resources. HRSA also expects FQHCs to conduct and Environmental Assessment periodically

What Areas are Addressed in an Environmental Assessment?

- Basic demographics
- Oral healthcare needs
- Oral healthcare barriers
- Access to oral healthcare
- Medicaid rules and regulations
- State practice act for dental providers
- Possible partnerships
- Is the community designated as a DHPSEA?

Demographics

- Identifies the target population most in need of oral healthcare and answers the following questions:
 - How many children or adults are in the area, what is the total population?
 - What is the ethnic breakdown of the population; are there language barriers?
 - Is there a high level of poverty among the target population? How many children are eligible for free or reduced lunch?
 - How many children/adults are enrolled in Medicaid or are eligible? How many are uninsured?

Oral Healthcare Needs

- What is the target population's needs?
 - Is there a high number of caries among children?
 - Has tooth decay been a significant problem within the target population?
 - Does the population have access to fluoridated water?

Barriers to Oral Healthcare

- Identify what prevents the target population from receiving oral healthcare?
 - Is there public transportation to dental clinics?
 - Does the geography of the area contain obstacles that make it difficult to reach dental clinics, i.e. mountains, weather, road work etc.
 - Is there a shortage of dentists? Or a shortage of dentists who accept Medicaid and Self Pay patients?
 - Is poverty a major problem in the target population and thus patients who cannot afford oral healthcare?

Access to Oral Healthcare

- Within the area, are there sufficient access points to Oral Healthcare?
 - Are there enough Safety Net Clinics to handle the capacity of the target population?
 - Does the community offer oral healthcare programs to those in need?
 - How is outreach to children in the community for Oral Healthcare being done?
 - Does the target population have access to Medicaid insurance and other public insurance?

Access to Oral Healthcare, Cont.

- Are existing providers accepting new patients?
- Mobile/portable dental programs?
- Sealant programs?
- Preventive as well as restorative treatments performed?

Medicaid Rules & Regulations

- Medicaid is the primary insurance carried by most of the patients in a Safety Net Clinic who have insurance
- The providers and staff in a Safety Net Clinic must understand Medicaid rules and regulations to avoid denied claims
- The rules and regulations change all the time; therefore, programs need to review the Medicaid rules and regulations on a regular basis to understand what services are covered, age restrictions and changes in the fee schedule

State Practice Act for Dental Providers

- Understanding the laws, rules and regulations pertaining to dental licensure can identify opportunities to utilize providers in the clinic effectively, i.e.. hygienists and dental assistants may be able to perform expanded duties which will increase access and provider productivity while remaining cost effective
- Laws can change without a lot of fanfare and may directly impact a dental program or the way services are provided. Staying updated benefits everyone

Possible Partnerships

- Creating community coalitions increases access to Oral Healthcare in the community
- Joining together with other local health and human service agencies invested in access to oral healthcare can strengthen the Safety Net
- Uncovers possibilities for the development of formal and informal referral networks and collaborative relationships

DHPSA

- Is the proposed dental program currently designated as a Dental Health Professional Shortage Area?
 - Dental Health Professional Shortage Area (DHPSA) is a federal designation recognizing communities that can demonstrate they have a shortage of dental professionals. DHPSA designation is a prerequisite for participating in a variety of state and federal funding programs designed to increase access to services, such as the National Health Service Corps or state-based loan repayment programs

DHPSA Cont

- The higher the score, the greater the demonstrated need for dental professionals

Impact of the Environmental Assessment

- Identifies the target population most in need of oral healthcare
- Uncovers the barriers to reaching the target population most in need
- Exposes the challenges and opportunities to providing optimum access to oral healthcare in the community
- Helps safety net practices better understand what the needs are and how these needs can best be met

Impact of the Environmental Assessment

- Educates the clinic about the reimbursement environment, i.e., Medicaid rules and regulations
- Determines the potential threats to the Safety Net Clinic, i.e., other providers already serving the target population or changes in the reimbursement environment, i.e., reduction or elimination of benefits

Impact of the Environmental Assessment

- Reveals opportunities for the Safety Net Practice, i.e., potential referral sources, community partnerships and alternative oral health service models

Impact of the Environmental Assessment—Internal

The practice can develop a *strategic* business plan for sustainability

- Define the appropriate scope of service
- Determine # of operatories needed to fit capacity
- Staff appropriately for the service area needs
- Define the optimum payer mix
- Determine the best service delivery model

How to Conduct a Complete Survey and Assessment of the Environment of Care

Data Gathering Process and Resources

- To define the service area, research can be broken down by census tracts, town/city, statewide or county level
 - U.S. Census Bureau- www.census.gov
 - State, City or County website
- Research the demographics
 - U.S. Census Bureau- www.census.gov
 - American Fact Finder- www.factfinder.census.gov
 - Henry J. Kaiser Family Foundation- www.statefacts.org
- Determine if the area is designated as DHPSA
 - HRSA- www.hrsa.gov
- Find out the Medicaid reimbursement rates, covered services, age limitations and regulations
 - The Henry J. Kaiser Family Foundation- www.statefacts.org
 - Centers for Medicaid and Medicare Services- www.cms.hhs.gov/home/medicaid.asp

Data Gathering Process and Resources

- Research the state's practice act for providers to define the rules and regulations for providers
 - The American Association of Dental Examination- www.aadexam.org
 - State by State Dental Assisting Duties- www.danb.org
- Document the dental providers and programs in the area. Who accepts Medicaid and is currently accepting patients and are there any age restrictions? Are there any other dental safety net providers in the area?
 - ADA- www.ada.org/public/directory/index.asp
 - State Health Department
 - HRSA – www.hrsa.gov (find a health center)
- Look at the Oral Health status of the population: Who are the people most in need of care?
 - ADA- www.ada.org
 - HRSA- www.hrsa.gov

Data Gathering Process and Resources

- Research the public schools in the area. How many students are eligible for free or reduced lunch? Are portable oral health services being provided in the schools? If so, are they preventive services only or comprehensive? Do the Head Start/Early Head Start agencies in the area have dental providers for their children?
 - States Public School Department
 - Public School Review- www.publicschoolreview.com
 - US Dept. of Education- <http://nces.ed.gov/ccd>
- How many Medicaid eligibles and/or users are in the area? How many Medicaid eligible residents had a dental visit in the previous year?
 - The Henry J. Kaiser Family Foundation- www.kff.org/medicaid/index.cfm
 - Centers for Medicaid and Medicare Services- www.cms.hhs.gov/home/medicaid.asp

Data Gathering Process and Resources

- The Center for Disease Control provides a Oral Health Synopsis for each State-
www.cdc.gov

Sample Findings from Environmental Assessment Reports

What does the data reveal?

I. DEMOGRAPHICS: As of 2006

Population: 37,400

Population by age

AGE	%
0-4	4.8%
5-19	20%
20-64	63.5%
65+	11.7%

Population by race/ethnicity

Race/ethnicity	%
Non-Hispanic White	87.9%
Non-Hispanic Others	6%
Hispanic	6.2%

Medicaid

AGE	ELIGIBLES %	ELIGIBLES #	USERS %	USERS #
0-5	3.5	1,297	28.1	365
6-20	5.6	2,080	37.9	788
>21	5.7	2,139	22.3	478
All ages	14.7	5,516	29.6	1631

Source: Department of Public Health 2006

II. Access to Oral Healthcare in County

- Dental School residency programs targeting children in need of treatment

- Public Schools' Dental Sealants Programs
 - Children enrolled in County Public Schools and Head Start/ECEAP are eligible for dental check ups and sealants at their school. A mobile dental van comes to all the schools twice during the school season. Sealants and Fluoride are provided for prevention.

- Fluoride Varnish and Free immunization Program
 - Once a year, the Oral Health program ensures children of uninsured families receive dental screening with fluoride and varnish protection against cavities

Source: County Public Health Department, Oral Access

II. Access to Oral Healthcare in County Cont.

Facility	Hours	Accepting New Patients?	Appointment Availability	Ins/Fee
xx Family Health	Mon 11-7:30 Tues-Fri 9-5:30	Yes	Over 30 day wait	Medicaid accepted
xxx Med Center	Mon 8:30-5 Wed-Fri 8:30-5 Tues 10:30-8 Sat 9-1	Yes	Over 30 day wait	Medicaid accepted
xxx Health Center	Mon-Fri 9-5 Tues&Thurs 9-7 Wed 10:30-5	No Dental insurance accepted		Medicaid accepted
University of xxxxx	Mon-Fri 8-4:30	Yes	30 day wait Appnt. only	Fee for service Some procedures require a down payment Reduced fees for low income

III. Barriers of Oral Healthcare

- Chronic access problems experienced by low-income folks with Medicaid or no dental insurance
- Health and social service providers have traditionally had to call many local and out of county dental offices
- People have had to travel or be driven out of county for services
- Sporadic volunteer efforts at rotating referral to local dentists- limited success
- Mobile Unit visits to county are:
 - Sporadic and subject to cancellation due to weather and personnel issues
 - Unable to provide restorative work and continuity of care are being reduced

- 64% of Head Start children experience tooth decay
- 50% of Head Start children with tooth decay are untreated
- 62% of children grades 2&3 all income levels experience tooth decay
- 25% of children grades 2&3 all income levels with tooth decay are untreated
- 47% of children grades 2&3 all income levels have dental sealants

Source: Department of Public Health 2006

IV. Dental Health Professional Shortage:

- HRSA score 21
- Source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>

V. Public School Demographics

- Elementary Schools in the service area below 50% eligibility for reduced lunch. Schools in need of a dental program:
 - xxxx Elementary 42% eligibility
 - xxxxx Elementary 37% eligibility
 - xxxx Elementary 33% eligibility
 - xxxx Elementary 37.4% eligibility

- Demographics of Elementary Schools in service area not being served by Head Start because the rate of students eligible for reduced lunch is below 50% of the reduced/free lunch rate

School	# of Students	% African American	% White	% Other
xxxx	380	62.4%	25%	11.8%
xxxx	442	1%	78%	21%
xxxx	561	49.6%	43.1%	7.3%
xxxx	392	56.6%	38.3%	5.1%

Conclusion: A high level of poverty among minorities. Schools in the area that are just below the 50% eligibility rate for reduced lunch need care.

VI. Medicaid Facts as of 2006-2007

- Out of 6,359,764 residents 13% are on Medicaid
- 402,550 are children and 358,040 are adults
- 235,390 are uninsured children and adults below the federal poverty level
- 3,649,590 individuals are insured through employers.
- Medical Eligibility by annual income 2008
 - Infants-age 19 and working parents -\$34,340
 - Pregnant women- \$31,764

Source: The Kaiser Commission on Medicaid and the Uninsured update 9/18/08

- Barriers to Medicaid Dental Care:
 - Reimbursement rates
 - Broken Appointments-1/3 of Medicaid dental appointments result in no-shows
 - Geographical barriers- 38% of rural counties in the US have no dentist
 - Personal Behaviors- Families of Medicaid and SCHIP eligible children may have difficulty with transportation or lack of flexibility in their work schedule. In addition they may not recognize the value of preventative dental care.
 - Medicaid managed care-Less than 1/2 of all practicing dentist in the US participate in managed care
 - Paperwork

Source: http://www.kdheks.gov/ohi/download/barriers_to_medicaid_dental_care_factsheet.pdf

Case Study

- An Environmental Assessment to determine the feasibility of creating a fixed dental clinic was conducted
- The research revealed the following:
 - Only 16 of the state's 1,050 licensed dentists practice in this FQHC's service area
 - More than 20 communities in the service area have no resident dentist
 - The Medicaid program in this state covers children up through age 20, but only covers emergency care and related treatment needs for adults
 - Only one community in the service area has a fluoridated water supply, which makes it imperative that as many area children as possible receive preventive care

Case Study, Cont

- The travel time between service sites can vary from 20-30 minutes to 60 minutes or more in good weather
- The % of families living at or below the poverty level is 6-9% higher than the state level
- There are no Community Health Centers in either of the two counties with fixed dental clinics or comprehensive dental programs
- **The Assessment proved there was a need for a FQHC fixed dental clinic**

Conclusion

- Researching the environmental assessment is the first step to developing a financially viable and sustainable Safety Net Practice
- Using the data to determine the oral health needs of the community gives the Safety Net dental practice a blueprint for where they need to be and how to get there
- The environment of care report is a tool to develop a strong business plan and is a useful document for grant writing
- We can use the data to determine whether there is a need for a safety net clinic or not (or to justify expansion of an existing program)
- Change is inevitable and can have tremendous impact on Safety Net Clinics. In order to be successful, we must understand and be knowledgeable about the environment of oral healthcare