THE FLORIDA ORAL HEALTH EQUITY AND PROGRESS NETWORK

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The Florida Oral Health Report: A Perspective of Florida's Oral Health Safety Net

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OPEN FLORIDA
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About this Project: Assessing Florida's Oral Health Landscape

The Florida Oral Health Equity and Progress Network (OPEN) held five virtual regional round -table discussions in the late summer/early fall of 2020, engaging oral health stakeholders across Florida. The goal was to discover what oral health access and outcomes look like across the state, particularly for vulnerable populations post COVID-19. The discussions connected stakeholders focusing on a wide variety of people who face health disparities.

The stakeholders represented the Florida oral health safety net providers: dental professionals, administrators, and advocates from academia, federally qualified health centers (FQHCs), and free and charitable clinics (F&CCs). They shared insights from personal experiences and stories told to them by other direct care workers and clients.

Populations with Disparities or Oral Health Care and Outcomes

The oral health care system is divided into two fragmented segments; private providers for those who can afford it and a safety net made up of an uneven network of providers. The safety net cares for one-third of the population who are underserved, low-income people, people from minority racial/ethnic groups, people with disabilities or other special needs, and rural and immigrant populations[3].

CHILDREN

Florida's children covered under Medicaid and SCHIP chronically rank at or near the bottom of national standings for receipt of federally required oral health services. In 2018, 38% of Florida's eligible children received any oral health benefit, leaving nearly two-thirds of Florida's vulnerable children without this vital service[4].

LOW-INCOME ADULTS (18-64 YRS)

Florida remains one of 12 states without Medicaid expansion under the ACA. Hence, Florida's low-income working adults are frequently without health care coverage, including oral health care coverage. Florida Medicaid benefits are limited to extremely low-income parents and people with disabilities and do not provide preventive oral health services to enrollees.

PEOPLE 65-YEARS AND OLDER

Individuals 65 years and older are more likely to experience tooth loss leading to detrimental effects of chewing and nutrition[5], but Medicare excludes coverage for most dental services[2].

Barriers to Oral Health Care

The participants explained issues that inhibit client communities from access to oral health care that factored into six themes:

Unaffordable Costs of Oral Health and Dental Services

The issue of non-affordability for dental services was not limited to people without insurance; Insured clients forgo urgent dental care when the copayments are too expensive. Low-income individuals without any dental coverage face the more significant unaffordability barriers to oral health care[7-10]. Indeed, unaffordability is a barrier that prevents access to oral care more frequently than it prevents medical care, vision care, prescription coverages, or mental health care[3].

Oral Health Care System Lack of Capacity

The oral health safety net strives to deliver services to vulnerable populations, and demand routinely outpaces capacity. Lack of system capacity is a driving force behind inadequate dental care access. None of the discussions included any private practice providers who participate in the Florida Medicaid program, and the number of Medicaid participating dentists is inadequate. Low Medicaid reimbursement stymies dentists' willingness to participate in Medicaid [12-14] and increased Medicaid reimbursement rates to dentists would lead to greater participation in safety networks[15]. In Florida, only 30% of dental provider saw even one Medicaid enrollee in 2018; 13% of dentists saw more than 100 Medicaid enrollees over the year[14].

Navigating the Health Care Safety Net

The safety net's independent agencies rely on funding that imposes conditions and restrictions on the populations they serve and the services they can provide. These limitations, coupled with the complicated process to qualify for public coverages, leave underserved communities with the formidable task of navigating the ever-changing network of oral health services without a road map.

Awareness and Understanding of Dental Services

Clients of the safety net do not prioritize their oral health needs due to a lack of understanding of oral health and long-standing dental phobia. The generational legacy of aversion to dental care has been quantified in research. It is linked to adults who grew up in lower-income homes retaining their dental care aversions and poorer dental outcomes, perpetuating health disparities[14].

Linguistic and Cultural Mismatch of Providers and Consumers

The communities that the safety net agency representatives describe as their populations of interest are culturally diverse, and many do not speak English as a primary language. The cultural and linguistic differences may lead to mistrust of health care providers who do not share the consumers' cultural perception.

Logistic Impediments to Oral Health Care

Locations of oral health services may require travel up to 80 miles, and for clinics, in rural areas, the availability of transportation over such distances does not exist. Urban clients frequently rely on public transport, which is time-consuming and costly proportional to their income. The hours of operation for available dental services are liable to conflict with the low-income workers' hours of employment.

Interactions of Barriers to Oral Health Care

The barriers to underserved communities receiving oral health care are not isolated. The logistic obstacles to accessing services likely contribute to clients prioritizing episodic care rather than preventive. The lack of safety net capacity contributes to the logistic time and distance limitations. The inadequate capacity of the safety net system leads to the difficulty of navigating services.

The overall high costs of oral health care combined with low Medicaid reimbursement inhibits more providers from participating in the safety net. Additionally, the logistic time and transportation barriers that the underserved populations confront contribute to cancellations that diminish dental providers' potential to bill Medicaid. The missed appointments diminish dental providers' potential to bill Medicaid and disincentive their safety net participation [2].

Successful Strategies to Overcome Access Barriers

Participants offered strategies to increase the delivery of oral health services within their communities. These strategies have also been reported as strong techniques to improve oral health care access by national policy experts and demonstration projects.

Collaborating with Academic Institutions

Participants engage dental practitioners-in-training to deliver care to their clients, either by referral to an academic clinic setting or by being a teaching site for the students. HRSA relies on students as part of the safety net delivery system for underserved populations[2, 17].

Strategic Locations

Meeting clients where they could most easily access services was the most frequent strategy reported. Providers established their clinics in neighborhoods more closely located to the clients, used mobile clinics, and co-located oral health services with medical care.

Mobile Clinics

Several FQHCs take mobile clinics to schools following evidence that shows substantial benefits by overcoming obstacles to care like parental time off work and transportation. Mobile clinics also travel to neighborhoods to clients near their homes in a strategy with concrete evidence to maximize care to communities of need by reducing travel and increasing visibility[17].

Novel Co-location with Medical Care

Co-locating dental services with medical services at an FQHC was described as MDI, medical dental integration.

Non-traditional Hours

Though a recognized strategy for enhancing access, only one of the service providers from the conversations reported that their agency had established non-traditional hours of service.

Aspirations for Improving Oral Health Access

Participants also described strategies they hope to implement to improve oral health access. Ultimately, combining strategies to enhance the use of oral health care may provide the best effects. Ensuring that communities of need are fully aware of the resources available and enhancing those resources could sizably improve oral health access for vulnerable populations.

Tele-dentistry

Models of tele-dentistry planned include direct-to- clients from providers and clinic satellite services where links between dental hygienists or non-dental health care workers can connect patients to dentists [18].

Community Education Outreach

Participants expressed the desire to educate communities about ways to avail them of services. For most, this was an abstract aspiration without a specific plan to get the message out.

Dental Therapists

Expanding the dental workforce through licensing dental therapists is a viable solution. Dental therapists are providers with a scope of practice that includes non-complex evaluative, preventive, restorative, and minor surgical dental care under the indirect supervision of a dentist [2].

Call to Action

Public data and the overarching perceptions of the roundtable participants demonstrate that Florida has a long way to achieve adequate oral health care for vulnerable populations.

Florida's oral health safety net has relied heavily on a volunteer professional workforce to fill gaps in their capacity to provide care. The COVID-19 pandemic has highlighted a key drawback of this strategy. A sporadic supply of volunteers is not an effective or sustainable solution to the problem [2,17].

Florida's need to improve the dental care workforce is evident in the participants' descriptions of inadequate referral networks and their long waiting lists for care. Nationally, second only to affordability, finding a participating dentist is a major barrier to oral health care[3]. The participants proposed multiple strategies supported by national evidence to improve the oral health resource network for underserved communities.

Call to Action (cont'd)

- Improvement of Medicaid reimbursement rates would increase dentists' willingness to participate with the Florida Medicaid Dental Managed Care plans.

- Licensing dental therapists would enhance dental clinics' capacity to deliver care. Robust tele-dentistry, combined with dental therapists, would extend the reach of the clinics into more satellite and mobile clinics.

- Enhancing the messaging about oral health and the services available to the underserved communities through strategic partnerships and with more providers who are reflective of the communities they serve can help overcome the barriers of unawareness and distrust.

There is a lack of transparency from the Florida AHCA regarding dental coverage for adult Medicaid enrollees. The Florida AHCA should clarify with certainty what oral health benefits are covered for adult Medicaid enrollees.

A longer-term solution to the lack of access to oral health care is coalescing our scattered networks into a single system that reaches all Floridians. A major step to achieving that goal would be expanding Florida Medicaid as allowed through the Affordable Care Act. Medicaid expansion would provide some level of sustainable dental benefits for all adult Medicaid enrollees.

Florida's health policymakers should consider each of these strategies to improve oral health care access for their constituents.

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