



Minnesota Department of Human Services

**Special Needs BasicCare
(SNBC) Dental Access
Improvement & Evaluation
Project Summary**

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SNBC Dental Access Improvement & Evaluation Project Summary

The Minnesota Department of Human Services (DHS) Special Needs Purchasing unit, collaborating with the contracted Special Needs BasicCare (SNBC) health plans (Health Partners, Hennepin Health, Medica, PrimeWest Health, South Country Health Alliance, UCare) and the DHS Direct Care and Treatment Community Dental Clinics (DCT-DC) are developing a project to improve access to dental services for the SNBC public program adult enrollees. The SNBC Dental Access Improvement Project will take place over the next three to five years and begins at the end of the first quarter of 2017 focusing on a series of specific interventions.

Special Needs BasicCare (SNBC) Population

Special Needs BasicCare (SNBC) is a voluntary program managed by health plans, designed for people with low-income between the ages of 18 and 64 who have a developmental, physical or behavioral disability. Currently, there are approximately 52,000 adults enrolled in SNBC, of which almost 70 percent are older adults (40 to 64 years old) and nearly 40 percent of all enrollees are minorities.

The SNBC enrollees are a medically complex population that may face unstable housing and supports, low education and reading skills, and social factors that affect their ability to maintain health, all of which may be addressed by the program's care coordination activities. The average enrollee suffers from five or more chronic health conditions, primarily behavioral health and substance use disorders:

SNBC Enrollee Chronic Health Conditions	Rate
Depression	54%
Generalized anxiety disorder	41%
Elevated cholesterol	34%
Seizure disorder	32%
Asthma	27%
Obesity	26%
Substance use disorder	24%
Arthritis	24%
Diabetes	21%
Bipolar disorder	19%
PTSD	17%
Schizophrenia	16%
Personality disorder	14%

In addition, many medications used to treat these chronic conditions have complications that create greater dental decay and pain. Dental pain is known to amplify behavioral health conditions, so frequent and timely dental care may improve an enrollee's ability to manage their chronic health conditions and improve their overall health.

The SNBC population requires a set of structural and supportive service features that help with access to routine dental preventive and restorative care. Unfortunately, without these special features, community-based dentists are often stopped from serving SNBC enrollees.

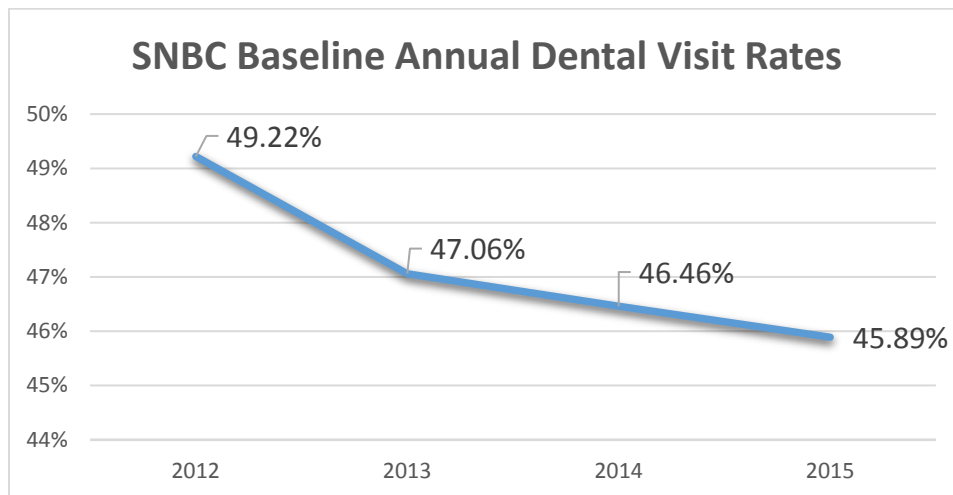
Accommodations that address these features may range from simply accommodating a service dog, to a specialized dental chair, or the need for specialized dental procedures such as sedative dental procedures.

Successfully improving access to dental services depends on the selection of effective interventions targeting service features, however improvement options are limited. The SNBC Dental Project cannot directly address the primary access solution of producing more dentists, therapists and hygienists over the next three to five years. Since the primary solution is not within the scope of the SNBC Dental Project, interventions must be carefully designed to improve access while not impacting access for other public and commercial populations. Selecting from the limited interventional strategies, access improvement depends on more effective use of the current provider's time and efficiency.

The success of the SNBC Dental Project is based on the belief that community-based dental clinics want and can care for many people with special needs in their community if a small number of access barriers can be overcome.

Special Needs Dentistry

Dental care for people with disabilities is not different than care provided to populations without special needs. However, due to the need for special accommodations and medication complications, SNBC enrollees often need more frequent routine dental care. Measurement of dental access for the SNBC enrollees shows less than half of the adults (19 to 64 years old) received at least one dental visit per year (see Graph 1). Since calendar year 2012, the percentage of SNBC adults accessing dental care has declined.



Graph 1: Annual SNBC Dental Visit Rates

The solution to access barriers and medication issues is not a mystery. It is simple: Remove access barriers so more frequent dental care can be provided. The current delivery system is able to provide this if dental providers are willing to make a commitment to a few operational accommodations. The SNBC Dental Project interventions are intended to help make that commitment possible.

A past Special Care Dentistry article¹ points out the reason for the importance to remove access barriers for the SNBC population: “Among adults with intellectual and developmental disabilities, the likelihood of experiencing caries decreased as the number of years of receiving dental care increased.”

SNBC Dental Project Interventions

The SNBC Dental Project interventions are being developed to help community-based dental clinics see how they can care for people with special needs. The interventions outlined below are based on the SNBC health plans suggested improvement interventions collected through the 2016 contracting process. The following interventions have been selected for development and implementation: interventions one through three are mandatory health plan collaborative efforts, and interventions four, five and six are encouraged as appropriate.

1. *Dental Case Management.* The Dental Care Manager will focus on SNBC enrollees that have not had a dental visit within the last 12 months, have had an emergency department (ED) visit for non-traumatic dental related reasons, and/or missed a schedule dental appointment. The goal is to establish a “dental home”² for enrollees who do not have one, and mitigate reasons for utilizing the ED and missed appointments.
2. *Special Needs Community Dentist and Staff Mentoring Program.* SNBC health plans will collaborate, with the guidance of the Department of Human Services Direct Care and Treatment Community Dental Clinics (DCT-DC) staff, to create a mentoring program curriculum and practical experience to help dental clinic staff understand and accommodate the special needs of the SNBC enrollees. The purpose of the mentoring program will be to help dentist, therapist, hygienist and clinic staff to identify how they can address access barriers and care for SNBC enrollees in their community.
3. *Tele-dentistry Demonstration.* DCT-DC will lead the demonstration and all SNBC health plans will participate in the development and implementation of a tele-dentistry demonstration. DCT-DC staff will work with SNBC health plan representatives to create and establish a tele-dentistry program that meets Minnesota requirements. If the demonstration is shown to be effective, SNBC health plans will be encouraged to replicate the demonstration in additional geographical areas.
4. *Expand Dental Service Contracts.* SNBC health plans; individually and collaboratively, are encouraged to explore potential opportunities for expanding contracts, along with the possible development of new delivery and payment models to improve access for SNBC enrollees.
5. *Provider Education.* SNBC health plans will develop and foster educational events (seminars, webinar training and dental clinic tool kits) focused on the SNBC enrollee’s special dental care needs, and how providers can address barriers to access.
6. *Support Community Dental Treatment Clinics.* SNBC health plans will support community dental treatment opportunities sponsored by community charitable organizations.

¹ Duration of Dental Treatment May Influence Oral Health of Adults with Special Needs. Matthew Finkelman School of Dental Medicine Tufts University. Special Care in Dentistry, July/August issue.

² Generic term for the usual source of receiving dental care.

SNBC Dental Project Measurement

Over the course of the SNBC Dental Project, the Department of Human Services will monitor three annual performance measures to assess intervention success:

1. The first measure is the overall SNBC Dental Project measure of success – the percentage of SNBC enrollees that have had one or more dental visits in one year. It is expected that if the interventions are successful, the rate will be at least 60 percent by the end of the project.
2. The second measure is an adverse outcome indicator – the percentage of SNBC enrollees with one or more non-traumatic emergency department (ED) dental visits in one year. It is expected that, although the percentage was less than two percent and the number of enrollees that visited the ED was small (670 in calendar year 2015), the dental case management intervention will be successful if the number of enrollees that visit the ED decreases by the end of the project. Since it is expected that there will still be times when enrollees may have severe dental pain on the weekends or late at night, the rate of ED visits may not significantly decrease.
3. The third measure is a process indicator – the percentage of enrollees that went to the ED seeking non-traumatic dental care and had a follow-up dental visit within 15 days of the ED visit. In calendar year 2015, only 29.8 percent of enrollee who went to the ED had a follow-up visit with a dentist within 15 days. If the dental care management intervention is effective in establishing “dental homes” for enrollees, this rate should improve by the end of the project.

Since enrollee and provider feedback is just as important as the SNBC Dental Project performance measures, DHS will sponsor three annual surveys:

1. An annual consumer satisfaction survey of SNBC enrollees who had a dental visit during the year.
2. Survey of SNBC enrollees who did not have a dental visit during the year to ask what keeps them from seeing a dentist.
3. Survey of community-based dental clinics seeking information on special needs accommodations.

Results from these surveys will be shared with the SNBC health plans and will be used to guide project changes.

This SNBC Dental Project has been designed to be a collaborative effort between DHS and the contracted SNBC health plans to improve access for SNBC enrollees. It is believed that these same project interventions will also serve to address some of the similar barriers senior public program enrollees face when seeking dental care.

To learn more about the SNBC Dental Project, please contact a member of the DHS Dental Project Leadership Team.