

Access to Dental Care in Snohomish County 2012

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Acknowledgements

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2012 HPSA Survey Results

In the spring of 2012, Snohomish Health District surveyed Snohomish County dental practices to determine the amount of direct care provided by primary care dentists. The following summary highlights key findings about dental office capacity, population-to-provider ratios and availability of providers by payer. This survey is conducted every 3-4 years, comparisons to the last survey (2007) are noted below.

Dental Care Capacity

- *In 2012, there were 302 (unduplicated) primary care dentists that include pediatric dentists and FQHC staff.*
- *Snohomish County does not meet criteria for a HPSA designation in 2012 for the general population. The analysis was not of sufficient detail to determine subpopulations or health planning areas.*
 - 1 full time dentist for every 3,058 in Snohomish County, adjusted by HPSA criteria.
 - Ratios below 4000:1 are not considered a 'shortage' area for the general population.
- *Snohomish County met the criteria for a low-income HPSA designation, however, Snohomish County is not considered a low-income HPSA shortage area because the % population under 200% FPL is required to be at least 30% and Snohomish County's percentage was only 21.2%,*
 - 1 full time dentist for every 8,744 people living on incomes less than 200% of the FPL.
- *The number of dentists practicing in Snohomish County is dropping. The total number of dentists (from 330 DDS in 2007 to 302 DDS in 2012) and the total number of full-time equivalents (from 232.5 FTE in 2007 to 228.9 FTE in 2012)*
- *The gap in access to care for individuals with low-incomes is changing in Snohomish County. Fewer providers serve a larger proportion of those with Medicaid coverage. Medicaid visits have shifted from older children and adults to children under age 6.*

Access to Care by Payer

- 13.2% of dentists accept new patients with Medicaid coverage, mostly children.
- The number of dentists accepting Medicaid is decreasing.
 1. Medicaid providers see more Medicaid eligible
- Adults with Medicaid coverage:
 1. Coverage reduced significantly in 2010
 2. Dentist participation decreased

	2007	2012
Dentists Accepting New Medicaid	30.2%	13% (n=40)
Number Medicaid Patients seen	32452	44015
Medicaid eligible Children < 6 years with at least one dental visit	7231	19552
Medicaid eligible Children < 20 years with at least one dental visit	23069	19263
Medicaid eligible Adults > 20 years with at least one dental visit	9383	5200

Access to Early Preventive Care

- Children are starting dental care at a younger age
- 81% of dental providers recommend earlier preventive dental visits (48.2% in 2007)
 - 37.2% recommend age one or younger (19.4% in 2007)
 - 24.3% recommend starting at age 2 (36.9% in 2007)
 - 19.3% recommended at age 3 (11.3% in 2007)

Background

The Office of Community and Rural Health, Washington State Department of Health works with local communities to survey primary care providers (both dental and physicians) to assess eligibility for Health Professional Shortage Area (HPSA) status. While HPSA status is voluntary, it establishes eligibility for several federal assistance programs. These surveys are conducted on cycles between 3 and 4 years. The survey includes questions such as:

- How much direct care is provided to patients?
- What are the relative patient shares for the privately insured, Medicaid¹ covered, and Sliding Fee Scales?
- Are specific primary care providers taking any new privately insured, Medicaid, or Sliding Fee Scale patients?

HPSA survey data offer a useful snapshot of access to dental care, but results should be interpreted with some care. Limitations of this survey data include:

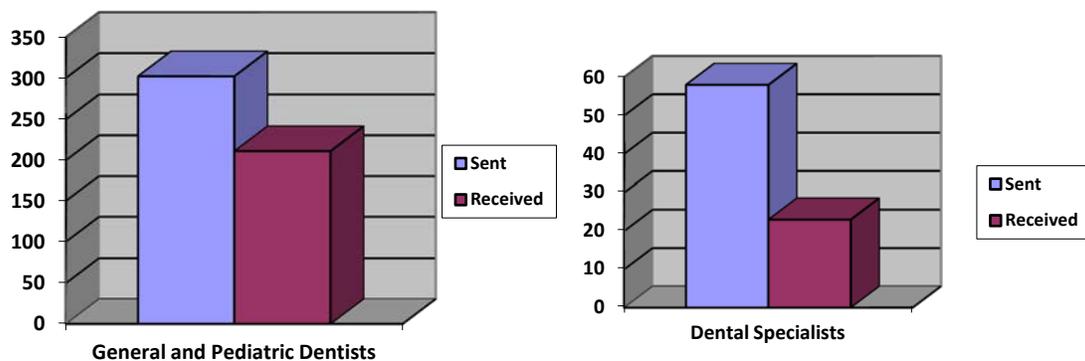
- The HPSA designations included only access to **primary care** dentists/pedodontists and their staff, dental hygienists and dentist assistants. Access to specialty care may be a concern if specialists are not accepting referral for Medicaid or Medicare patients. This in turn may be a factor influencing whether primary care dentists are willing to accept Medicaid patients.

¹ See Appendix for definitions of Medicaid services, Basic Health, FQHC/Public Clinics

- Snohomish Health District used the opportunity to collect information for the HPSA designation to identify both primary and specialty care dentists in Snohomish County.
- The data is self-reported. Access may be lower than is reported. The Office of Community and Rural Health compared self-reported Medicaid information from HPSA surveys to actual activity reported to the Medical Assistance Administration and found that some self-reports over-estimate Medicaid patient shares. When possible the survey is administered to office managers, who are often more aware of payment systems than are providers.
- Respondents were asked to provide an estimate of payer shares as 0%, under 5%, and then at 5% increments. This may introduce rounding bias. The software program used for designation purposes rounds up for 3 or more, and down for 2 or less. It is unclear which direction the bias may go.
- This study does not account for patients who travel into or outside the county for health care services. These border effects are likely to be particularly significant in southern Snohomish County areas bordering King County and Seattle. The magnitude of these effects is not yet known.

Methods

Response to Survey Snohomish County HPSA, 2007



The Snohomish County Health District compiled a list of all dental practices in Snohomish County and identified ????. There are 360 primary and specialty care dentists in Snohomish County: 302 general/pediatric dentists and 58 dental specialists. In 2012, the business office of each dental practice was mailed or faxed a letter and survey with instructions. Non-responders were all contacted by telephone, and surveys were again faxed and/or emailed. Of the 225 surveys received, 211 were from general and pediatric dentists and 23 surveys were returned from the 51 dental specialists.

The response rate for identified primary care dentists was 70% (211/302)

Methods to increase the response rate to achieve 70% or greater included:

- Faxing surveys to and from providers
- Abbreviated number of questions for late responders for HPSA specific questions
- Recording survey answers from phone interviews with office manager or front desk staff.
- Making repeated follow-up calls, request survey completion

There was a decrease in the response rate from >95% in 2007 to 70% in 2012. This may have been due to changes in the process of HPSA data collection. Data collections in 2007 originated between the local health department and dental society rather than directly from the Department of Health.

The Office of Rural and Community Health entered and analyzed the provider data for the HPSA relevant information from either the hard copy or online provider data. . Snohomish Health District analyzed data for Snohomish County individualized questions and collected Snohomish County secondary data contained in this report.

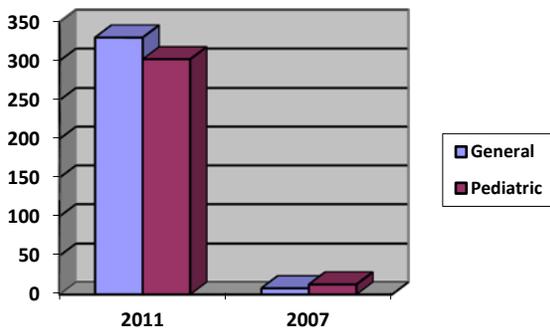
Snohomish County Profile

Snohomish County ranks 13th in size among Washington's 39 counties (2089 square miles) and is the 3rd most densely populated. The county makes up the northern part of Seattle – Tacoma – Everett Metropolitan area. The county is a mix of older city areas and suburbs immediately north of Seattle, rapidly growing bedroom communities, and a few outlying areas such as Darrington, which retain a rural character. The population grew from 683,655 in 2008 to approximately 715,358 in 2011. The county's largest industries are manufacturing (tied to aerospace and the Everett port), services, retail trade, and local, state, and federal governmentⁱ. It is a largely urban/suburban county with 89% living within urbanized areas. Approximately two-thirds of the population is located in the Everett – Edmonds – Mill Creek area. The rest of population is located in the suburbs of Monroe – Snohomish (10%), Marysville (12%), and Arlington-Stanwood (11%).

Results

Dentists

There has been a decline in the total number of general dentists in Snohomish County from 330 in 2007 to 302 in 2011. There has been an increase in the number of pediatric specialists.



Language

The ability to obtain dental services depends upon the ability of a person to communicate with the dental office. The capacity of dental offices to provide services for those that speak a language other than English is one measure that can influence access to dental care. According to the US Census Bureau American Communities survey, the proportion of people that speak a language other than English is increasing in Snohomish County from 15.7% in 2007 to 17.8% in 2011.

Languages spoken in dental offices Snohomish County, 2012

Language	% County population	% Dentists by language spoken in office 2007	% Dentists by language spoken in office 2012
English Only	82.2%	74.2%	62.7%
Other Language	17.8%	25.8%	37.3%

Number of practices with linguistic capacity

The most common languages after English, in order, are Spanish, Russian/Eastern European, Asian and Arabic. Roughly 37.3% of the 225 responding dentists reported that they, or a member of their staff, speak a language other than English. Since practices have multiple-language capacity; the number of languages spoken in practices may be greater than the number of dentists responding (duplicated). The number of dentists responding that they or their staff speaks a language other than English increased from 26.8% (2007) to 37.3% (2012).

Primary Care Dentists in Snohomish County, 2012



Adequate primary care dentist capacity is measured by the ratio of provider full-time equivalents to the population for HPSA shortage designations. This is a crude measure that is not adjusted for population treatment needs or provider productivity. While an ideal ratio/benchmark has not been determined for dental care in communities, there are three benchmarks used for federal designation as a shortage area:

<4,000:1FTE area	Not a federal shortage area
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>4,000-5,000:1 FTE	Shortage area for federal designations
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>5,000:1 FTE	Serious shortage area
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Dental HPSA Population to FTE Ratios

As of the summer of 2012, 302 primary care dentists provided direct patient care. Direct patient care excludes specialty care and administrative time. It includes the number of auxiliary personnel that increases dentist productivity. HPSAs weight the FTE based on number of auxiliary personnel and the age of the dentist.

Ratios of Snohomish County population to dentist FTE

Snohomish County, 2012

	Population/ 1 FTE ²
Total Snohomish County	3,058:1 (223.9 FTE 2012) *

*Population/ 1 FTE if from the 2010 Residential Civilian pop. Required for the HPSA.

Snohomish County did not meet the benchmark for the federal designation as a Health Professional Shortage Area (HPSA). The *HPSA shortage designation ratio* 3,058:1 was less than 4,000 to 1.

This does not mean that there is or is not a shortage of dental services in Snohomish County.

Information on dental treatment needs or dental provider productivity is not included in the HPSA survey analysis.

Snohomish County Population 2011 US Census	Pop to Provider Ratio Not Adjusted for FTE	(2007)
717,000	3,132:1 (228.9 FTE)	2940:1(232.5 FTE)

If the county sought a geographic designation (> 5,000), meaning the total population including low-income of a specific area had trouble accessing dental resources it would not have qualified as the ratio was only 3,132:1.

² Adjusted for full time equivalent

**Low-income population (<200% FPL*) to dentist FTE ratio by HPSA
Snohomish County, 2012**

ASAPS Pop 2010*	(HPSA reporting system)	2012 Population to Provider Ratio	2007 Population to Provider Ratio
ASAPS Total Pop 2010	694,219	3,033:1 (228.9 FTE)	2795:1 (232.5 FTE)
Res Civ 2010 ** (HPSA)	684,624	3,058:1 (223.9 FTE)	2770:1 (232.5 FTE)
200%	145,144 (21.2%)	8,744:1 (16.6 FTE)***	3768:1 (31.3 FTE)

Snohomish County is not a health professional shortage area for low income population because the 200% FPL is too low.

Total Snohomish County (% below Federal Poverty Level 2010)	21.2%*
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Populations with over 4,000:1 is the federal level at which signs of stress may be felt. FTEs that report accepting Medicaid or sliding fee scale are the HPSA measures for low-income capacity. With a ratio of 8,744:1, the ratio could be interpreted as an indication of serious community need. The population to provider proportion appears to have INCREASED when compared to the 3768:1 ratio found in 2007.

Snohomish County low income populations came close to meeting the HPSA benchmark for designation as a shortage area (> 4,000:1) except for the % at 200% FPL.

*The Application Submission and Processing System (ASAPS) System Manager supports accurate data on the location of health care providers relative to the population. To this end, Office of Shortage Designation continually tries to obtain the latest data on health care providers and their practice location(s) at the lowest geographical level possible for use in the designation process, with the objective of minimizing the level of effort required on the part of States and communities seeking designations. The ASAPS 2007 data was the most comparable population data available for computing the HSPA designations.

**HPSAs Residential Civilian pop - this is the population county used to calculate HPSAs. It excludes military and college students, and is considered their total population for HPSA calculations.

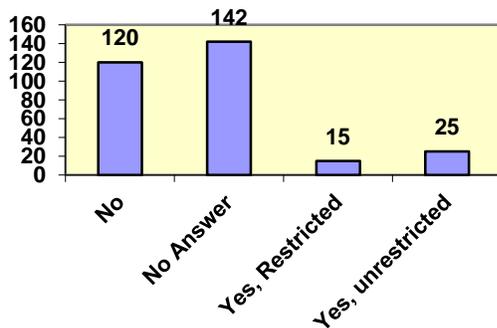
*** The 2007 HPSA low-income FTE should not have included self-payer FTEs which is why the FTE is so high.

Capacity by Payer Source – Public, Private/Self-Pay

The Medical Assistance Administration pays dentists for select services for people that meet eligibility requirements that otherwise would be unable to afford dental care.³ Dental services covered by Medicaid programs are accepted in full without co-payments by the providers willing to accept Medicaid coverage. Typically, payment for services by the Medical Assistance Administration are less than payments by other insurance coverage or cash payments made directly from individuals. Private payers include third party payments and cash payments by patients. For those able to pay higher prices, and those covered by insurance, it is expected that they would obtain more dental services. Hence, it is not surprising that services are both less available and more restricted for those with Medicaid coverage. One benefit of having a regular dental provider, as opposed to episodic dental care, is that dentists may be more likely to continue to provide dental care when life circumstances result in Medicaid coverage.

New Patients

Dentists accepting new patients- those that accept Medicaid coverage Snohomish County, 2012

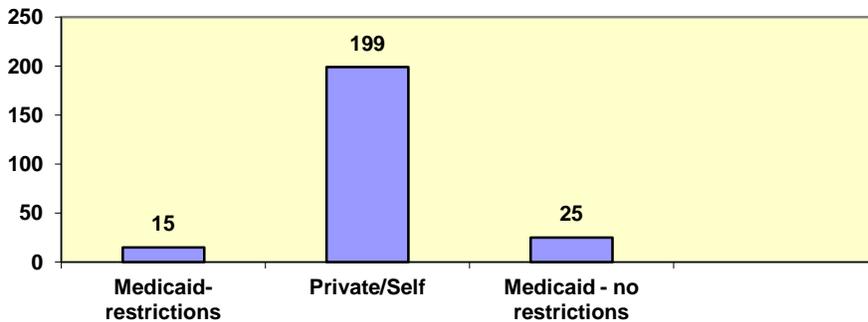


Medicaid coverage is accepted by few Snohomish County dentists (40/302). In contrast to patients with dental insurance, most providers are not accepting any new Medicaid patients.

³ See Appendix for definitions of Medicaid and Medicaid programs

Restrictions on Acceptance of New Patients

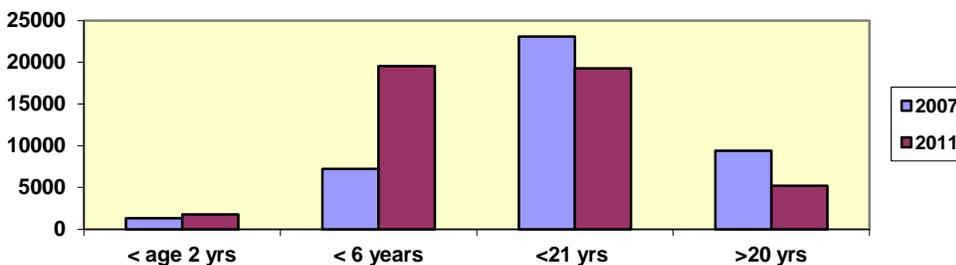
Dentist acceptance of new dental patients with no restrictions by payment type
Snohomish County HPSA, 2012



Only 40 dentists accepted Medicaid coverage (13.2%). Fifteen of these dentists (37.7%) were accepting some new patients, with restrictions; mostly children 0-20 years of age. When compared to 2007 there was a decrease in the proportion of dentists accepting Medicaid coverage (21.4% to 13.2%). However, there was an increase from 10 providers in 2007 to 25 identified providers in 2012, accepting new patients with Medicaid coverage and without restriction.

Capacity for dental service delivery for children or adults with Medicaid coverage.

Medicaid dental utilization in Snohomish County for infants, children or adults
Medical Assistance Administration
FY 2012



Service delivery for adults has decreased. Medicaid coverage for adult dental services were reduced to "emergency only" services in 2010. Less than one quarter of adults with Medicaid coverage received at least one dental visit in the last year while nearly 40% of children with Medicaid coverage had a dental visit. Infant and toddler visits increased nearly 16% from 37% to 52.9%.

Pediatric Dentists in Snohomish County

Pediatric dentists are the primary dentist referral source for children with extensive or complex dental needs. The lack of pediatric dental resources for referral, for older children, children with behavioral issues, and children with special health care needs, may be an extenuating circumstance that prevents some dentists from participating in the Medicaid program

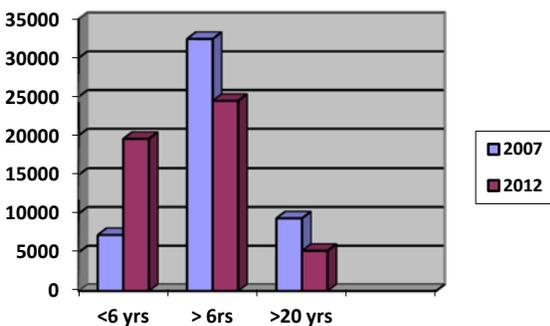
There has been an increase from 8 to 13 pediatric dentists in Snohomish County. Eleven pediatric dentists accept new patients with Medicaid coverage for children under age 6. Four pediatric dentists accept children over the age 6 with Medicaid coverage.

How Has Snohomish County Medicaid Participation Changed?

Snohomish County Medicaid services, MAA Fiscal Year, 2008-2011

Similar to Washington State, Snohomish County dentists participating as Medicaid providers has been declining annually. The private dentists and public clinics that accept Medicaid coverage are treating more patients each year. There was a dramatic shift in dental care of Medicaid-covered patients from older children and adults to younger children.

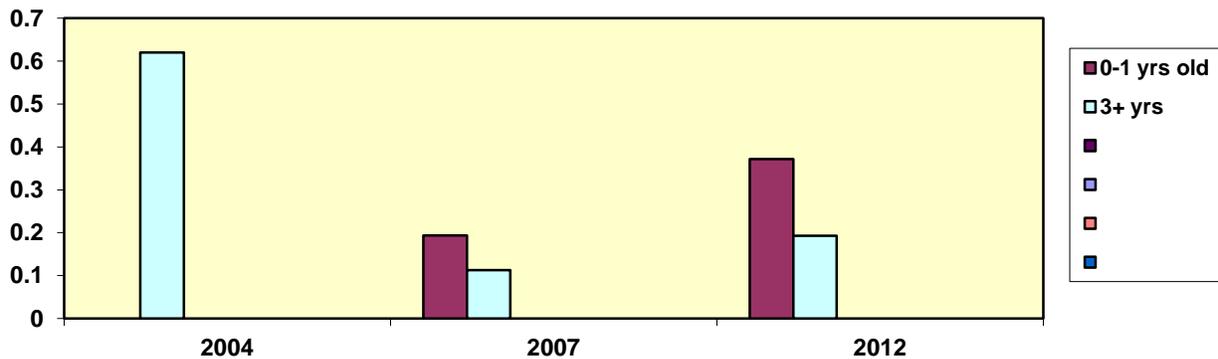
Medicaid Users in Snohomish County	2007	2012
Dentists Accepting New Medicaid	30.2% (n=60)	13% (n=40)
Medicaid eligible patients with at least one dental visit-Total	32452	44015
Medicaid eligible Children < 6 years with at least one dental visit	7231	19552
Medicaid eligible Children < 20 years with at least one dental visit	23069	19263
Medicaid eligible Adults > 20 years with at least one dental visit	9383	5200



Early Dental Visits

Early identification of high risk children and referral for preventive oral health care by a dentist by age one is recommended by the American Academy of Pediatric Dentists, the American Dental Association and the American Academy of Pediatrics. For the 2012 survey, providers were asked the question, "What age do you recommend for a child's first dental visit?" This question was asked in 2001, 2004, 2007 and 2012.

Age that first dental visits are recommended by dentists Snohomish County HPSA, 2012

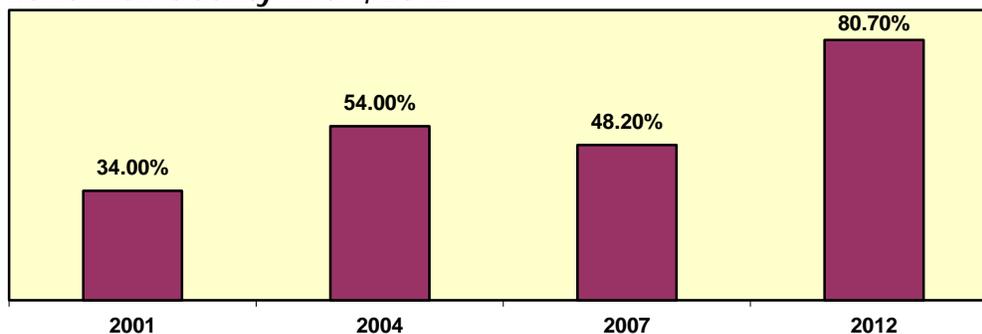


The number of Snohomish County dental providers that advocate for early dental visits is increasing.

- 37.2% recommended at age one or younger.
- 24.3% recommended at age two.
- 19.3% recommended at age three. (Down from 62% in 2004)

The number of dental practices recommending dental visits earlier than the previously-recommended standard of age three, has improved from 50% in 2004/2007 to 81% in 2012.

Age three or under, for first dental visits as recommended by dentists Snohomish County HPSA, 2012



Conclusions

Access to dental care for low-income populations <200% FPL met only one of two requirements for a federal Health Professional Shortage area designation for 2012. Considering all the rules and regulations for calculating a HPSA, it should be noted that the ratio could still be considered an indication of need.

As a result of the recession, access to dental care, for those that can afford it, has not changed. Population growth, provider retirement and shrinking numbers of private Medicaid dental providers indicate that access will become more serious in the next 5-10 years, especially for those with lower incomes.

Disparities in the availability of care between those with higher and lower incomes appear to be changing with the establishment of the Federally Qualified Health Centers that contributed 56.1% of the capacity for children 0-18 years of age in 2007.

Medicaid coverage is not acceptable to a majority of Snohomish County dentists as payment for services.

Access to Medicaid adult dental care/coverage has decreased as access to Medicaid dental coverage /care for very young children has increased. Coverage, alone, does not increase capacity of the dental care system. Reimbursement rates, allowable services, and provider availability and/or acceptance of Medicaid coverage all impact the capacity of the dental care system to provide adequate, quality care.

Expansion of dental coverage for children may improve access to dental care for all Snohomish County residents. Dental disease is preventable. New research indicates that early detection and intervention, especially before age three, may have significant impacts on children's oral health and ultimately improve adult oral health. Dental sealants, another preventive strategy, reduce decay experience in the permanent teeth up to 75%.⁴

The results of this survey are important in understanding the current state of the dental care system in Snohomish County. Findings have implications for both children/youth and adult populations and can be used to make recommendations for improvements in the current system. It is hoped that this survey be used to help shape recommendations for improvement in the current systems and make relevant policy recommendations to agencies and legislators who administer and/or fund our system of dental care.

⁴ Ahovuo-Saloranta A, Forss H, Walsh T, Hiiri A, Nordblad A, Mäkelä M, Worthington HV. [Sealants for preventing dental decay in the permanent teeth](#). Cochrane Database Syst Rev. 2013 Mar 28;3:CD001830. doi: 10.1002/14651858.CD001830.pub4.

Appendix: Overview of Medicaid, Basic Health and Federally Qualified Health Centers

This overview is extracted from the Introduction to Health Care Services section of the Health of Washington State, 2002 and updated in 2004ⁱⁱ and from the Federally Qualified Health Center Fact Sheet published by the Department of Health and Human Services. The more recent Health of Washington State Reports (to 2013) can be found at <http://www.doh.wa.gov/DataandStatisticalReports/HealthofWashingtonStateReport.aspx>

Medicaid This state-federal health insurance program for low-income people covered 950,000 Washington residents in Fiscal Year 2003. Medicaid primarily covers people currently and formerly on public assistance with family incomes within 200% of the federal poverty line, including Temporary Assistance to Needy Families (TANF), and people with disabilities. Children who are not eligible for TANF but have family incomes within 250% of the federal poverty line can enroll in Medicaid through the State Children's Health Insurance Program (SCHIP). About 29% of Medicaid payments are processed through Healthy Options; Washington's Medicaid managed care option. Welfare reform, which moved thousands of Washington families off public assistance, caused a 2.4% drop in Medicaid participation from 1997 to 1999. More recently, enrollment has been increasing as a result of the state's faltering economy, an increase in households unable to cover extraordinary health costs, and implementation of SCHIP. This increase has occurred despite difficult decisions to tighten eligibility criteria and shift non-residents from Medicaid to Basic Health. For a more detailed overview of Washington's Medicaid program see the Health Care Authority <http://www.hca.wa.gov/Pages/index.aspx> or <http://www.dshs.wa.gov/health.shtml>

Basic Health (BH) The BH program is administered by the Washington State Health Care Authority to provide subsidized health insurance to low-income individuals who do not qualify for Medicaid. In 2000, more than 217,000 state residents received coverage through the BH program or Basic Health Plus (BHP), for Medicaid children enrolled in BH. Basic Health Plus includes dental coverage for children only. During the 1990s, the program offered Washington residents a chance to purchase unsubsidized insurance coverage through the BHP. This unsubsidized option is no longer offered, and fewer than 1,000 people remain under this coverage. Subsidized BH coverage was capped at 131,250 in 2000, and the cap was lowered to 125,000 in 2001.ⁱⁱⁱ An additional 56,000 children were enrolled in BHP in December 2001. With passage of Initiative 773 in 2001, funding was made available for an additional 20,000 to 30,000 BH enrollees. Subsequent legislation allowed this additional funding to be used to cover the costs of existing Basic Health members. Basic Health enrollment declined to 118,000 in 2003 and is still dropping. For more about Basic Health and the Affordable Care Act in

Washington State, see <http://www.hca.wa.gov/Pages/index.aspx> or <http://www.dshs.wa.gov/health.shtml>

Federally Qualified Health Centers (FQHC/Public Clinic/CHC) The FQHC benefit under Medicare was added effective October 1, 1991 when Section 1861(aa) of the Social Security Act was amended by Section 4161 of the Omnibus Budget Reconciliation Act of 1990. FQHCs are “safety net” providers such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities. Medicare pays FQHCs an all-inclusive per visit amount based on reasonable costs. Payments are calculated, in general, by dividing the Center’s total allowable cost by the total number of total visits for FQHC services.

ⁱ Full-Time and Part-Time Employment by Major Industry. Regional Economic Information System. Washington State University Cooperative Extension. May 2003.

ⁱⁱ Schueler V. Health care services. In *The Health of Washington State*. Olympia(WA): Washington Department of Health, forthcoming. Available June 2002 from: URL <http://www.doh.wa.gov/>

ⁱⁱⁱ The Urban Institute. *State responses to Budget Crisis in 2004: An Overview of Ten States - Overview and Case Studies*. State and local initiatives to enhance health coverage for the working uninsured. New York: Kaiser Family Foundation January 2004. Available from: URL: <http://www.kff.org/medicaid/7002.cfm>