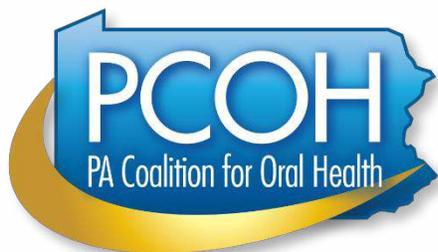




Statewide Dental Access Coordination: A Report for Pennsylvania

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Introduction

Background

In Pennsylvania, 1.6 million adults and 1.2 million children are enrolled with Medical Assistance (MA), which includes a dental benefit. Children have a comprehensive benefit which covers nearly all preventive and restorative services. Yet, in 2018, only 48% of children with MA saw a dentist for a preventive visit. Adults enrolled with MA are covered for a variety of basic restorative dental and preventive services such as basic cleanings and x-rays, and a limited number of comprehensive restorative services, like fillings and extractions. Procedures like crowns and root canals, which are typically used to save teeth from extraction, are only covered under the state's Benefit Limit Exception (BLE) process, and few of these are successful. From 2010-2016, emergency department visits for dental issues across the state increased more than 60%, with a few counties seeing increases as high as 400%.¹

The Department of Health and Human Services shows that there are more than 3000 dental providers accepting MA in Pennsylvania, which on the surface appears to be sufficient to meet the needs of the 2.9 million eligible residents.² However, the uneven distribution of these providers across the state, with few in the areas most disparately affected by oral disease and associated conditions like diabetes and heart disease, creates a different reality. There are also disparities in the data since the credentialed providers may not participate with all the managed care organizations in a Health Choices zone, may not see children younger than 5 years of age, or may not be currently accepting new patients. The end result is 62 of our 67 counties in the state with at least one 2019 Health Services and Resources Administration (HRSA) Dental Health Professional Shortage Area (DHPSA) designation (Appendix E).

Existing resources that can help individuals find a dental provider that accepts their insurance plan, offers a sliding fee scale, or offers free and charitable care currently include:

- EnrollNow.gov
- Insurekidsnow.gov
- PA 211
- Donated Dental Services or other free programs
- Individual community-based organizations such as the United Way and health coalitions
- Individual or family commercial insurance plans offered through employers or the marketplace

These existing resources are only as current and accurate as the information shared by providers. When an individual with MA locates a provider in their community, quite frequently they are unable to secure an appointment because the provider either does not accept their specific plan or is not accepting new patients. Individuals with intellectual and developmental disabilities encounter even more barriers to

¹ PA Department of Human Services. (2018). Emergency department dental expenditures in 2010-2014-2016 [non-published dataset]. Location: PA Coalition for Oral Health.

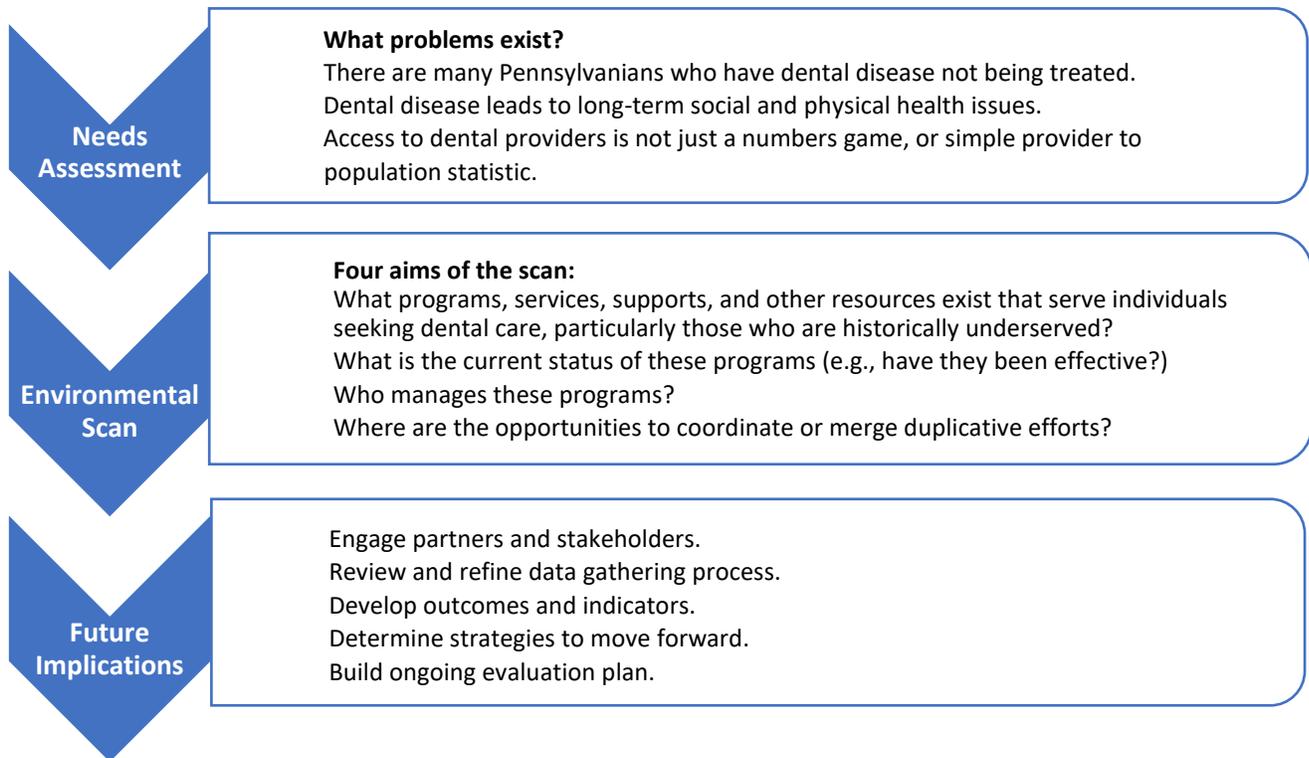
² Monthly Data Report, June 2020 (Rep.). (n.d.). Retrieved September 18, 2020, from PA Department of Human Services website: <https://www.dhs.pa.gov/about/Documents/June%202020%20Data%20Report.pdf>

accessing dental care. Unfortunately, many of these individuals end up seeking palliative care in the local emergency department as a result. Existing resources currently available to Pennsylvanians are not reducing barriers to dental care.

Intended Outcomes

For this study, PA Coalition for Oral Health (PCOH) used their existing expansive network of provider organizations, current relationships within the Pennsylvania Department of Health (DOH) and Department of Human Services (DHS), the PA Association of Community Health Centers (PACHC), the Free Clinic Association of Pennsylvania (FCAP), dental and dental hygiene schools, and hundreds of community organizations in PA and surrounding states, to explore the feasibility of a creating a single point of entry to a complete, current, and continuously updated statewide dental services database that is staffed by a dental navigator or similar program. The desired outcome is a patient-centered resource that facilitates and expedites access to dental care and ultimately a reduction in oral health disparities and improved health equity in Pennsylvania’s most underserved populations.

Figure 1. Project Process Overview



Methods

Environmental Scan

PCOH created and widely distributed an online survey starting on January 27th, 2020 with the goal of obtaining more information about dental care access issues experienced by Pennsylvanians (Appendix A). The survey, available in English and Spanish, consisted of six required multiple-choice questions and one optional open-ended question. This survey gathered information about how Pennsylvanians find a dental provider and get to the dental office. The survey was distributed by email and social media to PCOH stakeholders, who were asked to share it with their constituents. A total of 234 people responded to the survey over a 60-day period. As shown in Appendix A, Figure 2, 52.1% of respondents indicated that finding an office that accepts their insurance provider is the most important consideration to them (see Figure 2, below). Our survey found that not only is acceptance of their insurance plan **the most important consideration** for choosing a dental provider (Figure 2), locating an office that accepts their insurance plan is **the most frequently cited problem** for Pennsylvanians looking for a dental home. (Figure 3) This was true for individuals with MA and for those with private insurance through their workplace. Figure 4 illustrates that Pennsylvanians' main resources for finding a dental provider are word of mouth (33.4%) and by using a general search through internet browsers (21.8%). The common theme and issue with dental access for Pennsylvanians is insurance and knowing where to look.

Figure 2. What matters most to you in finding a dental provider?

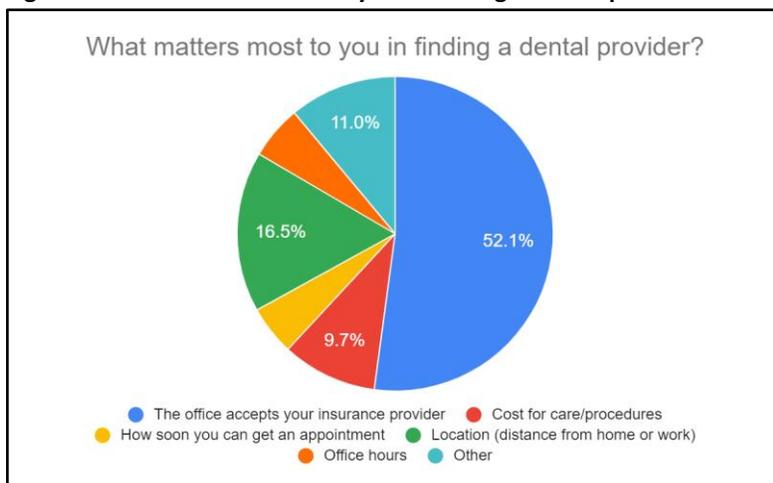


Figure 3. What problem(s) have you faced in finding a dental provider for yourself, an adult family member, or another adult?

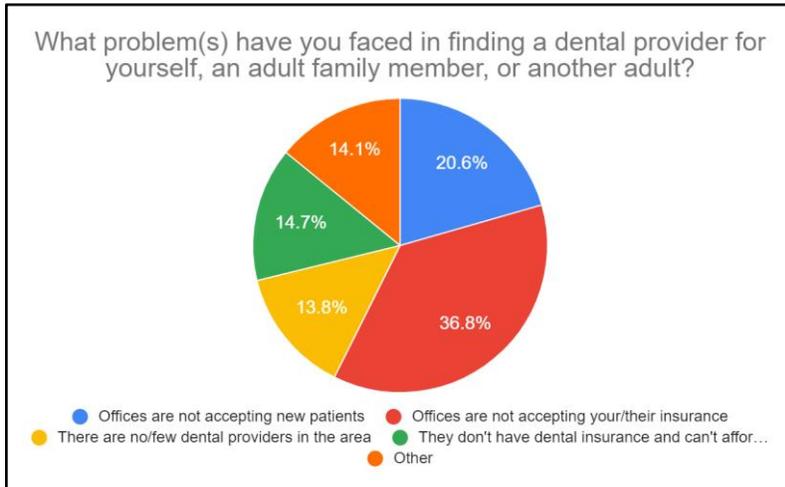
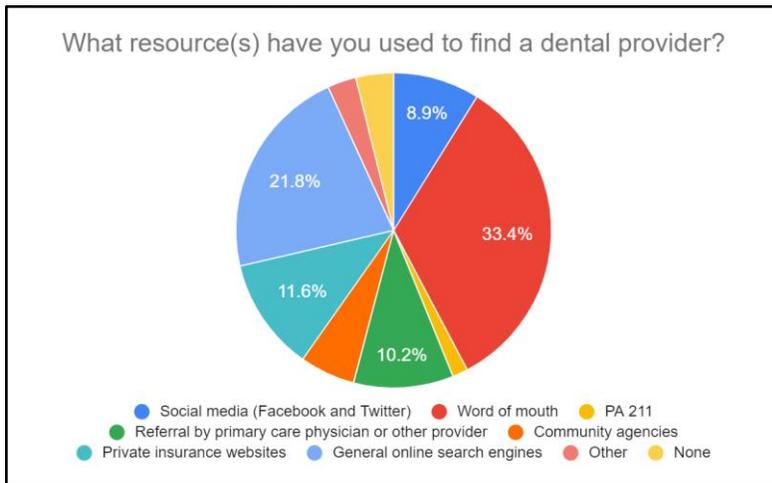


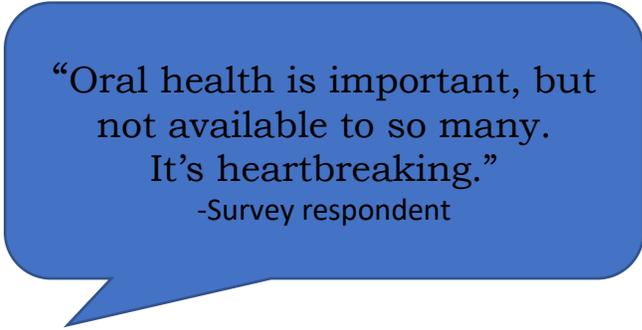
Figure 4. What resource(s) have you used to find a dental provider?



Implications of a Pandemic

During the COVID-19 pandemic, the problems addressed in this report have been exacerbated by temporary office closures, employment/insurance changes, and infection control fears. Another survey was created to find out the impact of the COVID-19 pandemic on dental practices across Pennsylvania. The survey consisted of 10 questions including an open-ended question for additional comments, mostly focusing on the re-opening of offices and any insurance changes they were considering. Postcards were mailed to every licensed dentist residing in PA (more than 8,000) and shared on social media to maximize the number of responses and to get the most accurate results. As this is an on-going survey and we are still collecting responses, the results will not be fully analyzed for this report. As of the writing of this report, there have been a total of 119 responses, far fewer than the number of responses expected. So far, the results show that most of the dental practices are not closing down and are planning on staying open in the long-term. There are some concerning results, however. Over half the respondents said they are expecting to see a lower patient volume, most likely due to increased

infection control procedures. As a result of COVID-19, 33.6% of dental offices have added a personal protective equipment (PPE) fee to all visits or increased their overall fees to cover the increased cost. These fees will be covered by some insurances, but patients may end up with the responsibility of paying when their health coverage does not.



“Oral health is important, but not available to so many. It’s heartbreaking.”
-Survey respondent

Connections to Care/Dental Resources

Dental Provider Organizations

Background: There are a variety of general dental provider organizations in the state, including the PA Dental Association, PA Dental Hygienists’ Association, and the PA Dental Assistants Association. Specialists in the dental field also have their own organizations, representing the endodontists, pediatric dentists, orthodontists, etc.

The [PA Dental Association](#) is focused on serving the interests of the public and the dental profession. This includes increasing access to care for Pennsylvanians, educating the public, and being an advocate for dentists in PA.

The [PA Dental Hygienists’ Association](#) is focused on improving the health of all Pennsylvanians by advancing the science of dental hygiene, increasing access to oral health care, and public/professional education.

Challenges: The dental provider organizations are not all-inclusive; not all licensed dental providers in the state are members. Membership comes with a fee which makes the organization less accessible to young providers or those that work in public health settings. Since these are membership organizations, referrals are often only made to members.

With a majority of members practicing in private offices, there is less focus on public health dentistry. For these organizations, the primary focus is the provider, not necessarily the public.

Opportunities: The dental provider organizations offer a variety of continuing education courses, events and conferences, and virtual networking which is beneficial for members. These educational opportunities provide a platform for focus on oral health topics as well as information dissemination.

Federally Qualified Health Centers and Rural Health Clinics

Background: Federally qualified health centers (FQHCs) are primary care facilities that provide a variety of services to individuals in underserved areas of the state, both rural and urban. FQHCs are a place for families to go for quality care, wellness visits, disease management, and dental services.

FQHCs are nonprofits that receive funding from the federal government through the Health Resources and Services Administration (HRSA). In FQHCs, fees are based on what the patient can pay and is often based on income level and family size. FQHCs must treat anyone who seeks care regardless of insurance or ability to pay. FQHC look-alikes are similar to FQHCs with the exception of the federal funding.

The [Pennsylvania Association of Community Health Centers \(PACHC\)](#) is the state primary care association that supports Pennsylvania's health centers in increasing access to primary health care. The PACHC network includes FQHCs, FQHC look-alikes, rural health clinics, and other like-mission providers.

In 2020, nearly 90% of FQHC dental sites were providing dental services in just over half the counties in Pennsylvania.³ Sixteen of the state's 70 RHCs offer some type of oral health education, oral health services and/or a dental referral system. Rural health clinics serve the 48 rural counties with county-wide dental professional shortage designations.⁴

According to the [Rural Health Information Hub](#), the Rural Health Clinic (RHC) program is intended to increase access to primary care services for Medicaid and Medicare patients in rural communities. RHCs can be public, nonprofit, or for-profit healthcare facilities, however, they must be in rural, underserved areas.

The [Pennsylvania Office of Rural Health \(PORH\)](#) works with local, state, and federal partners to achieve equity in, and access to, quality health care for Pennsylvania's rural residents. PORH conducts outreach, education, applied research, advocacy, and special projects to improve the health of rural Pennsylvanians. PORH provides support to RHCs and collects data to make policy recommendations.

Challenges: As mentioned above, only sixteen of the state's 70 RHCs offer oral health education, oral health services and/or a dental referral system. That leaves 54 RHCs that do not integrate oral health in their offerings. RHCs are meant to serve as a one-stop destination for healthcare needs; however, they are not truly all-inclusive if oral health is not included.

Some RHCs offer only oral health education to patients; for these RHC patients, there is still a need for oral health clinical services. Providers at these RHCs could refer patients to a nearby dental provider; however, the patients may be required to travel out of the county or area to receive oral health services. For RHCs that offer dental referrals, it is still up to the patients to follow through with the referral and see the dental provider.

For those in rural areas, it is not uncommon for individuals to travel across counties and wait months to see a dental provider. However, some RHCs restrict their patient base by requiring they reside in certain

³ Pennsylvania Association of Community Health Centers. Clinical & Quality. (n.d.). Retrieved from <http://www.pachc.org/Clinical-Quality/Oral-Health on April 24, 2020>

⁴ MORE Care: Participating Rural Health Clinics: Medical Oral Expanded Care Collaborative. (n.d.). Retrieved April 24, 2020, from <https://www.porh.psu.edu/oral-health/more-care/>

counties/zip codes. Since RHCs tend to have long waiting lists, this helps them focus on patients in one or a few counties.

Opportunities: One in 13 Pennsylvanians receive their medical/dental care from health centers. This makes FQHCs and RHCs the perfect location for educational campaigns and dissemination of oral health information for patients of all ages. These centers are community-focused and allow for community engagement. FQHC boards must be comprised of 51% patients which leads to a more patient-focused approach to leadership.

Free and Charitable Clinics

Background: Free clinics start with a group of people who come together to provide services for community members who lack access to health care and/or the ability to pay for it. The [Free Clinic Association of Pennsylvania \(FCAP\)](#) provides education, advocacy and support to free and charitable clinics operating in Pennsylvania.

Free clinics are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Free or charitable clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to primary, specialty or prescription health care. Out of the 63 free and charitable clinics in the state, nearly 20 sites offer dental services.⁵

Challenges: Like RHCs, free and charitable clinics tend to have lengthy waiting lists. A patient seeking oral health care may have to wait months for an appointment. On top of that, most free and charitable clinics rely on volunteer time to provide services. This could limit the hours of operation for the clinic as well as the number of providers able to see patients. Also, not all free and charitable clinics are full-service and therefore may not provide oral health services.

Some free and charitable clinics do not have a physical location. Instead, they provide services at one- or two-day events such as Mission of Mercy in PA (MOM-n-PA) or Pittsburgh's Mission of Mercy. With these events, Pennsylvanians travel from across the Commonwealth to receive dental care. There is often a lengthy wait for these services, with some patients even choosing to camp/sleep in line overnight to secure their spot in line and ensure they will receive care. While these events can see many patients, they only happen once or twice each year. In relying on these events, patients miss out on regular preventive oral health care and may only receive emergency or palliative treatment. Patients are not being connected to dental homes (a regular provider for routine care).

Opportunities: With free and charitable clinics, service is provided in the areas of the state with the greatest need, including the Designated Health Provider Shortage Areas (DHPSAs) throughout the state. Free and charitable clinics are flexible for some Pennsylvanians depending on level of need. Providers

⁵ Free Clinic Association of Pennsylvania. (n.d.). Retrieved April 24, 2020, from <https://freeclinicspa.org/free-charitable-clinics/free-clinics-in-pa/>

and staff in free and charitable clinics often connect patients and their families to other providers and/or services in the community.

“While we focus on prevention including education, tooth brushing in our classrooms daily, and ensuring that every child has a dental exam and cleaning...there are very few dentists who will treat the caries based on the age of the child and the insurance, which is mostly medical assistance.

-Survey respondent

School-Based or School-Linked Programs

Background: 28 PA Code (regulations) 23.3(a)* states "Dental examinations shall be required on original entry into school and in grades three and seven." Schools have two options for fulfilling this requirement: a mandated dental program or a dental hygiene services program.

The **mandated dental program** requires the completion of dental examinations by a dentist licensed within the Commonwealth of Pennsylvania. Dental hygienists may NOT complete the mandated examinations, including Public Health Dental Hygiene Practitioners (PHDHP). Schools choosing to use mobile dentists must ensure that the dentist is licensed within the Commonwealth, that the examinations are completed by a dentist and that examinations in the mandated grades (K/1st grade, 3rd grade and 7th grade) are provided free-of-charge to students.

The **dental hygiene services program** utilizes a Certified School Dental Hygienist (CSDH) and is alternatively called a CSDH program. Only 30 of the 500 PA school districts have dental hygiene services programs compared to mandated dental programs. This program requires that a dental hygienist must have at a minimum, a bachelor's degree, and either have an Educational Specialist Certificate issued by the Pennsylvania Department of Education or be working toward acquiring this certificate. This individual is a professional employee of the school district. The CSDH is responsible for writing and maintaining the district's dental program. The program is mindfully written to address the unique needs of individual school districts. Dental hygiene services programs may include multiple offerings such as: the mandated State dental screenings and resulting documentation and referrals, follow-up on referrals and advocacy for care, coordination of dental care for students by connecting their families with community resources and other support, the organization and operation of a school fluoride supplement program, preventive and classroom dental health education. Preventive dental hygiene services can also include cleanings, sealants, and fluoride varnish application if the CSDH is a Public Health Dental Hygiene Practitioner (PHDHP).

Challenges: The successful operation of school-based or school-linked programs is dependent upon the

educational system and district administration. When districts face financial difficulty and budgetary constraints, the survival of the school-based or school-linked program is put into jeopardy. COVID-19 has hindered the success of school-based programs with many students learning virtually during the start of the 2020-2021 school year. Schools with in-person instruction are still faced with social distancing and mask requirements as well as capacity limitations. This makes it difficult for additional personnel to enter schools or provide dental care during an already hectic school year. Another challenge within school delivery systems can be the use of mobile services. School-based programs can take advantage of mobile dentistry to provide services for their students. Mobile units can move between different schools in the district and even be shared with other districts. Though quality services can be brought directly to students through this model, there are often challenges with follow-up and the establishment of a dental home.

Opportunities: PHDHPs are permitted by dental regulations to practice in schools; however, school code prevents non-employees from practicing clinically in schools. With the number of PHDHPs increasing in PA and nationwide, there is an opportunity to advocate for school code revisions to make dental care more accessible for students. When funding permits, the addition of a dental hygiene services program is best practice for ensuring children have an oral health advocate working full-time in the education system.

Dental Schools and Dental Hygiene Programs

Background:

There are three dental programs and twelve dental hygiene programs in Pennsylvania. This does not include the certificate programs for dental assistants and other staff. The dental programs are housed within the University of Pennsylvania, University of Pittsburgh, and Temple University. The dental hygiene programs span the commonwealth at community colleges, universities, and technical schools.

Students gain clinical experience during their time enrolled in the dental and dental hygiene programs. Clinicals are required for all students.

Challenges:

Dental and dental hygiene schools operate dental clinics to provide clinical experience for students and to offer low-or-no-cost dental services to the community. Unfortunately, these clinics usually have limited hours of operation and long waiting lists.

From a workforce perspective, many students who graduate from PA dental and dental hygiene programs leave the state to practice or choose to practice in urban or suburban settings. While providers are still needed in those settings, there is a serious need for providers in rural settings.

Opportunities:

Not only are these programs educating future providers, they are also providing dental services to the community at a low or reduced cost. Many of the dental and dental hygiene programs operate clinics for

students to gain valuable experience on real patients. Not only is this an opportunity for students to learn, but it is an opportunity for community members in need of dental care to receive it. The dental programs in PA attract Pennsylvania students as well as students from other states and countries. There is an opportunity to incentivize students from other states and countries to practice in PA post-graduation, therefore increasing the number of providers in PA and possibly decreasing the number of provider shortage areas.

Hospital-Based Dental Clinics

Background: There are at least 18 hospital-based dental clinics in PA located in twelve of the state's 67 counties. Many of the hospital-based dental clinics are located in urban settings (Allegheny and Philadelphia counties). With the clinics being located either on the same campus or even the same facility as the medical sites, patients are able to receive services in one convenient location.

Challenges: Some hospital-based dental clinics only serve certain populations such as pediatric patients, patients with MA, or patients with emergency dental needs such as trauma. Some of these hospital-based clinics also restrict their patient-base by county or region; only patients living in certain counties can take advantage of their services. This is discouraging, as there are already a limited number of hospital-based dental clinics in the state. Also, a large number of the clinics are disproportionately located in the cities of Philadelphia and Pittsburgh.

Opportunities: Hospital-based dental clinics are located either on the same campus or in the same facility as the main hospital, making them convenient for patients and staff. If a patient experiences any kind of serious issue while in the clinic, it is close to the operating room for surgical procedures or emergencies. Often, there are shared electronic health records which can provide higher quality communication between providers to benefit the patient.

Dental Insurance

Background: Insurance networks rely on participating providers to see patients in a given county or greater area. In order to see if an individual is eligible for insurance coverage, he/she must apply for Medical Assistance (MA). MA eligibility depends on income, assets, and other factors. For Pennsylvania MA, dental services may be based on eligibility, age, and/or need. Individuals can apply for MA online using the COMPASS program, visit the local County Assistance Office (CAO), or call the Pennsylvania Department of Human Services (DHS) HelpLine at (800) 692-7462 or (800) 451-5886.

"Necessary dental services" are covered for enrolled children through MA. Necessary dental services include teeth cleanings, x-rays, cavity fillings, crowns, and other services. At a minimum, adults enrolled in MA are eligible for emergency services and surgical procedures related to treatment for symptoms and pain. Adults may be eligible for further dental services and can find out by contacting the county assistance office or the patient's Managed Care Organization (MCO) if enrolled in the HealthChoices/Managed Care program. Under the PA Children's Health Insurance Program (CHIP),

children have a full dental benefit as part of a comprehensive health package. However, dental benefits cannot be purchased as stand-alone coverage.

“Haven't seen a dentist in 25 years. Broken teeth, etc. I'm on medical assistance and few dentists or eye doctors accept it. Discouraging indeed.”
-Survey respondent

If enrolled in the MA Fee-for-Service Program, individuals visit any dentist credentialed with MA and accept the individual's MA Access card. Individuals can visit www.enrollnow.net to find a dentist that accepts MA or call the MA Assistance Call Center at 1-800-537-8862. All individuals enrolled in MA are required to choose a MCO within 60 days of entry.

If enrolled in the HealthChoices/Managed Care program, individuals can visit any dentist participating with the enrollee's MCO. To find a dentist, individuals can visit www.enrollnow.net or call the MCO member services department.

The Pennsylvania Health Insurance Exchange Authority (Pennie) is Pennsylvania's own health insurance marketplace. They are the only individual market source of financial assistance to reduce premiums and lower the cost of care, and they offer unbiased local assistance, education, and support. The goal of Pennie is to make it possible for all Pennsylvanians to have access to high-quality, affordable health insurance. The switch to the state-based marketplace is less expensive than going through the federal government. Pennie offers customer service, self-service, and in-person assistance for uninsured individuals, individuals with MA, and individuals/families that lack access to employer-sponsored coverage.

Challenges: Even if there is a provider accepting a particular insurance or health plan in a patient's geographic area, that does not necessarily mean they are accepting new patients. The provider could also not be accommodating of special healthcare needs or see specific patients (patients with special needs, children under 5, etc.).

In Pennsylvania, there is a consistently low number of dental providers who accept MA. According to the Pennsylvania Department of State 2015 and 2019 dentist licensure surveys, just 23% of general dentists accept MA.⁶ With lower reimbursement rates and higher instances of no-shows, providers are not inclined to accept MA or will only accept a certain number of patients with MA into their practice. Even for insurances bought through the marketplace, there is a growing trend for dental providers in Pennsylvania to not accept insurances at all. Instead, patients must pay out of pocket or via payment plans through the provider office. This is not financially feasible for many Pennsylvanians.

Opportunities: Insurance companies and health plans can make a direct connection between the provider and the patient, fostering a mutually beneficial relationship. Larger networks can also offer

⁶ 2015 Pulse of Pennsylvania's Dentist and Dental Hygienist Workforce. (2018, March). Retrieved from https://www.health.pa.gov/topics/Documents/Health%20Planning/V3_2015%20Dentist%20and%20Dental%20Hygienist_Final.pdf

telehealth appointments for preventive care when it is unsafe to visit the dental office or when the office is not accessible to the patient. Insurance assisters and navigators can work with a patient to find a provider who accepts their insurance or health plan and can accommodate any specific needs. PCOH recently connected PA 211 with a contact at PACHC to further discuss the role of insurance assisters with the 211 databases.

Website/Government Site Referrals

Background: In the age of technology, individuals often rely on internet searches to find what they are looking for; dental care is no exception. Individuals can type “dentists near me” into a search engine and within seconds, providers’ contact information will appear. More specifically, individuals can search for providers that accept their specific insurance or health plan. However, results may be scarce or even unrelated to the search terms.

Individuals can also use their insurance/health plan provider website as a resource for finding a dental provider in their network. These sites tend to be more reliable than a general search engine; however, not all providers are always listed and not all insurances/health plans have this resource.

Challenges: These search engines and general websites are not always current or accurate. Individuals can often find disconnected phone numbers, invalid emails, or offices that are in fact closed. If the provider office is not actively updating their website or Google profile, the insurance and health plans they accept could be out of date or incorrect. Providers can also pay for advertisements which will make their office/company appear at the top of the results, even when they are not the best fit for the search terms.

The resources found through online searches are often not accommodating for individuals with special needs or parents/guardians searching for care for young children, as they do not allow for customized searches. Finding a provider in a given county or area is helpful; however, an individual might not know what insurances they accept or if they see patients with special needs unless they call the office. After going through all of these steps, there is much wasted time for people who do not have a lot of time to spare.

Opportunities: Websites can be made accessible for many people. Websites are a one-stop shop where users can get the information they are looking for and get connected with a person or service. A website tends to include the address, phone number, and contact information for providers or services all in one place. With technology constantly evolving, there is opportunity for websites to become even more user-friendly and accessible to the majority.

Common Point of Entry

This program proposes to explore the feasibility of creating a single point of entry to a complete, current, and continuously updated statewide dental services database that is staffed by a dental navigator or similar program. The outcome will be a patient-centered resource that facilitates access to

dental care and ultimately a reduction in oral health disparities and improved health equity in PA's most under-resourced populations.

The Pennsylvania DHS announced a Request for Expressions of Interest (RFEI) in July of 2020 for the commonwealth to establish a statewide Resource and Referral Tool (RRT). The tool will serve as a care coordination system for providers such as health care and social services organizations and will include a closed-loop referral system that will report on the outcomes of the referrals. It will also serve as an access point to search and obtain meaningful information to help Pennsylvanians find and access the services needed to achieve overall well-being and improve health outcomes.⁷

Individuals, service providers, government agencies, caregivers, educational institutions, faith-based groups, and advocates will be able to use this tool to help navigate the system of resources and work together to reduce duplication of services as well as the time it takes for individuals to receive much-needed services. The tool will allow service providers to bridge the gaps that make service continuity and follow-up on referrals difficult.⁷ At the time this report was completed (December 2020), DHS had not yet awarded a public contract for the RRT program.*

One organization, the United Way, is already working within an established database of more than 77,000 resources to help Pennsylvanians. PA 211 stood out as the statewide resource with the strongest infrastructure and capacity to handle the demands of a central resource for dental access for all Pennsylvanians.

United Way (211)

Background: Like 911, 211 is a special telephone number in the United States and Canada. While 911 provides emergency assistance, 211 is designed to provide information and referrals to health and human services and other social assistance programs. 211 calls can offer guidance on issues ranging from needs related to housing and shelter, rent payments, employment and education, income assistance, food and meal assistance, legal assistance, health and dental care, mental health, help with clothing and household items, substance abuse programs, transportation and re-entry to society, family care, and more. 211 does not offer direct assistance or services. Instead, PA 211 puts people in touch with the programs who can provide direct services, or points callers to resources to find the answers they need. It is available 24 hours a day, 365 days a year. Individuals can reach 211 operators by phone, text, email or online. The call specialists receive ongoing training and meet national certification standards. They can also respond to callers in over 250 languages. 211 is largely supported by the charitable nonprofit group United Way; funding is mostly from grants, state funding, and donations.⁸

⁷ Media. (2020, July 8). DHS details. Pennsylvania Pressroom. https://www.media.pa.gov/pages/DHS_details.aspx?newsid=565

⁸ 211. (2020, September 03). Retrieved September 18, 2020, from <https://www.uwp.org/programs/2-1-1/>

*DHS announced on January 13, 2021 that Aunt Bertha is the selected vendor for the RRT, also known as RISE PA. RISE PA will be explored as an additional future collaboration after it is launched.

Upon request, we were able to receive a list of resources for dental access that PA 211 has available for the people of Pennsylvania.

In the current database, data are available for dental care inquiries from December 8, 2019 to December 6, 2020. During this time period there have been 563 requests for dental care assistance; 6% of those remained unmet. Approximately 34% of these calls came from people over the age of 50 while 12% came from the age group of 18 to 29. Within the data, the majority of the people calling in do not disclose their age and gender. Out of the seven 211 regions in the state most of the requests came from western and southeastern Pennsylvania. Overall, some the people of Pennsylvania are utilizing 211 to receive information for dental access, but 211 may not be fully utilizing the dental resources in Pennsylvania nor providing complete information. These resources can include providers and/or community organizations who refer to dental providers.

Challenges: For the whole state of Pennsylvania, there were only a total of 104 resources used to direct people for dental care access. Pennsylvania is split up by seven regions and each region's 211 database is directed by a database manager. The East region has 11 resources within 7 counties. The Northeast region has 26 resources within 17 counties. The Southcentral region has 17 resources within 10 counties. The Southeast region has 25 resources within 5 counties. The Central region has 3 resources within 5 counties. The Northwest region has 6 resources within 12 counties. Lastly, the Southwest region has 16 resources within 11 counties. Overall, there is a big gap in resources for dental within the 211 database and people in Pennsylvania are not receiving the information that is needed.

Opportunities: Pennsylvanians are not fully utilizing the resources that they have available which includes 211. Coordinating with them we could help create flyers, informational brochures and help spread the word that 211 is available for dental access help. PA Coalition for Oral Health could also help populate the dental access resources in the 211 database by providing updated lists of dental access resources and encouraging available dental providers to complete a 211 directory form.

Findings and Future Implications

In the aftermath of COVID-19 and its resulting budget implications for the commonwealth, it is unlikely the state will see an increase in the availability of dental care or dental insurance coverage for its most underserved populations. As the state oral health coalition, PCOH seeks to cushion the detrimental effects of the pandemic on oral health by increasing awareness of the available care through data collection and resource development.

The need to continuously review the availability of dentists in the Pennsylvania MA system has been elevated as well. Throughout 2020, PCOH worked with PA DHS and a student intern to gather and clean data on dental providers enrolled in Medicaid. Interactive maps were created with both general dentists and dental specialists specifically identified. These maps will be published through the PCOH website in early 2021. (Appendix C)

Recommendations

Recommendations have been developed that once implemented, will make a patient-centered dental access resource a reality. The recommendations have been grouped to streamline implementation.

1. **Identify** roles and responsibilities for operating, maintaining, and updating the database
2. **Establish** communication pathways to keep the database updated
3. **Promote** PA 211 as a dental access resource to organizations and individuals who help connect Pennsylvanians to care, and directly to families and individuals seeking a dental home
4. **Evaluate** the resource

Future Collaborations

PCOH, PA United Way and PA 211

Through virtual meetings and email correspondence with the PA United Way and PA 211 leadership, PCOH recognized that PA 211 already has a robust infrastructure and is well-suited to serve as the single point of entry to the complete, current, and continuously updated statewide dental services database. With the infrastructure in place, the next steps will be to populate the dental resource database with all available resources from across the state and to promote PA 211 as the dental access resource for Pennsylvanians seeking care. With PCOH's broad reach and close partnerships with oral health stakeholders across the state, we are uniquely qualified to gather and share dental resources, and to promote the use of PA 211 for finding dental care.

PCOH and Practicing Dentists

An opportunity to improve direct communication with practicing dentists was an unintended consequence of this project. As a state coalition, PCOH maintains regular contact with the numerous state organizations that represent dental providers but is not always communicating directly with the practicing providers themselves, nor with the dentists who do not participate in the member organizations. Moving into 2021, it will be a PCOH priority to establish a listserv of practicing providers that can be part of discussions on increasing access to care and maintaining directory contacts through the PA 211 system.

American Dental Association Health Policy Institute

In the new year, PCOH will work with the American Dental Association's (ADA) Health Policy Institute (HPI) to help guide policymakers in prioritizing oral health actions. HPI will work with PCOH to analyze inflows and outflows of dentists to and from the state, especially in rural areas and DHPSAs. HPI will also update the existing dentist workforce projection model to account for newer data and changes in retirement or inflow patterns resulting from COVID-19. HPI will conduct a survey to assess the extent to which enrolled Medicaid providers are actually accepting new patients. This is important in understanding whether there is additional capacity within Medicaid offices for new patients. HPI will also conduct a survey of Medicaid enrolled adults in PA, inquiring about their main barriers to obtaining

dental care. This will be beneficial in understanding why they cannot or do not receive routine dental care treatment.

The above analyses along with the existing research in PA will provide a complete picture of what the constraints are to advancing the dental access goals set forth in the Pennsylvania Department of Health's 2020-2030 Oral Health Plan. The HPI work will help shed light on how the total supply of dentists in PA will evolve over the next decade. HPI will also be working with PCOH to identify a course of action for policy recommendations in the coming years.

Maintenance of the Resource

During this project time period, PCOH was able to successfully add 102 dental resources to the PA 211 database, nearly doubling the available resources in the system. As PA 211 revised their inclusion/exclusion document (Appendix A), PCOH offered comments on allowing private providers to participate and relaxing the specifications for a provider to be eligible. PCOH shared information directly with dental providers on how to add their services to the 211 system, and will continue to regularly promote this activity with new dental clinics and providers who become stakeholders of PCOH. As described above, it will be a PCOH priority in 2021 to establish a listserv of practicing providers that can be part of discussions on increasing access to care and maintaining directory contacts through the PA 211 system.

It will be crucial to continuously update the statewide dental services database and maintain training of 211 staff. Potential funders to continue this work include the grantee for the statewide Resource and Referral Tool (RRT), public and private national funders such as HRSA and the DentaQuest Partnership, statewide funders such as the Highmark Foundation, and regional/community foundations who may choose to support this work in their corresponding 211 region.

Promotion of the Resource

Looking ahead, PCOH will begin to promote 211 as a dental resource to its stakeholders who work directly with underserved communities and add a link to 211 on our website. In addition to the existing materials to promote 211 generally, PCOH and PA 211 are working together to create more specific and targeted materials for dental access.

Evaluation

PA 211 analytics and HPI work will track success of the resource in facilitating and expediting access to dental care and ultimately reducing oral health disparities and improving health equity in Pennsylvania's most underserved populations.

Appendices

Appendix A: Access Survey

Finding a Dental Provider in Pennsylvania – This survey was distributed electronically in English and Spanish to roughly 2,245 individuals (PCOH database, Facebook and Twitter followers); 235 responses received. The survey was also shared with additional individuals by PCOH partners and stakeholders. The survey asked respondents to identify their experiences and possible issues with finding a dental provider for themselves or someone they care for.

1. Have you ever had trouble finding a dentist or dental provider for yourself, a family member, or another adult/child?
 - Yes **(107 responses)**
 - No **(126 responses)**
 - N/A **(2 responses)**

2. What matters most to you in finding a dental provider?
 - Location (distance from work or home) **(39 responses)**
 - Cost for care/procedures **(23 responses)**
 - Office hours (i.e. weekend/evening hours) **(13 responses)**
 - How soon you can get an appointment **(12 responses)**
 - The office offers nitrous oxide (laughing gas) **(1 response)**
 - The office accepts your insurance provider **(122 responses)**
 - Other (please specify) **(25 responses)**

3. What problem(s) have you faced in finding a dental provider for yourself, an adult family member, or another adult?
 - Offices are not accepting new patients **(66 responses)**
 - Offices are not accepting your/their insurance **(119 responses)**
 - There are no/few dental providers in your area **(45 responses)**
 - I/They don't have dental insurance and cannot afford to pay out of pocket **(47 responses)**
 - Other (please specify) **(33 responses)**

4. What issue(s) have you faced in finding a dental provider for your child or another child?
 - Offices are not accepting new patients **(30 responses)**
 - Offices will not see children of a certain age **(36 responses)**
 - Offices are not accepting the child's insurance **(57 responses)**
 - There are no/few dental providers in the area **(39 responses)**
 - I/They don't have transportation to get to the dentist's office **(19 responses)**
 - My child does not have dental insurance and I cannot afford to pay out of pocket **(24 responses)**
 - Not Applicable **(103 responses)**
 - Other (please specify) **(16 responses)**

5. What resource(s) have you used to find a dental provider?
 - Social media (Facebook/Twitter/etc.) **(38 responses)**
 - Word of mouth **(147 responses)**
 - Pennsylvania "2-1-1" **(7 responses)**

- Referral by primary care physician or another healthcare provider **(44 responses)**
 - Community agencies **(25 responses)**
 - Private insurance websites **(51 responses)**
 - General online search engines (i.e. Google, Bing, Yahoo, Ask.Com) **(95 responses)**
 - None **(17 responses)**
 - Other (please specify) **(13 responses)**
6. How do you pay for dental services?
- Private insurance through workplace **(161 responses)**
 - Private insurance through ACA marketplace **(1 response)**
 - Private insurance purchased directly **(5 responses)**
 - Medicaid/Medical Assistance/Access/CHIP **(21 responses)**
 - Free services at clinics and/or events **(2 responses)**
 - I don't see a dentist **(5 responses)**
 - Cash/check or out of pocket **(29 responses)**
 - Other (please specify) **(11 responses)**
7. Additional Comments Regarding Your Experiences (Optional) **(33 responses)**

Appendix B: 2-1-1 Inclusion/Exclusion Protocol

INCLUSION/EXCLUSION CRITERIA FOR PENNSYLVANIA 211



PA 211 DATABASE INCLUSION: GENERAL POLICY:

The purpose of the PA 211 Inclusion/Exclusion Policy is to ensure that the PA 211 database includes the most complete, accurate and up-to-date information available. Also, as required by the accreditation standards of the Alliance of Information and Referral Systems (AIRS), the following policies are to be uniformly and fairly applied and published so that 211 center staff and the public will be aware of the scope and limitations of the databases. It is the intent of the 211 Partnership to provide a statewide database that is consistent. 211 reserves the right to delete any agency from the database when requests for updates are not provided.

PA 211 uses the "Alliance of Information and Referral Systems Definition of Human Services adopted for the field of I&R" (2017).

DISCLAIMERS

- PA 211 may exclude or remove organizations from its resource database for any reason but is not limited to, fraud, misrepresentation or discrimination.
- PA 211 reserves the right to refuse or discontinue listings for organizations that have had serious complaints lodged against them by any regulatory body, the general public, or with PA 211.
- At the point a serious complaint about an agency is brought to the attention of PA 211, the agency and its programs will be made inactive from the PA 211 database while a review of the complaint is undertaken.
- Inclusion in the database does not constitute endorsement, and omission does not indicate disapproval. PA 211 neither guarantees nor makes any representation as to the accuracy or completeness of the information contained in its resource database.
- Information is constantly changing and is being updated, listings are subject to change without notice. With respect to the accuracy and completeness of the contents of the database, PA 211 makes no representation and specifically disclaims any implied responsibility for the accuracy of the information provided and shall in no event be held liable for any loss or damage.
- PA 211 reserves the right to include or exclude resources. Resource inclusion may be delayed due to limits on available staffing or other database resources.
- PA 211 reserves the right to edit information to meet format, guideline, style, and space requirements.
- PA 211 does not receive payment from any organization to be listed in its database.
- Agencies/organizations/program excluded from the database may submit a written request to PA 211 for reconsideration of removal.
- Please note that by submitting your agency's information, you are agreeing that PA 211 may use your agency information for referral and publication purposes. All information submitted may be edited by PA 211 to adhere to our style guide.

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INCLUSION/EXCLUSION CRITERIA FOR PENNSYLVANIA 211



ELIGIBLE FOR INCLUSION ARE: (meet one or more of these criteria)

- Organizations that provide health and human services to the residents of our primary service region or have a related role (funding, planning, coordinating or monitoring) in the human services network for this region.
- Agencies that are designated as or affiliated with a non-profit according to IRS 501(c)(3) (4) (6).
- Government offices or programs providing health and human services.
- For-profits that meet one of the following criteria:
 - Provide a service not available in the nonprofit sector when such a service is determined essential by 211 (e.g. emergency alert equipment and driver's intervention programs).
 - Provide services for free or offer a sliding fee scale, subsidies or other coverage (i.e. Medicaid) that would make their services accessible to someone of low income.
- Toll free hotlines that offer information about health and human services or direct assistance.
- Health or human services provided by faith-based organizations if eligibility is not restricted to their own congregations.
- Educational institutions like intermediate school districts, trade school community colleges, and special service components of schools or school districts.
- Support or self-help groups that are open to the general public.
- Hospital (for-profit as well as nonprofit) services available to the community at large.
- *Advocacy and issue-oriented action groups may be listed if the database is balanced and presents resources for all sides of an issue.*
- Social, special interest or service club/society that offer services to the community in addition to their own members.

The following factor may also be considered when evaluating organizations for inclusion:

- Degree of demand/ need for the services offered in each community.
- *Agencies with no physical location may be included if they provide unbiased professional advice via website. For a web-only based site to be considered the following criteria must be met:*
 - *It is mandatory to have a contact that can communicate with 211 to provide updates to the I&R database. This can be either an info email or a specific contact email.*

EXCLUSION:

- Organizations that discriminate based on race, color, religion, gender, national origin, sexual orientation or age, or that violate federal, state, or local laws and regulations.
- Organizations that offer services only for their own members (e.g., counseling or food available only to a church's parishioners).
- Organizations covered under the services of a local specialized I & R program (i.e., assisted living community, childcare, volunteer opportunities, etc.).
- Failure to update resource information annually (or as changes occur), after the final notification was made.
- An individual practitioner or group of consulting practitioners, unless they meet these criteria:

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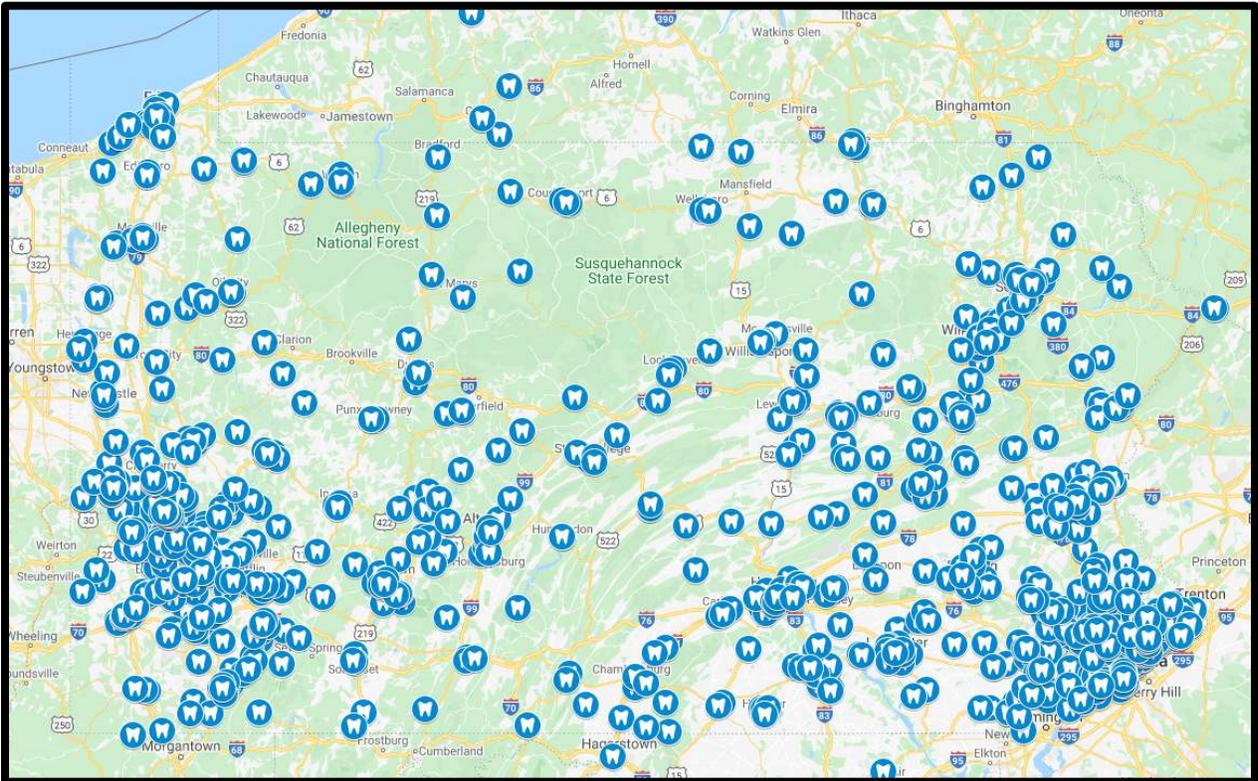
INCLUSION/EXCLUSION CRITERIA FOR PENNSYLVANIA 211



- Provide a service not available in the nonprofit sector when such a service is determined essential by 211 (e.g. emergency alert equipment and driver's intervention programs).
- Provide services for free or offer a sliding fee scale, subsidies or other coverage (i.e. Medicaid) that would make their services accessible to someone of low income.
- Any organization with a serious substantiated complaint lodged against it with any regulatory body or other health and human service organizations.
- A grade school or high school outside of our service area. School districts and professional organizations that make referrals to providers may be listed.
- An auxiliary unless it offers specific services to a group deemed necessary by 211.
- A Parent Teacher Organization/Parent Teacher Association.
- A credit union
- A volunteer recruitment effort of the agency (for volunteers of its organization) located in our service area.
- A newsletter, magazine, speakers' bureau or other service used only to promote the organization and its services.
- A devotional service.
- A social, special interest or collecting club/society for adults that do not offer services outside of membership.



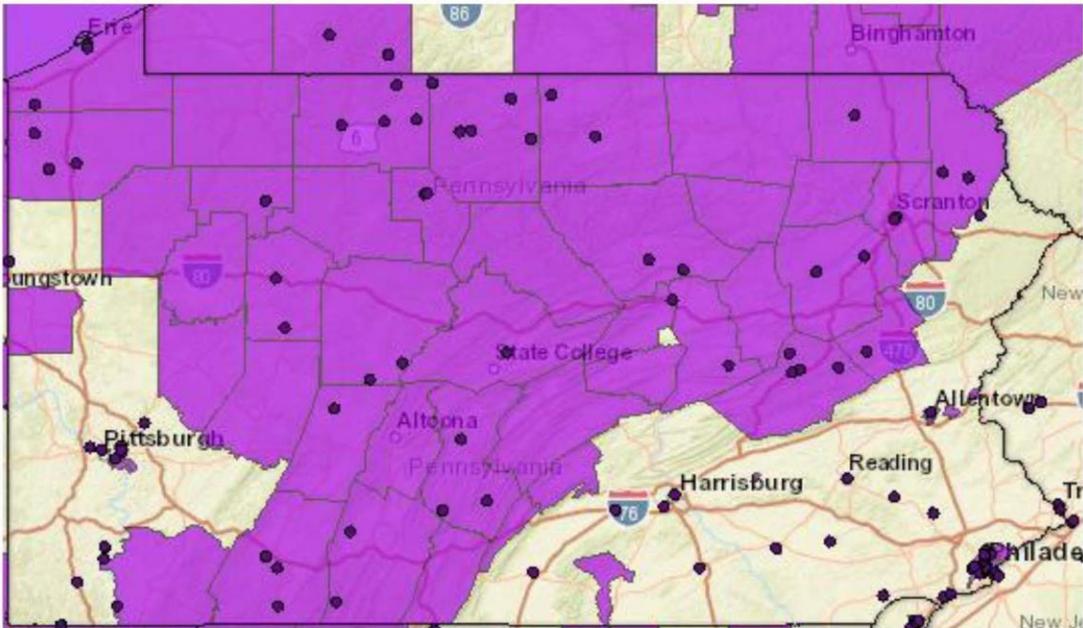
Appendix C: General Dentists Accepting Medicaid in Pennsylvania, October 2020



Source: PCOH data collection, PA Department of Human Services Medical Assistance program

Appendix D: Dental Health Professional Shortage Areas: Pennsylvania

HRSA Designated Dental Provider Shortage Areas in Pennsylvania



<https://data.hrsa.gov/maps/map-tool/>