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BUILDING
ORGANIZATIONAL
STRENGTH

Retrospective Report

on the

Oral Health Initiative

of

Missouri Foundation for Health

May 2017

Contents

Executive Summary

The Missouri Foundation for Health's Oral Health Initiative (OHI) was established to increase access to oral health care for underserved Missourians and to create a strong, sustainable oral health care system. Anticipated system improvements included greater capacity of safety net providers, more dental professionals to staff that new capacity, advocacy networks to help build awareness and influence policy, and data to track progress. The OHI included three Approaches: Increasing Touchpoints for the Underserved, Expanding Insurance Coverage and Acceptance, and Increasing Number of Providers. The Health Policy Portfolio complemented the OHI with key investments in advocacy and policy organizations.

This retrospective review captures the thinking, opinions and recommendations of parties involved in the OHI as they look back over the past five years. The purpose of the review is to understand the value, effectiveness and challenges of the process and decision making that guided the Initiative. The review does not evaluate individual grant outcomes nor the impact of the OHI overall.

The OHI increased access to oral health care in underserved areas by helping build a strong policy and advocacy foundation. OHI projects also increased capacity for people most in need through investments in Federally Qualified Health Center (FQHC) equipment, and by encouraging creative partnerships between FQHCs and trusted community organizations. The investment in AT Still's dental school has great potential to increase the supply of dentists practicing in high-need rural and urban areas in the state.

In other respects, the OHI missed opportunities for impact. Project data relating to health outcomes were not systematically collected and utilized by the Foundation. Data on patients served were collected only for some projects and for some years, so growth in capacity cannot be determined for the OHI overall. A major missed opportunity was for grantees to share information and learn from each other during the course of the OHI.

This report suggests that a different approach to the process – from designing the Initiative to implementation and evaluation – might have led to greater success. Suggested changes to the process include:

- Include wider input before and during initiatives; bring different perspectives and ideas from end users, the private health sector and other community institutions.
- State clear project goals and plan for outcomes to be reported that relate to the initiative goals and objectives.
- Embrace innovation and risk-taking by encouraging small pilot projects

Our Charge

EMD Consulting Group was engaged by the Missouri Foundation for Health to conduct a retrospective report on the Oral Health Initiative, assessing its effectiveness in meeting the goals and objectives of each of its Approaches and Programs. The format required gathering information from participants involved in different aspects of the OHI, reviewing reports and documentation and gaining an understanding of the environment within which the OHI operated. Our charge was to listen for themes and consistent messages and report what was learned.

Another goal of the assessment was to understand the conditions and best practices among grantees that led to success. Where objectives were not met, we hoped to determine lessons learned that could be valuable in designing future programs to address oral health.

The work also included a look at the internal Foundation process of creating, managing and evaluating the Initiative and at the roles played by staff and consultants throughout the process.

Methods

Our assessment began with a review of background material from the Foundation scoping process, grantee applications and reports, and available data regarding oral health in Missouri. Every project application and report was reviewed; any numerical data were also collected for review. We conducted interviews of Foundation staff and consultants, policymakers and advocates, and many grantees. An in-depth electronic survey was sent to grantees to understand quantitative outcomes of individual projects, successes and challenges in implementation, perceptions and opinions regarding the Foundation staff and process, and ideas for future efforts in oral health. Site visits and phone interviews provided greater insight into how the Approaches and Programs were implemented on the ground.

Contact methods included:

	MFH Staff and Consultants	Direct Service Provider	State or Policy Organization
In-person interview/site visit (16)	6	5	5
Telephone interview (9)	2	4	3
Survey responses (20)		18	2
Total	8	27	10

Origins of the Oral Health Initiative

Missouri Foundation for Health was created in 2000, following Blue Cross Blue Shield of Missouri's conversion from nonprofit to for-profit status. It is an independent philanthropic foundation, the largest organization of its kind in the state and among the largest in the country. The Foundation's mission is to improve the health and well-being of individuals and communities most in need.

From the beginning, oral health was identified as an issue of concern. Approximately $16 million was invested in oral health from the Foundation's inception through 2012.

In 2012, MFH underwent a comprehensive strategic planning process that included an examination of the status of health in Missouri and the impact of the Foundation's first 10 years of funding.

The result of this deep dive was a reorganization of the Foundation's strategic approach.

Learning: go big, go long	⇨ Targeted	Create visible and measurable improvements through 5–10 year financial and staff investments on a limited number of key health issues facing Missouri
Learning: know and respond to communities	⇨ Responsive	Support communities and organizations in making a measurable impact on priority health needs of the uninsured and underserved
Learning: policy is critical	⇨ Policy	Address health issues from a systemic perspective and support education, advocacy, and analysis on issues significant to the health of uninsured and underserved Missourians

MFH's work has evolved from primarily providing funding to a multifaceted role as a partner, educator, and convener. The Foundation works with communities and nonprofits to generate and accelerate positive changes in health. As a catalyst for change, MFH improves the health of Missourians through partnership, experience, knowledge, and funding. The Foundation takes a synergistic approach to health issues, considering how programs, policy, and collaboration come together to create lasting impact. This evolution in organizational philosophy resulted in shifts in the role of staff and changes to organizational structure.

The organization shifted from a "funder" in which the role of staff was to objectively evaluate proposals and recommend awards, to more of a "community impact" organization in which the role of staff is to act as a convener and partner with organizations in a joint effort to identify and resource long-term solutions to specific health issues. This shift resulted in significant changes to job descriptions, organizational culture and priorities, and to how staff members and departments work together. Some of the ramifications of this shift continue to reverberate through the organization.

It is believed that this type of structure and strategy will result in a diversified portfolio, with initiatives of different sizes, different topics, and at different points along the spectrum of prevention to treatment. Depending on characteristics of the topic at hand, some of the initiatives will be focused on direct service, others on organizational capacity or systems enhancement. MFH plans to be nimble in its approach, with one or two initiatives winding down each year and one or two initiatives being formed each year.

The four initiatives launched under the strategic plan in 2013 were:

Initiative	**The Issue**	**Goal**
Infant Mortality	Every year in Missouri approximately 600 infants die in the first year of life; 33% are in the Bootheel and St. Louis regions	Decrease the infant mortality rate by 15% in the Bootheel and St. Louis
Healthy Schools Healthy Communities (Childhood Obesity)	31% of Missouri's children aged 10–17 are overweight or obese	Decrease children with overweight/obese BMI in target school districts by 5%
Expanding Coverage (Health Insurance Coverage)	More than 300,000 uninsured Missourians are eligible for subsidized health insurance through the Health Insurance Marketplace	Decreasing Missouri's uninsured rate to less than 5% by 2018
Oral Health	Almost 800,000 low-income adults in Missouri are not covered for dental care. Poor oral health correlates with low birth weight, premature birth, diabetes, heart and lung diseases, and stroke.	Increase access to quality oral health services for the underserved throughout MFH service region

During late 2012 and early 2013, MFH planned for the four initiatives, while transitioning from other funding mechanisms.

Environmental Context

At the time the Oral Health Initiative was being considered, Missourians suffered very poor oral health. The state ranked among the lowest in the country in key indicators of oral health and access to care. Small windows of opportunity were opening at the time that gave some hope for a turnaround.

The Affordable Care Act (ACA), prior to the Supreme Court ruling in 2012 that Medicaid expansion was optional for states, was expected to significantly expand the number of individuals eligible for Medicaid. And, it was expected that dental care, which had been not been provided to Medicaid-eligible adults in Missouri since 2005, would be included in coverage. The ACA also provided Federal funds to Federally Qualified Health Centers (FQHCs) for service expansion and required FQHCs to provide basic dental services to all patients, regardless of insurance status.

A.T. Still University was planning a new dental school with a mission to prepare students for careers in underserved areas, and there were plans to open a clinic in St. Louis where students could train and provide services to low-income patients.

The Oral Health Initiative and its targeted Approach seemed at the time to both meet the dire need for oral health care and take advantage of these opportunities.

Following is a summary of the data points cited in the scoping document indicating need and opportunity, and most recent data where available.

Oral Health Statistics

Missouri	**2010**	**2012**	**2014**
Adults receiving oral health care for any reason in past year	64.3%[1]	61.8%[2]	58.6%[3]
Age 65 and over with all permanent teeth removed due to decay or disease	19.5%[1]	24.9%[2]	19.9%[3]
Percent of Medicaid-enrolled children with a dental visit in the past 12 months	34.1%[1]	37.6%[4]	38.4%[4]

Missouri	**2004-05**	**2012-13**	**2015-16**
Third graders with untreated tooth decay	27%[1]	25.6%[2]	24.4%[5]

Insurance Coverage and Access Statistics

Missouri	**At Scoping**	**Most recent data**
Dentists accepting Medicaid	10.8%[1]	NA
Counties considered Dental Health Provider Shortage Areas	89%[1]	86%[6] (2014)

[1] Oral Health Preliminary Scoping, November 2012, Missouri Foundation for Health
[2] Oral Health in Missouri 2014: A Burden Report by the Missouri Department of Health and Senior Services
[3] Missouri Behavioral Risk Factor Surveillance System: 2014 Data Report by the Missouri Department of Health and Senior Services
[4] Update for Dental Health in Missouri, PowerPoint presentation by John Dane, DDS, FAAHD, DABSCD, State Dental Director, Spring 2017
[5] E-mail from Amy Kelsey, Missouri State Dental Office, March 21, 2017, citing Preventive Services Program survey
[6] Missouri's Dentists – 2014, by the Missouri Department of Health and Senior Services, Office of Primary Care and Rural Health, http://health.mo.gov/living/families/primarycare/pdf/MissouriDentistsWorkforce.pdf

Provider Statistics

Missouri	At Scoping	Most recent data
Percentage of dentists over age 45	70%[1]	NA

Description of the Oral Health Initiative

The Oral Health Initiative spanned three years (2013-2016), with some funding continuing into 2017. The Foundation's total investment in the OHI was more than $13 million, bringing the total amount of funding awarded to improve oral health in Missouri to almost $30 million since 2002.

The Oral Health Initiative included three interconnected Approaches: Increasing Touchpoints for the Underserved, Increasing the Number of Providers, and Expanding Insurance Coverage and Acceptance.

Year	Authorization	Approach	$ Authorized	# of Awards	$ Awarded
2013	Surveillance Data System & Dental Director Program	Expanding Insurance Coverage and Acceptance	250,000	2	252,086
	Expanded Function Dental Assistant Curriculum Development Program	Increasing Number of Providers	200,000	2	191,674
	Technical Assistance and Equipment Purchases Program	Increasing Touch Points for the Underserved	2,200,000	14	2,067,588
	Utilizing Partnerships to Increase Oral Health Access Program	Increasing Touch Points for the Underserved	2,600,000	5	2,183,990
	A.T. Still University	Increasing Number of Providers	1,000,000	1	1,000,000
	Oral Health 2014 Single Day Events Program	Increasing Touch Points for the Underserved	300,000	2	180,000
2014	Program reauthorization-equipment	Increasing Touch Points for the Underserved	2,000,000	12	1,628,020
	Oral Health Initiative Support	Expanding Insurance Coverage and Acceptance	200,000	1	198,198
	Community Oral Health Innovations	Increasing Touch Points for the Underserved	1,900,000	6	1,640,424
	OHI Impact (A.T. Still)	Increasing Touch Points for the Underserved	1,200,000	1	1,000,000
		Increasing Touch Points for the Underserved		2	180,000

2015	Preparing the field for emerging opportunities (equipment)	Increasing Touch Points for the Underserved	1,000,000	4	749,652
2016	Practice enhancement (equipment)	Increasing Touch Points for the Underserved	2,000,000	14	1,900,195
Total			**14,850,000**	**66**	**13,171,827**

Approach	**Total $ Authorized by Approach**	**Total $ Awarded by Approach**
Expanding Insurance Coverage and Acceptance	450,000	450,284
Increasing Number of Providers	1,200,000	1,191,674
Increasing Touch Points for the Underserved	13,200,000	11,529,869

The initial Authorization also stated that the following intermediate outcomes would be tracked to assess impact:

- Participating FQHCs will have increased capacity to serve underserved populations.
- Participating FQHCs will report decreased no-show rates.
- Enhanced capacity to host AT Still SODOH students.
- Increase in procedures delegated to Expanded Function Dental Assistants.
- Safety net dentists will report a reduction in waiting time for service and increases in the number of patients seen.
- Establishment of baseline data on oral health utilization by adults in MO.
- State will develop ability to track future oral health utilization by adults and children statewide.
- State will develop more effective, long-term oral health services delivery and outreach strategies.

Outside of the Initiative, the Foundation supported oral health policy and advocacy efforts through the Health Policy Portfolio.

Successes and Challenges of the Oral Health Initiative

This section describes the funded programs and assesses the successes and challenges of each. A summary of awards funded by the Initiative is included in the Appendix.

Approach: Expanding Insurance Coverage & Acceptance

Total amount funded:	$450,284
Number of grants:	3

Objectives: Develop data and surveillance system, including baseline data and updates; Assist DHSS to reinstate the Missouri Dental Director; Collect data on individual projects to assess progress and outcomes.

Support for the State Dental Director is regarded by all stakeholders consulted as having a positive impact on the ability of the state and partners to address the continuing poor oral health and lack of access to care experienced by such a large proportion of residents, particularly low-income adults. Statewide and regional oral health data is being consistently collected and tracked. Grantees and advocates credit the presence of the Office and the information it disseminates with their success in accessing new sources of funding, and in helping to promote awareness and good policy. This approach also included funding for the Missouri Coalition for Oral Health and three small miscellaneous support grants.

> *"We were on the ground level and MFH allowed us to build. We are linked to MO DSS and Department of Health – when something comes up they actually think of us."*
>
> - *Individual working with the State Dental Office*

One of the least successful OHI efforts was the data collection and evaluation consultant contract within this Approach. Data regarding numbers of people served was collected for most projects, but information relating to individual project outcomes was not. Limited qualitative information was collected to paint a picture of project successes and challenges.

Approach: Increasing Number of Providers

Program: Expanded Function Dental Assistant Curriculum

Total amount funded:	$191,674
Number of grants:	2

Objective: Create Restorative II Curriculum to train dental assistants to provide expanded services.

This program anticipated increasing the capacity of dental offices by enhancing the skill set of dental assistants, thus freeing up dentists to focus on more difficult and intensive procedures. The program had limited success in targeting increased capacity to underserved areas due to the high cost of the course to students (up to $500). Grantees responding to the survey stated that EFDAs increase efficiency and make better use of the dentists' time. The Foundation did not require grantees to track the number of new procedures or new patients treated by EFDAs trained in the program, which would have been more useful in determining its impact.

Program: A.T. Still Missouri School of Dentistry and Oral Health – St. Louis Learning Lab and OHI Impact (A.T. Still)

Total amount funded:	$2,000,000
Number of grants:	2
Objective: increase access to quality, affordable oral health services for underserved populations in St. Louis.	

The investment in A.T. Still supports increased access to care for underserved Missourians by:

- Providing students to the Affinia clinic in south St. Louis. Students treated half of the 11,161 patients seen at the clinic since its opening in mid-2015.
- Placing students in clinical rotations in community health centers around the state. To date students have supplied 634 weeks of service at 21 community health centers.
- Encouraging graduates to stay in Missouri and to practice in underserved areas. With the first graduating class of 42 students making their career choices in spring 2017, it is too early to know if A.T. Still will increase the safety net provider workforce. Data from the first class will be available soon to gauge success, and if a substantial number decide to stay in Missouri, this effort will be a significant success – even greater when the University expands the class size to 63, as hoped.

> *"When [students] go out to the community, they are working with good equipment too. Having good equipment lifts the morale of dentists and helps with the recruitment of dentists to CHCs."*
>
> - *Administrator at A. T. Still MOSDOH*

Approach: Increasing Touchpoints for the Underserved

The Touchpoints Approach was the largest segment of the Initiative, with more than $10 million in funding, more than three-quarters of the total Initiative investment. More than half of the Touchpoints funding went toward equipment for FQHCs: new operatories, equipment such as hand tools and sterilization kits, x-ray machines and portable suites. At the time of the kickoff, it was anticipated that the ACA would result in increased demand for dental services and that FQHCs needed expanded capacity in order to meet demand.

Program: Practice Enhancement

The Practice Enhancement programs included technical assistance as well as equipment purchases. During the first two years of the Initiative, fourteen grantees were selected by Initiative staff to receive technical assistance from Safety Net Solutions, a practice management consulting program of the DentaQuest Institute that specializes in working with FQHCs and other safety net providers providing oral health care.

Goals of the technical assistance were to increase financial sustainability and efficiency, leading to increased capacity. The consultants also assisted clients to improve their ability to measure and track data. The TA grantees each received a performance improvement plan with recommendations for changes that could lead to further progress; four sets of data points collected every six months during the project; and a summary report.

The 2015 Interim Report indicates that most of the TA recipients served more patients and increased revenue in their dental practices in 2014, following the assistance. Safety Net Solutions stated they will soon submit the final report which will include another year of data for comparison.

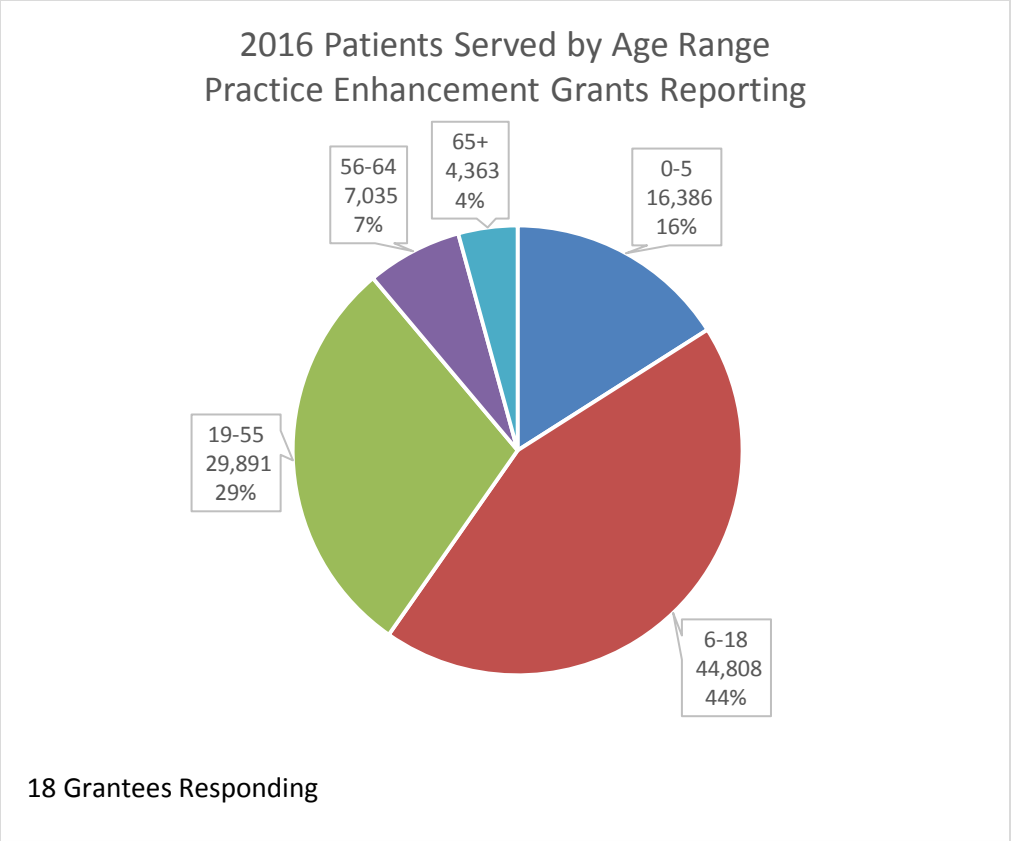
Successes of the Increasing Touchpoints/Practice Enhancement Approach – Equipment Purchases

More people are being served

Notwithstanding the obstacles to data collection and analysis described below, there is evidence that the OHI Practice Enhancement grants were effective in increasing capacity of dental clinics, allowing them to serve more people in need, especially following Medicaid coverage for adult dental care.

Eighteen Practice Enhancement grantees reported statistics on patients served in 2016. A total of 102,485 patients were served in the age breakdown shown in the chart below.

Total amount funded:	$6,345,455
Number of grants:	39 equipment, 5 TA
Objectives: Improve operations, provide technical assistance, and purchase new operatories for Missouri safety net dental programs.	



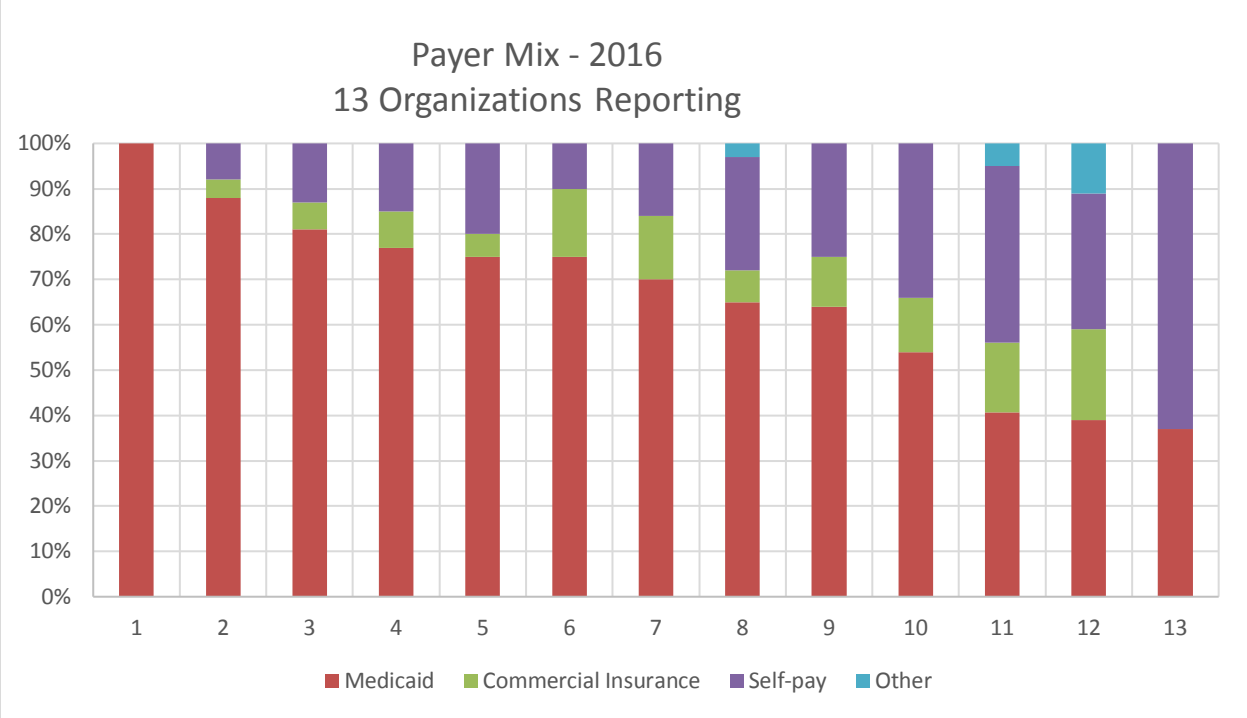
18 Grantees Responding

Of this total, 44,805 individuals were served by clinics or operatories that did not exist prior to the OHI investment. Most of these were new dental sites located to provide better access to isolated rural areas.

> *"The Initiative has been a vital program for our organization and the patients in this area. Operating in rural southeast Missouri, which included counties that are the most impoverished and have the worst health outcomes presents many challenges. This funding allowed us to be able to now operate a fully functioning modern dental clinic in the most impoverished county in the state."*

For organizations that reported any prior year data, the number of patients served increased by 17 percent from the previous period to 2016. One organization, People's Health Center, reported 2015 and 2016 data for comparison; in that case the number of patients increased 127 percent.

Thirteen Practice Enhancement grantees reported their payer mix in the electronic survey. The average for the group was 67 percent Medicaid, 23 percent self-pay, nine percent commercial insurance and one percent other. The chart below indicates the breakdown by type of coverage for the thirteen respondents.



From the individual grantee or patient perspective, OHI provided a great service

Operatories funded by the OHI boast modern, efficient equipment. Grantees report that the equipment has improved practitioner morale, increased efficiency, and improved services to patients. Better sterilization and lower radiation are additional, tangible benefits to patient health. The new equipment

replaced donated, outdated machinery that was "old, duct-taped together and always needing maintenance," according to one grateful grantee.

Challenges of the Increasing Touchpoints/Practice Enhancement Approach

Determining whether the Practice Enhancement grants within the Increasing Touchpoints Approach met goals and objectives proves difficult. The separate authorizations for equipment purchases did not state clear goals and objective. Each stated desired outcomes in a slightly different way, as seen in these Intermediate Outcomes statements from each of three equipment authorizations:

"Increased capacity to serve underserved population at participating FQHCs." *9.3b*

"Increased utilization of Medicaid oral health benefits by adults." *Emerging Opportunities*

"Expand capacity of FQHCs to serve more children and a limited number of adults." *9.2*

Data to measure other goals, such as increased financial viability and decreased no-show rates, were not collected from grantees outside of the group that participated in technical assistance.

Data collection at the project level and at the regional level posed the biggest challenge.

From a review of reports and documentation, it appears that the Foundation did not require baseline data for every project, nor did it require post-implementation data for all projects. Therefore it is not possible to determine the impact of the Initiative on capacity because year-to-year numbers on patients served were not collected. Grantees stated in follow up interviews that this information is available should the Foundation wish to track the numbers served over time.

Insurance status of patients served was collected after the OHI ended from a small number of grantees (insurance status was not part of the data set required for grantees to report), preventing a general conclusion about what proportion of patients reached by the entire Initiative was previously underserved.

At the state and regional level, data collection has improved greatly with the re-establishment of the State Dental Office, but there is not enough consistent data over time to provide a good picture of the Initiative's effect on improving oral health care. The data analyst in the State Office continues to work on this issue and once 2016 data is collected it may be possible to draw conclusions regarding oral health in the areas served by the OHI.

Data regarding emergency room diversion is mixed. Some grantees feel that emergency room data does not provide a clear picture of impact as the data may be skewed by individuals seeking opioids under the guise of dental pain. From 1994 to 2014, emergency room visits for dental pain by 25 to 34 year olds in Missouri rose 475%. Nationally from 1997 to 2007, prescriptions for painkillers by ER doctors for dental complaints rose 26%. On the other hand, Jordan Valley and Preferred Healthcare report that their ER diversion projects funded by the Initiative did divert dental patients from the emergency room to clinics. Statewide, from 2015 to 2016, the number of visits to Missouri ERs for non-emergency dental issues dropped six percent (from 9,076 to 8,490).

Program: Community Oral Health Initiatives (COHI)

Community Oral Health Innovations (COHI) projects were intended to bring new approaches and best practices to address the obstacles to oral health care that plague so many Missouri communities. Grants in this category emerged from Foundation staff discussions with potential grantees. It is not clear whether information from policy or best practice research was discussed with grantees or used to select awards. This program, along with Utilizing Partnerships, would likely have benefitted from involving stakeholders and others in the program design and selection. The opportunity was missed to incorporate best practices tested in other states or in the western half of Missouri. Including more local voices in program design might have resulted in programs with greater success.

Total amount funded:	$1,640,424
Number of grants:	6
Objective: Increase access to quality, affordable oral health services.	

COHI projects address a variety of needs and different populations and therefore cannot be evaluated as a group. The impact of these projects is unclear based on what is known at this time. Sustainability of these projects is unclear; many of the applications did not detail plans for continuing projects after Foundation funding was expended or made predictions for future funding.

Where data on these projects is available, it is for numbers of people served. The Foundation missed the opportunity to work with grantees to track more useful data on impact such as changes in oral health, acquiring a dental home or obtaining insurance coverage.

Increasing Touchpoints for the Underserved/Utilizing Partnerships

Program: Utilizing Partnerships

The Utilizing Partnerships authorization funded five large four-year grants. Projects are ongoing and conclude in March of 2018. Like the COHI projects, this group addressed a wide range of needs and populations. The authorization was intended to encourage new partnerships, and in many respects these projects are similar to the COHI and Practice Enhancement projects. The design of the interim reports makes it difficult to judge progress of the projects in meeting goals, as reports request data from the period, not cumulative data. Like the COHI projects, there is little data available; only some reports of numbers served, while more detailed health impact data was not requested. One project collected and provided information on oral health improvement as a result of the project.

Total amount funded:	$2,183,990
Number of grants:	5
Objective: Increase access to quality, affordable oral health services.	

Program: Single Day Events

Total amount funded:	$360,000
Number of grants:	4
Milestone: Provide free, full service oral health services to children and adults.	

The Initiative funded two organizations to provide education and services at two large events each that were open to all, on a first-come, first-served basis. Some oral health advocates and policy makers do not favor single-day clinics or events as a strategy to address oral health needs of the underserved. Although the events serve large numbers of people, they do not help establish a dental home for the people who attend. The clinics funded by the Initiative missed an excellent opportunity to collect data that might have informed the field about the type of patient that seeks care at the clinics. Demographics, condition of oral health, insurance status, and transportation challenges are examples of data that could have been collected for at least a portion of the attendees.

Another missed opportunity was to provide oral health literacy information, including how to find safety net providers providing Medicaid or sliding fee scale services.

Data reported by the one day clinics does not provide enough information to judge cost effectiveness or numbers of people receiving oral health care, as the number of patients educated is combined with the number screened and treated.

The number served at some events fell well below predictions. GKAS proposed to serve 1,200 children at the 2014 clinic. The report stated that 300 were served with "services and education."

MOMOM proposed to serve 2,000 patients and provide $1 million in free care. The grantee stated that 1,616 patients were seen for either education, treatment or both; information provided did not quantify the care provided.

Health Policy Portfolio

Total amount funded:	$320,364
Number of grants	3
Objectives: Build awareness and change policy to strengthen and sustain a good oral health system in Missouri.	

Through its Health Policy Portfolio, the Foundation supported efforts to build strong and sustainable leadership and efforts in public awareness and "advancing sound public policy" in oral health throughout Missouri. Grantees, state policymakers and Foundation staff all believe that the policy efforts of the health policy funded grantees created the building blocks for a much-improved system of oral health care in Missouri.

Some of the successes of this effort included:

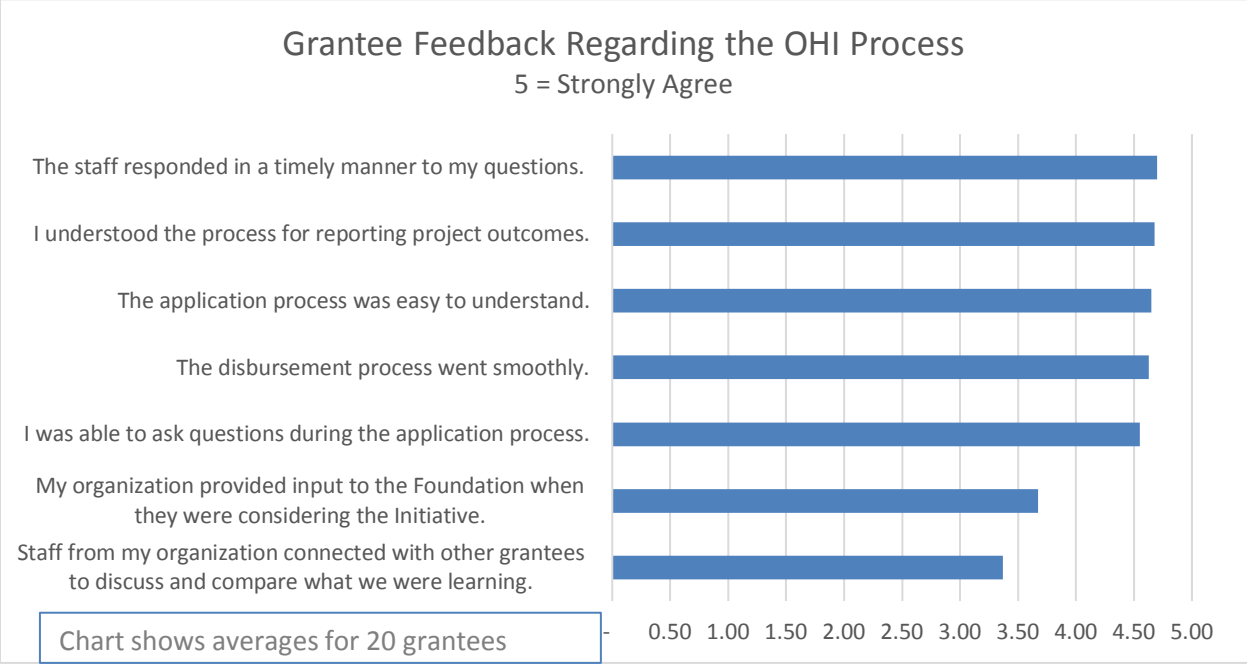
- Reinstatement of the Dental Director and Office, now housed in the Missouri Department of Health and Senior Services
- Reinstatement of funding for Medicaid dental services to low-income adults
- Legislation requiring communities to provide public notice before eliminating fluoride

- Creating the state report, "Oral Health in Missouri 2014: A Burden Report by the Missouri Department of Health and Senior Services" and the "Missouri Oral Health Plan 2015-2020: A Five-Year Plan for the Missouri Department of Health and Senior Services"
- Legislation permitting telehealth services
- Establishing the Missouri General Assembly Oral Health Caucus

Oral Health Initiative – Review of Process

People

Grantees, state officials and policy advocates are united in their praise for the Missouri Foundation for Health's staff, citing professionalism, content knowledge and support. Nearly all the survey respondents described the application, disbursement and reporting processes as clear and easy to complete.



"MFH staff are always pleasant, easy to work with, and overall a great group of people. We are always appreciative of their support and positive attitudes."

"The staff members are competent, efficient and excellent to work with."

"The staff was quick to celebrate our achievements with us."

Process

Scoping and Authorization

The Oral Health Initiative was designed in three months. There is a sense among staff that in a rush to complete scoping, not enough information was gathered regarding inherent challenges to providing oral health care in Missouri, such as the lack of oral health data; private providers' experience with Medicaid's

administrative burden as well as reimbursement rates; the extremely high percentage of no-show rates for dental appointments in certain regions and the reasons behind the statistics; and lack of basic oral health literacy in many communities.

Three major missed opportunities emerged in interviews and survey responses: information gathering and problem solving with all constituents; incorporating policy knowledge and best practices; and examining the potential for oral health literacy efforts.

Foundation staff consulted FQHC directors, oral health advocates and state officials – primarily in one-on-one conversations. Input from communities – including rural health centers, residents and private providers – appears to have been missed and may have offered a better view of both issues and potential approaches. Perhaps the biggest missed opportunity in the scoping process was to have all of these parties working together in group convenings to fully understand the complex challenges around oral health in Missouri and possible innovative ways to address them.

Also, while the Foundation's policy staff had a wealth of knowledge, obtained through research and conferences, regarding best practices in states with similar challenges to Missouri to address oral health needs, the scoping and the program design that followed did not appear to take these ideas into account. The OHI did not have a dedicated policy analyst to work more closely with program staff in the scoping and design process. This lack of information resulted in few truly innovative approaches, especially in the COHI and Utilizing Partnerships grants.

Many advocates and providers point to a very low level of oral health literacy as a huge obstacle to improving individual and community oral health. One FQHC staffer expressed frustration with the typical attitudes of young adults in his rural community. "You have twenty-five-year olds who say, 'Well, I still have all my teeth, so I must be doing okay. My Mom lost all of hers by the time she was my age.'" Many people have a low bar for their own oral health and do not see the need for dental care except in urgent situations. More attention and discussion with communities and residents might have revealed whether oral health literacy was as important to address as issues such as access and capacity.

A worthy exercise may be to examine process factors that prevented the Foundation team from developing deeper relationships with private providers and local community residents to gain a better understanding of the underlying issues; to convene parties together in problem-solving; to encourage innovative solutions and replications of best practices from other states; and to determine if the Initiative would be more successful with an education component.

Applications, Outcomes and Evaluation

Applications for funding were for the most part well written and provided data and rationale for the project. There appears to have been room for variation in the level of detail and analysis provided in the applications, and in the degree to which they tied back to the goals of the Approach. Although applicants for Practice Enhancement were required to provide historical and projected numbers for patients served, they were not required to include the basis for projections.

COHI and Utilizing Partnerships applicants were required to describe a sustainability plan for their projects beyond MFH funding. In nearly all cases these plans were not well-defined. Applicants stated they would apply for other grants, shift their payer mix, or work to change state policy.

OHI outcomes were not clearly or consistently stated, even among authorizations for the same type of investment. As a result, tracking, reporting and evaluation of OHI outcomes was inconsistent and incomplete. Funds were allocated to an evaluator, but during the Initiative his role changed. According to the evaluator, because data on oral health status in Missouri was so lacking, he was unable to establish baseline conditions and measure change over time. Therefore, he became a technical assistance provider to grantees and assisted them to analyze project data and measure qualitative and, when possible, quantitative outcomes.

The evaluator developed a methodology for tracking grantee outcomes called a "program progress tool." This instrument has not been located.

The grant reporting forms and process make it difficult to evaluate grant results. In the Practice Enhancement category, although applications included historical and projected service numbers, the grant reporting form did not require the grantee to update these figures with actual recent numbers, or to continue to report over time.

The reporting process did ask grantees to reflect on original project objectives and answer whether or not these had been met. Grantees reported in a wide variety of detail, from reporting no data or not answering the question, to providing results and their statistical significance.

It is nearly impossible to roll information up to report for one Approach or for the Initiative as a whole. As stated above, the Initiative and Approaches did not state clear goals. Second, individual project objectives were not all tied to the goals of the Approaches. Grantees were given the latitude to select objectives and goals of their own choosing. Third, the reporting process was open to variation that results cannot easily be compiled. One particular difficulty in determining success of the COHI and Utilizing Partnerships grants arises from the design of the interim reports: they contain only six-month data per report and no cumulative data.

Key Takeaways

Important lessons were learned that may help the Foundation in future efforts to address oral health care; and to improve internal operations so that all grantmaking efforts may benefit.

Policy work appears to have had a positive impact.
Policy efforts funded by the Initiative contributed to new legislation supporting a stronger system for oral health care in the state. Many believe that without the Foundation's support, Medicaid coverage for adult dental services would not have become a reality.

> *"I believe that oral health in Missouri has improved only because of the Foundation. They have successfully built the infrastructure of oral health within their area of service. The infrastructure has provided access that was non-existent ten years ago."*

Data collection over time will help quantify the impact of Foundation and other efforts.
Foundation-supported advocacy, and re-establishing the State Dental Director, resulted in a concerted effort to collect and disseminate oral health data. Availability of data helped the state win Federal grants. Data has also helped advocates and stakeholders examine regional and demographic patterns and direct efforts where needed. The recent and disturbing negative trend in adult oral health compared to that of children is one example of how data can be revealing.

Another area in which data will play an important role is evaluating emergency room statistics. We heard from multiple stakeholders about the intersection of adults seeking dental care in emergency rooms and the state's opioid crisis. Looked at by itself, emergency room data would seem to indicate an explosion in demand for dental services in ERs, yet anecdotal reports point to increased "pill-seeking" as a major factor in the ER statistics. Good data collection and analysis, along with close cooperation between oral health providers and emergency rooms, are needed if communities are to effectively treat either of these serious health challenges.

The Oral Health Initiative demonstrated some promising practices.
The Jordan Valley Community Health Center and Preferred Healthcare projects to divert ER visits to clinics for care were a success. Working with local emergency rooms, the clinics provided information, vouchers for services, and in some cases assistance with transportation, for patients with non-emergency oral health needs to receive treatment the following day. The partnership allowed the hospitals to give patients just a few pain and antibiotic pills, knowing that treatment would be available the next day. Clinics kept some morning appointment slots open daily for these referrals. This effort holds promise to shift these patients to a dental home for future care.

School-based services that operate as if they were a dental home reach children and adults in what is for many rural communities the only gathering place that everyone goes to on a regular basis. Successful school-based services can be stand-alone near a school, contained within a school, or mobile. School "linked" clinics such as COMTREA's clinic adjacent to the school district complex can see children and adults from the district as well as from the community and beyond. Mobile programs such as Community Health Center of Central Missouri's school clinic differ from one-time school clinics in that they schedule visits to see children on a regular basis, can complete services as well as screenings, and refer to a safety net provider (a trusted resource that accepts Medicaid) for intensive services. Safety net provider programs

have a wealth of experience assisting families to enroll children in Medicaid, which many families need assistance with.

A missed opportunity in school-based programs was the collection of data on lost days of school due to oral health, pre- and post-project. Missed days at school are a big hidden cost to communities in the form of lost state funding due to school absences and lost wages for family members that miss work to take a child to the dentist.

The Medicaid process is complicated – in this case, money isn't everything.
In Missouri, about eleven percent of private dental providers accept Medicaid. Missouri also has a low reimbursement rate of just over 40 percent. But surveys and anecdotal information reveal that low reimbursements are not the only issue. Private practice dentists do not want to deal with the additional paperwork, regulation and oversight, such as audits, that are part of the Medicaid program.

Another deterrent to Medicaid participation – and an issue that affects safety net providers also – is the "no-show" rate of Medicaid dental patients. Grantees report rates of up to forty percent no-shows for adult Medicaid patients. Discussions with grantees and policymakers indicate little is known about this problem; some hypothesize that there are significant regional variations in the reasons for no-shows and therefore different approaches are called for.

A missed opportunity for the OHI was to pursue a deeper understanding of the no-show rate and experiment with different approaches to find the most promising solutions.

Single Day Events
Single day events are controversial in the context of a systems-building initiative as they do not promote long-term care or even change in behavior. Many uninsured people view the single-day clinics as their safety net and return annually, even when the events are held far from their own community.

The single day events represent a major missed opportunity for learning. With a (literally) captive audience numbering in the thousands, demographic and insurance data collection might have provided a deeper understanding about lack of access, knowledge of community oral health resources, and about underlying causes of poor oral health (such as sugar consumption and brushing practices) among underserved populations.

"We still don't know why people in Missouri don't go to the dentist."

- *An interviewee with nearly four decades of experience in oral health*

A major missed opportunity for the OHI was for the grantees to survey the thousands of people attending the one-day events in the hope of understanding the reasons they were there.

Lack of data about the grant projects prevents analysis of their accomplishments and impact.
As noted above, evaluation of the Initiative did not take place as anticipated. Grantees stated, and common sense would agree, that Practice Enhancement grants as well as other projects must have created more efficiency and capacity (new equipment shortens appointment times, improves workflow and allows more practitioners to work in a location). However, it is not possible to quantify these gains without numbers.

A missed opportunity was the design and management of data collection at the project level.

The process of designing the programs created many missed opportunities.
Based on interviews and survey responses, it seems the program was designed and operated in a vacuum. The process lacked connections. While many individual stakeholders were consulted during the design process, it appears that cross-disciplinary convenings were not held and so some perspectives, as well as the ability to question and promote ideas and thinking, were missed. Private practitioners, rural clinics and patient viewpoints were left out of the process and may have led to more creative and effective solutions.

The OHI did not have a "deep dive" into policy issues and best practices in order to base grantmaking on the latest information and by looking at replicable efforts elsewhere. Some of this work was done late in the Initiative, but at that point the Initiative was wrapping up.

The other type of connection that was not implemented in the OHI was among grantees. Although intended to be part of the Initiative, grantee convenings apparently did not take place.

"OHI was an excellent opportunity. It would have been great to visit with other organizations that were involved in other parts of the state."

"I believe discussions were held with the executives of [my] organization and the partner organizations, however, there wasn't as much discussion from the front lines.

A missed opportunity was to convene grantees to share their experiences, and to create learning circles around particular efforts.

Recommendations

The following recommendations relate to the process of designing and implementing the Initiative.

Process

It is difficult to conclude whether the Initiative fully achieved its hoped-for outcomes. The process, from scoping and design to evaluation and reporting, contributed to the lack of a story to tell. Suggestions for improving the process range from very easy to implement to more involved and costly. The process did not have the benefit of insights from a diverse group of stakeholders, and did not provide enough opportunities for information to be shared, discussed and questioned.

Convene early and often.
Solving a complex challenge like oral health care requires a viewpoint from every angle. Safety-net and private dental professionals see Medicaid obstacles differently. Residents of Kennett have different life stories, perceptions, economic realities and cultural norms than residents of Jefferson County or North St. Louis. Underserved populations are already served by trusted professionals – schoolteachers, social workers, counselors and employers – that may have insights relevant to health care. There may not be an upper limit to the number of people or categories of people that can lend something to a solution to a health care challenge.

During an Initiative, learning circles around similar projects or populations could help grantees adopt best practices and make midstream corrections. Gatherings also provide peer support for grantee staff that may struggle with implementation, evaluation or reporting.

Invest in a deeper exploration of root causes.
Gathering people together in a series of convenings could provide insights into the reasons – and there may be many, based on regional and demographic differences – that so many Missourians do not receive oral health care. Transportation, Medicaid access and eligibility, fear and lack of oral health literacy were all cited as potential obstacles for adults and children to get care. Having a better understanding of the issue would likely lead to more effective solutions.

Gather information from end users and community members directly.
The Foundation has a wealth of connections to and experience working with people and organizations all over its service areas. If all staff were knowledgeable about regional issues and challenges, and past experiences with programs, they would be better prepared to ask the right questions, gather the most helpful people and resources, and design the most effective approaches

for a given issue. Gathering information on a continuing basis from people in the field and visiting organizations where they work would ensure staff have the most recent and relevant information on which to base decisions.

Organize all aspects of an Initiative from the start for all parties.
Setting up the entire course of this Initiative with a consistent format and materials might have led to more efficiency and better information on grant progress and outcomes. Material could have been more easily stored, accessed and shared if it is established from the beginning. A grantee notebook/electronic file could have been structured to contain the approved application, grant agreement, and reporting format (including specific data points to be tracked and frequency of collection). Materials could even have included templates for press releases and suggestions for disseminating learnings through conferences, journals and news outlets.

Make initial goals and objectives clear and tie individual project outcomes to selected Initiative outcomes.
Initiative and Approaches goals and objectives were not clear, and grantees in the OHI seemed to have been given wide latitude in selecting the goals and outcomes of their projects. For Initiatives with a region-wide goal, clearly stated goals and requiring grantees to align more closely to those goals would make it easier to roll up results for the group as a whole and to quantify the success of the Initiative.

To ensure that evaluation is meaningful and reliable, every project budget should include enough funding for evaluation technical assistance, for initial grantee staff training and ongoing coaching.

Foster innovation, communication and collaboration.
Many people view innovation as risky. They may fear others' opinions or be uncomfortable going "outside the box." They may simply not understand how to be innovative within the context of their role. For others, collaboration and sharing information feels threatening, and they may not want to share credit for ideas with others.

Selecting, onboarding and training employees who value an innovative, information-sharing culture is key. So is ensuring that long-term employees learn to trust a new system and operate effectively with new expectations. MFH may wish to consider designing onboarding and training programs to help employees understand the expectations of an innovative grantmaking approach. Performance evaluation and incentives should include measures of communication and collaboration with colleagues in and outside of the employee's department or content area.

Consider a rapid results strategy where possible.
The OHI placed very large investments into a few strategies, and implemented them widely. Given the complexity of the challenges, smaller pilot projects might be a better way to learn what could work best and where. In oral health, there seem to be a number of opportunities for rapid results testing that need only a small investment. With so many patients in need, control groups would be available to compare outcomes.

In oral health, community health workers, school programs, education, and transportation solutions could all be candidates for this approach.

Dissemination recommendation.
MFH should enter into the national discussion of the issues that it tackles. During the scoping process, each initiative could identify potential areas in which the Foundation's work could contribute new knowledge or findings. In its grant contracts, the Foundation should make it clear to grantees that learnings regarding challenges are just as important as learnings regarding successes, and encourage grantees to provide both.