Trends in the Provision of Oral Health Services By Federally Qualified Health Centers

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ABSTRACT

Purpose: The objective of this study was to evaluate trends in oral health services provided in Federally Qualified Health Centers (FQHCs) and the factors influencing provision of general and/or specialty oral health services to patients.

Methods: This 2017 study is based on Health Center Grantee Data in the Uniform Data System, 2011-2014 as well as primary data from a survey of FQHCs conducted in 2016 and state-level data. Multivariable regression models were used to estimate associations between provision of dental services at FQHCs and predictive factors nationwide and by region.

Results: Between 2011 and 2014, the proportion of FQHCs providing dental services increased in the Midwest, Northeast, and West (+1.6% to +14.8% change), yet there was a noticeable decline in the South (-14.8% change). The proportion of FQHCs patients accessing any dental services was positively and significantly associated with oral health staffing ratios in FQHCs in all regions (Rate Ratio=1.04-1.42; P<.05). Dental hygiene scope of practice (DHsOP) in a state and the funding from Affordable Care Act Capital Development Grants were positively and significantly associated with the likelihood of FQHCs providing dental care to patients (7% increase for every 10-point increase in the DHsOP index and 1% increase for every $100,000 increase in revenue from grants, respectively; P<.05). The findings indicated that FQHCs were more likely to offer dental services in states with an extensive Medicaid dental benefit compared to those with a limited dental benefit (Odds Ratio (OR)=1.72; P=.01).

Discussion: The study findings show that FQHC patients are increasingly accessing oral health services in all regions except for the South where there was an overall decline. The results suggest positive associations between state workforce policies, Medicaid dental benefit for adults, and federal funding initiatives and provision of oral health services by FQHCs.

BACKGROUND

- Access to oral health care in the safety net, especially Federally Qualified Health Centers (FQHCs) and the factors influencing provision of general dental care
- FQHCs are required to provide all pediatric dental services mandated in the Early and Periodic Screening, Diagnostic, & Treatment (EPSDT) benefit and preventive dental care for adults either through direct or referral services
- Between 2001 and 2015, HRSA invested $55 million in oral health expansion grants
- In 2016, HRSA provided an additional $156 million for expansion of oral health infrastructure in FQHCs
- The objectives of this study were to:
  - Evaluate trends in the direct provision of oral health services by FQHCs in recent years
  - Analyze oral health service capacity in FQHCs and differences across geographic regions
  - Assess potential factors that influence FQHCs decisions to provide direct oral health services

METHODS

Data Sources:
- FQHC-level data
- Health Center Grantee Data in HRSA’s Uniform Data System (UDS)
- Data collected by OHWRC through a survey of FQHCs

State-level data:
- Medicaid coverage of dental benefits for adults
- Information on the scope of practice (SDP) for dental hygienists (DHs) from a study conducted by the OHWRC

Data Analysis:
- Outcome Measures
  - Proportion of FQHCs delivering direct oral health care
  - Proportion of patients with any dental visits
- Predictor Factors Measures
  - Staffing ratios—level of support per dentist
  - Capacity—no. of dental operatories per 1,000 patients
  - State Medicaid coverage of dental benefits for adults
  - Scope of practice for dental hygienists—numerical scale
- Statistical Analyses
  - Temporal distribution of outcomes was analyzed by computing % change between 2011 & 2014 and by estimating the trends using simple linear regression
  - Generalized linear mixed models were used to estimate associations between the proportion of patients accessing dental services and FQHC characteristics
  - Logistic regression models were used to estimate associations between FQHCs providing direct dental services and FQHC as well as state-level characteristics
- All analyses were conducted using SAS v9.4

RESULTS

- Nationwide, the total no. of FQHCs as well as the no. of FQHCs providing direct OH services increased from 2011 to 2014.
- However, the proportion of FQHCs providing direct oral health services slightly decreased from 861 (78.3%) in 2011 to 950 (76.1%) in 2014. This finding appears to be a regional issue.

Table 2. Association Between FQHCs Provision of Direct Oral Health Care and State Characteristics, Nationwide, 2011-2014

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Figure 1. Four-Year Trend of FQHCs Providing Direct Oral Health Services, Nationwide, 2011-2014

Figure 2. Association between Proportion of Patients Accessing Direct Oral Health Services and FQHC’s Staffing Ratios by Region, 2011-2014

REFERENCES

Health Resources and Services Administration, Administration of Community Affairs (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling $448,203. The contents are those of the authors and do not necessarily represent the official views or, nor an endorsement, by HRSA, HHS, or the US Government.

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CONTACT

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Health Resources and Services Administration, UDS Reporting Instructions for Health Centers (2014 Uniform Data System Manual v.1), 2017

DISCUSSION

- FQHC patients are increasingly accessing oral health services in all regions except for the South where there was a noticeable decline from 2011 to 2014
- The study results indicate that the access to oral health services at FQHCs is associated with oral health workforce capacity at FQHCs, state coverage of dental benefits for Medicaid-eligible adults, and DH SOP in the state
- The study analyses also suggest promising impacts of recent federal funding initiatives to increase the infrastructure and workforce capacity at FQHCs

REFERENCES

Langelier M, Surdu S, Rodat C. The study analyses also suggest promising impacts of recent federal funding initiatives to increase the infrastructure and workforce capacity at FQHCs and:
- Funding from Federal Development Grants
- Scope of practice for dental hygienists in a state
- State Medicaid dental benefit for adults, particularly in states with an extensive dental benefit compared with states without a dental benefit

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Figure 3. Association Between Proportion of Patients Accessing Direct Oral Health Services and FQHC’s Capacity by Region, 2011-2014

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