Collaborative Partnerships for Better Community Oral Health Data

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Project Zero Women & Infants

- HRSA funded grant focused on integrating oral health into primary care for pregnant women and infants 0 to 3 years
- Part of a group of 16 states participating in the Perinatal and Infant Oral Health Quality Improvement Initiative (PIOHQI)
- Housed at NAU Department of Dental Hygiene
Maternal and Child Health Bureau – Perinatal and Infant Oral Health Quality Improvement Initiative (PIOHQI)

Project Zero Women & Infants starts - target populations are pregnant women and children 0 to 3 years

Finding partners

Statewide, PZWI has approached 18 organizations and established partnerships with 11 of them

Making Changes

2018

2019

1. Using QI to support integration
2. Tailoring oral health curriculum and materials to each partner’s needs
3. Data analysis to see what are the needs in AZ
Data and Oral Health

• Important legislative decisions, project implementation, and grant funding are supported by data.

• Yet in Arizona, information on oral health is either not available or not analyzed for dissemination.
Collaboration and Connections
Key to Building Oral Health Care Capacity

- Project Zero--Women & Infants (PZWI) oral health needs assessment to make the information available for communities
  - To understand barriers and resources for positive change.
  - PZWI quickly learned the need to network with others who had access to data.

Collaborators:
- ASU Center for Health Information Research,
- AHCCCS, and
- Children’s Action Alliance.
Graphic Representation of Arizonan’s Oral Health

The data helped gain a better understanding of:

- where geographically AHCCCS providers are providing dental services, and
- the percentage of providers who provide a meaningful amount of services to AHCCCS eligible populations.
Data Process

- Previous experience with claims data
- Determination of project needs and required fields
- AHCCCS, IRB and HIPAA reviews
- Report scheduling

- Data preparation for consistency and clarity for analysis
- Data for validation on claims and amounts was obtained from AHCCCS
- Scope selection

- Descriptive and exploratory data analysis
- Resolution of conflicts was done case by case (e.g. misspelled location for claim)
- Summary for graphing

- Tableau selected as graphic platform
- Review with project partners to ensure clarity and validity
- Incorporation of feedback and comments into final product
PZWI Analysis – Pediatric AHCCCS Members—Dollar Amount of Dental Claims 2016, 2017

Minimum Amounts Paid by County 2016

- Mohave: $1,125,000.00
- Yavapai: $4,899,650.00
- Maricopa: $52,164,350.00
- Pinal: $2,158,000.00
- Graham: $356,550.00
- Gila: $256,450.00
- Cochise: $989,150.00
- Santa Cruz: $251,250.00

Minimum Amounts Paid by County 2017

- Mohave: $1,225,700.00
- Yavapai: $4,721,750.00
- Maricopa: $57,647,550.00
- Pinal: $2,238,350.00
- Graham: $385,450.00
- Gila: $841,500.00
- Cochise: $906,350.00
- Santa Cruz: $274,000.00
PZWI Analysis – % AHCCCS Pediatric Providers Per 5,000 members

Data sources: ASU CHIR – AHCCCS claims paid for dental services, CY 2016 and 2017. 2015/16 AHCCCS pediatric member data. For information on sources and methodology, see The Georgetown University Center for Children and Families’ report, Medicaid in Small Towns and Rural America: A Lifeline for Children, Families and Communities.
PZWI Analysis – % AHCCCS Providers Paid More than $10,000 Per Year


CY16 – Pediatric claims

CY17 – Pediatric claims
AHCCCS Pediatric Dental Claims: % Change in Number of Meaningful Providers* – CY16 to CY17

* For this analysis, PZWI has defined meaningful providers as providers being paid 10k or more a year for dental services by AHCCCS.

Data source: AHCCCS dental utilization claims paid for dental services, calendar year 2016 and 2017. Data includes 100% of pediatric dental claims for both years.
AZ State Level Data – Dental Claims, Pediatric AHCCCS Members

Amounts Paid per Calendar Year – AHCCCS Dental Claims – Pediatric

<table>
<thead>
<tr>
<th></th>
<th>CY16 - Pediatric</th>
<th>CY17 - Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$100,000,000.00</td>
<td>$58,279,366.18</td>
<td>$62,790,701.03</td>
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<tr>
<td>$100,000,000.00-$200,000,000.00</td>
<td>$60,621,202.86</td>
<td>$59,995,579.73</td>
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<tr>
<td>$200,000,000.00-$300,000,000.00</td>
<td>$119,688,389.08</td>
<td>$123,563,906.58</td>
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</tbody>
</table>

Percent Change in Amounts Paid for Dental Services – Pediatric Compared to All AHCCCS Dental Claims, CY2016-17

<table>
<thead>
<tr>
<th></th>
<th>Preventive*</th>
<th>Restorative**</th>
<th>Grand Total amounts paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY16</td>
<td>8%</td>
<td>-1%</td>
<td>3%</td>
</tr>
<tr>
<td>CY17</td>
<td>9%</td>
<td>2%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Data includes 100% of pediatric dental claims for both.
*Preventive groups the following CDT 2017 dental codes: D0100-D0999 (Diagnostic) and D1000-D1999 (Preventive).
**Restorative groups the following CDT 2017 dental codes: D2000-D2999 (Restorative), D3000-D3999 (Endodontics), D4000-D4999 (Periodontics), D5000-D5899 (Prosthodontics - removable), D5900-D5999 (Maxillofacial prosthetics), D6000-D6199 (Implant services), D6200-D6999 (Prosthodontics - fixed), D7000-D7999 (Oral & maxillofacial surgery), and D9000-D9999 (Adjunctive general services).
Data source: AHCCCS dental utilization claims paid for dental services, calendar year 2016 and 2017. Data includes 100% of pediatric dental claims for both years.

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Next Steps

- PZWI is a grant funded initiative so sustainability is key.
- Looking to create partnerships that will allow to conduct this analysis at regular intervals in the future to see how oral health initiatives are impacting AHCCCS eligible populations.
- Next Steps
By sharing the process of data analysis and preparation of materials it is our hope to start a dialogue on the relevance of partnerships between academic and applied settings to leverage resources and propose data-based strategies to improve oral health.
Thank You!!!

Questions
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