



**Public Advocate for the City of New York**

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# **Touching a Nerve**

**How Closing the City's Oral Health Program  
Reduces Access to Dental Care for  
New York City Children**

**March 2009**

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# Office of the New York City Public Advocate

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## **Executive Summary**

Tooth decay is the single most common chronic disease of childhood, affecting nearly six in 10 children in the United States.<sup>1</sup> Pain resulting from tooth decay or dental cavities can interfere with school attendance, learning, and play.<sup>2</sup> Children from low-income families are disproportionately affected by tooth decay but at the same time have less access to dental care than children from higher-income families.<sup>3</sup> New York City third graders are more likely to experience untreated tooth decay than third graders statewide and nationwide.<sup>4</sup>

On November 5, 2008, Mayor Bloomberg announced \$1.5 billion in recession-related budget cuts for New York City, including the closure of the city's 46<sup>5</sup> school-based, community-based, and health center dental clinics,<sup>6</sup> which are scheduled to cost the city \$2.5 million in Fiscal Year (FY) 2010 and \$3.4 million in FY 2011.<sup>7</sup> The Oral Health Program (OHP), which serves 17,000 of the city's most vulnerable children,<sup>8</sup> has provided dental services in city public schools since 1903<sup>9</sup>—surviving both the Great Depression and the fiscal crisis of the 1970s. The administration argues that closing the OHP dental clinics is necessary to meet the agency's savings targets,<sup>10</sup> that OHP clinics have low productivity, and that services offered by the clinics are available elsewhere.

The Office of the Public Advocate finds fault with all of these arguments. This report demonstrates that the DOHMH can meet its savings targets without cutting direct dental services; that the OHP is cost-effective; that the declining number of visits to OHP clinics is a result of DOHMH policies, rather than program performance; and that the DOHMH is overstating the availability of the same services elsewhere. For these reasons, the Office of the Public Advocate calls on the city to immediately reverse its decision.

The Office of the Public Advocate surveyed the 31 dentists employed in 2008 in the OHP, as well as 100 Medicaid dentists and 16 HHC dental clinics. The goals of the surveys were to understand any problems experienced by OHP dentists and children served by the program and

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<sup>1</sup> U.S Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*, National Institutes of Health, 2000.

<sup>2</sup> The Kaiser Commission on Medicaid and the Uninsured, *Filling an Urgent Need: Improving Children's Access to Dental Care in Medicaid and SCHIP*, July 2008, p. 3.

<sup>3</sup> Milbank Memorial Fund, "Pediatric Dental Care in CHIP and Medicaid," July 1999, p. 6.

<sup>4</sup> NYS DOH, *The Impact of Oral Disease in New York State*, December 2006, pp. 3-4.

<sup>5</sup> In addition to the school-based sites (30 clinics and 9 sealant sites) and fixed health center clinics (5), there are two additional portable clinics in community-based sites in East Harlem and in a Head Start center, for a total of 46 sites.

<sup>6</sup> Sewell Chan, "Bloomberg announces Lay-offs and Tax Increases," City Room Blog, NY times.com See: <http://cityroom.blogs.nytimes.com/2008/11/05/bloomberg-announces-layoffs-and-tax-increase/>

<sup>7</sup> DOHMH Commissioner Frieden, *Testimony before the City Council Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 3.

<sup>8</sup> New York State Dental Association, "NYC Dental Clinic Closures Will Hurt Neediest Children," Press Release, November 19, 2008, See: <http://www.nysdental.org/news/details.cfm?ID=223>.

<sup>9</sup> Doctors' Council President Barry Liebowitz, Testimony before the City Council Committee on Health, in: City Council, *Transcript of the Minutes of the Committee of Health*, December 14, 2006; p. 91.

<sup>10</sup> DOHMH, Commissioner Frieden, *Testimony before the City Council Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 3.

to determine the availability of urgent dental care appointments outside the OHP for children enrolled in Medicaid.

This report is based on analysis of city and state records, as well as the three above-mentioned surveys, and includes the following findings:

#### *Survey of OHP Dentists*

- OHP dentists almost unanimously (90 percent) agree that school-based dental services remain an urgent need for the city's public school students.
- The majority of OHP dentists (73 percent) report a far higher incidence (40 percent or higher) of untreated cavities and other dental problems among school-based preventive care patients than the 14 percent referral rate cited by the DOHMH.<sup>11</sup>
- The majority of OHP dentists (86 percent) report that new record-keeping requirements implemented as part of the reorganization of the program created large amounts of paperwork but that much of the information was not used in a timely manner, if at all.

#### *Survey of Medicaid Dentists*

- Nearly one out of every six Medicaid dentists surveyed (17 percent) either could not be reached using the most recent contact information or did not accept new Medicaid patients.
- Only 12 percent of Medicaid dentists surveyed could provide an appointment within the 24 hour timeframe required by New York State for urgent dental care.
- The majority of Medicaid dentists available said that they were not specialized to treat children, even though the majority of Medicaid enrollees are under 20 years old.

#### *Survey of HHC Facilities*

- Nearly one out of every three HHC facilities had wait times of more than a month to three months for filling a cavity.
- Only one HHC dental clinic could provide an appointment for filling a cavity within 24 hours.

#### *Analysis*

- The OHP is cost-effective: average OHP per capita costs (\$147) are half the nationwide average cost for Medicaid enrollees who received dental services (\$305).
- The DOHMH could realize significant additional efficiencies by requiring parents to provide insurance information on parental consent forms.
- The elimination of the OHP could cost New York City children up to nearly three years in lost school days.
- There are nearly 40 percent fewer Medicaid dentists in New York City than estimated by the DOHMH.

Based on these findings the Public Advocate recommends that the DOHMH take the following actions:

- Immediately reverse the decision to eliminate the OHP and keep the five operating dental clinics at health center sites and forty-one school- and community-based sites open.

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<sup>11</sup> DOHMH Deputy Commissioner Cohen, *Testimony before the City Council Committee on Health*, April 10, 2008, p.2.

- Explore new revenue streams to meet the agency's savings targets.
- Make insurance information mandatory on parental consent forms to increase reimbursement for services rendered while continuing to provide care to children who are uninsured.
- Provide and maintain a publicly accessible list of Medicaid general and pediatric dentists in New York City

## Introduction

On November 5, 2008, the day after President Barack Obama's election to the White House, Mayor Bloomberg announced \$1.5 billion in recession-related budget cuts for New York City, including the closure of the Department of Health and Mental Hygiene's (DOHMH) school-based dental clinics.<sup>12</sup> Responding to the announced budget cuts in a statement released the same day, Public Advocate Betsy Gotbaum raised concerns about how the closure of the clinics would impact the city's vulnerable children.<sup>13</sup>

DOHMH Commissioner Frieden confirmed in testimony before the City Council on November 20, 2008 that the agency plans to eliminate the entire Oral Health Program (OHP) in fiscal year (FY) 2010.<sup>14</sup> The program, which serves 17,000 of the city's most vulnerable children,<sup>15</sup> has provided dental services in city public schools since 1903<sup>16</sup>—surviving both the Great Depression and the fiscal crisis of the 1970s. Commissioner Frieden testified that, in the face of Mayor Bloomberg's recession-related budget cuts,<sup>17</sup> closing the city's 46<sup>18</sup> school-based, community-based, and health center dental clinics, which are scheduled to cost the city \$2.5 million in Fiscal Year (FY) 2010 and \$3.4 million in FY 2011,<sup>19</sup> is necessary to meet the agency's savings targets.<sup>20</sup> The Commissioner also argued that OHP clinics have low productivity and that services offered by the clinics are available elsewhere.

The DOHMH presented the elimination of the OHP as an inescapable budget cut with minimal impact on public health,<sup>21</sup> but in fact, it was the culmination of a series of DOHMH policy decisions that had already begun to compromise the effectiveness of the program. Between 2003 and 2008, the DOHMH allowed the program to lose staff through attrition.<sup>22</sup> In 2006, the DOHMH initiated a reduction and reorganization of OHP dental services, shifting the emphasis

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<sup>12</sup> Sewell Chan, "Bloomberg announces Lay-offs and Tax Increases," City Room Blog, NY times.com See: <http://cityroom.blogs.nytimes.com/2008/11/05/bloomberg-announces-layoffs-and-tax-increase/>

<sup>13</sup> Public Advocate's Corner, Blog Entry November 5, 2008

[http://www.publicadvocatescorner.com/advocates\\_corner/2008/11/page/2/](http://www.publicadvocatescorner.com/advocates_corner/2008/11/page/2/). See also: Sewell Chan, "Bloomberg announces Lay-offs and Tax Increases," City Room Blog, NY times.com See:

<http://cityroom.blogs.nytimes.com/2008/11/05/bloomberg-announces-layoffs-and-tax-increase/>

<sup>14</sup> DOHMH Commissioner Frieden, *Testimony before the City Council Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 4.

<sup>15</sup> New York State Dental Association, "NYC Dental Clinic Closures Will Hurt Neediest Children," Press Release, November 19, 2008, See: <http://www.nysdental.org/news/details.cfm?ID=223>.

<sup>16</sup> Doctors' Council President Barry Liebowitz, *Testimony before the City Council Committee on Health*, in: City Council, *Transcript of the Minutes of the Committee of Health*, December 14, 2006; p. 91.

<sup>17</sup> Mayor Bloomberg's November 5, 2008 budget reduction asked all New York City agencies to make 2.5 percent mid-year cuts to the current fiscal year and an additional 5 percent for the following year See: Gothamist (John Del Signore, NYC News), "Bloomberg Announces Big Budget Cuts for NYC," See: [http://gothamist.com/2008/11/05/bloomberg\\_announces\\_big\\_budget\\_cuts.php](http://gothamist.com/2008/11/05/bloomberg_announces_big_budget_cuts.php)

<sup>18</sup> In addition to the school-based (30 clinics and 9 sealant sites) and fixed health center clinics (5), there are two additional portable clinics in community-based sites in East Harlem and in a head-start center, for a total of 46 sites.

<sup>19</sup> DOHMH Commissioner Frieden, *Testimony before the City Council Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 3.

<sup>20</sup> *Ibid.*

<sup>21</sup> *Ibid.*, p. 4.

<sup>22</sup> See: Office of Management and Budget (OMB), District Resource Statements FY 2003 through FY 2008. For further detail see this report below.

from treatment to preventive care.<sup>23</sup> The new emphasis on prevention was implemented through the creation of ten mobile sealant sites, operating in three-month shifts in elementary and middle schools beginning in September 2007. At the same time, the DOHMH closed a combined 31 school-based dental clinics in FY 08 and FY 09, more than half of which had been located in high schools or junior high schools,<sup>24</sup> and instituted new protocols for referrals and record-keeping.<sup>25</sup> This reorganization was the subject of City Council oversight hearings in December 2006 and April 2008,<sup>26</sup> at which veteran dentists working in the OHP clinics voiced concerns about the DOHMH's approach and skepticism about its evaluation of the changes.

## **Background**

### *Oral Disease*

The Surgeon General's first report on oral health, issued in 2000, drew attention to the fact that tooth decay ("dental caries") is the single most common chronic disease of childhood, affecting nearly six in 10 children in the United States—five times more common than childhood asthma.<sup>27</sup> Pain resulting from tooth decay or dental cavities can interfere with school attendance, learning, and play.<sup>28</sup> Left untreated, dental decay can impair the ability to eat, lead to infection, tooth loss, unsightly appearance, and loss of self-esteem.<sup>29</sup> In 2007, two young children died in Maryland and Mississippi from medical complications triggered by untreated tooth decay.<sup>30</sup>

Dental caries is preventable and can be easily treated in most children. Overall, the oral health of children in the U.S. has substantially improved over the last five decades, in large part as a result of public health programs, especially water fluoridation.<sup>31</sup> However, more than 20 million US children are not covered for dental services. By comparison, nine million children lack health

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<sup>23</sup> New York City Council (City Council), *Transcript of the Minutes of the Committee of Health*, December 14, 2006.

<sup>24</sup> In FY08, 18 sites were closed, 17 of these sites were school-based dental clinics. See: Office of Management and Budget (OMB), "FY 2008 District Resource Statement Department of Health and Mental Hygiene, Dental Services," *District Resource Statement, Fiscal and Service Reports For Fiscal Years 2008 and 2009*, pp. 11-32. In FY09, 14 dental clinics were closed. See: OHP sites to be closed 2008-0, Document provided to the Office of the Public Advocate by the Doctors Council SEIU, January 2009.

<sup>25</sup> City Council, *Transcript of the Minutes of the Committee of Health*, April 10, 2006.

<sup>26</sup> City Council, *Transcript of the Minutes of the Committee of Health*, December 14, 2006; and, City Council, *Transcript of the Minutes of the Committee of Health*, April 10, 2008.

<sup>27</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General* Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, national Institutes of Health, 2000.

<sup>28</sup> The Kaiser Commission on Medicaid and the Uninsured, *Filling an Urgent Need: Improving Children's Access to Dental Care in Medicaid and SCHIP*, July 2008, p. 3.

<sup>29</sup> NYS DOH, *The Impact of Oral Disease in New York State*, December 2006, p. 23.

<sup>30</sup> The Kaiser Commission on Medicaid and the Uninsured, *Filling an Urgent Need: Improving Children's Access to Dental Care in Medicaid and SCHIP*, July 2008, p.1.

<sup>31</sup> Milbank Memorial Fund, "Pediatric Dental Care in CHIP and Medicaid," July 1999, p. 6. See: [www.milbank.org/990716mrpd.html](http://www.milbank.org/990716mrpd.html). For New York see: New State Department of Health (DOH), Oral Health Plan for New York State, August 2005, p.1. New York City has fluoridated water since 1964. See: DOHMH Testimony before the City Council's Committee on Health, December 12, 2008. <http://www.nyc.gov/html/doh/html/testi/testi20061214.shtml>

insurance coverage. Even without taking insurance status into consideration, dental care is the most prevalent unmet health need among children.<sup>32</sup>

### *Oral Disease Disproportionately High among Low-Income New York City Children*

Children from low-income families are disproportionately affected by tooth decay due to a variety of factors correlated to socio-economic status, such as poor nutrition options and low health literacy.<sup>33</sup> Children with the highest dental treatment needs also have the least access to dental care.<sup>34</sup>

More than half of New York State third graders (54 percent) experience dental cavities. New York City third graders are more likely to experience untreated tooth decay (38 percent) than third graders statewide (33 percent) and nationwide (26 percent).<sup>35</sup>

Within New York City, disparities in oral health are severe. New York City children from lower income groups are more likely to experience tooth decay (56 percent) than children from higher income groups (48 percent) and are far more likely to experience untreated dental decay (40 percent v. 25 percent).<sup>36</sup> Hispanic (37 percent), black (38 percent), and Asian (45 percent) third graders in New York City are more likely to experience untreated tooth decay than white third graders (27 percent).<sup>37</sup>

I see patients who arrive here from all over the world. I have a globe in my office to remind me that this city, and Queens in particular, is home to many immigrants from places where tooth decay is rampant. We have an obligation to correct these problems and prevent new problems from occurring. The mechanism is here. It is the work that my colleagues and I provide each and every day at public schools and health centers throughout the city. *Dr. Allen Gold, OHP dentist, December 2006.*

### *Oral Healthcare Access and Capacity Issues for New York City Children*

In New York City, dental care is mainly provided by private practice dentists and by Health and Hospital Corporations (HHC) dental clinics in hospitals, diagnostic and treatment centers, and DOHMH-run health centers. For low-income children, New York's public health insurance programs provide coverage for dental services through Medicaid and the state's child health insurance program, "Child Health Plus" (CHP). The availability of Medicaid coverage, however, does not translate directly or fully into access to services.<sup>38</sup>

<sup>32</sup> The Kaiser Commission on Medicaid and the Uninsured, "Dental Coverage and Care for Low-Income Children: the Role of Medicaid and SCHIP," July 2008, p. 1.

<sup>33</sup> Milbank Memorial Fund, "Pediatric Dental Care in CHIP and Medicaid," July 1999, p. 5. See: [www.milbank.org/990716mrpd.html](http://www.milbank.org/990716mrpd.html). Milbank Memorial Fund, *ibid.*, p. 5.

<sup>34</sup> *Ibid.*, p. 5.

<sup>35</sup> NYS DOH, *The Impact of Oral Disease in New York State*, December 2006, pp. 3-4

<sup>36</sup> *Ibid.*

<sup>37</sup> *Ibid.*

<sup>38</sup> Milbank Memorial Fund, "Pediatric Dental Care in CHIP and Medicaid," July 1999. See: [www.milbank.org/990716mrpd.html](http://www.milbank.org/990716mrpd.html)



Some of the barriers to accessing dental services are external to Medicaid. For example, parents might experience language or transportation barriers, they may have difficulties taking time off from work to take a child to the dentist during daytime office hours, or they may simply be unaware of the importance of oral health.<sup>39</sup>

Other barriers, however, are a result of the Medicaid program. Despite efforts to simplify the enrollment and recertification process, maintaining continuous Medicaid coverage for eligible children and adults remains a challenge. A recent study by the New York State Health Foundation concluded that more than one-third of New York State's public health insurance beneficiaries lose their coverage at the time of renewal due to overly complicated paperwork requirements and other obstacles.<sup>40</sup>

Moreover, low reimbursement rates discourage providers from participating in the Medicaid program or practicing in areas with large Medicaid populations. In a recent City Council-sponsored study on the primary care shortage in New York City, dentists were the providers most frequently cited by survey respondents in medically underserved areas of the city as the most difficult to access in their neighborhood.<sup>41</sup>

New York State's 2008 report card for managed care performance in child preventive care shows that only 45 percent of New York City Medicaid enrollees made an annual dentist visit—a percentage basically unchanged since 2006.<sup>42</sup> The state's 2006 survey of Medicaid enrollees representing adults and children in roughly equal proportions, found that only 34 percent of respondents were "usually" able to secure urgent care<sup>43</sup> appointments for dental problems within the 24 hour timeframe required by the state's Medicaid managed care contract.<sup>44</sup>

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<sup>39</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General* Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, national Institutes of Health, 2000. p. 4. See: [www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/home.htm](http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/home.htm).

<sup>40</sup> Bosman, J., "Study Cites Obstacles for Poor to Renew Health Insurance," *The New York Times*, February 25, 2009, A22.

<sup>41</sup> Dentists led the list of "Five Most Frequently Reported Provider Types That are Difficult to Access in My Neighborhood" at 49.7 percent, followed by primary care providers (30.8 percent), pediatricians (22.1 percent), OB/GYN (17.6 percent), and mental health counselors (14.8 percent). Primary Care Initiative, *Community Health Assessment*, August 21, 2008, p.222. See: <http://council.nyc.gov/downloads/pdf/PCI%20Final%20Report.pdf>

<sup>42</sup> NYS DOH, eQARR 2006-2008, New York City, Medicaid Managed Care, Child and Adolescent Preventive Care, 2006-2008. See: [http://www.health.state.ny.us/health\\_care/managed\\_care/reports/eqarr/2006/nyc/medicaid/child-adol.htm](http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2006/nyc/medicaid/child-adol.htm).

[http://www.health.state.ny.us/health\\_care/managed\\_care/reports/eqarr/2007/nyc/medicaid/child\\_and\\_adolescent\\_preventive\\_care.htm](http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2007/nyc/medicaid/child_and_adolescent_preventive_care.htm).

[http://www.health.state.ny.us/health\\_care/managed\\_care/reports/eqarr/2008/nyc/medicaid/child\\_preventive\\_care.htm](http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2008/nyc/medicaid/child_preventive_care.htm)

<sup>43</sup> New York State's Medicaid managed care contract requirements distinguish between timeliness standards for "urgent care" appointments (24 hours) and "routine or preventive care" appointments (28 days). For survey purposes, "urgent care" appointments are required for any "dental problem" whereas "routine or preventive care" appointments are required for "check-ups." See: NYS DOH, Office of Managed Care, *Dental Care Survey Medicaid Managed Care Members*, February 2007, p. 34.

<sup>44</sup> For individual plans, the New York State Medicaid managed care contract requires that 75 percent of providers comply with the routine and urgent care appointment timeframes required for their provider types (dentists, primary care physicians, OB/GYN etc.). If compliance is below 75 percent, plans receive a statement of deficiency and are

Children who are not eligible for Medicaid and CHIP or are uninsured for other reasons can receive services at reduced cost through a sliding scale fee program at HHC facilities.<sup>45</sup> Limited free services are available through the NYU School of Dentistry and the Colgate “Bright Smiles, Bright Futures” mobile van program.<sup>46</sup>

### *The City’s Oral Health Program (OHP)*

New York City’s OHP is designed for “children and adolescents who are at high risk for dental diseases and/or who may not otherwise receive professional dental services.”<sup>47</sup> The program, which currently serves 17,000 children,<sup>48</sup> has provided dental services since 1903.<sup>49</sup> The OHP currently operates forty-one community-based clinics, which are located mostly in public schools, as well as five free-standing health center dental clinics in Washington Heights, Fort Greene, Bushwick, Lower Manhattan, and Corona.<sup>50</sup> During the summer school vacation, the OHP operates a smaller number of community-based sites, mainly in day care and Head Start programs.<sup>51</sup>

Since the 1990s, the OHP has used “portable dental clinics” in its school-based sites. The portable clinics operate from September through June, remain in one site for up to several years, and can be relocated to other sites depending on need.<sup>52</sup> An available room with electricity and running water is converted into a one-chair dental clinic. A dentist and a dental assistant staff the clinic for an average of three days per week, for between four and seven hours per day. Services provided in these clinics include screenings, sealants, cleaning, fillings, and occasionally more complicated procedures such as extractions and root canals.<sup>53</sup>

By comparison, health center sites are larger, with four to five chairs and multiple dentists, dental hygienists, and dental assistants. Health center sites are open five days per week during regular business hours, and provide a full range of dental services including exams; application of

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required to develop a plan of corrective action. By comparison to the above-mentioned 2006 survey of Medicaid enrollees, the state’s survey of plan network providers for reporting year 2006 found that compliance was between 65 percent and 95 percent, depending on the plan. See: New York State DOH, Office of Health Insurance Programs, *Plan-Specific Report For The New York-Presbyterian Community Health Plan, Inc Reporting Year 2006*, January 2008, p. 23.

<sup>45</sup> City Council, *Oversight: An Update on the Department of Health and Mental Hygiene’s Restructuring of School-Based Oral Health Services*, Briefing Paper, April 10, 2008, p. 4.

<sup>46</sup> *Ibid.*

<sup>47</sup> DOHMH, Office of Oral Health, *Oral Health Services at a Glance*, 2006. See: <http://home2.nyc.gov/html/doh/downloads/pdf/oralhealth/oralhealth-091703.pdf>.

<sup>48</sup> New York State Dental Association, “NYC Dental Clinic Closures Will Hurt Neediest Children,” Press Release, November 19, 2008, See: <http://www.nysdental.org/news/details.cfm?ID=223>.

<sup>49</sup> Doctors’ Council President Barry Liebowitz, *Testimony before the City Council on Health*, in: City Council, *Transcript of the Minutes of the Committee of Health*, December 14, 2006; p. 91.

<sup>50</sup> DOHMH, Office of Oral Health, *Oral Health Services at a Glance*, 2006.

<sup>51</sup> In FY 2008, the OHP operated 13 summer clinics in Brooklyn and four in Staten Island. See: District Resource Statement, DOHMH, 2007-2008, pp. 29-31.

<sup>52</sup> DOHMH, Office of Oral Health, *Oral Health Services at a Glance*, 2006.

<sup>53</sup> DOHMH Deputy Commissioner Cohen, *Testimony before the City Council Committee on Health*, December 12, 2006. See: <http://www.nyc.gov/html/doh/html/testi/testi20061214.shtml>

sealants; and restorative care such as cavity fillings, root canals, extractions, and other surgical procedures.<sup>54</sup>

Most dentists in the OHP are experienced in dealing with children of a wide age-range and treat children with physical and learning disabilities; children with behavioral problems; adolescents whose oral health needs might be indicative of other health care needs, such as treatment for eating disorders or drug counseling; and children and adolescents with anxiety about dental treatment. This concentration of expertise in pediatric dentistry is unique to specialized programs such as the OHP. According to the Bureau of Labor Statistics, there were 161,000 practicing dentists in the US in 2006.<sup>55</sup> Yet the American Academy of Pediatric Dentists, which represents both specially certified pediatric dentists<sup>56</sup> and general dentists who treat a significant number of children in their practice, counts only 7,500 members nationwide.<sup>57</sup>

School-based services require parents to fill out consent forms. Services are provided without any out-of-pocket-costs. Clinics can be reimbursed for services by Medicaid and, to some extent, by third-party insurers, if parents volunteer insurance information.<sup>58</sup>

### Recent Changes in the OHP

In 2006, DOHMH operated 58 portable dental clinics in elementary, middle, and high schools and community locations, such as Head Start programs, in all five boroughs.<sup>59</sup> In January 2006, the DOHMH budget included a Program to Eliminate the Gap (PEG) for the OHP in the amount of \$928,000 in FY 2007 and out-years.<sup>60</sup> In other words, nearly \$1 million was cut from the OHP's annual budget. The DOHMH proposed to meet savings targets by reducing hours at fixed sites, creating a more efficient service delivery model across all clinics, and refocusing the type of services provided.<sup>61</sup>

A few months later, in September 2006, the DOHMH announced lay-offs of part-time staff, including 16 dentists and 11 dental assistants, causing serious concern about the quality of service that could be provided by OHP. While the lay-offs were withdrawn after consultation

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<sup>54</sup> DOHMH Deputy Commissioner Cohen, *Testimony before the City Council Committee on Health*, December 12, 2006. See: <http://www.nyc.gov/html/doh/html/testi/testi20061214.shtml>

<sup>55</sup> US Department of Labor, Bureau of Labor Statistics, "Dentists," *Occupational Outlook Handbook, 2008-2009 Edition*, see: <http://www.bls.gov/oco/ocos072.htm#training>

<sup>56</sup> The American Board of Pediatric Dentistry "certifies dentists based on standards of excellence that lead to high quality oral health care for infants, children, adolescents, and patients with special health care needs." Certification reflect the completion of accredited two-to-three year specialized training and a voluntary examination. See: American Board of Pediatric Dentistry <http://www.abpd.org/>

<sup>57</sup> American Academy of Pediatric Dentistry, "AAPD child advocate testifies at Congressional Hearing," Press Release, September 26, 2008. See: [http://www.aapd.org/media/pressreleases.asp?NEWS\\_ID=860](http://www.aapd.org/media/pressreleases.asp?NEWS_ID=860)

<sup>58</sup> City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 31.

<sup>59</sup> City Council, *Briefing Paper, Oversight: An Update on the Department of Health and Mental Hygiene's Restructuring of School-Based Oral Health Services*, April 10, 2008, p. 4.

<sup>60</sup> *Ibid*, p. 5.

<sup>61</sup> *Ibid*.

with the unions and the city's Office of Labor Relations, the DOHMH sought to move forward with restructuring services.<sup>62</sup>

At a December 2006 City Council oversight hearing, DOHMH Deputy Commissioner Louise Cohen testified that the reorganization of the OHP was based on an "improved service paradigm," that would allow "more children to access better services and thereby achieve better oral health."<sup>63</sup> The DOHMH explained that it would achieve this goal by moving away from providing comprehensive services to high school students in favor of offering elementary and middle school students primary and preventive dental services.<sup>64</sup> In addition, operating hours would be changed from morning to afternoon, evening, and possibly Saturday hours; teams of dentists, hygienists, and assistants would serve schools in "short-term campaigns" providing screenings, sealants, and referrals; and the DOHMH would increase outreach, redesign consent forms, and strengthen partnerships.<sup>65</sup>

In September 2007, the DOHMH introduced ten new "sealant sites" based primarily in elementary schools and designed to provide only preventive services, while closing 17 school-based sites that had provided a full range of preventive and treatment services. Children seen at sealant sites receive an exam by a dentist, including x-rays as needed, followed by a cleaning, application of sealants where appropriate, and a fluoride treatment. If the dentist finds that the child needs any additional treatment, the child is given a letter instructing the parent or guardian to call a regional administrative office for information on referral sites.<sup>66</sup> The parent or guardian is provided with several potential sites that can provide the necessary care, including DOHMH school-based sites that accept outside students, DOHMH health center dental clinics, Health and Hospital Corporations (HHC) dental clinics, and the New York University dental department. Children's dental records are transferred to the new provider upon request.<sup>67</sup>

In April 2008, eight months into the reorganization of the program, the City Council held a follow-up hearing. Deputy Commissioner Cohen testified at this April hearing that the program was a success and that from September 2007 through March 2008, 2,500 children had been served by the sealant sites.<sup>68</sup> She clarified that sealant sites were placed in schools only after a certain amount of parental consent forms had been returned to the school staff,<sup>69</sup> and indicated that dentists from the sealant sites had referred approximately 14 percent of children for further care.<sup>70</sup>

While the DOHMH portrayed the restructured program as a success, several OHP dentists testified that their actual experiences working in the sealant sites, as well as in full-service

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<sup>62</sup> City Council, *Briefing Paper, Oversight: An Update on the Department of Health and Mental Hygiene's Restructuring of School-Based Oral Health Services*, April 10, 2008, p. 5.

<sup>63</sup> DOHMH Deputy Commissioner Cohen, *Testimony before the City Council's Committee on Health*, December 12, 2006. See: <http://www.nyc.gov/html/doh/html/testi/testi20061214.shtml>

<sup>64</sup> *Ibid.*

<sup>65</sup> *Ibid.*

<sup>66</sup> *Ibid.*

<sup>67</sup> *Ibid.*

<sup>68</sup> *Ibid.*

<sup>69</sup> *Ibid.*

<sup>70</sup> *Ibid.*

clinics,<sup>71</sup> had raised serious concerns about the impact of the changes on children in need of services and the future effectiveness of the program.

One OHP dentist testified that DOHMH policies for sealant sites prevented him from treating children in acute pain and in need of urgent care even in cases in which “[t]hey were present in a dental clinic that was staffed with a dentist and assistant and equipped with proper dental equipment, and the parents had already given consent and in most cases expected comprehensive care.”<sup>72</sup>

Another OHP dentist testified that 30 to 40 percent of patients he encountered in the sealant sites needed restorative, endodontic,<sup>73</sup> or other treatment, but that the referral process for those students was cumbersome and unreliable, causing delays or even lack of treatment.<sup>74</sup> Parents who actually receive notification and choose to respond have to call the regional office to arrange follow-up, which will take place in a location outside the child’s school, requiring the parent to make arrangements for transport and time off. In addition, patient records have to be transferred to the DOHMH regional offices and then to the follow-up provider. According to this testimony, just transferring patient charts from school-based clinics to the DOHMH regional offices often takes two to three months.<sup>75</sup>

A 22-year OHP veteran dentist who, in addition to providing care in a school-based full-service clinic, began working in a sealant site in January 2008, testified that she had not seen “one patient come to get their work completed at the nearest school clinic—only seven blocks away. Children who cannot seek care on their own are the ones who suffer the most.”<sup>76</sup>

Following the April 2008 hearing, DOHMH administrative staff began contacting a number of OHP dentists to obtain their input on improving some of the paperwork requirements, particularly the consent form used for sealant sites which previously had given parents the false impression that fillings and extractions, for which the form required consent, were actually performed at the sealant sites.<sup>77</sup> Despite these efforts to improve the program, the DOHMH informed OHP staff of plans to close another 14 sites for FY 2009 (school year 2008-2009).

In FY 2007, prior to the reorganization, announced as an “improved service paradigm” that would “allow more children to access better services,”<sup>78</sup> the OHP recorded 47,518 visits to

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<sup>71</sup> The term “full-service” clinic comprises both school-based portable dental clinics and fixed site health center clinics and is used only to distinguish those clinics from the “sealant-only” sites.

<sup>72</sup> Dr. Gary Peters, DDS, *Testimony before the New York City Committee on Health*, April 10, 2008.

<sup>73</sup> Endodontic dentistry is a specialty dealing with the “inside of the tooth,” that is, with the tooth pulp and tissues surrounding the root of a tooth. It is one of the specialties recognized by the American Dental Association. The most common endodontic procedure is root canal treatment. See: [http://www.ada.org/public/topics/root\\_canal.asp](http://www.ada.org/public/topics/root_canal.asp)

<sup>74</sup> Dr. Charles Pellicane, *Testimony before the New York City Council Committee on Health*, April 10, 2008.

<sup>75</sup> *Ibid.*

<sup>76</sup> Dr. Margaret Mahoney, *Testimony before the City Council Committee on Health*, April 10, 2008.

<sup>77</sup> For the problems with the consent forms see: Testimony of Dr. Gary Peters, DDS before the New York City Health Committee, April 10, 2008. The DOHMH’s contact with dentists for the purpose of improving the forms used in the program was mentioned by a number of OHP dentists surveyed by the Office of the Public Advocate and was confirmed by the Doctors Council in an informal communication with the Office of the Public Advocate.

<sup>78</sup> DOHMH Deputy Commissioner Cohen, *Testimony before the City Council’s Committee on Health*, December 12, 2006. See: <http://www.nyc.gov/html/doh/html/testi/testi20061214.shtml>.

school-based clinics, health center clinics, and summer clinics combined. In FY 2008, including visits to the sealant sites, the OHP recorded a combined 35,582 visits.<sup>79</sup> As of January 2009, the OHP provided services in five health center clinics, 39 school-based sites—including nine sealant sites—and two additional portable clinics in the East Harlem health center and a Bronx Head Start program.<sup>80</sup> In the current fiscal year, the OHP employs 57 full-time and 35 part-time staff,<sup>81</sup> including 31 full-time (17) and part-time (14) dentists,<sup>82</sup> compared to 48 full-time (16) and part-time (32) dentists in 2006.<sup>83</sup> With the elimination of the OHP, the DOHMH plans to lay off all OHP staff.<sup>84</sup>

### *DOHMH Arguments for Eliminating the Oral Health Program*

In the November 2008 budget hearings, DOHMH Commissioner Frieden confirmed that the agency would eliminate the OHP as a response to “[t]he Mayor’s recent request for agencies to find savings of 2.5 percent for FY09 and an additional 5 percent for FY10 and the out-years.”<sup>85</sup>

In further testimony and in subsequent statements in the news media, the DOHMH offered three main reasons for eliminating the Oral Health Program—that eliminating the OHP is necessary to meet savings targets; that the OHP clinics have low productivity; and that the same services are available elsewhere.

### Costs

Commissioner Frieden presented the decision of the DOHMH to “no longer provide direct oral health services, saving the City \$2.5 million in FY10 and \$3.4 million in FY11”<sup>86</sup> as a “difficult” but “inescapable”<sup>87</sup> decision made after alternatives—such as identifying new revenues to help meet saving targets or efficiencies to provide the same services at lower costs—had been exhausted by the agency.<sup>88</sup>

In fact, the Independent Budget Office (IBO) has pointed out that the DOHMH could raise \$4.6 million in new annual revenue by increasing the application fee for food service permits from \$280 to \$500. The current \$280 fee only covers about 60 percent of the costs associated with restaurant permits and related inspections, leaving the DOHMH with uncovered costs of between \$4.2 and \$4.7 million.<sup>89</sup>

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<sup>79</sup> District Resource Statement, Fiscal and Service Reports for Fiscal Years 2008 and 2009, DOHMH, pp. 16-32.

<sup>80</sup> Oral Health Program, Dental Clinics, January 2009. Document transmitted to Office of the Public Advocate by Doctors Council SEIU, January 2009.

<sup>81</sup> City Council, Finance Division, *Budget Note Department of Health and Mental Hygiene*, November 2008, p. 4.

<sup>82</sup> Information provided to the Office of the Public Advocate by the Doctors Council SEIU, March 17, 2009. NOTE: At the April 2008 City Council hearing, Deputy Commissioner Cohen said that the program had 29 dentists (12 full time and 17 part-time), see: Transcript p. 39.

<sup>83</sup> Barry Liebowitz, President Doctors Council SEIU, December 12, 2006. Transcript of the Minutes, p. 21.

<sup>84</sup> City Council, Finance Division, *Budget Note Department of Health and Mental Hygiene*, November 2008, p. 4.

<sup>85</sup> DOHMH Commissioner Frieden, *Testimony before the City Council Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 3.

<sup>86</sup> *Ibid.*, p. 4.

<sup>87</sup> *Ibid.*, p. 4.

<sup>88</sup> *Ibid.*, p. 3.

<sup>89</sup> NYC Independent Budget Office (IBO), *Budget Options for New York City*, February 2009, p. 76.

In addition, comments made by DOHMH officials indicate that the OHP could actually realize significant additional efficiencies. The OHP treats all students with parental consent forms regardless of insurance status without any out-of-pocket costs.<sup>90</sup> Medicaid and some third party insurers will reimburse for dental services at school-based health clinics. Yet the DOHMH does not require insurance information for children using OHP services.

According to DOHMH Deputy Commissioner Louise Cohen, “about 30 percent of our patients we know to be in Medicaid, Medicaid managed care, and we’re able to bill for those. However, we don’t require insurance information in order to provide services. [...] If a parent does not fill it out, and this is also true for school entry forms, if a parent does not fill it out, we do not require them to do so. So we have about 60 percent of the people who come into our clinics that we do not have insurance information on.”<sup>91</sup>

With regard to children’s dental services, Commissioner Frieden stated that “[w]hen we look at all of the things that we as an agency do, this is the one that the reduction of would have the least negative impact on public health.”<sup>92</sup> However, Commissioner Frieden has not indicated what the costs of eliminating the city’s dental program would be. Untreated tooth decay occurs more often among minorities and low-income families. The OHP is designed specifically to address these health disparities. If dental care is postponed until symptoms such as toothache or infection require a visit to a hospital emergency room, costs of treatment may increase exponentially. A three-year study of Medicaid reimbursement found that the cost to manage symptoms related to untreated tooth decay on an in-patient basis is approximately 10 times higher than the same care in a dental office.<sup>93</sup> Moreover, national data indicates that school children in the US miss 1.6 million school days a year due to acute dental conditions,<sup>94</sup> or three days for every 100 students age 5-17 per year.<sup>95</sup>

## Productivity

The second line of argument offered by the DOHMH in support of closing OHP dental clinics centers holds that the sites do not operate efficiently. Commissioner Frieden told the City Council that “[t]he sites that we operate, I have to say, don’t have long waiting lists and have

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<sup>90</sup> Note: Free school-based dental services are a particularly important safety net for uninsured children. However, given New York’s expansion of public health insurance eligibility for children up to a family income of 400 percent of the federal poverty line, only a few children are not eligible for health insurance. A recent survey found the 93 percent of families interviewed in the Bronx had insured children The Bronx Health Link, “Community Perspectives. Proceedings from the Bronx Community Health Care Discussion. Obama-Biden Transition January 2009.” February, 2009, p. 31.

<sup>91</sup> City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 31.

<sup>92</sup> *Ibid.*, p. 34.

<sup>93</sup> Pettinato, E., Webb, M., Seale N. S., “A comparison of Medicaid reimbursement for non-definitive pediatric dental treatment in the emergency room versus periodic preventive care,” *Pediatric Dentistry* 2000: 22(6), pp.463-468. Cit. in: Children’s Dental Health Project, “CDHP Policy Brief: Cost Effectiveness of Preventive Dental Services,” [http://www.cdc.gov/OralHealth/publications/library/burdenbook/pdfs/CDHP\\_policy\\_brief.pdf](http://www.cdc.gov/OralHealth/publications/library/burdenbook/pdfs/CDHP_policy_brief.pdf).

<sup>94</sup> National Center for Health Statistics – Current Estimates from the National Health Interview Survey, 1996. Series 10, No. 200, p.66.

<sup>95</sup> *Ibid.*, p. 65.

quite low productivity ratios.”<sup>96</sup> What the Commissioner did not point out is that this situation seems to be a direct result of DOHMH’s policies. Between 2003 and 2008, the DOHMH reduced overall full-time equivalent staff by 20 percent and dentists by nearly 30 percent, mainly through attrition. (See Appendix I, Table 1, p.23.) In April 2008, Deputy Commissioner Cohen testified that due to staff attrition, sites had to be consolidated and hours of operation reduced in many clinics.<sup>97</sup>

The DOHMH also systematically closed dental clinics in high schools as part of its new “service paradigm.” DOHMH officials suggested that sites were closed due to lack of student need. Lisa Helburn, Executive Director of the Oral Health Program told City Council members in April 2008: “I don’t think we ever wanted to be in a position to close sites, but [...] in a six-months period of time [...] if we only saw 40 children, whereas in other sites that we’re in we’re seeing over 100, 200 children in that same period of time, to me it says that [...] we’re not seeing the same number of children that we should be seeing in those clinics.”<sup>98</sup> In fact, the average number of FY 2007 visits to dental clinics closed in FY 2008 was 242 (equivalent to 161 visits for a six-month period). (See Appendix I, Table 2, p.23.)

Moreover, the reorganization of OHP dental services that began in September 2007 created difficult work conditions for program staff, including the need for dentists and other staff to cover multiple sites, often in different boroughs,<sup>99</sup> and stifling amounts of paperwork. In the April 2008 City Council oversight hearing, an OHP dentist testified that the amount of paperwork required by the DOHMH under the new referral and record-keeping procedures had increased so much that time for patient care was sharply reduced.<sup>100</sup>

“The date must be entered 11 times. The dentist’s signature or initials must be placed 8 times. The patient’s ID number must be entered 8 times. Any medical conditions the patient has must be written 4 times, and sometimes this list can be lengthy. The dentist’s examination and treatment list must be written 4 times, a task that can be extremely daunting if the patient has a moderate number of cavities. [...] It is a waste of precious clinic time.” *G. Peters, DDS, OHP dentist*

## Access

The key argument offered by the DOHMH in support of eliminating the OHP, however, is based on the claim that the program “can be cut with the least impact on public health”<sup>101</sup> because the services offered by OHP dental clinics are available elsewhere. Commissioner Frieden told the City Council that “only 45 percent of children in Medicaid managed care—who are all covered for dental care—had a dental visit in the past year. If this percentage increased to just 50 percent,

<sup>96</sup> City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 49.

<sup>97</sup> City Council, *Transcript of the Minutes of the Committee on Health*, April 10, 2008, p. 39.

<sup>98</sup> *Ibid.*, p. 42.

<sup>99</sup> City Council, *Transcript of the Minutes of the Committee on Health*, December 12, 2006, p.104.

<sup>100</sup> Dr. Gary Peters, DDS, *Testimony before the New York City Committee on Health* April 10, 2008

<sup>101</sup> DOHMH Commissioner Frieden, *Testimony before the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 4.



more than 50,000 additional children would receive dental services—approximately three times the number currently served by DOHMH’s oral health program.”<sup>102</sup> There is no mechanism, though, through which the city could directly increase the annual percentage of dental visits of children enrolled in Medicaid, which—according to State Department of Health records—has essentially remained unchanged for the last three years.<sup>103</sup>

Commissioner Frieden also stated that there are approximately 3,000 Medicaid dentists in New York City that are able to absorb children in the OHP.<sup>104</sup> However, according to state records, a total of only 2,210 dentists in New York City accepted Medicaid in the fourth quarter of 2008.<sup>105</sup> Applying survey results discussed below, the Office of the Public Advocate estimates that the actual number of Medicaid dentists accessible to families currently served by the OHP is less than 2,000—nearly 40 percent less than DOHMH estimates. (See Analysis, p. 20.)

DOHMH officials have also suggested that HHC facilities can serve as an alternative to OHP clinics.<sup>106</sup> HHC facilities have been previously cited as follow-up providers for the OHP, not only for the small percentage of specialty services that could not be accomplished in full-service DOHMH clinics,<sup>107</sup> but also as a possible provider for children referred from OHP sealant sites for treatment of cavities and other dental problems.<sup>108</sup> However, the DOHMH has not provided any data to show that children seen in OHP sealant sites have successfully and regularly accessed treatment at HHC facilities.

“We don’t necessarily do follow-ups with all the children for whom we give a referral. So, that would be from any site within the school, whether it’s a sealant site, a full-service school site, or one of our dental clinics, which not often, but which do refer students out, but we don’t necessarily do follow-up to find out exactly what happened with each child.” *Louise Cohen, Deputy Commissioner, DOHMH April 10, 2008*

Observers have noted that wait times for treatment in public hospital dental clinics tend to exceed wait times for treatment in dental offices.<sup>109</sup> To determine the availability of HHC dental services, the Office of the Public Advocate surveyed 16 HHC dental facilities for urgent care appointments. (See Survey Results, p.18.) It is also important to note that, in response to the city and state’s budget crisis, HHC imposed austerity measures in December 2008 including a hiring freeze,<sup>110</sup> which essentially precludes any capacity increases in HHC facilities in the near future.

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<sup>102</sup> *Ibid.*

<sup>103</sup> NYS DOH, eQARR 2006-2008. See: [http://www.health.state.ny.us/health\\_care/managed\\_care/reports/](http://www.health.state.ny.us/health_care/managed_care/reports/)

<sup>104</sup> City Council, *Transcript* 11/2008, p. 49.

<sup>105</sup> For details, please see Appendix.

<sup>106</sup> City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 51.,

<sup>107</sup> *Ibid.*, p. 16.

<sup>108</sup> DOHMH Deputy Commissioner Cohen, *Testimony before the Health Committee*, April 10, 2008, p. 2.

<sup>109</sup> City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008 (Councilmember Arroyo), p. 48.

<sup>110</sup> HHC President Aviles, Report to the Board of Directors, “HHC Austerity Measures Adopted in Response to State Deficit Forecast,” December 18, 2008. See: <http://www.nyc.gov/html/hhc/html/board-report/hhc-presidents-report-2008-12.shtml>

## **Methodology**

### ***Survey of Oral Health Program Dentists***

In order to gain a more comprehensive understanding of the problems experienced by both dentists and school children served by the program and to recommend practical solutions, the Office of Public Advocate distributed surveys to all dentists employed full- or part-time in the DOHMH Oral Health Program in FY 2008. Seventy-four percent, or 23 of the 31 dentists employed in the oral health program responded to the survey. The survey was conducted between July 14 and September 25, 2008. (For survey questions see Appendix II, p.24.)

Responses to the survey have been included in this report because they highlight the problems experienced by dentists and students in the program as a result of service cuts and reorganizations and suggest that the DOHMH effectively began to dismantle the OHP before the current recession began.

### ***Survey of New York City Medicaid Dentists***

In response to the November 2008 announcement by the city slating the program for elimination, the Office of the Public Advocate expanded the scope of the project, analyzing program performance data and conducting a survey of 100 Medicaid dentists to determine the availability of urgent dental care appointments for new pediatric patients with Medicaid.

The Office of the Public Advocate compiled a list of all Medicaid dentists in New York City using the most up-to-date public information available (see Appendix III, p.29), then assigned each dentist on the list a number. Using a random number generator,<sup>111</sup> the Office of the Public Advocate randomly selected 20 Medicaid dentists per borough for a total of 100 dentists.

Using telephone numbers available through the managed care organizations' provider handbooks and online resources, surveyors called the listed office number and spoke to office staff or, in a few cases, the dentists themselves. Between February 2<sup>nd</sup> and February 24<sup>th</sup>, 2008, surveyors called the dentists posing as relatives of a child with tooth-pain enrolled in Medicaid. (For survey questions see Appendix IV, p.31.)

### ***Survey of HHC Clinics and Treatment Centers***

DOHMH officials have cited HHC facilities as an alternative to OHP sites.<sup>112</sup> To determine the availability of HHC dental services, the Office of the Public Advocate surveyed HHC dental facilities for urgent care appointments. There are eleven HHC hospitals and six diagnostic and treatment centers in all boroughs except Staten Island. Coney Island Hospital does not have a dental clinic and was excluded from the survey. Using telephone numbers available through the

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<sup>111</sup> <http://www.random.org>.

<sup>112</sup> City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 51.

managed care organizations' provider handbooks and online resources, surveyors called the listed dental departments and spoke to office staff. On January 8<sup>th</sup>, January 21 through 23, and February 2<sup>nd</sup> through February 4<sup>th</sup>, 2008, surveyors called the HHC clinics posing as relatives of a child with tooth-pain enrolled in Medicaid. (For survey questions see Appendix IV, p.31.)

## **Findings**

### ***Survey of OHP Dentists***

These findings are based on the responses of 23 of 31 dentists (74 percent) working in the Oral Health Program and providing at least part-time services to public school students in school-based sealant or full-service sites.

#### **OHP dentists almost unanimously agree that school-based dental services remain an urgent need for the city's public school students.**

- Ninety-one percent of respondents strongly (63 percent) or somewhat (27 percent) agreed with the statement that "for many NYC public school children school-based sites are their only access to dental care."
- Ninety-five percent of respondents strongly (81.8 percent) or somewhat (13 percent) agreed that there is an urgent need for more comprehensive school-based dental services in New York City.

#### **The majority of OHP dentists report a far higher incidence of untreated cavities and other dental problems among school-based preventive care patients than the 14 percent referral rate<sup>113</sup> cited by the DOHMH.**

- Seventy-three percent of respondents reported that 40 percent or more of students seen at their dental clinics for preventive care (checkups and cavities) had untreated cavities or needed other dental treatment that would necessitate a referral.

#### **The majority of OHP dentists report that new record-keeping requirements implemented as part of the reorganization of the program created large amount paperwork but that much of the information was not used in a timely manner, if at all.**

- Eighty-six percent of respondents said that the amount of paperwork increased in the 2007-2008 school year.
- Seventy-six percent of respondents said that the increase in paperwork reduced overall time spent on patient care.
- Seventy-two percent of respondents working in sealant sites reported delayed collection (45 percent) or no collection (27 percent) of patient charts from sealant sites by the regional office for transfer to follow-up providers.

#### **The length of employment of the majority of OHP dentists indicates that the DOHMH has allowed staff attrition in the OHP for a long time.**

- None of the respondents were hired during the last two years.

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<sup>113</sup> DOHMH Deputy Commissioner Cohen, *Testimony before the City Council Committee on Health*, April 10, 2008, p. 2.

- Only nine percent of respondents were hired during the last ten years.
- Fifty-seven percent of respondents have worked in the OHP for more than 20 years.

### *Survey of Medicaid Dentists*

These findings are based on the responses of 20 randomly sampled Medicaid dentists from each borough for a total of 100 New York City Medicaid dentists.

#### **Nearly one out of every six Medicaid dentists surveyed (17 percent) was inaccessible.**

- Seven percent of randomly sampled dentists (7 of 100) could not be reached using the most recent contact information available in their managed care organizations' provider handbook or online resources.
- Ten percent (10 of 100) of randomly sampled dentists did not accept new Medicaid patients.

#### **Only 12 percent of Medicaid dentists surveyed could provide an appointment within the 24 hour timeframe required by New York State for urgent dental care.**

- Twelve percent of surveyed Medicaid dentists (12 of 100) were able to provide an appointment for a child enrolled in Medicaid who had not previously been to the office and sought an appointment for treatment of a dental condition causing pain.
- Thirty-eight percent of surveyed Medicaid dentists (38 of 100) were able to offer an appointment for urgent care within a week.
- Twenty percent of surveyed Medicaid dentists (20 of 100) had wait times for urgent care appointments of between one and two weeks.
- Thirteen percent of surveyed Medicaid dentists (13 of 100) had wait times for urgent care appointments of up to (7 percent) or more than (6 percent) one month.

#### **The majority of Medicaid dentists available said that they were not specialized to treat children, even though the majority of Medicaid enrollees are under 20 years old.**

- Sixty-five percent of surveyed Medicaid dentists who accepted new Medicaid patients (54 of 83) stated that they were not specialized to treat children. By comparison, in 2007, more than 60 percent of Medicaid enrollees in New York State were between the ages of 0 and 19 years.<sup>114</sup>

### *Survey of HHC Facilities*

These findings are based on 16 HHC dental clinics; ten in hospitals<sup>115</sup> and six in diagnostic and treatment centers.

#### **Nearly one out of every three HHC facilities had wait times of more than a month to three months for filling a cavity.**

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<sup>114</sup> NYS DOH, Office of Health Insurance Programs, Plan-Specific Reports, Reporting Year 2007. See: [http://www.health.state.ny.us/statistics/health\\_care/managed\\_care/plans/reports/index.htm](http://www.health.state.ny.us/statistics/health_care/managed_care/plans/reports/index.htm)

<sup>115</sup> The HHC network includes eleven hospitals. However, Coney Island hospital does not have a dental clinic and was excluded from the sample.

- Thirty-one percent of HHC dental clinics (5 out of 16) had a wait time of more than a month to three months for treating a dental problem, such as a cavity.
- Twenty-five percent of HHC dental clinics (4 out of 16) had a wait time of between two and four weeks.
- Two HHC dental clinics could not be reached over the phone to determine wait times.
- Only one HHC dental clinic could provide an appointment for restorative treatment within 24 hours.

### *Analysis*

#### **The OHP is cost-effective: average OHP per capita costs are half the nationwide average cost for Medicaid enrollees who received dental services.**

According to the DOHMH's own numbers, the OHP's per capita spending is highly efficient. The OHP's scheduled budget for FY 10 is \$2.5 million. The program serves 17,000 students, so per capita costs for FY 10 would be only \$147. By comparison, according to a 2004 nationwide survey, people who visited a dentist paid an average of \$498 per visit.<sup>116</sup> The average cost per Medicaid enrollee who received dental service nationwide was \$304.93.<sup>117</sup>

#### **The DOHMH could realize significant additional efficiencies by requiring parents to provide insurance information on parental consent forms.**

The DOHMH has not collected insurance information for 60 percent of the students who use the OHP. If the DOHMH required parents to provide insurance information on parental consent forms, it could realize significant additional efficiencies. In the past year, the Oral Health Program received \$800,000 in Medicaid reimbursement at \$49.44 per visit.<sup>118</sup> For each additional point by which the DOHMH increases the percentage of OHP visits billed to Medicaid at the \$49.44 rate, the DOHMH would save \$17,591.74.<sup>119</sup> If DOHMH were able to increase the Medicaid reimbursement rate by 30 percentage points, it would save an additional half million dollars (\$527,752.22).

#### **The elimination of the OHP could cost New York City children up to nearly three years in lost school days.**

Nationwide, US school children miss 1.6 million school days a year due to acute dental conditions, or three days for every 100 students per year.<sup>120</sup> For the 17,000 children currently served in the OHP, this could mean up to 510 days, the equivalent—based on 186 instructional days per school year<sup>121</sup>—of 2.7 school years.<sup>122</sup>

<sup>116</sup> New York State DOH, *Oral Health Plan for New York State*, August 2005, p. 4

<sup>117</sup> Figure is for FY 2003. NY State DOH, *The Impact of Oral Disease in NY State*, 2006, p. 75.

<sup>118</sup> Figures provided by the Office of Labor Relations to the Doctors Council SEIU on March 20, 2009.

Information provided to the Office of the Public Advocate, March 23, 2009,

<sup>119</sup> Based on 35,582 visits per year.

<sup>120</sup> National Center for Health Statistics, *Current Estimates from the National Health Interview Survey*, 1996. Series 10, No. 200, p. 65-66.

<sup>121</sup> NYC Department of Education (DOE), "State and City Requirements and Guidelines. Appendix. Footnote 2," *Annual Arts in Schools Report 2006-2007*, p. 36

<sup>122</sup>  $17,000 \text{ students} / 100 = 170 * 3 = 510 / 186 \text{ (days of the school year)} = 2.74$

**There are nearly 40 percent fewer Medicaid dentists in New York City than estimated by the DOHMH.**

In testimony before the City Council and news reports, the DOHMH has stated repeatedly that there are approximately 3,000 Medicaid dentists in New York City who are able to absorb the 17,000 children in the OHP.<sup>123,124</sup>

According to state records, the total number of Medicaid dentists in New York City is actually 2,210. The Office of the Public Advocate's survey of 100 randomly sampled Medicaid dentists found that 17 percent were either not reachable or did not accept new Medicaid patients. Applied to the total number of New York City dentists for 2008, this leaves an estimated 1,834 Medicaid dentists available to new Medicaid patients in New York City.

**Recommendations**

The DOHMH should:

**Immediately reverse the decision to eliminate the OHP and keep the five operating dental clinics at health center sites and forty-one school-based sites open.**

The OHP's mission of serving children who disproportionately suffer from preventable and treatable conditions and/or who do not have access to alternative services is even more critical in times of economic crisis when limited healthcare resources may become even scarcer. While it is true that the agency has no choice but to meet savings targets, the elimination of the OHP is not the best way to do so. The OHP is cost-effective and additional efficiencies can be realized; there are in fact costs to eliminating the program; and the DOHMH can meet savings targets by increasing revenues without cutting dental services to children. Moreover, the services provided by the OHP may not be readily accessible to all children who currently use them. The DOHMH cannot justify the elimination of city-funded direct dental services by suggesting a hypothetical future increase in visits to Medicaid dentists.

**Explore new revenue streams to meet the agency's savings targets.**

In order to meet its savings targets and preserve the OHP, the DOHMH should explore all potential new sources of revenue. For example, the IBO's proposal would allow the DOHMH to increase revenue by \$4.6 million annually and meet its savings targets without cutting vital dental services for some of the city's most vulnerable children. According to the IBO's analysis, raising the fees for food service permits to the level of covering the costs to the DOHMH would not impose a significant hardship on restaurant owners. In addition, the measure would not have any negative impact on public health.

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<sup>123</sup>City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p. 49

<sup>124</sup>Frost, M., "How City's Budget Cuts Will Affect Brooklyn Kids," *Brooklyn Daily Eagle*, November 6, 2008.

**Make insurance information mandatory on parental consent forms to increase reimbursement for services rendered while continuing to provide care to children who are uninsured.**

The DOHMH has argued that it does not require parents to provide insurance information due to concern that the requirement would discourage parents from completing consent forms. However, requiring parents to provide insurance information—while assuring them that all children will continue to receive care with no out-of-pocket costs—in order to increase reimbursement to school-based clinics is far preferable to closing those clinics altogether. Furthermore, requiring parents to provide insurance information would help the DOHMH achieve its goal of connecting uninsured families with public health insurance options whenever possible.<sup>125</sup>

**Provide and maintain a publicly accessible list of Medicaid general and pediatric dentists in New York City**

Regardless of the future of the OHP, the DOHMH should provide a list of all New York City Medicaid dentists. This list could be made publicly accessible through the already developed DOHMH online primary care provider directory. The provider directory was originally made available online in 2005 to allow New York City residents to search for primary care physicians, dentists, OB/GYN providers, and hospital and clinics that accept Medicaid and Child Health Plus. Currently, however, while the website for the directory can still be viewed,<sup>126</sup> the DOHMH restricts public access to the directory itself. A complete and accurate list maintained by the city is particularly important because the state's review of Medicaid managed care organizations issues citations every year for inaccuracies found in provider handbooks and online resources available to plan members.<sup>127</sup>

The list of Medicaid dentists should include each New York City dentist's name, specialization, practice or office name, contact information, and office hours and indicate whether the dentist will accept new Medicaid patients. The list should be searchable by borough and zip code. The DOHMH should ensure that it is regularly updated. A separate list should be available for contact information and walk-in hours for HHC facilities and all other low-cost or free community dental providers and services available to Medicaid enrollees and/or the uninsured.

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<sup>125</sup> City Council, *Transcript of the Minutes of the Committee on Health*, December 12, 2006, p. 12.

<sup>126</sup> <http://nyc.gov/html/doh/html/stat/hp.html> (last accessed March 17, 2009)

<sup>127</sup> See: NYS DOH, Plan specific reports for NYS Managed Care Plans at: [http://www.health.state.ny.us/statistics/health\\_care/managed\\_care/plans/reports/index.htm](http://www.health.state.ny.us/statistics/health_care/managed_care/plans/reports/index.htm).

## Appendix I

Table 1 – Change in OHP Full-Time Equivalent (FTE) Staff\* 2003-2008

	2003	2004	2005	2006	2007	2008	Change 2003-2008	% 5yr change 2003-2008
<b>Total FTE Management (Regional and Clinical Directors)</b>	8	8	8	8	7	7	-1	-13%
<b>Total FTE non-management, non-dentist staff (Hygienists, Dental and Administrative Assistants)</b>	54.65	58.5	62.32	55.9	47.8	45.3	-9.35	-17%
<b>Total FTE Dentists</b>	25.5	23.6	24.65	22.2	20.6	18.6	-6.9	<b>-27%</b>
<b>Total FTE</b>	88.15	90.1	94.7	86.1	75.4	70.9	-17.25	<b>-20%</b>

Source: DOHMH District Resource Statements, FY 2003-2008<sup>128</sup>

\*According to the 2005 District Resource Statement, full-time equivalent (FTE) staff is based on 1,827 hours worked per year and positions filled. FTE dentist are calculated on the basis of 2,088 hours a year (40 hours a week).

Table 2 – FY 2007 Visits to OHP School-Sites that were Closed in FY 2008.

<b>Schools</b> <sup>129</sup>	<b>Borough</b>	<b>FY 2007 (visits)</b>	<b>FY 2008</b>
Middle/HS 368	Bronx	269	Closed
Health Opportunities High School	Bronx	80	Closed
Morris High School	Bronx	130	Closed
Theodore Roosevelt High School	Bronx	101	Closed
Evander Childs High School	Bronx	159	Closed
Public School 202	Brooklyn	797	Closed
Boys & Girls High School	Brooklyn	193	Closed
Samuel J. Tilden High School	Brooklyn	586	Closed
Franklin K. Lane High School	Brooklyn	136	Closed
Bushwick School for Social Justice	Brooklyn	18	Closed
Public School 22	Brooklyn	607	Closed
Public School 217	Brooklyn	218	Closed
Fashion Industries High School	Manhattan	199	Closed
Seward Park High School	Manhattan	88	Closed
Washington Irving High School	Manhattan	115	Closed
PS 206	Queens	273	Closed
Far Rockaway High School	Queens	142	Closed
<b>Total Closures</b>			<b>17</b>
Total Visits FY before Closure		4111	
<b>Average # of visits before closure</b>		<b>242</b>	

<sup>128</sup> Totals for each category are based on the sum of FTEs in the program for each region. “Management” includes Regional and Clinical Directors, “Non-Management” includes Dentists, Hygienists, Dental Assistants, Clerical Assistants, and Coordinators.” Office of Management and Budget (OMB), *District Resource Statement Department of Health and Mental Hygiene*, FY 2003-2004, FY 2004-2005, FY 2005-2006, FY 2006-2007, FY 2007-2008, FY 2008-2009.

<sup>129</sup> Not included is the National Center for Negro Women – Child Development Center, which was closed in FY 2008 and was a community-based but not school-based site.



**Appendix II**

**New York City Office of the Public Advocate:  
School Dentists' Survey**

Dear Colleague,

The New York City Department of Health and Mental Hygiene (DOHMH) has proposed further changes to the Oral Health Program for the 2008-2009 school-year in addition to changes implemented a year ago.

In September 2007, the New York City Department of Health and Mental Hygiene (DOHMH) closed 17 full-service school-based dental sites, opened 10 new sealant-only sites to promote preventive dental services, and instituted new protocols for record-keeping and referrals. The Office of the Public Advocate is conducting this survey to gather information about the impact of these past changes.

**Today's date:** \_\_\_\_\_

**1. How long have you been employed as a school-based dentist by the NYC DOHMH?**

\_\_\_\_\_

**2. In what borough or boroughs and type of school or schools (e.g. elementary, MS/IS/JHS, high school, District 75, or other) do you work?**

Borough(s) \_\_\_\_\_ Type of School (s) \_\_\_\_\_

**3. In what type of school-based site or sites do you currently work?**

Full-Service site [ ] Sealant-only [ ] Both [ ]

**4. How many staff members do you have at your site?**

Dentists \_\_\_\_\_  
Hygienists \_\_\_\_\_  
Dental assistants \_\_\_\_\_

**5. What services do you provide at your site(s)? (Please check all that apply. If you work in more than one site, please use letters instead of check-marks (s = a service available at the sealant site where you work; f = a service available at the full-service school-based dental clinic where you work)).**

Examination/Diagnosis	[ ]	Emergency treatment	[ ]
X-rays	[ ]	Endodontics	[ ]
Cleaning	[ ]	Periodontal care	[ ]
Fluoride treatments	[ ]	Oral Surgery	[ ]
Sealant application	[ ]	Anesthesiology/Pain management	[ ]
Sealant retention check-ups	[ ]	Orthodontics	[ ]
Restorative treatment	[ ]	Other _____	

**6. In your opinion, what is the state of dental care for New York City public school children? Please indicate how much you agree or disagree with each statement by checking the corresponding box.**

Statement	Strongly Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
a. Most NYC public school children receive regular dental care.	[ ]	[ ]	[ ]	[ ]	[ ]
b. There is a sufficient number of dentists in NYC who accept Medicaid and CHIP.	[ ]	[ ]	[ ]	[ ]	[ ]
c. For many NYC public school children, school-based sites are their only access to dental care.	[ ]	[ ]	[ ]	[ ]	[ ]
d. There is an urgent need for more comprehensive school-based dental services.	[ ]	[ ]	[ ]	[ ]	[ ]
e. School-based dental services are under-utilized.	[ ]	[ ]	[ ]	[ ]	[ ]
f. School-based dental services should focus exclusively on preventive care.	[ ]	[ ]	[ ]	[ ]	[ ]
g. Other comments: _____					
_____					
_____					

**7. Did you experience any change in staffing or services offered through the Oral Health program at your site in the 2007-2008 school year? (Please check all that apply.)**

Reduction of staff (incl. attrition)	[ ]	
Reduction of services (incl. hrs of operation)	[ ]	if reduction, what services were cut:
		_____
		_____
Unchanged	[ ]	
New Site	[ ]	
Increase in staff	[ ]	
Increase in services (incl. hrs of operation)	[ ]	if increase, what services were added:
		_____
		_____

**8. How many students did you see during the 2007-2008 school year?**

Number of students seen during 2007/08 school-year: \_\_\_\_\_

**9. What percentage of students you saw during the 2007-2008 school year were making first-time visits? (Please circle your closest estimate)**

0% 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-99% 100%  
If not applicable, or don't know, check here [ ]

**10. What percentage of all students seen for preventive care (check-ups or sealants) had cavities or needed other dental treatment? (Please circle your closest estimate.)**

0% 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-99% 100%  
If not applicable, or don't know, check here [ ]

**11. What percentage of all children seen needed specialty treatment that could not be provided by a DOHMH (school-based and health center) clinic? (Please circle your closest estimate.)**

0% 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-99% 100%  
If not applicable, or don't know, check here [ ]

**12. Sealant sites only: What percentage of students who were found to have cavities or other dental problems returned for sealant application after they had seen a full-service dentist? (Please circle your closest estimate.)**

0% 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-99% 100%  
If not applicable, or don't know, check here [ ]

**13. Full-service clinics only: What percentage of children seen at your clinic for treatment were referred to your clinic by a school-based sealant site? (Please circle your closest estimate)**

0% 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-99% 100%  
If not applicable, or don't know, check here [ ]

**14. Did you experience a change in the amount of paperwork required for each patient's visit in the 2007-2008 school year?**

- Increased [ ] (If paperwork increased, continue to Question 15)
- Decreased [ ] (If paperwork decreased, continue to Question 17)
- No change [ ] (If you experienced no change, continue to Question 17)
- Don't know [ ] (If you don't know, continue to Question 17)

**15. Has the increase in the amount of paperwork reduced the overall time spent on patient care?**

Yes [ ] No [ ] Don't know [ ]

**16. Optional: Please give an example of any paperwork requirements that have been added to your work-load. Please note briefly the benefit, if any, of each additional requirement.**

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**17. When are dental charts, including x-rays and treatment plans transferred to the Regional office? (Please check all that apply)**

- Immediately after each visit [ ]  
Upon request [ ]  
At the end of every week [ ]  
At the end of every month [ ]  
At the end of each term (for temporary sites) [ ]  
Information is not usually transferred [ ]

Other (pls. specify) \_\_\_\_\_

**18. Do you think consent forms for parents/guardians are user-friendly?**

Yes [ ] No [ ] Don't know [ ]

**19. Has the DOHMH ever contacted you to request your input on improving the system for obtaining consent and keeping records?**

Yes [ ] No [ ] Other \_\_\_\_\_

**20. Are you able to treat students with emergencies and/or acute pain?**

Yes [ ] No [ ] Other \_\_\_\_\_

**21. Do you think there are any problems with the referral system in the Oral Health program?**

Yes [ ] No [ ] Don't know [ ]

**If yes, what do you think are the problems?**

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**22. Do you think the referral process causes unnecessary delays in treatment?**

Yes            [ ]      No            [ ]                      Don't know    [ ]

**23. Do you have any means of knowing how many of the students you refer for treatment actually receive treatment?**

Yes, for all referred students    [ ]                      **(If yes, please continue with question 24)**

Yes, for students treated within the school-based health or DOHMH system                      [ ]                      **(If yes, please continue with question 24)**

No    [ ]                      **(If no, please continue with question 25)**

Other \_\_\_\_\_

**24. Of referred students for whom you can track follow-up treatment, how many actually receive the necessary treatment? (Please circle your closest estimate.)**

0%   1-9%   10-19%   20-29%   30-39%   40-49%   50-59%   60-69%   70-79%   80-89%   90-99%   100%

If not applicable, or don't know, check here [ ]

**25. Optional: If you have any ideas for improving the referral process, please explain them below.**

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**25. Optional: If you have any other thoughts or concerns regarding the state of oral health and dental care for NYC public school children, please feel free to comment below.**

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**THANK YOU FOR PARTICIPATING**

## Appendix III

### Medicaid Dentist Survey: Sample Population

One of the city’s justifications for eliminating the OHP has been that the same services are available outside the program. In testimony before the City Council and news reports, the DOHMH has stated repeatedly that there are approximately 3,000 Medicaid dentists in New York City who are able to absorb the 17,000 children in the OHP.<sup>130,131</sup> However, the DOHMH has restricted public access to its own online provider search,<sup>132</sup> and the Office of the Public Advocate could locate no other complete list of New York City dentists through publicly accessible resources.

Therefore, the Office of the Public Advocate used the Health Commerce System of the New York State Department of Health (DOH), a database accessible to medical providers, to compile its list of Medicaid dentists in New York City. The Office of the Public Advocate compiled a combined master list of all records produced by the DOH Health Commerce System for dentists listed for the fourth quarter of 2008 in Bronx, Kings, New York, Queens, and Richmond counties. This process yielded a list containing 15,743 records of New York City dentists associated with 13 different managed care plans plus Medicaid fee-for-service providers. (See Table 3 below)

Table 3

Insurance	Dentists
Affinity Health Plan, Inc.	781
Amerigroup of New York, Inc. (CarePlus, LLC)	770
GHI HMO Select, Inc.	1,670
Health Insurance Plan of Greater New York, Inc. (HIP)	1,466
HealthFirst PHSP, Inc.	1,233
HealthPlus, Inc.	753
Liberty Health Advantage	515
MetroPlus Health Plan, Inc.	2,046
Neighborhood Health Providers, LLC.	647
New York State Catholic Health Plan, Inc. (Fidelis)	1,838
New York Presbyterian System Select Health	1,814
Touchstone Health HMO, Inc.	577
United	896
WellCare	737
<b>total</b>	<b>15,743</b>

The Office of the Public Advocate then created five lists of Medicaid dentists—one for each borough. All dentists who were listed as not accepting Medicaid were removed from the lists. For each borough list, multiple entries for the same dentists under different

<sup>130</sup> City Council, *Transcript of the Minutes of the Joint Committees on Health, Finance and Mental Health*, November 20, 2008, p.49

<sup>131</sup> Frost, M., “How City’s Budget Cuts Will Affect Brooklyn Kids,” *Brooklyn Daily Eagle*, November 6, 2008.

<sup>132</sup> See: <http://nyc.gov/html/doh/html/stat/hp.html> (last accessed Feb 25, 2009)

insurance plans were removed, leaving only one record per Medicaid dentist per borough. (See Table 4 below)

In addition to first and last name, dentists were also identified by their license number to avoid the removal of any dentist who shares the same name as a colleague. The borough lists were used for the phone survey, for which the Office of the Public Advocate randomly sampled 20 Medicaid dentists from each borough respectively for a total of 100 Medicaid dentists. Dentists listed in multiple boroughs were not removed from the samples because they were considered part of the pool of available dentists in each borough in which they were listed

In order get an accurate number of all Medicaid dentists for New York City, the Office of the Public Advocate also combined the five borough lists into a single New York City list and subsequently removed all Medicaid dentists who were listed in multiple boroughs. This final step removed another 474 duplicate records and yielded a total count of **2,210** dentists in New York City who accepted Medicaid in the fourth quarter of 2008, based on New York State DOH records.

Table 4

	<b>Total number of dentists listed for Medicaid plans operating in the five boroughs</b>	<b>Number of dentists listed as accepting Medicaid</b>	<b>Unduplicated Medicaid dentists within each borough</b>	<b>Unduplicated Medicaid dentists within New York City</b>
<b>Bronx</b>	2,560	2,300	401	
<b>Brooklyn</b>	5,636	5,126	903	
<b>Manhattan</b>	2,695	2,401	497	
<b>Queens</b>	4,375	3,910	791	
<b>Staten Island</b>	477	389	92	
<b>total</b>	<b>15,743</b>	<b>14,126</b>	<b>2,684</b>	<b>2,210</b>

## **Appendix IV**

### **Survey Questions for Medicaid Dentist and HHC clinic surveys**

Situation: Inquiry only. Call to find out availability of an appointment for 7-year-old nephew who experiences pain, possibly a cavity. Nephew has Medicaid. (If requested, defer insurance details – this is an appointment-availability inquiry only)

Hello, my name is\_\_\_\_\_.

1. Do you take new Medicaid patients? (If yes, continue).
2. How soon could I get an appointment for my nephew? He is in pain and may have a cavity.
3. Do you have any evening or week-end appointments?
4. Will possible cavities be treated at the first appointment?
5. Are you specialized to treat children? My nephew is very afraid of the dentist. He is 7 years old, in second grade.