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Characteristics of Medicaid Dental Providers Who Provide Oral Health Services to Pregnant Women in Virginia

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Background

- Medicaid is a federal program that provides health insurance for low-income adults, children, pregnant women, and elderly adults in the United States.
- To improve oral health of pregnant women, Virginia added pregnancy dental benefits in March 2015.
- Prior to March 2015, there were was no dental coverage for pregnant women included in Medicaid.
- Under this new program, pregnant women can get comprehensive dental services during the pregnancy and 60 days postpartum.

Objective

The aim of this study was to explore the characteristics of providers who participated in Medicaid and provided oral health services to pregnant women in Virginia. Findings can inform policy focused on improving Medicaid participation among dental providers.

Methods

- For purpose of the study, providers who participated in Medicaid and provided dental care to pregnant women enrolled in Medicaid were considered as Medicaid dental provider.
- The 2015-2018 Medicaid provider data was obtained through the State Department of Medical Assistance Services.
- The license numbers of each provider were collected using a public License Lookup tool available through the Virginia Department of Health Professions (VDHP).
- Additional provider characteristics (i.e., gender, age, years in practice, location) were requested from the VDHP.
- Once all the data was collected, a descriptive analysis was conducted to explore the characteristics of Medicaid providers in effort to map their distribution in the state of Virginia.

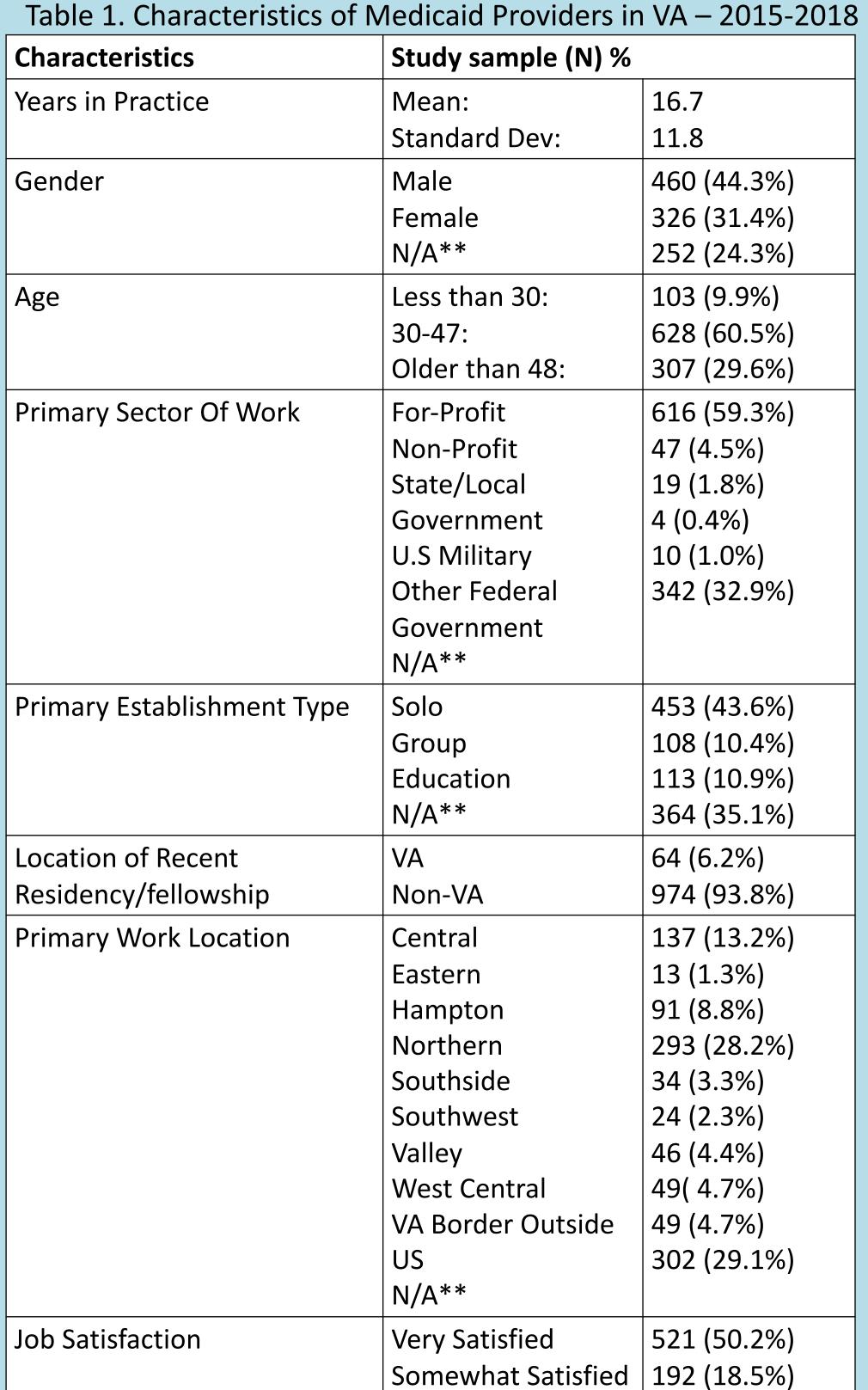
Results

A total of 1210 Medicaid providers who provided dental care to pregnant women were included in the study. A data match was done on 1038 providers. Of these 1038 providers, seven providers were recorded as inactive in 2019; however, they were included in the overall descriptive analysis.

Analysis included sociodemographic variables such as age, gender, geographic variables including concentrations of providers within Virginia, the location of where the providers finished their residency, practice related variables such as establishment type workforce sector, and their work satisfaction.

The average provider age was in the range of 30-47 years. The age distribution varied by gender. The average amount of years in practice for these providers was around 17 years with standard deviation of 11.8 showing wide variation.

Nearly 59% Providers reported working in the for-profit sector and 43.6% were in solo practice. Additionally, the highest concentration of providers tends to be in Northern Virginia, a prominent region with over 28% of total providers. Lastly, half of the providers who answered the survey were satisfied with their work.

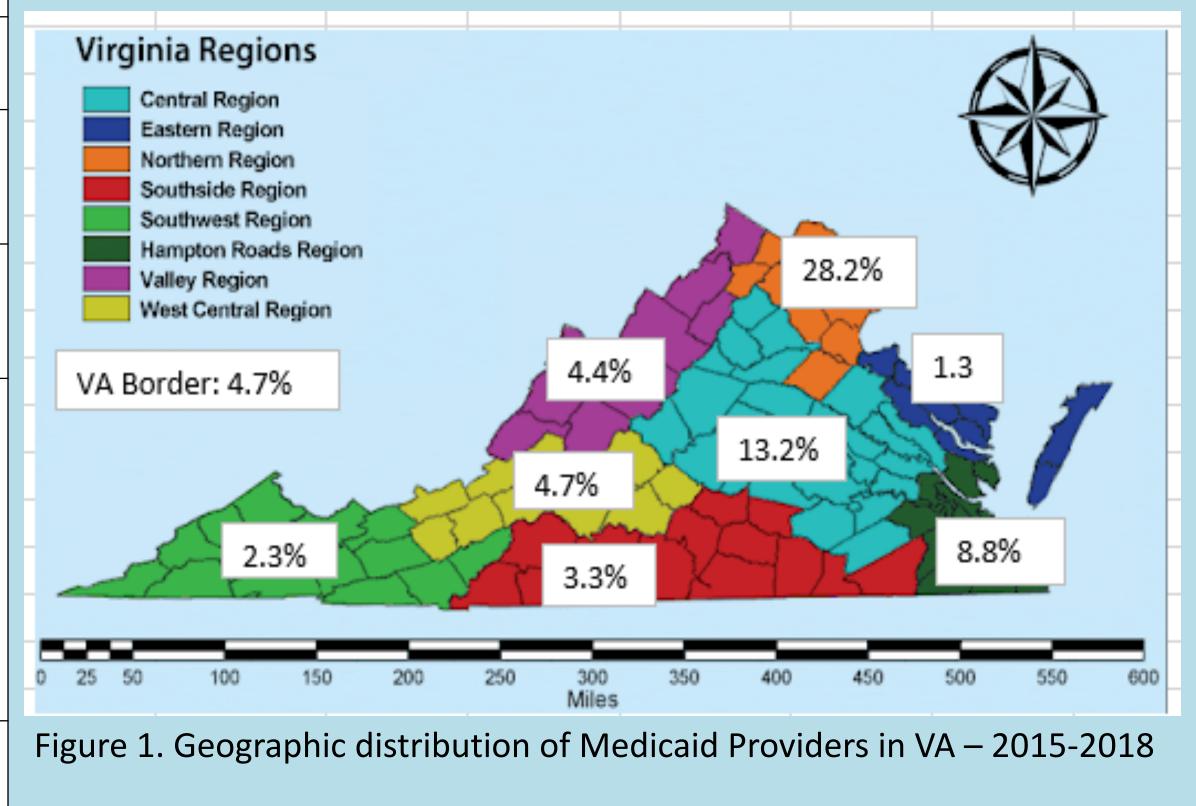


Somewhat

Dissatisfied

N/A**

Very Dissatisfied



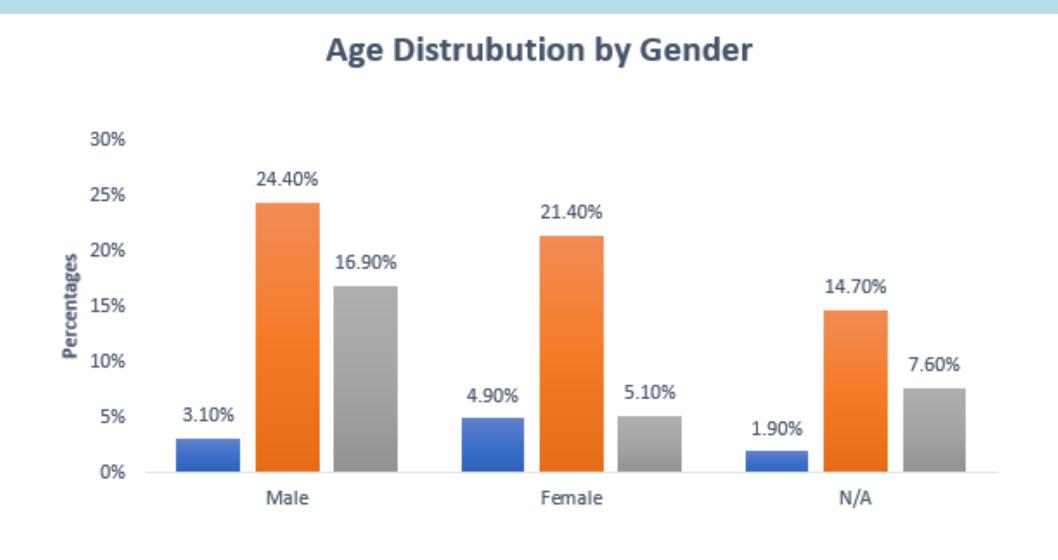


Figure 2. Provider age distribution by gender– 2015-2018

** = the provider did not answer this specific question.

Discussion

Findings provide an overview of the distribution of Medicaid, oral health providers throughout Virginia. The study results suggest the majority of Medicaid dental providers work in the solo practice and nearly 5% are from nonprofit industry. The geographic distribution of Medicaid providers show differences in practice location.

A large proportion of Medicaid dental providers practice in Northern Virginia. This region is one of the most diverse and densely populated regions in Virginia. However, the rural regions of Virginia show much lower percentage of dental providers who are seeing Medicaid pregnant women.

There is a need for further investigation in the regions to better understand provider participation in Medicaid.

Poor oral health during pregnancy can lead to increased tooth decay or gum disease that has been found associated with poor maternal and infant health outcomes. Therefore, there is a high need to improve dental providers' participation in Medicaid to improve oral health services use among pregnant women.

These results have implications for workforce growth and development.

Future research should:

• Focus on implementing policies in order to mitigate the lack of providers in specific regions of Virginia.

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19 (1.8%)

8 (0.8%)

298 (28.7%)