

Research Evidence Use in Early and Periodic Screening, Diagnostic, and Treatment Dental Medicaid Class Action Lawsuits



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KEYWORDS

- Medicaid • Research evidence • Policy decision making • Research use • EPSDT
- Dental services • Evidence-based dentistry • Children

KEY POINTS

- Dentists had key roles in 2 cases that required scientific expertise or clinical experience based on an understanding of vulnerable populations.
- Most research evidence in the 2 cases was newly generated data rather than based on existing data.
- The conceptual model linking actors to research evidence helps to further delineate the role of dentists in Medicaid lawsuits and indicates that dentists were involved in all phases of the lawsuit.
- The study underscores individual and collective social justice as the ultimate goals of dental Medicaid lawsuits against states brought forth by marginalized populations and raises the question of the degree to which justice was actually served.

INTRODUCTION

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program was enacted in 1967 to ensure that Medicaid-enrolled children have access to health care services, including comprehensive dental care. Nevertheless, access to dental care has been limited for many children in Medicaid. The barriers to care are well-documented.¹⁻⁷ To address this problem, Medicaid enrollees have filed lawsuits against state Medicaid programs alleging EPSDT violations, resulting in consent decrees, which are settlements that enforce the provision of EPSDT dental benefits

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to child Medicaid enrollees.⁸ Two recent EPSDT lawsuits resulted in consent decrees: *Frew v Ladd* and *Hawkins v Commissioner*.

Frew v Ladd (Civil No. 3:93CV65) was initiated in 1993 in Texas (Table 1). There were 4 claims against the state:

1. Failure to inform families about EPSDT dental benefits
2. Underperformance on annual dental utilization goals, with only 17% of eligible children receiving a dental screening
3. Failure to provide follow-up treatment after screenings
4. Differential provision of dental services to Medicaid-enrolled versus privately insured children.

In 1995, after 2 years of evidence collection, negotiations, and drafting of the consent decree, a federal court in Texas ruled that the class had standing. The consent decree was deemed to be fair and enforceable. After the *Frew* court determined that the state was violating the consent decree, the state appealed to have the consent decree terminated. In 2004, the US Supreme Court ruled that the consent decree did not violate the constitution and agreed with the district court ruling to uphold the consent decree. Some of the remedies within the consent decree have been implemented. The case is ongoing.

Hawkins v Commissioner (Civil No. 99–143-JD) was filed in 1999 in New Hampshire (see Table 1). In 2004, a New Hampshire federal court ruled that the class had standing. The negotiated consent decree was deemed fair and enforceable. The *Hawkins* consent decree was enforced for 5 years. It ended in 2010 after a 1-year extension when the court determined the state had met the terms of the consent decree.

Dental lawsuits provide opportunities to understand how research evidence is used and generated. Both cases relied on research evidence at various stages, but the extent to which research evidence was used is unclear. This is a concern from an evidence-based perspective because these processes may not always take into account available scientific evidence.⁹ Knowledge exchange frameworks have been used to conceptualize interactions between researchers, policymakers, and practitioners.¹⁰ These frameworks identify actors and the interactions between actors and research evidence.^{11–14} Previous work in dentistry has examined the connections between research, policy, and health care reform, but no studies to date have used knowledge exchange frameworks to understand the use of research evidence in dental Medicaid lawsuits.^{15–18}

The goal of the study was to better understand how research evidence is part of legal and policymaking processes in dental Medicaid lawsuits. Based on case studies from Texas and New Hampshire, there were 3 study aims:

1. To identify the main actors in dental lawsuits
2. To characterize the research evidence either used or generated
3. To develop a conceptual model describing the relationship between actors and research evidence.

METHODS

This was a 2-phase qualitative study involving archival analyses and key informant interviews. We used archived documents from each case to identify the case dockets and focused on the claims and findings of fact in the original complaints, transcripts of the court hearing, court decisions, and consent decrees.^{19,20} Legal documents were obtained from the Public Access to Court Electronic Records (PACER) service.²¹ For the archival analyses, we focused on 8 case dockets (Table 2).

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