

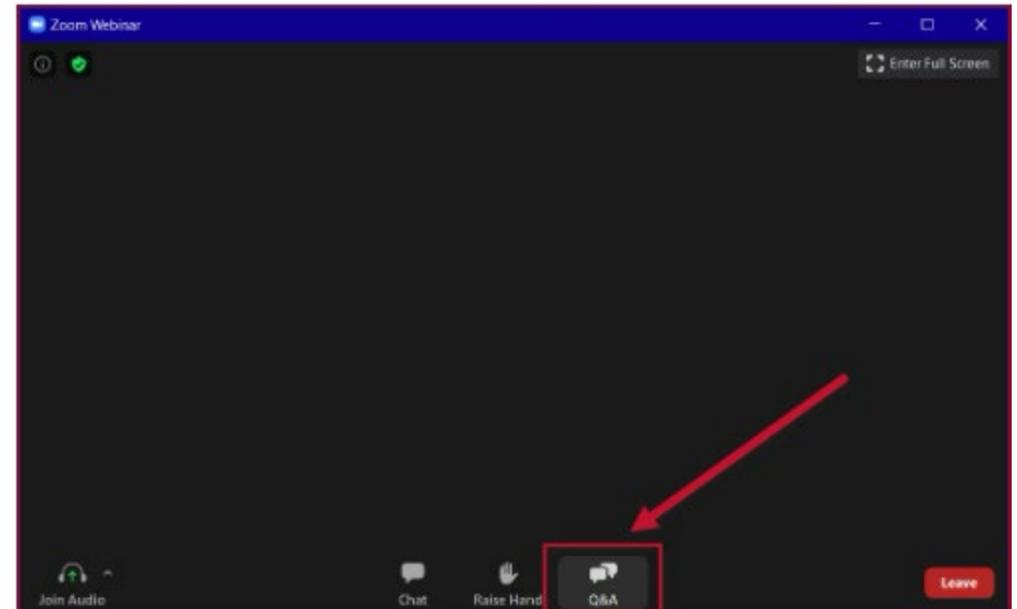
# Request for Research Proposals

## CareQuest Institute for Oral Health

Dr. Eric P. Tranby, Director, Analytics & Data Insights  
Rebecca Preston, MPH, CHES, Project Coordinator

# Housekeeping

- We will keep all lines muted to avoid background noise.
- Please put any questions in chat or utilize the Q&A button at the bottom.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available at:  
<https://www.carequest.org/research-proposals>



We are building  
a future where  
every person  
can reach their  
full potential  
through  
excellent health.



# A Catalyst for Systems Change

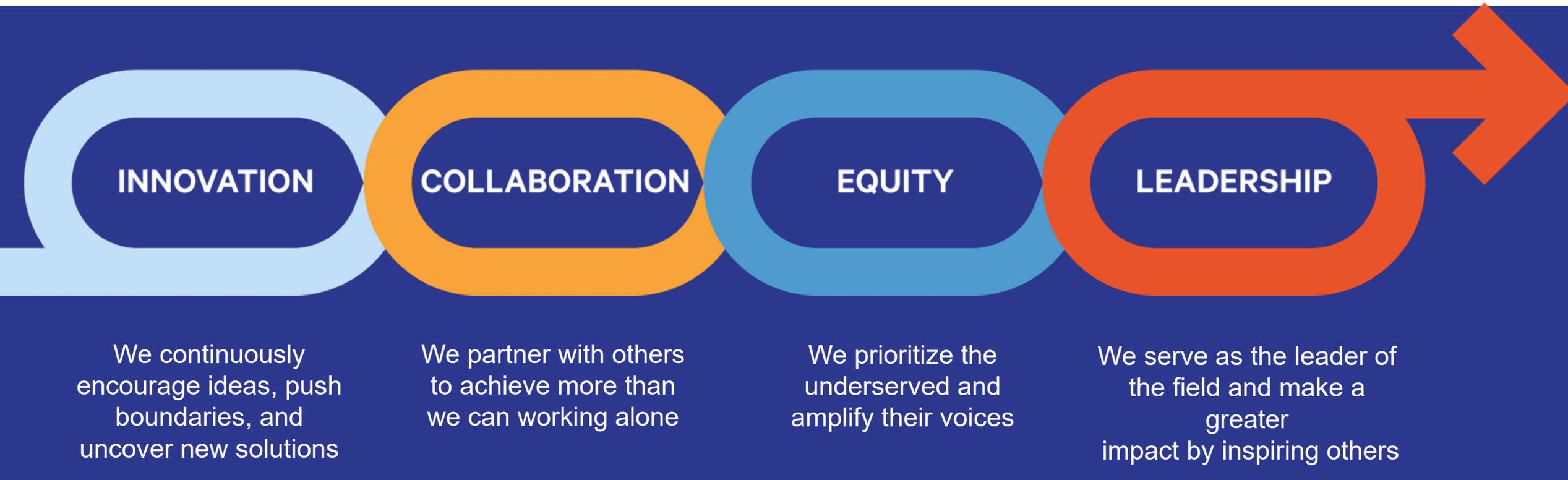
OUR FULL  
PORTFOLIO



Through our Areas of Activation and Influence, we bring forth ideas and solutions to create a more accessible, equitable, and integrated health system for everyone.

# Values Led, Mission Driven

Our values guide our actions. They are core to our work and central to how we measure our success.



# About Our Research



- Aims to create and disseminate **actionable research, analytics, and evaluations** to improve the oral health care system and better inform policy and financing decisions.
- Powered by **state- and national-level representative data sources**, including health care claims data, integrated medical-dental databases, and surveys of health care experiences.
- By seeking out and analyzing these data sources, we **uncover trends** in the oral health care delivery system and **make meaningful contributions** to the knowledge base through publications and presentations.

# Purpose of the Research Funding Proposal

The goal of this Request for Proposals (RFP) is to invite researchers to apply to utilize CareQuest Institute's data resources to complete a peer-reviewed publication that is in alignment with CareQuest Institute's mission.

<https://www.carequest.org/research-proposals>





# Focus Areas of the Research Funding Proposal

- Population oral health research
- Oral-systemic connections and/or medical-dental integration
- Better classify and predict oral health outcomes
- Evaluate alternative care approaches (e.g., teledentistry or minimally invasive care) to improve patient access
- Evaluating value-based care approaches
- Understanding factors that influence oral health equity for historically underserved and vulnerable populations
- Promoting public policies that increase access to and affordability of care for vulnerable populations, especially through safety net clinics

# Available Data Resources

CareQuest Institute's data resources include medical, dental, and hospital claims data as well as data from a nationally representative oral health survey developed and conducted by CareQuest Institute.

## 1. Integrated Medical and Dental Claims Data

- These data come from various sources, including **third-party Medicaid and Commercial Insurance claims.**
- Data Elements Include
  - Patient demographics: age, race, gender, state of residence, reason for eligibility, family status
  - Claims data (dental, outpatient, inpatient, prescription drug, long-term facility; CDT and ICD 9/10 codes)
  - Medical Claims Statistics
    - Total unique patients: 28,370,032
    - Total claims: 2,922,979,408

### RESEARCH ARTICLE Open Access

Different levels of associations between medical co-morbidities and preterm birth outcomes among racial/ethnic women enrolled in Medicaid 2014–2015: retrospective analysis

Hyewon Lee<sup>1</sup>, Ilya Okunev<sup>2</sup>, Eric Tranby<sup>3</sup> and Michael Monopoli<sup>4</sup>

#### Abstract

**Background:** The causes of preterm birth are multi-dimensional, including delayed and inadequate prenatal services as well as other medical and socioeconomic factors. This study aimed to examine the different levels of association between preterm birth and major medical co-morbidities among various racial/ethnic women enrolled in Medicaid.

**Methods:** This is a retrospective analysis of 457,793 women aged between 18 and 44 with a single live birth from

### The association between accessing dental services and nonventilator hospital-acquired pneumonia among 2019 Medicaid beneficiaries

Published online by Cambridge University Press: 11 July 2022

Dian Baker , Karen K. Giuliano, Madhuli Thakkar-Samtani , Frank A. Scannapieco , Michael Glick , Marcos I. Restrepo, Lisa J. Heaton  and Julie Frantsve-Hawley 

Show author details

Article Figures Metrics

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#### Abstract

In this 2019 cross-sectional study, we analyzed hospital records for Medicaid beneficiaries who acquired nonventilator hospital-acquired pneumonia. The results suggest that preventive dental treatment in the 12 months prior or periodontal therapy in the 6 months prior to a hospitalization is associated with a reduced risk of NVHAP.

Association between Medical Well-Child Visits and Dental Preventive Visits: A Big Data Rep

T. Tiwari , N. Rai , and S.G. Boynes  [View all authors and affiliations](#)

Volume 4, Issue 3 | <https://doi.org/10.1177/2380084419841850>

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#### Abstract

##### Objective:

This study evaluated the impact of well-child visits (WCVs) on promoting preventive visits to the dentist. Effects by age, race, gender, and dental diagnosis were investigated.

##### Methods:

Administrative claims data for 1.85 million Medicaid-enrolled children aged 4 or less in 13 states in 2013 were identified from the Truven MarketScan Medicaid Database. A cohort for all children who had a WCV in 2013 was generated and followed for 365 d to identify the date of closest preventive dental visit.

##### Results:

# Available Data Resources

## 2. Dental Claims and PMS Data

- Data Sources
  - These data come from various sources ranging from **third-party Medicaid and Commercial claims to direct electronic health record (EHR) extraction**
- Data Elements Include
  - Patient demographics: age, race, gender, and state of residence
- Dental Claims
  - Procedure codes at the tooth level (CDT codes)
  - Payor classification and total amount billed / paid
- Dental Claims Statistics
  - Total unique patients: 33,927,375
  - Total dental claims: 476,494,755
  - Total dental visits: 130,652,937



On April 1, 2020, the American Dental Association (ADA) recommended that "dentists keep their offices closed to all but urgent and emergency procedures" to reduce the spread of what was then called SARS-CoV-2, the virus that causes COVID-19.

As the COVID-19 pandemic continued, beginning in June 2020 the Centers for Disease Control and Prevention (CDC) advised dental offices to resume providing non-urgent care. Upon reopening, offices used different means to support their clinical practice, including processes to screen for COVID-19, enhanced personal protective equipment (PPE) methods to reduce or eliminate aerosol production, and through minimally invasive techniques and strategies for social distancing among patients and the dental team. Oral health providers have also adopted additional PPE and screening based on resource availability, but little is known about the frequency of different types of dental procedures delivered during this first disruption to oral health care in the early days of the COVID-19 pandemic.

**Overall Dental Care Encounters, Including Preventive and Non-Urgent Care, Dropped in April 2020**  
In both the Medicaid and commercial cohorts, dental encounters as a proportion of overall outpatient encounters began declining in February 2020, dropping to their lowest point in April 2020, returning to near-2019 levels by June 2020, and remaining relatively stable through the rest of 2020.

Research article | Open Access | Published on November 1, 2020

### Emergency and urgent dental visits among Medicaid enrollees from 2013 to 2017

Rebekah Fiehn, Ilya Okunev, Mary Bayham, Steven Barefoot & Eric P. Tranby

BMC Oral Health 20, Article number: 355 (2020) | Cite this article

2475 Accesses | 4 Citations | 5 Altmetric | Metrics

#### Abstract

##### Background

Better understanding of the frequency of dental emergencies and the procedures performed during those emergency visits can help providers, insurers, and policymakers understand workforce and care provision needs.

##### Related content

##### Similar article

- Restricted: The Effect of Services, Expenditures, and Anesthetics

Age of First Oral Health Examination and Dental Treatment Needs of Medicaid-Enrolled Children

I. Ahmed, S. McGivern, and F. Ramos-Gomez | View all authors and affiliations

Volume 8, Issue 1 | https://doi.org/10.1177/23800844211057793

Contents | Get access | Cite article | Share options | Information, rights and permissions | Metrics and citations

#### Abstract

##### Introduction:

Early childhood caries (ECC), despite being preventable, remains the most prevalent disease of childhood, particularly in children between the ages of 2 and 5 y. The association between the type of health care provider completing initial oral health examinations and subsequent dental caries in children under 6 y of age is unclear.

##### Objective:

The objective of the current study is to longitudinally assess the association between age at first oral health



# Available Data Resources

## 3. Healthcare Cost and Utilization Project (HCUP)

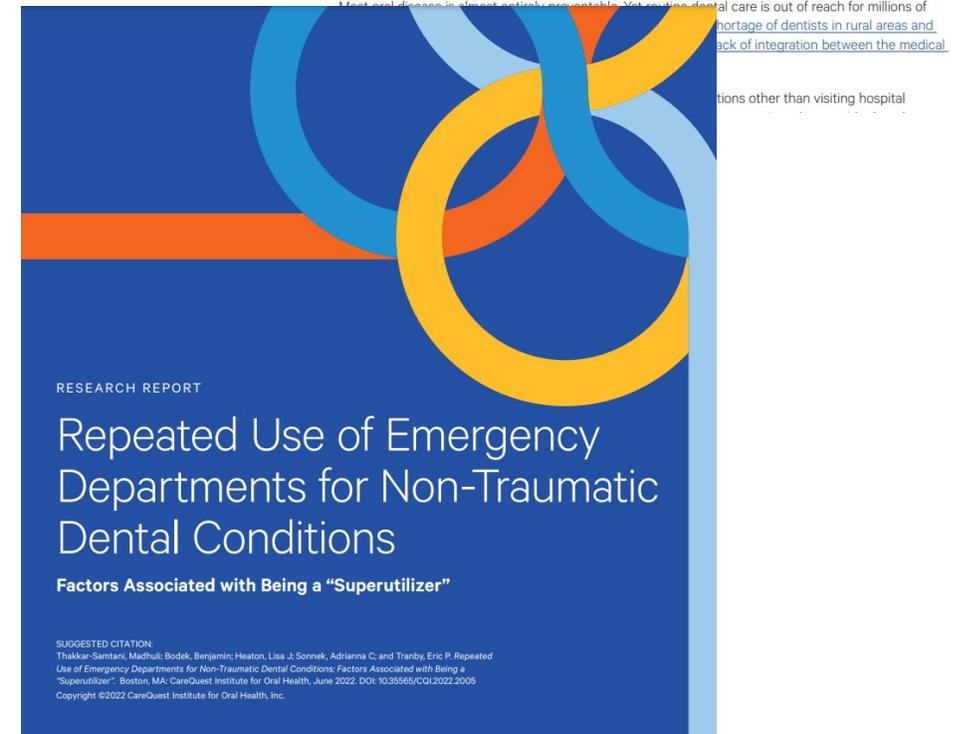
### Hospital Claims Data

State trends in emergency department visits for non-traumatic dental conditions

- Data Elements Include
  - Visit and diagnosis rates, states, demographics (gender, race, age), charges, and payors
- Available states
  - Arizona, Arkansas, Colorado, Florida, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, New Jersey, New York, North Carolina, Utah, and Wisconsin
- All states have data from 2018 and 2019 (some from 2010–2019)
- Data from the **Nationwide Emergency Department Sample (NEDS)** from 2015 to 2019 is also available



Oral health is directly linked to overall health. When oral health deteriorates, it can have far-reaching consequences and health effects that go beyond the [mouth](#).



# Available Data Resources



## 4. The State of Oral Health Equity in America (SOHEA) survey

- Nationally representative survey of consumer attitudes, experiences, and behaviors related to oral health designed by CareQuest Institute
- Results were collected Jan-Feb 2021, 2022, and 2023 on adults 18 and older
- A sampling unit of 17,603 was used, with a final sample size of 5,682 and a final weighted cumulative response rate of 4.0%.
- Topics include, but are not limited to:

### Oral Health Status and Knowledge

- Oral health opinions and literacy
- Oral health habits
- Symptoms
- Self-management of pain
- HPV knowledge and attitudes

### Oral Healthcare Experiences

- Access to oral healthcare
- Dental anxiety
- Health screenings
- Patient/Provider Concordance
- Sedation

### Interprofessional Care

- Value based care
- Dental therapists
- Medical/dental integration
- Telehealth and teledentistry

### Social Determinants of Health

- Veteran status
- Food security
- Disability in household
- LGBTQIA+ topics
- Discrimination
- Insurance status

# Applicant Eligibility



To submit a proposal in response to this RFP, researchers should:

- Be affiliated with an accredited university as full-time research or teaching staff;
- Have a solid track record of conducting analyses and producing peer-reviewed publications;
- Have the expertise and technology available to analyze and report on large health care datasets;
- CareQuest Institute will be able to fund applications up to **\$10,000 for indirect costs only**.
  - Does not include funding for faculty or staff salaries or buyout time.
  - Researchers should describe their requested indirect costs as part of their application.
  - Awardees may be eligible to apply for a grant through CareQuest Institute to offset some direct costs.\*\*

# Proposal

- Develop a **research topic and question** in line with their research interests as well as with one or more of the research and data focus areas.
- Provide a **description** of the intended and anticipated impact of the report, including potential publication and presentation outlets.
- Proposals should be **four total pages**.
  - Proposals should not exceed three one-sided pages.
  - Indirect costs should not exceed one page.
- Proposals should be submitted as a Word document or PDF via email to **analytics@carequest.org**.
- **Proposals are due to CareQuest Institute by March 24th, 2023, at 5:00 p.m. Eastern Time.**

# Proposal Structure

- Successful proposals will follow the general, abbreviated structure of an **NIH SF 424 grant application**, and must include the following sections:
  1. Specific Aims
  2. Significance
  3. Innovation
  4. Approach
  5. Resources and Environment
  6. Personnel
  7. Budget and Justification
- Researchers submitting approved proposals will then be invited to submit a detailed analysis plan

# Evaluation Criteria

- All proposals will be evaluated utilizing the National Institutes of Health (NIH) scoring system across the criteria detailed on the previous slide.
- Intended and anticipated impact and alignment with CareQuest Institute’s research and data strategy will also be considered.

Overall Impact or Criterion Strength	Scope	Descriptor
High	1	Exceptional
	2	Outstanding
	3	Excellent
Medium	4	Very Good
	5	Good
	6	Satisfactory
Low	7	Fair
	8	Marginal
	9	Poor

# Timeline

Activity	Date
Accepting Proposals	Submit Today!
Proposals are due	March 24, 2023, by 5:00p.m EST
Awards Announcement	April 28, 2023
Analysis plans for approved proposals	June 1, 2023
Draft Manuscripts	September 1, 2023
Manuscripts will be submitted to a peer-reviewed journal	December 1, 2023

# Inquiries

- For inquiries about this RFP, scheduling a scoping meeting, or any other questions you may have, please contact:
  - Eric Tranby, PhD Director, Analytics and Data Insights [etranby@carequest.org](mailto:etranby@carequest.org)
  - Rebecca Preston Project Coordinator, Analytics and Data Insights [rpreston@carequest.org](mailto:rpreston@carequest.org)
  - <https://www.carequest.org/research-proposals>
- Submissions Proposals should be submitted as a Word document or a PDF to [\*\*analytics@carequest.org\*\*](mailto:analytics@carequest.org)

