

THE
PEW
CENTER ON THE STATES

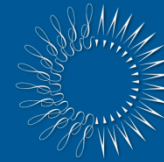
Improving Access to Oral Health Care for Vulnerable and Underserved Populations

Report of the Committee on
Oral Health Access to Services

Shelly Gehshan

Director, Pew Children's Dental Campaign

Committee on Oral Health Access to Services



THE
PEW
CENTER ON THE STATES

- **Frederick P. Rivara**, (*Chair*), University of Washington School of Medicine
- **Paul C. Erwin**, University of Tennessee, Knoxville
- **Caswell Evans, Jr.**, University of Illinois at Chicago College of Dentistry
- **Theodore Ganiats**, University of California, San Diego School of Medicine
- **Shelly Gehshan**, Pew Center on the States
- **Kathy Geurink**, University of Texas Health Sciences Center, San Antonio
- **Paul Glassman**, University of the Pacific, Dugoni School of Dentistry
- **David Krol**, Robert Wood Johnson Foundation
- **Jane Perkins**, National Health Law Program
- **Margaret Potter**, University of Pittsburgh School of Public Health
- **Renee Samelson**, Albany Medical College
- **Phyllis Sharps**, Johns Hopkins University School of Nursing
- **Linda Southward**, Mississippi State University
- **Maria Rosa Watson**, Primary Care Coalition of Montgomery County, Inc.
- **Barbara Wolfe**, University of Madison-Wisconsin

Statement of Task

- Assess the current U.S. oral health system of care;
- Explore its strengths, weaknesses and future challenges for the delivery of oral health care to vulnerable and underserved populations;
- Describe a desired vision for how oral health care for these populations should be addressed by public and private providers (including innovative programs) with a focus on safety net programs serving populations across the lifecycle and MCHB programs serving vulnerable women and children; and
- Recommend strategies to achieve that vision.

Guiding Principles

1. Oral health is an integral part of overall health and, therefore, oral health care is an essential component of comprehensive health care.
2. Oral health promotion and disease prevention are essential to any strategies aimed at improving access to care.

Improving Access to
Oral Health Care for
Vulnerable and
Underserved Populations



INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

Overall Conclusions

1. Improving access to oral health care is a critical and necessary first step to improving oral health outcomes and reducing disparities.
2. The continued separation of oral health care from overall health care contributes to limited access to oral health care for many Americans.



[more...]

Overall Conclusions (cont.)

3. Sources of financing for oral health care for vulnerable and underserved populations are limited and tenuous.
4. Improving access to oral health care will necessarily require multiple solutions that use an array of providers in a variety of settings.



Integrating Oral Health Care into Overall Health

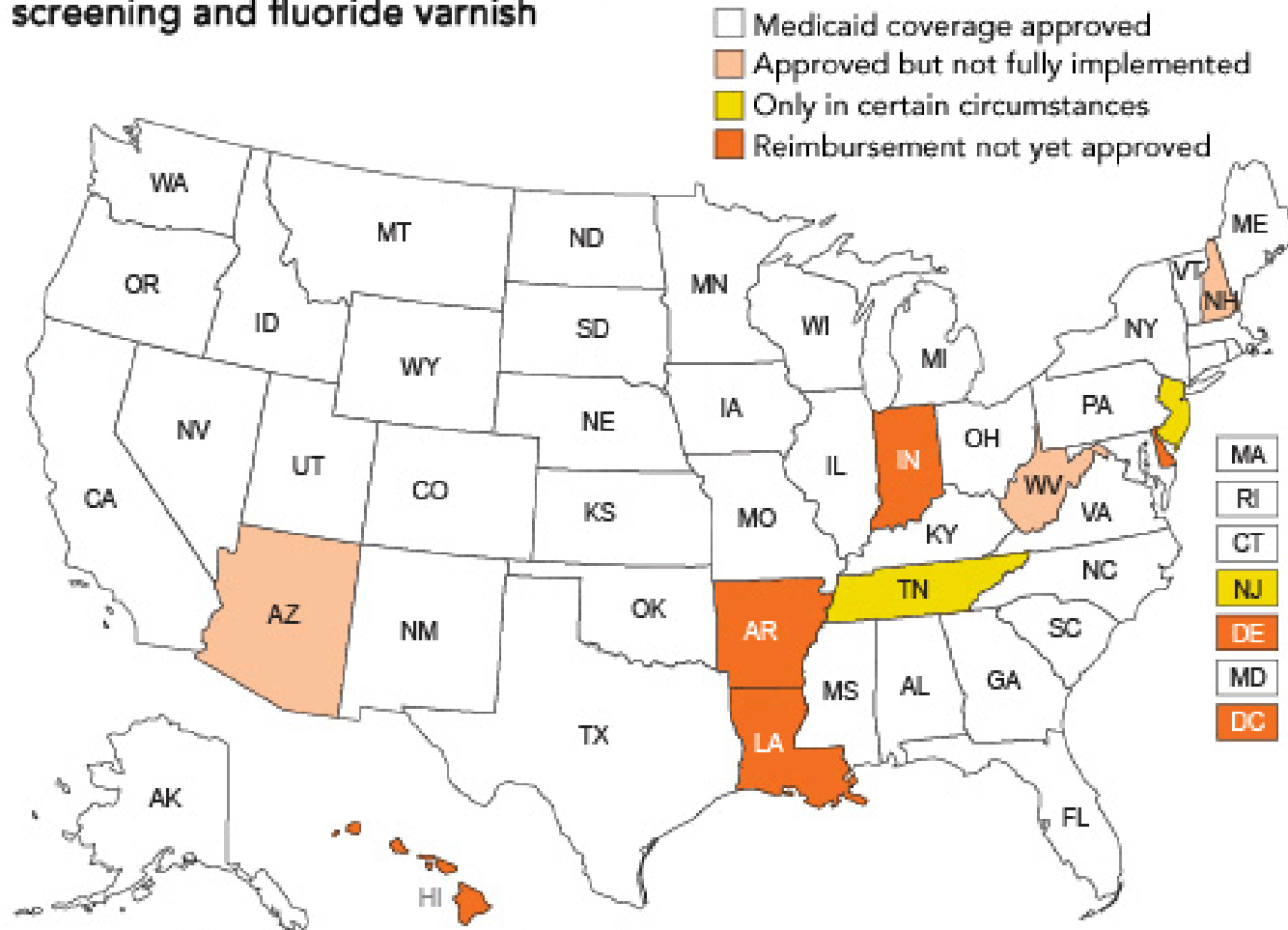


Recommendation 1a: “HRSA should convene key stakeholders from both the public and private sectors to develop a core set of oral health competencies for non-dental health care professionals”

Recommendation 1b: Accrediting bodies should integrate these competencies into their recommendations for accreditation. Certification processes should include demonstration of competence in oral health

Integrating Oral Health Care into Overall Health

States with Medicaid funding for physician oral health screening and fluoride varnish



SOURCE: http://www.mchoralhealth.org/feedback/reimbursementchart6_08.pdf

What is the next wave of integration?

- Train MDs and PAs to do temporary restoration and pull teeth?
- Train nurses assistants to do visual inspection and prevention in nursing homes?
- Train OB/GYNs to do oral health counseling and education, prescribe anti-bacterial rinses?
- Many more!







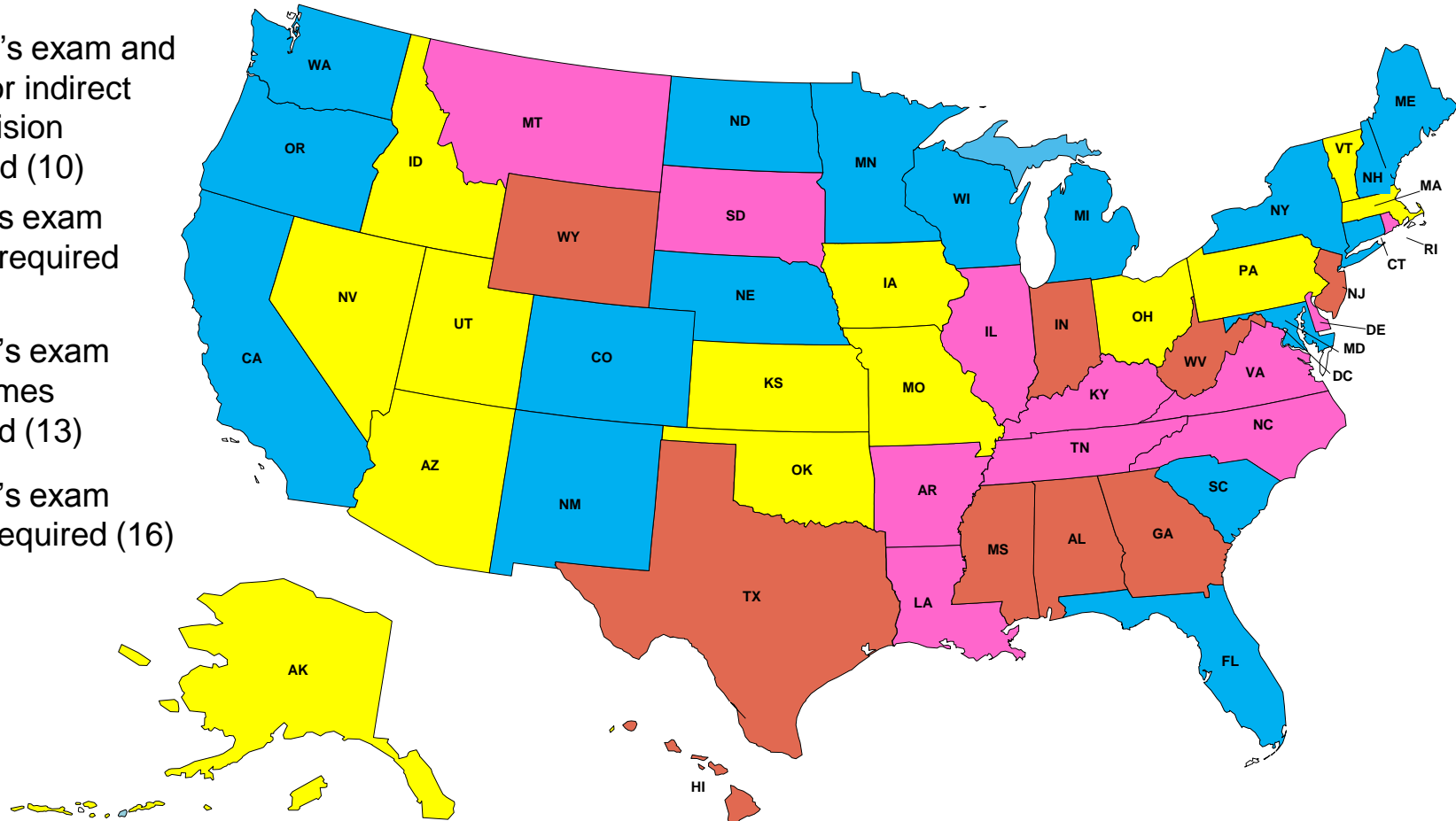
Recommendation 2: “State legislatures should amend existing state laws, including practice acts, to maximize access to oral health care

- Allow allied dental professionals to practice to the full extent of their education and training;
- Allow allied dental professionals to work in a variety of settings under evidence-supported supervision levels
- Allow technology supported remote collaboration and supervision.”

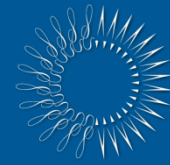
Creating Optimal Laws and Regulations

Prior Exam Requirements (2010)

-  Dentist's exam and direct or indirect supervision required (10)
-  Dentist's exam always required (12)
-  Dentist's exam sometimes required (13)
-  Dentist's exam never required (16)



Creating Optimal Laws and Regulations



THE
PEW
CENTER ON THE STATES

- Technology will help states deploy new providers to underserved areas
- Legislatures and providers need to understand, permit and use technology for remote supervision



Improving Dental Education and Training

Dental population should more closely resemble the public it serves

Recommendation 3: “Dental professional education programs should:

- Increase recruitment and support for students from underrepresented minority, lower income and rural populations”
- Require all students to participate in community-based rotations
- Recruit faculty with experience in caring for vulnerable populations



Recommendation 4: HRSA should dedicate Title VII funding to:

- Support substantial community based rotations
- Increase funding for recruitment and scholarships for dental students from underrepresented minorities, lower-income and rural populations

Opportunities for Change: New Dental Schools

- East Carolina University School of Dental Medicine
- Midwestern University College of Dental Medicine-Illinois
- University of Southern Nevada, College of Dental Medicine
- University of New England, College of Dental Medicine

Improving Dental Education and Training

Recommendation 5:

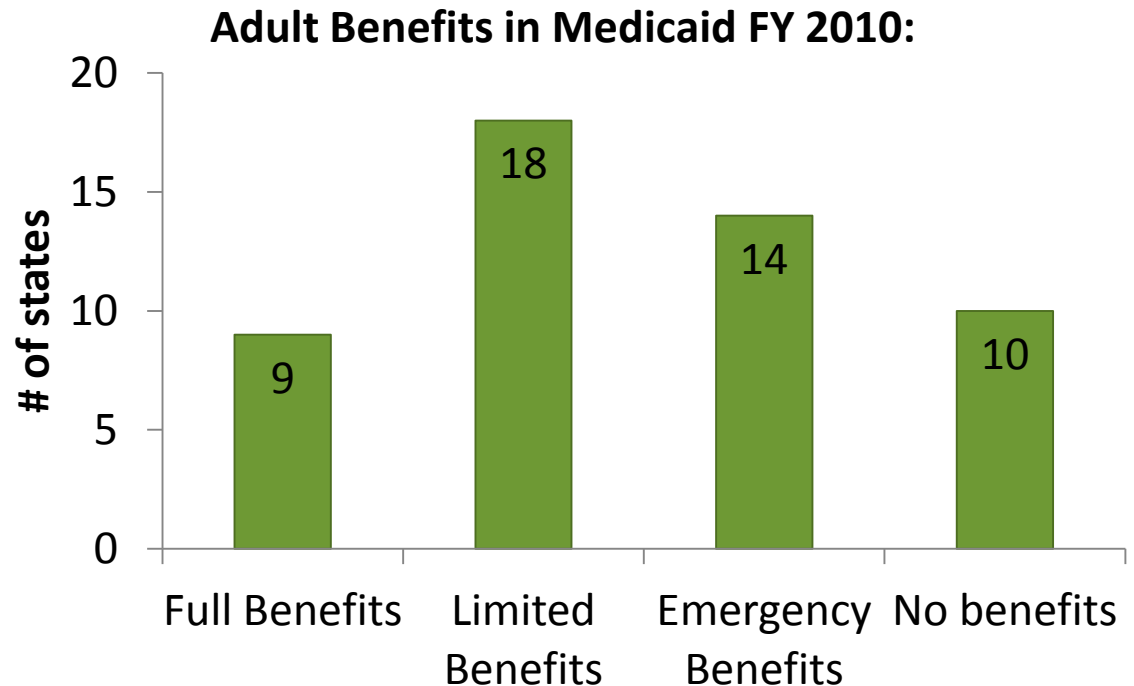
- Dedicate Title VII funding for dental residencies in community based settings
- State legislatures should require a minimum 1 year of dental residency



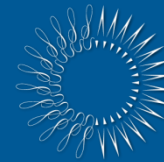
Reducing Financial and Administrative Barriers

Recommendation 6:

- CMS should fund and evaluate demonstration projects that cover essential oral health benefits for Medicaid beneficiaries
- More research needed on how to better deliver dental benefits
- Move towards providing dental benefits for adults

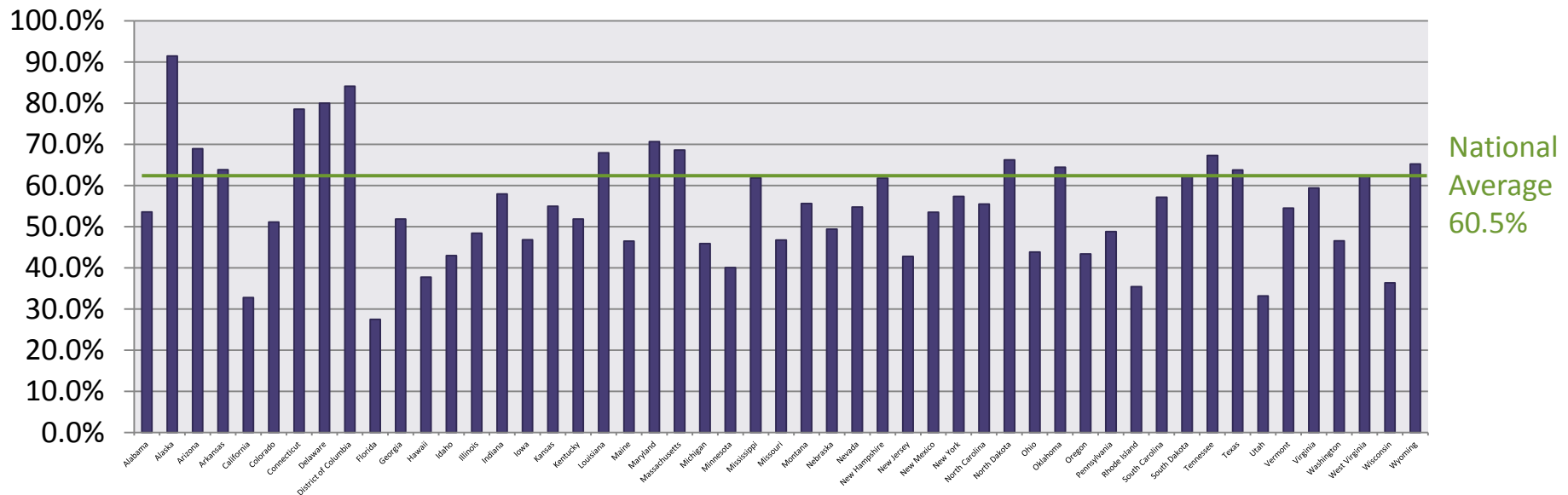


Reducing Financial and Administrative Barriers

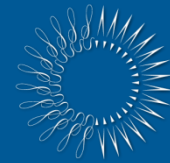


Recommendation 7: Set Medicaid and CHIP reimbursement rates so that beneficiaries have equitable access to essential services

States Medicaid Rates as a Percentage of dentists median retail fee, 2010



Reducing Financial and Administrative Barriers



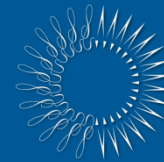
THE
PEW
CENTER ON THE STATES

Recommendation 7: “Provide case-management services”

Very few private practice dentists...

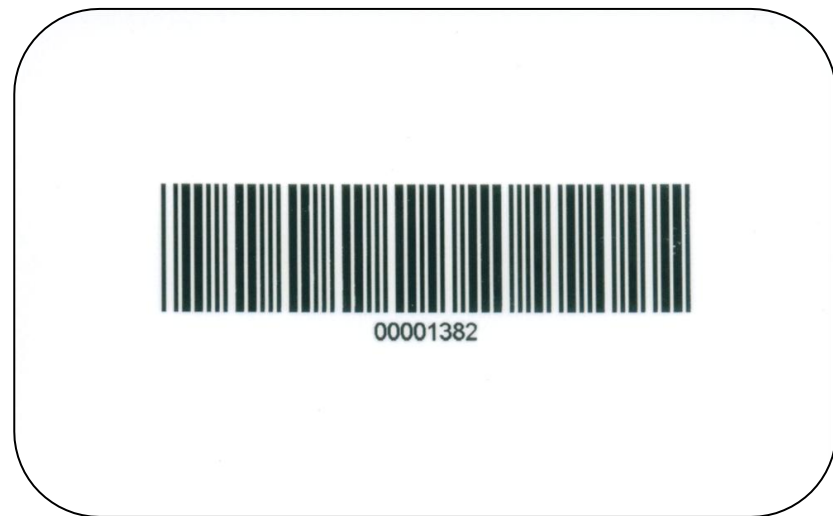
- are skilled or equipped to care for special needs, disabled, non-ambulatory patients.
- offer non-traditional hours or walk-in appointments
- provide enabling services such as translation, transportation, or child care
- Provide care where kids are, such as schools, child care centers





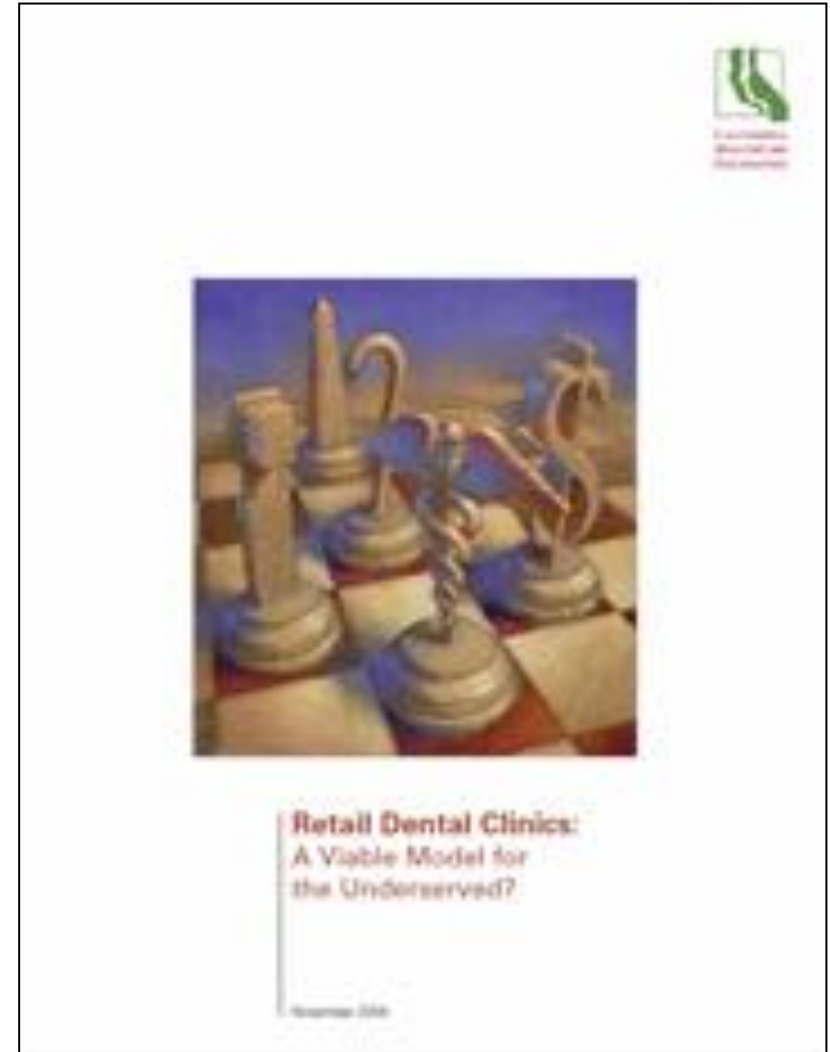
Recommendation 7: “Streamline administrative processes”

- Reduce the “hassle factor” for dentists
- Some states have begun to address burdensome enrollment and eligibility verification process



Recommendation 8:

Federal government and foundations should fund oral health research and evaluation related to underserved and vulnerable populations





Supports Pew work to identify new care delivery locations

Research needed to establish:

- Quality measures for dental
- How care delivered affects health outcomes

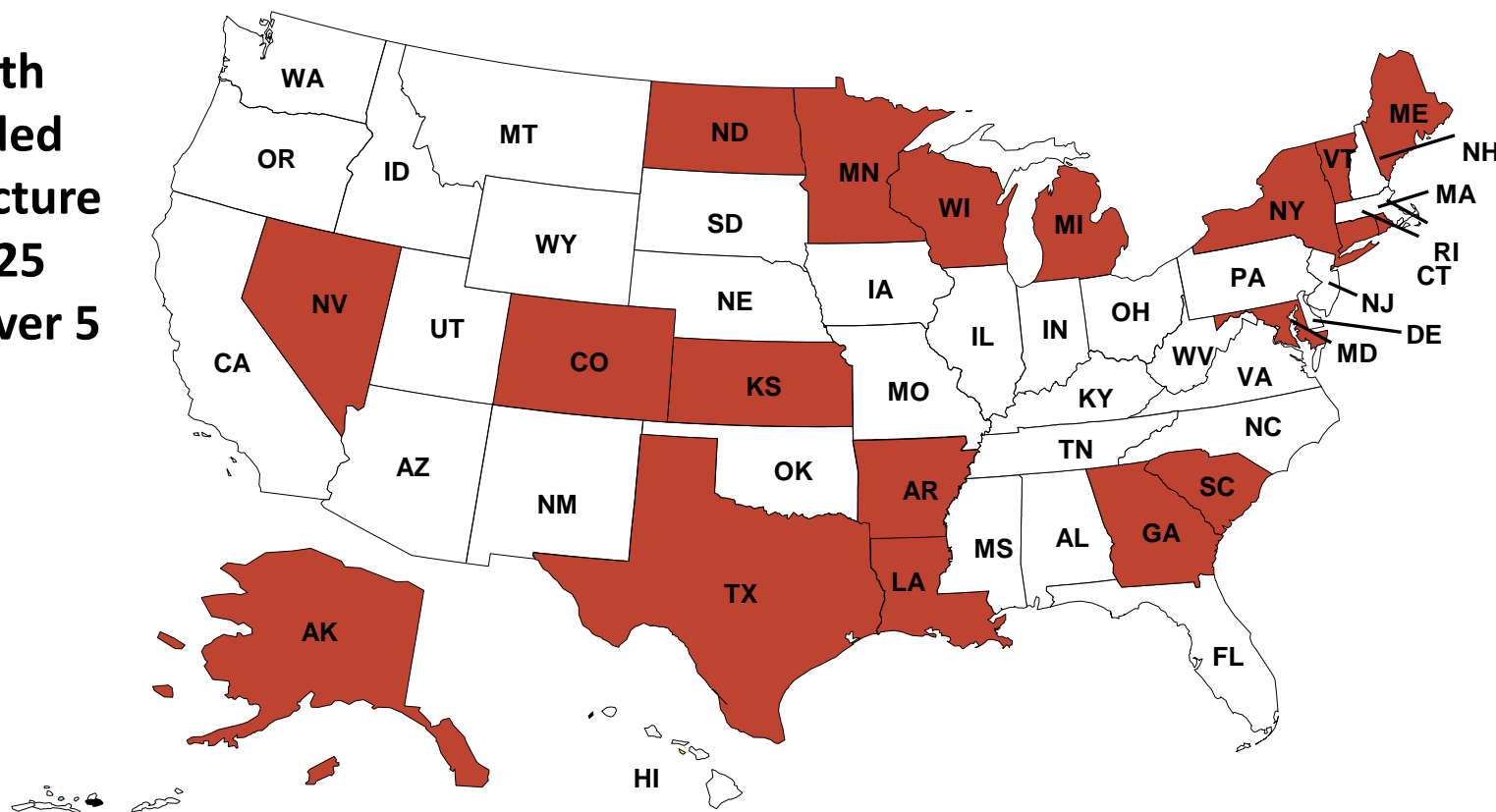
Quality Measurement lacking in dental

- Out of 75 HEDIS measures for 2012 only 1 is related to dental (“annual dental visit”)
- Commonly used quality measures not evidence-based and have validity issues

Expanding Capacity

Recommendation 9: CDC and MCHB should collaborate with states to ensure that each state has the necessary infrastructure and support

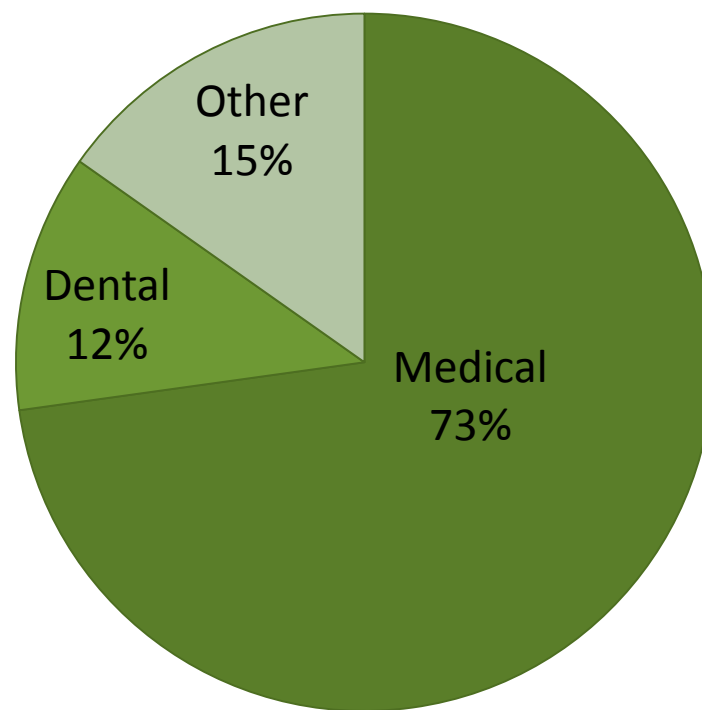
States with
CDC-funded
infrastructure
grants (\$25
million over 5
yrs)

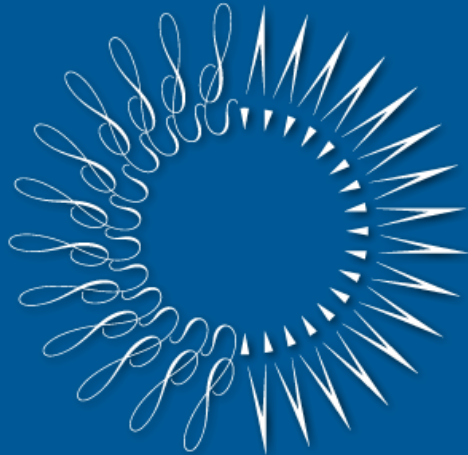


Recommendation 10: To expand the capacity of FQHC's to deliver services, HRSA should

- Support the use of a variety of professionals
- Enhance financial incentives
- Assist FQHC in operating outside of physical facilities and taking advantage of new systems

FQHC Visits, 2010





THE
PEW
CENTER ON THE STATES

Shelly Gehshan

202.552.2075

sgeshan@pewtrusts.org

www.pewcenteronthestates.com/dental