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Oral Health in Healthcare Reform

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:: excerpt ::

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Introduction

> *"We can't continue to provide more expensive medical and dental care. We have to be able to provide less expensive and more effective dental care. Really that's about delivery system reform; it's not about payment or insurance reform."*
>
> –Dr. Michael Helgeson

This year's landmark healthcare reform signals positive change, but it also spotlights glaring weaknesses in our nation's healthcare system. Millions of Americans have no access to affordable quality dental care, and the dental profession lacks the workforce, training, and technology to effectively support the rapid growth in high-risk populations such as children, aging adults, and people with diabetes. So what happens next?

For the past four years, Institute for Oral Health (IOH) has focused on raising awareness about oral health concerns for these key populations, exploring progressive solutions to help advance dental care access, treatment, and delivery. In 2010, IOH addressed the theme of "**Oral Health in Healthcare Reform**," with an in-depth look at what's needed in healthcare reform and everyday dental practice to better support underserved populations. Additionally, we explored strategies for integration between dental and medical through collaborative practice models and information technology advancements that help drive evidence-based standards and treatment protocols to support more successful outcomes in both oral health and overall patient health.

The October 2010 Institute for Oral Health Conference in Scottsdale, Arizona provided many valuable insights and promising solutions to advance oral health. With nationally recognized leaders in healthcare reform and top authorities in clinical practice, dental education, health benefits and health record technologies, this year's event highlighted a number of critical considerations, such as:

- Expanding the role of dentistry – From the economic challenges of supporting the expansion of Medicaid programs to provide care for 32 million more people, to the exciting new provisions that will promote prevention and early caries detection in millions of children, the Affordable Care Act provides many opportunities for dentistry to play a bigger role in the healthcare system.
- Addressing workforce challenges – As reform introduces new levels of need in the dental workforce, our system continues to battle with a lack of providers well trained to meet the unique needs of underserved populations such as aging adults and people with disabilities. In particular, with the wave of "boomers" reaching retirement age, our nation is facing an urgent need for more geriatric dentists. On a positive note, the reform bill includes provisions for numerous educational grants that could support better training for new and existing dental providers on special needs care.
- Increasing effectiveness with collaborative care models – The overwhelming consensus on healthcare reform is that both medical and dental will need to develop ways to deliver quality care at a lower cost. Several progressive delivery models were highlighted that focus on team-based care that brings together medical, dental and other caregivers with community partners to make access easier, reduce costs, increase efficiencies, and improve health outcomes for people who need care the most.
- Advancing quality using electronic health records – While electronic medical records have been in place for decades, emerging technology advancements are creating a place for dental to support

better integration with medicine. These tools provide opportunities for the critical data collection that drives quality measurements, performance analysis, and the development of evidence-based best practices.

- Improving health outcomes for diabetics – As increasing evidence supports the connection between periodontal disease and diabetes, dentists need to actively participate in helping diabetic patients control and manage both diseases. Calls to action include proactive risk assessments and dental provider education on diabetes, as well as close collaboration with physicians to partner on strategic treatment plans and early detection.

Looking Ahead to 2011

Oral Health and Prevention: Rebranding the Profession

October 27 & 28, 2011

Chicago, Illinois ~ Sofitel Hotel Water Tower

In 2011, the Institute for Oral Health will focus on prevention. We will collaborate with experts in focus groups and participate in national events to learn the latest in preventive strategies for improving health. 2011 will be an exciting year – stay tuned and please join us in Chicago!

About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

Join the Conversation

IOH encourages everyone to get involved and share their insights and feedback about important oral health topics and healthcare reform:

IOH Web: IOHWA.ORG

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Oral Health Provisions in Healthcare Reform: A "Systems Fix" Approach"

The "Affordable Care Act" contains 127 references to dentistry and oral health that together comprise an organized "systems approach" to improving the nation's oral health. Yet the bill is primarily focused on providing insurance coverage for the tens of millions who are currently uninsured. In this year's Institute for Oral Health conference, Dr. Burton Edelstein provided an overview of the oral health provisions in healthcare reform and how they may (and may not) impact the future of dentistry.

Influencing Policy Through the CDHP

As founder and president of the Children's Dental Health Project (CDHP) based in Washington, D.C., Dr. Edelstein has for years been a key player in advancing oral health policies to benefit children. He began his presentation with some background on the CDHP and how they help influence federal policymaking.

The CDHP is a collaborative group that brings together an educator, public health administrator, attorney, business consultant, lobbyist, and experts in public policy to cover the diverse perspectives needed to address the legislative process. Their mission is to achieve oral health for children, specifically through innovative policy solutions that both reduce disease and improve access to quality care.

Despite the many challenges of trying to influence public policy, the CDHP has found that the payoffs are enormous in terms of effectuating change for millions of children. Their work typically centers on governmental action through working with legislators, regulators and agencies; and programmatic action through the National Oral Health Policy Center and other oral health alliances as well as providing technical assistance to states through a cooperative agreement with the Center for Disease Control (CDC). The CDHP facilitates their efforts with a range of tools from research and analysis, partnerships and coalitions, to messaging campaigns through the web, presentations, briefings, and other avenues for disseminating information.

> *"The value of the public policy approach is that the lever is huge. It's very difficult to pry that lever loose and move it, but when you can move it, you have an effect on millions and millions of children."*
>
> *–Dr. Burton Edelstein*

The "Five Buckets" of Focus

To organize their efforts in a way that "makes sense to policymakers", CDHP focuses on "five buckets" to help them communicate their initiatives in clearly defined categories. Simply put, the buckets include:

1. Prevention –how to prevent disease and treat what we cannot prevent
2. Coverage & Financing – who pays for treatment
3. Workforce – who provides treatment
4. Safety Net – where treatment takes place
5. Surveillance – evaluation to understand what we have and need

As an example, in targeting prevention and health promotion, CDHP has honed in on three key domains where prevention has an impact: at the community level through greater awareness; at the family level through healthier prevention behaviors; and at the child level through effective disease management. To help drive change for these domains, CDHP has focused on how to influence policy to ensure more effective coverage, workforce, and delivery systems. In fact, these areas of focus for prevention have been a foundational part of the oral health provisions in the Affordable Care Act.

What's in ACA for Dental

We have heard plenty of talk that the reform bill is only about coverage, and while essentially this is true, it incorporates many important elements from the CDHP's "five buckets" in order to "make coverage meaningful:"

Prevention

- Public Education Campaign, a five-year evidence-based program designed to focus on early childhood tooth decay, prevention, and oral health in pregnant women and other risk groups. Dr. Edelstein noted that whether it comes to fruition will depend on appropriations.
- School-based sealant program for all states, which is supported and promoted by the Center for Disease Control (CDC).

"Of children who go into the OR for oral surgery, about 60% get new cavities within two years. What other surgical procedure would we subject children to that has that kind of a failure rate? What hospital would tolerate failure rates at that level?"

–Dr. Burton Edelstein

- Dental caries management grants to demonstrate effectiveness of research-based caries management, with an emphasis on treating the disease, beyond simply treating the results of the disease.

Coverage & Financing

- A pediatric dental benefit must be included as part of healthcare coverage in Essential Benefit Plans and "Exchanges". To understand the scope of what "dental benefits" really means, we can look at how CHIP defined it: "Coverage of dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions." This is a fairly comprehensive definition that would satisfy most dental care providers. Unfortunately, the ACA definition is woefully vague, citing only "Pediatric services, including oral and vision care," which has prompted regulators to examine it more closely. In terms of preventive health services, the ACA's definition is more distinct and basically supports recognized pediatric standards for care.
- Dental coverage can be offered by a medical plan or a stand-alone dental plan.
- Medicare Advantage Plans will be required to use rebates to pay for dental and other services.
- Children's Health Insurance Program (CHIP), which expires in 2016, will be revisited to explore extending benefits. If the program is discontinued, ACA provisions cite that children must be able to receive the same quality of care through Exchanges as they can access through CHIP.
- Income-based subsidies must be made available for purchase of insurance in the state Exchanges.
- MACPAC (Medicaid and CHIP Payment and Access Commission) which is charged with making policy recommendations to Congress on issues of access and payment including with regard to dental services. Originally authorized under the CHIP legislation and expanded under ACA, this commission is required to include a dental professional (a role now filled by Dr. Edelstein).

Workforce – Provisions for Dental Training

A common theme at this year's Institute for Oral Health conference has been one of the challenging workforce constraints that will need to be addressed in order to put reform provisions into action. In short, it is not realistic to expect the current available workforce to be able to handle the needs of all the new patients funneling into the healthcare system.

Fortunately, in developing the reform bill, Congress made strides to start addressing the problem by revisiting the "Title VII" health profession act and rolling it into the Affordable Care Act. In this case, the Title VII act supports primary care dental training for general, pediatric, and public health dentistry, and in the ACA, for the first time ever, dental got its own funding line item, and annual funding was doubled from $15M to $30M per year. Additionally, provisions were expanded to allow the funding to be used for pre- or post-doctoral training, continuing education, curriculum development, dental hygiene education, and stronger faculty support.

Workforce – Provisions for Alternative Providers

A lesser provision than Title VII, the Alternative Dental Care Provider Demonstration Grants are authorized for training, employing, and evaluating alternative providers such as expanded dental hygienists, dental therapists, dental hygienist-therapists, community dental health coordinators, and others. The grants program is authorized (although as yet unfunded) to begin in 2012 and to extend for five years. Compared with Title VII which supports all states with $30 million per year, these five year grants will target only 15 sites and will work with $4 million per site (or $12 million per year).

Workforce – National Commissions & Other Provisions

ACA also provides for a National Healthcare Workforce Commission to support national, state, and local workforce policymaking –with the dental workforce as a high priority area. Their charter is to coordinate workforce issues across agencies, evaluate workforce training, and facilitate coordination across levels of government. Additional workforce provisions provide grants to support workforce training in public health and primary care and dental residency programs, as well as expanding graduate medical education to include dental instruction.

Delivery Systems & Infrastructure

One major overhaul resulting from the Affordable Care Act is the added support of $11 billion for Federally Qualified Health Centers, which includes expansions of dental programs. Additionally, ACA provides for grants that include dental services for school-based health centers. As a nod toward addressing care delivery for special needs populations, there is also a provision that establishes accessibility standards for medical and dental equipment used in treating persons with disabilities.

Naturally, these care delivery systems can only advance with infrastructure support. As such a CDC-supported program, managed by the Children's Dental Health Project, has been expanded to help state dental authorities with leadership development, data collection, analysis of risk factors, program guidance, delivery system improvements, and science-based population-level prevention programs.

Surveillance – Measuring Progress

The future of dental provisions in healthcare reform really lies in our ability to make the political case for dental care, and that means data to document that prevention and programmatic interventions translate into improved patient outcomes and lower overall costs. A number of federal assessment surveys were strengthened or expanded to evaluate American's oral health and the performance of dental care:

- PRAMS (Pregnancy Risk Assessment Monitoring System) – Tracks the health status of pregnant women and services they use. Oral health questions in this survey were optional until ACA made them mandatory.
- NHANES (National Health and Nutrition Examination Survey) – For years this nationwide health status examination has monitored oral health at the "tooth level," which allows detailed surveillance of American's oral health. Plans to weaken the survey to "person-level" surveillance were reversed by ACA.
- MEPS (Medical Expenditure Panel Survey) – This survey looks at dental expenditures and coverage, but until now its findings have never been validated by a "look-back" study as has been the case for medical coverage and visits. The ACA has now authorized a "look-back" study for dental measures in MEPS.
- NOHSS (National Oral Health Surveillance System) – This CDC-managed, state-level reporting of multiple oral health issues is expanded under ACA to include all states.

The Big Picture

In summarizing how dental care is represented in the Affordable Care Act, it is clearly focused on coverage – yet offers many opportunities for improvements in prevention, workforce, delivery systems, infrastructure, and quality measurement that can help drive real progress in oral health, at least for children. The reform effort is promising in its hearty support of oral health as an integral part of oral health; however, the federal policies apply almost exclusively to children, leaving a vast population of underserved adults without improvements in access to care.

How Might ACA Impact the Future of Dentistry?

A burning question in oral healthcare reform is the real impact on dentistry near and long-term. A considerable amount of the ACA's future relies on results of the 2010 elections, in particular, as a sweep of new state governors will face the monumental challenge of managing state resources to roll out all the new and expanded coverage programs. Additionally, state legislators need to create the legislation to develop and implement Exchanges, and are working with insurance regulators on refining model legislation. Federal regulators and courts are likewise working feverishly to clarify definitions down to the letter to help ensure ACA provisions can be carried out as intended. Yet another consideration is the public's perception and response as changes emerge, and currently the jury is still out. With such a beehive of activity, it is too soon to tell how things will play out.

Anticipating the Future

Nevertheless, Dr. Edelstein sought to provide a "crystal ball" look into anticipating the future from a variety of perspectives:

- Child coverage – As the Essential Benefit in Qualified Health Plans will now include a dental benefit for children and enhanced processes for enrolling children, we will likely see greater numbers of children covered and better take-up of Medicaid and CHIP. As the new ACA dental benefit will be defined by the Department of Health and Human Services, we can expect that over time that benefit definition will become standardized many employers of all sizes.
- Child benefit – Operationalization of the pediatric dental benefit is still under development. As noted earlier, a number of organizations have a stake in the definition including Congress, federal Agencies, insurers, and dental providers. It may be left to the state Exchanges to define as they deem appropriate. Stand-alone plans are appropriately weighing in on what they think the benefit ought to be, while child advocates "*are looking for a comprehensive, robust benefit that looks like*

what kids have in commercial coverage." An additional consideration is how Exchanges, stand-alone plans, and others interpret and implement consumer protections for the child benefit.

- Adult coverage – For low-income adults, 2014 will see at least 16 million new people enter the Medicaid system and at least 16 million obtain private insurance coverage through the State Exchanges. Most new Medicaid beneficiaries will healthy low-income men as low-income women and children and disabled adults are already extensively covered by the program. Questions remain as to how states will manage adult Medicaid coverage because this benefit, for adults, is provided as a state "option." Thus, states that elect to offer adult dental coverage could cover many more adults. Alternatively, as a cost savings measure, states could reduce or eliminate adults dental coverage in Medicaid. States could also choose to expand safety net programs through FQHC expansions. Another hot issue is the potential impact of ACA on adult coverage in the private dental market in out-years of ACA implementation.

- Reducing disease burden – With provisions for evidence-based "dental caries disease management", we will hopefully see advances in evidence-based care. Additionally, provisions for early intervention may drive dental plans to promote early intervention, risk-based care, and targeted oral health education and may also prompt pediatricians to take a more proactive role in oral exams in babies and recommend dental visits by age one. Furthermore, the authorized oral health public education campaign and school based sealant program expanions could serve to advance public awareness and increase demand for dental services. In terms of community development, proposed grants could also help drive improvements in water fluoridation.

- Dental workforce – With more educational grants, we will hopefully see greater skill levels for complex procedures to treat the most complex patients; more interdisciplinary training for better integration between medical and dental; new "mid-level providers" which may impact practice business models and pave the way for improved access for underserved populations; more pediatric and public health dentists; and better-trained faculty.

- Dental delivery – As more children will have private and public dental insurance, it could influence the scope of care in private practices and roles for mid-level clinicians. New school-based dental services may be integrated with the sealant programs to extend the reach of dental care in underserved communities, and the FQHC expansion could drive growth in safety net capacity.

- State infrastructure – Hopefully the expansion of "state oral health competencies" will help create more effective collaborations between public and private entities in arenas such as stronger public health leadership, and local data generation and quality measurements. Additionally, initiatives to enhance national dental care surveillance will hopefully result in "*new and more reliable data for Congress and state agencies and create a new power center for oral health policymaking*."

Values Expressed by ACA for Dental Provisions

The CDHP's five primary themes in healthcare provide a helpful framework for understanding what the reform bill includes, and pull it all together in what Dr. Edelstein calls a "systems fix." He closed his discussion by noting that the dental provisions in the ACA reflect the "underlying values and policies" that have long been advanced by the dental profession. He noted that translating the many dental provisions into action holds strong promise to improve oral health across America.

These values include:

- Proving the case with evidence – Evidence-based care and quality measurement will be a primary factor determining dental policy changes over time, but as Dr. Edelstein noted, "*we can't do clinical effectiveness research with what's available now. The new initiatives help push the dental industry in the right direction*."
- Supporting healthy children – As we move toward universal coverage for children with benefits focused on prevention, we help promote a better quality of life for kids that will be reflected in their learning and growing, and set a good example for families as a whole. Supporting prevention and good oral health early on is a powerful long-term strategy for reducing healthcare costs as it helps set a healthy trajectory for tomorrow's adults.
- Advancing the role of dentists – The reform bill's initiatives to expand the dental workforce also help to advance recognition of dentists as a more primary care physician-type role in overall healthcare. Dr. Edelstein emphasized that dentists are now often "*the person most responsible for the most complex care in the most complex patients, and have the skill set, knowledge set, and capacity to provide the services for those who need it most*."
- Integrating medical and dental – ACA sets the stage for greater collaboration between various healthcare disciplines. In particular, it creates opportunities for early caries detection and intervention in partnership with physicians, and potential new care delivery models that bring together a range of expertise to provide more patient-centered, cost-effective care.
- Increasing support for the underserved – With the children's dental provisions in reform, we are seeing a strong intention to improve overall health for a large underserved population, which could in turn raise awareness for the many other underserved segments, including millions of low-income adults, the elderly, and special needs patients. Additionally, the ACA reinforces this support by increasing public health and safety net capacities that can help drive improvements across whole communities.
- Improving training for the workforce – The many dental education grants in the ACA reflects the growing awareness to not only increase the workforce but expand capacity and cost-effectiveness through new dental roles and skill sets. In this way, we can build a dental workforce that is better prepared to meet the needs of underserved populations and those with complex care issues.
- Increasing accountability through surveillance – In addition to promoting policy changes with evidence-based data, the reform initiatives around evaluating performance and patient outcomes ("*what we're doing, how well we're doing it, what's working and what isn't*") help ensure the dental workforce is accountable for providing the most appropriate and effective care. Greater accountability is good for patients and practice economics; it can help incent changes in provider behavior and practice models that increase efficiencies and cost-effectiveness.

> "*This is a very special list. The bill in one way or another pushes every one of those values in the direction of doing better as a profession, doing better as an industry. Working together, we can make sure that as all this unfolds, we get the best we can for the American public.*"