



Federal Policymaking To Correct Structural Impediments to Oral Health

Burton Edelstein DDS MPH
President, Children's Dental Health Project
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Preamble: The orphan organ

An organ of

- Digestion
- Respiration
- Communication
- Protection
- Sensation



Home to unique structures

- Teeth
- Gums
- Tongue
- TMJ
- Salivary glands

Oral-systemic health connection through contiguous and distant linkages (circulatory, neurologic, lymphatic etc)



COVERAGE



Dental coverage for children

Problem

2.6 X more children lack dental than medical coverage

Congressional response

1. DRA
Reconfirmed EPSDT dental benefit while allowing intrastate variation
2. CHIPRA
Requires dental coverage;
Provides option for dental supplementary coverage (“wrap”)
3. ACA
Requires dental coverage for children



Dental coverage for children

Problem

Comprehensiveness of coverage varied in CHIP

Congressional response

- ✓ CHIPRA
Establishes requirement for services *“necessary to prevent disease, and promote oral health, restore oral structures to health and function, and treat emergency conditions.”*
Offers benchmark options to implement: FEHBP, SEHBP, largest commercial plan

Agency response

CMS SHO letter detailed required comprehensive services



Dental coverage for children

Problem

Coverage in Medicaid and CHIP often doesn't result in access or utilization

Congressional response

- ✓ MACPAC
CHIPRA Established MACPAC with dental expert
ACA expanded its charge
- ✓ Oversight
Hearings, inquiries

Agency Response

CMS Oral Health Initiative
DHHS Oral Initiative with IOM input
HRSA-funded IOM Access Study
CMS Oversight



Dental coverage for children

Problem

Definition of dental benefit in ACA is undefined.

CDHP calls for a benefit that is:

- * pediatric-only
- * comprehensive
- * affordable
- * sensitive to differential risk
- * integrated with medical care

Agency response (so far)

- ✓ CMS [OCIIO]
Now considering dental benefit for state and national Exchanges
- ✓ IOM
Panel examining Essential Benefits Package including dental
- ✓ Department of Labor
Surveying commercial plan coverage – but not dental



Dental coverage for adults

Problem

Adults, including pregnant women, disabled, aged, and poor are excluded from dental coverage

Medicare: None

CHIPRA: None

Medicaid: Optional

9 States – reasonable

19 States – limited

16 States – emergency

7 States – none at all

Congressional response

✓ None

Agency response

✓ None



Post ACA Coverage Status: Medical





		MEDICAL COVERAGE POST ACA			
AGE	Older Adults	Duals		Medicare	
	Adults	Medicaid		Private Insurance through Employers or State Exchanges	
	Children	EPSDT	CHIP		
		Poor	Low	Middle	High
		INCOME			

 Mandatory medical



Post ACA Coverage Status: Dental

		DENTAL COVERAGE POST ACA			
AGE	Older Adults	Duals	Medicare		
	Adults	Medicaid	Private Insurance through Employers or State Exchanges		
	Children	EPSDT	CHIP	Exchanges (mandatory) Employers & CHIPRA "Wrap" (optional)	
		Poor	Low	Middle	High
		INCOME			

-  No dental
-  Optional dental
-  Variable dental
-  Mandatory dental



WORKFORCE



Dental workforce

Problem

Inadequate supply of primary care dentists and dental hygienists

Congressional response

- ✓ ACA
Reauthorization of “Title VII healthcare workforce: Expanded numbers, provider types, stages of training, quality of training

Agency response

Grant program began immediately



Dental workforce

Problem

- Inadequate focus on
 - child populations
 - pediatric caries management

Congressional response

- ✓ ACA
 - Title VII authorizes grants for TA to dental training programs

Agency response

Not implemented (ignored or missed)



Dental workforce

Problem

Inadequate supply of para-dental and new personnel

Congressional response

- ✓ ACA
Authorized demonstration grants for expanded functions and development of new providers

Agency response

Awaiting appropriations



Dental workforce

Problem

Lack of rural capacity

Congressional response

- ✓ Safety Net Improvement Act (2001)

Authorized 12 options to improve rural access

Agency response

Grant program began FY 2006

In FY2010

\$17M federal +\$7M state

31 states applied – 9 funded

25 continuation grants



ACCESS



Direct Access – Safety Net

Problem

Dental safety net is inadequate

- too small
- too fragile
- too limited (ERs)

Congressional response

- ✓ Safety Net Improvement Act
Expanded FQHCs – including dental
- ✓ CHIPRA
Certified allowance for public-private contracting between FQHCs and private dentists
- ✓ ACA
Further expands FQHCs
Expands School based health centers
Expands School sealant programs



PREVENTION



Reducing disease burden

Problem

Too little focus on
risk-adjusted
evidence-based
scientifically-rational
disease control

Too much focus on dental repair

Congressional response

- ✓ CHIPRA
New parent information & guidance
- ✓ ARRA
NIH research program expansion
- ✓ ACA
Caries management demo grants
Public education campaign
School sealant programs

Agency response

HRSA Rural workforce grants:
24 states provider education
32 states community prevention
NIH: Caries management grants



QUALITY



Quality measures elusive

Problem

Dentistry has not to date developed sufficient quality measures

- little profiling
- little P4P (Pay for Performance)
- lack of traditional outcomes research (lacking diagnostic codes)

Agency response

- ✓ CMS
Collaborating with American Dental Association
- ✓ AHRQ
substituted an access measure in CHIPRA-mandated recommendation to Congress

CHIPRA Quality Demonstration grants underway



Quality measures elusive

Problem

- Inadequate HIT in dentistry
 - to measure outcomes, quality,
 - for meaningful use
 - for medical-dental integration

Also for:

- supporting virtual systems of care
- institutionalizing risk-based care
- provider-patient communication

Congressional response

- ✓ ARRA
 - Included dentists in HITECH but set too high a threshold for dentistry (30% of pediatric dentists' patients compared to 20% for pediatricians)

Agency Response

- ✓ AHRQ
 - Convened expert panel to explore HITECH and dentistry



PUBLIC HEALTH INFRASTRUCTURE



State Infrastructure

Problem

Too many states lack dental public health capacity

Congressional response

- ✓ ACA
 - Expands CDC support to state dental authorities to all states
 - Expands the National Oral Health Surveillance System
 - Maintains and improves federal oral health surveys

Agency Response

Awaiting appropriations



Summary

Congressional considerations

- Coverage
 - Meaningful implementation of the ACA pediatric dental benefit
 - Medicaid and CHIP oversight with MACPAC assistance
 - Essential dental services for adults
- Workforce
 - Workforce demonstration grant program
 - HRSA implementation of the TA Title VII provision
 - State rural grant findings
- Access
 - Oral health services in FQHC expansion programs
 - Dental care in school-based expansion programs



Summary

Congressional considerations

- Prevention
 - Implementation of disease management options
- Quality
 - AHRQ development of true quality measures specific for dentistry
 - Pediatric dentists as pediatrician specialists for HITECH
- Public Health Infrastructure
 - CDC efforts to build substantial dental public health in states
 - Federal survey findings for adjusting priorities and focusing oversight



The world of children's oral health care
Is upside down: Children with most need have
least care

Risk-based prevention and disease
management hold the strongest potential for

- ** better health outcomes
- ** at lower costs





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Children's Dental Health Project

...the voice for children and their oral health

Vision

Oral health for all children to ensure that they reach their full potential.

Mission

Creating and advancing innovative solutions achieve oral health for all children.





Contacts

Meg Booth MPH
Director of Governmental Affairs
CDHP
1020 19th Street NW, Suite 400
Washington DC 20036

202 833 8288 x 206
mbooth@cdhp.org

Burton Edelstein DDS MPH
President CDHP
Professor, Columbia University
601 W 168th Street, Suite 32
New York, NY 10032

212 342 3505
ble22@columbia.edu