Why does policy matter in increasing access to dental care?

Shelly Gehshan
Director, Pew Children’s Dental Campaign
• Our work
• Public Health
• Provide, finance care
• Facility and professional regulation
• Health workforce education and training
HIGH-PERFORMING STATES

EFFECTIVE GOVERNMENT

LONG-TERM FISCAL HEALTH

SMART INVESTMENTS
Our Work:

• Fiscal Health
• Government Performance
• Election Initiatives
• Partnership for America’s Economic Success
• Pew Children’s Dental Campaign
• Pew Home Visiting Campaign
• Pre-K Now
• Public Safety Performance Project
• Results First
• Stateline
Our Mission:

The Pew Children’s Dental Campaign strives for cost-effective policies that will mean millions more children get the basic dental care they need to grow, learn and lead healthy lives.
Focusing on Three Policy Areas

**Prevention**
- Community water fluoridation campaigns (CA, AR, MS)
- National messaging & strategy development

**Funding for care**
- Advocating for federal appropriations for oral health programs
- Medicaid reimbursement for fluoride varnish by MDs and RNs

**Dental Workforce**
- Ensuring adequate workforce to care for children (MN, CA, ME, NH)
- Research on economics of new models
Public Health
State public oral health activities

• Design and implement programs for populations, not individuals, e.g. community water fluoridation, sealant programs, surveillance

• States:
  – Provide financial support
  – State staff plan, coordinate programs, raise funds, identify partners, hire and supervise staff
  – Legislatures set rules for supervision of hygienists in sealant programs
Funding for state oral health programs, all sources, 2007

Population on public systems receiving fluoridated water (2008)

Sealant programs in high-risk schools

<table>
<thead>
<tr>
<th>Percentage of high-risk schools with sealant programs, 2009</th>
<th>Number of states</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 - 100%</td>
<td>3</td>
</tr>
<tr>
<td>50 - 74%</td>
<td>7</td>
</tr>
<tr>
<td>25 - 49%</td>
<td>7</td>
</tr>
<tr>
<td>1 - 24%</td>
<td>23</td>
</tr>
<tr>
<td>None</td>
<td>11</td>
</tr>
</tbody>
</table>

www.pewcenteronthestates.com
The Human Costs of Poor Oral Health

Jacobi Hill  
6 years old  
Virginia

Diamond Brownridge  
5 years old  
Chicago, IL

Dylan Stewart  
5 years old  
Florida
Provide, Finance Care
States play a big role

• Fund local health departments that deliver dental services in some states

• Shape and fund Medicaid programs, under federal rules, that reimburse dentists, clinics, hospitals, for dental services
  – Decide which of optional populations, services, to cover
  – Set reimbursement rates
  – Set policies that affect FQHC dental programs (outside 4 walls)
  – Decide who can bill Medicaid directly
Budget Gap Forecasts

Source: National Conference of State Legislatures, State Budget Update, November 2010
Medicaid Fees as a Percentage of ADA Median for 5 Common Children’s Services, 2010

# Changes in dental payments and use in three states, 2000 to 2004

<table>
<thead>
<tr>
<th>Comparator</th>
<th>Alabama</th>
<th>South Carolina</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of enrollees using services</td>
<td>72,287</td>
<td>155,541</td>
<td>115</td>
</tr>
<tr>
<td>Total dental payments ($ million)</td>
<td>11.5</td>
<td>44.4</td>
<td>288</td>
</tr>
<tr>
<td>Payment per user ($)</td>
<td>159</td>
<td>286</td>
<td>80</td>
</tr>
</tbody>
</table>

Dental managed care in Medicaid

• Managed care controls many things, including the size of the network

• Overflow goes to FQHCs

• 18 states have Medicaid children in managed care

• Of those, 14 have over 50% of their children in managed care

• Fees, rules, not always public

Facility and Professional Regulation
Health professional regulation

- Legislatures establish, amend, state dental practice acts
  - Governs who can do what, where, for whom, when
  - Sets licensing, certification requirements for providers
  - Defines the practice of dentistry, and auxiliaries
  - Establishes state boards to implement laws
Providers and facilities

• Governors establish, appoint members to, state boards of dentistry, which should:
  – Should ensure both safety of care, and access
  – Balance rights of providers
  – Promote competition and consumer choice
  – Implement the law as enacted

• Departments of Health regulate facilities on health and safety standards, do inspections, issue fines
“If you live in the suburbs, if you have a car, plenty of money, dental insurance, and no dental disease, we have the perfect delivery system for you.”

- Charles Bertolami
  Dean, New York University
  College of Dentistry
7,316 new dental providers are needed to end the dentist shortage

- Each number represents a dental shortage area
- Nearly 48 million Americans live in a shortage area

Dentists’ Real Income Over Time

Supervision Rules for RDH Sealant Application - 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)

*FL – A change to not require a dentist’s exam had been proposed, but not enacted, at the time Pew’s report went to press.
*MA – Recent changes will allow hygienists in schools and other public health settings to place sealants without a dentist’s prior exam, but those changes were not yet in effect at the time Pew’s report went to press.
States allowing hygienists to bill directly for services, 2010

New provider models in dentistry

• Community Dental Health Coordinator (CDHC)
• Dental therapist (DT, DHAT)
  – Combined dental therapist-hygienist (OHT)
• Minnesota dental therapist/advanced dental therapist (MN DT and ADT)
• Advanced dental hygiene practitioner (ADHP)
Discussing New Dental Care Providers

- States with CDHC pilots
- States with both Pew workforce campaign and CDHC pilot
- Kellogg and Pew workforce campaign state
- Pew workforce campaign states
- Kellogg workforce campaign states
AFHCAN Cart
Alaska Federal Health Care Access Network

- Wireless networking
- Touchscreen
- ECG / Video dental camera and otoscope / scanner / digital camera
- Mobile – customized
- Makes remote supervision possible, safe
- WWW.AFHCAN.ORG
Health Workforce Education and Training
Types of Dental Schools in the US (61 total schools in 2010)

- Public (40)
- Private (17)
- Private and State-related (4)

Loan repayment programs by state

- **Loan repayment programs available**
- **National Health Service Corps loan repayment program only**
- **Tax credit or National Health Service Corps loan repayment only**
- **Limited loan repayment**
- **Information unavailable**

Source: [http://www.ada.org/sections/educationAndCareers/pdfs/loan_repayment.pdf](http://www.ada.org/sections/educationAndCareers/pdfs/loan_repayment.pdf)
In Sum, Policy Decisions Impact FQHCs every day (a few examples)

- Public health programs reduce need for restorative care
- Medicaid decisions impact:
  - Coverage for adults, which impacts patient flow, bottom line
  - Ability to get reimbursed at FQHC rate for programs outside 4 walls
- State funding impacts:
  - Funding for CHCs
- Workforce decisions impact:
  - Supply of providers, what they can do, where, for whom
- Education and training impacts supply
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