CDA’s Access Proposal & the dental workforce

National Network for Oral Health Access

October 1, 2012
“The oral health system still largely depends on a traditional, isolated dental care model in the private practice setting—a model that does not always serve significant portions of the American population well.”

IOM, March 2011
Overview of today’s discussion

- CDA’s Access Proposal
- How the dental workforce fits in
- SB 694
- Next steps
Evidence-based Research

- More than two years of work by volunteer members
- 7 CDA commissioned studies
- 20 expert presentations
- Multifaceted approach
- CDA Journal
# CDA’s Access Proposal

## Access Proposal: Phased Strategies for Reducing Barriers to Dental Care in California

### Phase 1: Establishing State Oral Health Leadership and Optimize Existing Resources (Years 1-3)

<table>
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<th>Objective</th>
<th>Strategy</th>
<th>Rationale</th>
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<td>1. State oral health infrastructure</td>
<td>Assist the state to hire a state dental director and staff responsible for developing, funding, and coordinating oral health activities. The dental director and his/her staff will be responsible for achieving the following: i. Developing a comprehensive and sustainable state oral health action plan ii. Securing funds to support infrastructure, and statewide and local programs iii. Advancing and protecting the importance of oral health within the Administration iv. Encouraging private and public collaboration v. Promoting evidence-based approaches to increase oral health literacy vi. Establishing a system for surveillance and oral health reporting</td>
<td>To effectively build and execute statewide oral health activities, the state needs a dental director, preferably a dentist with public health experience, an oral health epidemiologist, an administrative assistant, an analyst, and a program coordinator. Key to the success of this effort is sufficient staff to carry out essential functions of the office, including surveillance, program coordination and fund development. Additionally crucial is the strategic placement of the dental director within the state structure, ensuring the dental director is part of the executive team, intimately involved in the decision-making process, and able to work across programs to ensure oral health inclusion. This recommendation is made first as it provides the foundation for key Phase 2 objectives.</td>
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2. Expand capacity within dental public health

- a. Encourage and support dental professionals to obtain advanced degrees in public health
- b. Support incentives for dentists to establish practice in the public health sector
- c. Develop a pipeline for expanded function dental assistants to work in dental public health

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<td>Dental public health leaders are needed to plan and implement programs, and advocate for the oral health of Californians. As the infrastructure of the state is rebuilt, more dental public health leaders will be needed to fill key roles at the state and local level in addition to filling advocacy roles at the federal level.</td>
<td>Dental loan repayment programs have proven to be a successful incentive for dentists to locate their practices in remote locations or dental public health settings, resulting in increased dental care to underserved populations. Though the large dollars required for each loan repayment grant effectively limits the scope of this type of program, each dentist provides essential dental care to thousands of patients over the loan repayment period. As such, loan repayment incentives continue to play an important role in bringing more dental care to underserved Californians.</td>
<td>There is strong evidence that allied dental personnel increase productivity of dental offices and clinics. In 2010, via AB 2637, California Registered Dental Assistants in Extended Functions (RDAEF) received additional restorative functions, allowed under the direct supervision of a dentist. This education and training is currently taking place in just a few locations and is expensive. This recommendation seeks to identify dental assistants in underserved communities who are interested in RDAEF practice, but are limited by financial barriers, and provide assistance in exchange for a commitment to work in a community health clinic or other public health setting.</td>
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3. Safety net expansion of dental services

- a. Promote expansion of dental care in safety net settings, remove any perceived or real barriers to RDAEs providing dental care beyond their “4 walls” including contracting with private dental providers | In 2005, the U.S. Congress determined that federally supported health clinics (FSCs) may contract with private dentists to provide dental services to health center patients in the dentists’ private offices. The benefits of contracting include: • Dentists are able to • address the needs of their community by serving those who have the most need and the least access to care • provide services to Medicaid patients in their offices without enrolling in the program themselves, allowing them to avoid the billing and administrative burdens of the Dental-Cal program. |
Phase 1 (Years 1–3)

OBJECTIVES

1. Build state oral health infrastructure
2. Expand capacity within dental public health
3. Expand FQHC dental services
4. Support coordinated volunteer-based provision of care
5. Promote fluoridation
6. Expand capacity to provide children’s care, especially to young children
7. Align CDA Foundation with the proposal’s goals
8. Continue workforce exploration
Phase 1 (Years 1–3)

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SB 694 (Padilla)

- Legislative vehicle for CDA’s top priority: oral health infrastructure in California
- State dental director to provide leadership
- Essential to securing federal funds, coordinating programs, promoting best practices and more
SB 694 (Padilla)

- Children’s Partnership sponsored; Pew funded
- Senator Alex Padilla authored
- Sought rigorous research and evidence-cased policy decisions
- Stalled this legislative session due to perceived costs associated with the dental director and office of oral health
Next Steps

• Senator Padilla addresses legislature

• CDA continues to advocate for state oral health leadership and capacity

• Workforce study proposal received
QUESTIONS?