September 17, 2019
Health Resources and Services Administration (HRSA)
Department of Health and Human Services (HHS)
5600 Fishers Lane
Rockville, MD 20857

The National Network for Oral Health Access (NNOHA) has been a National Cooperative Agreement grantee of HRSA’s Bureau of Primary Health Care since 2007, providing robust technical assistance in the area of Oral Health to health centers around the country. On behalf of our nearly 4,000 members from all regions of the United States, NNOHA is pleased to have the opportunity to provide the following comments on the Information Collection Request: Health Resources and Services Administration Uniform Data System, OMB No. 0915-0193-Revision.

- NNOHA supports retaining the existing Uniform Data System (UDS) sealant measure for 6-9-year-old patients at elevated caries risk.
  - Sealants are effective in preventing and arresting pit-and-fissure occlusal caries in primary and permanent molars.¹
  - Since the UDS measure was instituted in 2015, health centers around the country have improved their sealant placement rates by 10% (from 42.4% to 52.8%) in three years. This increase reflects significant investment, at the individual health center level and through NNOHA’s multi-faceted technical assistance activities, in reporting infrastructure and improvement of patient-centered processes. While much progress has been made, there is still opportunity for health centers to systematize and spread the practices needed to consistently deliver this evidence-based intervention. Retaining the sealant measure creates focus for dental programs to continue this important work.

- Considerations can be made to modify the existing sealant measure to address HRSA’s expressed desire to impact a broader population of patients with the UDS oral health measure.
  - The age range for sealants may be expanded to include 10-14-year-old patients, either as a second measure or an expansion of the current UDS sealant measure. This is consistent with evidence-based practice¹ and Healthy People 2020 goals.
  - Removing the risk-based criteria for sealants would better align the measure with current ADA evidence-based practice guidelines² and expand the number of children included in the measurement.

- There are several challenges to implementation of the proposed fluoride varnish application measure for children age 0-20 years.
  - The effectiveness of fluoride varnish is dose dependent, and the literature suggests that application should be age or risk-based; this is consistent with the evidence referenced in the Centers for Medicare and Medicaid Services eCQM specifications for the measure.²³⁴ The proposed measure does not provide this level of evidence-based specificity.
  - Reimbursement for this service for children through the age of 20 is inconsistent in benefit plans for both medical and dental providers. When benefit plans do not enable cross-disciplinary application of fluoride varnish⁵, health centers may need to assume the cost of providing a non-reimbursable service or drive care to dental providers, which would weaken the measure’s goal to promote oral health engagement in primary care settings.

In light of the considerations listed, NNOHA recommends the retention of the current UDS sealant measure. We appreciate HRSA’s interest in identifying opportunities to expand and measure the population
of health center patients who receive evidence-based oral health interventions, and we encourage HRSA to continue to seek practical ways to foster interprofessional engagement for the delivery of those interventions within health centers. On behalf of our membership, thank you for the opportunity to comment on proposed changes that impact our nation’s health centers. For further comment from NNOHA, please contact Dr. Irene Hilton at irene@nnoha.org.

Sincerely,

The Board of Directors for National Network for Oral Health Access

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