



INSTITUTE FOR

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whitepaper

2010 conference

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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Shelly Gehshan, MPP

Director, Pew Children's Dental Campaign, Pew Center on the States,
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Making Coverage Matter: Keeping the Promise of the Affordable Care Act

This year's healthcare reform bill, the Affordable Care Act, will provide dental coverage for an estimated 5.3 million more children –and while coverage is a necessary first step, it raises a vital question: Are we ready to provide access? At the 2010 Institute for Oral Health national conference, Shelly Gehshan brought her expertise as a foundation executive, child advocate, and analyst ---who has worked with state policymakers for 20 years—to address the challenges and opportunities we face in the new healthcare landscape.

A Look into the Pew Children's Dental Campaign

To introduce her perspective, Ms. Gehshan highlighted that the key mission of the Pew Center on the States is to bring a fact-based, non-partisan approach to help the states work more efficiently and effectively through smart investments and prudent government policies to build long-term financial stability. It is a critical agenda as it translates to our everyday, real-world experience --from public safety, quality education for children, and accessible healthcare, to available jobs and a strong business economy. *"Our quality of life depends on states getting it right."*

With help from over 100 policy experts, researchers, journalists and campaign strategists, Pew's success lies in being an independent partner whose only agenda is to strengthen the business of running a state so it effectively supports the people living there. *"Our willingness to be candid and even critical about the problems states face and follow where the facts lead, helps us identify and advance solutions that work."*

Toward that end, the Pew Children's Dental Campaign is focusing hard on what the facts say about healthcare reform and our ability to make it a reality. In particular, to meet the promise of supporting dental care for millions more children by 2014, all states will be facing considerable challenges. To begin addressing the problems, this Pew organization identified three key policy areas to help direct efforts for the greatest potential gain, including:

- **Prevention** – National campaigns to educate the public on oral health education and prevention, as well as campaigns to local and state policymakers and community partners on the need for water fluoridation.
- **Funding for care** – While the Pew Children's Dental Campaign group originally intended to work on raising Medicaid dental reimbursement rates, the current recession made it untenable to push states already stretched to their limits. Instead, the group shifted their focus to federal campaigns advocating for dental provisions in the healthcare reform bill. In follow-up, they are now working on appropriations for the oral health provisions that made it into the Affordable Care Act (ACA).
- **Dental workforce** – While dentistry won a victory in the oral health provisions of the ACA, the current workforce is inadequate to address care for over five million more children coming into

"The mission of the Pew Children's Dental Campaign is to strive for cost-effective policies that will mean millions more children get the basic dental care they need to grow, learn and lead healthy lives."

–Shelly Gehshan

the dental care system. The Pew group is researching the economics of new delivery models, has workforce initiatives underway in a number of states, and is advocating for appropriations that support building both the workforce and the infrastructure necessary to support the added patient load by 2014. Additionally, the Pew Children's Dental Campaign website provides a valuable report to help states identify their needs in terms of infrastructure and access needs, to find the most effective, realistic solutions to put in place.

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*To access the full report and/or state-based fact sheets, visit the Pew Children's Dental Campaign website .
> pewcenteronthestates.org*
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The Challenge: Why Do We Need Workforce Solutions?

As our nation's population grows, the problem grows –nearly one-third of Americans have no access to quality, affordable healthcare. When we consider oral health, that means over 85 million people may be suffering from untreated disease that was largely preventable. Ms. Gehshan emphasized that we need to look at this as a “system problem,” not only because an estimated 49 million Americans live in areas with little access to dental providers, but because our system is designed mainly for middle class people with insurance who live in urban areas. For the remainder of the country, the system is failing them.

With the Affordable Care Act, an estimated 5.3 million more children will take advantage of dental coverage by 2014, and the dental workforce will need to be ready. A particular challenge is that ACA's oral health provisions focus mainly on Medicaid, and currently there are few private practice dentists participating in the program, and a high shortage of dentists to serve low-income people and in rural areas. In fact, research shows that “safety net” dental care only reaches about 10% or 7-8 million people of the 83 million who are lacking access.

Further complicating the problem is the fact that current trends show that the numbers of retiring dentists exceeds the number of new dental graduates, which means that soon we will have the lowest practitioner-to-population ratio that we have seen in over 100 years (T. Beazoglou, H. Bailit, LJ Brown. J Am Dent Assoc, Vol 131, No 12, 1693-1698).

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“To correct the national shortage of dental practitioners, we need over 6,600 to 9,000 new providers. That's more than two fully graduated classes from all the dental schools in the country.”
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–Shelly Gehshan

Barriers to Care for the Underserved

When considering care for underserved populations, it is important to note some fundamental factors basic to accessing care that many of us take for granted. For low-income populations, issues such as transportation, physical mobility, flexibility of work hours, and more can often make accessing care difficult or impossible. For example:

- **No support for basic access** – Simply getting to a dentist's office can be a challenge when people lack transportation or cannot afford to take time off from work. Interacting with dental staff may be uncomfortable for those with low health literacy or language barriers.
- **Non-flexible hours** – Very few dentists offer evening, weekend, or walk-in appointments, so it can be difficult for families to find time to seek care for themselves or their children.
- **Few community health resources** – To improve the caries crisis in children, oral health support needs to access the kids, not the other way around. Dental care services or even prevention information are rarely available in schools and child care centers, yet that is where the people go every day.

- **Limited support for special needs** –Patients with disabilities and special needs are increasingly slipping through the cracks as very few dentists have the specialized training or practice infrastructure to support caring for the unique needs of these patients.

Investigating Opportunities: Workforce Research

From a policy perspective, the Pew Children’s Dental Campaign works to identify evidence-based data that can be used to drive changes. In examining dental care workforce issues, they researched various care delivery models and how they can benefit the dental care system, including:

- **Applying collaborative practice models to dentistry** – In partnership with the University of California, San Francisco Center for the Health Professions, research has been underway to address how medical collaborative practice might be applied to dental care delivery. In particular, they are exploring how collaborations really need to work between partners that operate independently – such as integrating efforts from dentists, schools, and community centers in rural areas. Or even collaborative practice within a single large organization or public health entity.
- **Increasing dental providers at FQHCs** – To look at how to strengthen the dental workforce in Federally Qualified Health Centers (FQHCs) around the country, a research team at the University of Connecticut Health Center is investigating the impact –on both productivity and economics-- of bringing in new dental care providers. Ms. Gehshan noted that, generally, the FQHCs have been less receptive to new providers, concerned with the economic viability. Thus, the research team is exploring financial models that factor in training and organizational changes that may come with integrating new providers, as well as the effects on FQHC payments and Medicaid reimbursements.

- **Hiring new dental providers in private practices** – As a further track on the workforce initiative, Pew partnered with business consultants at Scott & Company to look at the potential economic impact of hiring new providers into individual and group dental practices. Researchers were particularly interested in noting how the workforce additions might increase profitability as well as improving access for Medicaid patients. To gauge economics realistically, they examined practices in states where Medicaid payments are at the national average and those where reimbursement rates are “abysmally low.”

Furthermore, they focused on dental roles such as hygienists and dental therapists who perform many of the Medicaid-related services. Their findings showed that, in most cases, the dental practices saw increases in both productivity and pre-tax profits, and adding supporting dental staff allowed them to devote up to 20% more time to Medicaid patients.

To help private practicing dentists around the nation determine if additional hiring would benefit them,

Pew has developed an Excel-based tool in which dentists can insert their own data to assess the potential gains to their practice. The report and tool are available on the Pew Children’s Dental Campaign website, along with webinars to help providers understand how to use the tool. Visit pewcenteronthestates.org/ittakesateam.

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“If you don’t see Medicaid patients now, the surprising findings are that you can make more money by hiring new providers and seeing Medicaid patients, than if you continue with your traditional business model.”

–Shelly Gehshan

Policy Implications of Increasing the Dental Workforce

In reflecting on this research, particularly the study centered on hiring new providers, Ms. Gehshan noted that it supports the Pew’s fundamental agenda of addressing “*how do we get more low-income people served, how do we get them into the healthcare system, and how do we do a good job with them.*” However, the research is only the beginning. To make a real difference for American families,

we will need to see changes across dental providers, dental education, and state Medicaid policy makers. For example:

- **Training programs for integrating new staff** – Dental schools or continuing education systems need to train clinicians on how to work with new providers. In Pew’s research, existing practices expressed discomfort with accommodating new staff, perhaps concerned that a learning curve would hinder productivity and profitability. But as this challenge is far outweighed by the potential gains across multiple dental practices nationwide, it is a worthwhile investment to create mentoring programs to help practitioners ease the transition with new staff.
- **Higher Medicaid payment rates** – Although this change is unlikely in the current economic climate, healthcare advocates are pressing strongly for Medicaid reimbursement rates above cost of providing the care.
- **Access-enabling services for low-income families** – Common barriers to care such as lack of transportation or childcare, and inflexible appointment hours often keep Medicaid families from making and keeping dental appointments. State Medicaid programs need to support services that help make it easier for families to take advantage of the health and dental care available to them.
- **Better reimbursement for new providers** – State leaders and Medicaid administrators need to ensure that strong and reliable reimbursement policies are in place so that newly hired providers can be paid for services rendered. As incentive for dental clinics to hire additional hygienists and therapists to serve Medicaid patients, dentists need to be able to count on reimbursement for Medicaid-eligible services performed by their new team members.

Overall, despite the tremendous challenges ahead in healthcare reform, we also have exciting new opportunities to make a difference in our nation’s oral health. The Affordable Care Act can make it possible to bring care to millions of people –especially children-- who historically have been forgotten by the system. The ACA is a major call to action for collaboration across providers, policymakers, educators, and community resources to make oral health reform a reality.

“From individual dentists to dental association executives, people agree this change will happen. Our challenge is to shape it--to do it right, to do it so that it actually helps the people who are left outside the system, and to keep that first and foremost in our minds. We don’t need turf wars or hysterical fears, and this is not ‘the end of dentistry as we know it’. We need to ramp up our efforts to ensure that for all these millions of children, we really do make coverage matter.”