Dental Public Health: Prevention Focus and Challenges

STATE ORAL HEALTH PROGRAMS IN THE CROSSROADS

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Neither I nor members of my immediate family have any financial relationships with commercial entities that may be relevant to this presentation.
Prevailing Barriers in Oral Health Access Common Among the States

- Dental provider inadequacy to meet or investment in low income population needs
- Dental provider’s focus on small business interests rather than health care delivery
- Current dental training model not aligned with the needs of the safety net and public health
Prevailing Barriers in Oral Health Access Common Among the States

- Low utility in the use of allied dental workforce
- Separation of oral health and dental from health care transformation activities
- Access trends for adults decreasing
- Access for children increasing; but not significant for racial minorities and low income populations
Severe Dentist Shortages Persist

More than 31 million Americans are unserved due to a shortage of dentists. The percentage of unserved Americans varies by state.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>States</th>
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<tr>
<td>Less than 10%</td>
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<td>10-14.9%</td>
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<td>15-19.9%</td>
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<td>20% or more</td>
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Dental Access Trends Decreasing

- Adults’ access to dental care has fallen steadily since the early 2000s

Vujicic M et al. A profession in transition. J am dent assoc 2014;145:118-121
Barriers to Seeking Oral Health in Rural America

- Fewer Dentists work in rural areas
- Fewer numbers of rural residents have dental insurance coverage
- Rural water systems less likely to be fluoridated

Improving Access to Oral Health Care for Vulnerable and Underserved Populations. Institute of Medicine 2011
Other Factors

- Uneven distribution of dentists and oral health prevention access points in rural communities
- A relatively small number of dentists that take Medicaid clients or limit their numbers when and where dentists are available
- Distance factors and lack of adequate transportation
- Lower health literacy in certain rural and geographically restricted areas
- Dentistry is simply becoming too costly
Consequences of Neglect

WHEN STATES FAIL TO ADDRESS LACK OF ADEQUATE ORAL HEALTH CARE ACCESS
Early Childhood Caries Can Lead to...

• Extreme pain
• Spread of infection
• Difficulty chewing, poor weight gain
• Falling off the growth curve
• Extensive and costly dental treatment
• Risk of dental decay in adult teeth
• Crooked bite (malocclusion)
For want of a dentist

Maryland boy, 12, dies after bacteria from tooth spread to his brain
February 25, 2007

Deamonte Driver, aged 12, is shown with his mother, Alyce, at Children's Hospital in Washington, D.C., after emergency brain surgery.
Impact of the Deamonte Driver Incident

- Increased national awareness of the importance of access to dental care
- CMS added new personnel to emphasize oral health in Medicaid (Laurie Norris)
- The State or Maryland invested funding and structure to rebuild their state oral health program
- Other cases of poor oral health and morbidity started to be reported
- More states began to see oral health as a necessity for children rather than a luxury
The year before Driver died, just one-third of Maryland’s more than 500,000 Medicaid-covered children had received dental-care treatment.

Fast forward to 2010, the most recent year for which Pew has released dental-care data, and almost 42 percent of Medicaid-enrolled children in Maryland were getting dental treatment.
Methods Used by States to Improve Oral Health and Disease Prevention

- **Population Based Services**
  - School-Linked Dental Clinic Systems
  - School- Based Sealant Programs
  - Community Water Fluoridation
  - Oral Health Literacy Campaigns
Common Ingredients for Population Preventive Programs

- A sufficient and sustainable workforce
- Effective messaging to engage the public
- Lower overhead costs
- Multiple sites and locations
- A targeted approach in using resources effectively
- Less educational burden and costs for workforce development and deployment
- Flexibility
Emerging New threats?

**Kaiser Health News: Selling The Health Benefits Of Tap Water, In An Age Of Flint**

Colorado Public Radio's John Daley, in partnership with Kaiser Health News and NPR, reports:

“The water crisis in Flint, Michigan, is making some public health messages harder to get across — namely, in most communities, the tap water is perfectly safe and it is so much healthier than sugary drinks.”
The Dental Quality Alliance (DQA) announce in September, 2014 five measures endorsed by the National Quality Forum (NQF):

- Prevention: Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk
- Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk
- Utilization of Services: Dental Services
- Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services
- Oral Evaluation: Dental Services
Affordable Care Act (ACA): MEDICAID EXPANSION - 2016

- **Adopted the Medicaid Expansion**: 32 states (including DC);
- **Adoption of the Medicaid Expansion under Discussion**: 3 states;
- **Not Adopting the Medicaid Expansion at this Time**: 16 states
ADA Health Policy Institute: A Slow level of Progress

- 2000 AND 2013, THE PERCENTAGE OF MEDICAID CHILDREN WITH A DENTAL VISIT INCREASED FROM 29% TO 48%

- THE GAP IN DENTAL CARE USE BETWEEN MEDICAID AND PRIVATELY INSURED ADULTS IS MUCH WIDER THAN IT IS FOR CHILDREN
MEDICAID COVERAGE DOESN’T SOLVE MANY ACCESS PROBLEMS; especially for adults!

Even in states where Medicaid has been expanded to include dental care, people are still struggling to find a dentist. "Translating Medicaid coverage into care is a significant problem.

" Dental Access Project Director David Jordan says in USA TODAY, "The number of adults on Medicaid who are able to see a dentist is woefully short of where it needs to be."
Challenges Remain

- Dentists and professional dominated licensing boards are highly resistant to new workforce models

- State and federal public program spending is decreasing

- State and local public health infrastructure decreasing

- Loopholes in the ACA leave gaps in dental coverage
More Challenges

- Federal payment systems (Medicaid, Medicare) have less than a 9% impact on the private dental practice market

- Little leverage for governmental incentive or enforcement

- Many states resist expanding Medicaid and participating in the ACA

- The Safety Net health system is already stretched!
Challenges for the Safety Net in Rural Settings in the Age of the Affordable Care Act (ACA)

- Many state scope of practice laws limit the reach of the existing or potential expanded workforce
- Reimbursement policies restrict who can provide care
- Telehealth regulations hamper wider adoption of this technology
- The financial stream for workforce training are misaligned with need
- The ramifications of the change of insurance mix on the safety net is unclear
Desperate States Seek Solutions

- Problems in the dental workforce issue have been long standing and resistant to change

- States and local communities are seeking new solutions or abandoning addressing dental care completely

- Market pressures are forcing changes, some good, some not so good......

- Use of “Disruptive Innovations” are rising
Plasticity- an emerging health care trend

**FutureDocs** Workforce model factors in “Plasticity”

Plasticity lets you think about who can deliver a set of services and allow different configurations in different communities for those services.

FutureDocs considers demand and what the current workforce looks like, and using plasticity to see if a less-expensive workforce can substitute.

*HealthLeaders Media*

On February 6, 2015 the Commission on Dental Accreditation (CODA), voted to adopt national dental therapy training standards.

Standards approved by CODA - August 2015
Challenging Old Traditions: National Policy Notes

SUPREME COURT RULES ON NORTH CAROLINA DENTAL BOARD

On February 21, the U.S. Supreme Court made a decision that has implications for dental board oversight across the country. As one reporter in USA TODAY sums it up, "Dentists can make your teeth sparkling white, but they can’t decide who else can."
The Progression of Direct Access

Direct Access 2008
28 States

Direct Access 2011
34 States

Direct Access 2016
38 States

States that permit direct access to dental hygienists

Revised January 2016
www.adha.org
NATIONAL AND STATE-LEVEL PROJECTIONS OF DENTISTS AND DENTAL HYGIENISTS:

HRSA brief

"National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025,"

• provides information on national and state projections on the supply and estimated demand for dentists and dental hygienists from 2012 to 2025.
Dentists

Nationally, increases in supply will not meet the increases in demand for dentists, which will exacerbate the existing shortage.

- The supply of dentists is expected to grow by 11,800 full-time equivalents (FTEs) – from 190,800 in 2012 to 202,600 in 2025 – a 6 percent increase nationally.

- The national demand for dentists is projected to grow by 20,400 FTEs – from 197,800 in 2012 to 218,200 in 2025 - a 10 percent increase.
“IT IS AN EXCITING TIME AS COMMUNITIES BEGIN TO EXPLORE AND IMPLEMENT THEIR OWN SOLUTIONS IN THE ABSENCE OF ADEQUATE PROFESSIONALLY DRIVEN SOLUTIONS.” -ROBERT “SKIP” COLLINS DMD, MPH
The Emerging Oral Health Emphasis Needed by the States

- Prevention, early detection, and behavioral modification
- Interdisciplinary case management
- More flexibility in deployment and better use of allied dental providers
The Emerging Oral Health Emphasis Needed by the States

- Less post-disease repair
- No one size fits all – individualized care
- Risk-based treatment protocols
- Dental providers trained with a mission and appreciation of public health values
“Change is Coming!”

Primary Drivers:

- Rising costs of health care delivery
- Increasing poverty and population demand
- Marketplace adjustments
- Expanding use of Safety Net delivery systems
More Drivers of Change...

- Need for more efficiencies at lower costs: Population-based care

- Changing practice models: more group practice models

- Emerging cooperate practice, Medicaid MCO, and ACO models: emphasis on integrated managed care
Recommendations

- Case management and care coordination must be enhanced to increase health delivery network in rural settings.

- Early intervention and maintenance before the disease process starts or worsens.

- Use of telehealth and payment systems that allow remote case management between a central provider and the extended dental/medical workforce deployed in the rural communities.
Recommendations For Improvement

- Flexible interdisciplinary care teams inclusive of dental services must be developed and expanded in non-traditional locations and methods to engage the public.

- Dentists trained as oral health managers within an interdisciplinary system of primary health care.

- Allied Health and Oral Health Care Professionals practicing to the full scope of their licensing.
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