2010 Oral Health Kansas Conference

“A New Decade for Oral Health: Opportunities & Challenges

Catherine M. Dunham, Ed.D.
Executive Director, Children’s Dental Health Project
Goals for Today

I. Who is CDHP and where are they involved in healthcare reform?

II. What’s in ACA for “dental”?

III. What are the opportunities to shape oral health in healthcare reform?
Goals for Today

I. Who is CDHP and where are they involved in health reform?

II. What’s in ACA for “dental”?

III. What are the opportunities to shape oral health in healthcare reform?
CDHP’s mission

*Creating and advancing innovative solutions to achieve oral health for all children*

Two approaches:
1. Reduce disease burden
2. Improved access to quality care

The “upside down” problem:
Children with *most need* have *least care*
CDHP’s mission

Creating and advancing innovative solutions to achieve oral health for all children

Two approaches:
1. Reduce disease burden
2. Improved access to quality care

The “fix”:
Children with most need get most care
CDHP’s Work

Policy Development & Technical Assistance

- Prevention & Disease Management
- Access to Quality Care
- Financing: Medicaid/CHIP
- Perinatal & Infant Oral Health
- State Infrastructure

Education & Advocacy

- Federal Legislation
- Federal Regulation & Guidance

Resource for –
State Legislation & State Regulation

Tools

- Research & Analysis
- Partnerships & Coalitions
- Advocacy Support
- Briefings, Presentations, Testimony
- Information Development & Dissemination
Goals for Today

I. Who is CDHP and where are they involved in health reform?

II. What’s in ACA for “dental”?

III. What are the opportunities to shape oral health in healthcare reform?
Oral Health in Health Care Reform

- Comprehensive systems approach, building on CHIPRA
- Health coverage bill – estimated by 2019, 92% non-elderly will have health insurance (94% if exclude undocumented immigrants)
- Provides dental coverage to nearly all children
- Coverage is supported by numerous additional provisions
- Unfortunately, many of these provisions still await funding

### Systems Framework

<table>
<thead>
<tr>
<th>Oral Health Infrastructure &amp; Capacity</th>
<th>Quality Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention &amp; Health Promotion</strong></td>
<td><strong>Quality Treatment</strong></td>
</tr>
<tr>
<td>Community Awareness/Education</td>
<td>Effective Coverage</td>
</tr>
<tr>
<td>Family-level Prevention</td>
<td>Effective Workforce</td>
</tr>
<tr>
<td>Child-level disease management</td>
<td>Effective Delivery Systems</td>
</tr>
</tbody>
</table>

Surveillance, Evaluation, CQI
### CDHP’s Systems Approach

<table>
<thead>
<tr>
<th>Prevention &amp; Health Promotion</th>
<th>Quality Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Health Infrastructure &amp; Capacity</strong></td>
<td></td>
</tr>
<tr>
<td>Community Awareness/Education</td>
<td>Effective Coverage</td>
</tr>
<tr>
<td>Family-level Prevention</td>
<td>Effective Workforce</td>
</tr>
<tr>
<td>Child-level disease management</td>
<td>Effective Delivery Systems</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surveillance, Evaluation, CQI**
### Prevention & Health Promotion

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Caries Disease Management</strong></td>
<td>Establishes a national grant program to demonstrate the effectiveness of research-based dental caries disease management</td>
</tr>
<tr>
<td><strong>School-based Dental Sealant Programs</strong></td>
<td>Requires that states receive grants for school-based dental sealant programs</td>
</tr>
<tr>
<td><strong>Oral Health Public Education Campaign</strong></td>
<td>Requires HHS Secretary to establish a 5-year public education campaign to promote oral health</td>
</tr>
<tr>
<td><strong>Prevention and Public Health Trust Fund</strong></td>
<td>Establishes a fund to provide an expanded and sustained national investment in prevention and public health programs – may include oral health</td>
</tr>
<tr>
<td><strong>National Prevention, Health Promotion, and Public Health Council</strong></td>
<td>Charged with coordinating Federal prevention policy and developing a national prevention strategic plan</td>
</tr>
<tr>
<td><strong>Community Transformation Grants</strong></td>
<td>Establishes grants to state and local agencies and community organizations for prevention efforts outside the doctor’s office</td>
</tr>
</tbody>
</table>
## CDHP’s Systems Approach

<table>
<thead>
<tr>
<th>Prevention &amp; Health Promotion</th>
<th>Quality Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Infrastructure &amp; Capacity</td>
<td></td>
</tr>
<tr>
<td>Community Awareness/Education</td>
<td>Effective Coverage</td>
</tr>
<tr>
<td>Family-level Prevention</td>
<td>Effective Workforce</td>
</tr>
<tr>
<td>Child-level disease management</td>
<td>Effective Delivery Systems</td>
</tr>
</tbody>
</table>

Surveillance, Evaluation, CQI
<table>
<thead>
<tr>
<th><strong>Effective Coverage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Health Services for Children</strong></td>
</tr>
<tr>
<td><strong>Stand-Alone Dental Plans</strong></td>
</tr>
<tr>
<td><strong>MACPAC Reporting on Dental Payments</strong></td>
</tr>
<tr>
<td><strong>CHIP Maintenance</strong></td>
</tr>
<tr>
<td><strong>Medicaid Expansion</strong></td>
</tr>
</tbody>
</table>
**Medicaid**
Any treatment need identified on a screening (EPSDT)

**CHIP**
“necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.” —or— benchmark plan (FEHBP, SEHBP, or largest commercial dependent dental plan)

**ACA**
“Pediatric services, including oral and vision care.”
“Coverage of preventive health services: With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidance supported by the Health Resources and Services Administration” (aka Bright Futures)
## Healthcare Reform

### Prevention & Health Promotion

- Community Awareness/Education
- Family-level Prevention
- Child-level disease management

### Quality Treatment

- Effective Coverage
- Effective Workforce
- Effective Delivery Systems

### Oral Health Infrastructure & Capacity

#### Surveillance, Evaluation, CQI
### Workforce and Training

<table>
<thead>
<tr>
<th><strong>Alternative Dental Health Care Providers</strong></th>
<th>Establishes a 15-site demonstration project to train or employ alternative dental health care professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Health Care Workforce Commission</strong></td>
<td>Establishes the Commission and makes the oral health care workforce a high priority for review</td>
</tr>
<tr>
<td><strong>Dental Training Programs</strong></td>
<td>Establishes a number of provisions to promote and encourage the training of dental professionals including loan repayment</td>
</tr>
<tr>
<td><strong>Primary Care Residency Programs</strong></td>
<td>Establishes three-year, $500,000 grants for new primary care residency programs, including oral health</td>
</tr>
<tr>
<td><strong>Graduate Medical Education Programs</strong></td>
<td>Provides funding for new and expanded graduate medical education, including dental education</td>
</tr>
</tbody>
</table>
# CDHP Systems Approach

## Oral Health Infrastructure & Capacity

<table>
<thead>
<tr>
<th>Prevention &amp; Health Promotion</th>
<th>Quality Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Awareness/Education</td>
<td>Effective Coverage</td>
</tr>
<tr>
<td>Family-level Prevention</td>
<td>Effective Workforce</td>
</tr>
<tr>
<td>Child-level disease management</td>
<td>Effective Delivery Systems</td>
</tr>
</tbody>
</table>

**Surveillance, Evaluation, CQI**
| Federally Qualified Community Health Centers | Provides funding for construction, capital improvements and service expansions, including dental program expansions |
| School-based Health Centers | Provides Grants to SBHCs and includes oral health services in qualified services provided by SBHCs |
## CDHP Systems Approach

### Prevention & Health Promotion

- Community Awareness/Education
- Family-level Prevention
- Child-level disease management

### Quality Treatment

- Effective Coverage
- Effective Workforce
- Effective Delivery Systems

### Oral Health Infrastructure & Capacity

- Surveillance, Evaluation, CQI
## Infrastructure, Quality & Surveillance

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Health Infrastructure</strong></td>
<td>Requires the CDC to provide cooperative agreements to states for improving oral health infrastructure (from 19 states → 50 states, territories, &amp; tribes)</td>
</tr>
<tr>
<td><strong>Pregnancy Risk Assessment and Monitoring System</strong></td>
<td>Requires that oral health measurements be included in PRAMS</td>
</tr>
<tr>
<td><strong>National Health and Nutrition Examination Survey</strong></td>
<td>Retains “tooth-level” surveillance in NHANES</td>
</tr>
<tr>
<td><strong>Medical Expenditure Panel</strong></td>
<td>Requires a “look-back” validation for dental - parity with medical</td>
</tr>
<tr>
<td><strong>National Oral Health Surveillance System</strong></td>
<td>Requires that NOHSS include measurement of early childhood caries and authorizes funding to expand the system to all 50 states</td>
</tr>
</tbody>
</table>
Goals for Today

I. Who is CDHP and what standing does it have in federal policymaking?

II. What’s in ACA for “dental”?

III. What are the opportunities to shape oral health in healthcare reform?
Anticipating the Future: Child Coverage

Essential Benefit in Qualified Health Plans
– Through medical plan (owned or contracted) or
– Through stand-alone dental plan

Poor children: better enrollment into Medicaid
Low-income: better enrollment into CHIP
Small market: standardized benefit requirements, options in Exchanges, subsidies for some
Large market: grandfathered or standardized
Undocumented: uncovered
Anticipating the Future: Child Benefit

At issue

1. Definition of dental benefit
   Comprehensive?

2. Reference to Bright Futures Oral Health
   Definition & implementation of “preventive dental services”?

3. Consumer protections
   Access to providers/Adequate Networks
   Cost-sharing (premiums & co-pays)
   Appeals process
Possibilities

1. Low income: As adult Medicaid extends in 2014 to ~16M adults will States …
   - Expand “optional” adult dental Medicaid programs?
   - Drop or reduce “optional” adult Medicaid coverage?
   - Expand safety net programs?

2. Moderate and high income: As adult medical coverage expands and improves and more children gain dental coverage, will more employers and individuals elect adult dental coverage?
   - Growth of the dental individual market?
   - Growth of the dental small employer market?
Possibilities

1. Evidence-based “dental caries disease management” advances in evidence-based care?

2. Early intervention per CHIPRA and Bright Futures new education role for dental plans; wider adoption of primary medical provider involvement and acceptance of dental home and age 1 visit?

3. Oral health public education campaign change public awareness and demand for preventive and disease management services?

4. School based sealant program expansions simultaneous expansion of comprehensive school services?
Possibilities

5. Prevention and public health trust fund dental piece?

6. Community transformation grants community-based improvements - fluoridation improvements?

7. Home visitation and early intervention for high risk children inclusion of oral health promotion?
Possibilities

1. More postdoctoral dental training (AEGD, GPR)
   greater skill levels for complex procedures and complex patients?

2. More pediatric and public health dentists
   greater access or flooded markets?

3. More interdisciplinary training
   greater physician/nurse involvement?

4. New dental midlevels
   changes in practice acts?
   changes in practice business models?
   improvements in access for the underserved?
   more focus by dentists on complex patients and procedures?

5. More and better-trained faculty
   priorities on community engagement, medical-dental interface
Possibilities

1. More children with private & public dental insurance
   - Expansion of children’s care in private dental offices?
   - More roles for midlevels?

2. Comprehensive school-based dental services for children
   - Coordination with school-based sealant programs?
   - Integration with new workforce models?

3. Massive FQHC expansion
   - Greater public-private contracting?
   - Expanded dental safety net?
   - More AEGD training in FQHCs?

4. Growth of the “private safety net”
   - Growth of Medicaid/CHIP-only pediatric practices?
   - More engagement of large group practices in public insurance?
Anticipating the Future: State Infrastructure

Possibilities

1. Expansion of State Oral Health competencies
   New and expanded dental public health leadership, state oral health plan implementations, local surveillance and data generation, more policy activity from the public health sector

2. Enhanced surveillance of national dental care and oral health surveillance
   New and more reliable data for Congress and Agencies
   Empowerment of MACPAC
Challenges

1. States: Elections provided overwhelming control in state legislatures by Republicans (highest since the 1950’s)
   - Less support for discretionary spending
   - Less support for principles of health reform

2. Congress: Divided Congress with significant budget decisions that will have to be made immediately
   - Immediate vote on debt ceiling
   - Likely to withhold funding for health reform provisions where they can

3. Advocates: Fight to hold-on ground on current investments
   - Maintaining current oral health programs will be difficult
Federal Appropriations

• May 2010: Sign-on letter w/ 70 organizations requesting funding for the ACA oral health provisions
• September 2010: Congress passed a continuing resolution (CR) for FY11 until December 3.
• Senate Appropriations Committee and House Labor HHS Appropriations Subcommittee included oral health, but fell short of full funding
• House deferring to Senate proposal is likely best case scenario for FY11 when CR expires.
• Despite lack of funding, Federal government is moving forward with implementation through regulations & rulemaking, ARRA funding, and shifting money between agencies (e.g. Title VII)
# Proposed ACA Funding for Oral Health

<table>
<thead>
<tr>
<th>Program</th>
<th>Funding Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Services for Children (Dental Benefit)</td>
<td>Required</td>
</tr>
<tr>
<td>Prevention and Public Health Trust Fund</td>
<td>Required</td>
</tr>
<tr>
<td>School-Based Health Centers Capital Program</td>
<td>Mandatory: $200 million through 2013 for construction and improvements</td>
</tr>
<tr>
<td>Community Health Center Expansion (operations, construction, and improvements)</td>
<td>Mandatory: $11 billion through 2015</td>
</tr>
<tr>
<td>Primary care dentistry training and workforce improvements (may contain alternative provider demo funding)</td>
<td><strong>FY11 Proposed:</strong> $47.982 million (increase of $15.1 million)</td>
</tr>
<tr>
<td>National Health Workforce Commission</td>
<td><strong>FY11 Proposed:</strong> $3 million</td>
</tr>
<tr>
<td>CDC Division of Oral Health</td>
<td><strong>FY11 Proposed:</strong> $25 million (increase of $10 million)</td>
</tr>
</tbody>
</table>
Opportunity: Federal Appropriations

- Identifying champions for individual provisions

- Continue to press oral health provisions, as FY12 funding is essential to get these programs off the ground

- Contact your Representatives to educate them of oral health provisions and use CDHP talking points
Opportunity: Federal Regulations

- Federal agencies gathering research, information and comments as they move forward with developing guidance and rules.
  - Office of Consumer Information & Insurance Oversight
  - Department of Labor
  - Centers for Medicare & Medicaid Services

- CDHP continues to submit comments on dental relevant regulations/guidance
  - Prevention standards
  - Exchanges
  - Appeals
Opportunities: State Advocacy

• Organize and educate new policymakers and health reform decision-makers about oral health and oral health priorities

• Maintain advocacy efforts on Medicaid and CHIP

• Work with States to get the Exchanges up and running with all required benefits, including pediatric dental benefit

• Identify successful comprehensive oral health programs that may be useful as models
## Healthcare Reform “Take Homes”

<table>
<thead>
<tr>
<th>One mandate</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many opportunities</td>
<td>New initiatives focused on prevention, workforce, safety net, infrastructure, surveillance</td>
</tr>
<tr>
<td>Significant Challenges</td>
<td>Federal funding bleak at best with best hope to maintain current investments</td>
</tr>
<tr>
<td>“The Story”</td>
<td>Unprecedented “systems-change” legislation that is overwhelmingly potential to improve oral health</td>
</tr>
</tbody>
</table>
Resources

- *ACA Summary and Talking Points*, CDHP Healthcare Reform Center: [www.cdhp.org/cdhp_healthcare_reform_center](http://www.cdhp.org/cdhp_healthcare_reform_center)

- *Comment on Rules and Regs*, Office of Consumer Information & Insurance Oversight [www.hhs.gov/ociio](http://www.hhs.gov/ociio)

...or contact us!

Meg Booth
[mbooth@cdhp.org](mailto:mbooth@cdhp.org)
202.833.8288 x206