

# 2011 AMCHP and Family Voices National Conferences

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH

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## Federal Trends in Oral Health Policy: Implications for Title V

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# Learning Objectives

- Discuss federal trends in oral health policy that impact MCH populations
- Identify new opportunities for Title V programs to advance oral health of MCH populations
- Recognize resources available to assist Title V programs explain and advance oral health opportunities



# National Maternal & Child Oral Health Policy Center

Goal 1: **Enhance Knowledge**. Identify, analyze, and promote new information for policymakers and key stakeholders to improve MCH oral health policies and practices.

Goal 2: **Build Capacity**. Build awareness, skills, and knowledge among policymakers and key stakeholders to actively promote new and effective oral health policies.

Goal 3: **Expand the community**. Expand and diversify the audience engaged in promoting oral health of MCH populations.



**Maternal and Child Health Bureau**



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# Oral Health Basics

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# The Mouth: An Essential Body Part

An organ of

- Digestion
- Respiration
- Communication
- Protection
- Sensation



Home to unique structures

- Teeth
- Gums
- Tongue
- TMJ
- Salivary glands

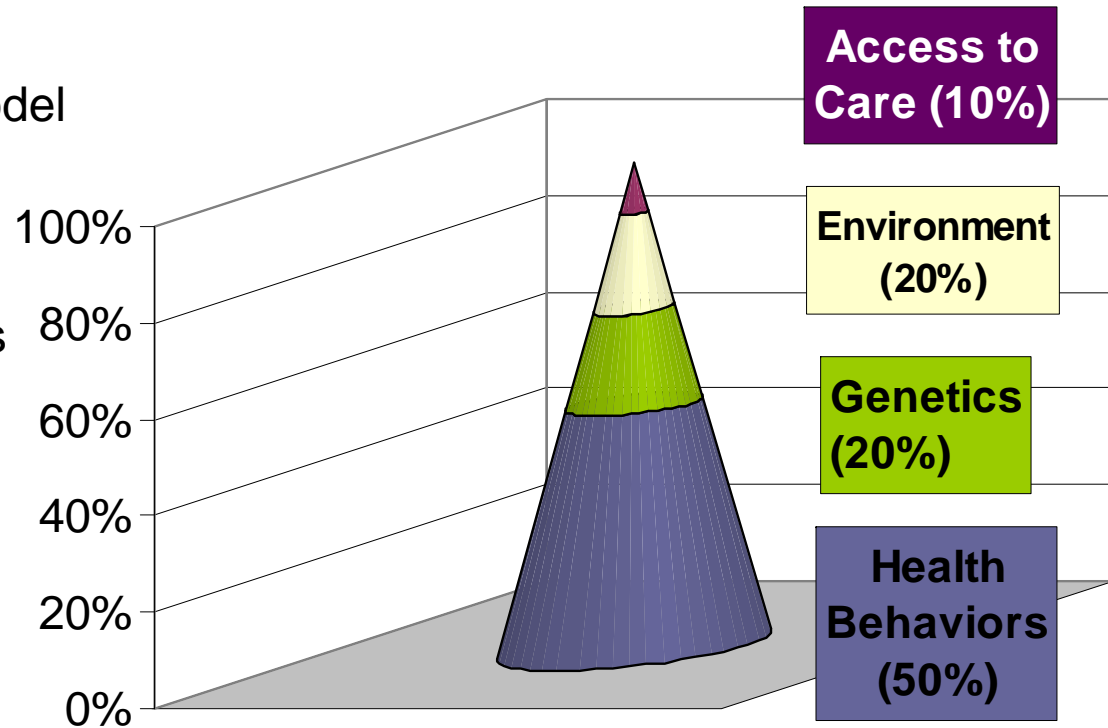
Oral-systemic health connection through contiguous and distant connections (circulatory, neurologic, lymphatic etc)



# Complex Determinants of Oral Health

Explanatory Causation Model

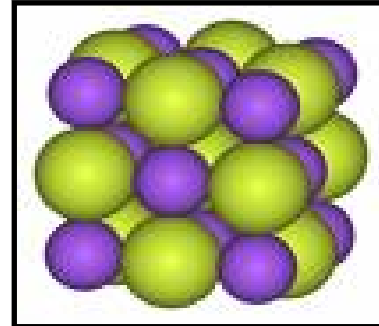
- Genetics
- Environment
- Health behaviors
- Use of dental services



# Early Childhood Oral Health Risk Factors

## Risk Factors for Early Childhood Caries

- × Early infection with “cariogenic” bacteria
- × High frequency carbohydrate ingestion
- × Lack of exposure to fluorides



# Adolescent Oral Health

## Risk Factors

- × Risk behaviors (drugs, alcohol, sports/trauma, etc)
- × Tobacco – periodontal disease, cancer
- × Poor eating patterns and food choices – dental caries
- × Oral sex – STDs
- × Pregnancy – risk factor for periodontal disease
- × Lip and tongue piercing – risk for tissue damage & infection



# Particularly Vulnerable Children

- Native Americans
- Special needs
- Immigrant
- Migrant
- Homeless
- Rural & Frontier

Higher Disease Rates

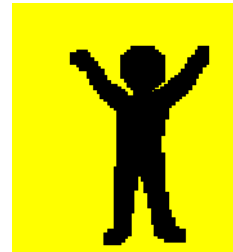
Less Care

More Government role

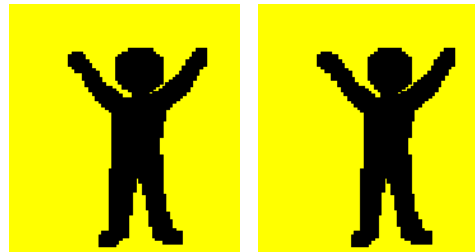
All receive higher levels of medical than dental care



# Cavity Prevalence is Extreme (NHANES III)



**28%** of US 2-5 Year Olds Have Cavities in "Baby Teeth"  
70% of children with cavities need repair



**50%** of US 12-15 Yr Olds Have Cavities in Permanent Teeth  
33% of children with cavities need repair



# Yet Tooth Decay is Preventable...

Effective prevention must

- ☑ start before the disease is established
- ☑ be tailored to level of risk
- ☑ involve all who deal with young children
- ☑ intervene at multiple levels from tooth to policy
- ☑ involve community based health promotion, education, sealants, community water fluoridation

Early intervention & prevention are cost effective and cost saving



# Federal Trends in Oral Health

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# HHS Oral Health Initiative

<http://www.hrsa.gov/publichealth/clinical/oralhealth/hhsinitiative.html>

- Building from 2000 Surgeon General's Report: *Oral Health in America*
- Directed by HHS Asst. Sec. Howard Koh and HRSA Admin Mary Wakefield
- Oral Health Initiative 2010: *Oral Health is Integral to Overall Health*
- Systems approach to create and finance programs to:
  - ✓ Emphasize oral health promotion/disease prevention
  - ✓ Increase access to care
  - ✓ Enhance oral health workforce
  - ✓ Eliminate oral health disparities
- Supported by Oral Health Coordinating Committee
- IOM Committee developing recommendations for HHS to improve & expand the Oral Health Initiative (August 2011)



# Oral Health Coordinating Committee

Standing committee revitalized by the Oral Health Initiative

OHCC includes:

- National Institutes of Health
- Center for Disease Control & Prevention
- National Center for Health Statistics
- Health Resources & Services Administration
- Centers for Medicare & Medicaid Services
- Administration for Families/Office of Head Start
- Office of Women's Health
- Office of Public Health & Science
- US Coast Guard
- Federal Bureau of Prisons
- Office on Disability
- Food & Drug Administration
- Agency for Healthcare Research and Quality
- Administration on Aging
- Indian Health Service
- Office of Minority Health



# CMS Oral Health Goals

## **New Goals**

1. Increase the rate of low-income children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10% over a 5 years
2. Increase the rate of low-income children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10% over 5 years

## Ongoing Oversight

- 8 state dental reviews (<http://www.cms.gov/MedicaidDentalCoverage/>)
- November 2010 new GAO report (<http://www.gao.gov/products/GAO-11-96>)



# IHS Early Childhood Caries Initiative

<http://www.doh.ihs.gov/index.cfm?fuseaction=ecc.display>

**Goal:** Reduce the prevalence of early childhood caries (ECC) among 0-5 year old American Indian/Alaskan Native children by 25% by FY15

1. Increase dental access for 0-5 year old AI/AN children by 10% in FY 2010 and 50% by FY 2015.
2. Increase the number of children 0-5 years old who received a fluoride varnish treatment by 10% in FY 2010 and 25% by FY 2015.
3. Increase the number of sealants among children 0-5 years old by 10% in FY 2010 and 25% by FY 2015.
4. Increase the number ITRs (temporary fillings) provided for children ages 0-5 by 10% in FY 2010 and 50% by FY 2015.



# Perinatal/Women's Oral Health

- **Office of Women's Oral Health** Oral Health Factsheet –  
<http://www.womenshealth.gov/faq/oral-health.cfm>
  - ✓ Relates oral health to other chronic diseases
  - ✓ Encourages perinatal dental care and emphasizes importance of oral health for health of baby
  - ✓ Provides general oral health guidelines to women and new mothers.
- **American Academy of Pediatric Dentistry** Perinatal Guidelines –  
[http://www.aapd.org/media/Policies\\_Guidelines/G\\_PerinatalOralHealthCare.pdf](http://www.aapd.org/media/Policies_Guidelines/G_PerinatalOralHealthCare.pdf)
  - ✓ New York & California convened expert panels to develop clinical guidelines.
  - ✓ Advises all providers on message and practice for oral health of mother and infant.
- **Maternal & Child Health Bureau** interprofessional discussions



# Quality Measurement

## AHRQ CHIPRA Quality Measures

<http://www.ahrq.gov/chipra/corebackground/corebacktab.htm>

- Establishment of initial core quality measures for CHIP
- CHIPRA Pediatric Quality Measures Program – next step for AHRQ to improve upon core measures and establish new measures
  - ✓ Technical Assistance Center
  - ✓ Centers for Excellence

## ADA Dental Quality Alliance

<http://www.ada.org/5105.aspx>

- Created at the encouragement of CMS to develop performance measures for oral health care



# Oral Health in Health Reform (ACA)

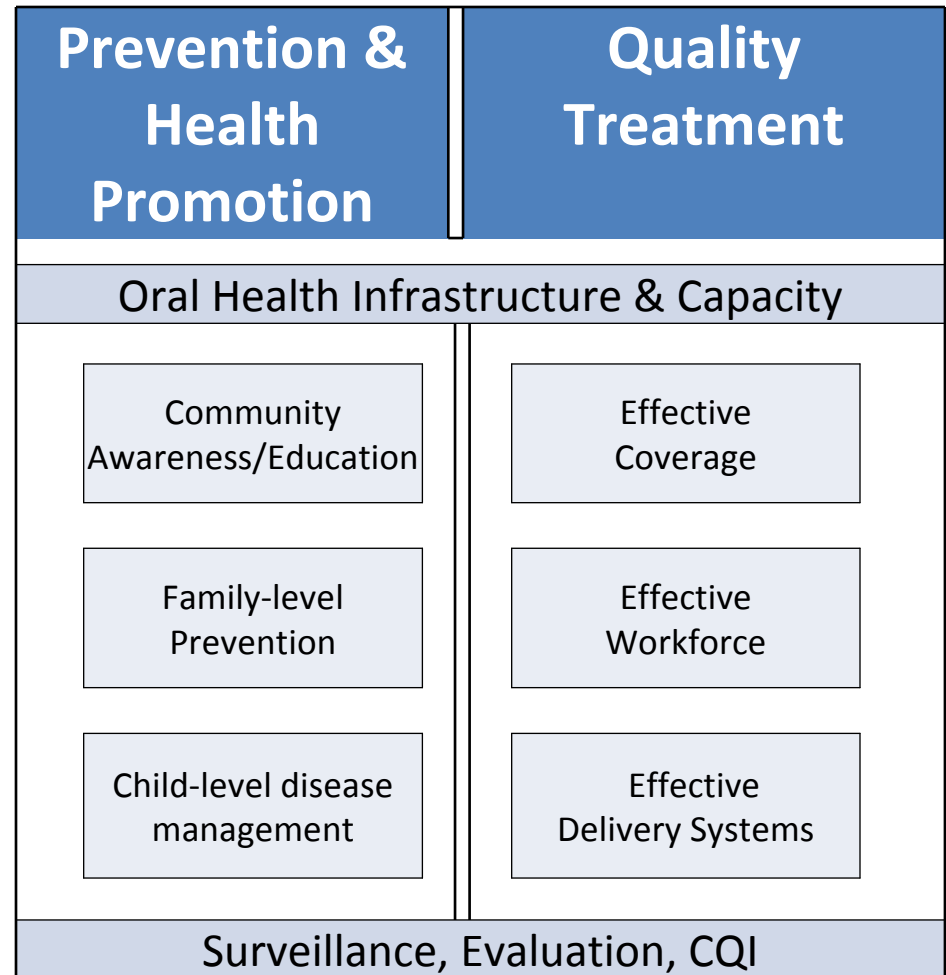
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# Quick Review:

- 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



# Prevention & Health Promotion

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



# Effective Coverage

Oral Health Services for Children	Requires State Exchanges to include oral health services to children, prohibits cost sharing on preventive services – income based subsidies apply
Stand-Alone Dental Plans	Allows stand-alone dental plans with pediatric benefits to participate in State Exchanges
MACPAC Reporting on Dental Payments	Requires MACPAC to review payments to dental professionals and report to Congress
CHIP Maintenance	Funding made available through FFY15 – increased federal assistance in FFY16 , CHIP maintained until 2019
Medicaid Expansion	Expands Medicaid coverage to individuals whose income is 133% of FPL or less.



# Workforce and Training

## Alternative Dental Health Care Providers

Establishes a 15-site demonstration project to train or employ alternative dental health care professionals

## National Health Care Workforce Commission

Establishes the Commission and makes the oral health care workforce a high priority for review

## Dental Training Programs

Establishes a number of provisions to promote and encourage the training of dental professionals including loan repayment

## Primary Care Residency Programs

Establishes three-year, \$500,000 grants for new primary care residency programs, including oral health

## Graduate Medical Education Programs

Provides funding for new and expanded graduate medical education, including dental education



# Delivery System

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



# Infrastructure, Quality & Surveillance

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



# What does this mean for Title V?

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## Advance Population Approaches...

- ✓ Identify the risk factors & protective factors you can influence
- ✓ Slow the trajectory of early childhood caries
- ✓ Interventions during the sensitive periods
- ✓ Address the cumulative impact



# Identify risk factors & protective factors

## Risk Factors:

- Mother's oral health (transmission)
- Access to care
- Family diet/hygiene habits
- Knowledge of risk factors/education
- Exposure to fluoride

## Opportunities:

- Reduce maternal transmission of dental caries
- Encourage early risk assessment & preventive care
- Provide parent education
- Sponsor provider education
- Support healthy eating habits
- Champion community water fluoridation



# Slow the trajectory of early childhood caries

- Dental caries is primarily transmitted from mother-to-child by age 2 initiating a potential life-long battle with tooth decay
- Unfortunately, few states have adult dental coverage in Medicaid, less states have “pregnancy-related” dental benefits in Medicaid
  - only one of every five women who gave birth in 2004 had seen a dentist during pregnancy (PRAMS)
- Dental care during pregnancy is safe and may additionally improve birth outcomes
  - “...women with medical and dental insurance, preventive [dental] care is associated with a lower incidence of adverse birth outcomes.” (Am J Pub Health 2011)

## Opportunities:

- Adopt Perinatal Oral Health Guidelines
- Support a pregnancy-related Medicaid dental benefit
- Support ECC demonstration projects (when/if funded)
- Champion community water fluoridation efforts



# Interventions during the sensitive periods

- Primary prevention is achieved before age 2
  - Children in low-income families that visit a dentist by age 1 spend 40% less for dental care over a five year period vs. children that see a dentists after age 1
- Routine well-child for infants 8 visits for medical vs. 1 dental visit
- About 60% of children 0-6 are in some form of child care for some portion of the week (National Household Education Surveys)

## Opportunities:

- Integrate oral health screening and risk assessment into early childhood efforts (well child care, home visiting, EI/Part C, etc.)
- Highlight oral health in early childhood provider education materials (medical, child care, WIC, etc.)
- Support reimbursement for fluoride varnish by non-dental providers



# Address the cumulative impact

- Although prevention is critical, access to care is essential for many families
  - Only 1 in 3 children in Medicaid received a dental service
  - Dental care is the most prevalent unmet health care need among CSHCN, surpassing mental health, home health...and all other services
- Pediatric providers are an important and trusted referral source
- Alternative sites to dental offices can be an efficient alternative to dental office

## Opportunities:

- Inform the establishment of ACA pediatric benefit, including dental
- Facilitate care coordination and enabling services for dental care
- Support alternative models for delivering dental care (school-based, FQHC contracting, mobile/portable)



# Resources for Success

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## National Maternal and Child Oral Health Policy Center

- **TrendNotes** – highlights emerging trends in children’s oral health and promotes innovative solutions.
- *Issue Brief: Oral Health Opportunities in School Based Health Centers*
- *Medicaid Coverage of Dental Care for Pregnant Women*
- *Environmental Factors in Implementing the Dental Home for All Young Children*

## Guidelines on Perinatal Oral Health Care

- California Guidelines (2009)
- New York Guidelines (2006)
- AAPD Guidelines (2009)

## National Maternal and Child Oral Health Resource Center:

[www.mchoralhealth.org](http://www.mchoralhealth.org)



# National Maternal & Child Oral Health Policy Center

[www.nmcohpc.org](http://www.nmcohpc.org)

## National Maternal and Child Oral Health Policy Center

Funded by the Maternal and Child Health Bureau

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### TrendNotes, August 2010

This issue of TrendNotes provides an overview of the oral health provisions contained in the Patient Protection and Affordable Care Act (ACA). Additionally, it discusses the opportunities presented by ACA, including how ACA builds on provisions included in the reauthorization of the Children's Health Insurance Program (CHIPRA), to build and strengthen a comprehensive system of oral health for children.

Sep 02, 2010 | 0 comments | View Post



### Health Care Reform

[more »](#)

#### Moving Forward Together: Implementing New Oral Health Provisions at the State Level

Thursday, April 15, 2010 Presented by the National Oral Health Policy Center in partnership with the National Academy for State Health Policy (NASHP). View the Webinar Here. This webinar focused on the oral health provisions included in the Children's Health Insurance Program Reauthorization Act (CHIPRA) and the new health care reform. Participants learned about the [...]

Apr 15, 2010 | 0 comments | View Post

### Federal Policy

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#### GAO Releases Report on Dental Services in CHIP, Medicaid

The U.S. Government Accountability Office (GAO) today released a report on dental services in Medicaid and the Children's Health Insurance Program (CHIP). This report, which was mandated by the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, examined dentist participation in Medicaid and (CHIP) as well as efforts by the Centers for Medicaid and [...]

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