INCREASING ACCESS TO DENTAL CARE

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The Surgeon General stated oral health is essential to the general health and well being of all Americans.

The Institute of Medicine (IOM) states that decay and oral health complications may be associated with adverse pregnancy outcomes, respiratory disease, cardiovascular disease, and diabetes.
Lack of Access to Dental Care

- In 2008, 4.6 million children went without needed dental care because of cost.
- In 2007 twenty-five million Americans did not receive dental care.
- In 2006, almost 2/3 of U.S. retirees did not have dental health care coverage - Medicare does not cover dental health.
- Approximately 33 million people reside where there are not enough dental health professionals.

Access in Missouri

- The state has a population of nearly six million, and one million people have a dental access problem.

- The state has twice the national average in the proportion of the population living in Dental Health Professional Shortage Areas (HPSA’S).

- In 2008 only 62% of adults visited a dentist or dental clinic in the past year.

- Of the 3,754 dentists in the state, approximately 25% participate in the Medicaid program.

Nearly one-fourth of the 2 million children in the state are on Medicaid, which further compromises access.

The state fails to deliver care to even half of their eligible children.

The current legislature has approved a budget that would eliminate health coverage for more than 100,000 of the states Medicaid recipients by tightening eligibility standards.

The dental workforce has the most significant shortage of any health profession in the state and is most pronounced in rural areas.

MO has one dentist per 1,666 people compared to 1 dentist per 1,250 people in the U.S.

MO has only fourteen public health dentists.

The state also lacks pediatric dentists: there are only seventy-eight.

Two-thirds of all practicing dentists are over the age of 55 years and nearly seventy dentists retire yearly in Missouri.

The University of Missouri Kansas City Dental School is the only dental school in Missouri graduating 100 dentists per year.

Impact of Lack of Access on Health

- **Tooth decay**
  - 25% of children ages 2-5.
  - 50% in adolescents 12-15 years of age.
  - 96% of adults aged 50-64.
    - 25% of adults over the age of 65 have lost all of their natural teeth

- **Periodontal-systemic connection to disease**
  - Tooth infection can injure the heart and blood vessels. In diabetes, oral infection damages the liver and pancreas. In pregnancy, oral infection can injure the placenta and uterus.

Centers for Disease Control (CDC) Division of Oral Health.
Illnesses related to oral health result in 6.1 million days of bed disability, 12.7 million days of restricted activity, and 20.5 million days of lost work days each year.

Centers for Disease Control (CDC) Division of Oral Health.
The dental components in Medicaid and SCHIP, which are supposed to provide health care to disadvantaged Americans, are chronically underfunded. Federal law mandates that Medicaid cover basic preventive and restorative services. But many state programs fail to deliver care to even half of their eligible children.

Adult dental coverage through public health programs is even worse; many states simply don't provide it.”

American Dental Association
In Missouri (and US) approximately 25% of dentists participate in Medicaid

- 938 dentists for one million Medicaid recipients.
  - One in four MO kids on Medicaid (500,000)
- Medicaid reimburses less than 50% of the usual and customary charges.
- Only urban dental Medicaid providers are required to deliver oral health services, leaving rural patients without access.

75% of dentists in region charged marketplace fee of $115 for a filling (2005)

MO Medicaid reimbursed only $36
Missouri Legislature approved a budget that would eliminate health coverage for more than 100,000 of Missouri's one million Medicaid recipients.

But additional 800,000 people become eligible for Medicaid when the ACA is implemented.
The American Dental Association (ADA) supports increased reimbursement rates. Community Health Centers (CHCs) support increased Medicaid funding for oral health care services. The Institute of Medicine (IOM) and the National Research Council (NRC) support expansion of Medicaid benefits for adults. American Dental Schools support increasing recruitment of students from minority, rural, and lower income populations. The American Dental Hygiene Association (ADHA) supports independent dental diagnosis and treatment.
The Academy of General Dentistry (AGD) and the American Dental Association (ADA) oppose the use of independent mid-level providers.

“Independent diagnosis and treatment by mid-level providers for underserved patients, who often exhibit a greater degree of complication and other systemic health conditions, jeopardize the patients health and safety.”
44 state legislatures have proposed legislation to limit, alter or oppose selected state or federal actions concerning the Affordable Care Act (ACA).

In an attempt to balance their budgets, state legislatures will be unable to provide expanded oral health care services to their neediest populations.
Recommendations

- Full and timely implementation of the Oral Health Provisions of the Affordable Care Act.
- Expand Medicaid dental benefits to adults.
- Increase Medicaid reimbursement to dental care providers.
- Expand the oral health workforce.
Support for and implementation of the ACA Oral Health Initiative will provide direction and oversight to expand the dental workforce and will increase access to dental care for Americans.

“Dental care is essential to obtaining and maintaining oral health. It contributes to preventing oral diseases and conditions. When prevention fails, it is critical to repair damage done by the two most common diseases- dental caries (tooth decay) and periodontal disease (gum disease).”

(The Oral Health Provision of the Affordable Care Act. Coverage and Access, Prevention and Infrastructure, and Workforce and Training. 2010)
Expansion of Medicaid Dental Benefits to Adults

- Over 60% poor & low income* have no dental coverage

- Every dollar spent on prevention in oral health care saves between $8-$50 dollars in restorative and emergency treatment.

- To increase coverage and reimbursement for current dental health needs, Missouri needs to spend an average of $500 additional dollars per Medicaid enrollee.

- High cost of dental emergencies

*Poor > 100% FPL
Low Income 100%-200% FPL

Medical Expenditure Panel Survey Statistical Brief #295: Dental Coverage of Adults Ages 21 to 64, United States, 1997 and 2007.
Increase Medicaid Reimbursement and Expand Access

- Medicaid should pay 100% of the usual and customary rate directly to the dentist.
- Expand the number of Section 330-funded Community Health Centers and Federally Qualified Health Centers (FQHCs).
- Financially encourage the establishment of contracts between FQHCs and willing community dentists throughout the state.

Missouri Coalition for Oral Health Access, 2007
Train general dentists to care for children.
Pay pediatricians to provide certain care.
Use state licensing authority to broaden the scope of practice for some providers types or license new provider types.
Recruit dental care students from underserved areas.
Questions?

Healthy Smiles
Healthy Communities

Building healthy smiles in our community, one tooth at a time...
References

- *Oral Health Provision of the Affordable Care Act*. Coverage and Access, Prevention and Infrastructure, and Workforce and Training. 2011