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**INFORMATION**



## Improving Oral Health Care Services in Rural America

### Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at  
<https://www.ruralhealthinfo.org/webinars/nacrhhs-oral-health>
- Technical difficulties please call 866-229-3239





National Advisory Committee  
On Rural Health and Human Services



# Improving Oral Health Care Services in Rural America

***Policy Brief Webinar***

**May 21, 2019**

National Advisory Committee on Rural Health and Human Services

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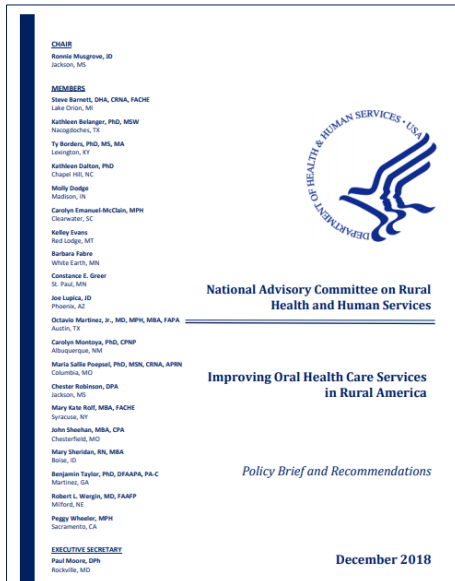
## Background on the Committee

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of the U.S. Department of Health and Human Services (HHS) on health care challenges in rural America.
- The Committee is comprised of 21 members, including the chair, with knowledge and expertise in rural health and human services.

National Advisory Committee on Rural Health and Human Services

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The Committee meets twice a year to:

- Examine important issues that affect the health and well-being of rural Americans
- Provide policy recommendations to advise the HHS Secretary on how the Department and its programs can better address these rural issues
- Recent Topics:
  - ☐ Rural Health Insurance Markets
  - ☐ Suicide in Rural America
  - ☐ Adverse Childhood Experiences (ACEs)

Link to Committee's Policy Briefs:

<https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

National Advisory Committee on Rural Health and Human Services

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## Webinar Speakers



### Paul Moore, DPH

*Executive Secretary* | National Advisory Committee on Rural Health and Human Services

*Senior Health Policy Advisor* | Federal Office of Rural Health Policy



### Amy B. Martin, DrPH, MSPH

*Professor and Director of the Division of Population Oral Health*

James B. Edwards College of Dental Medicine

Medical University of South Carolina



### Ben Taylor, PhD, PA-C, DFAAPA

*Committee Member* | National Advisory Committee on Rural Health and Human Services

*Past President* | Association of Family Practice Physician Assistants

*Clinical Faculty* | Medical College of Georgia

National Advisory Committee on Rural Health and Human Services

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# Background on Oral Health in Rural America

**Amy Martin, DrPH, MSPH**

*Professor and Director of the Division of Population Oral Health*

James B. Edwards College of Dental Medicine

Medical University of South Carolina

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## Medical-Dental Linkages

**What are costly diagnoses to states' Medicaid programs?**

**1. Those who come early...Preemies**

- Severe & moderate periodontitis is linked to PTB for pregnant women with other risk factors such as age, obesity, HIV+, and pre-eclampsia

**2. Those who live with memory loss...Dementia/Alzheimer's**

- The role of systemic inflammation likely worsens neuroinflammation

**3. Those with chronic breathing problems...COPD**

- Kids with asthma have much greater risks of dental caries & require greater preventive care

**4. Those who with chronic disease...Diabetes & Cardiovascular Disease**





## Rural Oral Health Inequities What's Changed?

- Too few dentists
- Transportation challenges
- Uninsuredness & poverty
- Medicaid participation
- Access to optimally fluoridated water

The 2004 Report  
to the Secretary:  
Rural Health and  
Human Service Issues

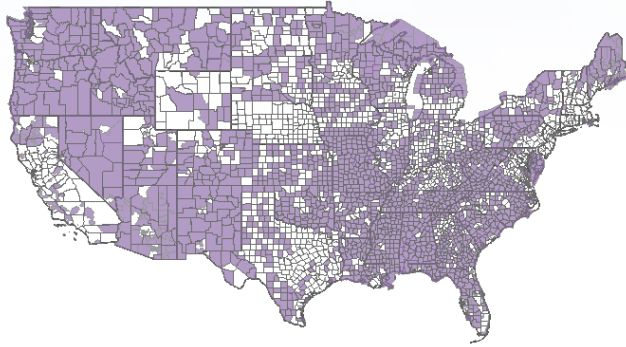
The NACRHHS

The National Advisory  
Committee on Rural Health and  
Human Services  
April 2004

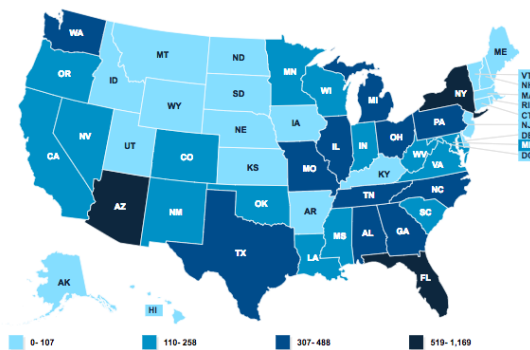


## Dental HPSAs

Source: HRSA Data Warehouse



## Number of Practitioners Needed to Remove HPSA Designation



Source: Bureau of Health Workforce, HRSA

Map made by Kaiser Family Foundation



## Dentist Supply & Demand...

### We have a simple math problem!

Estimates of Need	Pop. Numbers (2006)	2018 Progress
National estimate of underserved	82 million	Uninsured rates dropped from approx 17% to 10%
Number that see a dentist annual (27.8%)	22.8 million	Dental visits down 7% for everyone
Current Estimates of Capacity	Pop. Numbers	2018 Progress
Existing capacity at CHCs, hospitals, public schools & dental schools	7 to 8 million	No new data available
Estimates of Capacity Expansion Options	Pop. Numbers	2018 Progress
Expand CHCs & their efficiencies	2.5 million	CHCs expansion 2016 – 2018
Require dental school grads to receive 1 year of residency training, and senior dental students and residents to work 60 days in community clinics and practices.		Changes in DMD board exam may influence who comes into dental school

*Bulk of additional capacity needs to come through private practice settings but how do we pay for this?*

Source: Bailit H et al, 2006



## The New York Times

### ***How Dental Inequality Hurts Americans***

Lack of dental care through Medicaid not only harms people's health, but has negative economic implications as well.

By Austin Frakt Feb. 19, 2018



**The Washington Post**  
*Democracy Dies in Darkness*

## CAVITY COUNTRY

Rural America has too few dentists —  
and too few patients who can pay

JUNE 7, 2018



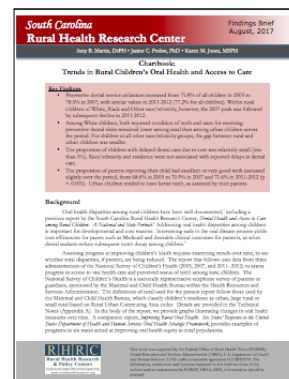
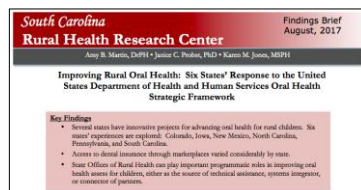


## Dentists' Medicaid Participate Rates

- Nationally, 39% of dentists participate in Medicaid (ADA Data)
- Currently working with The DentaQuest Institute to determine if rural dentists are more likely to participate in Medicaid than urban.

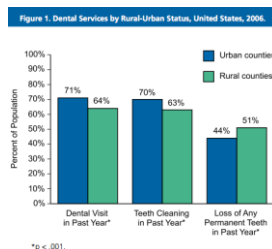
## Changes in Utilization

- Preventive services decline for rural children (all races) between 2007 and 2012
- Parent-reported oral health status remains lower for rural than urban.

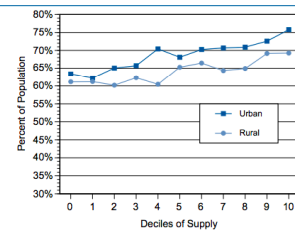




## Dentist Supply, Dental Care Utilization, and Oral Health Among Rural and Urban U.S. Residents



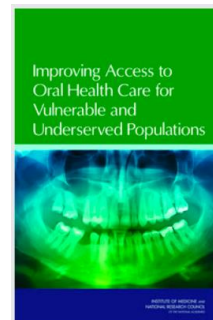
**Figure 2. Adjusted Percentages for Any Dental Visit in Past Year by Rural-Urban Status, United States, 2006.**



## IOM Reports

### Recommendation 3: Dental education programs should:

- Increase enrollment & support for students who are underrepresented minority, low-income, and **rural** communities
- Require students to participate in community-based education rotations with opportunities to work with interprofessional teams
- Recruit & retain faculty with expertise & experience in caring for underserved & vulnerable populations

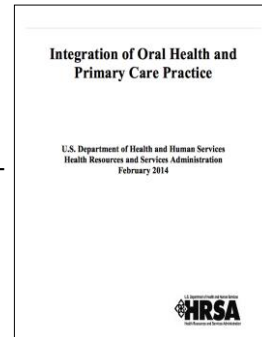


**Recommendation 4 calls on Title VII funding to support the above.**



## Translating Practice to Pipeline

- Graduate-level certificate in safety net dental practice
  - Practice management, leadership, policy, & poverty and consumerism
  - National replication with DentaQuest
- Integration of oral health competencies campus-wide in health professions programs
  - Family Medicine & Pediatric Residents
  - Nurse Practitioner Program
  - Physician Assistant Program
  - Pharmacy

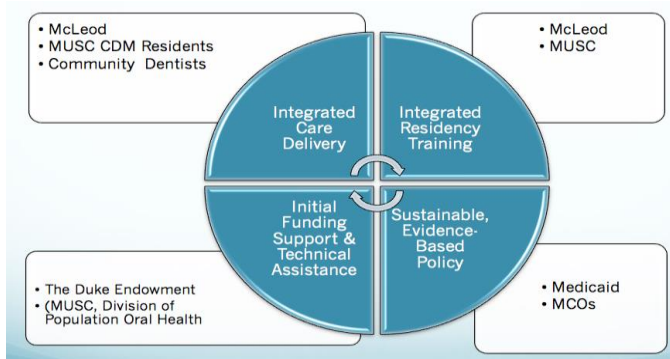


## FORHP Public Private Partnership Initiative

- Began under the White House Rural Council in 2013
- Funding agenda/priority discussion in 2014...oral health came in 2<sup>nd</sup> place to 'health disparities'
- The Duke Endowment walked away feeling inspired...
  - 18 month planning period
  - New oral health portfolio includes
    - a. school-based oral health program expansions (*builds on existing state infrastructure & previous CDC funding*)
    - b. integrated care model, (*expands previous & existing HRSA funding*)
    - c. two-state research consortium to advance evidence-based oral health policy



## McLeod Oral Health Leadership And Referral (MOLAR) Program



## Another Deamonte Driver



- Middle-aged woman in Pee Dee Region
- Presented with fasciitis and sepsis due to untreated abscess
- Admitted to inpatient bed in September 2016
- Death due to sepsis



## End of Life Care = End of Obvious Care?



- Senior adult loses 18lbs in 6 weeks
- Family Medicine Resident & supervising faculty cannot determine origin
- Expensive imaging (MRI) reveals no new information
- Residency Director suggests examining the mouth
- Poorly fitted dentures caused extensive irritations, inflammation, and infection.
- Patient stopped wearing dentures and had been subsiding on a diet of baby food.

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## Federal Programs and Their Emphasis on Oral Health

**Paul Moore, DPh**

*Executive Secretary* | National Advisory Committee on Rural Health and Human Services

*Senior Health Policy Advisor* | Federal Office of Rural Health Policy

U.S. Department of Health and Human Services



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## Federal Programs

- Administration for Children and Families
- Centers for Disease Control and Prevention
- Center for Medicare and Medicaid Services
- Health Resources and Services Administration
- The Office of the Assistant Secretary for Health

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## Policy Recommendations

**Ben Taylor, PhD, PA-C, DFAAPA**

*Committee Member* | National Advisory Committee on Rural Health and Human Services

*Past President* | Association of Family Practice Physician Assistants

*Clinical Faculty* | Medical College of Georgia



## Site Visit: Winnsboro, South Carolina

- Attendees Included:
  - Winnsboro Smiles Family Dentistry
  - Fairfield Family Dentistry
  - Eau Claire Family Dentistry
  - The Fairfield Memorial Hospital,
  - The John A. Martin Primary Health Care Center
  - The South Carolina State Office of Rural Health
  - Palmetto Healthcare



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## Stakeholder Input from the Site Visit

- Oral health practitioners appeared to show a consensus on the importance of Medicaid programs providing coverage for endodontic treatments
- There is much-needed improvement in the sharing of patient information between oral health practitioners
- Community-based training and mentoring in rural areas is essential to establishing a rural-based practice
- Concerns with the growing cost of dental education

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## Recommendation 1

The Committee recommends the Secretary consider the development of a rural dental practice capital grant program that would be contingent upon the provision of services to Medicaid recipients in rural and underserved areas.

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## Recommendation 2

The Committee recommends HHS support a research study to assess rural Head Start grantees' ability to ensure that qualified oral health professionals screen enrolled children, develop a treatment plan, and follow the treatment plan to completion.



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## Recommendation 3

The Committee recommends HHS support a research study to examine opioid prescribing patterns for dental pain in rural and urban areas.

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## Recommendation 4

The Committee recommends HHS support research studies to examine differences in the utilization and scope of insurance coverage for dental services among Medicare Advantage enrollees in rural versus urban areas.



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## Recommendation 5

The Committee recommends the Secretary charge the Oral Health Coordinating Committee to focus on rural oral health issues and to develop an action plan on improving rural oral health.

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## South Carolina's Response to Federal Frameworks & Policy

**Amy Martin, DrPH, MSPH**

*Professor and Director of the Division of Population Oral Health*

James B. Edwards College of Dental Medicine

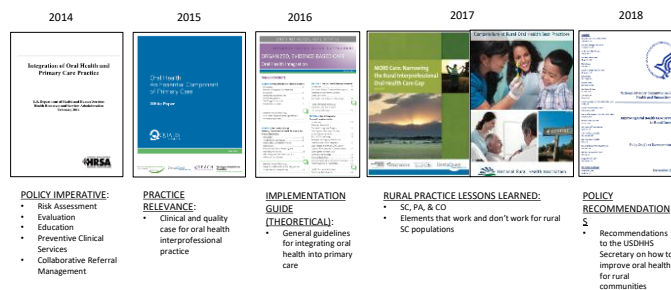
Medical University of South Carolina



## ‘Setting the Stage Timeline’



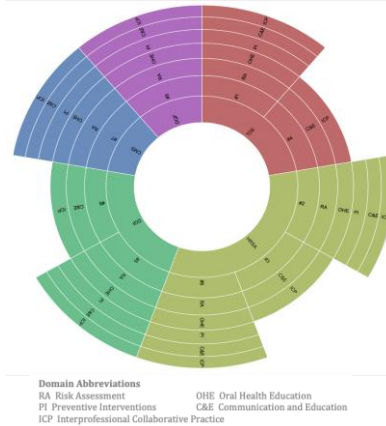
## Overview of DPOH Integration Leadership Policy & Practice Timeline





## Success Summary

\$7 million (2015 to present) for informing strategy and research for strengthening the oral health safety net, emphasizing rural communities. Excludes successes of our friends in public health, FQHCs, and other settings.

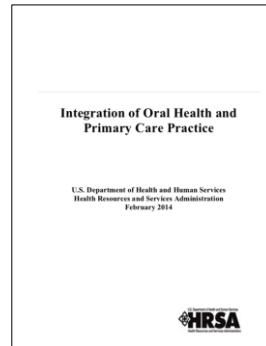
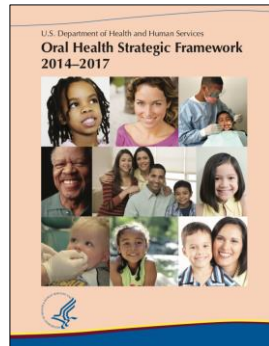


## Our Formula

1. Align with public policy frameworks
2. Assert evidence-based outcomes. If none exist, own it
3. Build a business case
4. Triangulate data:
  - a) Secondary
  - b) Primary
    - Quantitative
    - Qualitative
    - Case



# Policy Alignment



## Evidence-Based Outcomes

- 45% of kids had dental caries at enrollment
- Preventive services increased 58% to 88% over three years
- Near 100% program sustainability as funded ending through billing and insurance claims





## ROADS/More Care Community Partnerships

Service Area	Congressional District	General Assembly Representatives	Community Funds*	Patients of Record
Rock Hill	5 (Mulvaney)	Senate Dist 15 (Hayes) House Dist 46 (Simrill)	\$290,000	1,840
Winnsboro	5 (Mulvaney)	Senate Dist 17 (Coleman) House Dist 41 (Douglas)	\$280,000	1,576
Orangeburg	6 (Clyburn)	Senate Dist 40 (Hutto) House Dist 95 (Govan)	\$280,000	634
Santee	6 (Clyburn)	Senate Dist 39 (Matthews) House Dist 95 (Cobb-Hunter)	\$135,000	817

\*Dollars awarded directly to community partners improving oral health equity.



**Fairfield**  
Medical Associates



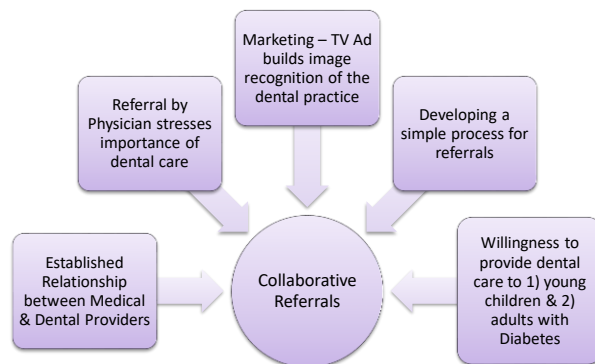
Tricounty Pediatrics, Rock Hill  
Tricounty Pediatrics, York



St. George Dental Care  
Santee Dental Care  
Family and General Dentistry  
**Edisto Dental**  
ORANGEBURG, SC

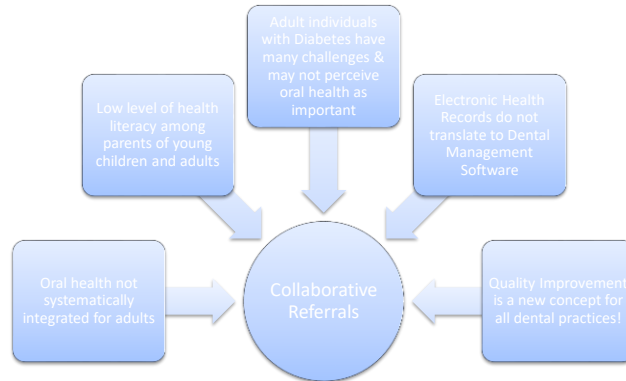
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## Factors associated with building collaborative referral systems





## Challenges in building collaborative referral systems



## Policy Impacts

### Oral Health Examination & EPSDT:

- Effective July 1, 2017, SC Medicaid expanded the EPSDT oral health examination age requirement from 13 to 21.

### Fluoride Varnish & Risk Assessment Reimbursement:

- Effective July 1, 2017, SC Medicaid made considerable changes to its policy for fluoride varnish reimbursement to primary care providers (PCP).
- Previously, the PCP could only apply fluoride varnish during a well child visit. That has been expanded to include sick visits.
- The age requirement has also been expanded into adolescent when previously it was capped at 36 months. Finally, the reimbursement rate was increased but also included a requirement that a risk assessment be conducted.

### Periodontal Care and Diabetes Management:

- While we are still in demonstration mode with a large rural hospital system, our state Medicaid program, and the state's largest MCO to model the impact of periodontal care into a diabetes managed care program



## Concluding Remarks

### Paul Moore, DPh

*Executive Secretary* | National Advisory Committee on Rural Health and Human Services  
*Senior Health Policy Advisor* | Federal Office of Rural Health Policy  
 U.S. Department of Health and Human Services

## For More Information

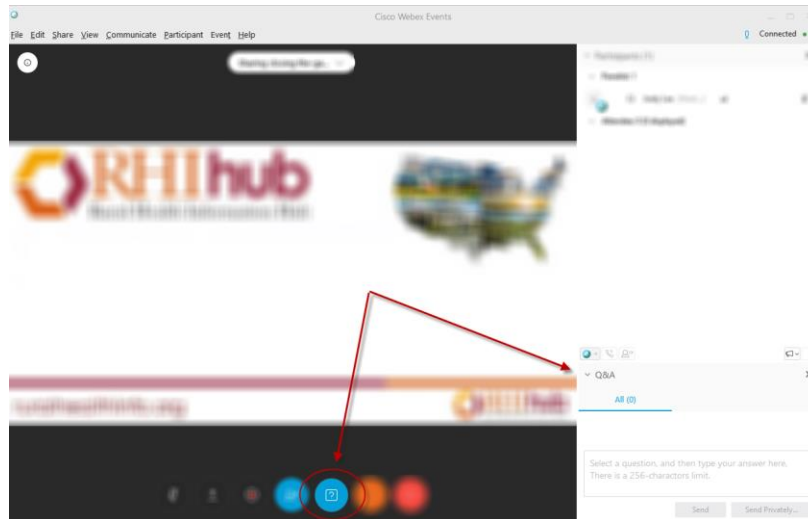
To find out more about the Committee, please visit our website at  
<http://www.hrsa.gov/advisorycommittees/rural/> or contact:

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 Steve Hirsch (Administrative Coordinator): [SHirsch@hrsa.gov](mailto:SHirsch@hrsa.gov)



# Questions?



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# Thank you!

- Contact us at [ruralhealthinfo.org](http://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be sent to you
  - Slides are available at <https://www.ruralhealthinfo.org/webinars/nacrhhs-oral-health>

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