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
Improving Oral Health Care Services in Rural America

Policy Brief Webinar
May 21, 2019

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.
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)

**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*
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

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
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!

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>National estimate of underserved</td>
<td>82 million</td>
<td>Uninsured rates dropped from approx 17% to 10%</td>
</tr>
<tr>
<td>Number that see a dentist annual (27.8%)</td>
<td>22.8 million</td>
<td>Dental visits down 7% for everyone</td>
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<table>
<thead>
<tr>
<th>Current Estimates of Capacity</th>
<th>Pop. Numbers</th>
<th>2018 Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing capacity at CHCs, hospitals, public schools &amp; dental schools</td>
<td>7 to 8 million</td>
<td>No new data available</td>
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</table>

<table>
<thead>
<tr>
<th>Estimates of Capacity Expansion Options</th>
<th>Pop. Numbers</th>
<th>2018 Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand CHCs &amp; their efficiencies</td>
<td>2.5 million</td>
<td>CHCs expansion 2016 – 2018</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>Changes in DMD board exam may influence who comes into dental school</td>
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Bulk of additional capacity needs to come through private practice settings but how do we pay for this?

Source: Bailit H et al, 2006
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.
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 2nd 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
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.

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
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

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

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
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.

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.
Recommendation 3

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

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.
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.

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’

2012 - 2013
- SC OHNA
- SDH gaps closing
- Rural inequities persist

2014
- USDHHS Frameworks
- HRSA Integration Report
- HHS Strategic Frame work

2015
- HRSA Grant Awards
- ROADOS
- ROADTRIP

2016
- HRSA/FORHP
- Public Private Partnership
- The Duke Endowment Portfolio

Overview of DPOH Integration Leadership
Policy & Practice Timeline

- Policy Imperative:
  - Risk Assessment
  - Evaluation
  - Education
  - Prevention Clinical
  - Collaboration Referral Management

- Practice Relevance:
  - Direct and quality care oral health interprofessional practice

- Implementation Guide:
  - General guidelines for integrating oral health into primary care

- Rural Practice Lessons Learned:
  - SC, PA, CO
  - Elements that work and don’t work for rural populations

- Policy Recommendation
  - Recommendations to the USDHHS Secretary on how to improve oral health for rural communities.
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

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Congressional District</th>
<th>General Assembly Representatives</th>
<th>Community Funds*</th>
<th>Patients of Record</th>
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</thead>
<tbody>
<tr>
<td>Rock Hill</td>
<td>5 (Mulvaney)</td>
<td>Senate Dist 35 (Hayes) House Dist 46 (Simrill)</td>
<td>$290,000</td>
<td>1,840</td>
</tr>
<tr>
<td>Winnsboro</td>
<td>5 (Mulvaney)</td>
<td>Senate Dist 17 (Coleman) House Dist 41 (Douglas)</td>
<td>$280,000</td>
<td>1,576</td>
</tr>
<tr>
<td>Orangeburg</td>
<td>6 (Clyburn)</td>
<td>Senate Dist 40 (Hutto) House Dist 95 (Govan)</td>
<td>$280,000</td>
<td>634</td>
</tr>
<tr>
<td>Santee</td>
<td>6 (Clyburn)</td>
<td>Senate Dist 39 (Matthews) House Dist 95 (Cobb-Hunter)</td>
<td>$135,000</td>
<td>817</td>
</tr>
</tbody>
</table>

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

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**Factors associated with building collaborative referral systems**

- **Referral by Physician** stresses importance of dental care
- **Marketing** – TV Ad builds image recognition of the dental practice
- **Developing a simple process for referrals**
- **Willingness to provide dental care** to 1) young children & 2) adults with Diabetes
- **Established Relationship** between Medical & Dental Providers

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National Advisory Committee on Rural Health and Human Services
Challenges in building collaborative referral systems

Oral health not systematically integrated for adults

Low level of health literacy among parents of young children and adults

Adult individuals with Diabetes have many challenges & may not perceive oral health as important

Electronic Health Records do not translate to Dental Management Software

Quality Improvement is a new concept for all dental practices!

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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Health Resources and Services Administration
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Questions?

Thank you!

- Contact us at 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/nacrhs-oral-health