Oral Health Care in California: State of the State

Dissemination Workshop
August 4, 2011
Introduction

2011 IOM Reports on Oral Health

• Advancing Oral Health in America
• Improving Access to Oral Health Care for Vulnerable and Underserved Populations

How is California doing in relation to the issues raised in this report?
Advancing Oral Health In America
April 2011

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Establishment of High-Level Responsibility for Oral Health

• Wide variety of public and private stakeholders in the state take responsibility for components of the dental care delivery system

• Lack of a state dental director or other coordinating body has led to a system that is fragmented with gaps and duplication of services

• No coordinating body across state agencies (ie. DHCS, DBC, MRMIB, OSHPD, etc).
Emphasize disease prevention and oral health promotion

Much progress in the state around understanding how to prevent disease and develop evidenced based approaches to this (for example, CAMBRA), strong emphasis on this in policy discussions, and strong state support of water fluoridation.

- Elimination of SB111, budget pressures on programs such as First 5, and cuts to programs for underserved populations make it difficult to enact prevention programs.
- Also, many health care workers who could help (i.e. nurses) are not trained to address oral health promotion.
Improve oral health literacy and cultural competence

California has a particularly diverse population making these issues challenging. Not much is known about the oral health literacy of the CA population. Not much is known about the level of cultural competence of CA dental providers.

Dental educators and practitioner groups are addressing these issues, but there is much more to be done on both fronts.
Reduce Oral Health Disparities

Oral health of children (untreated caries) is improving, but disparities between children groups did not decrease (CA Oral Health Needs Assessment of Children*)

- Many efforts to understand and address disparities, but little data to date on the outcomes of these efforts statewide.
- Key stakeholders feel that these may be getting worse with the economic downturn and cuts in support for underserved populations.

Explore New Models of Payment and Delivery of Care

Traditional FFS models of payment exist in California for most private practitioners, limited managed care, and cost-based reimbursement for clinics.

- Denti-Cal eliminated most benefits for adults, and has some of the lowest reimbursement rates in the country
- Payment models almost universally reward treatment, not prevention of disease, and are not integrated with overall health care
- New insurance and exchange rules may begin to change this in unforeseen ways (required for pediatric populations)
Expand the role of non-dental health care professionals

Many types of health professionals have joined as advocates for improved oral health in many ways.

- CPCA advocates heavily for oral health as part of overall health
- CDA recently hosted a consensus conference on oral health for pregnant women (OBGYN/DDS Collaboration)
- Training of NPs, RNs and MDs to apply fluoride varnish through a number of programs
- CDHA is working with SNF staff and nursing students on oral health education
- Co-located services are increasingly referring between the dental and medical sides

However, oral health screening, education and promotion are not universally provided as part of primary care
Promote Collaboration Among Public and Private Stakeholders

CA has the Oral Health Access Council which brings together a variety of stakeholders to discuss policy issues.

In general, the climate is collaborative between stakeholders, much better than in other states, with many programmatic examples of successful partnerships.
Measure progress toward short and long term goals and objectives

Individual programs are successful at measuring progress.

As there is no coordinating body, there are not clear goals and objectives for the state, and no effort underway to measure progress in the short or long term.

Lots of data collection efforts in the state (ie CHIS, national surveys etc), but translation of data or evidence to practice is challenging.
Advance goals of Healthy People 2020

HP2020 goals are designed to be measurable at the national level – CA is so large that many of these efforts can measure progress at the state level.

Many state efforts would contribute to these goals.

Yet, no single coordinating body has taken this on to date
Recommendations from the report on: *Improving Access to Oral Health Care For Vulnerable and Underserved Populations*

Access to Care in California

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Integrating Oral Health into Overall Health Care
Recommendations 1a and 1b

- CA Examples of Oral Health/General Health Integration
  - The Regional Center System in California – Dental Coordinators
Integrating Oral Health into Overall Health Care Recommendations 1a and 1b

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- These are scattered examples
  - Not systematic
  - Far from widespread clinical integration
  - Minimal incorporation in professional curricula
Creating Optimum Laws and Regulations: Recommendation 2

- CA has more license categories for dental personnel than any other profession
- CA is among the most progressive states in allowing allied dental personnel to practice to the full extent of their education and training
  - Registered Dental Hygienist in Alternative Practice (RDAHP)
  - Extended Function Dental Assistants
  - Extended Function Dental Hygienists
  - Fl Varnish can be placed by anyone under a program authorized by a dentist or physician
Creating Optimum Laws and Regulations: Recommendation 2

- Other states have gone further
- Minnesota, Washington – more flexible “collaborative practice agreements”
- Oregon permits dental hygienists to prescribe medication they can apply – i.e. Fluoride Varnish
- Several states permit dental hygienists to place and finish restorations
- Several states allow dental hygienists to administer local anesthetics under general supervision
Creating Optimum Laws and Regulations: Recommendation 2

- CA Medicaid reimburses for teleophthalmology and teledermatology but not teledentistry examinations
Improve Dental Education and Training: Recommendation 3 and 4

- Increase enrollment of underrepresented minorities and low income or disadvantaged students
  - The California Pipeline program leads the nation in cooperative efforts among dental schools – recruitment, post-bac programs
  - Numbers are still small compared to the population

California Population Projection 2000-2050 (in percent)

California Department of Finance, 2007
Improve Dental Education and Training: Recommendation 3 and 4

- Require all students to participate in community-based education rotations with opportunities to work with interprofessional teams
  - The California Pipeline Project led to large increases in the number of student days in community rotations

![Bar Chart]

- X-axis: Number of Student Days in Community Rotations
- Y-axis: Frequency (Bar Heights)
Improve Dental Education and Training: Recommendation 3 and 4

- Barriers still exist
  - Dental school faculty don’t think students can get adequate training outside of the dental school – in spite of a lot of evidence to the contrary
  - Dental school administrators think they will lose money by rotating students out of the school – in spite of a lot of evidence to the contrary
  - Schools and clinics have different cultures. The Pipeline Program partnership between schools and CPCA has gone a long way to change this but there is more to do
Expand and Move to Required Residency Recommendation 5

- There is a shortage of positions for California graduates

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<thead>
<tr>
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<th>CA</th>
<th>US</th>
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<tbody>
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<td>Positions</td>
<td>271</td>
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<td>Graduates</td>
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<td>4873</td>
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<tr>
<td>Percent</td>
<td>42%</td>
<td>65%</td>
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- Every national commission on dental education or practice in last 25 years that has made recommendations about advanced education has advocated for more and most have advocated for required residency education
  - Based on educational need and access to care
- Mechanisms are available to create and pay for the needed residency slots
- CA optional PGD in lieu of licensure exam has minimal impact
CMS Should Sponsor Demonstration Projects
Recommendation 6

- (CMS) should fund and evaluate state-based demonstration projects that cover essential oral health benefits for Medicaid beneficiaries.
  - Report recommends the ultimate goals to expand coverage to all Medicaid beneficiaries
  - California is going in the wrong direction – removed adult benefits in 2009
Increase Provider Participation in Medicaid
Recommendation 7

● 1990 *Clark v. Kizer* resulted in
  ▪ Increased rates to 80% UCR
  ▪ Provider outreach – education and support
  ▪ % of beneficiaries with annual visit 30% - 46%

● Gradual reduction in rates and coverage and participation

● Other states have successfully increased participation
  ▪ NASHPD Report
    • Rate increases
    • Administrative reform
Public & Private Support for Innovative Approaches

Recommendation 8

- Research on new methods, technologies, measures of quality, payment & regulatory systems - nontraditional settings, nondental professionals, new types of dental professionals, and telehealth
  - Current California demonstration - The Virtual Dental Home
Public & Private Support for Innovative Approaches
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Interim Therapeutic Restoration
Public & Private Support for Innovative Approaches
Recommendation 8

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  - Current California demonstration - The Virtual Dental Home
  - Small demonstration
  - Regulatory and reimbursement barriers remain
    - Telehealth
    - “4 walls”
    - Support of
      - Health promotion
      - Case management
  - Other innovative models will face same barriers
Create Adequate State Infrastructure to Support Essential Public Health Services
Recommendation 9

- Historically California had a more robust state oral public health infrastructure than it does now
- The State sponsored Children’s Dental Disease Prevention Program (CDDPP) or (D2P2) was started in 1979 and is now gone
- The position of Dental Director, in place since the 1940s, is now gone
- The Department of Public Health has two employees devoted to Oral Health
Expand Capacity of FQHCs
Recommendation 10

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  - CHCF and Dental Pipeline funding
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Ingredients for Success

- Executive Level Buy-In: CEO, CFO, COO
- Culture that Supports Change: Health Center Dental Clinic
- Clear and Compelling Goals: Health Center Dental Clinic
- Project Champion(s): Health Center Dental Clinic
- Availability of Resources: IT, staff time, facilities
- Dental Clinic Operations: Staffing and care delivery system, fees schedule and patient mix, patient scheduling, roles, policies, and procedures.
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● Strengthening Community Dental Practices Project
  ▪ CHCF and Dental Pipeline funding
  ▪ Ingredients for Success
  ▪ Opportunities
    • Use telehealth (VDH) systems to expand to community
    • Address barriers to efficient operations
    • Increase partnerships with academic institutions
  • Barriers
    • Telehealth laws
    • “4 walls” restrictions
    • Education and training of oral and non-oral health providers
Summary

- There are some great programs and projects in place in California
  - Potential to increase health and lower costs
- There are multiple barriers
- To move forward it will take
  - Courage
  - Persistence
  - Innovation
  - Cooperation