Oral Health: Polishing Up Systems of Care

Health and Human Services Committee Breakfast
Monday August 7, 2017 | 7:15-8:30 a.m. | 157 ABC
NCSL gratefully acknowledges the support of the DentaQuest Foundation for this session.
Agenda

▪ Welcome, Introductions and Session Overview
  ▪ Representative Dave Heaton (IA)

▪ State Oral Health Policy- A National Perspective
  ▪ Meg Booth, MPH, Executive Director, Children’s Dental Health Project

▪ State Legislator Panel: Opportunities and Challenges with Improving Oral Health Systems of Care
  ▪ Moderator:
    ▪ Representative April Weaver (AL)
  ▪ Panelists:
    ▪ Senator Josh Green (HI),
    ▪ Representative Dave Heaton (IA),
    ▪ Assemblyman Gordon Johnson (NJ)
    ▪ Senator Judy Lee (ND)
Looking Across America at the Oral Health of Children & Families

Monday, August 7, 2017
Meg Booth, Executive Director
Children’s Dental Health Project
Children’s Dental Health Project

In 1997, Children’s Dental Health Project was created to advance innovative policy solutions so that no child suffers from tooth decay. We are driven by the vision that all children can achieve optimal oral health to reach their full potential.

CDHP Goals:

» Prevent childhood tooth decay.
» Ensure all children have affordable comprehensive care that improves their oral health.
» Measure for the oral health we want for our children.
Key Messages

• We share national goal of improving health and reducing cost, including dental care.

• Oral health is critical to children’s overall health, educational achievement, and long-term employability.

• Innovations in the design and payment of oral health care are opportunities for long-term achievement of our shared goal.
Oral Health

State of being **free from** mouth and facial **pain**, oral and throat **cancer**, oral **infection** and sores, periodontal (gum) **disease**, **tooth decay**, **tooth loss**, and other diseases and disorders **that limit an individual’s capacity** in biting, chewing, smiling, speaking, and psychosocial wellbeing. (World Health Organization, 2012)
Basics of Tooth Decay

Tooth Decay is Preventable
• Dental caries is the chronic disease that causes cavities
• Dental caries is the #1 chronic condition in childhood
• Bacteria that causes dental caries can be transmitted through saliva from mother-to-child

Dental Caries is a Progressive Chronic Disease
• 23% of 2-5 year olds have experienced a cavity
• 56% of kids ages 6-8
• Children with cavities in baby teeth are 3x more likely for adult decay
Costs of Poor Oral Health

School Performance
- Children with poor oral health are nearly *3x times more likely* than their peers to be *absent from school*
- Children with poor oral health are *4x more likely* to earn *lower grades*

Costly Treatment
- In Colorado, 3,000+ kids were treated for tooth decay in the operating room, costing between *$10,000 and $15,000 per case*
- Nationally, 53%-79% of children treated in the operating room for severe tooth decay will experience new cavities within 2 yrs
Impact of Poor Oral Health

Limits Economic Success
• Good oral health may increase annual earnings by up to 5%
• Missing and visibly decayed teeth harm employment opportunities

Jeopardizes National Security
• In 2012, 62% of U.S. Army new recruits were not immediately deployable because of a significant dental issues
• Oral health issues are one of the most common reasons for removing military personnel from front lines.

ADA Health Policy Institute, Oral Health & Well-Being in U.S.
The Future: Options to Unlock Innovation

- Early identification of risk to prevent dental caries
- New approaches to care: non-invasive, community-based, and disease management
- Payment reform to incentivize value instead of volume of care
**Dental Care During Pregnancy is **Safe and Important**

A healthy mouth for mother, a healthy start for baby

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**Identification of Risk to Prevent Caries**

- **16 states**: Participating in learning network to improve access to care for pregnant women
- **23 states + DC (+6 terr./juris.)**: Maternal and Child Health Block Grant tracking maternal and infant oral health

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Coach women during pregnancy about how the condition of their teeth and mouth can impact their children’s risk for tooth decay
Modern Approaches to Dental Care

*Early treatment with community-based, disease management approaches*

- **9 states**: Dental caries risk assessment reimbursement codes
- **50 states**: Medicaid reimburses physicians to apply fluoride varnish on children’s teeth
- **14 states**: Approved Medicaid reimbursement of new pharmaceuticals to stop decay with high-risk patients
  - **7 states**: Using or considering tele-dentistry
  - **2 states**: Have or are considering incorporation of oral health into accountable care organizations (ACOs)
Pediatric Oral Health Coverage

Public and Private dental coverage has grown in the last two decades.

- 89% Children have source of dental coverage
- 37M Children covered by Medicaid
- 9M Children with CHIP coverage
- 172,000 Children selected ACA stand-alone dental plan
Payment Innovation to Increase Value

The Centers for Medicare and Medicaid Services (CMS) has been investing in states to identify alternative payment models that include dental care.

- **4 awards**: Center for Medicare and Medicaid Innovation (CMMI) Health Care Innovation grants
- **3 states**: Innovator Accelerator Program (IAP) Medicaid Payment Reform Children’s Oral Health
- **3 states**: CHIPRA Quality Demonstration grants
- **1 state**: California 5-year Dental Transformation Initiative
- Multiple states: State Innovation Models (SIM)
National Summary

• Oral health is vital to overall health and productivity

• Tremendous individual and societal cost when dental disease is not prevented or managed

• Current investments are integrating oral health with the larger health system to create greater efficiencies

• There are many opportunities to make small and large changes to address the oral health of this country
State Legislator Panel:
Opportunities and Challenges with Improving Oral Health Systems of Care

▪ Moderator:
  ▪ Representative April Weaver, Alabama

▪ Panelists:
  ▪ Senator Josh Green, Hawaii
  ▪ Representative Dave Heaton, Iowa
  ▪ Assemblyman Gordon Johnson, New Jersey
  ▪ Senator Judy Lee, North Dakota
Distribution of Dentists in ND (2016)

Source: University of North Dakota, Center for Rural Health (2016).
Legislator Panel Question & Answer

▪ Moderator:
  ▪ Representative April Weaver, Alabama

▪ Panelists:
  ▪ Senator Josh Green, Hawaii
  ▪ Representative Dave Heaton, Iowa
  ▪ Assemblyman Gordon Johnson, New Jersey
  ▪ Senator Judy Lee, North Dakota
Thank You!

Please fill out a green evaluation form and hand it to NCSL staff or leave it on the table.

Next Session

Improving Children’s Chances by Combatting Childhood Trauma, starting at 8:45 a.m.

Questions?

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