# Enhancing Oral Health Access Through Safety Net Partnerships

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## About NASHP

- A non-profit, non-partisan organization that works with officials across branches and agencies of state government to accelerate and implement health policy solutions
- Guided by an Academy of active state health policy leaders
- This work funded through HRSA Cooperative Agreement

## Why is oral health care an issue?

- Preventable but highly prevalent chronic disease
- Significant disparities, long-standing, persistent barriers to low-income people accessing care
- 108 million Americans without dental coverage
- Effects on nutrition, education, employability, quality of life
- Linked to avoidable emergency room visits, systemic conditions like cardiovascular disease, stroke, diabetes

## NASHP works on the intersection of oral health and state health reform

We document state experiences and share best practices on:

- Adult and child Medicaid coverage
- Essential Health Benefits
- Links between oral health and chronic conditions
- **Oral health and the safety net**
  - *Enhancing Oral Health Access Through Safety Net Partnerships* (Yalowich and Corso, August 2015)

# Purpose of the brief

- Provide a primer on the roles various safety net providers play in ensuring access to oral health services
- Identify opportunities for Medicaid and the safety net to collaborate to improve access to oral health care for vulnerable populations
  - **Augmenting oral health workforce**
  - **Building physical and virtual infrastructure to deliver oral health services**
  - **Integrating oral health and primary care**

| Safety net provider type | Population primarily served | Oral health services provided | Reimbursement |
|---|---|---|---|
| Health Centers | Low-income, underserved and/or uninsured and underinsured individuals | • Required to provide preventive pediatric dental services<br>• May provide adult dental services<br>• Approximately 11 million dental patient visits in 2010 | • Prospective payment system (PPS) (encounter-based) rate, variable by state, when dental is a covered benefit in Medicaid and Children's Health Insurance Program (CHIP)<br>• State Medicaid agency can establish an alternative payment methodology (APM) in lieu of PPS<br>• Sliding fee scale for eligible patients |
| School-Based Health Centers | Children, families | • Services vary; range from oral health education and preventive dental care to routine dental care and specialty care.<br>• 83.6% provide oral health education; 72.5% provide dental screenings | • Reimbursed through Medicaid and CHIP for covered services<br>• Multiple other potential financing streams (e.g., Title V Block Grants) |
| Ryan White HIV/AIDS Program (RWHAP) | People living with HIV/AIDS | • Services vary based on grantee; grantees offer comprehensive dental services, including diagnostic, restorative, periodontal, and prosthodontic services | • All RWHAP parts (organized into Parts A-D and F) can support the provision of oral health services through grantees<br>• RWHAP Part F allocates grant funds to the Dental Reimbursement Program and Community-Based Dental Partnership Program, which train oral health professionals and provide oral health services |

## Oral health workforce

- Many states still have an inadequate number of dental providers serving low-income or Medicaid-enrolled individuals (4,000 dental HPSAs)
- Safety net providers are frequently partners in state strategies to address workforce issues
- Dentists
  - National Health Service Corps or state loan repayment programs (e.g., Maryland, WICHE) – placements at CHCs

## Oral health workforce (continued)

- Dental hygienists: expanding scope of practice, aligning supervisory requirements to evidence
  - California, Colorado, Maine, Massachusetts
  - Providing services in schools, community settings
- Community Dental Health Coordinators: education and preventive care
  - New Mexico: First state to pass legislation defining CDHC scope and education requirements
  - Interest in incorporating oral health into community health worker models
- Dental therapists: preventive and restorative care
  - Practicing in Alaska Native tribes, Minnesota; enabling legislation in Maine
  - Tribal clinics, CHCs in Minnesota are frequent employment sites

## Infrastructure

- Physical infrastructure
  - Brick and mortar – federal CHC funding
  - Mobile/portable programs
  - Medicaid reimbursement can support these initiatives ("free care" rule)
- Virtual infrastructure
  - Teledentistry – remote consultation by dentists for extenders in community settings
  - Virtual Dental Home – California, Colorado (pilot)
    - Supervising dentists based at CHCs

## Integration

- Emerging evidence of links between oral health and overall health, especially diabetes, CVD
- CHCs may be promising locations to provide integrated/coordinated medical and dental care
  - Marshfield Clinic/Family Health Center of Wisconsin
- Opportunities to include oral health in payment and delivery system reform initiatives
  - Patient-centered medical home (47 states have PCMH activity; 30 are actively making payments)
  - Accountable Care Organizations (8 states with Medicaid ACOs) – e.g., Oregon
  - Accountable Communities for Health – e.g., Virginia, Washington

## In closing…

- States are working on a variety of ways to improve oral health, some in the context of comprehensive reforms
- Safety net providers are frequently partners in these efforts, particularly CHCs serving as structures supporting innovation
- Enhancing workforce, improving infrastructure, and supporting integration with primary care are potential areas for state action

## Contact

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***Thank you!***