



# The Bellwether

Leading Local Efforts to Improve the Nation's Oral Health

A Newsletter of the  
American Association  
for Community  
Dental Programs

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## News from the President Judy Gelinas

Welcome to the winter issue of the American Association for Community Dental Programs' (AACDP's) award-winning newsletter. We trust that you will find the information in this issue useful and timely.



During the executive board's monthly conference calls to plan activities, I've been impressed by our members' knowledge and their passionate advocacy. Each person demonstrates the key tenets of accountable care, which are to improve health outcomes and control or reduce health care costs. As we struggle to deliver oral health services with the best outcomes at the lowest cost (otherwise known as "survival" in community programs), we never lose sight of our goal of providing clients with patient-centered care.

Please take the opportunity to read the legislative and regulatory update included in this issue; it provides an excellent summary of the changing health care climate. Also, please voice your opinions about the seemingly minimal inclusion of oral health in the Affordable Care Act (ACA). You may e-mail us at [info@aacdp.com](mailto:info@aacdp.com). Whenever possible, we'll share your thoughts and concerns with our members.

Mark your calendars! AACDP has planned another fantastic symposium that will be held on Saturday and Sunday, April 20–21, 2013, preceding the National Oral Health Conference, in Huntsville, AL. See "AACDP Annual Symposium—Save the Date!" Working with the executive committee to plan our symposium has been a rewarding experience. Every discussion of topics and speakers incorporates our members' interests, the need for cutting-edge information, and what type of information is most critical. Please join us for a great lineup of topics and speakers.

To find ways to support community programs, we need your involvement. If you are not a member of AACDP, please join the organization by completing the membership form on AACDP's website at <http://www.aacdp.com> and contributing your ideas and knowledge by keeping in touch with us. ■

# Legislative and Regulatory Update

Prepared by Harris Contos

## Essential Health Benefits

ACA, the new health care law, contains a number of provisions to ensure that individuals have access to high-quality, affordable health insurance. On November 20, 2012, the Department of Health and Human Services (DHHS) published a [proposed rule](#) to help consumers compare health insurance options in the individual and small group markets by promoting consistency across plans and to protect consumers by ensuring that plans cover a core package of items and services. This rule outlines health insurance standards related to coverage of essential health benefits (EHBs) that must include at least the following 10 categories:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care



EHBs were determined after examining what categories of coverage private insurance plans for individual and small group markets typically offer, thus establishing benchmarks. The last EHB category is of particular interest to the public oral health community but is also somewhat of an anomaly. Whereas examples of the other nine categories can be found in reference insurance plans, dental coverage is seldom included. Instead, if it is offered, it is in stand-alone plans, separate from medical coverage (see <http://www.gpo.gov/fdsys/pkg/FR-2012-11-26/pdf/2012-28362.pdf>). The proposed rule offers states two options to establish benchmark plans: (1) use the Federal Employee Dental and Vision Insurance Program (FEDVIP) with the largest enrollment or (2) use the dental benefits under the state's Children's Health Insurance Program (CHIP), if applicable. Thirty-two states plus the District of Columbia are using FEDVIP as a benchmark, 17 are using CHIP, and at this time Utah is using neither. When the ACA is fully implemented, it is estimated that 3.2 million children will gain dental insurance coverage.



## Accountable Care Organizations

ACA amends Title XVIII of the Social Security Act (Medicare) to encourage “investment in infrastructure and redesigned care processes for high quality and efficient service delivery” for Medicare fee-for-service beneficiaries. The mechanism for care delivery referred to in this statement is commonly known as an accountable care organization (ACO). According to [DHHS](#), ACOs “create incentives for health care providers to work together to treat an individual patient across care settings—including doctor’s offices, hospitals, and long-term care facilities.” Coordinated, integrated, accountable care, under Medicare Parts A and B, is thought to improve quality of care, improve outcomes, and control if not reduce health care costs. Through incentives provided by DHHS and the Center for Medicare & Medicaid Innovation, ACOs are beginning to take shape, as practitioners, group practices, hospitals, ancillary and support services, and medical suppliers

cooperate and coalesce into organized systems to manage and coordinate care.

For a number of reasons, however, ACOs exclude oral health almost completely. One key explanation for this is that oral health coverage is almost entirely absent from Medicare. Another is that, since they account for only 4 to 5 percent of national health expenditures, oral health expenditures pale in comparison to other health care expenditures, especially in terms of the potential to save federal Medicare dollars. The paradox here is that while a central theme of *Oral Health in America: A Report of the Surgeon General* is that oral health is integral to general health, the developments taking place to enhance overall health care quality and efficiency and improve general health essentially exclude oral health. Oregon may be one exception; the state is pushing for integration of oral health into its Medicaid ACO initiative. For more information on ACOs, see [Emerging Medical Accountable Care Organization: The Role of Managed Care](#). ■

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## In the News

### *Breaking Down Barriers to Oral Health for All Americans: The Community Dental Health Coordinator*

This [report](#) describes the evaluation and outcomes of a pilot project to educate, train, and deploy community health workers in managing and improving the oral health of people in underserved communities. Topics include the role of community dental health coordinators (CDHCs) in providing oral health education, performing routine preventive procedures, and connecting clients to dentists for treatment. The report also describes core competencies and components of the CDHC curriculum and the status of CDHC student cohorts.

### *Community Water Fluoridation Program Report 2010–2011: Michigan Department of Community Health—Oral Health Program*

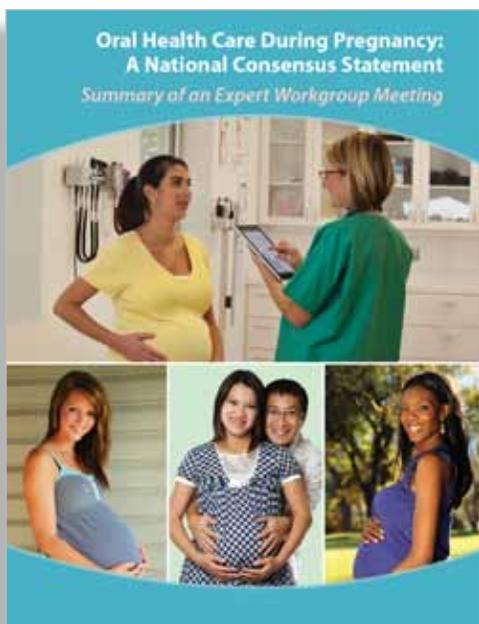
This [report](#) describes a statewide program to promote community water fluoridation to reduce oral disease in



Michigan and includes objectives, activities, timeframes, progress made to date, and performance measures. Topics include collaboration (an interdepartmental agreement) between the state Department of Community Health and Department of Environmental Quality to increase community water fluoridation and fluoridation surveillance measures, activities of the Michigan Oral Health Coalitions’ Fluoridation Advisory Committee, and program support (equipment grants) to help communities maintain community water fluoridation.

## *Oral Health Care During Pregnancy: A National Consensus Statement— Summary of an Expert Workgroup Meeting*

This document presents a summary of an expert workgroup meeting held on October 18, 2011, in Washington, DC, convened by the Health Resources and Services Administration in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association. The consensus statement provides guidance about oral health services for pregnant women for both prenatal care health professionals and oral health professionals and pharmacological considerations for pregnant women. It also includes guidance for health professionals to share with pregnant women, which is available as a separate handout.



## *Oral Health Policy Toolkit*

This toolkit provides background for policymakers on the importance of developing community-based oral health systems focused on promotion, prevention, and treatment services. It also provides recommendations for legal, regulatory, and reimbursement reform to improve oral health among underserved populations. Contents include a series of eight policy briefs on topics such as

child and perinatal oral health, coverage, community water fluoridation, the safety net, and state infrastructure.

## *Perinatal Oral Health Policy Statement*

This policy statement supports a strategic framework for promoting best practices for state and community oral health programs to optimize the oral health of pregnant women, mothers, and children. Topics include oral health during the perinatal period, assessing and monitoring perinatal oral health, enhancing infrastructure and building partnerships, informing and empowering the public to mobilize support, ensuring an adequate oral health work force and adequate oral health systems, promoting and supporting research and evidence-based practices, and integrating perinatal oral health programs into patient-centered medical homes. ■

Please consider sharing the work that you do in your local community work with our members. Do you have an accomplishment, innovative program, or client story to tell us about? AACDP is “all about you” and wants to celebrate your experiences and learn from them. Submit your article, vignette, or photos to [info@aacdp.com](mailto:info@aacdp.com).

To sign up to become a member of AACDP at no cost and to subscribe to the Community Oral Health Programs (COHP) discussion list, go to AACDP’s web page at <http://www.aacdp.com>.



# AACDP Annual Symposium— Save the Date!

AACDP's symposium will be held on April 20–21, 2013, in Huntsville, AL. A [preliminary agenda](#) is available on AACDP's website.

The symposium will begin on Saturday with the popular session Nuts and Bolts, which will focus on oral health literacy. Afterwards, participants are invited to network with local and state colleagues at an evening reception cosponsored by AACDP and the Association of State and Territorial Dental Directors.

On Sunday morning, participants will hear about AACDP's accomplishments during the past year, as well as the association's plans for the future. Next will come informative presentations on oral health access issues and programs in Alabama, oral health in safety-net patient-centered health care homes, and fluoridation fights at the national and local levels.

During lunch, participants will join roundtables for lively discussions on a variety of topics, including school-based comprehensive oral health, the oral health care during pregnancy national consensus statement, promoting cultural and linguistic competency skills among oral health professionals through E-learning, oral health literacy for children and adolescents from preschool through high school, and oral health and ACOs.

The afternoon will begin with a presentation on nonprofit and for-profit models for improving access to oral health care. Following this session, participants will have the opportunity to honor the recipient of the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievements in Community Dental Programs.

The symposium will conclude with an important update on dental therapist studies and initiatives.

Information about registering for AACDP's annual symposium will be available in early 2013 on the National Oral Health Conference's website. The symposium is packed with useable information and networking opportunities geared to those working in community oral health programs! ■



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