



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.

Several months ago, the access to oral health care program that I manage had a barely 2-year-old present for his first dental visit. He had nine cavities. Three months later, this child's 1-year-old cousin had her first visit—with six severely decayed teeth. Both children live at the same address. Both have Medicaid dental benefits. Although Philadelphia is a city with abundant dentists, city health clinics, two dental schools, and a dental hygiene school,



it has four federally designated dental health provider shortage areas. What are we, in a city so rich with oral health resources, doing wrong?

I am sure that you, working in community dental programs anywhere in this country, frequently ask yourself this same question. Our underserved have complex barriers to optimal oral health that go beyond the obvious one of too few dentists for the number of potential patients. We are nervous about the impact of the Affordable Care Act and wonder how the additional Medicaid enrollees will find access to care in an already tight market. But it seems



the barriers of health literacy and paradigms of delivery systems are as much, if not more, the problems we need to solve.

The AACDP planning committee is considering these problems as it plans the 2014 annual symposium. Striving to make this year's sessions

relevant to local programs, we plan to look at best practices in delivery systems, progress in utilizing alternate work force, and the inclusion of oral health services in the medical office.

I hope you plan to attend both Saturday's Nuts and Bolts session and Sunday's all-day symposium. I'm sure you will find the topics and discussions not only thought provoking but also useful. Plus you will have the opportunity to network with colleagues. Mark your calendars now, and look for details in this newsletter.

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. ■

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.



Legislative Update

Prepared by Harris Contos

The Comprehensive Dental Reform Act of 2013

With the fitful implementation of the Affordable Care Act (ACA) demanding attention, the status of oral health in relation to the ACA and other health care reform developments should not be obscured. A legislative item of particular note is the Comprehensive Dental Reform Act of 2013 (S. 1522, HR. 3120), introduced by Senator Bernie Sanders (I-Vt.) and Representative Elijah E. Cummings (D-Md.) in September 2013. Its five main areas—coverage, access points, work force, education, and research—are aimed at ending the oral health crisis in America.

The legislation seeks to expand oral health provisions in the ACA and to reintroduce those that did not receive funding for implementation. Aims of the bill include

- Extending comprehensive coverage to all Medicare, Medicaid, and Veterans Affairs beneficiaries and making oral health services an essential health benefit for adults under the ACA.
- Improving access to care through increased funding for oral health services in health clinics (e.g., federally qualified health centers) and school-based settings, increased funding for mobile and portable services, and encouragement of the delivery of telehealth-enabled oral health services.
- Authorizing additional funding for dental residencies in community health centers.

- Encouraging greater health professional participation in Medicaid by increasing reimbursement rates for oral health services.
- Creating new demonstration programs for training and employment of alternative oral health professionals working in federal programs, such as the Bureau of Prisons, the Department of Defense, the Indian Health Service, and Veterans Affairs. (Note: Sec. 5304 of the ACA, the Alternative Dental Health Care Providers Demonstration Project, was scuttled in April 2011 owing to lack of funding.)

If the bill passes, oral health will have greater parity with other medical provisions under the ACA, particularly related to extending insurance coverage and focusing on addressing disease and prevention at the primary care level—a key precept of the ACA—through utilization of mid-level health professionals.



Impact of the Affordable Care Act on Health Care

Signup problems through insurance exchanges aside, the ACA has significantly impacted health care in this country. The recent dramatic reduction in the rate of increase of health care costs is directly attributed to reimbursement incentives, improved care initiatives, and organizational changes in the law, as presented by Jonathan Blum, assistant administrator, Centers for Medicare & Medicaid Services, at a conference in Philadelphia, PA. The transition away from fee-for-service payment and toward bundled payments and risk-sharing arrangements with

accountable care organizations (ACOs) and integrated networks of health professionals is resulting in lower hospitalization and readmission rates among Medicare, Medicaid, and Children’s Health Insurance Program beneficiaries, with consequent savings to those programs. The private health insurance industry is beginning to follow suit, with UnitedHealthcare linking some hospital payments to measures of quality and efficiency. ACOs and networks have an incentive to emphasize and invest in primary care to keep people healthy and out of the hospital.

Delivery of Pediatric Primary Care

The emerging “business” environment in health care is compelling changes in the way some of the nation’s iconic children’s health institutions are organizing themselves to deliver pediatric primary care. For more information, see the interview with Denice Cora-Bramble, M.D., M.B.A., chief medical officer, Ambulatory and Community Health Services, Children’s National Medical Center (CNMC), Washington, DC, published in *Delivering Pediatric Primary Care Services: A New Model*. Two quotes from the interview illustrate both the changing health care environment and CNMC’s response to it:

- “As we move forward implementing the healthcare reform law, the focus is less on having patients in

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the hospital and more on keeping them out of the hospital. Ambulatory care takes on even greater importance as we increase covered lives and manage populations.”

- “For free-standing children’s hospitals, there has been evolution in terms of the importance and the need for strategic alliances. As we look at the market and the move towards building accountable care organizations, we need to be able to build those alliances so that we can be strategically positioned to gain market share and offer the full care continuum to populations. Those strategic alliances become more and more important.”

In the interview, Dr. Cora-Bramble also described the advantage, which CNMC enjoys, of having a “very robust primary care platform.” CNMC’s platform includes the Goldberg Center for Community Pediatric Health, with seven health centers in Washington, DC, that serve a large population of individuals with public insurance; practices in the metro region and elsewhere that have been acquired; and the CNMC Health Network, which has over 1,000 health professionals in six states and eight regional outpatient centers in Maryland, Virginia, and Washington, DC. CNMC is no longer just a pediatric hospital.

Sandra Fenwick, president and chief executive officer, Boston Children’s Hospital, is leading that



organization in a similar direction, with an emphasis on improving efficacy of care while at the same time reducing costs of care through a combination of hospital affiliations, outpatient specialty care centers, community health centers, and local partnership.

Effects of Health Care Reform

The effects of health care reform are beginning to be felt, from dramatically slowed increases in health care costs to major restructurings in health care institutions’ organization and orientation, as illustrated by CNMC and Boston Children’s Hospital. Integration of care and the formation of networks are essential elements of each institution’s business plan.

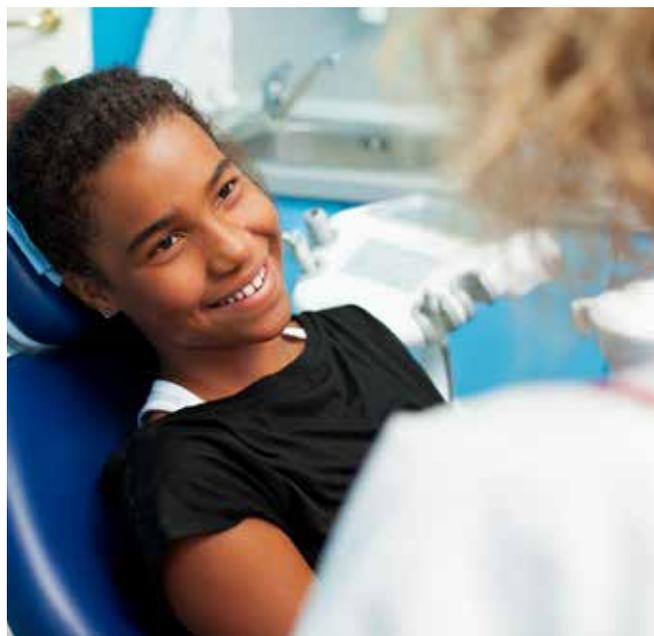
But it must still be asked whether oral health will be fully integrated into these developing networks. Although oral health should be integrated, there are several reasons that it may not be:

- In general, payment systems for oral health care and medical care are separate, as are dental and medical insurance plans.
- Reimbursement for oral health care is largely procedure based, whereas reimbursement for medical care is moving to new models of payment, including bundling and risk-sharing arrangements.
- “Mid-level” health professionals such as nurse practitioners and physician assistants have long been recognized, are increasingly incorporated into care delivery, and will be more and more often called upon to deliver primary care—a key emphasis of health care reform. Dentistry, on the other hand, has yet to realize anywhere near the full potential of integrating mid-level health professionals into care delivery.
- Examples of communication and cooperation between health professionals and oral health professionals in individual- and population-based health care are few and poorly established, stemming back to pre-doctoral education.

While the Sanders-Cummings bill could advance oral health care or, more accurately, put it on par

with medical care under the ACA, its passage is not certain. Even if it passes, oral health care will still have a considerable distance to cover to catch up with the changes taking place in health care as exemplified by CNMC and Boston Children's Hospital. Consequently, the closing of this newsletter issue's legislative update repeats the finale of the last one:

As the rest of health care in the United States begins to move toward a system that rewards quality and value, obstructions to and undercutting of initiatives for innovations in oral health care call into question whether the statement from *Oral Health in America: A Surgeon General's Report* that "oral health is integral to overall health" will ever be fully embraced. ■



In the News

Dental Professionals in Non-Dental Settings

This report focuses on nine promising oral health innovations aimed at increasing access to preventive oral health care in nondental settings. The innovations integrate service delivery and work force models to reduce or eliminate socioeconomic, geographic, and cultural barriers to oral health care. Topics include a literature review, a description of programs (Head Start programs, schools, and senior centers and other residential facilities), and strategies used in service delivery (referral systems, use of dental hygienists and dental assistants, funding mechanisms, consent procedures, telehealth technology, and incentives).

Healthy Mouths for You and Your Baby

This video developed for health professionals explains the key role of good oral health during pregnancy and for infants and young children. It describes the tooth decay process and its consequences, how to detect tooth decay in infants and young children, and how to prevent it. The importance of brushing, flossing, visiting the dentist,

and ingesting appropriate amounts of fluoride are emphasized. The video also describes and illustrates how to clean an infant's teeth.

In Search of Dental Care: Two Types of Dentist Shortages Limit Children's Access to Care

This report examines the lack of access to oral health care, especially for children from families with low incomes. It also explores strategies states are employing, particularly the expansion of oral health teams by licensing additional types of mid-level oral health professionals, to address work force shortages to serve children.

Innovations That Address Socioeconomic, Cultural, and Geographic Barriers to Preventive Oral Health Care

This report focuses on nine promising oral health innovations that integrate service delivery and work force models to reduce or eliminate socioeconomic, geographic, and cultural barriers to oral health care. The report presents a literature review, explains methods, discusses strategies of a diverse range of programs to increase the number of children from families with low incomes who access preventive

care and also to engage families and communities in investing in and prioritizing oral health, and presents results.

Oral Health Literacy: Workshop Summary

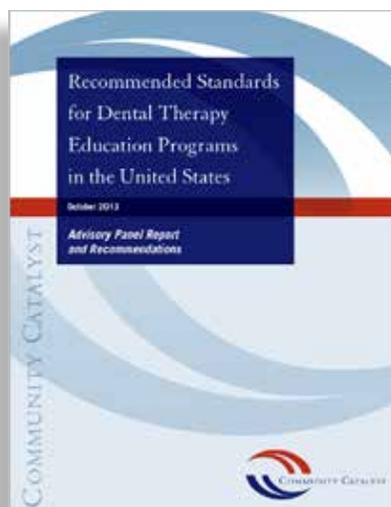
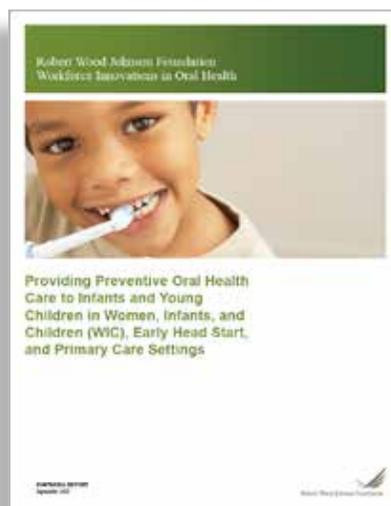
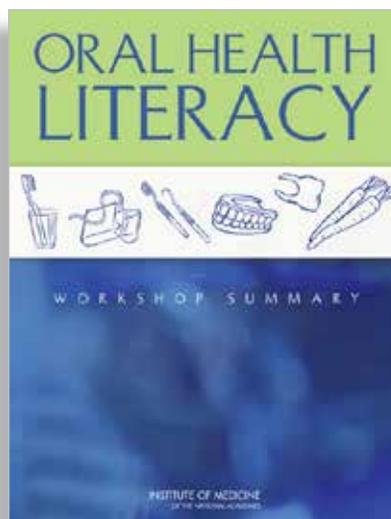
This report summarizes presentations and follow-up discussions from a workshop held on March 29, 2012, in Washington, DC, to explore the field of oral health literacy. Topics include the importance of health literacy; the role of health literacy in addressing oral health problems; how oral health literacy can be assessed within care systems and within the environment; and experiences of effective oral-health-literacy programs, state-based initiatives, and national literacy activities.

Providing Preventive Oral Health Care to Infants and Young Children in Women, Infants, and Children (WIC), Early Head Start, and Primary Care Settings

This report focuses on innovative programs that offer preventive oral health care to young children enrolled in Early Head Start and WIC and in primary care settings. It presents background information and findings from evaluability assessments (EAs) of the programs. The purpose of the EAs was to determine which programs, interventions, policies, and models were ready for a rigorous evaluation to assess their effectiveness in increasing access to care and prevention of oral disease. The report discusses EA methods and context of the programs and provides results.

Recommended Standards for Dental Therapy Education Programs in the United States: Advisory Panel Report and Recommendations

This report presents national standards for programs that educate dental therapists and for the quality and consistency of dental therapy education. The recommendations address institutional effectiveness, administrative responsibility and status, student services and policies, curriculum and competencies, professional and community responsibility, and patient care.



Topical Fluoride for Caries Prevention: Full Report of the Updated Clinical Recommendations and Supporting Systematic Review

This report provides evidence-based recommendations for the use of professionally applied topical fluorides to prevent dental caries. The report addresses the impact of topical fluoride vs. no topical fluoride on new and early carious lesions; which topical fluoride was most effective in preventing, arresting, or reversing dental caries; and whether an oral prophylaxis prior to application improved fluoride uptake. It also describes the systematic review of the literature, methodologies used to develop the clinical recommendations, limitations related to the evidence and review, and future research needs. ■



AACDP Annual Symposium— Save the Date!

The next AACDP symposium will be held on April 26–27, 2014, in Fort Worth, TX. An [agenda](#) is available on AACDP's website.

The symposium will begin on Saturday with the popular session Nuts and Bolts, which will focus on integrating comprehensive oral health services into school-based health centers. Afterwards, participants will be invited to network with 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 programs in Texas; activities of the American Dental Association, the American Dental Hygienists' Association, and the Centers for Disease Control and Prevention; and geriatric oral health care.

The afternoon will begin with a presentation on the inclusion of oral health in health care reform. Following this session, participants will have the opportunity to honor the recipients of the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Contributions in Community Dental Programs and the John P. Rossetti Community Oral Health Impact Award.

The symposium will conclude with an important update on the status of the oral health work force.

Information about registering for AACDP's annual symposium will be available in spring 2014 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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