The Bellwether

Leading Local Efforts to Improve the Nation's Oral Health

A Newsletter of the American Association for Community Dental Programs

Issue No. 13

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News from the President

Nancy Rublee

In rural Wisconsin, where I reside, the remaining vestiges of snow are finally turning to water. Known here as "ice out," the melting snow will feed the earth and bring new spring growth to the land. For me, this sense of renewal extends beyond the greenery of the season. At the close of the American Association for Community Dental Program's (AACDP's) annual business meeting, Judy Gelinas handed me the president's gavel. The AACDP symposium and the National Oral Health Conference (NOHC) fed my soul with renewed hope that we, as a country, will eliminate barriers to oral health care for everyone.

In my fourth decade as a registered dental hygienist I am still learning about oral health issues in all their complexity. Along with my colleagues and community partners, we're fighting the good fight and walking the talk. Working with advocates galvanizes professional and community partners. For example, the Wisconsin Oral Health Coalition mobilized partners to attend state and municipal public policy hearings that allowed dental hygienists to become Medicaid providers and convinced the City of Milwaukee Council to continue fluoridating our community water supply.

We have more work to do. Our country is in the midst of an oral disease epidemic, and when it comes to battling it, we are sometimes our own worst enemy.

We continue to fight fluoride wars 69 years after fluoridation of community water systems began. More than five AACDP and NOHC 2014 sessions focused on community water fluoridation. A well-educated client of mine was recently told that fluoride is poison and she shared, "Why would I give my son fluoride drops that cause brain issues and bone cancer?" I provided her with the best evidence-based information; yet she still has doubts. We must unite to provide consistent, accurate messages to counteract "junk science" and assuage people's doubts about the safety of fluoride for themselves and their children. My client and her family need to hear and see the same

messages everywhere—at schools, clinics, and grocery stores; in playgrounds; and through the media.

Consensus is building that fees for oral health services need to decrease and that access to oral health care needs to increase. But there is hesitation when it comes to allowing new types of oral health professionals to help mitigate the debilitating effects of oral disease on vulnerable populations. At the symposium, AACDP hosted a panel of experts that discussed mid-level oral health professionals, expanded-function dental auxiliaries, teledentistry, and community oral health coordinators. With the burden of disease we are experiencing in this great nation, there is plenty of work to keep all types of oral health professionals busy. Each community needs to design approaches to meet the particular needs of its residents. Different settings may require different models. Above all, however, we need an adequate work force to manage the oral disease epidemic.

AACDP has a voice to advocate for the advances needed to make the oral-health-care-delivery system in the United States the best in the world. However, we must speak louder and to more policymakers, foundation leaders, and partners.

Together with our partners, we can overcome obstacles, make a difference, and forge a path forward. I look forward to hearing from you throughout 2014. ■

AACDP Symposium

AACDP's annual symposium was held on April 26–27, 2014, preceding the National Oral Health Conference, in Fort Worth, TX. Close to 185 participants who work in a variety of settings, including state, county, and city health departments; local health centers and programs; academic centers; and private practice attended the symposium.

Nuts and Bolts: Incorporating Comprehensive Oral Health into School Based Health Centers—Reality or Pipe Dream?

During this session, participants learned about successes, challenges, and lessons learned in incorporating oral health care into school-based health centers (SBHCs). Mark Doherty (DentaQuest Institute, Safety Net Solutions), Beth Lowe (National Maternal and Child Oral Health Resource Center), Anne Varcasio (New York State Department of Health, Bureau of Dental Health), and Sarah Wovcha (Children's Dental Services) also discussed the fundamentals of sustaining the delivery of comprehensive oral health services in SBHCs and resources to help support the integration of oral health services into SBHCs.

Welcome

Judy Gelinas (AACDP president) welcomed participants to the symposium, provided an overview of recent activities, and introduced members of the AACDP executive committee. In addition, Vy Nguyen (Texas Department of State Health Services, Oral Health Branch) welcomed participants to Texas and shared facts about the state and information about local oral health issues.

Pictured: Judy Gelinas

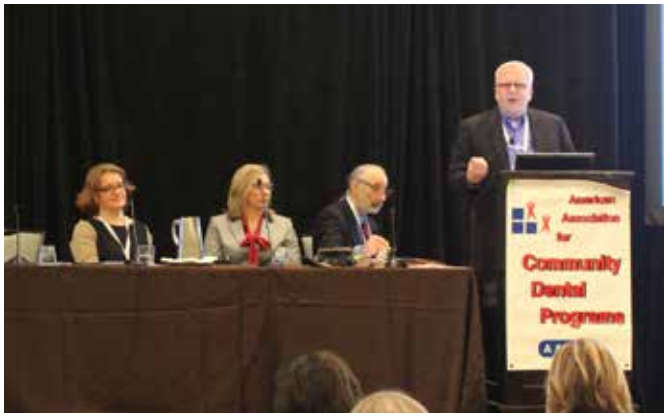
Texas Dental Programs—Is Everything Bigger in Texas?

David Cappelli (University of Texas Health Science Center at San Antonio, Dental School, Department of Comprehensive Dentistry), Sharon Fulcher-Estes (Community Dental Care), and Madge Vasquez (St. David's Foundation Dental Program) discussed the accomplishments and challenges of community oral health programs in the state. Texas has the highest rate of people without health insurance in the nation (1.5 to 2 times the national average), which creates significant problems in the financing and delivery of health care. Texas also ranks eighth in the nation in poverty, and the rate of unmet oral health needs in the state is high. The panel presented creative strategies to operate programs with limited resources to meet the pressing oral health needs of the state's diverse population.

Pictured: David Cappelli, Sharon Fulcher-Estes, Josefine Wolfe, moderator, and Madge Vasquez

What's New at ADA/CAPIR, ADHA, and CDC/DOH: How Can We Help You?

Steven Geiermann (American Dental Association, Council on Access, Prevention, and Interprofessional Relations), Ann Lynch (American Dental Hygienists' Association), and Katherine Weno (Centers for Disease Control and Prevention, Division of Oral Health) shared information about current initiatives and how their organizations can help community oral health programs.



Pictured: Katherine Weno, Ann Lynch, Myron Allukian Jr., moderator, and Steven Geiermann

Incurred Medical Expense Funding Successfully Achieves Oral Health Care for Elders

Sarah Dirks (Geriatric Dental Group of South Texas) provided attendees with an overview of the incurred medical expense (IME) process. The IME process can

Pictured: Sarah Dirks

be used to pay for medically necessary oral health services not covered by Medicaid. The requirements for an individual to use the IME process include the following: (1) the individual must be eligible for long-term care Medicaid, (2) the individual must live in a long-term care facility that accepts Medicaid, and (3) the individual must have applied income.

Roundtables: "Lunch with the Bunch"

Roundtable sessions ("Lunch with the Bunch") focused on a wide variety of topics, including community water fluoridation; financial plans for safety net clinics; Head Start; managing dental programs; medical-dental integration; new allied dental providers; oral health care and dementia; oral health literacy; infection control and safety considerations in portable, mobile programs and nondental ambulatory health care settings; and work force models.

Pictured: Mark Doherty, speaker

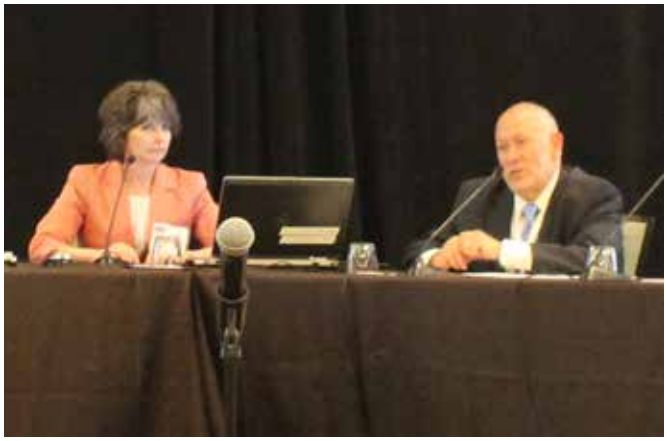
Pictured: Kathy Eklund, speaker

Pictured: Alice Horowitz, speaker

Pictured: Speakers and participants

The Affordable Care Act: What It Means to Your Community's Oral Health

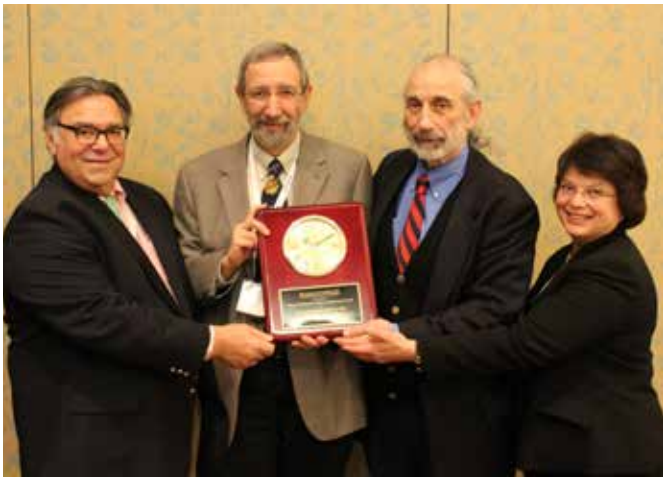
Patrice Pascual (Children's Dental Health Project) shared information about the Affordable Care Act (ACA) and how it will affect community oral health. She shared an overview of the ACA and oral health coverage, reforms to pediatric dental benefits, and what families need to know about marketplace coverage.



Pictured: Patrice Pascual and Larry Hill, moderator

Presentation of the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Contributions in Community Dental Programs

Neal Demby presented Paul Glassman with the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Contributions in Community Dental Programs. Dr. Glassman devoted his early career to providing oral health care to people with complex medical, physical, psychological, and social conditions. He directed a hospital-based general practice residency program in San Francisco for two decades before joining the faculty at the University of the Pacific School of Dentistry (Pacific) in 1989 and founding Pacific's Advanced Education Program in General Dentistry. In the 1990s he founded the Pacific Center for Special Care, a research and policy center dedicated to improving oral health care for the underserved. Under his direction, the center has received over $20 million in grants and contracts to carry out demonstration projects and develop policy papers that are influencing the development of oral health care systems in California and across the nation. Dr. Glassman has also served on many national and state boards and panels, including the Institute of Medicine's (IOM's) Committee on Oral Health Access to Services, which produced the IOM report *Improving Access to Oral Health Care for Vulnerable and Underserved Populations,* and DentaQuest Institute's board of directors.



Pictured: Neal Demby, Paul Glassman, award recipient, Myron Allukian Jr., and Judy Gelinas

Presentation of the John P. Rossetti Community Oral Health Impact Award

Larry Hill presented the John P. Rossetti Community Oral Health Impact Award posthumously to John Rossetti, which was accepted by Linda Rossetti. AACDP created the award to commemorate Dr. Rossetti's significant impact on oral health at the local, state, and national levels. The award is to honor an individual who has demonstrated outstanding service, commitment, and leadership to improve oral health, especially for the underserved.

In 1989 John Rossetti began working at the Health Resources and Services Administration (HRSA) as chief dental officer for the Maternal and Child Health Bureau (MCHB). Throughout the 1990s, his leadership helped guide strategic planning, implementation, coordination, and evaluation of HRSA's oral health programs, especially within MCHB. Because of his efforts, many state oral health programs began collecting data on oral health status as a component of the required Title V statewide comprehensive needs assessment. As a result, state oral health programs can document the need for and promote statewide oral health initiatives and priorities.

Dr. Rossetti led the effort to establish the HRSA/Health Care Financing Administration (Centers for Medicare & Medicaid Services) Oral Health Initiative, which later developed a national strategy to increase access to oral health services for children enrolled in Medicaid and the Children's Health Insurance Program. He also contributed to the creation of numerous initiatives and publications as well as to improving oral health and ultimately overall health through MCHB-funded community-water-fluoridation projects, school-based dental sealant programs, re-establishment of state oral health infrastructures, and state oral health program reviews. Each of these efforts has had national impact, leading to consensus building through collaboration; technical

assistance encompassing broad strategies applied at the national, state, or community level; and empowerment allowing states and communities to effect change particular to their needs and resources.

Dr. Rossetti was an amazing leader and did so much for so many, especially for vulnerable populations. He passed away on August 9, 2011, but will always be remembered as a strong advocate and a catalyst for action to improve oral health and overall health and well-being for the MCH population.

Pictured: Larry Hill, Myron Allukian Jr., Linda Rossetti, award recipient on behalf of John Rossetti, and Judy Gelinas

Pictured: Colleen Brickle and Marshall Shragg

Meet the Press—Work Force Discussion

Significant segments of the U.S. population do not or cannot access fundamental oral health services, and it is anticipated that the implementation of health reform will increase demand for oral health services. In a "Meet the Press" format, Colleen Brickle (Normandale Community College), Amid Ismail (Temple University, Kornberg School of Dentistry), Frank Licari (Roseman University of Health Sciences, Dental School), and Marshall Shragg (Minnesota Board of Dentistry) discussed various perspectives on how to best address access issues. ■

Lancet Neurology Letter on Fluoride

Prepared by Myron Allukian Jr. and Judy Gelinas

On behalf of AACDP, past presidents Myron Allukian Jr. and Judy Gelinas sent a letter to the editor of *Lancet Neurology* in response to the article, "Neurobehavioural Effects of Developmental Toxicity," which states that fluoride is a neurotoxicant. The AACDP letter counters that there is no credible evidence showing that fluoride, when ingested at or below levels recommended by the U.S. Food and Drug Administration, is a neurotoxicant and that water fluoridation is a safe and cost-effective measure for preventing tooth decay. The letter to the editor appears in the July 2014 issue of *Lancet Neurology* 13(7), pp. 647–648. ■

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, Regulatory, and Policy Update

Prepared by Harris Contos

Recently, Maine joined Minnesota and several other states that have enacted legislation—or where legislation is pending—that formalizes the existence of a new oral health profession known as dental therapy.

Many policymakers and health reform observers have supported the establishment of the dental therapy profession to address oral health care access and cost issues. Issues related to dental therapy have implications for oral health policy and merit further discussion.

Allowing dental therapists to provide services is consistent with the United States' policy of applying competitive market forces to health care, the theory being that doing so will result in lower costs, improved quality, increased access, and enhanced consumer choice. Toward those ends, the Federal Trade Commission (FTC) sent comments to the American Dental Association's Commission on Dental Accreditation (CODA), stating that while CODA's proposed accreditation standards on dental therapists may further the establishment of a nationwide dental therapy profession, dental therapists' potential contribution could be eroded through unnecessary language on supervision and scope of practice. In continuing to refine the standards, FTC encouraged CODA to consider the following:

- Omitting categorical statements about a supervising dentist's responsibility for diagnosis and treatment planning, topics that are typically addressed by individual states in their licensure and scope-of-practice laws.
- Developing accreditation standards for master's or other graduate programs that train dental therapists to conduct oral evaluations and develop treatment plans without direct supervision by a dentist or in keeping with other state supervisory requirements.

FTC's comments have not gone unheeded. Following discussions between CODA and FTC, CODA relaxed wording in its proposed standards and extended the comment period for these standards to the end of 2014.

Allowing market forces (supply and demand) to work and removing anti-competitive barriers to care relate to health care reform and the ACA. Briefly, the ACA seeks to control costs, improve outcomes, and increase access through integration of care. The ACA also emphasizes comprehensive preventive care (although the ACA definition of comprehensive preventive care does not explicitly include oral health care, as discussed in a previous issue of this newsletter).

While the ACA's goals are simple in concept, achieving them is complicated. Both the integration of care and the redirection of its emphasis from treatment to preventive care imply developing and implementing new organizational configurations, with new work force entities and relationships operating under new management goals to meet new demands for accountability and financial performance. Such new configurations are being implemented in mergers and acquisitions between health systems and provider practices, between payers and providers, and in the consolidation of payers. (Five of the largest private payers in the country now insure approximately 80 million people—50 percent of privately insured lives).

On May 22, 2014, U.S. Department of Health and Human Services Secretary Kathleen Sebelius announced new delivery-system-reform efforts made possible by the ACA that offer states and innovators tools and flexibility to transform health care. Following are excerpts from the press release:

> "HHS announced twelve prospective recipients receiving as much as $110 million in combined funding, ranging from an expected $2 million to $18 million over a three-year period, under the Health Innovation Awards program to test innovative models designed to deliver better care outcomes and lower costs," with focuses on "four priority areas: rapidly reducing costs for *patients with Medicare and Medicaid;* improving care for populations with specialized needs; testing improved financial and clinical models for specific types of providers, including specialists; and *linking clinical care delivery to preventive and population health.*" [Emphases added.] Additionally, Kathleen Sebelius announced that, "also today, HHS made up to $730 million available as part of the State Innovation Model initiative to help states design and test improvements to their public and private health care payment and delivery systems. Project goals are to improve health, improve care, and decrease costs for consumers, including Medicare, Medicaid, and Children's Health Insurance Program (CHIP) beneficiaries."

It is widely maintained that oral health is integral to overall health. Thus, it is important to ask what is being done within dentistry and between dentistry and medicine to help improve oral health and, thereby, overall health. This question is especially critical in light of recent upheavals and transformations taking place in health reform—in all areas except oral health. "Integrated delivery systems," "risk-sharing arrangements," "bundled payments," and "global budgeting" are only a few of the terms that are often heard in health policy discussions but that are virtually absent from the lexicon of oral health policymakers. Andy Snyder, program manager at the National Academy for State Health Policy, explains the situation as follows:

> "The implementation of ACA has taken a huge amount of work, and covers a huge number of topics. *Dental coverage is somewhere in the mix, but not near the top of the priority list,* compared to things like making sure the enrollment works, and that medical insurers are participating. Federal officials took a first shot at a set of rules for dental coverage, and I think it's clear that there are unresolved issues, particularly around how medical and dental cost-sharing interact. That puts dental in a similar situation as other services like prescription drugs, where there are also questions about the role of specialized vendors and issues with combined, high deductibles for medical and pharmacy services. That's why *it's important that folks with oral health expertise try to plug in to the conversations,* because these initial decisions—especially the ones that are made at the state and federal regulatory levels (that is, not at a legislative level)—are going to be revisited multiple times over the next few years. *There's still time to get it right.* [Emphases added.]
>
> My sense is that the dental insurers are the main dental-related groups who have been engaged in conversations with marketplace officials so far … but there's definitely more room for involvement by oral health stakeholders. *It will require the development of relationships with a set of entities that may be new to folks*—including departments

of insurance, and state-based marketplaces/exchanges (which are new entities themselves, and may be inside state government or outside). There may need to be some work done to let those officials know about the range of oral health stakeholders they could be talking to." [Emphases added.]

For more information, see http://nashp.org/publication/improving-integration-dental-health-benefits-health-insurance-marketplaces, upon which Mr. Snyder's presentation at the National Oral Health Conference was based.

Dental therapists in Maine, Minnesota, and elsewhere will be a welcome addition to the oral health work force, but oral health reform will not end there. How can dental therapists deliver population-based care most efficiently? Will they increase access by working in unconventional settings? What type of organization will employ them (e.g., private practices, community health centers, pediatric and other primary care medical settings, retail clinics)? How

will dental therapists work with other health professionals? How will insurers or other payers pay dental therapists in private practice, or how will employers pay dental therapists for services rendered? These are but a few of the questions related not only to realizing dental therapists' full potential but also to achieving health reform goals. As Andy Snyder said, "there's still time to get it right," so that oral health care is not just "somewhere in the mix," but is optimally integrated into the delivery of overall health care. ■

In the News

Buying Children's Dental Coverage Through the Marketplace

This guide for families uses frequently asked questions to explain the children's dental benefit (a provision of the ACA) and how it works. Topics include guidance on buying coverage through a state marketplace, eligibility, covered services, the difference between dental coverage sold separately vs. as part of a medical plan, premiums, deductibles, copayments, co-insurance, out-of-pocket limits, and consumer protections. Information on financial assistance, coverage requirements, and buying coverage for adults is also included.

Ensuring Adequate Marketplace Provider Networks: What's Needed for Children

This document addresses the adequacy of provider networks in ensuring that all children have access to health services, including oral health services. The document discusses what constitutes adequate provider networks for children and how such networks can be developed and assessed.

The Health Consequences of Smoking: 50 Years of Progress—A Report of the Surgeon General

This report chronicles the consequences of 50 years of tobacco use in the United States. The report discusses advances in knowledge about health consequences of smoking from 1964 to 2014 in the following areas: understanding the relationship between smoking and cancer, respiratory diseases, cardiovascular diseases, reproductive outcomes, and other specific outcomes; smoking-attributable morbidity, mortality, and economic costs; patterns of tobacco use among children, adolescents, and adults; status of and future directions in tobacco control; and a vision for ending tobacco-caused death and disease. A consumer booklet, fact sheets, a video and podcast series, and partner resources are also available.

Integration of Oral Health and Primary Care Practice

This report describes the structured approach, processes, and outcomes of an initiative to improve early detection and prevention of oral health problems by enhancing primary care health professionals' competence in the area of oral health. The recommendations and implementation strategies provide guidance for designing a competency-based, interprofessional practice model to integrate oral health care and primary health care.

Prevention of Dental Caries in Children from Birth Through Age 5 Years

These resources for primary care health professionals provide recommendations for preventing dental caries in infants and children from birth through age 5. Contents include a recommendation statement, an evidence report, a final research plan, a clinical summary, a consumer fact sheet, and an evidence synthesis. Topics include recommendations for prescribing oral fluoride supplements starting at age 6 months for infants whose water supply is deficient in fluoride and applying fluoride varnish to infants' and children's teeth starting upon eruption of the first primary tooth.

The Role of Dental Hygienists in Providing Access to Oral Health Care

This paper discusses barriers to access to oral health care, particularly among underserved and vulnerable populations, and how some states are considering expanding the oral health work force, especially related to the use of dental hygienists. Topics include how dental hygienists' roles can be expanded to allow them to perform oral screenings, fluoride and dental sealant applications, and prophylaxis without direct supervision. State examples of expanded roles are provided, along with a discussion of barriers limiting dental hygienist practices.

Think Cultural Health: Cultural Competency Program for Oral Health Professionals

This course is designed to provide oral health professionals (dentists, dental hygienists, dental assistants, and dental specialists) and other health professionals with the knowledge and skills they need to promote cultural and linguistic competence in oral health care. The program consists of three modules that address the fundamentals of culturally and linguistically appropriate oral health care, providing culturally and linguistically appropriate oral health care, and culturally and linguistically appropriate communication and messaging. The content is based on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. ■

AACDP Annual Symposium—Save the Date!

The next AACDP symposium will be held on April 25–26, 2015, in Kansas City, MO. ■

If you would like to join AACDP, complete the online membership form at **http://www.aacdp.com/membership/index.html**. Membership is free, and benefits include information about AACDP's annual symposium, publications, and a subscription to the Community Oral Health Programs discussion list.

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