



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 Nancy Rublee

Fourteen years have passed since the release of *Oral Health in America: A Report of the Surgeon General* under the leadership of Dr. David Satcher. The report informed Americans about the true meaning of oral health and its importance to general health and well-being. The report has been an inspiration to professionals working to improve health status. Health professionals have many tools to prevent oral disease, yet oral disease remains an issue for many who lack access to oral health care. The report spoke of the inequities and disparities that affect people least able to obtain high-quality health care. The message still resonates.



It was Dr. Satcher and his efforts that inspired me to transition from working in private practice to public health. Striving to increase oral health services for those with little or no access to care, empowering people to take charge of their oral health, and helping individuals understand the value of good oral health are a few essential public health tasks that remain high priorities.

Wisconsin, my state of residence, is fortunate to have adult Medicaid (called BadgerCare) benefits that include preventive and restorative oral health services for children and adults with low incomes. In 2004, dental hygienists in Wisconsin were recognized as certified Medicaid providers. Since then, access to primary, secondary, and tertiary oral health services has increased markedly. Wisconsin has demonstrated that allowing dental hygienists to provide services without the direct oversight of a dentist is safe and effective.

During the past 14 years, individuals in rural Wisconsin have experienced positive change that has nearly eliminated oral health disparities. The local health department has taken an active role in developing resources to improve residents' oral health. The Price County Public Health Department has provided population-based oral health programs, including:

- Prenatal-care-coordination program for pregnant women at high risk for oral disease

- Early childhood cavity-prevention program that provides oral screening and fluoride varnish beginning at first tooth eruption until children are in first grade
- School-based dental sealant program
- Well-water testing to measure fluoride levels and prescription of appropriate dietary fluoride supplements
- School-based fluoride mouth rinse program for communities with less-than-optimal amounts of fluoride in the water system
- Oral health programs in the counties' two long-term care facilities for individuals with developmental disabilities and for older adults



The Wisconsin Department of Health Services has trained primary care providers, including public health nurses, to conduct oral screenings and apply fluoride varnish during their Health Check (well-child) examinations. The collaborative effort of staff in dental clinics, medical clinics, and schools has helped establish dental homes for patients seen in all programs. The establishment of a federally qualified health center (FQHC) in Price County in 2008 has provided a dental home for referrals. Using local public health preventive programs with referrals to the FQHC has proven acceptable, affordable, and accessible for the rural population.

In 2012, 47.3 million people in the United States under age 65 and almost seven percent of those ages 65 and older lacked health insurance. Also in 2012, more than 126 million people, nearly half the

population, had no dental coverage, according to the U.S. National Association of Dental Plans.

There is powerful evidence that the Affordable Care Act (ACA), although not perfect, has provided a significant number of Americans with access to basic health care, with the exception of oral health care. This omission of dental coverage from the ACA or state Medicaid or Medicare is an illogical compartmentalization of health care for both children and adults.

Sixteen states provide adults enrolled in Medicaid with dental benefits, which makes regular preventive and oral health services available to adults with low incomes. This past year, Medicaid enrollment grew nationally by about 8 million, or 14 percent, as a result of the ACA. Nine states (CT, IA, NM, NY, ND, OH, OR, RI, and WA) expanded dental benefits to more adults. However, three states (AK, NC, and WI) that offer extensive dental benefits to adults through Medicaid have refused federal funding to expand services to more adults; therefore individuals in those states who qualify for dental benefits now have no benefits.

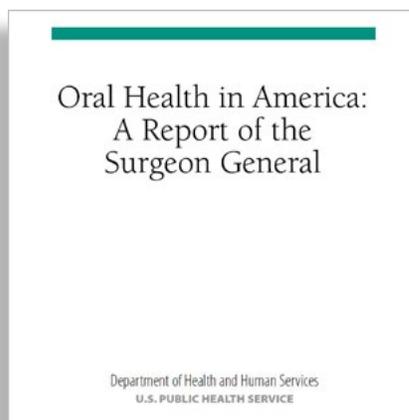
Today, American Association for Community Dental Program members at the local, state, and national levels continue to spread the message that everyone should have dental benefits and experience good oral health. For the national health care system to truly focus on a patient-centered medical home, oral health must be *integrated* into primary care. Let us continue to advocate for meaningful change in our health care system. ■

Legislative, Regulatory, and Policy Update

Harris Contos

Integral to General Health, but Integrated into It?

“Oral health is integral to general health.” This is the central message of *Oral Health in America: A Report of the Surgeon General*, released in 2000. The simple statement seems self-evident; oral health certainly affects overall health. But the absence of oral health from recent health care reform legislation in the United States suggests that it is less obvious than one might assume. To understand why this is the case requires asking two questions: How does American society secure and advance the health of its people? And how does oral health fit into this undertaking?



Affordable Care Act

Changes in health care that have come about since the passage of the Affordable Care Act (ACA) illustrate three broad themes that characterize health care reform in the United States: (1) near-universal coverage; (2) integration and coordination of care, with an emphasis on primary care; and (3) innovation and accountability in the financing and delivery of care, with the goal of improving care and

ultimately health outcomes while controlling and reducing costs. Following are some examples of how health care reform is playing out since the ACA was signed into law.

Accountable Care Organizations

A notable feature of the ACA has been the formation of accountable care organizations (ACOs). An ACO is an organization of health care providers who agree to be accountable for the quality and cost of care, as well as for overall care, for an assigned population of Medicare patients. ACOs take on some of the financial risk associated with providing care but also share in savings that result from avoiding the high costs of unnecessary hospitalization and re-hospitalizations. This assumption of financial risk coupled with the opportunity to share in savings has prompted more sophisticated and responsive organization and integration of health care delivery to avoid or minimize costly health problems later on. Although at this time the ACO model of sharing in potential savings in return for assuming financial risk applies only to providing care to Medicare patients, commercial insurance companies serving non-Medicare patients are closely following and beginning to emulate the ACO model for better care and better outcomes at a lower cost.



Patient-Centered Medical Homes

Another outgrowth of health reform in this country is the patient-centered medical home (PCMH). PCMHs are accountable for meeting the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. They offer comprehensive, patient-centered, coordinated care as well as accessible services. PCMHs demonstrate commitment to quality, quality improvement, and safety. According to the National Center for Quality Assurance, they provide "a way of organizing primary care that emphasizes care coordination and communication to transform primary care into 'what patients want it to be.'" *Building the Patient-Centered Medical Home*, a column by Fred Pelzman that can be accessed at medpagetoday.com (free registration required), provides more information about PCMHs.

Retail Clinics

Retail clinics such as those opened by CVS, Rite Aid, Walgreens, and Walmart are an example of innovation in health care delivery that the ACA is spawning. The clinics are built upon a business model whereby nurse practitioners, physician assistants, and pharmacists practice to the full extent of their licenses to provide accessible, affordable health care. These clinics initially provided only routine care (e.g., diagnosing and treating certain illnesses and injuries, administering vaccinations), but their services have expanded to include monitoring and management of chronic conditions (e.g., diabetes, hypertension). Walmart is positioning itself to serve the primary care market. Since many Walmart stores are located in rural areas, they could bring care to previously underserved areas.

These retail clinics, while not a direct part of the ACA, are related to it. The clinics are beginning to form partnerships and affiliations with integrated health systems and ACOs that emerged from the ACA. This allows for the potential to increase access to care at a lower cost by linking organizationally and technologically to hundreds of sites in its service



area. Early detection and monitoring of disease is central to preventing health conditions from worsening and to avoiding costly care later on.

Innovation at the Centers for Medicare & Medicaid Services

Achieving the goal of better care and health outcomes at a lower cost necessitates new organizational and financial approaches. In particular, it requires emphasizing primary care to minimize the impact of disease. The traditional solo practice, fee-for-service model is incompatible with achieving this result. The Centers for Medicare & Medicaid Services (CMS) Innovation Center is encouraging change through innovation—for example, through its Transforming Clinical Practices Initiative (<http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices>) that is providing "\$840 million over the next 4 years to support 150,000 clinicians in sharing, adapting and further developing comprehensive quality improvement strategies, which are expected to lead to greater improvements in patient health and reduction in health care costs." In encouraging "new ways to do things better, at lower cost," the CMS Innovation Center aligns with the aims of the ACA in the following ways:

- Promoting broad payment and practice reform in primary care and specialty care

- Promoting care coordination between providers of services and suppliers
- Establishing community-based health teams to support chronic care management
- Promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation

Integral, but Integrated?

Health care reform in America today is dynamic, fast-paced, and transformative, which makes it possible to bring about the policy ends of more efficient, more equitable, more rational health care. But oral health is almost universally absent from the advances



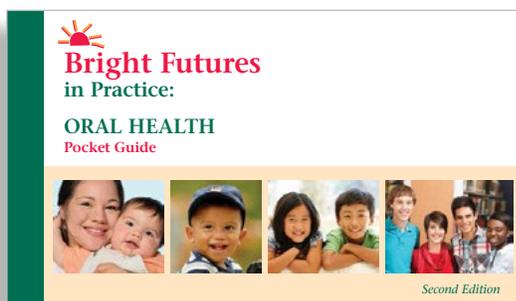
taking place in other health arenas. With the exception of the extension of Medicaid coverage, inclusion to some degree as an essential health benefit in insurance exchanges, and inclusion in school-based health care—all fairly “in-the-box” items—oral health is not part of the larger thrust toward integrated, coordinated care as seen in ACOs, PCMHs, retail clinics, and innovation models coming out of CMS.

As stated in earlier issues of this newsletter, while oral health should be considered a fundamental part of comprehensive primary care, oral health is nowhere to be found, either conceptually or operationally, in the definition of the term. The fault for this lies both with the larger medical community for not fully appreciating and understanding the importance of good dental health as well as with the dental community for not understanding that newer, more adaptive, more responsive models in the organization, financing, and integration of care are needed. More will be the pity if neither side comes to terms with these realities—and there shouldn’t be an “either side” in this discussion in the first place. Without these realizations a key opportunity will be lost to provide better care, with better outcomes, at a lower cost, to the American people. ■

In the News

Bright Futures in Practice: Oral Health—Pocket Guide (2nd ed.)

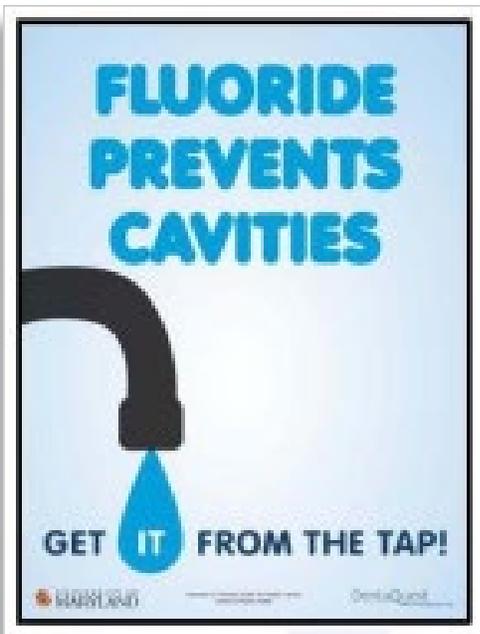
This pocket guide offers health professionals an overview of preventive oral health supervision for five periods—pregnancy and postpartum, infancy, early childhood, middle childhood, and adolescence.



The pocket guide is designed to help health professionals implement specific oral health guidelines during these periods. For each period, information about family preparation, risk assessment, screening, examination, and anticipatory guidance is discussed, and sample interview questions and desired outcomes are provided.

Caries Prevention Material

This poster series provides evidence-based messages about preventing tooth decay in infants and young children. The posters can be used in well-child clinics, preschool programs, WIC, Head Start programs, dental clinics, and health centers to introduce key oral health messages to parents and caregivers and to reinforce other educational messages. Topics include dental sealants, fluorides, and oral hygiene. The posters are available in English and Spanish.



Dental Sealants: Proven to Prevent Tooth Decay—A Look at Issues Impacting the Delivery of State and Local School-Based Sealant Programs

This report provides an overview of program design and key issues in school-based dental sealant programs in the United States. Topics include factors that may facilitate or hinder program financing, impact, and sustainability. The report describes the efforts of five states (Illinois, New York, Ohio, South Carolina, and Wisconsin) with longstanding school-based dental sealant programs and provides recommendations for promoting children’s oral health through such programs. Appendices include survey forms of pre-tested questions for state and local oral health and dental sealant programs.

Prenatal Oral Health

This issue brief discusses the roles of prenatal care and oral health care professionals in educating women about seeking oral health care during pregnancy. Topics include national guidelines and key research findings related to controlling oral disease in pregnant women and opportunities to coordinate care to ensure that oral health is an integral part of prenatal care for all pregnant women.

Tooth Talk

These videos for Head Start staff and other child care and early education professionals address oral health care for pregnant women, infants, and young children. Topics include the importance of oral health care, toothbrushing, weaning from a bottle, and motivational interviewing. Many of the videos are appropriate for sharing with parents.

Why Oral Health Is Important for Children with Special Health Care Needs and How to Access It

This tip sheet for parents of children with special health care needs (CSHCN) provides information about the importance of good oral health care for CSHCN. Topics include the Affordable Care Act, finding oral health care for CSHCN, resources for families who do not have health insurance, and partnering with oral health professionals. ■



AACDP Awards Call for Nominations

The AACDP awards committee is seeking nominations for the following two awards:

AACDP's *Myron Allukian Jr. Lifetime Achievement Award for Outstanding Contributions in Community Dental Programs* was first awarded to Myron Allukian Jr. to commemorate his outstanding contributions to oral health at the local, state, and national levels. The award is presented to an individual who has shown outstanding lifetime achievement in community programs to improve oral health. For a list of past recipients, see <http://www.aacdp.com/awards/index.html>. The award criteria include:

- Throughout the recipient's career, outstanding contributions to and achievements in community dental programs to improve oral health.
- Exemplary programmatic and/or policy accomplishments, which have resulted in significant improvements in the community's oral health.
- Exceptional and distinguished leadership and service in promoting community dental programs at the local, state, or national level.

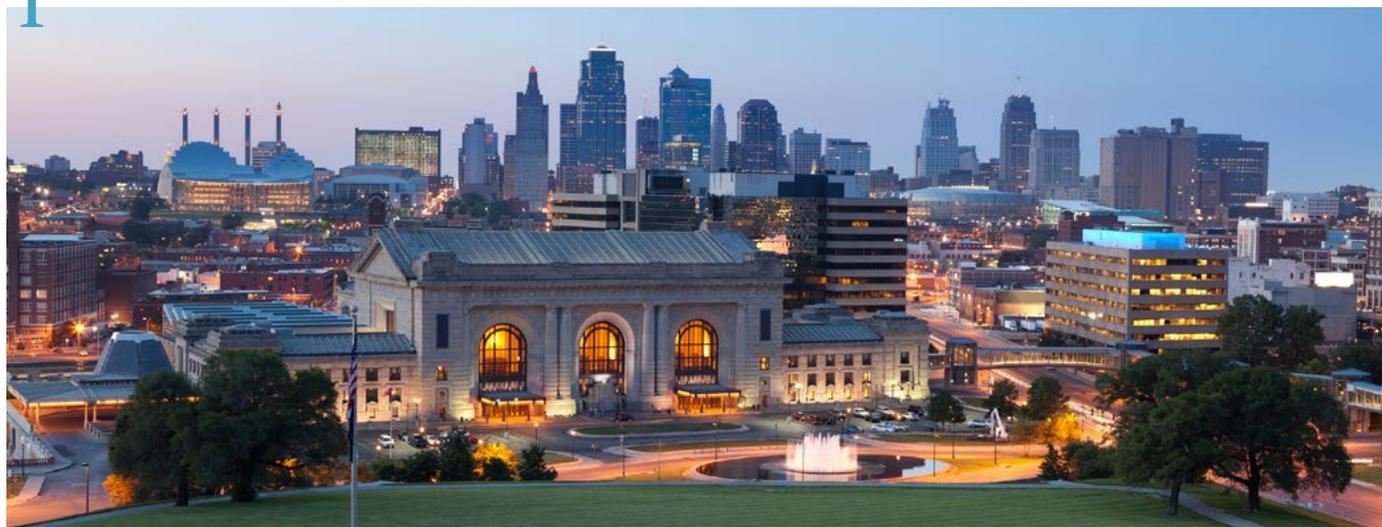
AACDP's *John P. Rossetti Community Oral Health Impact Award* commemorates John Rossetti's significant impact on oral health at the local, state, and national levels. The award is presented to an individual who has demonstrated outstanding service, commitment, and leadership to improve oral health, especially to the underserved. The award criteria include:

- Notable service at the local, state, or national level to improve the health of the community by making comprehensive oral health preventive and treatment services available, especially to the underserved.
- Visionary, innovative, and original thinking that leads to action, bringing improved oral health policy, access, and/or practices to the community.
- Leadership in consensus-building by finding common ground upon which to act and overcoming barriers or opposition to efforts to improving community oral health.

Nomination for the awards will be accepted through January 12, 2015. For more information about the awards and to obtain the award nomination form, go to <http://aacdp.com/awards/index.html>. ■

AACDP Annual Symposium—Save the Date!

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



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