



POLICY BRIEF

The Massachusetts Health Policy Forum

Putting the Mouth Back in the Body:

Improving Oral Health Across the Commonwealth

By Signe Peterson Flieger, M.S.W. and Michael T. Doonan, Ph.D.

October 2009

Findings from the forum are co-sponsored by the Massachusetts Health Policy Forum, DentaQuest Foundation and Massachusetts Dental Society, June 2009.



Inside:

<i>Progress in Massachusetts</i>	1
<i>Oral Health of Children and Disparities</i>	3
<i>Oral Health of Elders in Public Housing</i>	6
<i>Future Directions for Oral Health Policy in Massachusetts</i>	7
<i>The Role of the Massachusetts Department of Public Health in Oral Health</i>	8
<i>Dental Care in the U.S.</i>	9
<i>Oral Health in National Health Reform</i>	11
<i>Conclusion</i>	11

Introduction

Oral health is integral to overall health. Increasingly, there has been public demand to incorporate oral health into broader health reforms, both in Massachusetts and the U.S. There is still considerable work to be done, however, to broaden access to oral health. While significant progress has been made in improving oral health, poor oral health remains a problem for many in the Commonwealth, particularly for low-income populations and racial and ethnic minorities. Poor oral health leads to unnecessary medical complications and significant social costs and consequences. On June 16th, the Massachusetts Health Policy Forum together with the DentaQuest Foundation and the Massachusetts Dental Society hosted a forum combining the latest research with insight from experts, legislators, administration officials, and state and national leaders. The forum outlined recent successes, highlighted ongoing challenges, and identified state and national strategies for continued progress.

The Massachusetts Health Policy Forum is supported by:

Blue Cross Blue Shield of Massachusetts
Harvard Pilgrim Health Care Foundation
Partners HealthCare
The Schneider Institutes for Health Policy
The Heller School for Social Policy and Management at Brandeis University
Tufts Health Plan

The Heller School for Social Policy and Management, Brandeis University
415 South Street, MS 035
Waltham, MA 02454-9110

Progress in Massachusetts

Massachusetts is recognized as an innovator in oral health due to the leadership of Senator Harriette Chandler and Representative John Scibak, co-chairs of the Legislative Oral Health Caucus, and their partnership with strong advocates and diverse stakeholders. Massachusetts created the

The Issue Brief for this Forum is on the MHPF website at www.masshealthpolicyforum.brandeis.edu



**Senator Harriette
Chandler:**

“For every one person who lacks medical insurance, three lack dental insurance.... True health care reform must ensure the health of the whole body.... Body part by body part, that is not the way to do health care.”

first Legislative Oral Health Caucus in the nation. As Senator Chandler said, “When both sides of the aisle and both chambers are asking for oral health issues, it makes a huge difference.” The work of the legislature on oral health is critical, in part because access problems are more severe for dental care than for medical care. Senator Chandler noted that, “For every one person who lacks medical insurance, three lack dental insurance.” The disconnect between oral health and overall health highlights a fundamental barrier for oral health advocates. The Senator added, “True health care reform must ensure the health of the whole body.... Body part by body part, that is not the way to do health care.”

The passage of the Omnibus Oral Health Bill, in January 2009, marked a critical step for oral health stakeholders as they came together to improve the oral health infrastructure of the state. Additionally, legislative action and the ongoing remediation process of the court case *Health Care for All v. Governor Mitt Romney* led to broader coverage, administrative improvements, and increased provider reimbursement in the MassHealth dental program—particularly for children. The growth of evidence-based, targeted, sustainable oral health programs throughout the Commonwealth has also expanded access to care and improved oral health. Specific successes that have been achieved to date in Massachusetts include:

- Adult MassHealth dental benefits were restored in 2006 and were recently saved from the chopping block once again in 2009.
- MassHealth administration has improved and dental reimbursement for providers has moderately increased.
- Non-dental health providers can now be reimbursed for the provision of fluoride varnish to children.
- Dentists can now establish caseload limits for MassHealth participants.

In addition, the Omnibus Oral Health Bill:

- Created the public health dental hygienist.
- Established career ladders for dental assistants.
- Established a full-time Dental Director position in the Office of Medicaid.
- Statutorily mandated an Office of Oral Health within the Department of Public Health.
- Created a Dental Director in the Department of Public Health.

Despite these accomplishments, ongoing challenges remain, particularly among the most vulnerable populations in the Commonwealth—low-income populations, children, seniors, people with disabilities, and racial and ethnic minorities. This policy brief highlights statistics demonstrating the extent of the problem, and explores future directions to improve oral health outcomes both in the state and across the nation.



**Dr. David Samuels,
President,
Massachusetts
Dental Society**

Oral Health of Children and Disparities

The oral health of children in Massachusetts has considerably improved in recent years. MassHealth administration has been streamlined, and access to dental care has increased. However, significant disparities persist. Dr. Catherine Hayes presented on the improvements in children’s oral health in Massachusetts, with particular attention paid to the most vulnerable populations: MassHealth participants, low-income residents, and racial and ethnic minorities. Dr. Hayes put it simply, “The mouth is the mirror for the rest of the body.” Among subpopulations of children this is particularly concerning since, according to Dr. Hayes, “Eighty percent of oral disease in the country occurs in twenty percent of children—children from low-income economic groups.” While there have been some improvements in children’s oral health since 2006, there is still progress to be made.



Dr. Catherine Hayes:
“Eighty percent of oral disease in the country occurs in twenty percent of children—children from low-income economic groups.”

Key findings from *The Oral Health of Massachusetts Children* in 2008 suggest that dental disease is a serious health issue for Massachusetts children:

- 28% of kindergarten students, 41% of 3rd graders, and 34% of 6th graders had a history of cavities.
- 15% of kindergarten students, 17% of 3rd graders, and 11% of 6th graders had untreated decay.

Furthermore, racial and ethnic disparities in access and oral disease exist. Hispanic children experience the highest rates of untreated decay and all minorities experience more untreated decay than the state average. Children from racial and ethnic minority groups are also less likely to receive preventive services such as sealants. For Dr. Hayes, and many of the forum participants, the bottom line is that “There is no reason why all children shouldn’t benefit equally from preventive services we know work.”

Several children’s oral health initiatives are underway. Now, medical providers can be reimbursed for applying fluoride varnish after conducting an oral health screening and providing parents or caregivers with oral health information. This can help prevent early childhood caries (ECC) and save significant treatment costs. Additionally, to target children in the state with the greatest oral health needs, the Office of Oral Health is leading a school-based oral health program in Springfield, Massachusetts, providing screening and preventive care to low-income children in high need areas. Overall, the goal of these school-based programs is to provide a dental home to as many children as possible in the MassHealth program. These initiatives, along with sustained efforts at administrative simplification, have improved outcomes for children enrolled in MassHealth. Specifically, by 2008, the number of children enrolled in MassHealth who received a dental exam rose from approximately 30% to almost 50%. Between 30 and 40% have sealants and Dr. Hayes hopes to increase this number to at least 50%.

An Effective Community Program: BEST Oral Health

The forum highlighted the success of the BEST Oral Health Program, targeted at pre-school age children in Springfield, Massachusetts. According to Executive Director Dr. Frank Robinson, the program goal is for “children to enter kindergarten, healthy, ready to learn, and free of dental disease.” The program’s success is due, in part, to a commitment to sustainability. As Dr. Robinson highlighted, “Success is necessary but not sufficient to sustain a program.” The BEST Oral Health Program is an integrated care system designed to counteract the problem of limited access and low numbers of dentists in the Springfield area. The new system provides education, screening, and comprehensive dental care on site at the pre-school. This site serves as the dental home for children during their tenure at the school. The initiative works through existing partnerships and creates new ones, by working to “change the change agent” by reaching out to caregivers, teachers, and educators and encouraging them to think differently about oral health. The program operates what they call “in-reach – promote oral health within organizations serving children.” By the time children reach kindergarten, they will already have experienced comprehensive dental care and treatment. The BEST Oral Health Program continues to work on its sustainability, and is looking forward to reporting outcome data later this year.



**Ralph Fuccillo (left),
President, DentaQuest
Foundation and
Frank Robinson (right),
Executive Director,
Partners for a Healthier
Community**



Dr. Judith Jones recommended that we “identify those elders with high risk of dental disease, and provide preventive services on site.”

Oral Health of Elders in Public Housing

The oral health of elders was a key focus of the forum. Elders are often left out of oral health discussions. Due to the lack of dental coverage in Medicare, seniors have a low rate of dental insurance, and many go without necessary preventive and restorative oral health care. Dr. Judith Jones, an expert on elders’ oral health, presented data on the oral health needs of elders living in Boston public housing. Elders are a vulnerable population, and those who live in public housing are particularly vulnerable to dental disease. Between 2002 and 2007, the Oral Health Equity Project provided free oral health screenings, fluoride varnish, denture labeling, education, and referrals for comprehensive dental services to elders living in Boston public housing. Data on the oral health needs of this vulnerable population were compiled through the screenings:

- 54% of elders 60 years and older had lost all of their teeth.
- 60% of elders with teeth had untreated dental caries.
- 63% of elders had dentures and 41% needed dentures.
- 88% of elders reported having medical insurance, but only 6% reported having dental insurance. However, between 2006 and 2007—after adult dental benefits were reinstated in MassHealth—35% of participants had dental insurance.

Dr. Jones sees these troubling statistics as an opportunity for prevention. She recommended that we “Look at this population as similar to children in schools—identify those elders with high risk of dental disease, and provide preventive services on site.” According to Dr. Jones, this is an important opportunity for the new public health dental hygienist. Furthermore, she hoped that within the next two years, at least half of elders living in public housing will use dental care—again, similar to what has been achieved with children. She stated that greater attention needs to be given to the oral health needs of adults and seniors with MassHealth. She also recommended that private health insurance carriers and Medicare include at least basic oral health services. Continued

improvement in this area will require further promotion of the integration of oral health as part of broader health care for elders.

Future Directions for Oral Health Policy in Massachusetts

All stakeholders—advocates, experts, and policymakers—should be applauded for making oral health a priority and for moving Massachusetts forward as a leader on oral health issues. However, there is still a long road ahead to ensure access to good oral health for the residents of Massachusetts. In the style of David Letterman, Representative Scibak suggested the top ten priorities for oral health in Massachusetts. In no particular order:

10. Increase advocacy by oral health professionals.
9. Ensure adequate supplies of oral health professionals across all regions of the state.
8. Adopt a dental home concept, akin to a medical home.
7. Incorporate oral health into Health Information Technology (HIT) initiatives.
6. Increase regulation on tobacco products.
5. Ensure assistance for craniofacial abnormalities.
4. Ensure access to affordable dental insurance for all populations, including vulnerable populations.
3. Improve current infrastructure through increased efficiency and effectiveness, and the expansion of the dental safety net.
2. Improve oral health evaluation measures.
1. Adjust reimbursement rates to ensure access to dental services to all.

This is an ambitious—albeit not exhaustive—list of oral health priorities. However, by focusing on these issues, Massachusetts can continue to be a leader in oral health. Collaboration on these and other



**Representative
John Scibak,
Co-Chair,
Legislative Oral
Health Caucus**

important issues are already underway. The Better Oral Health for Massachusetts Coalition, under the leadership of the DentaQuest Foundation and a diverse group of oral health leaders, is developing a statewide plan to improve oral health outcomes for Massachusetts residents by enhancing access, reducing disparities, and promoting community prevention throughout the Commonwealth. As part of this effort, the Coalition is hosting community meetings throughout the state to seek input from residents and learn firsthand about their experiences accessing dental care. This collaborative effort aims to align the goals of oral health stakeholders with the oral health needs of Massachusetts residents. In addition, the Massachusetts Dental Society issued a *Call to Action* to improve oral health of Massachusetts residents by 2013. Some of the goals of the initiative include: increasing enrollment of Massachusetts Dental Society members in MassHealth, enhancing the capacity of community health center dental programs, and requiring dental exams for students upon entering school.

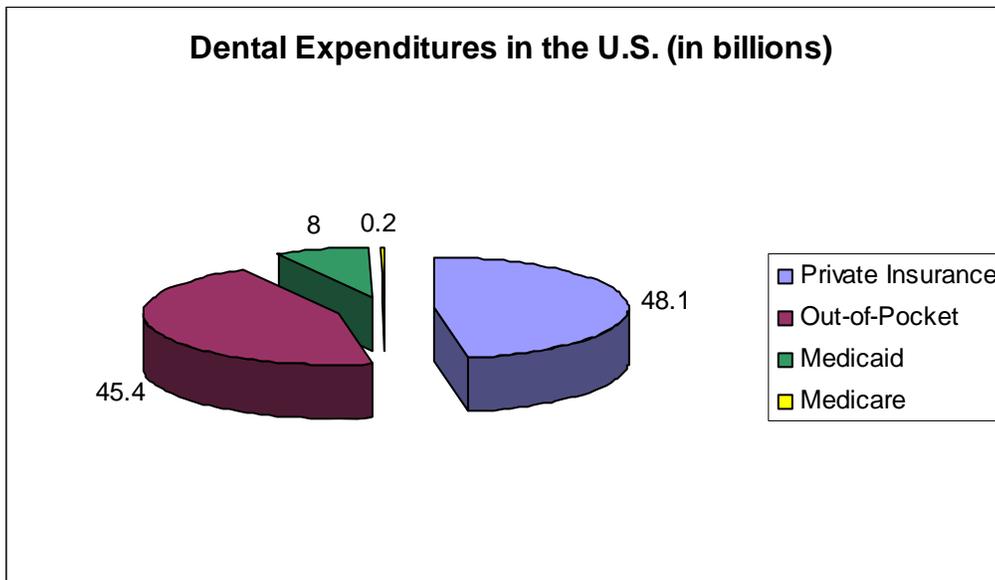
The Role of the Massachusetts Department of Public Health in Oral Health

The Massachusetts Department of Public Health (DPH) plays a critical role in monitoring and improving the oral health of Massachusetts residents and has many collaborative efforts underway, both at the community level and through direct services. According to Stewart Landers, Senior Program Director at DPH, “Oral health is a key priority for the Department of Public Health, both in terms of wellness and chronic disease management.” At the community level, DPH supports new fluoridation initiatives and monitors existing fluoridated water systems. Currently, 59.1% of Massachusetts residents have access to fluoridated water systems. Community water fluoridation is the most effective and efficient way to improve oral health for the population as a whole. DPH works to improve the oral health of vulnerable populations through the expansion of school-based oral health programs, a statewide assess-

ment of elder oral health, and continued support for the Tufts Dental Facilities (TDF) program for people with developmental disabilities. Furthermore, DPH provides assistance to community health center dental programs and supports the use of the BLOCK Toolkit, to educate child health providers about the oral health needs of children with special health care needs. The infrastructure and support provided by DPH is critical to improving the oral health of Massachusetts residents.

Dental Care in the U.S.

Overall, U.S. dental expenditures in 2008 were \$102.5 billion, most of which came from private dental insurance and out-of-pocket spending.



Source: Centers for Medicare and Medicaid Services (CMS) Health Accounts Data

While most dental expenditures in the U.S. come from private insurance and individuals, Medicaid is the largest public payer. Due to the unfortunate death of a Medicaid-eligible child in Maryland who didn't receive appropriate dental care, there has been increased attention to quality and access issues in Medicaid dental services nationwide. To better understand these problems, the Centers for Medicare and Medicaid Services (CMS) initiated several dental reviews of state Medicaid programs.

Conan Davis, the CMS Dental Director, presented on some of the findings of those reviews and highlighted additional initiatives that CMS is pursuing to improve access to and quality of dental services for Medicaid participants in the U.S. The most common concerns that arose from the Medicaid dental reviews included:

- Oral health is not a priority for many Medicaid-eligible families.
- Many states do not make specific dental information available.
- Medicaid participants need more dental care than is typically provided.
- Missed and broken appointments are a problem.
- Below market reimbursement rates for dentists are a concern for providers.

CMS also provides technical support to state Medicaid dental programs through the CMS Oral Health Technical Advisory Group and the Dental Quality Alliance. In 2009, CMS hosted its first National Medicaid Dental Town Hall Forum to highlight effective state Medicaid dental programs and to receive input from stakeholders on how to improve Medicaid dental programs. The results of the Forum are available on their website. In addition to CMS initiatives, the Government Accountability Office (GAO) is conducting an extensive review of state Medicaid programs and the report should be out later this year.

From left, Conan Davis, CMS; Ralph Fuccillo, DentaQuest Foundation; Stewart Landers, Department of Public Health; Representative John Scibak, Co-Chair Legislative Oral Health Caucus; Libby Mullin, Mullin Strategies.



Oral Health in National Health Reform

Libby Mullin, President of Mullin Strategies, discussed the developing role of oral health in the newly reauthorized Children's Health Insurance Program (CHIP)—a program that offers health benefits to children in low-income families whose income is too high for Medicaid eligibility—and in national health reform more broadly. Previously, dental benefits were an optional benefit in CHIP, but dental benefits will now be a mandated CHIP benefit after October 1, 2009. Additionally, as of April 1, 2009, states have the option to offer wraparound dental benefits to CHIP-eligible children whose families have employer-sponsored medical insurance and no dental coverage. Iowa was the first state to adopt the wraparound benefit, and Ms. Mullin called on Massachusetts to be the second.

Beyond CHIP, there are many approaches that are being considered nationally to creatively improve oral health. Ms. Mullin highlighted that the GAO report on oral health care in Medicaid and CHIP discusses the feasibility of a midlevel oral health provider. Furthermore, funding may be available for states to pilot different provider models and evaluate their efficacy. On a larger scale, oral health is being considered as an integral part of broader health reform. While the content of health reform legislation is constantly evolving, Mullin emphasized that, "It is quite clear that oral health is becoming a priority for the entire health community, especially the children's health community."

Conclusion

Improving and preserving access to good oral health is essential, particularly in challenging economic times. Policymakers in Massachusetts have worked actively to preserve MassHealth dental benefits for adults, to pass the Omnibus Oral Health Bill, and to make oral health a priority. This oral health forum was an opportunity to recognize the successes that have been achieved and to identify the challenges that remain.



The Massachusetts Health Policy Forum

Legislative successes must be followed up with thoughtful implementation and additional steps to improve access for at-risk populations. Investing in oral health will be cost effective in the long run by avoiding expensive treatments and increasing student and worker productivity. Maintaining adequate MassHealth dental benefits for children, adults, and seniors is critical to ensuring broad-based access throughout the Commonwealth. Expanded public health efforts are necessary to support community-based prevention of dental disease and optimal oral health. There is no reason that Massachusetts residents should experience the pain and cost of a preventable and treatable disease. Forum presenters and attendees agreed that true health reform must address oral health.

Acknowledgments

The authors would like to thank all reviewers, presenters, participants, and support people for contributing to the policy forum on Oral Health in Massachusetts and to this policy brief.

For Further Information

The issue brief for this forum as well as all forum presentations and materials are available on the Massachusetts Health Policy Forum website at: www.masshealthpolicyforum.brandeis.edu

The Massachusetts Health Policy Forum is supported by:

Blue Cross Blue Shield of Massachusetts
Harvard Pilgrim Health Care Foundation
Partners HealthCare
The Schneider Institutes for Health Policy
The Heller School for Social Policy and Management at Brandeis University
Tufts Health Plan

The Heller School for Social Policy and Management, Brandeis University
415 South Street, MS 035
Waltham, MA 02454-9110

(781) 736-8479
(781) 736-3306 (fax)
MHPPF@brandeis.edu
www.masshealthpolicyforum.brandeis.edu