



Increasing the Dental Workforce and Program Participation

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- The crisis in oral health is too large for any one branch of health care.

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- 100 million Americans DO NOT have dental insurance.

inside
Dentistry[®]

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DENTAL WORKFORCE

- Dental workforce is busy and declining relative to the population, especially groups at higher risk for dental diseases.
 - MEDICAID
 - Skilled Nursing Facilities

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WORKFORCE

- Dentistry must do away with its paranoia and recognize that a standardized skill mix of auxiliary or extenders will benefit every one.

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MEDICAID DENTISTRY

Is the problem access or
utilization?

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MEDICAID POPULATION

- Access & utilization of dental services for children covered by Medicaid has been a chronic problem.
 - Reimbursement
 - Broken appointments
 - Treatment plan complexity
 - Compliance
 - Social and economic barriers
 - *Transportation*
 - *Translation*
 - *Changing demographics*



WORKFORCE REIMBURSEMENT

- Most states' Medicaid payment rates are substantially below market rates.
- Programs that don't start with adequate funding cannot succeed in meeting program requirements or the needs of children.



WORKFORCE MODEL

- Establish market-based dental reimbursement
- Differentiated fee schedules (General & Specialty)
- Case management fees based on treatment plans and case mix
- EPDST incentive program
- Dental home linkage and PCP outreach incentive
- More efficient administrative process
 - *Credentialing*
 - *Prior authorization*
 - *Claims adjudication*
 - *360° program*

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WORKFORCE MODEL

- To increase the workforce
- Quality-based reimbursement
- Retrospective studies to determine the appropriateness of dental care (Metix-Ingex)
- Retrospective review to render practice patterns (Recall Outcome Study)
- Integrated dental-medical model reimbursement (*HgA1C, Blood pressure, Dental-Obesity, preterm-low birth weight, C-Reactive Protein, Respiratory, HIV, Thyroid*)
- Establishment of state provider committees for policy & procedure consultation

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BARRIERS

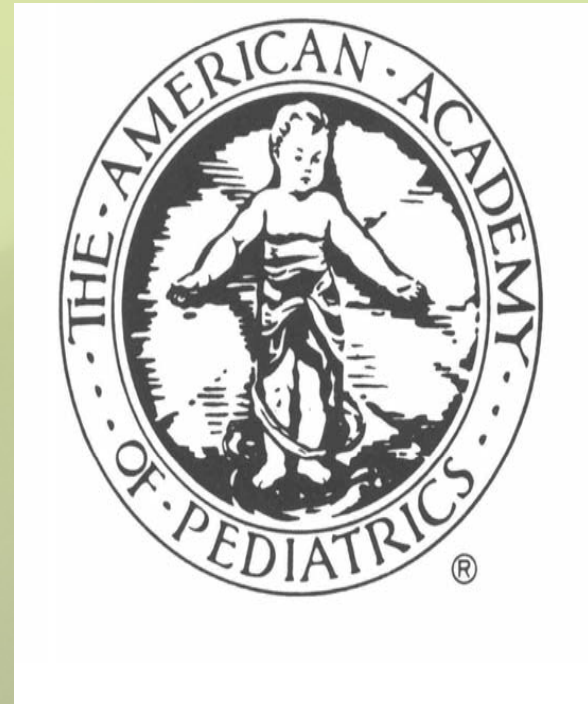
- Oral health absent from the radar screen of the non-dentist.
- Providers are busy; oral health not a priority.
- Confusion about PCP's role as related to dentistry.

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American Academy of Pediatrics Statement

- All pediatricians should perform the oral health risk assessment and establish a dental home by the age of 12 months.



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A Role In Dentistry For The PCP

- Anticipatory Guidance / Counseling
- Risk Assessment
- Manage Simple Dental Trauma
- Maternal Oral Health Counseling
- Screening
- Fluoride Vanish Application

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Fluoride Varnish – AmeriChoice PCP Program

- PCP Training
 - *Dental Screening*
 - *Fluoride Varnish*
 - *CE – Arizona School of Dentistry & Oral Health*
- Fluoride Varnish
 - *Application*
 - *Supplies*
- Billing
 - *Code D 1206 – reimbursement*
 - *After dental visit – additional*
- Patient Education
- References
 - *Fluoride Varnish: An Evidence-Based Approach Sept. 2007*
(Association of State & Territorial Dental Directors)
 - *Rationale and Protocol for treatment of non-cavitated smooth surface carious lesions*
(Academy of General Dentistry Feb, 2007)



**If you have knowledge,
let others light their candles with
it.**

Winston Churchill

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