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The Impact of the Dental Action Committee's Recommendations On Maryland's Rural Communities

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Prepared by the Rural Maryland Council Health Care Working Committee

Background: The Maryland State Rural Health Plan (MRHP), released by DHMH Office of Rural Health in July 2007, identified oral health as one of the four priority areas in need of attention in rural Maryland. Of the state's 24 jurisdictions (i.e., 23 counties and Baltimore city), 12 of them, mostly rural, face a shortage of dentists, especially those who treat Medicaid patients. As a result, rural Maryland has twice the rate of total tooth loss as the rest of the state (i.e., 8 percent vs. 4 percent). According to The Survey of the Oral Health Status of Maryland School Children (2000 – 2001), the rural counties of the Eastern Shore had the highest percentage of untreated dental decay (54%) in the state. Already struggling with severe health professional work force shortages across all specialties, Rural Maryland is particularly suffering from poor oral health care due to a lack of access to oral health care.

Dental Action Committee (DAC)

DHMH Secretary John Colmers formed the Dental Action Committee in June 2007 in response to long-term concerns about access to oral health care services. The committee released seven major recommendations. The Rural Maryland Council's Health Care Working Committee (HCWC) – comprised of rural health and rural development professionals from around the state -- has studied and considered the DAC recommendations and their impact on rural areas. Below is a summary of the DAC recommendations and their likely impact on rural areas, as determined by the HCWC.

DAC Recommendations Related to Financing Changes

DAC Recommendation: Initiate a statewide single vendor dental Administrative Services Only Medicaid Provider.

Update: Governor O'Malley and Secretary Colmers intend to implement a single vendor system through regulation, rather than legislation, by January 2009.

General Impact: A single vendor provider would likely reduce administrative barriers such as credentialing, prior authorization and case management. It would also be likely to strengthen the existing referral network and give the State more leverage in assuring the third party "plays fairly." This would be of great assistance to many residents in rural and under-served areas who are at a particular disadvantage when the claims process becomes convoluted and payments for services are delayed.

Rural Impact:

- In rural Maryland, there is already a shortage of dentists and an even more serve shortage of dentists providing services to Medicaid patients. Making the program easier to administer may encourage non-participating dentists to join the network, thereby increasing the number of providers and overall access in rural areas for Medicaid patients.
- For rural areas to benefit, the single vendor must be required to serve all rural areas. It must not be allowed to opt out of certain service areas and leave MCOs to cover them.

DAC Recommendation: Increase Medicaid dental reimbursement rates to the 50th percentile of the American Dental Association's South Atlantic region for all dental codes.

Update: Governor O'Malley has proposed increasing the reimbursement to the 50th percentile over the next three years. In FY 2009, he proposes \$7 million in state funds, to be matched by \$7 million in federal funds. Total price tag: \$22 million state and \$22 million feds.

General Impact: Too few dentists provide care for Medicaid children due to low reimbursement rates. Increasing reimbursements rates may encourage more dentists to treat more Medicaid children, thereby increasing access to care.

Rural Impact:

- In rural jurisdictions, the population with dental insurance is 21 percent lower than the rest of the state, according to the Maryland Rural Health Plan. (MRHP) In addition, 11 of Maryland's 18 rural counties are dental health professional shortage areas. Increasing reimbursement rates may encourage rural dentists to treat more Medicaid children, thereby increasing access to care.
- If rural health department dental clinics increase collections 125 percent, as this proposal effectively allows, those clinics could see more adults on a sliding fee scale, providing there are dentists willing to work in the clinics rather than in the more lucrative private sector.
- Increasing reimbursements rates will not address the overall shortage of dentists in rural areas and should not be considered an expected outcome of this recommendation.
- According to the Eastern Shore Dental Society, where only 10 of the Shore's 160 dentists serve patients on medical assistance, dental offices typically operate with a 50-60 percent overhead. Reimbursement levels would need to be 70 to 80 percent for substantially more dentists to participate.
- Because the 50th percentile is higher than most HMOs are reimbursing, private dentists may drop HMO patients in order to serve the more lucrative Medicaid patient. There is a possibility that an increased reimbursement rate would merely change who lacks access and not address the overall shortage of available care. (For instance, dental HMO and PPO plans for Maryland State Employees do not reimburse at the 50th percentile level. Those employees may be at risk of losing access due to high reimbursement rates.)

DAC Recommendations Related to Public Health Initiatives

DAC Recommendation: Maintain and enhance the dental public health infrastructure to ensure that each local jurisdiction has a local health dental clinic or Federally Qualified Health Center (FQHC) by providing funding outlined in the Oral Health Safety Net legislation (SB 181/HB 30 2007).

Update: Gov. O'Malley intends to establish two dental health clinics in local health departments over the next few years.

General Impact: There is a critical need for more dental clinics in public health departments. Only 12 of Maryland's 24 jurisdictions have local health departments with clinical dental services available on site. Of these, only nine provide dental care to Medicaid patients. Only four rural counties have public dental clinics that see both children and adults. On the Eastern Shore, two FQHCs serve six rural counties while only one FQHC serves rural Western Maryland.

Rural Impact:

- There is an enormous demand for dental services in rural health departments. Although the location of the two new clinics have not been identified in the Governor's budget, it is clear that rural areas have the greatest need for such clinics. The Garrett County Health Department's utilization rate for seeing medical assistance patients is nearly 72 percent, largely due to the work done in its dental clinic. Allegany County's utilization rate is approximately 60 percent for the same reason. Both rates are higher than anywhere else in the state.
- Rural dental clinics in public health departments usually run on a fee for service basis, a system that puts them at a disadvantage when individuals with no insurance seek assistance. To continue having these safety net clinics in place in underserved areas, substantial and specific grant funding dedicated to supporting current health department clinic operations is necessary before establishing new clinics.
- Current clinics should be evaluated before new ones are created or funded. Choptank Community Health System, for instance, is forced to limit its comprehensive services to Medicaid children, diabetics and pregnant women in its three-county service area. The Eastern Shore Dental Society also agrees that current clinics must be held more accountable for their services and operation to ensure their funding is being properly used.

DAC Recommendation: Incorporate dental with vision and hearing screenings for school children and/or require dental exams prior to school entry.

Update: Governor O'Malley intends to establish mobile school-based clinics, or vans, which will provide the screening over the next few years.

General Impact: Identifying and treating dental decay at a young age will prevent the need for more costly treatment especially in rural areas where the population in federally designated rural jurisdictions that has not seen a dentist in more than five years is 59 percent higher than the rest of the state, according to the Maryland Rural Health Plan.

Rural Impact: Details of this recommendation must be worked out carefully to ensure that rural health departments and their dentists are not called upon to conduct these screenings, which will take them away from providing care in the clinics.

DAC Recommendations Related to Scope of Practice

DAC Recommendation: Allow "public health dental hygienists" to provide screenings, prophylaxis, fluoride varnish, sealants, and x-rays in public health settings.

Update: Governor O'Malley endorses this recommendation and may be able to implement it through regulation than legislation.

General Impact: Dental hygienists in a public health setting are underutilized and could more effectively prevent oral diseases if their scope of practice was expanded. The Maryland Dental Hygienists Association testified before the Senate Finance Committee that this recommendation, which it supports, actually entails a change in supervision rather than a change in scope of practice as dental hygienists are

currently trained and able to deliver these preventative services as long as they are under the direct supervision of a dentist. The Maryland Association of County Health Officers and the Maryland State Dental Association also support this recommendation, as presented.

Rural Impact:

- Expanding the scope of practice for dental hygienists can fill an important gap in rural counties that are in a Dental Health Professional Shortage Area. Rural dentists, already in short supply, could serve more children if hygienists provided preventative care. Choptank Health Systems currently provides oral health services to 21 public schools in a three-county area, but because hygienists can not perform preventative services, dentists are being taken away from performing surgical and restorative services in order to perform duties that hygienists are already trained to perform.

DAC Recommendation: Provide training to dental and medical providers to conduct oral health risk assessments, educate parents and caregivers, and to assist families in establishing a dental home.

Impact:

- Physicians and other medical personnel provide services to children on a regular basis – and could be trained to conduct risk assessments, provide guidance and make referrals as necessary thus increasing the likelihood that early identification of oral health conditions are identified.
- The Eastern Shore Dental Society strongly opposes this recommendation, stating that many conditions would be overlooked if assessments were not conducted by a dentist.

DAC Recommendation: Develop a unified and culturally appropriate oral health message

Rural Impact:

- Children who are in hospital-based dental care programs due to extensive treatment needs usually have caregivers who also neglect their oral health. Education initiatives among at-risk populations are imperative to help children, parents and others understand the need for preventative dental care. It is particularly vital in underserved rural areas where primary care is less available.

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