An Ounce of Preventive Oral Health, a Pound of Savings

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Why is oral health important?

Oral Health impacts:
• Nutrition
• Speaking
• Learning
• Social development
• Employment
The problem: “a silent epidemic”

- Tooth decay #1 childhood chronic condition
- Caused by preventable, transmissible, bacterial disease (dental caries)
- Nearly half of all kindergartners experience cavities
- Children with cavities in baby teeth twice-3x as likely to have decay in adult teeth
- Less than half of Medicaid children see a dentist

Sources: Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services

The cost of poor oral health

- Thousands of children end up in OR
  - Average cost more than $12,000 per child
  - 53% to 79% experience new cavities within 2 years of OR treatment
- Hundreds of thousands end up in ER
  - $88 million in Florida alone (2010)
- More than 60% of new military recruits unfit for deployment due to oral health issues
- Poor oral health linked to numerous adverse health outcomes

WHERE WE’RE MAKING PROGRESS

Expanding coverage for kids

Source of Dental Benefits, Children Ages 2 to 18

Increasing utilization of care

States Meeting or Exceeding First Year CMS Oral Health Initiative Goal
Percentage of Medicaid-enrolled children, age 1-20, who received a preventive dental service

Recent Federal changes

- **CHIPRA (2009):**
  - Mandatory dental benefits in state CHIP programs
  - State option to provide supplemental dental coverage
  - Established core quality measures
  - Development of public education materials, focus on new mothers

Source: Centers for Medicare and Medicaid Services analysis of CMS 416 data.
Recent Federal changes

- **ACA (2010):**
  - Pediatric dental coverage part of essential health benefits (EHB)
  - Coverage of certain oral health services at no cost to patient
  - Numerous oral health provisions (many unfunded by Congress)
  - Increases in Medicaid & CHIP enrollment as a result of Medicaid expansion* 

*CMS Medicaid & CHIP: May 2014 Monthly Applications, Eligibility Determinations and Enrollment Report

Ongoing Federal efforts

- **CMS Oral Health Initiative – 2 goals for 2015:**
  - Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 who receive a preventive dental service
  - Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 who receive a sealant on a permanent molar tooth

- **CDC – State Oral Health Infrastructure Cooperative Agreements (21 states):**
  - Surveillance, evaluation, leadership, state oral health plan development, sealants, water fluoridation, preventive services

- **Healthy People 2020:**
  - Oral health a leading health indicator
Other national efforts

- Dental Quality Alliance (DQA): development of pediatric quality measures
  - Aimed at achieving better health outcomes
- ADA: issued new caries risk assessment codes
  - 16 states reimburse for these codes in Medicaid & CHIP

opportunities for improvement
Where there’s room for improvement

- Prioritizing prevention
- Care coordination
- One-size-fits-all approach to oral health
- Access to care & provider participation
- Separate financing systems
- Data collection/reporting

Focusing on prevention

- ACA preventive services:
  - Fluoride varnish by pediatrician
  - Fluoride supplements for kids without access to fluoridated water
  - Oral health risk assessment & referral to dentist
- 1% increase in federal match for ACA preventive services if state provides them for free to Medicaid beneficiaries
- Bundled payments to dental providers
- Reimburse for caries risk assessment
Improving care coordination

• Engaging medical professionals in oral health care
• Case management
• Establishment of accountable care organizations (ACOs)

Delivering care differently

• Maximizing risk-based oral health care in Medicaid for kids
  – Institutionalizing clinical guidelines (e.g. American Academy of Pediatric Dentistry)
  – Periodicity schedules – setting a higher floor
  – Medical/dental integration – financing, team-based care, ACOs
Driving innovation

• Ask: “What are we paying for and is it improving oral health outcomes?”
  – Adopting quality measures (not just utilization measures)
  – Changing financial incentives for plans and providers
  – Testing new approaches through State Innovation Model (SIM) grants

Achieving cost savings

New York State simulation model:
• Targeting fluoride varnish for high-risk children: reduce cavities by 65%
• Xylitol gum for mothers/caregivers of high-risk children: returns $1.76 for every dollar spent by Medicaid
• Eliminating water fluoridation in NYC: $55.9 Million over 10 years (cost to Medicaid)
• Potentially high savings interventions for Medicaid: motivational interviewing and tooth-brushing programs
  – Neither require clinical care in dental office to implement

A FINAL WORD ABOUT CHIP

CHIP

- 8+ Million children covered
- Funding runs out in September 2015
- Millions of children would transition to marketplace coverage
- At least 2 million low-income would kids without subsidized coverage
Questions?

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