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Children's Oral Health in 2018: Policies, Concerns, and Opportunities

Children's Health: A 360° Perspective

Families USA Health Action Conference

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1. INTRODUCTION AND CONTEXT

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Why should oral health be a part of the conversation?

- Oral health is part of overall health
  - Oral health is about more than personal responsibility and appearance
  - Oral health impacts overall health and quality of life across the lifespan

Basics of Childhood Tooth Decay

Tooth Decay is Preventable

- Dental caries is the chronic disease that causes cavities
- Dental caries is the #1 chronic condition in childhood
- Bacteria that causes dental caries can be transmitted through saliva from mother to child

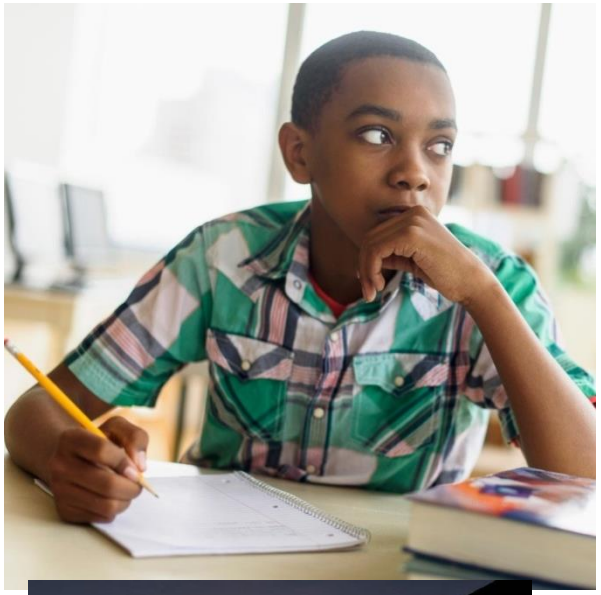
Dental Caries is a Progressive Chronic Disease

- Nearly 1-in-4 children have experienced a cavity by kindergarten & more than half of kids aged 6-8
- Economically disadvantaged and minority populations are disproportionately affected
- Children with cavities in baby teeth are 3x more likely for adult decay

Costs of Poor Oral Health

School Performance

- Children with poor oral health are nearly **3x times more likely** than their peers to be **absent from school**
- Children with poor oral health are **4x more likely** to earn **lower grades**



Costly Treatment

- In Colorado, 3,000+ kids were treated for tooth decay in the operating room, costing between **$10,000 and $15,000 per case**
- Nationally, 53%-79% of children treated in the operating room for severe tooth decay will experience new cavities within 2 yrs

Impact of Poor Oral Health

Limits Economic Success

- Good oral health may increase annual earnings by up to 5%
- Missing and visibly decayed teeth harm employment opportunities

Jeopardizes National Security

- In 2012, 62% of U.S. Army new recruits were not immediately deployable because of a significant dental issues
- Oral health issues are one of the most common reasons for removing military personnel from front lines.

ADA Health Policy Institute, Oral Health & Well-Being in U.S.

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2. THE STATE OF CHILDREN'S DENTAL IN 2018

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Sources of coverage

Coverage type	Medicaid	CHIP	Private Coverage
Source	Public program for low income children	Public program for low income children	Employer family coverage OR purchased directly

Dental coverage	Technically, **follows EPSDT standards**, but access and coverage issues vary state to state	**Benefits depend on whether CHIP is Medicaid expansion** (EPSDT benefit standards) **or a separate program** ("providing services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions" – based on one of two benchmark options)^	• **Standards vary by state selected benchmarks**
			• **And children are not guaranteed coverage**:
			  • No penalty for not having pediatric dental on a policy
			  • In most exchanges, you can purchase plans w/o ped dental
			  • Off-exchange, carriers required to incl. ped dental unless they determine another ped dental source**

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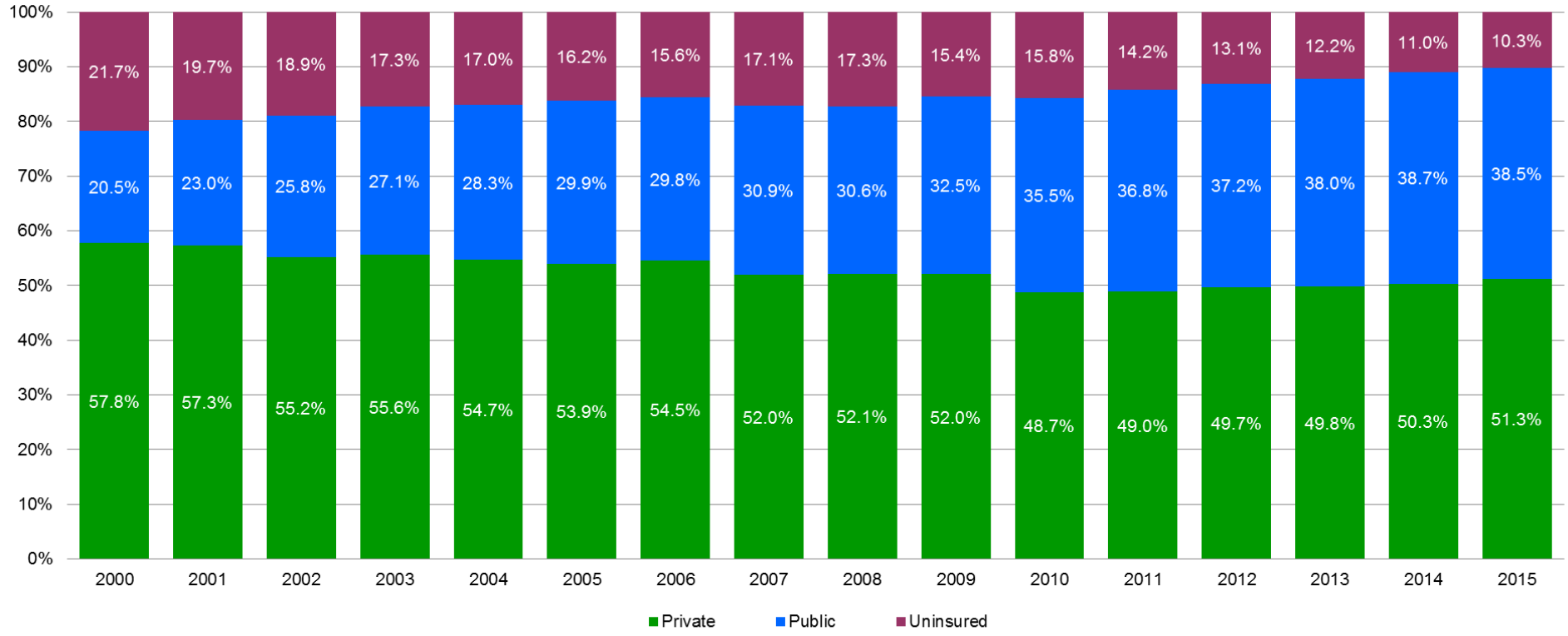
*Source: Medicaid Benefits from Medicaid.gov
^Source: CHIP Benefits from Medicaid.gov
**Source: HealthInsurance.org, www.healthinsurance.org/faqs/is-pediatric-dental-coverage-included-in-exchange-plans

Significant Progress in Covering Children Recent Years



Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. **Notes:** All changes from 2000 to 2015 were statistically significant at the 1% level. Changes from 2014 to 2015 were not statistically significant.

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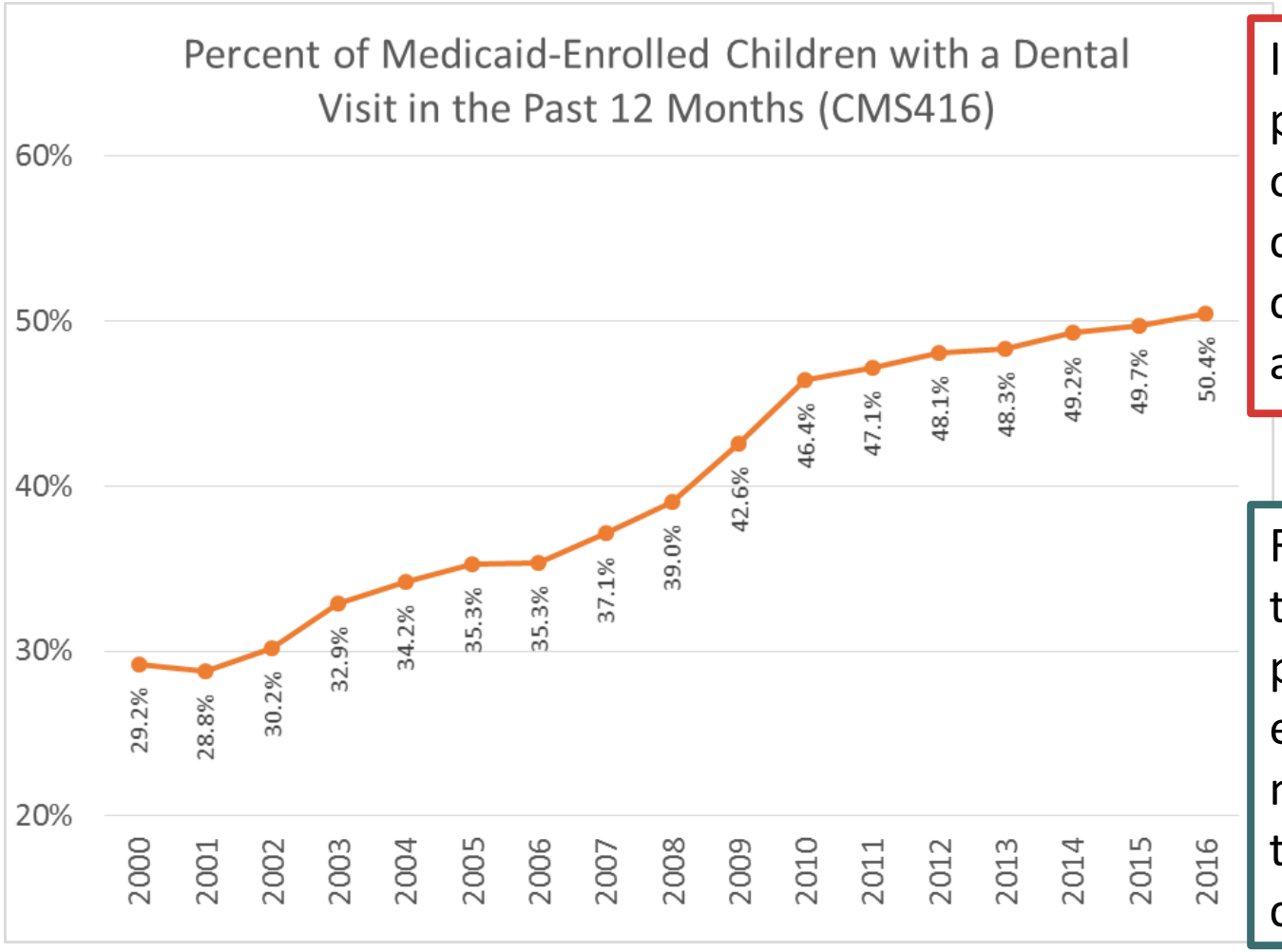
Source: American Dental Association Health Policy Institute

Significant Progress in Use of Benefits Recent Years



In general, public programs are nearly on par with private coverage when it comes to basic dental access for children

Research also shows that children with public coverage experience unmet needs at a rate similar to their privately covered peers

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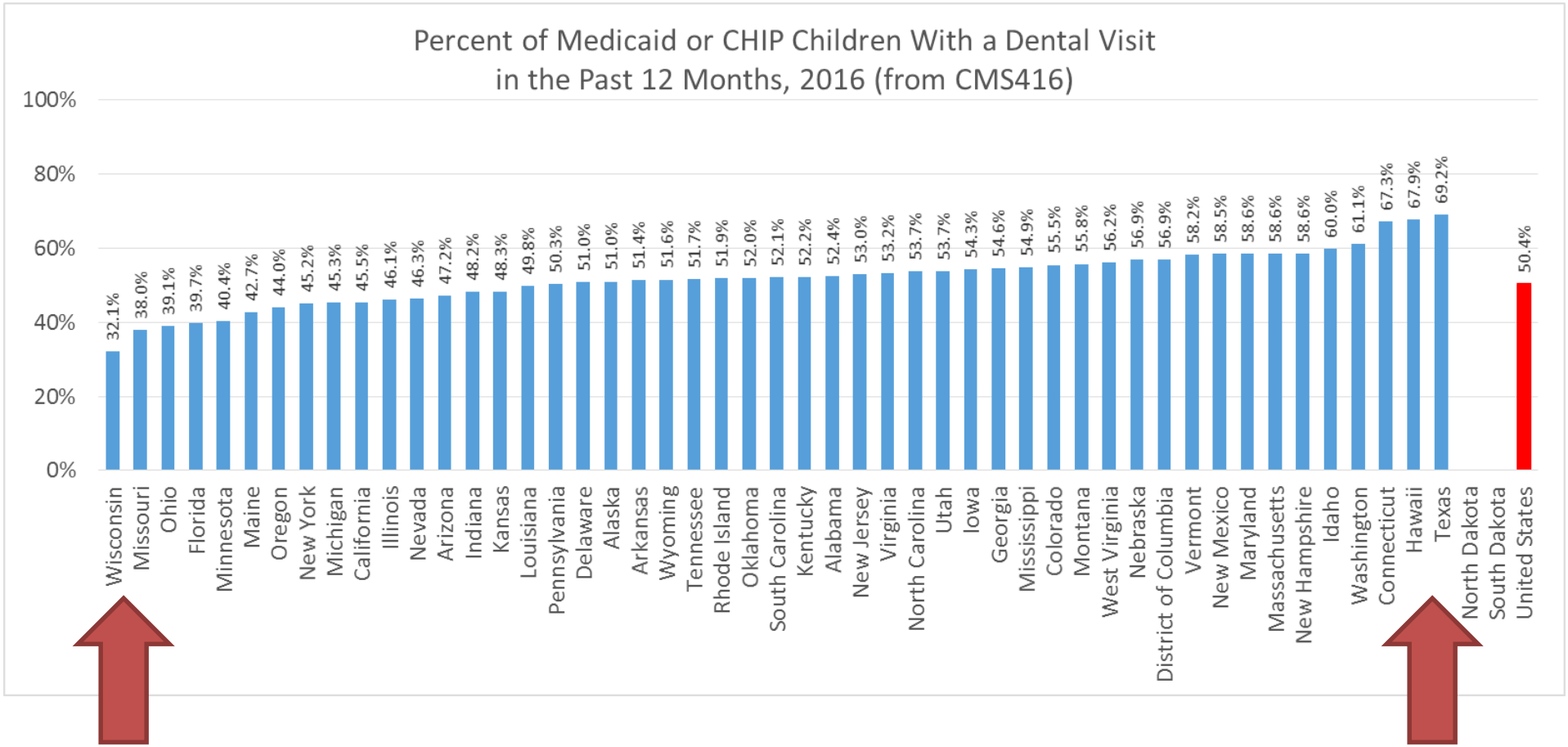
Source: American Dental Association Health Policy Institute

But…plenty of progress to be made



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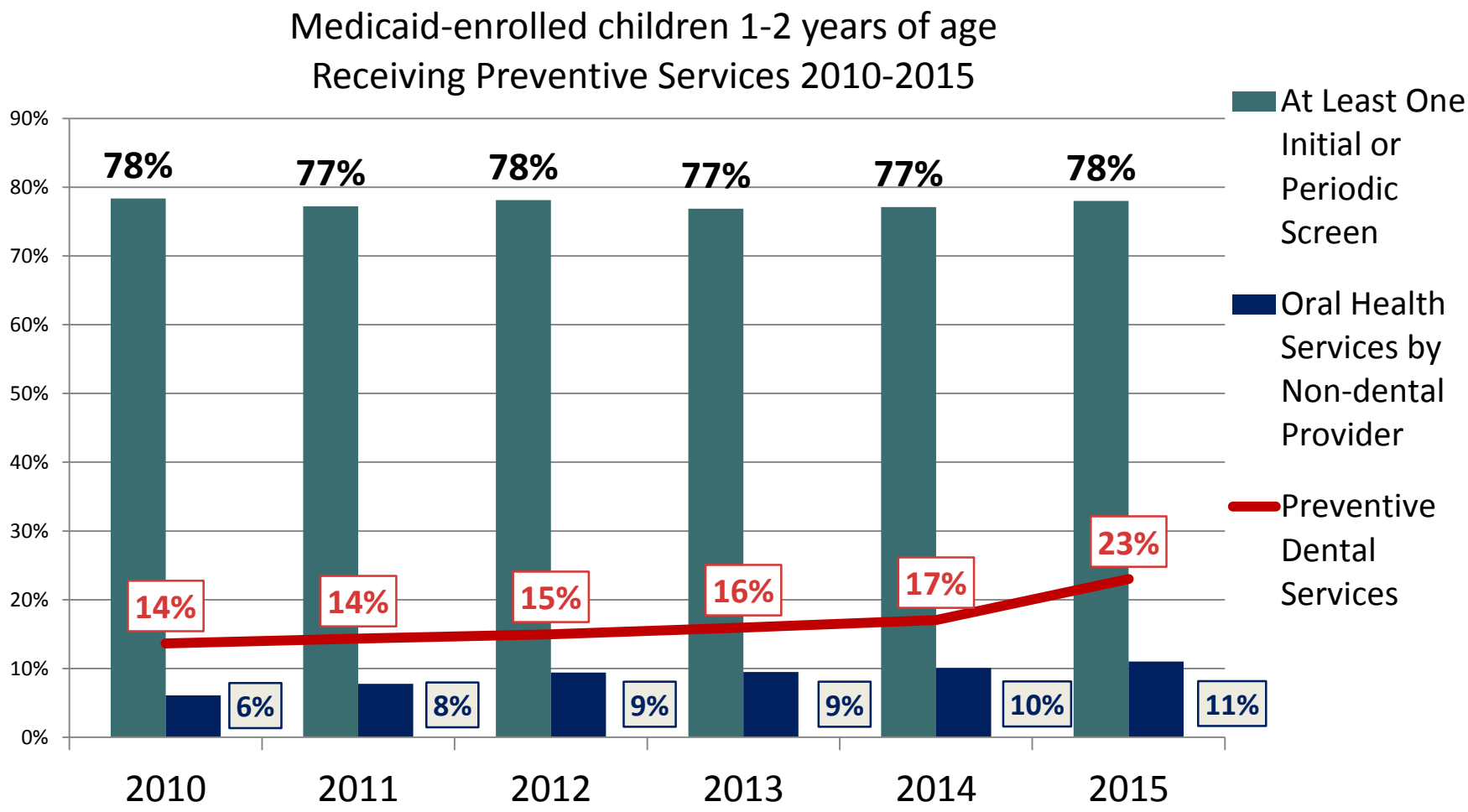
Source: American Dental Association Health Policy Institute

Missed Opportunities for Oral Health in Primary Care



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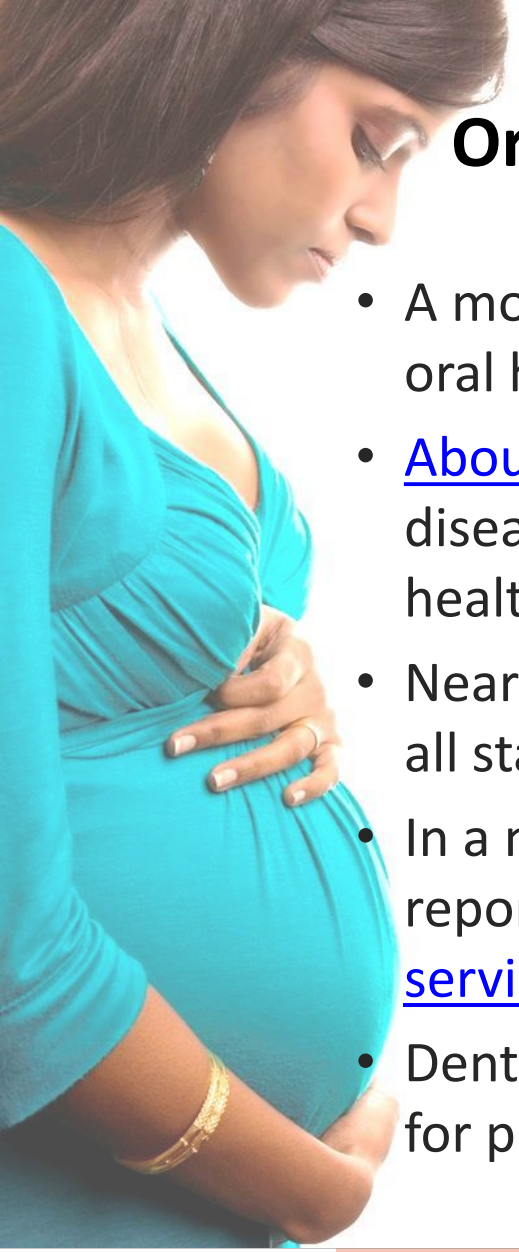
Source: CDHP Analysis of CMS 416 Data



Oral Health for Pregnant Women

- A mother's oral health is a strong predictor of her children's oral health.
- About 4 of 10 pregnant women have tooth decay or gum disease. This puts their children at higher risk for poor oral health.
- Nearly half of U.S. births are covered by Medicaid, but not all states provide dental coverage to pregnant women.
- In a national survey, 77% of obstetricians and gynecologists reported having patients who were declined dental services because they were pregnant.
- Dental care during pregnancy is safe and national guidance for providers has been developed

3. CONCERNS FOR ADVOCATES

Issues of concern coming into 2018

- CHIP (Federal)
  - Funding approved in Monday's CR but behavior by Congress was concerning
    - Bipartisan support but lack of concern/action around urgency messages
- Medicaid(Federal)
  - Statements from some Congressional leadership this year and concerning trends in 2017 – especially block grants and per capita caps
    - How do you maintain strong EPSDT standards with a smaller budget?
- ACA protections
  - Concerning attacks on EHBs from Congress
    - CBO highlighted pediatric dental during AHCA/BCRA/ORRA legislation
  - Concerns regarding regulatory changes going into 2018/2019
- Waivers
  - Uptick in applications with concerning changes: work requirements, drug tests, increased cost sharing, "incentives" for healthy behaviors which limit access, etc.
    - Response here is based on comments over traditional advocacy strategies

4. OPPORTUNITIES FOR STATES

The Future: Options to Unlock Innovation

- Meaningful coverage and policies that drive care
- Early identification of risk to prevent dental caries
- New approaches to care: non-invasive, community-based, and disease management
- Payment reform to incentive value instead of volume of care

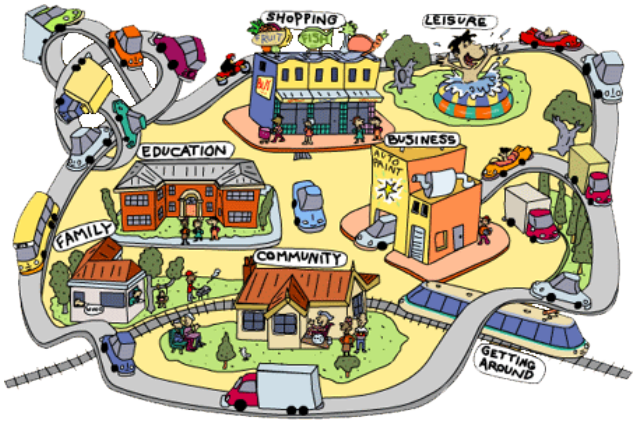
State Efforts to Drive Care

- **10 states**: Adopted caries risk assessment codes in Medicaid
  - An important step in capturing oral health status
- **16 states**: Participating in learning network to improve access to care for pregnant women
- **25 states + DC** (+6 terr./juris.): MCH Block Grant tracking maternal and infant oral health

Modern Approaches to Oral Health Care

Early treatment with non-invasive, community-based, and disease management approaches

- **50 states**: Medicaid reimburses physicians to apply fluoride varnish on children
- **14 states**: Approved Medicaid reimbursement of new pharmaceuticals to stop decay with high-risk patients (SDF, glass ionomer)
- **7 states:** Using or considering teledentistry
- **3 states**: Receiving support from CMS to develop alternative payment models for children's oral health in Medicaid & CHIP



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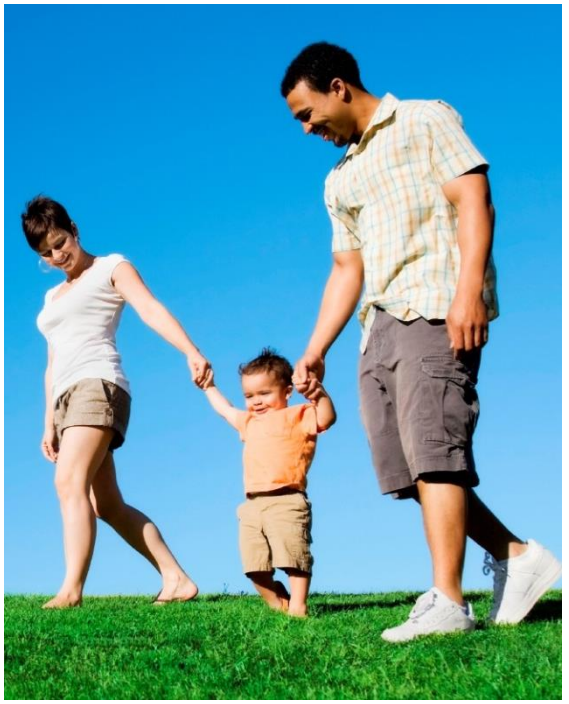
Opportunities for Improvement

- Aligning payment policies, periodicity schedules, & metrics for individualized oral health care
  - –What does personalized care look like?
- Implementing & incentivizing caries risk assessment by dental & medical providers as EPSDT oral health screening (or coverage through private sources too)
- Emphasizing non-invasive oral health procedures for managing tooth decay early (e.g. silver diamine fluoride, interim therapeutic restoration, motivational interviewing)
  - –Is your state reimbursing/prioritizing these procedures?
- Oral health coverage for pregnant women & adults in Medicaid
  - –California & Virginia
- Incentives for parent/caregiver oral health services in managed care arrangements
  - –West Virginia
- Utilizing social services/non-clinicians (e.g. community health workers) to promote oral health behaviors & link families to care



THANK YOU!

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