



FOR IMMEDIATE RELEASE
Erika Skorupskas

Contact:

(312) 337-2169, ext. 27
erika@aapd.org

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY RESPONDS TO INSTITUTE OF MEDICINE REPORT ON “IMPROVING ACCESS TO ORAL HEALTH CARE FOR VULNERABLE AND UNDERSERVED POPULATIONS”

CHICAGO – July 14th, 2011 – The American Academy of Pediatric Dentistry (AAPD), the recognized leader in children’s oral health, welcomes the attention and the awareness of the Institute of Medicine (IOM) to improving access to oral health care, especially for the most vulnerable children. The mission of the AAPD is to promote optimal oral health for all children, and our members are the frontline providers of oral health care for the nation’s infants, children, adolescents and patients with special health care needs. By the nature of their training, pediatric dentists are able to provide comprehensive oral health care to children. Pediatric dentists treat a higher percentage of Medicaid and Children’s Health Insurance Program (CHIP) patients than any other type of dentist, and are especially successful with this population because of their advanced clinical training and expertise in behavior guidance. While all pediatric and many general dentists treat children, pediatric dentists train 100 percent of all the dentists who treat children.

The AAPD agrees with many recommendations cited within the IOM report, including the suggestion for raising dental reimbursement rates for Medicaid and CHIP. According to research published in the July 12, 2011 edition of the *Journal of the American Medical Association (JAMA)*, “Higher Medicaid payment levels to dentists were associated with higher rates of receipt of dental care among children and adolescents.”¹ An estimated 70% percent of AAPD members participate in Medicaid and CHIP, but this percentage would be even higher, and would dramatically increase among general dentists, if these programs were funded closer to market-based rates. Indeed, this is far more important to access than the ethnic or gender composition of the dental workforce, since dental office overhead costs are similar for all dentists.

According to AAPD President Dr. Rhea M. Haugseth, “The AAPD is concerned that the IOM report did not emphasize enough the importance of and proven effectiveness in disease prevention by establishing a Dental Home by age one – usually in a private dental practice setting. Such early intervention keeps children from developing oral

--more --

¹ Decker S, Medicaid payment levels to dentists and access to dental care among children and adolescents, *JAMA* 2011; 306:187-193.

disease—commonly called cavities-- and starts them out on a lifetime of good oral health. It is imperative to have the child and their parent or caregiver in the office at an early age in order to encourage good oral hygiene and diet, and emphasize preventive dentistry. We believe that the IOM report missed a golden opportunity to stress the importance of seeing a dentist by age one. Unfortunately, this could be the result of the IOM having no private practicing pediatric dentists serve on the committee that wrote the report.”

“The IOM report is also much too muted on the importance of oral health literacy. Many organizations, including the AAPD, are working on this front, but these messaging efforts require widespread education in schools and other areas outside of the dental or medical office. Many preventive practices to reduce oral disease can be incorporated at home, such as regular brushing, flossing, and a healthy diet,” concluded Haugseth.

The IOM report suggests spending even more federal funds on oral health services in Federally Qualified Health Centers (FQHCs). In 2000, Congress provided greater state flexibility for creating new and exclusive reimbursement mechanisms for FQHCs under Medicaid. Additionally, in 2002, Congress created a new “facility” shortage designation for FQHCs. This allowed FQHCs to be designated as Health Professional Shortage Area (HPSA) facilities, thereby permitting participation in the National Health Services Corps program. Despite implementation of this additional support for FQHCs, access to oral health care continues to be a challenge for the most vulnerable children. Although FQHCs are an important part of the safety net, they do not have the capacity or efficiency of private dental offices. Indeed, the CHIP reauthorization law of 2009 gives FQHCs the authority to contract out to private dental providers. The AAPD recommends that FQHCs use the option to contract with private practice pediatric dentists, and this approach be vigorously promoted by the Health Resources and Services Administration (HRSA).

The AAPD strongly supports Expanded Function Dental Auxiliaries (EFDAs) to improve dental practice efficiency and expansion of services to more patients. However, other models are promoted in the IOM report without evidence they would have an impact on improving access to care. See the AAPD’s *Policy on workforce issues and delivery of oral health care services in a dental home*:

http://www.aapd.org/media/Policies_Guidelines/P_Workforce.pdf

Every child deserves a dentist, and all children deserve equal and optimal oral health care at the highest standard. While the AAPD advocates for appropriate preventive counseling and intervention by physicians and other non-dentist providers, such efforts need to be in tandem with the establishment of a Dental Home.

The American Academy of Pediatric Dentistry

Founded in 1947, the AAPD is a not-for-profit membership organization representing the specialty of pediatric dentistry. AAPD’s 8,000 members are predominately pediatric dentists and primary care providers who deliver comprehensive specialty treatments for infants, children, adolescents and individuals with special health care needs. As

advocates for children's oral health, the AAPD aims to promote the use of evidence-based policies and guidelines, foster research concerning pediatric oral health, and educate health care providers and the public to improve children's oral health. For further information, please visit the AAPD website at *www.aapd.org*.

###