What if someone asks you "Aren't Mid-level Dental Providers the solution to access?"

A good question- but we have several concerns

- Providing dental treatment to children on Medicaid and CHIP is challenging both due to the systems and the higher level of disease.
- Our pediatric dentistry training is two additional residency years after dental school, yet mid-level proponents assert less is more in a world of expanding scientific knowledge.
- We refuse to write off some children as never being able to have a true dental home with a dentist, accepting a two-tiered system of care?
- Solutions that sound cheap and easy are usually neither!

AAPD Focus is on What's Best for Children

- Is "something" really better than nothing?
- Should policymakers also consider establishing a medical home for children absent a pediatrician? (how would a mom feel about this??)
- Diagnosis is pretty important in quality healthcare.

What's Best for Children?

- Will parents/guardians receive a false sense of security after a mid-level bills for a cleaning and fluoride varnish treatment?
- How to distinguish this intervention from Medicaid skimming operations?
- Should a provider who cannot perform a diagnosis be the "gatekeeper" to the dentist?

AAPD Task Force on Workforce

- Looked at the various mid-level dental provider models through-out 2008 – both existing and proposed.

- Chaired by former AAPD President and Tennessee Head Start Dental Home Project Leader Dr. Pitts Hinson.

AAPD Summary

- The paper **Analysis and Policy Recommendations Concerning Mid-level Dental Providers** synthesizes Task Force findings and additional evidence, and provides policy recommendations. Key drafting by AAPD Child Advocate and Head Start Project Director Dr. Jim Crall.

American Academy of Pediatric Dentistry

Analysis and Policy Recommendations Concerning Mid-level Dental Providers

Introduction

Access to oral health care for children is an important concern that has received considerable attention since publication of the U.S. Surgeon General's report, *Oral Health in America: A Report of the Surgeon General*, in 2000. The Surgeon General's report concluded that for certain large groups of disadvantaged children there is a "silent epidemic" of dental disease, and that the U.S. public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups. That report also identified dental caries (tooth decay) as the most common chronic disease of children in the United States, noting that 80 percent of tooth decay is found in 20-25 percent of children, large portions of whom live in poverty or low-income households and lack access to an ongoing source of quality dental care (i.e., a dental home). Addressing the disparities between these disadvantaged children and the tens of millions of U.S. children who enjoy access to quality oral health care and unprecedented levels of oral health is a major focus of the advocacy efforts of the American Academy of Pediatric Dentistry (AAPD).

AAPD is a recognized leader in advancing policies and programs geared toward achieving optimal oral health for all children. Notable activities in the area of policy include annual publication of oral health policies and clinical guidelines; support of Title VII authorization and funding by Congress to expand pediatric and general dentistry residency training programs; revision of the Centers for Medicare and Medicaid Services (CMS) *Guide to Children's Dental Care in Medicaid*; adoption (in 2001) and promotion of a formal oral health policy on the "dental home" for children; and ongoing federal and state advocacy efforts to improve the performance of public programs whose purpose is to provide access to dental services for disadvantaged children (e.g., Medicaid and CHIP).

Prominent program-related activities include a major national initiative supported through an ongoing partnership with the Office of Head Start to provide quality dental homes for the roughly one million preschool children enrolled annually in Head Start and Early Head programs throughout the U.S. Additional activities include leadership in advancing oral health care for young children and children with special health care needs, and sponsorship of various professional education programs aimed at increasing general dentists' ability to provide quality dental care for children.

Medicaid is a major federal program designed to provide access to care for children with the greatest need for diagnostic, prevention and treatment services. Medicaid EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) provisions require that a broad range of dental services necessary for the diagnosis, prevention and treatment of disease-related or developmental conditions be provided to eligible children on an ongoing periodic basis from birth through late adolescence. However, numerous studies – including several by the U.S. Congress and Department of Health and Human Services – and recurring federal legal actions have documented that State Medicaid programs generally do not devote sufficient resources to provide adequate access to dental care for Medicaid children. With few exceptions, Medicaid reimbursement rates for dental providers have remained appallingly low, below market-based levels, and often less than the overhead costs of most private practices. This leads general and pediatric dentists in many states to opt out of Medicaid, thereby restricting much-needed care for this sizeable segment of the population. AAPD recognizes that Medicaid programs generally have failed to provide adequate dental care for American children who are most in need of dental services, and that these programs must be improved to address the oral health care needs of America's most vulnerable children.

Growing concern and attention to access to care issues have prompted a variety of proposals that call for workforce strategies involving greater use and, in some cases, the development of new so-called 'mid-level providers.' Examples include various types of dental therapists, an advanced dental hygiene practitioner, and a community dental health coordinator. These examples are in addition to the more established expanded function dental auxiliary mid-level model currently employed in many states and government-sponsored programs throughout the U.S.

In light of these circumstances, the AAPD created a Task Force on Workforce Issues in 2008 to examine various mid-level dental provider models. This summarizes the Task Force's findings and offers AAPD's policy recommendations regarding the use of mid-level providers in dental care for children.

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AAPD Summary

- AAPD suggests the burden of proof from studying such models is to first show they actually work, versus trying to implement nationwide based on “what harm can they do/something is better than nothing” analysis.
- Experiences and populations in other countries are not necessarily comparable to or replicable in the U.S.
- “Something” that drains away resources and provides less comprehensive care for children could in fact be worse than doing nothing.

AAPD Policy Recommendations

- **AAPD supports greater use of EFDAs based on extensive evaluations of their effectiveness and efficiency in a wide range of private and public settings as part of dental teams.**

AAPD Policy Recommendations

- **AAPD recommends further evaluation of Dental Therapist and CDHC (Community Dental Health Coordinator) models prior to policy decisions regarding their use.**

AAPD Policy Recommendations

- **AAPD joins others in rejecting the ADHP model on the basis of its incompatibility with the principle that dental care should be provided directly by or under the supervision of a dentist.**

AAPD Policy Recommendations

- **AAPD supports the use of mid-level dental providers who perform or assist in the delivery of specified reversible procedures and certain surgical procedures under the general supervision of a dentist, provided that such arrangements have been thoroughly evaluated and demonstrated to be safe, effective, and efficient and to not compromise quality of care in similar settings.**

FYI ONLY-
Don’t air dirty laundry on Capitol Hill

- A state-by-state battle fueled by PEW and Kellogg.
- AAPHD given Kellogg grant to write curriculum for dental therapist.
- IOM study with stacked committee deck will endorse the concept.
- Efforts to obtain federal funding for demonstration projects, per health care reform provision that we oppose. But it’s loved by many in the public health bureaucracy. And what’s not to love? A program that takes years to get up and running, costs a ton of money, requires more bureaucracy, and “sticks it” to the man – in this case, the dentist.

OUR MANTRA

- Dental HOME, Dental HOME, Dental HOME
  - We think that poor children deserve a dentist that you and I take for granted
  - Medicaid dental reforms that do work and solve the problem with dentists – the existing skilled workforce.