

Strengthening the Dental Safety Net

The Washington State Dental Association represents 4,100 dentists who are dedicated to improving the oral health care of all Washingtonians.

Introduction

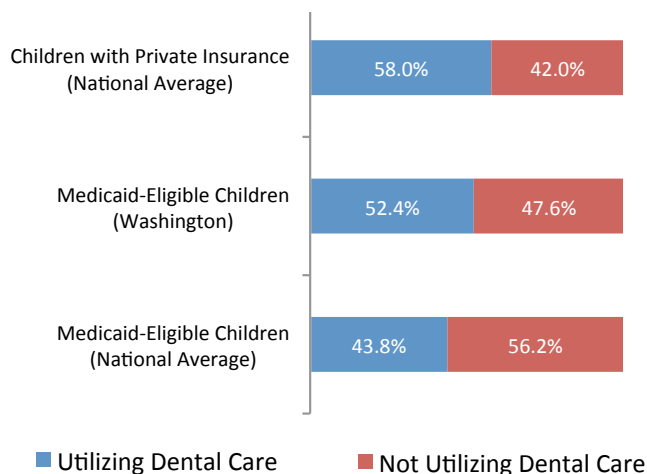
Washington dentists work with community organizations, government agencies, and legislators to strengthen the dental safety net and reduce barriers to care. The ability to provide quality dental care to the most vulnerable is impeded by budget cuts and the elimination of dental benefits for most Medicaid-eligible adults. These cuts have had negative health impacts on the poor and will result in higher health care costs down the road. Unfortunately, there is not one single solution that will improve the oral health of the most vulnerable. Instead, a multi-faceted approach based on education, prevention, financing, and innovative delivery models is required.

Oral health data shows that Washington is a national example for meeting the oral health care needs of children. Two key statistics demonstrate this:

- **Washington has the second lowest level of untreated dental cavities in the nation.** Since 2005, the rates of untreated dental cavities in Head Start preschoolers and public school third graders have dropped from 25 percent to 13 percent, and from 20 percent to 15 percent respectively.¹
- **Washington has the 8th highest Medicaid utilization rate for children in the Nation at 52.4 percent.**² This utilization rate is only 5.6 percent lower than the utilization rate for children with private insurance.

Percentage of children utilizing dental benefits

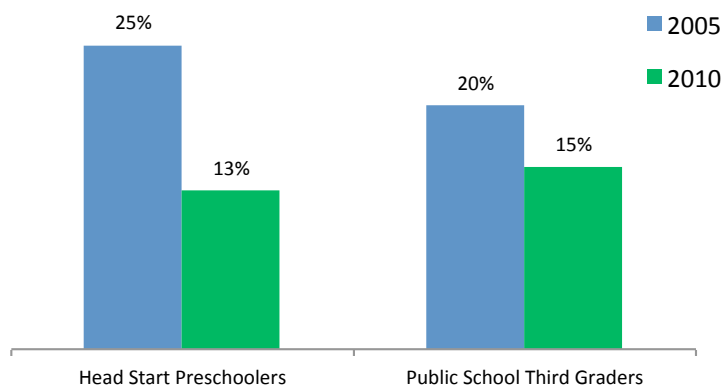
Washington's dental Medicaid utilization rate for children is nearly nine percent higher than the national average and only about five percent less than the utilization rate for children with private insurance.



Source: Pew Charitable Trusts, *Children's Dental Health: Washington*



Making progress in the fight against untreated cavities: Percentage of children with untreated cavities



Source: Washington State Department of Health, *Smile Surveys 2005 & 2010*

Barriers to dental care remain

Significant progress has been made in reducing barriers to care but the oral health of some vulnerable populations can be improved. The following patient populations have been identified as the most vulnerable:

- **Medicaid-eligible adults:** cuts made to the Medicaid budget have eliminated coverage for almost all low income adults.
- **Children from low income families:** 51 percent of kindergartners eligible for free/reduced price lunch have had cavities compared to 30 percent of kindergartners who are not eligible for the program.³
- **Children who speak another language at home (most commonly Spanish):** 21 percent of minority kindergartners have "rampant decay" (7+ cavities) compared to 11 percent of white non-Hispanic kindergartners.⁴

The Washington State Dental Association wants to build a stronger dental safety net that is equipped to meet the oral health care needs of Washington state. This document is a vision for this stronger dental safety net.

Perspective: Washington versus National Benchmarks

Here is a breakdown of how Washington stacks up on several key oral health indicators tracked by the CDC and the Department of Health⁵

	Washington	National Average
Children		
3rd grade students with untreated cavities	14.9%	25.5%
3rd grade students who have/had cavities	57.9%	56.3%
3rd grade students with dental sealants	51.2%	40.8%
Adults		
Adults (18+) with a dental visit in the last year	72.6%	68.5%
Seniors		
Adults 65+ who have lost six or more teeth	35.6%	43.1%
Adults 65+ who have lost all of their teeth	13.8%	18.1%
Water Fluoridation		
Population served by optimally fluoridated public water supply	62.9%	71.3%



Survey: Daily Preventative Dental Care by Americans

Percent of Americans Who Brush Two Times per Day: **77.8%**

Percent of Americans Who Floss Daily: **50.5%**

Source: American Dental Association



Differences between dentistry and medicine

The dental delivery system is different than the medical delivery system. The following differences should be considered when making decisions about the dental safety net:

- Less than 10 percent of all dental care is funded with public financing while approximately 50 percent of all medical care is funded with public financing.
- Nearly half of all dental care is funded through out-of-pocket costs from patients, while less than 10 percent of all medical costs are funded through out-of-pocket costs.
- 80 percent of all dentists are general practitioners while only 30 percent of physicians are general practitioners.
- The vast majority of dentists are sole practitioners who own their practice, while most physicians work in large group practices that are often affiliated with hospital systems.

Dental disease is preventable

Almost 100 percent of all dental disease is preventable. Focusing on treating dental decay alone will not improve oral health outcomes for the most vulnerable. Instead, the dental safety net must focus on education, prevention, and reducing the existing barriers to dental care.

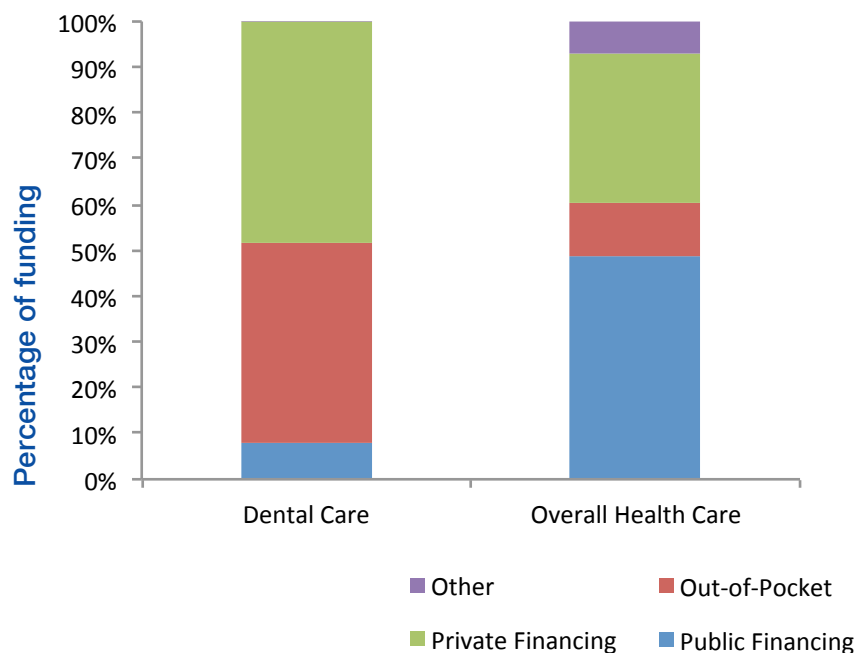
Unfortunately, many people neglect the routine preventative dental care that is needed to maintain good oral health. Recent surveys have shown that half of the general public does not follow their dentist's advice to floss daily and brush their teeth two times a day.⁶ Additionally, around 30 percent of patients with dental insurance do not visit the dentist for regular preventive care. There are numerous reasons that keep people from regular dental visits and from performing proper dental hygiene. These reasons include a lack of knowledge about maintaining oral health, fear, a lack of knowledge about resources, and cultural or language barriers. Laws and regulation will not eliminate these barriers to care, but education can.

Education and prevention programs that are working

Washington dentists work to reach children and their parents and caregivers in order to educate them about the importance of oral health. A critical component of this education is connecting the importance of good oral health to one's overall health. The following initiatives are currently taking place across the state:

- **The Access to Baby and Child Dentistry (ABCD)** program educates parents about good oral health and proper eating habits. The ABCD program also trains dentists in the best practices for caring for young children and provides higher Medicaid reimbursement rates. From 1997 to 2008, the number of Medicaid children receiving annual care doubled, and the number of enrolled children visiting the dentist by their second birthday quadrupled.⁷
- **The Washington Oral Health Foundation (WOHF)** educates 20,000 students each year with oral health programs held at schools statewide. These presentations are age appropriate and include audio-visuals, activity sheets, and interactive teaching tools. For example, younger children use large models of the mouth to practice proper brushing and flossing techniques and middle school students learn how using methamphetamine can impact their oral health.
- **WOHF partners with Boys and Girls Clubs** across the state to host events to educate families about oral health care. At these events, parents are able to talk with dentists about proper dental care, nutrition, and ask questions about oral health.

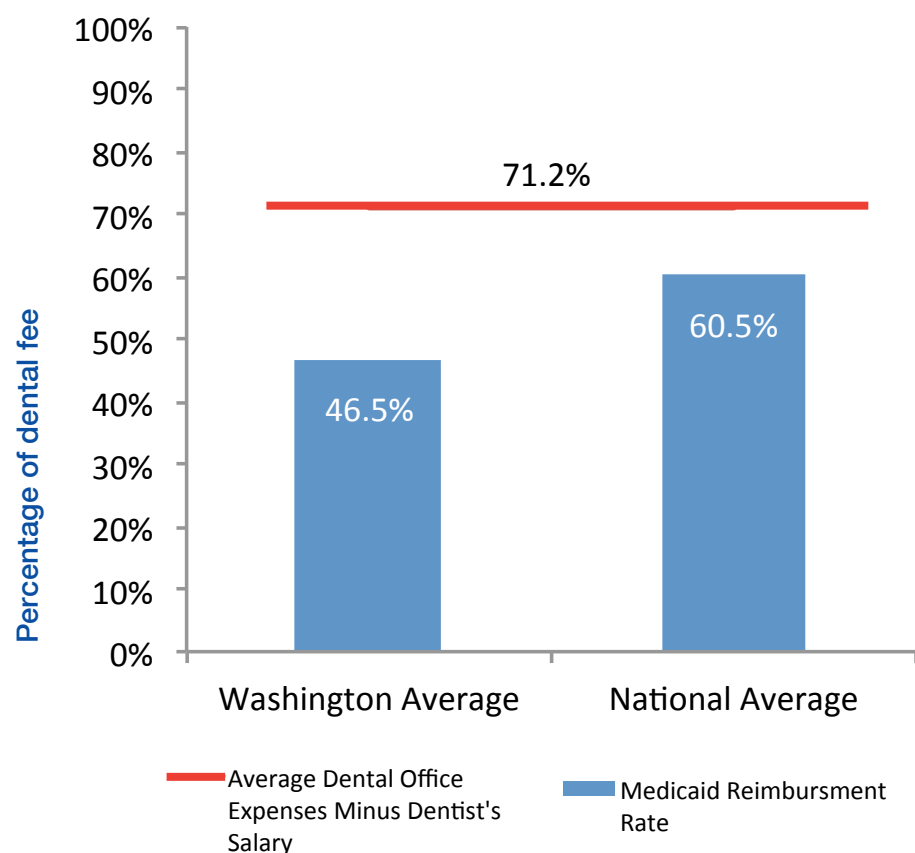
Financing models of dental care compared to overall health care



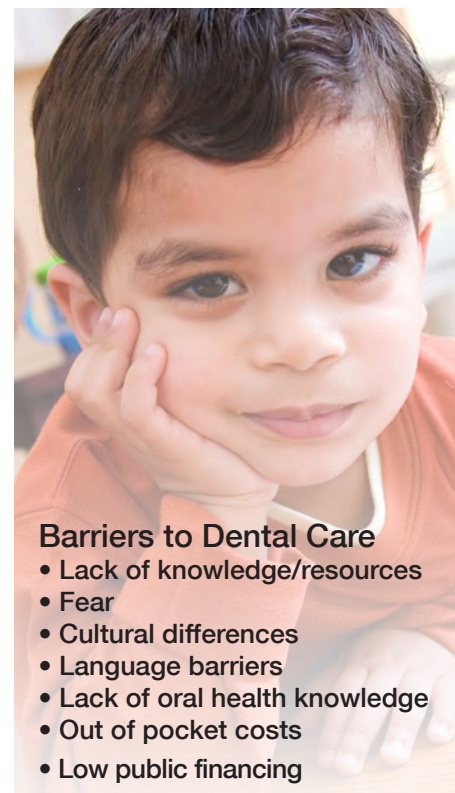
Source: Centers for Medicare and Medicaid Services

Share of dentist's fees reimbursed by Medicaid

The State of Washington reimburses less than 47 cents for every dollar spent by a dental office to treat Medicaid patients.



Sources: Pew Charitable Trusts, *Children's Dental Health: Washington*, American Dental Association



Funding the dental safety net

The vast majority of dental care delivered to the underserved is funded by Medicaid and the Children's Health Insurance Program (CHIP). These programs are the backbone of the safety net in Washington, but they are beset by chronic underfunding. The Medicaid system in Washington only reimburses 46.5 percent of the median dental fee.⁸ This means that for every dollar spent by a dental office providing care to a Medicaid-eligible patient, the State of Washington pays that dental office less than 47 cents. Dentists in private practice cannot cover the expenses of providing treatment when reimbursement rates are this low. Continually underfunding the dental Medicaid program widens the gaps in the dental safety net.

Charitable care

The dental profession believes it has a moral obligation to provide quality dental care to the underserved. Many dentists meet this obligation by providing uncompensated care in their office or through programs organized by community or dental organizations. In 2011, members of the WSDA provided free care to more than 100,000 patients. While charitable care can help fill the gaps in the dental safety net, especially during difficult economic times, it is not the solution. Relying on charitable care and an underfunded dental safety net is not sustainable and will compromise the oral health of the most vulnerable.

Loan repayment programs

Loan repayment programs administered by the state and federal government strengthen the dental safety net. Many newly licensed dentists enter loan repayment programs with community health centers, dental residency programs, or the federal Indian Health Service in order to pay down their debts. In 2009, 93 percent of all dental students graduated from dental school with an average debt burden of \$240,027 (in 1988, the average student borrowed \$30,000 for dental school). The average monthly payment for loans totaling this amount is nearly \$1,700 for a 30 year payment plan. The size of debts from dental school, combined with the loans needed to open a dental practice, make treating Medicaid patients even more difficult for newly licensed dentists entering private practice. Loan repayment programs connect young dentists into the dental safety net and help address increasing debt burdens. Building a robust loan repayment program in Washington will draw young dentists into practicing in this state.



Average Debt of Dental Students Upon Graduation

Educational Debt: \$178,681

Other Debt: \$61,246

Total Debt: \$240,027

Source: American Dental Association, 2009 survey of dental graduates

Washington Solutions for Dental Access

Support for these programs and initiatives will strengthen the dental safety net
and improve the oral health of vulnerable populations

Oral Health Education

Dental disease is the most prevalent chronic childhood disease and is almost 100 percent preventable. Increasing the oral health literacy of all Washingtonians is essential to improving the oral health of the most vulnerable. Dentists, the Washington Oral Health Foundation, oral health coalitions, and other oral health advocates are working to educate children and families about the importance of oral health. These important messages need to be reinforced by parents, teachers, and community leaders. Oral health education needs to be included in health curriculums in schools and in materials on caring for infants and toddlers.

Increased Dental Medicaid Funding

Since 2011, almost all Medicaid-eligible adults have not had dental benefits. These funding cuts have made it very difficult for community health centers and private practicing dentists to provide preventative, restorative, and emergent care to this vulnerable population. Restoring funding for the dental Medicaid benefits for adults will improve oral health outcomes. Raising reimbursement rates for dental procedures to at least meet the overhead expenses of dental offices will remove a significant barrier to dental care.

Community and Migrant Health Centers

Federally Qualified Health Centers (FQHCs) are located across the state and serve as the largest primary care safety net for underserved populations. FQHCs provide medical and dental homes to Medicaid-eligible and uninsured patient populations. Over 80 percent of FQHC patients have family incomes of less than 150 percent of the federal poverty level. There are approximately 50 FQHC dental clinics in Washington. Restoring the dental benefit for Medicaid-eligible adults, and funding for the community health services grant, will allow FQHCs to provide routine dental care to adult patients throughout the state.

Free Clinics and Charitable Care Programs:

Dentists across the state provide uncompensated care in dental clinics organized by dental and community organizations. Last year, WSDA dentists provided uncompensated care to over 100,000 patients. There are free dental clinics in Port Angeles, Vancouver, Olympia, Seattle, Yakima, the Tri-Cities, Spokane, and other locations across the state. The newly created Swedish Community Specialty Clinic in Seattle relies on volunteer dentists to perform medically complex dental procedures that are referred from local community health centers and Swedish Hospital. Dentists across the state also provide uncompensated care in their offices through referrals with local programs and social service agencies.

Dental Residency Programs

Washington currently has dental residency programs operating out of the University of Washington, Swedish Medical Center, and the Northwest Dental Residency Program in Eastern Washington. All of these residency programs accept Medicaid patients and the uninsured while providing recently graduated dentists with hands-on experience working in public health settings and treating complex dental procedures. Hospital-based residency programs are able to treat medically complex dental cases that cannot be treated in hospital emergency rooms. Washington's residencies have been effective pipeline programs through which dentists continue to work in the same geographic areas and treat the same patient populations after completing their program.

Expanded Function Dental Auxiliaries (EFDAs)

In 2007, the the WSDA supported legislation to create Expanded Function Dental Auxiliaries. EFDAs are able to assist dentists with dental restorations, and have the potential to increase the number of patients that a dental clinic can treat by as much as 35 percent more per day. There are nearly 100 licensed EFDAs in practice today, and efforts are underway to increase EFDA utilization.

Washington State Health Professional Loan Repayment Program

The State of Washington has administered a loan repayment program for dentists and other primary care providers that helps pay off educational debt. Recipients must agree to serve at an approved practice location for a minimum of three years in return for a \$25,000 per year award. Loan repayment programs help dentists treat low-income patients and manage increasingly high dental school debts. Expanding the loan repayment program would help expand the capacity of the dental safety net.

Volunteer/Retired Program

The Volunteer/Retired Provider Malpractice Insurance (VRP) program pays the malpractice insurance and licensure costs for retired health care practitioners who only provide uncompensated care at free clinics, community health centers, and other charitable clinics. Retired practitioners are vital to several free clinics across the states that rely on volunteers to treat patients. Approximately 100 dentists and dental hygienists participate in the program along with another 600 health care practitioners. The VRP program costs the State of Washington \$220,000 and allows retired practitioners to provide approximately \$82 million in care per year.

The Access to Baby, Child and Dentistry (ABCD) Program

The ABCD program was founded in Spokane by the WSDA and the University of Washington School of Dentistry, and now operates in all 39 counties. The program increased reimbursement for the treatment of pre-school children. From 1997 to 2008, the number of Medicaid-eligible children under age six who receive dental care more than doubled from 40,000 to 107,000.

The Washington State Dental Association's 4,100 member dentists are committed to cost-effective, practical solutions that prevent disease and ensure quality oral health for all Washingtonians. WSDA is a leader in developing innovative public policy solutions, working with community organizations, government agencies, and legislators to strengthen the dental safety net and reduce barriers to care. Washington dentists care about their local communities, and volunteer their time and services providing more than 100,000 patients with uncompensated care each year.

Reports:

Oral Health and the Dental Safety Net:



- Washington State Department of Health, Smile Survey 2010: The Oral Health of Washington's Children
- Pew Charitable Trusts, Washington's ABCD Program: Improving Dental Care for Medicaid-Insured Children
- ADA, Breaking Down Barriers to Oral Health for All Americans: The Role of Workforce
- ADA, Breaking Down Barriers to Oral Health for All Americans: Repairing the Tattered Safety Net
- ADA, Breaking Down Barriers to Oral Health for All Americans: The Role of Finance

To access more information about the dental safety net, oral health, and reducing barriers to care, go to www.wsda.org/reports

References:

1. Washington State Department of Health, Smile Survey 2010: The Oral Health of Washington's Children
2. Pew Charitable Trusts, Children's Dental Health: Washington
3. Washington State Department of Health, Smile Survey 2010: The Oral Health of Washington's Children
4. Washington State Department of Health, Smile Survey 2010: The Oral Health of Washington's Children
5. Centers for Disease Control and Prevention, National Oral Health Surveillance System: Oral Health Indicators
6. American Dental Association, 2003 Public Opinion Survey: Oral Health of the US Population
7. Pew Charitable Trusts, Washington's ABCD Program: Improving Dental Care for Medicaid-Insured Children
8. Pew Charitable Trusts, Children's Dental Health: Washington
9. American Dental Association, 2009 Survey of Dental Graduates