Learning Session I: Affordable Care Act and Health Care Transformation: Where are Dental Practitioners?
Obamacare, Trumpcare, And Your Mouth

**TRUMPCARE VS. OBAMACARE**

Americans don't want to lose the benefits they have gained, and Republicans are hearing about it.

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[Image: Affordable Healthcare for America Act]

[Image: The American Healthcare Act]

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Thoughts
Patient Protection and Affordable Care Act (ACA) – 2010

The Affordable Care Act actually refers to two separate pieces of legislation — the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152)

— that, together expand Medicaid coverage to millions of low-income Americans and makes numerous improvements to both Medicaid and the Children's Health Insurance Program (CHIP).
ACA Provisions Consistent with ADA Policies:

- Increased funding for public health infrastructure, including the Centers for Disease Control and Prevention, oral health programs and national oral health surveillance programs
- Additional funding for school-based health center facilities
- Increased grant opportunities for general, pediatric or public health dentists
- Funding for National Health Service Corps loan repayment programs
- CDC initiation, in consultation with professional oral health organizations, of a five-year national public education campaign focused on oral health prevention and education

http://www.asdanet.org/affordable-care-act/
According to the ADA:

- About three million children are expected to gain some form of dental benefits by 2018.
- Roughly one-third will gain Medicaid dental coverage and two-thirds will gain private dental coverage through health insurance exchanges and employer-sponsored plans. Combined, this will reduce the number of children who lack dental benefits by approximately 55 percent.
- Nearly 18 million adults will gain some level of dental benefits.
- However, given that many states have only limited or emergency dental benefits through Medicaid, only 4.5 million adults will gain extensive dental benefits through Medicaid.
- 4.5 million of these adults are expected to gain extensive dental benefits through Medicaid.
- Mending the Medicaid safety net by improving the dental Medicaid program.
- Adequately funding proven oral disease prevention and wellness programs.
Other Highlights

- Low-income adults are almost twice as likely as higher-income adults to have gone without a dental checkup in the previous year.
- There were over 830,000 visits to emergency rooms across the country for preventable dental conditions.
- Almost 60% of kids age 5-17 have cavities, making tooth decay five times more common than asthma among children of this age.
- Nearly 9,500 new dental providers are needed to meet the country's current oral health needs.
- The dental workforce, specifically those willing to serve Medicaid populations, needs to be replenished.
- Oral health and preventive health measures are not generally a part of the Health Risk Assessments for Managed Care.
State Coverage

States change Medicaid coverage of adult dental benefits on a regular basis, cutting benefits when budgets are tight and expanding them when more funds are available.

- 19 states provided emergency-only adult dental benefits for non-pregnant, non-disabled adults
- 27 states covered preventive services
- 26 states covered restorative services
- 19 states covered periodontal services
- 5 states covered dentures
- 25 states covered oral surgery
- 2 states covered orthodontia
- 9 states placed an annual dollar limit on covered dental services.

State Coverage

Initiatives to improve access to dental services include using mobile clinics and telehealth technologies, increasing the number of providers serving Medicaid enrollees, and funding demonstrations to encourage Medicaid enrollees to increase dental utilization. For example:

◦ – In 2014, the Health Resources and Services Administration supported 238 school-based health center oral health activities through capital grants.

◦ – The National Health Service Corps and some states offer student loan repayment assistance to dentists who commit to working in high-need, underserved, or rural areas.

◦ – Minnesota and Alaska have amended state scope-of-practice laws to allow mid-level dental practitioners to provide dental services.

Figure 3

Current Status of Medicaid Expansion Decisions

NOTES: “Under discussion” indicates executive activity supporting adoption of the Medicaid expansion. *AR, IA, IN, MI, PA and NH have approved Section 1115 waivers. Coverage under the PA waiver took effect on 1/1/15, but the newly-elected governor has stated he will transition coverage to a state plan amendment. Coverage under the IN waiver took effect on 2/1/15. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

Population Health Driver Diagram to Increase Use of Oral Health Care

**AIM**
Increase the proportion of children, adolescents, and adults who use oral health care

**Goals**
- Reduce the costs of oral health care for consumers
- Increase availability and use of oral health care in underserved communities
- Increase availability and use of oral health care for high-risk populations
- Increase availability and use of oral health care for school-aged children

**PRIMARY DRIVERS**
- Education About Importance and Urgency
- Broad Access to Preventive Care and Treatment
- Infrastructure and Capacity
- Data Monitoring and Risk Assessment

**SECONDARY DRIVERS**

**Patient, Population, Provider Knowledge**
- Reduce fear of oral health care procedures
- Increase knowledge of comorbidities
- Outreach to high-risk and underserved groups
- Educate about available insurance coverage for oral health care
- Educate dental students and hygienists about oral health as a population health issue

**Diverse Care Settings, Affordability**
- Provide clinics in non-traditional, convenient settings
- Increase employer-provided dental plans
- Expand use of and insurance coverage for dental hygienists and other non-DDS providers, especially for school-based dental sealants
- Train primary care providers in oral health screening for children and women of childbearing age

**Professional Training, Partnerships, Planning**
- Incentivize providers who treat the underserved
- Train dental students in clinic settings and with allied-health professionals
- Train primary care providers to provide basic oral health screening

**Surveillance, Analysis, Feedback**
- Identify high-risk populations with comorbidities
- Identify individuals whose behavior contributes to poor oral health
- Survey fluoridation of water sources and access to water systems with optimal fluoride levels

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Where are Dental Practitioners in the Managed Care Model?

What are the Solutions?
MANAGE DRIVERS OF REVENUE AND COSTS

- Know your population
- Assess risk accurately
- Plan and operate towards quality measures
- Monitor fraud and abuse
- Member education
- Provider engagement
- Workforce development – who will serve the members/population
Getting to Consensus

1. Preserve Medicaid and make CHIP a mandatory program. These programs have been instrumental in improving children’s oral health.

2. Provide comprehensive adult dental benefits within Medicaid. Low-income adults face the most severe dental care affordability challenges of any age and income group. The fiscal impact of adding an adult dental benefit in Medicaid is estimated to be about 1 percent of total state Medicaid spending.
3. Promote dental insurance transparency so consumers can make informed choices; consumers are frustrated with the lack of navigable information to compare plans.

4. Promote key provisions for medical plans that include dental benefits. Embedding dental benefits within medical insurance, at least for children, would significantly expand dental coverage rates, ease affordability challenges, and likely increase dental care use. However, for this to happen, there are important conditions that need to be met.
Population Risk Management

**Population Health Management**
Stratify populations, map disease patterns, conduct predictive, and financial risk analysis.

**Clinical Risk Prediction**
Clinical risk models and forecasting to inform, and change provider and patient behavior.

**System Change & Communication**
Realigning organizational core competencies, system practices, and management.

**Value-Based Savings & Returns**
Innovative business and care models, alongside quality initiatives that bend the cost curve, and strengthen bottom-line.

**Patient & Provider Engagement**
Better care management, incentives, and quality performance metrics.

**High-Risk Diabetes & CVD**
**High-Impact Mental Health**
**High-Cost Pharma**
Quality Improvement

INFORMATION SHARING
Collection, dissemination, and utilization of electronic data for KPIs and performance improvement.

QUALITY INITIATIVES
Aligning hospitals, physicians, home care, and other providers across the care continuum.

EVIDENCE-BASED PRACTICE
Utilizing evidence-based practices to improve quality and patient safety.

PREVENTIVE HEALTH INTERVENTIONS
Target high-risk, high cost populations to directly impact quality measures.

CARE MANAGEMENT
Implementation of patient-centered, integrated care, financial stewardship, and accountability.
Working Group Questions:
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1. What role does dental education play in preserving or enacting existing legislation?

2. What role does dental education play in proposed changes? What does dental education have to say?

3. What’s most important to dentists?