Let’s Talk: Pediatricians and Oral Health

Tommy Schechtman, MD, MSPH, FAAP
President, Florida Chapter, American Academy of Pediatrics
August 21, 2015
Why Advocacy Matters

• Work you do everyday “in the exam room,” one on one to improve the health and well-being of individual patients.

• Provides opportunity to move beyond individual solutions to create broader systemic change.

• Pediatricians can help change community norms and public policy to protect children’s health and well-being.

• As a pediatrician you are both a credible and natural advocate for children and your profession.
FCAAP is particularly concerned with the high rates of early childhood caries and the detrimental effects this disease can have on children. FCAAP supports community water fluoridation as a way to help protect children’s teeth.
AAP Children’s Oral Health Strategic Goals

- To promote oral health care in primary pediatric settings by giving anticipatory guidance to families about oral hygiene, diet, fluoride, and the importance of the first dental visit at 1 year of age.

- To educate and advocate for primary pediatric care professionals to apply fluoride varnish.

- To educate policy makers and payers about the importance of reimbursement for pediatric oral health care.
Major AAP Oral Health Milestones

1999 – SOPD Established

2003 – First Policy Statement Published

2006 – Oral Health becomes part of AAP Strategic Plan

2008 – National Summit on Children’s Oral Health

2009 – Partnership with PEW for Medicaid payment analysis

2007 – Working Together for Oral Health ADAF Grant

2009 – SOPD becomes SOOH

2011 – Integration of Oral Health Complete

2011 – SOPD becomes SOOH

2012 – EQIPP, Dental Trade Alliance Grant for COHAS


2013 – Two New AAP Oral Health Policies

2014 – Two New AAP Oral Health Policies

2015 – (January) New CPT code 99118 for fluoride varnish in primary care setting

2015 – (September) Varnish will be added to the periodicity schedule
Changing the Face of Oral Health

• 2006
  – 0 Chapter Oral Health Advocates
  – ~10 pediatricians interested in oral health (Oral Health Initiative)
  – 170 members of the SOPD (all dentists)

• 2015
  – 60 Chapter Oral Health Advocates
  – 478 members of the SOOH
Progress Has Been Made

Pediatricians should:

<table>
<thead>
<tr>
<th>Topic</th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsel Families on Oral Hygiene</td>
<td>85-99%</td>
<td>90%</td>
</tr>
<tr>
<td>Perform Caries Risk Assessment</td>
<td>91%</td>
<td>75%</td>
</tr>
<tr>
<td>Apply Fluoride Varnish</td>
<td>19%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Current practices:

<table>
<thead>
<tr>
<th>Topic</th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency Training</td>
<td>22%</td>
<td>65%</td>
</tr>
<tr>
<td>Post-Residency Training</td>
<td>22%</td>
<td>47%</td>
</tr>
<tr>
<td>Apply Fluoride Varnish</td>
<td>3%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Dental caries remains the most common chronic disease of childhood in the United States.

...use of available fluoride modalities for caries prevention in the primary care setting and to assist pediatricians in using fluoride to achieve maximum protection against dental caries...
Oral health is an integral part of the overall health of children.

...prevalence of dental caries for the youngest of children has not decreased over the past decade...

...important that pediatricians be knowledgeable about the disease process of dental caries, prevention of the disease, and interventions available...
PREVENTION OF DENTAL CARIES IN CHILDREN FROM BIRTH THROUGH AGE 5 YEARS
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What's This?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children From Birth Through Age 5 Years</td>
<td>The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.</td>
<td>B</td>
</tr>
<tr>
<td>Children From Birth Through Age 5 Years</td>
<td>The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</td>
<td>B</td>
</tr>
<tr>
<td>Children From Birth Through Age 5 Years</td>
<td>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children from birth to age 5 years.</td>
<td>I</td>
</tr>
</tbody>
</table>

Why is Fluoride Varnish Cost Effective?

- Fluoride applied during primary medical care visits can reduce decay rates by one-third.
- The lack of access to preventive dental measures can result in high costs for complex restorative procedures.
- Fluoride varnish is an inexpensive preventive measure that can curb high costs to state Medicaid programs treating tooth decay.
Dental Care Use among Children

Florida has the 8th lowest reimbursement levels

Percent of Dentists Accepting New Medicaid Patients

Florida: 13.6%
Ohio: 13.7%
New Jersey: 14.1%
Illinois: 18.3%
Texas: 20.1%
North Carolina: 23.7%
California: 24.4%
U.S. Average: 28.2%
New York: 28.5%
Michigan: 52.9%
Pennsylvania: 62.8%

Health Policy Institute analysis Annual Survey of Dental Practice. Data are combined for 2011-2013.
Simulating Impact of Alternative Medicaid Reforms on Provider Participation

Predicted Likelihood of Dentist Participation in Medicaid

- Baseline: 19%
- Improve administrative process + Reduce patient cancellation: 27%
- Raise reimbursement to 55% of typical commercial charges: 36%
- Raise reimbursement to 55% of typical commercial charges + Improve administrative process: 42%
- Raise reimbursement to 55% of typical commercial charges + Improve administrative process + Reduce patient cancellation: 46%
- Raise reimbursement to 75% of typical commercial charges: 66%
- Raise reimbursement to 75% of typical commercial charges + Improve administrative process + Reduce patient cancellation: 71%
### Annual EPSDT Participation Report

**Florida FY 2014**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Total Eligibles Receiving</th>
<th>National</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Dental Services</td>
<td></td>
<td>43%</td>
<td>45%</td>
</tr>
<tr>
<td>Preventive Dental Services</td>
<td>27%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Treatment Services</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving a Sealant on a Permanent Molar Tooth</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving Dental Diagnostic Services</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving Oral Health Services Provided by a Non-Dentist Provider</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving Any Dental or Oral Health Service</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form CMS-416
AAP Ongoing Efforts

• Private payer and Medicaid advocacy
• Training – utilizing the grassroots efforts of the COHAs, maintaining educational materials, and creating new resources
• Studying what works and does not work related to OH in primary care
• Nurturing inter-professional relationships and projects
• Community water fluoridation advocacy
• Parent education – likemyteeth.org, healthychildren.org, www.aap.org/oralhealth
AAP Oral Health Education & Training Resources

www.aap.org/oralhealth

- Chapter Oral Health Advocates
- Protecting All Children’s Teeth Curriculum (PACT)
- Bright Futures Oral Health Resources
- Education and Quality Improvement in Pediatric Practice (EQIPPP)
- Smiles for Life National Oral Health Curriculum
Hurdles Remain for the Integration of Oral Health into Pediatric Practice

• Training pediatricians and encouraging integration
• Implementing preventive oral health care into the patient centered medical home (PCMH)
• Improving access to dental care for children on Medicaid/CHIP
• Recognizing children who are at high risk for developing caries
• Paying for oral health services in the primary care setting
• Understanding the role of the Affordable Care Act
• Improving collaboration between dentists & pediatricians