# **Improving Access to Oral Health Care for Adults and Seniors in Maryland**

# **REPORT TO THE LEONARD AND HELEN R. STULMAN CHARITABLE FOUNDATION, INC.**

# **June 30, 2015**

With critical support from the Stulman Foundation, the Maryland Dental Action Coalition (MDAC) launched an important new initiative in early 2015: improving access to oral health services for Maryland adults, with special attention to the needs of older adults.

MDAC remains extremely grateful to the Stulman Foundation for this start-up funding which has launched an important new public health undertaking. MDAC also wishes to convey to the Stulman Foundation the extraordinarily positive response which MDAC has experienced over the past several months since introducing this initiative. Invariably, regardless of the setting or audience, when describing how difficult it is for so many Maryland adults to access even basic dental care, there is a universal expression of agreement and concern. The timing and focus of the Stulman Foundation award-- to address this major remaining public health challenge for Maryland -- comes at a time when our elected officials and policy decision-makers are becoming increasingly aware and concerned with this access problem.

Of particular note is the intensity of concern to understand and find effective approaches to assist senior adults, both in community and in residential setting. The start-up funding to MDAC has ignited a shared objective across very wide and committed band of stakeholders: to develop and advocate for solutions for the truly needy adults in our State who are suffering due to lack of oral health care.

It is also commendable that the Stulman Foundation recognizes the need for system change to support sustainable solutions. While the various ad hoc “safety net” responses provide important episodic services for those fortunate enough to receive them, what is needed for Maryland’s adults and seniors are systems changes which engage patients, families, providers and payers across the State in permanent arrangements to ensure the on-going provision of health education, preventive and screening services, treatment and restorative oral health care.

Considerable progress has been made in advancing the multiple aspects of this effort during the first six months of 2015. This report fulfills the initial Stulman Foundation grant requirement in summarizing the activities, findings, and accomplishments of this work through July 1, 2015 as well as plans for on-going engagement.

**Note:** The terms “dental care” and “oral health care” are used interchangeably through this report. This report focuses on the services and health needs which are within the scope of practice of licensed dentists, dental hygienists and ancillary dental practitioners.

# Assessment Activities

Deficiencies in adult oral health impair the health and well-being of thousands of Marylanders. In some instances, advanced dental conditions are life –threatening. The economic burden to individuals, families and taxpayers of reduced productivity and unnecessary late-stage treatment is significant. This circumstance is unacceptable in 2015, given our State’s collective resources and history of progressive and meaningful improvements in access to essential health services. Under-utilization of oral health care impacts adults of all ages, incomes and jurisdictions in the State. This is a public health challenge which requires strategic action for lasting change.

**Data Issues**

Typically, public health problem-solving begins with a quantitative and qualitative assessment of the current status, identifying and accessing all relevant data sources which are accurate and available. In order to develop a quantitative description of the status of adult dental care in Maryland, it became clear that there simply are no reliable, population-level data sets by which to describe the availability, utilization, costs or results of dental care for adults in Maryland. Nor are there data sets that provide a comprehensive picture of the state of oral health among Maryland’s adults. In contrast with other health services such as physician care, hospitalization or long-term care, as well as other health conditions such as high blood pressure and diabetes, data sets available to track dental care and status in Maryland are sketchy and very incomplete.

Efforts to identify leading adult dental problems, affected geographic areas, and incidence among sub-populations, utilization and costs of dental services must rely on extrapolations from national data or estimates from very limited surveys or data reports. Obtaining dental utilization and cost data, which for medical conditions and services is generally derived from insurance claims, is impeded by (1) the absence of required dental coverage in Medicare or Medicaid and (2) very incomplete reporting by commercial dental insurance plans into Maryland’s All-Payer Claims Data Base.

For these reasons, the portrayal of adult dental needs and goals in Maryland are expressed in more qualitative terms.

There have been three notable oral health-related data developments in the past 6 months:

1. The findings of the Older Adult Survey, conducted by the Department of Health and Mental Hygiene’s Office of Oral Health, have been widely circulated by MDAC at meetings of key stakeholders. This snapshot clinical survey, taken in 2013-2014, of the oral health of seniors in community settings, nursing homes and assisted living facilities is disturbing in the number and severity of those with very serious and untreated conditions. The survey, undertaken with patient consent, was limited to those facilities which voluntarily agreed to allow clinicians to conduct the survey. The majority of the long-term care facilities contacted refused to participate, leaving serious concerns as to the oral health status of their residents.
2. The DHMH State Health Improvement Process (SHIP) is Maryland’s public health dashboard for leading public health priorities. This spring for the first time ever, an oral health indicator, the number of Emergency Department visits for dental complaints, was included in this list of top health indicators to be monitored.
3. The Maryland Health Care Commission’s Medical Claims Data Base is a central warehouse for all health service claims submitted by providers for all reimbursable services as paid for by all commercial plans, Medicare and Medicaid. Until this year, the MCDB did not require all dental plans to submit claims as required in regulation. Complete reporting is now required for all commercial dental plans, an action that will improve the data available to describe dental utilization and costs in the State.

**Populations at Risk**

The lack of solid data to describe the dental needs and access problems for Maryland adults somewhat impairs an accurate understanding of the current baseline and definition of future access objectives. Nevertheless, there are national studies which identify the following populations to be a greater risk for dental problems: the chronically ill, people with special health care needs, the elderly, the institutional/homebound, racial/ethnic minorities, residents of rural or underserved areas, the homeless and pregnant and post-partum women.

**Barriers to Access**

In addition to understanding the adult populations most likely to be at risk for dental problems, it is important for MDAC’s effort to map the barriers which impede access to dental care. MDAC has conducted many rounds of in-person and phone interviews with subject matter experts and held interactive discussions with various workgroups of public health and dental professionals over the past several months. In all, at least two hundred professionals in multiple settings have been introduced to the project and engaged in describing current problems and barriers.

The following general types of barriers have been described in the literature, key interviews and meetings in Maryland:

The *significant cost of dental care* for those with inadequate or no insurance coverage is a prime driver for low utilization of both preventive and restorative care in adults. While coverage for children is mandated by Maryland Medicaid and in Qualified Health Plans under the Affordable Care Act, many low- and middle-income adults face steep economic trade-offs between dental and other life expenses. Maryland’s Medicaid Plan has no required dental benefit for adults; any available coverage is provided at the voluntary discretion of individual Medicaid Managed Care Organizations. For many adults evaluating the value of purchasing coverage through commercial dental plans, the value of dental coverage once the premiums, co-pays, deductibles and annual caps are factored in becomes marginal at best.

Another barrier identified in some parts of the State is *provider insufficiency and practice site* *difficulties,* particularly for elderly and special needs adults, those in nursing homes and those in rural areas designated as Health Provider Shortage Areas by the federal government. Non-ambulatory adults face very serious difficulties negotiating private dental office logistics. There is a shortage of dentists and dental hygienists practicing in community- or institutional-based settings. Tele-dentistry is also underutilized in Maryland relative to other states.

Lastly, *individual barriers* play a significant role in reducing needed dental care across all socio-economic and geographic groups. Serious issues arise such as insufficient awareness among patients, families and care-givers as to the importance of oral health, regular dental visits and preventive care; a knowledge gap as to how to best use available dental benefits; and an inability for some to make the necessary transportation, work or childcare arrangements.

The wide-ranging barriers faced by seniors presents an array of possible strategy areas ranging from improved communications to better Medicaid coverage for those “Duals,” such as most nursing home residents who receive both Medicare and Medicaid benefits. These strategy areas will be presented later in this report.

# Special Considerations for Older Adults

The particular difficulties faced by Maryland seniors in accessing dental care was a recurring theme in all assessments of need conducted through literature reviews, personal interviews and group discussions. The unmet oral health needs of seniors is a looming health and equity issue. As presented in Attachment 1, the population of those age 60 and over will equal just under 25% of Maryland’s total population by 2040. It is critical for new strategies and remedies to be developed now to address this mounting public health problem.

Although oral health needs accelerate in later years, dental care is not a covered benefit under either Medicare or Medicaid. Due to lack of awareness and mobility or transportation problems, even those seniors with adequate means to privately pay for dental care may encounter difficulties accessing necessary care. Even more severe are the problems faced by low income seniors or those who live in assisted living or skilled nursing facilities, whose contact with dental providers may be infrequent or even extraordinarily rare.

MDAC has a strong relationship with the Maryland State Dental Association (MSDA) which, among other interests, is pursuing improved access and reimbursement mechanisms for institutionalized seniors. There is a small ‘niche’ of corporate dental enterprises which offer some level of prevention and treatment to Maryland nursing home residents through a creative reimbursement arrangement that leverages Medicaid policy to pay for dental care to nursing home residents as a form of “Incurred Medical Expenses.” This is an area of continued exploration for MDAC over the next few months in conjunction with MSDA and Maryland Medicaid.

Hospital Emergency Departments: The State’s Default Dental Provider

For all of the access barriers cited above, Maryland’s hospital emergency departments are confronted daily with adults seeking care for dental complaints best suited for a community-based dental practice. Emergency departments do not operate dental clinics; their only treatment options are admission (for those with extensive and serious system-wide complications,) or strictly palliative care and discharge with a prescription for an antibiotic and/or a pain-reliever and perhaps a referral for dental care.

Reducing avoidable hospital ED admissions is a statewide goal toward which every Maryland hospital contributes. It is estimated that in Fiscal Year 2014, the cost of emergency department visits for dental complaints totaled $21 million, at an average cost of nearly $400 per visit. Adults represented over 90% of all emergency department visits for dental complaints. Medicaid paid almost 51% of these claims, commercial plans paid about 17%, Medicare paid about 11%, with the category of “Other” – mostly self-pay – responsible for about 21% of these visits. (This data largely reflects a pre-Medicaid expansion period, so the proportion of current Medicaid obligation for emergency department visits is likely to be significantly higher.)

A conclusion from these data is that there may be important spending offsets which Medicaid could realize if there was a dental benefit expansion, thereby reducing the volume of avoidable emergency department visits.

Maryland Medicaid Issues

Maryland’s absence of any required dental benefit for non-pregnant adults places our State as an outlier across the country. There are only 5 states, including Maryland, whose Medicaid program does not cover adults. Fourteen states offer emergency-only dental coverage, 17 states provide a limited dental benefit package and 15 states provide extensive dental benefits to adults in their base Medicaid population.

In May, 2015, MDAC met with the DHMH Secretary and Deputy Secretary for Health Care Finance. It was clear at this meeting and the subsequent discussions between the Deputy Secretary and MDAC that the Administration is aware of Maryland’s outlier status and is interested in examining options and pathways to allow for some benefit expansion. It is notable that prior to her appointment as Deputy Secretary, Maryland’s Medicaid Director directed a team at a national health policy institute which published extensively on the need for state Medicaid programs to expand dental coverage. MDAC has found a great deal of understanding among Administration officials as to the need and adverse health and economic consequences to low income people without dental benefits.

As with all other state governments, fiscal realities are top of mind in considering how to provide a dental benefits for adult Medicaid enrollees. Extending dental benefits to adults may reduce much emergency department use for dental complaints, as noted above. Also, there is solid evidence that routine dental care for those with diabetes results in better glucose control, perhaps leading to fewer diabetic complications and lower costs. However, despite federal matching dollars and certain cost off-sets, it is undeniable that expanding Medicaid benefits will increase the State’s annual Medicaid budget. It is essential that a comprehensive, high-quality economic analysis be conducted to project the likely increase in spending under various assumptions. (There are many possible variables to be altered in cost models, such as incremental expansion of dental benefits to successive categories of enrollees, incremental expansion of benefits from limited to extensive, alternative provider reimbursement rate assumptions and various options for some degree of cost-sharing or annual caps. Other assumptions involve the rate of utilization and the cost of dental services.)

The Hilltop Institute at the University of Maryland, Baltimore County, has served for many years as the source of expert, independent utilization and cost analyses for the Maryland Medicaid program. Hilltop is very familiar with all relevant federal and state Medicaid laws and regulations and has access to a wide range of relevant data sources. MDAC has consulted with the Maryland Medicaid program, which completely endorses the need for an independent cost analysis and the selection of Hilltop to perform the work. MDAC has received a proposal for this work and is presently in communications with Hilltop to refine the scope and the budget for this analysis report.

# Engagement and Communications Activities

# Since the launch of this project in January with the Stulman Foundation award, the MDAC Board passed a resolution in June to affirm that expanding adult oral health access is a top MDAC priority. Extensive outreach and communications have taken place over the past six months at the direction of the consultant.

The following is an abbreviated summary of the individuals and organizations contacted which have provided valuable insights and guidance.

Department of Health and Mental Hygiene: Secretary Mitchell, Deputy Secretary McMahon, Office of Oral Health Director Dr. Harry Goodman and staff.

Frederick County Health Officer Dr. Barbara Brookmyer

Anne Arundel County Department of Aging and Disabilities Director Pam Jordan

Maryland Community Health Resources Commission Executive Director Mark Luckner

Maryland Health Care Commission Director of Health Information Technology David Sharp

Medicaid Advisory Committee Chair and CEO of Health Care for the Homeless Kevin Lindamood

Eastern Shore Area Health Education Center Director Jake Frego

Members of MDAC’s Inter-professional Collaboration Workgroup

Members of MDAC’s Health Literacy and Education Workgroup

University of Maryland School of Dentistry Faculty Member Dr. Janet Yellowitz

DentaQuest Inc. Mid-Atlantic Director Tequila Terry

DentaQuest Foundation Director of Advocacy and Public Affairs Kristin LaRoche

Maryland State Dental Society leadership Drs. Richard Rogers and Diane Romaine and Executive Director Frank McLaughlin

Maryland Dental Hygiene Society member Nancy Stannert

Maryland School of Public Health Faculty Alice Horowitz and Dushanka Kleinman

Maryland Dental Action Coalition Board of Directors

Through a competitive process in the spring, MDAC was awarded the opportunity to participate in a national learning collaborative on adult Medicaid coverage sponsored by the Center for Health Care Strategies. Multiple national webinars and conferences have been extremely relevant including the Annual DentaQuest Regional Symposium in Baltimore and the Office of Oral Health’s Professional Conference on Diabetes and Oral Health in June.

Contacts have invariably been receptive to the need and policy options for improving access for adults. The fact that Maryland is such an outlier with respect to our Medicaid coverage is generally not well recognized, given the state’s progressive actions to expand Medicaid and other benefits under the Affordable Care Act. The consultant has encouraged contacts to freely communicate related thoughts and observations and, building on past associations over many years, has established supportive relationships with a wide circle of contacts.

# Framework for Change

With the support of the Stulman Foundation, MDAC launched the adult access initiative in January 2015. The conceptual model for advancing multi-sector systems change was termed “Framework for Change.” The first two quarters of 2015 has been a period of design work for the Framework and has resulted in a strong blueprint for identifying effective strategies and gaining wide support to accomplish multiple policy changes—all aimed at improving adult awareness of and access to needed dental care.

The design work of this period has resulted in growing awareness of the problem in Maryland among clinical and policy leaders. Most importantly, the work has set the stage for an innovative and collaborative response to the Legislative request issued in April: for MDAC to develop options for improving access to oral health services for adults, including options to

* Expand services to adults in both residential and community-based long-term care programs. Dental services are not well-integrated into these programs;
* Extend Medicaid coverage to specific populations of adults, including post-partum women, and to the general adult population;
* Increase the number of adults who have dental coverage under a qualified health plan;
* Establish or expand public health initiatives that support dental services for adults without dental coverage; and
* Advance a population-based health approach to improving oral health outcomes.

MDAC is on track to deliver the requested options paper to the legislative leadership in December, with a hearing scheduled for December 15, 2015. A status meeting is scheduled in July with the Chair of the House Government and Operations Committee. Given the wide scope of the legislature’s interest, it is necessary to segment these study areas since they involve very different populations and strategies.

To target future work, MDAC intends to leverage lessons learned from its previously successful advocacy and policy efforts on behalf of children’s access to oral health care. For the child-related work, MDAC centered on three key focus areas:

* Improving health education and literacy
* Promoting inter-professional collaboration
* Strengthening policy and advocacy efforts

Attachment 2 is a chart presenting possible adult access strategies aligned into MDAC’s three focus areas (three horizontal rows) and addressing specific sub-populations among adults (four vertical columns). This issues table, presented in draft, is intended to serve as a tool for organizing stakeholder engagement, with the strategies listed in the cells to serve as examples or possibilities to prompt future stakeholder discussion and review.

MDAC is anticipating moving forward from the Design phase of the Framework to defining two subsequent steps: Phase I focusing on capacity building, research and economic cost analysis and Phase II involving a stakeholder engagement process informing an options report with recommendations and an implementation plan. Those Phases are presented in the following section.

# Strategies for Action

MDAC has developed a two-step roadmap of the next 18 months, through 2016, to build on the design work accomplished in the initiative’s first six months. The following is a very high-level summary of the tasks anticipated for each phase. More specific outcomes and measures will be needed for each phase as funders engage with us to define goals, metrics and deliverables for each phase.

Phase I focuses on identifying and describing effective and/or promising policies and practices with potential to improve adult access, including that of seniors, via public health initiatives, Medicaid expansion, Qualified Health Plans and other policy routes. The resulting Phase I Options Inventory Report will be purposefully wide-ranging, reflecting research and interviews on effective policies around the country as well as promising pilots underway in Maryland. Phase I will conclude with both an Options Inventory Report and an Action Plan detailing the stakeholder development and engagement process to be undertaken in Phase II. The Phase I Options Inventory Report and Action Plan for Phase II will be submitted to the Legislature in December, 2015.

Phase II will begin with recruitment of a wider group of stakeholders with expertise and experience in adult oral health issues to review and critique the research developed in Phase I. These stakeholders will be engaged through a planned facilitation process and supported by the Options Inventory and the Medicaid cost analysis developed in Phase I along with input from the Legislature and Administration. Phase II will result in a Report describing specific goals and policy recommendations for improving adult access and an Action Plan for achieving those outcomes.

Every step in this blueprint -- from design to research, cost analysis and modeling, stakeholder collaboration and formulation of recommendations and implementation planning -- will require new funding support. MDAC has been vigorously pursuing state and national opportunities for grant funding. It is important that a diverse group of funders be developed in order that MDAC, the effort and its products continue to be regarded as independent, open, collaborative and of the highest quality.

In conclusion, MDAC again expresses our gratitude to the Stulman Foundation for their foresight in recognizing the difficulties facing Maryland seniors and adults in accessing dental care. MDAC is committed to this project. We hope that the Stulman Foundation’s early contribution to the project will be a catalyst for broad support and will spur system-wide changes to reduce the preventable disease, pain and loss of dignity which so many continue to face without access to dental care.