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Mr. Pedro Nava
Chairman
Milton Marks Commission On California State Government and Economy
925 L Street, Suite 805
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Dear Mr. Nava,

Please accept this letter as input to the Little Hoover Commission study on the operations and outcomes of California's Denti-Cal program. I am a professor at the University of the Pacific School of Dentistry and have been involved for over 30 years in supporting, developing, and testing dental care systems for the huge number of people in California who face tremendous barriers to accessing dental care. I was also a member of the Institute of Medicine's (IOM) Committee that produced the 2011 IOM report on *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*.

There are several factors that contribute to people in California having limited access to oral health services and consequently poor oral health. These are:

- The capacity of the dental care system for the Denti-Cal population falls far short of the need.
    - This is, in part, due to the limited number of dentists who participate in the Denti-Cal system.
    - The problem is worse for people with low incomes, general health issues, disabilities, racial and ethnic minorities, and people in rural areas.
- The Denti-Cal system is organized with an emphasis on providing complex treatment which is needed after disease has progressed rather than an emphasis on reaching people early and preventing the development of disease.

- When the adult Medicaid dental program was restored in 2015, a number of procedures that were included in coverage prior to 2009 were not restored. One procedure, of particular note, was D4341 - "Periodontal Scaling and Root Planing." It is now only available for adults who reside in ICF and SNF institutional settings and even then with utilization controls that limit the ability to use this procedure. This is a procedure that is often required by people adults with developmental disabilities, and at a periodicity more often than what is covered in those limited situations where it is covered.
- The Denti-Cal system is organized to emphasize treatment services provided in dental offices and clinics. Unfortunately the majority of Denti-Cal eligible people do not access services in these offices and clinics.
- There is limited ability under the Denti-Cal system to receive payment for activities that bring dental services to community locations and provide services that emphasize prevention and early intervention.
- The Denti-Cal system is based on traditional "dental insurance" systems with an emphasis on volume based reimbursement with the best reimbursement provided for the most complex treatment, not necessarily the interventions most likely to create a healthy population at the lowest cost.
- Although dental treatment using sedation or general anesthesia in hospitals and surgical centers is over utilized due to lack of preventive services and lack of alternatives, it is sometimes necessary. There is a shortage of locations where this type of treatment can be performed resulting in long waiting lists and waiting times for treatment in many parts of the state. Wait time for dental care under anesthesia can be as long as two years. This is, in part due to poor reimbursement for hospitals and surgical centers.

Over the last two decades the Pacific Center for Special Care at the University of the Pacific School of Dentistry (Pacific), which I direct, has developed community-based systems of care focused on delivering dental services in community locations and emphasizing prevention and early intervention. This system is called the Virtual Dental Home. We have recently completed a six year demonstration of this system which has shown that telehealth-connected teams can reach children and adults in community sites, use allied dental personnel to apply proven preventive interventions in these locations, and increase the awareness and application of "daily mouth care" activities by staff and caregivers in these locations. In fact, this six year demonstration showed that around two-thirds of people can be kept healthy in community sites by the services provided there by dental hygienists and most of the remaining one-third who have advanced problems can be helped to get treatment in dental offices and clinics.

With this background, I have some recommendations for input to the Little Hoover Commission for improving the Denti-Cal system's ability to create and support good oral health for people with developmental disabilities.

- Given the limited capacity of the Denti-Cal system, as it currently functions, to provide services for the population of people with disabilities, and the potential to improve oral health with the use of allied dental personnel, structure the Denti-Cal system to remove any policy or procedure barriers to deploying and being paid for allied dental personnel performing services in community sites.

- Given the value of community-delivered services that emphasize prevention and early intervention, structure the Denti-Cal system to support systems that deliver dental services in community locations and emphasize prevention and early intervention. This could be done through adjusting the fee schedule to increase payment for prevention and early intervention procedures, adjusting periodicity limits, or rewarding providers for achieving better oral health in the populations they are serving.
- Given the removal of coverage for "Periodontal Scaling and Root Planing" for most adults with developmental disabilities, restore that procedure and associated procedures as benefits. When individuals who would benefit from these procedure have behavioral challenges that prevent them from having a complete set of x-rays to submit for documentation, accepted explanation of the behavior challenges and other kinds of documentation of the need for this procedure.
- Given the current structure of the Denti-Cal program with the current emphasis on volume-based reimbursement, structure pilot programs to reward providers for improving the oral health of populations being served. A design for a "Value-based Incentive" pilot program has been developed by Pacific and submitted to DHCS.
- Given the ability of the Virtual Dental Home system to reach people not served by the current Denti-Cal system and to emphasize prevention and early intervention services using telehealth connected teams, develop policies and procedures within the Denti-Cal system to support expansion and adoption of Virtual Dental Home systems.

I would be happy to provide further background or explanation about any of the points in this letter with you or members or staff of the Little Hoover Commission.

Thank you for the opportunity to provide this information.

Sincerely

Paul Glassman DDS, MA, MBA