Review of the California Medi-Cal Dental Program
Testimony to the Little Hoover Commission
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UNIVERSITY OF THE PACIFIC
Arthur A. Dugoni School of Dentistry
Pacific Center for Special Care

Presenter:

Paul Glassman DDS, MA, MBA
Professor of Dental Practice
Director, Community Oral Health
Director, Pacific Center for Special Care
University of the Pacific
Arthur A. Dugoni School of Dentistry
pglassman@pacific.edu

Background

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 large 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, poor general health, disabilities, racial and ethnic minorities, and people in rural areas.
    - The result is that far than half the eligible population covered by Denti-Cal receives regular dental care and as a result suffers from the many consequences of neglected disease and infection.
- 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, needed after disease has progressed, rather than an emphasis on reaching people early and preventing the development of disease or for other interventions most likely to create a healthy population at the lowest cost.
- 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 in who reside in ICF and SNF institutional settings or are served by some other special programs and even then with utilization controls that significantly limit the ability to use this procedure. This is a procedure that is often required by 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 face significant barrier that keep them from accessing services in offices and clinics and therefore do not receive services. Barriers include the limited number of providers willing to see people covered by Denti-Cal, location of dental offices and clinics in relation to where people live, hours that offices and clinics are open, cultural and language barriers, and challenges that people in low-wage jobs have getting time off work to take themselves or their children to dental appointments.
- 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, this type of care 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 who then restrict the availability of operating room time for dentists and choose to devote that time to other types of care.

The Virtual Dental Home System

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. The current version of these systems 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.

The Virtual Dental Home system, as illustrated in Figure 1 below, deploys allied dental personnel, such as dental hygienists, in urban and rural community in sites like pre-schools, elementary schools, community centers for low income communities, residential facilities for people with disabilities, and nursing homes for dependent older adults. The allied personnel (dental hygienists and assistants) collect diagnostic records which are reviewed by dentists. The allied personnel in the community provide preventive dental services as well as protective interim restorations.

Most importantly, they interact with staff in these community locations to integrate oral health with other systems and services and improve the knowledge and individual oral health preventive practices that are critical for maintaining oral health.

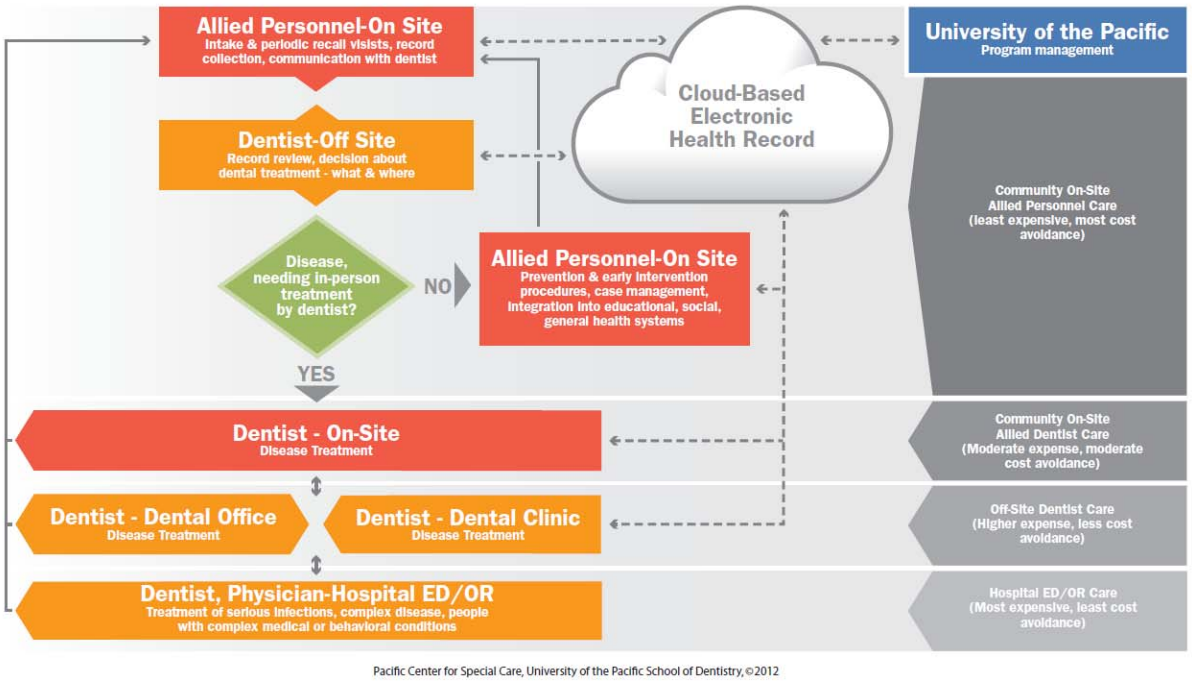

Figure 1. The Virtual Dental Home Concept Diagram

Pacific intends to spend the next several years training providers and providing technical assistance to facilitate expansion of the Virtual Dental Home system. Over time, this system has the potential enable providers to reach people not served by the current dental care system, to improve the oral health of the population of California, and to reduce the significant consequences of neglect.

Value-based Incentives

Another Initiative directed by Pacific is the design of pilot for a "value-based incentive" system for California. This design recognizes the widely recognized need to transform health care payment systems from paying for "volume" to paying for "value". The idea, as illustrated in Figure 2, is that properly designed and applied incentives, based on health outcomes, could significantly alter provider activities. A focus on improving health outcomes will result in providers bringing oral health services to community sites where people who are not receiving dental care receive educational, social, and general health services. These strategies will result in expanded use of telehealth connected teams like those used in the Virtual Dental Home system and integration of the latest science in chronic disease management, health literacy improvement, and evidence-based prevention and early intervention procedures. All this will result in better integration of oral health services, improved experiences for people receiving oral health services, better oral health, and a lower cost per-capita. All this, known nationally as the "Triple Aim" would result in

California being able to purchase more health per dollar that is currently obtained in the Denti-Cal system.

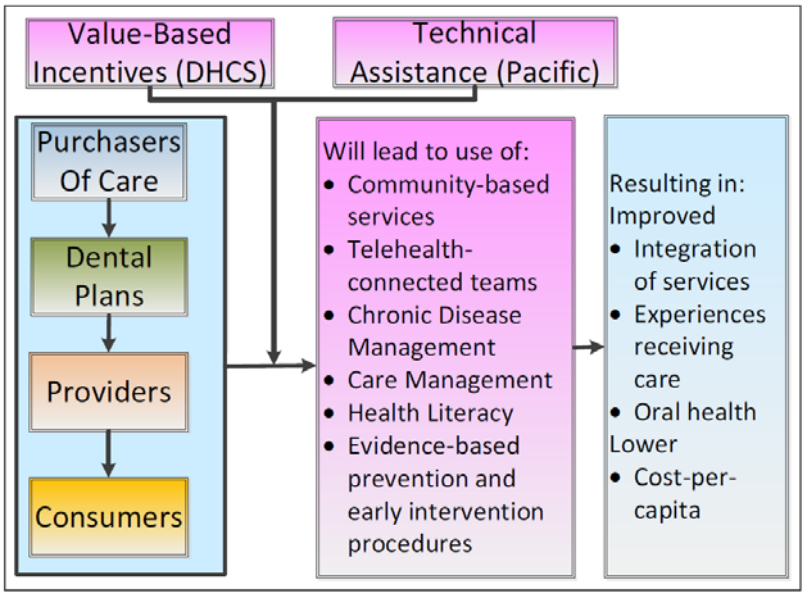

Figure 2: Value-based Incentives Pilot Design

Recommendations

With this background, I have some recommendations for improving the Denti-Cal system's ability to create and support good oral health for people in California.

- Given the limited capacity of the Denti-Cal system, as it currently functions, to provide services for the 12 million Medi-Cal recipients, 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 accomplished by establishing a system for designating special "Community Access and Prevention Systems."
    - Criteria to qualify as a "Community Access and Prevention System" would include having structures and processes that result in reaching people in community sites, emphasizing prevention and early intervention procedures, and having an effective system of case management and health literacy improvement.
    - Payment would be based on outcome measures tied to these criteria.
    - Payment could include adjusting the fee schedule to increase payment for prevention and early intervention procedures, adjusting periodicity limits, including payment for case management and health literacy improvement,

and/or directly 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, 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. As indicated above, 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 its ability 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.

Paul Glassman DDS, MA, MBA

For further information on the Pacific Center for Special Care visit:
www.pacificspecialcare.org

For further information on the Virtual Dental Home system visit:
www.virtualdentalhome.org