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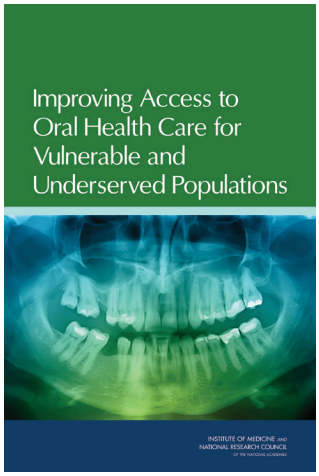
Improving Access to Oral Health Care for Vulnerable and Underserved Populations



Good health requires good oral health, yet millions of Americans lack access to basic oral health care. In 2008, 4.6 million children—1 out of every 16 children in the United States—did not receive needed dental care because their families could not afford it. Children are just one of the many vulnerable and underserved populations that face persistent, systemic barriers to accessing oral health care. While the majority of the U.S. population routinely obtains oral health care in traditional dental practice settings, oral health care eludes many vulnerable and underserved individuals—including racial and ethnic minorities, people with special health care needs, older adults, pregnant women, populations of lower socioeconomic status, and rural populations, among others. Lack of access to oral health care contributes to profound and enduring oral health disparities in the United States. Access is hampered by a variety of social, cultural, economic, structural, and geographic factors, but fortunately, opportunities exist in both the public and private sectors to reduce barriers to care.

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In 2009, the Health Resources and Services Administration (HRSA) and the California HealthCare Foundation asked the Institute of Medicine (IOM) and the National Research Council (NRC) to convene a committee of experts to address access to oral health care in America for vulnerable and undeserved populations. The committee was charged to assess the current oral health care system, to develop a vision to improve oral health care for vulnerable and underserved populations, and to recommend strategies to achieve the vision.

Vision for Oral Health Care

The committee envisions oral health care in the United States in which everyone has access to quality oral health care across the life cycle.

To be successful, an evidence-based oral health system will:

- Eliminate barriers that contribute to oral health disparities;
- Prioritize disease prevention and health promotion;
- Provide oral health services in a variety of settings;
- Rely on a diverse and expanded array of providers who are competent, compensated, and authorized to provide evidence-based care;
- Include collaborative and multidisciplinary teams working across the health care system; and
- Foster continuous improvement and innovation.

In addition, the committee established two principles to guide its deliberations:

1. Oral health is an integral part of overall health, and therefore, oral health care is an essential component of comprehensive health care.
2. Oral health promotion and disease prevention are essential to any strategies aimed at improving access to care.

Integrating Oral Health Care into Overall Health Care

The committee concludes that the separation of oral health care from overall health care is a factor in limiting access to oral health care for many Americans. With proper training, nondental healthcare professionals, such as nurses, pharmacists, physician assistants, and physicians, could screen for oral diseases and deliver preventive care services. While several nondental health care education programs have made great strides in improving the oral health education and training of their students, these efforts have not spread widely through the professions. Instead of having each profession develop its own set of competencies, the committee recommends that HRSA convene key stakeholders to develop a core set of competencies that could apply to many nondental health professions. Over time, these competencies should be incorporated into certification testing and accreditation requirements to ensure adoption by health professional schools.

Creating Optimal Laws and Regulations

A variety of regulations and policies—such as scope of practice laws—determine who may provide oral health care, how it may be provided, and where. While education and training standards for accreditation are set nationally, regulations defining supervision and scope of practice parameters vary widely among states and even by procedure. Therefore, the committee recommends that state legislatures amend existing state laws to maximize access to oral health care. Changes would allow professionals to practice to the full extent of their education and training in a variety of settings and facilitate technology-based collaboration and supervision.

Improving Dental Education and Training

An improved and responsive dental education system is needed to ensure that current and future generations of dental professionals can deliver quality care to diverse populations in various settings. Providing students with clinical experiences in community-based settings and with patients with complex oral health care needs improves their comfort level in caring for vulnerable and underserved populations and increases

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the likelihood that students will care for such populations in their future careers. Dental professional education programs should increase recruitment and support for students from underrepresented minority, lower–income, and rural populations; require student experiences in community based rotations; and recruit and retain faculty with expertise in caring for vulnerable and underserved populations. In addition, the committee recommends that HRSA dedicate Title VII funding to support these efforts as well as expand opportunities for dental residencies in community-based settings.

Reducing Financial and Administrative Barriers

Dental coverage is a major determinant of access to and utilization of oral health care. Publicly-funded programs, such as Medicaid, and the Children's Health Insurance Program (CHIP), are the primary sources of coverage for underserved and vulnerable individuals. Currently, all states are required to provide dental coverage for children enrolled in Medicaid and CHIP, but these same benefits are not required for adults on Medicaid. The committee concludes that dental coverage for all Medicaid beneficiaries is a critical and necessary goal. To examine the impact of expanding Medicaid coverage and determine the best implementation strategies, the committee recommends that the Centers for Medicare and Medicaid Services (CMS) fund and evaluate state-based demonstration projects. In addition, to increase provider participation in public programs, states should raise Medicaid and CHIP reimbursement rates so that beneficiaries have equitable access to services, streamline providers' administrative processes, and increase case management for beneficiaries.

Promoting Research

The committee identified a deficiency in the collection, analysis, and use of data related to oral health. For example, the paucity of oral health quality measures limits the findings that can be drawn regarding the relationship between specific services and procedures and longer-term oral health outcomes. Congress, federal agencies, including HHS, and private foundations should support oral health research and evaluation of: new methods and technologies for the delivery of oral health care to vulnerable and underserved populations; measures of access, quality, and outcomes; and payment and regulatory systems.

Expanding Capacity

State oral health programs play an important role in monitoring and analyzing the burden of oral diseases, which is critical to planning, implementation, and evaluation of dental public health services. The committee recommends that the Centers for Disease Control and Prevention and the Maternal and Child Health Bureau collaborate with states to ensure that each state has the infra-

structure and support necessary to perform core dental public health functions.

Expanding the capacity of Federally Qualified Health Centers (FQHCs) to deliver oral health care is another important way to meet the needs of vulnerable and underserved populations, as these centers are required by law to provide certain preventive oral health services. Therefore, the committee recommends that HRSA help improve the capacity of FQHCs by supporting the use of a variety of oral health care professionals and enhancing financial incentives for their recruitment and retention, providing guidance to FQHCs for best practices, and assisting FQHCs in the provision of oral health care outside of the physical facilities.

Conclusion

This report presents a vision for oral health care in the United States where everyone has access to quality oral health care throughout the life cycle. Realizing this vision will require numerous coordinated and sustained actions, with special attention to the distinct and varied needs of the nation's vulnerable and underserved populations. This will require flexibility and ingenuity among leaders at the federal, state, local, and community levels acting in concert with oral health and other health care professionals. The committee's recommendations provide a roadmap for the important and necessary next steps to improve access to oral health care, reduce oral health disparities, and improve the oral health of the nation's vulnerable and underserved populations.

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