NORTH CAROLINA INSTITUTE OF MEDICINE
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2001 Update

Task Force on Dental Care Access Report to the North Carolina General Assembly and to the Secretary of the North Carolina Department of Health and Human Services

The Task Force's original recommendations were grouped into the following five areas:

(a) increasing dentist participation in the Medicaid program;
(b) increasing the supply of dentists and dental hygienists in the state with a particular focus on recruiting dental professionals to practice in underserved areas and to treat underserved populations;
(c) increasing the number of pediatric dentists practicing in North Carolina and expanding the provision of preventive dental services to young children;
(d) training dental professionals to treat special needs patients and designing programs to expand access to dental services for these populations; and
(e) educating Medicaid recipients about the importance of ongoing dental care, and developing programs to remove non-financial barriers to the use of dental services.

Some progress has been made on many of these recommendations. To date, no action has been taken on 39% (9) of the recommendations, information gathering is underway or agreement has been reached without effect yet for 22% (5) of the recommendations, and 39% (9) of the recommendations have been implemented with solid indicators of accomplishment. In sum, some action has been taken on 61% (14) of the recommendations. Thus, progress has been made, but further steps are necessary.

The following is a list of recommendations from the 1999 report, along with a status report on the actions that have been taken, if any, to implement the recommendations.

Increasing dentist participation in the Medicaid program

- *Recommendation #1: Increase the Medicaid reimbursement rates for all dental procedure codes to 80% of UCR.*

  No action taken. This recommendation would require a new state appropriations of $6.0 in fiscal year 2001 (with a January 1, 2001 implementation date), and $11.9 annually thereafter to increase dental reimbursement rates to 80% of UCR.

  The 2001 General Assembly appropriated $1.0 million in SFY 2002 and $2.0 million in SFY 2003 to expand access to dental services for Medicaid eligible

adults and children (Sec. 21.98 of SB 1005). The funds can be used to increase dental reimbursement rates, develop incentives to encourage dentists to serve Medicaid clients or encourage the use of dental vans. However, insufficient funding was provided to increase dental reimbursement to 80% of UCR.

- *Recommendation #2: The NC Dental Societies should develop an outreach campaign to encourage dentists in private practice to treat low-income patients.*

  The NC Dental Society and Old North State Dental Society agreed to conduct an active outreach campaign to encourage more dentists to participate in the Medicaid program if the state increased its dental reimbursement rates. Even without the increase in reimbursement rates, the NC Dental Society has worked with the NC Division of Medical Assistance to begin an active outreach campaign to recruit dentists into the Medicaid program.

- *Recommendation #3: The Division of Medical Assistance should work with the NC Dental Society, the Old North State Dental Society, the NC Academy of Pediatric Dentistry, the Dental Health Section of the NC Department of Health and Human Services, the UNC-CH School of Dentistry, and other appropriate groups to establish a dental advisory committee to work with the Division of Medical Assistance on an ongoing basis. The Advisory Committee should also include Medicaid recipients or parents of Medicaid-eligible children.*

  The Division of Medical Assistance is in the process of working with the NC Dental Society to develop an advisory committee, which will include Medicaid patients and providers, as well as representatives of all elements of organized dentistry in the state.

Increasing the overall supply of dentists and dental hygienists in the state with a particular focus on efforts to recruit dental professionals to serve underserved areas and to treat underserved populations

- *Recommendation #4: Establish an Oral Health Resource Program within the Office of Research, Demonstrations and Rural Health Development to enhance ongoing efforts to expand the public health safety net for dental care to low-income populations in NC. The state cost of this program would be $1.0 million for each year for three years.*

  No action taken. This program would be charged with recruiting dental professionals to serve in dental underserved areas, and providing seed grants to communities to leverage private funds to establish or expand community-based facilities that provide dental care.

- *Recommendation #5: The NC Dental Society should seek private funding from the Kate B. Reynolds Charitable Trust, the Duke Endowment, and other sources to establish a NC Dental Care Foundation for the purpose of assuring access to needed preventive and primary dental care services in underserved communities and for underserved populations in our state.*

  The NC Dental Society established the NC Dental Health Endowment through the North Carolina Community Foundation. The NC Dental Society will perform fund-raising activities to fund the Endowment. The three goals of the Endowment are: 1) Address the oral health needs of the state's underserved; 2)Conduct ongoing campaigns to fund the Endowment; 3)Apply endowment funds to support oral health programs for those with limited access to regular dental care. As of June, 2001, more than $50,000 of the $100,000 goal has been raised.

- *Recommendation #6: Revise the NC Dental Practice Act to permit specially trained public health dental hygienists to perform oral health screenings as well as preventive and educational services outside the public school setting under the direction of a licensed public health dentist.*

  The North Carolina General Assembly, in their 1999 session, passed legislation to revise the NC Dental Practice Act to permit specially trained public health dental hygienists to perform oral health screenings as well as preventive and educational services outside the public school setting under the general direction of a licensed public health dentist (Sec. 11.65 of HB 168)

  Two training events have taken place for hygienists to prepare them to exercise these practice privileges. The NC Oral Health Section has sought clearer language (clarification) in the Practice Act regarding these hygienist functions.

  The Dental Practice Act (and rules of the NC State Board of Dental Examiners) currently will allow public health dental hygienists to offer both preventive and clinical hygiene services to children served in public health settings. There are, however, limitations in funding and priorities in preventive dental education which inhibit the extension of these rules to the practice of public health dental hygienists in NC

- *Recommendation #7: The NC IOM, in conjunction with the NC State Board of Dental Examiners, the NC Dental Society, the Old North State Dental Society, NC Dental Hygiene Association, the NC Primary Health Care Association, the Dental Health Section and NC Office of Research, Demonstrations and Rural Health Development of the NC Department of Health and Human Services, should explore different methods to expand access to the services of dental hygienists practicing in federally funded community or migrant health centers,*

state-funded rural health clinics or not-for-profit clinics that serve predominantly Medicaid, low-income or uninsured populations. The study should include consideration of general supervision, limited access permits, additional training requirements, and other methods to expand preventive dental services to underserved populations.

The NC Oral Health Section is working to establish contracts to provide clinical hygiene services (under the temporary rules of the NC State Board of Dental Examiners) with appropriate agencies that need dental hygienists.

- *Recommendation #8: Existing and any future loan repayment programs established with the purpose of attracting dental professional personnel to work in rural or underserved areas should be accompanied by more stringent requirements to ensure that the dentists serve low-income and Medicaid patients.* Does not require legislation.

  The Office of Research, Demonstrations and Rural Health Development (ORHRD) was not given additional funding to recruit dentists to serve in rural areas of North Carolina, but the office was granted flexibility in their use of funds for educational loan-repayment. As the need for physicians has lessened, the priority can be shifted to dentists and hygienists who are willing to work in public health, rural and migrant health centers.

  The Duke Endowment and Kate B. Reynolds Charitable Trust contribute funds to build facilities while the ORHRD recruits dentists. Using loan-repayment funds, the Office is recruiting about 30 dentists per year. This "incremental" approach will yield 150 dentists working in approximately 75 sites over five years. The Office is also trying to recruit hygienists.

  ORDRH has established more stringent requirements to ensure that the dental professionals who were recruited using loan repayment programs will actively serve low-income and Medicaid patients.

- *Recommendation #9: The Board of Governors' Scholarship Program and other state tuition assistance programs should carry a requirement of service in underserved areas upon graduation.*

  No action taken.

- *Recommendation #10: The General Assembly should direct the NC State Board of Dental Examiners to establish a licensure-by-credential procedure that would license out-of-state dentists and dental hygienists who have been practicing in a clinical setting in other states with the intent of increasing the number of qualified dental practitioners in the state.*

No action taken. The NC State Board of Dental Examiners developed proposed statutory language and proposed rules for licensure-by-credential and submitted the proposed statutory language to the General Assembly. The NC Dental Society developed consensus support for draft legislation with broad access-to-care implications. This legislation included a proposal for: a five-year intern permit allowing dental school graduates to serve low-income populations; a faculty licensing provision (applicable to all educational institutions training dental professionals); a limited volunteer dental license for foreign-trained dental professionals working in dental educational programs; and licensure by credential for dentists and hygienists. In spite of the effort shown by the NC Dental Society and the NC State Board of Dental Examiners, the bill did not pass.

- *Recommendation #11: The NC State Board of Dental Examiners should be required to evaluate the competencies required by the different regional examinations to determine if these examinations ensure the same level of professional competence required to pass the North Carolina clinical examination. The NC State Board of Dental Examiners shall report its findings to the Governor and the Presiding Officers of the North Carolina General Assembly no later than March 15, 2001. If the Board concludes that participation in one or more regional examinations would not ensure minimum competencies, the Board shall describe why these other examinations do not meet North Carolina's standards and how the quality of care provided in North Carolina could be affected negatively by participating in such examinations. If the Board finds these exams to be comparable, procedures should be developed for accepting these examinations as a basis for North Carolina licensure in the year following this determination.*

  The NC State Board of Dental Examiners is gathering information about regional examinations and is planning to attend several exams during this year to observe their procedures and testing methods. Reports will be available following the visits.

- *Recommendation #12: The NC State Board of Dental Examiners should consider a change in the wording in the regulations governing Dental Assistants in order to increase access to dental services for underserved populations.*

  The NC State Board of Dental Examiners spent much of last year reviewing and revising its rules governing delegable functions for dental assistants and dental hygienists. New rules are to become effective August 1, 2000, with provisions for in-office training for dental assistants.

Increasing the number of pediatric dentists practicing in North Carolina and expanding the provision of preventive dental services to young children.

- *Recommendation #13: Increase the number of positions in the pediatric residency program at the UNC School of Dentistry from two-per-year to a total of four-per- year.*

  No action taken. This recommendation would require a new appropriations of $93,440 in the first year (to cover the costs of two pediatric residents and one dental assistant); $186,880 in the second year (to cover the costs of four pediatric residents and two dental assistants); and $252880 in the third year and thereafter (to cover the costs of six pediatric residents and two dental assistants).

- *Recommendation #14: The NC IOM, in conjunction with the NC Academy of Pediatric Dentistry, the UNC-CH School of Dentistry, the NC AHEC program, and the Dental Public Health Program within the UNC-CH School of Public Health, should explore the feasibility of creating additional pediatric dental residency program(s) at ECU, Carolinas Healthcare System, and/or Wake Forest University. A report should be given to the Governor and the Joint Legislative Commission on Governmental Operations no later than March 15, 2000. The report should include the costs of establishing additional pediatric dental residency program(s) and possible sources of funding for pediatric dental residency programs, such as state appropriations or the Health Resources and Services Administration (HRSA), within the U.S. Department of Health and Human Services.*

  No action taken. Meetings following the 1999 Task Force Report involving East Carolina University, the University of North Carolina at Chapel Hill, Wake Forest University, and Carolinas Medical Center led to a proposal that Wake Forest University begin such a program in Winston-Salem (with plan for two residents per year and total of four when program was fully enrolled). However, Wake Forest University was not able to recruit a pediatric dentist to lead this program. The American Dental Association ADA requires that all program directors be board-certified. There are only 1200 Board certified pediatric dentists in the nation and not all of them are practicing.

- *Recommendation #15: The Division of Medical Assistance is directed to add ADA procedure code 1203 to allow dentists to be reimbursed for the application of dental fluoride varnishes and other professionally applied topical fluorides without the administration of full oral prophylaxis.*

  The Division of Medical Assistance added this procedure code as of April 1, 1999.

- *Recommendation #16: Fund the Ten-Year Plan for the Prevention of Oral Disease in Preschool-Aged Children as proposed by the NC Dental Health Section. The goals of this effort would be to reduce tooth decay by 10% in all preschool children statewide in ten years; and reduce tooth decay by 20% in high-risk children statewide in ten years. The Ten-Year Plan would expand the use of public health dental hygienists from school-based settings to community-based settings such as day care centers, Smart Start programs, Head Start Centers and other community settings where high-risk children are located. The program would provide health education to mothers and caregivers, apply fluoride varnishes to young children, use dental sealants when appropriate, and provide continuing education courses for any professional who has contact with young children.*

  No action taken. This recommendation would require a new appropriations of $966,028 in the first year (to hire 10 public health dental hygienists, one field dentist supervisor, and four health educators), $1,827,673 in the second year (to hire and additional 10 public health hygienists, one field dentist supervisor and maintain staff hired in the first year, plus $165,000 for program evaluation), and $2,288,418 in the third year (to hire an additional 10 public health hygienists, maintain staff previously hired, plus $35,000 to complete the program evaluation).

- *Recommendation #17: The NC Dental Society, the NC Academy of Pediatric Dentistry, the Old North State Dental Society, the NC Pediatric Society and the NC Academy of Family Physicians should jointly review and promote practice guidelines for routine dental care and prevention of oral disease as well as guidelines for referring children for specific dental care, so as to provide all children with early identification and treatment of oral health problems and to ensure that their care givers are provided the information necessary to keep their children's teeth healthy.*

  No action taken.

- *Recommendation #18: The Division of Medical Assistance should develop a new service package and payment method to cover early caries screenings, education and the administration of fluoride varnishes provided by physicians and physician extenders to children between the ages of 9 and 36 months.*

  Provisions were put in place to allow pediatricians, nurse practitioners or physician's assistants to apply dental varnishes to the teeth of young children in order to more rapidly disseminate this proven preventive procedure among the state's low-income children. The Division of Medical Assistance began implementing this in the Carolina Access II and III project sites in the fall, 1999. They hope to implement this statewide by the spring 2000.

- *Recommendation #19: Support the enactment of HB 905 or SB 615 which would expand NC Health Choice to cover sealants, fluoride treatment, simple extractions, stainless steel crowns and pulpotomies.*

  NC Health Choice has been expanded to cover dental sealants, fluoride treatment, simple extractions, stainless steel crowns and pulpotomies. This provision was enacted as part of the 1999 Appropriations Act. (Sec. 11.9 of HB 168).

Training dental professionals to treat special needs patients and designing programs to expand access to dental services

- *Recommendation #20: The UNC-CH School of Dentistry, the NC AHEC system, and the NC Community Colleges that offer educational programs for dentists, dental hygienists and dental assistants should intensify and strengthen special-care education programs to train professionals on child management skills and how to provide quality oral health services to residents and patients in group homes, long term care facilities, home health, and hospice settings.*

  The UNC-CH School of Dentistry continues to offer predoctoral dental (DDS) students and dental hygiene students a variety of opportunities to develop knowledge and skills regarding child behavior management for dental care and dental care of people with disabilities. These opportunities include:

  Child behavior management for dental care:

  1. All dental students receive eight hours of classroom instruction on child behavior management. The DDS students obtain clinical experience by providing dental care for children in several settings in addition to the School of Dentistry including health departments and an Indian Health Service clinic. These sites offer students experience caring for children from a wide range of socioeconomic, ethnic and cultural backgrounds.

  2. All dental hygiene students receive two hours of classroom instruction on child behavior management. Students gain clinical experience by rotating through the Pediatric Dentistry Clinic. A special clinic elective is available for hygiene students who wish to gain additional pediatric dentistry training.

  Dental care for people with disabilities:

1. All dental students receive eight hours of classroom instruction on providing dental care for people with disabilities. Approximately 75% of the dental students elect also to participate in a 21-hour clinical experience providing

dental care for people with disabilities that live at a caregiver's home, group homes or supported apartments.

2. All dental hygiene students receive 2 hours of classroom instruction on providing oral health care for people with disabilities. Hygiene students also have the option of taking a special elective where they provide preventive dental care for people with disabilities. This rotation includes visits to group homes where the students meet the residents and the staff works with them on improving their oral hygiene and health.

   The Department of Pediatric Dentistry offers several AHEC courses focused on child behavior management and providing dental care for people with disabilities. These courses are provided several times per year throughout North Carolina. The Department of Dental Ecology also provides learning experiences in providing oral health care for children and people with disabilities.

- *Recommendation #21: Support the development of statewide comprehensive care programs designed to serve North Carolina's special care and difficult-to-serve populations.*

  Since the release of the NC Institute of Medicine's report on Dental Care Access in April, 1999, there have been a number of agencies that have established programs to provide dental services to institutional and other difficult-to-serve populations. However, additional work is needed to ensure that these programs are available statewide.

Educating Medicaid recipients about the importance of ongoing dental care, and develop programs to remove non-financial barriers to the use of dental services.

- *Recommendation #22: The Division of Medical Assistance, in conjunction with the NC Dental Health Section of the NC Department of Health and Human Services, should develop or modify community education materials to educate Medicaid recipients about the importance of ongoing dental care.*

  No action taken.

- *Recommendation #23: The NC Division of Medical Assistance should pilot test dental care coordination services to improve patient compliance and enhance the ability of low-income families and people with special health care needs to overcome non-financial barriers to dental care. The Division of Medical Assistance should evaluate the program to determine if care coordination increases utilization of dental care services. The evaluation*

should be reported to the Governor and the NC General Assembly no later than January 15, 2001.

The Division of Medical Assistance has health check coordinators in various counties that have tested dental care coordination to some degree. The Division is in the process of studying the results from these counties and plans to pilot test and extend dental care coordination to additional counties in the near future.