NORTH CAROLINA INSTITUTE OF MEDICINE
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2003 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.

Progress has been made on many of these recommendations. To date, 52% (12) of the recommendations have been fully implemented with solid indicators of accomplishment; 17% (4) have been partially implemented; and no action has been taken on 30% (7) of the recommendations. In sum, some action has been taken on 69% (16) 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.* **Partial implementation.**

  In 2000, plaintiffs (low-income Medicaid children in North Carolina) brought a lawsuit against NC DHHS challenging the adequacy of the dental reimbursement rates and the state's efforts to ensure access to dental care, *Antrican v. Bruton*. The lawsuit was settled in 2003. As part of the settlement, the Division of Medical Assistance increased the reimbursement rates for a selected list of dental procedures commonly provided to children. This set of 39 procedures was negotiated based on the initial recommendations of the plaintiffs, actual utilization of the

services, expected cost of the rate increases, and the amount of state funding made available by the General Assembly. The UNC Dental Faculty Practice fee schedule in effect at the time of the settlement was used as a benchmark to determine the increased rates. Based on available funds, the parties agreed to set rates at 73% of the UNC rate. Effective April 1, 2003, reimbursement rates for 36 dental procedures were raised to 73% of UNC rates. For three additional codes, Medicaid was already paying at above the 73% rate. These higher rates were maintained.

While these 39 procedures were selected primarily for their impact on children, more than two-thirds of the procedures (27 of 39) are also available for adults. So, Medicaid reimbursement rates have also been increased for selected adult procedures, such as examinations, x-rays, amalgam and composite fillings, periodontal treatment, and tooth extractions.

Based on utilization at the time of the settlement, these selected rate increases were estimated to cost $18.5 million in total dental expenditures on an annual basis. This represents an annual cost to the state of $5.9 million. Based on preliminary estimates for state fiscal year 2002-03, Medicaid spent a total of $130 million for dental care. Therefore, $18.5 million new dollars represents a 14% increase in the dental program. If use of dental services expands as is hoped, this increase would be larger.

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

  The NC Dental Society appointed Cindy Bolton, DDS, a general dentist from Reidsville, as chair of the Access to Care committee. The Access to Care committee is trying to encourage local dental societies to serve more low-income Medicaid patients.

- *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.* **Full implementation.**

  The NC Physicians Advisory Group (PAG), a non-profit organization of health care providers, was given a statutorily defined role by the

General Assembly in the 2001 session to give guidance to the Division of Medical Assistance in setting medical coverage policy. As part of the dental lawsuit settlement, DHHS Secretary Carmen Hooker Odom requested that the PAG add a dentist to its Board of Directors and set up a dental committee. The PAG has been working with the NC Dental Society to accomplish these tasks.

Upon recommendation from the NCDS, the PAG appointed Dr. Jasper L. Lewis, Jr., a pediatric dentist from Greenville to serve on the PAG Board of Directors. Dr. Lewis will also serve on the Dental Committee. The NCDS also has recommended that Dr. Cindy Bolton, a general dentist from Reidsville serve as Chair of the Dental Committee. Dr. Allen Dobson, Chair of the PAG Board and a family physician from Concord will also serve on the committee to provide a liaison to the medical community. Additional members appointed thus far include Dr. Michael Roberts, Chair of the Department of Pediatric Dentistry at UNC-CH, Dr. Sharon Nicholson-Harrell, Dental Director of FirstHealth Dental Care Centers and a member of the Old North State Dental Society, and Dr. Burton Horowitz, a pediatric dentist in private practice in Raleigh. Over time, the PAG may add to this core group of committee members based on identified needs for other expertise. Dr. Ron Venezie, newly appointed Dental Advisor to the Division of Medical Assistance will serve as dental liaison to the PAG and its dental committee.

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.* **Partial implementation (no funding, but intent of recommendation accomplished).**

  No funds have been allocated specifically for this purpose. However, the ORDRHD and NC DHHS Oral Health Section have worked with Kate B. Reynolds Charitable Trust to expand the number of dental safety-net programs. In 1998, there were 43 dental safety-net programs. Currently (2003), there are 72 programs. In addition, the ORDRHD helped recruit 112 dentists and 6 dental hygienists to serve in dental underserved areas since October 1999.

- *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. **Full implementation.**

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 2003, approximately $120,000 has been raised. The Dental Society is in the process of developing funding guidelines, to allow local communities to apply for grant funds. Dr. Cindy Bolton is chair of this Foundation. The goal is to start dispersing funds in the year 2004.

- *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.* **Full implementation**.

  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)

  To date (July, 2003), 30 hygienists who are currently serving in local health departments have been specially trained to prepare them to exercise under general supervision. The Dental Practice Act (and rules of the NC State Board of Dental Examiners) allows public health dental hygienists to offer both preventive and clinical hygiene services under general supervision to children served in public health settings. These specially trained hygienists typically see 8-10 patients a day.

  In addition to the services provided through local health departments, the Oral Health Section has trained hygienists with the Wilson Special Care Unit to work under general supervision of a state dentist. This is an allowable extension of the current law, as the hospital is part of the NC Department of Health and Human Services.

- *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. **Not implemented.**

Under the existing state law and dental regulations, dental hygienists employed by federally funded community or migrant health centers, state-funded rural health clinics or not-for-profit dental clinics, cannot practice under general supervision. However, contractual arrangements could be developed between a local health department (who would hire and supervise the hygienists), and other non-profit dental safety-net institutions that would give the hygienist the authority to practice under general supervision. To date (2003), no such arrangements have been developed.

- *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**. Full implementation**.

  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 was shifted to dentists and hygienists who are willing to work in public health, rural and migrant health centers. Using loan-repayment funds, the Office has recruited 112 dentists and 6 hygienists (since October 1999).

  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.* **Not implemented**.

  No action taken. In 2001, the North Carolina State Education Foundation Assistance Authority that manages the Board of Governor's Scholarship program, created a special task force to look at this issue. After a number of meetings, there was unanimous support for

instituting a requirement for recipients of the scholarship to practice for a time in an underserved area or to require repayment of the scholarship.

- *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.* **Full implementation.**

  In August 2002, Senate Bill 861 was signed into law (SL2002-37) to allow licensure by credentials for dentists and dental hygienists who have practiced in another state for at least 5-years without any disciplinary actions. The NC State Board of Dental Examiners enacted rules to implement this procedure, effective January 2003. As of January 2004, 58 dentists and 58 dental hygienists have received a license by credentials; 11 dentists and 19 dental hygienists have applications pending. Dental professionals have one-year from the time their application is approved to establish a practice in North Carolina. The Board knows if and where these people have set up practice when the license is renewed, which is annually.

  In addition to licensure by credentials, intern licenses and faculty licenses, the Board also issues provisional licensces and volunteer licenses.

- *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.* **Implemented, but no change as result of the study.**

  The NC State Board of Dental Examiners examined the other regional examinations and has recommended against pursuing this option any further.

- *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.* **Full implementation**.

  New rules became 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.* **Not implemented.**

  No action taken. This recommendation would require a new appropriation, which has not been acted upon by the NC General Assembly.

  In terms of increasing overall dental supply, the UNC School of Dentistry has increased the class size of its predoctoral program from 75 students to 80 students per class beginning with the DDS class of 2006 (which entered in August 2002). This increase was accomplished without any additional physical space or increase in faculty. Plans were introduced by the dental school and received approval by the University Board of Trustees and the Board of Governors to increase class size to 105 per class, which would require increased physical space and faculty positions. The General Assembly has not approved an increase in appropriations necessary to accomplish this.

- *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.* **Not implemented.**

  No action taken. Meetings following the release of 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 a 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 3783 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.* **Fully implemented.**

  The Division of Medical Assistance added this procedure code as of April 1, 1999 for Medicaid-eligible children age 0-20 years.

- *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.* **Not implemented.**

  No action taken.

- *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.* **Not implemented.**

  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.* **Fully implemented.**

  Provisions were put in place to allow pediatricians, family physicians, nurse practitioners, physician's assistants and other medical staff to apply fluoride varnishes to the teeth of young children (birth to two years) in order to more rapidly disseminate this proven preventive procedure among the state's low-income children. The Division of Medical Assistance began pilot testing this preventive package in the Carolina Access II and III project sites in the fall, 1999, and services are now available statewide in medical practices and local health departments where required staff training has been completed.

- *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.* **Fully implemented.**

  NC Health Choice was 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. **Fully implemented.**

  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 four hours of classroom instruction on child behavior management. Students gain clinical experience by rotating through the Pediatric Dentistry Clinic and the Orange County Health Department 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 six hours of classroom instruction on providing oral health care for people with disabilities in their senior year. Hygiene students also have the option of taking a special elective track where they provide preventive dental care for people with disabilities. This track includes ten hours of classroom instruction plus a 3-233k rotation at an intramural site (UNC hospitals and UNC School of Dentistry), or extramural sites: Dallas Children's Hospital (Texas), St. Jude's Hospital (Tennessee) and Mission St. Joseph's Hospital (Asheville, NC). Additional extramural sites continue to be developed.

   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.* **Partial implementation.**

  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.* **Not implemented.**

  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.* **Partial implementation.**

  The Division of Medical Assistance has health check coordinators in various counties that have tested dental care coordination to some degree. The Division of Medical Assistance will be assessing the effectiveness of the health check coordinators involvement in dental coordination during the FY 2004 year.

Additional steps Taken:

The UNC Dental School received funding from the Robert Wood Johnson and W.K. Kellogg Foundations to increase the number of rotational experiences for dental students in community-based clinics. Presently, third and fourth year dental students are required to complete 20 days of rotational experiences: one in a community-based clinic that serves underserved populations and one in a hospital-based clinic. A majority of these experiences are in North Carolina. The grants will allow for an additional 20 days of experiences in the fourth year for students who have completed all or most of their dental school requirements. These experiences will all be in NC based clinical sites that serve underserved populations or are in underserved areas. This additional exposure to clinical settings for the dental students will hopefully encourage some of the dentists to practice in underserved areas once they are licensed.