Addressing Oral Health Inequities During COVID-19 and Beyond

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Introduction

The novel coronavirus (COVID-19) has exposed the many holes in our health care delivery and other social safety net systems. Unfortunately, the communities that have been disproportionately affected by COVID-19 and the resulting economic conditions[i] are many of the same communities who struggle to access the oral health care they need.[ii] As many advocates shift focus to protecting the physical, emotional and financial health of their communities, we know that the need for access to critical dental care has not gone away.

Even before COVID-19, millions of people struggled every day to access oral health care, living with pain and unmet need.[iii] For those without adequate dental coverage and access to care, community health centers, federally qualified health centers and hospitals are often the only available sites of care. Many of these sites have been overwhelmed by COVID-19 and have had to make changes to their care delivery models, limiting people's access to routine dental and other essential services.[iv]

While we do not yet know the extent to which COVID-19 will exacerbate longstanding inequities in our oral health care system, it is certain that once this acute public health crisis abates, our nation's oral health crisis will remain. Therefore, Community Catalyst and its oral health partners across the country continue to strive for policies aimed at establishing a more just oral health care system. In this unique moment, we have the opportunity to transform a system that has historically left many without access to the oral health care they deserve. Now, more than ever, we need to invest in innovative ways of delivering care and ensuring that no community of people is left behind.

This brief explores several state policy options to respond to oral health care needs during this crisis and to carry us forward toward a more equitable oral health care system.

Universal and comprehensive dental coverage

Oral health is essential to overall health and wellbeing and attending to oral health needs may even reduce the risk of complications associated with COVID-19.[v] In addition to its connection to chronic conditions like heart disease and diabetes, dental disease can affect a person's school performance, employability and economic mobility.[vi] However, structural barriers and geographic factors continue to impede access to health and oral health care for many marginalized communities, including people of color, immigrants, American Indian and Alaska Native peoples, people with disabilities, LGBTQ+ people and low-income populations.[vii viii ix]

The health of all communities depends on access to comprehensive care, including oral health care, in the wake of COVID-19 and beyond. In order to access care, people first need a way to pay for it. The oral health community widely agrees that comprehensive dental benefits should be a mandatory component of all forms of insurance coverage for people across the lifespan.[x] This includes comprehensive benefits for adults enrolled in both Medicaid and Medicare as well as the essential health benefits available through

private Marketplace plans. It also includes inclusion of comprehensive oral health care in any universal coverage proposals. Currently, about a quarter of Americans lack dental coverage.[xi] Only 19 states provide Medicaid coverage for an extensive set of dental benefits; the rest cover a more limited set of benefits or only cover emergency care.[xii] Even within states that provide "extensive" coverage, there may be key procedures not covered or benefit caps that limit access. While truly universal coverage would require congressional action, state policymakers and advocates can lead the way by advocating for universal oral health coverage and demonstrating the value of protecting and expanding existing dental benefits.

For now: Increase Medicaid funding and protect dental benefits

Many states are already projecting significant budget shortfalls due to the economic impact of COVID-19.[xiii] Historically, when state revenue streams are under pressure, optional Medicaid services like adult dental are often the first to get cut.[xiv] Such cuts can serve to further strain emergency departments and have lasting impacts on the health of adults, families and communities.

At the federal level, this underscores the need to stabilize state Medicaid programs by automatically increasing the Federal Medical Assistance Percentages (FMAP) according to economic indicators like state unemployment rates and incentivizing states to expand Medicaid eligibility rather than reducing it.

State policymakers should carefully consider the long-term impact of cutting benefits like oral health services, both on the health of their citizens and on the Medicaid program itself. Without sufficient dental coverage, people often seek care for dental pain and oral health issues in emergency departments, which are not set up to provide comprehensive preventive or restorative oral health services. Increasingly, research indicates that forcing people with dental problems to seek care in the emergency room is ultimately more costly than covering preventive and routine care. Advocates should be prepared to defend against reductions in Medicaid dental benefits as such short-sighted measures will lead to greater oral health problems in the future and may cost states more in the long-run.[xv]

For the future: Secure universal dental coverage

COVID-19 has necessitated planned delays in the provision of non-emergency dental services. This means that future demand for routine care will only increase. Universal, comprehensive dental coverage will ensure that, once it's safe to do so, people can access care without worrying about cost.

While oral health care for children and adolescents is required in Medicaid, the Children's Health Insurance Program (CHIP) and most private insurance offerings, major gaps exist in the coverage landscape for working age and older adults. Currently, only two-thirds of state Medicaid programs provide dental coverage beyond emergency services, while Medicare Part B does not include dental coverage. In recent years, multiple bills have been introduced by members of Congress to target these gaps and require coverage of oral health care for adults in both Medicare and Medicaid.

However, the broader national conversation around universal health coverage has given rise to numerous legislative proposals, not all of which include dental benefits. This is, in part, a result of the shortcomings of existing coverage programs themselves; allowing individuals to buy into Medicare or Medicaid without expanding the scope of benefits would still leave millions of adults without access to oral health care. As such, any proposal aimed at expanding coverage or achieving universal coverage should include comprehensive, affordable oral health care for all eligible populations.

Improve access to and increase payment for teledentistry services

Teledentistry methods, which include relatively low-tech approaches like telephone and video consultations, as well as electronic storage and transmittal of patient records and imaging, offer people the ability to be evaluated and to get expert advice from their provider without needing to leave their home or make it to a clinic or dental office for an appointment. While the concept is not new, the physical distancing requirements necessitated by COVID-19 make teledentistry a more important tool than ever.

Federal agencies have encouraged the use of telehealth and teledentistry while discouraging routine non-emergency care.[xvi] The Centers for Medicare and Medicaid Services (CMS) recently issued a telehealth toolkit aimed at helping states establish a regulatory environment that facilitates the implementation of telehealth services and many states have already relaxed restrictions on telehealth and teledentistry while adjusting Medicaid coverage and payment policies to match.[xvii]

However, much like Medicaid dental coverage for adults, the policy environment for teledentistry varies considerably from state to state. Even if a state Medicaid agency decides to pay for oral health evaluations or other services via teledentistry, professional practice regulations may limit the impact of such policy changes. For example, some state boards of dentistry do not allow providers to practice via teledentistry, while many states simply have no regulatory guidance on teledentistry at all. Moreover, not all states that have seen changes to dental practice regulations in the wake of COVID-19 allow dentists to delegate provision of teledentistry services to dental hygienists, dental therapists or other licensed oral health providers, despite the fact that prominent teledentistry models rely heavily on non-dentist personnel operating under remote supervision.[xviii xix]

For now: Eliminate restrictions on teledentistry

In light of recommendations for dental providers not to offer non-emergency care amidst the COVID-19 pandemic, many people can't get the routine care they need. Teledentistry would allow people to access evaluation and get advice for at-home care until it is safe to receive more direct care from an oral health provider. State Medicaid programs can authorize coverage of tele-dentistry services immediately without seeking federal approval. Doing so will allow more people to get evaluations and even some preventive and routine care even while direct contact visits with providers are not possible. This will help people avoid pain and maintain their oral health during the pandemic while helping to alleviate some of the backlog offices and clinics expect to experience once they re-open.

State licensing authorities should also eliminate barriers to teledentistry by lifting restrictions on delivering oral health care via telehealth technologies and ensuring that all provider types are able to provide care either independently or under remote supervision.

For the future: Sustain and expand the use of teledentistry to increase access

Widespread public health crises are not the only, or even most common, barrier that limit peoples' ability to get to a dental appointment. Lack of providers in a community, lack of accessible transportation, inability to pay for care, among other social determinants, create barriers every day. Even after the COVID-19 pandemic has waned, expansion of teledentistry models, especially when paired with an expanded oral health care team, can extend the reach of the delivery system and help more people get access to timely care. In addition, teledentistry can serve as an ongoing mechanism for preventing and

managing dental disease beyond the walls of the dental clinic while allowing providers to establish and maintain a broader patient base.

Advocates should track immediate policy changes that have facilitated the expansion of telehealth and teledentistry services and urge policymakers to make such policies permanent. In addition to simply covering and reimbursing for care provided under remote supervision, state policymakers should consider how such approaches can be incorporated into future Medicaid transformation initiatives, performance improvement projects, and integrated care models designed to provide holistic, community-based health care.

Expand the dental workforce

While coverage itself is critical to improving access to oral health care and reducing cost barriers, the oral health care system's reach is limited by the availability of providers who are able to meet patient needs. With more than 56 million people living in dental health professional shortage areas[xx], our dental workforce isn't sufficient to meet current need and won't be nimble enough to expand in the wake of increased need post-COVID.[xxi] Authorizing dental therapists, expanding the scope of dental hygienists and ensuring that all members of the dental team can work at the top of their licenses is critical to right-sizing the oral health care workforce and addressing existing maldistribution of providers.

In addition, utilizing the full array of oral health workforce models is increasingly important in the context of COVID-19 as private dental practices and safety-net clinics alike find themselves facing significant declines in business and immediate financial uncertainty. By employing more cost-efficient providers who can be deployed within the community, practices may be able to serve more patients, especially those from underserved communities, while reducing overhead costs. This approach is further bolstered by the ability to provide care under remote supervision and through the use of teledentistry.

Spotlight: Lummi Nation

In order to continue responding to community oral health needs during COVID-19 and beyond, the Lummi Nation in Northwest Washington state has implemented an innovative care delivery model that leverages both teledentistry and an expanded oral health workforce. Utilizing an array of dental providers, including dentists and dental therapists, the Lummi Tribal Health Clinic (LTHC) deploys "runners" directly to patients' homes to deliver all that is needed for a patient to do a telehealth visit with a remote provider. Runners are equipped with WiFi hotspots, iPads and intraoral cameras so remote dental providers can conduct contactless patient evaluations and develop a care plan.

Runners also come equipped with at-home care kits designed to address a variety of dental problems. These kits may include oral hygiene supplies like toothbrushes and toothpaste or supplies to support more problem-focused interventions like temporary fillings and silver diamine fluoride. When needed, the remote dental provider can prescribe one of the kits and walk the patient through using it. Runners are even equipped with commonly needed medicines so the remote provider can prescribe what is needed.

This model allows LTHC to meet patient needs safely while overcoming transportation and connectivity barriers. By utilizing both teledentistry and dental therapists, LTHC is able to pivot to a more flexible and responsive model of care and maintain dentists' capacity to treat more complex and urgent needs in the clinic when necessary.

For now: Utilize the full dental team at the top of their scope

In the wake of the COVID-19 pandemic, the dental delivery system will need more providers to meet the increased demand for care and to ensure people can use their coverage. Dental therapists are cost efficient[xxii] and allow clinics to serve more patients with Medicaid coverage or no insurance.[xxiii] And as authorizing dental therapists does not create any new financial commitments for states, this offers an opportunity to conserve funds while still expanding access to care and improving the overall health of the patient population. Dental therapy has an emphasis on creating education pathways for people from underserved communities, resulting in a dental workforce that is part of the community it serves. In times of crisis, this allows more communities to be served by locally-based providers and limits peoples' need to travel for care.

Furthermore, expanding hygienists' scope of practice and allowing for the use of dental therapists provides additional opportunity to manage dental disease and avert costly emergency room care.[xxiv] By improving both the reach of the care delivery system and the oral health status of enrollees, state Medicaid programs can ensure that existing dental benefits are utilized in the most cost-effective way while preserving hospital capacity for COVID-19 treatment and other urgent needs.

Spotlight: Children's Dental Services – Minnesota

Children's Dental Services, based in Minneapolis, is the largest school-based oral health care provider in the state, primarily serving children from birth to age 26 as well as people who are pregnant. In addition, Children's Dental Services has a long history of utilizing both teledentistry and dental therapy. Over the past three years Children's Dental Services developed a Rural Telehealth Network linking 54 rural, remote and underserved communities across Minnesota. Today, their use of these two approaches allows them to identify urgent cases before patients enter the clinic and provide problem-focused follow-up care when necessary. Dental therapists on staff field calls from patients and conduct telehealth assessments, freeing up dentists to focus on emergency and hospital-based care.

As Children's Dental Services staff looks to the future of dental care delivery beyond COVID-19, they anticipate that being able to employ cost-efficient providers like dental therapists will enable them to meet pent up demand and prioritize safe, non-invasive care while minimizing overhead costs. The ability to deploy dental therapists into communities through a hub and spoke model also underscores the importance of maintaining state-level policies that facilitate remote supervision and teledentistry services.

For the future: Authorize dental therapists across the country and maintain expanded scope for the full team

Paired with comprehensive dental coverage and the ability to practice via teledentistry, an expanded dental workforce will help create a future where everyone can access the dental care they need, when and where they need it. Dental therapists offer the additional benefit of providing community-based care and building a dental workforce that is representative of the communities it serves.[xxv]

As states, managed care organizations and health systems look toward integrated models of care delivery, dental therapists may be useful in bridging the divide between the medical and dental care systems while also providing a more cost-efficient way to bring care to underserved individuals and communities.

Conclusion

These are not radical solutions, but they do represent a shift in how dental care is currently provided in this country. Together, universal, comprehensive coverage, the availability of a community-based care dental workforce and teledentistry can help create a robust oral health care delivery system that meets people where they are. There are immediate opportunities to lay the groundwork for one or more of these important policies given relaxed regulations during COVID-19 and additional opportunities for advocates to highlight how COVID-19 has exposed deeply rooted and long-standing inequities in the current dental delivery system. The fact that this is a difficult time for organizing and policy change only underscores how important this work is. In addition to pushing for COVID-19 response policies that include oral health, advocates can also think about long-term goals for building a dental delivery system that is responsive to and led by the needs of communities, especially those who are underserved by the current system.

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