

Introduction

Advancing Oral Health in America
April 2011

Improving Access to Oral Health Care
for Vulnerable and Underserved
Populations*
August 2011

Institute of Medicine & National Research Council* of the
National Academies

Committee on an Oral Health Initiative

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Continued

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- **Barbara Wolfe**, University of Madison-Wisconsin

Committee Process

Oral Health Initiative

- 5 committee meetings
- 1 commissioned paper
- 2 public workshops with 33 speakers
- 15 external reviewers

Oral Health Access

- 5 committee meetings
- 3 commissioned papers
- 1 public workshop with 19 speakers
- 15 external reviewers

Report Structure

Oral Health Initiative

10 organizing principles

7 recommendations

Overall mission:
attainment of *Healthy
People* goals and
objectives

Oral Health Access

2 guiding principles

4 overall conclusions

1 vision

10 recommendations in 6
key areas

Organizing/Guiding Principles

Oral Health Initiative

1. The Department of Health and Human Services (HHS) currently supports a broad spectrum of oral health activities that has had a significant and positive impact on the nation's oral health through oral health financing, research, workforce development, public health action, quality initiatives and technology.

Oral Health Access

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.

Recommendations: NOHI

Oral Health Initiative #1

The secretary of HHS should give the leader(s) of the New Oral Health Initiative (NOHI) the **authority and resources needed to successfully integrate oral health into the planning, programming, policies, and research that occur across all HHS programs and agencies**

Oral Health Initiative #7

To **evaluate** the NOHI, the leader(s) of the NOHI should **convene an annual public meeting of the agency heads to report on the progress of the NOHI**

HHS should provide a **forum for public response and comment** and make the final proceedings of each meeting available to the public.

Recommendations: Capacity

Oral Health Initiative #2

All relevant **HHS agencies should promote and monitor the use of evidence-based preventive services in oral health** (both clinical and community based) and counseling across the life span

Oral Health Access # 9 & 10: Expand Capacity

9. Ensure that each state has the infrastructure and support necessary to perform core dental public health functions

10. Expand the capacity of FQHCs to deliver essential oral health services

Recommendations:

Education

Oral Health Initiative #3

All relevant HHS agencies should undertake oral health literacy and education efforts aimed at individuals, communities, and health care professionals. These efforts should include, but not be limited to:

- The causes of oral diseases
- how to access oral health care;
- best practices in patient–provider communication skills

Oral Health Access # 3, 4, & 5: Dental Education & Training

3. Dental professional education programs should

- Recruit underrepresented populations;
- Require community-based education rotations
- Recruit faculty with expertise in caring for underserved populations.

4. HRSA should dedicate **Title VII** funding to these efforts

5. HRSA should dedicate Title VII funding to **dental residencies in community-based settings.**

- Subsequently dental residency should be required for licensure

Recommendations: Workforce

Oral Health Initiative #4

HHS should invest in workforce innovations to improve oral health that focus on:

- **Core competency development,**
- **Interprofessional, team-based approaches**
- **Best use of new and existing oral health care professionals;** and
- **Increasing the diversity and improving the cultural competence**

Oral Health Access # 1a, 1b, & 2: Integrating Oral Health / Optimal Laws and Regulation

1a. HRSA should convene key stakeholders to develop a **core set of oral health competencies** for nondental health care professionals.

1b. These core competencies should be incorporated into **accreditation and certification** of non-dental health professions

2. State legislatures should amend existing state laws, including practice acts, to maximize access to oral health care.

Recommendations: Payment

Oral Health Initiative #5

CMS should explore **new delivery and payment models** for Medicare, Medicaid, and CHIP to **improve access, quality, and coverage of oral health care** across the life span.

Oral Health Access # 6 & 7:

Reducing Financial / Admin Barriers

6. CMS should fund and evaluate state-based demonstration projects that **cover essential oral health benefits** for Medicaid beneficiaries.

7. To increase provider participation, states should

- Set Medicaid and CHIP **reimbursement rates** so that beneficiaries have equitable access to services
- Provide **case-management services**; and
- Streamline administrative** processes.

Recommendations: Research

Oral Health Initiative #6

HHS should place **high priority on efforts to improve open, actionable, and timely information to advance science and improve oral health through research by**

- **promote a more robust evidence base**
- **integrate, standardize, and promote public availability of relevant data bases**
- **measures of quality oral health care practices, cost and efficiency, and oral health outcomes.**

Oral Health Access # 8: Promoting Research

8. Fund oral health research and evaluation related to underserved and vulnerable populations, including

- **New methods and technologies**
- **Measures of access, quality, and outcomes; and**
- **Payment and regulatory systems.**

A Vision for Oral health Care in the United States

***Everyone has access to quality oral health care
across the life cycle.***

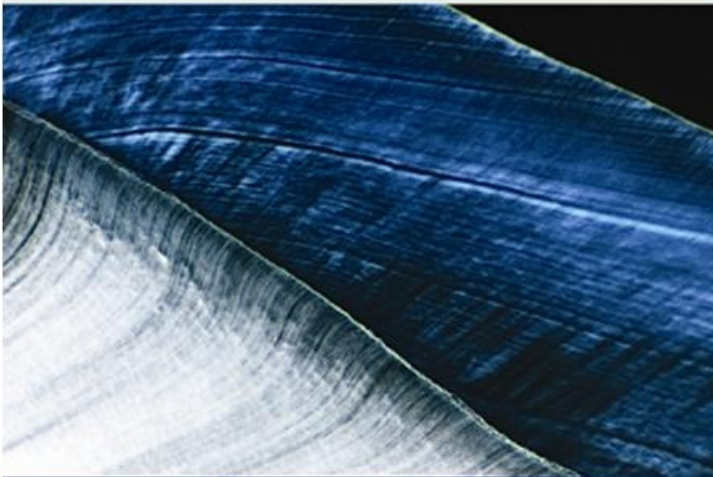
To be successful with underserved and vulnerable populations, an evidence-based oral health system will:

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

Key Areas for Future Success

- Strong leadership
- Sustained interest
- Involvement of multiple stakeholders

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