

Opportunities to Improve the Oral Health of California's Most Vulnerable Children



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Dental Health Care Needs of California's Children



- Fewer than half of children enrolled in Medi-Cal had a dental visit in 2013
- Less than ¼ of young children (ages 0-3) had a preventive visit in 2013
- California ranks in the bottom 10 states for providing dental care to children enrolled in Medicaid
- Nearly ¼ of California's children, ages 2-11, have never been to a dentist
- 71% of California children have tooth decay by third grade

Consequences of Poor Dental Health



- Harms overall health
- Impacts children's ability to learn and succeed in school
- Costs taxpayers and families in emergency room costs and lost school days
- Financially burdens families with health care costs, missed work and school, transportation costs, and other costs

Why Are Children Not Getting Dental Care?



- Not enough providers see children enrolled in Medi-Cal
 - Insufficient number of providers who see young children and children with special health care needs
 - Shortage of providers in certain geographic areas
 - Lack of providers who can meet the cultural and language needs of families

Why Are Children Not Getting Dental Care?



- Socioeconomic Barriers
 - Transportation costs
 - Parents unable to miss work
 - Child care for other children
- Lack of Knowledge Among Families
 - Families don't understand the importance of preventive oral health care
 - Families don't understand they have dental benefits or how to use them

California Children's Oral Health



Recent Policy Developments and Opportunities to Impact Children's Oral Health



Medi-Cal



More than half of ALL children in California are enrolled in Medi-Cal (more than 5 million)



Decreasing Access to Dental Care



- 10% rate reduction for Medi-Cal dental providers
- Elimination of California Children's Dental Disease and Prevention Program
- General lack of attention by state leadership to children's dental issues

Steps Toward Change

- Restoration of some dental benefits to adults enrolled in Medi-Cal
- Efforts to increase utilization of dental care by children, ages 0-3
- Improved system for locating a dentist that takes Medi-Cal
- Pediatric Oral Health Action Plan

Audit of Medi-Cal's Dental Program

- Problem: Too many children not getting needed dental care
- Advocates pushed for audit
- Joint Legislative Audit Committee approved the audit in late 2013
- California State Auditor conducted the audit throughout most of 2014 and released its final report in December 2014



Audit of Medi-Cal's Dental Program: Summary of Findings

- Uneven distribution of providers
- Increased enrollment further strained Medi-Cal's ability to meet the dental care needs of its enrollees
- Low reimbursement rates for dental services
- No annual review to assess rates' impact on access
- State has not monitored access well
- Ineffective efforts to increase utilization
- Data collection efforts lack specificity

Audit of Medi-Cal's Dental Program: Summary of Recommendations

- Establish criteria for assessing beneficiary utilization of dental services
- Establish criteria for assessing provider participation in the program
- Identify counties/geographic areas that don't meet criteria
- Address declining trends identified in monitoring process
- Resume reimbursement reviews
- Direct Delta Dental to contract with one or more entities to provide additional dental services in underserved areas

Dental Benefits in Covered CA

- Last Year
 - Dental coverage offered separately
 - Low take-up rate
- This Year
 - Dental coverage embedded in health plans
 - All children enrolled in health coverage through Covered CA have dental benefits



Dental Director

- 2014-15 Budget includes dental director
 - Licensed dentist
 - Epidemiologist
- Provides leadership and direction for oral health care in CA
 - Assessing oral health needs/developing a burden of disease report
 - Leading a collaborative process to create and manage a state oral health plan



Virtual Dental Home: AB 1174

- Virtual Dental Home uses changes in scope of practice and telehealth to bring dental care to where patients are, such as schools, Head Start sites, and nursing homes
- AB 1174 makes it possible to replicate and sustain the Virtual Dental Home
 - Allows RDHs and RDAEFs to decide which X-rays to take when examining patients and place interim therapeutic restorations
 - Requires Medi-Cal to reimburse dentists who provide care using telehealth



Opportunities for Change

- Hold the State accountable for the findings and recommendations in the Audit Report
- Bring dental care to children where they are
 - Invest in the Virtual Dental Home
 - Utilize current workforce to bring dental services to children, especially young children
 - Primary care providers/pediatricians
 - Promotoras and other community workers
 - Dental hygienists in the community
 - Utilize schools, Head Start sites, and other community based providers
 - Utilize telehealth and other technology



Opportunities for Change

- Address payment systems so that care is paid for where children are and payment is based on outcomes
- Ensure Medi-Cal has enough providers
 - Increase reimbursement rates
 - Address gaps in providers for various populations
 - Young children
 - Children with special health care needs
 - Children living in geographic areas that experience the greatest gaps
- Educate families about the importance of good dental health, their dental benefits, and how to access care



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