Costs, as much as location, impede dental-care access

Diverse testimony precedes proposed legislation

By Robert Selleck, Managing Editor

On June 7, Sen. Bernard Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., introduced the Comprehensive Dental Reform Act of 2012 in the Senate and House. The proposed legislation is titled “A bill to improve access to oral health care for vulnerable and underserved populations.”

In February, the Senate Subcommittee on Primary Health and Aging heard nearly 100 minutes of testimony at its hearing, “Dental Crisis in America: The Need to Expand Access.” The hearing focused on how to serve the reported one-third of the U.S. population that is not receiving adequate dental care. Extensive and diverse written testimony was submitted as well.

Several witnesses at the hearing spoke in favor of creating a new licensing concept for midlevel care providers, such as the dental therapists practicing in Alaska and Minnesota, which to date are the only states to have passed laws creating such licensing. The Dental Reform Act proposes a similar concept.

The governor of Kansas last month signed a bill that expands treatment capabilities for dental hygienists, enabling them to pull loose primary teeth, manually scrape decay from teeth and place temporary fillings. The Kansas law was created in response to a dentist shortage in parts of the state and to improve dental care for other vulnerable and underserved populations. The law also includes a provision enabling retired dentists to treat low-income patients or patients living in underserved areas of the state.

The subcommittee’s investigation into access-to-care issues wasn’t limited to potential expansion of midlevel-practitioner licensing, a concept that has been opposed by both the American Dental Association and the Academy of General Dentistry. Those organizations’ advocacy components contend that opening certain treatment capabilities to midlevel practitioners with less training than dentists is not the best strategy from a patient-care standpoint to address access-to-care challenges. Regarding other aspects of the proposed legislation, ADA President William

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Life, liberty and the pursuit of learning is the theme inspired by the Philadelphia location of the AGD’s 60th annual meeting. More than 70 education sessions — and even 15 hours of free C.E. credit on the exhibit hall floor — are beckoning dental professionals to the City of Brotherly Love this month.

Photo/B. Krist provided by GPTMC

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• Senate subcommittee listens to various perspectives on access to care; broad dental-care changes proposed

LETTER TO EDITOR IN CHIEF

• Writer examines AHA stance on periodontal disease and heart health

MEETINGS

• AGD looks at ‘Life, liberty and the pursuit of learning’ in Philadelphia
• Philadelphia museum packed with medical anomalies
• Intensive, five-day, hands-on implants training offered in Jamaica
• Greater New York Dental Meeting expands its international programs
• Hong Kong is host city for next FDI Annual World Dental Congress

INDUSTRY NEWS

• NSK develops and builds products in-house in response to client input
• Bulk pricing offered on Arm & Hammer, Orajel and Spinbrush
• DENTSPLY Caulk introduces new and improved products
• CareCredit writes $100,000 check to ADA’s Give Kids a Smile program
Questions on American Heart Association’s stance on periodontal disease and heart health

Dear Dr. Hoexter,

The recent article in the American Heart Association’s journal Circulation, titled “Periodontal Disease and Atherosclerotic Vascular Disease: Does the Evidence Support An Independent Association? A Statistical Statement From the American Heart Association” (published online 4/18/2012), combined with the American Heart Association’s press release of the same day, was discouraging in and of itself, and made more so by the prototypical way The New York Times reported on the story the next day.

Although I suspect that Circulation is not responsible for the AHA’s press release, the statement in the announcement that researchers who showed a “stronger relationship between” chronic periodontitis (PD) and ASVD “did not account for the risk factors common to both diseases,” is incorrect and inconsistent with the manuscript.

Unfortunately, the Circulation article is not unafflicted—insofar as its authors appear to have had an agenda that went beyond the scientific publications they reviewed. Although I agree with the authors that an unquantifiable number of ill-informed or unscrupulous practitioners engage inucksterism with regard to the several putative periodontal-systemic disease links, the statement in the article’s abstract that “Patients and providers are increasingly presented with claims that PD treatment strategies offer fail ASVD, protecting them, are often endorsed by professional and industrial stakeholders” is not supported by the data presented in the review.

Also revealing of the authors’ apparent bias is the final sentence of the article, which reads: “…statements that imply a causative association between PD and specific ASVD events or claim that therapeutic interventions may be useful on the basis of that assumption are un warranted.”

Hence, it appears as if the AHA’s recommendation to dentists, dental hygienists and others may be accurately paraphrased “Although we at AHA acknowledge that there are unexplained links between the incidence of PD and ASVD, because we can find no clear causal links, it is unwarranted for dental professionals to inform patients that periodontal health is associated with better cardiovascular health in any way if used to encourage better periodontal health and improved home oral hygiene.”

Do the Circulation authors, editors and the AHA really believe that this is a sound message, especially in light of the reality that an overwhelming majority of care to people falling outside of current care-delivery models.” We’re going to shine a spotlight on an issue that is not much talked about and we are going to do our best to solve this problem,” Sanders said.

Sen. Bernard Sanders, I-Vt., chairman of the U.S. Senate Subcommittee on Primary Health and Aging, leads the hearing on “Dental Crisis in America: The Need to Expand Access.” Photo Provided by U.S. Senate Committee on Health, Education, Labor and Pensions

See page D2 for the American Dental Hygienists’ Association stance on the access-to-care proposals.

R. Calnon, DDS, said in a news release, “We hope that our few areas of disagreement do not obscure our welcoming Sen. Sanders to this fight. His bill aims high, and that has long been needed. We fully support his intent, to help extend good oral health to all Americans.”

The proposed legislation addresses much of what the subcommittee heard from witnesses in February. That testimony frequently focused on the costs of dentistry and dentistry education—and the impact such costs have on where dentists practice and the types of patients they most typically serve (those with dental insurance or other means of paying for care). At the hearing’s 90-minute mark Sub-committee Chairman Sanders said, “Gener ally speaking, dentists make a pretty good income. Why is it that we have a dental shortage in this country? Why do we not have enough dentists?”

In response, Shelly Gehshan, MPP, director of the Pew Children’s Dental Campaign, Pew Center on the States, based in Washington, D.C., said the supply of dentists ebbs and flows with the economy, with the 1910s and 1920s producing a large contingent of dental school graduates before recessions forced closure of more than 200 dental schools. As a result, today’s large number of dentists retiring every year exceeds the annual number of dental school graduates. Dr. Whitmer, MSM, executive director at Community Health Centers of the Rutland Region, Rutland, Vt., said his organization just hired two recent dental school graduates for $115,000 in debt from financing their educations. He said it was only because of the National Health Services Corps and loan repayment assistance that the two were able to take the positions, which focus on delivering care to underserved populations.

Burton Edelstein, DDS, MPH, professor of dentistry and health policy and management at Columbia University, New York, N.Y., said that dental training requires universities to fully fund their own operations and high-end equipment purchases, unlike medical schools, which can rely on non-university hospitals for clinical training. The blending of operations and practices face similar expenses. The result: Providing dental services and/or training is a highly expensive proposition.

Gregory Fölsé, DDS, Director of Outpatient Care in Chicago, who is primarily a mobile concept serving the poor, disabled and elderly, praised the federal income tax system’s “incur mental medical expense allowance,” which he said enables him to earn enough to focus his practice on underserved populations. But he acknowledged that his income places him in the lower 10 to 15 percent of the profession in earnings. He spoke in support of the Special Care Dentistry Act, which he said enables development of a stronger infrastructure for delivering treatment to underserved populations.

Subcommittee members repeatedly referred to the access-to-care issue as a crisis. Sanders said more that 150 million people in the United States lack dental insurance; and for those who have it, benefits typically are capped at $5,000 to $2,000 per year, which covers only basic services. He said 47 million people live in areas where it is a challenge to find dental care. “This is an issue of enormous importance, and does not get the attention it deserves,” Sanders said.

The proposed legislation references the need for nearly 9,500 additional dentists to provide the nation’s oral health needs. Various witnesses and sub-committee members spoke of the growing supply of research linking oral health to overall health. Also acknowledged were the financial impacts on hospitals that have seen increasing numbers of patients using emergency rooms as their only option for dental care, which typically means just immediate symptoms are being addressed, not underlying causes and prevention.

The proposed legislation takes a multifaceted approach with a variety of programs that would make it more financially viable for dental professionals to provide care to people falling outside of current care-delivery models. “We’re going to shine a spotlight on an issue that is not much talked about and we are going to do our best to solve this problem,” Sanders said.

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