

# DENTAL SAFETY NET CAPACITY AND OPPORTUNITIES FOR IMPROVING ORAL HEALTH

Joint Commission on Health Care  
October 8, 2014 Meeting

Michele Chesser, Ph.D.  
Senior Health Policy Analyst

2

## Study Mandate

- In 2012, Senate Joint Resolution 50 (Senator Barker) directed the Joint Commission on Health Care (JCHC) to conduct a two year study of the fiscal impact of untreated dental disease in the Commonwealth of Virginia
- The study resulted in a policy option to include in the 2014 JCHC Work Plan a targeted study of the dental capacity of Virginia's oral health care safety net providers, and the option was approved by JCHC members during the Decision Matrix meeting last November

## Approved 2013 JCHC Policy Option

Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity *and educational priorities* of Virginia's *oral health care* safety net providers – *to include an in depth look at ways to more proactively divert patients from ERs to dental resources within their communities and to include discussion on alternative settings where additional providers (such as registered dental hygienists) can practice to access additional patient populations that are not being reached. The study and its objectives should be led by the many and diverse stakeholder in the oral health community:* The Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, *the Virginia Dental Hygienists' Association, the Virginia College of Emergency Physicians,* Virginia Dental Association, *Virginia Commonwealth University School of Dentistry,* Virginia Health Care Foundation, *Old Dominion Dental Society,* Virginia Oral Health Coalition, *Virginia Health Care Association,* and Virginia Rural Health Association will be asked to work with JCHC staff in determining the need for any *additional funding and resources to take care of Virginia's most vulnerable citizens. Furthermore, the group would be charged with taking a longer view of resources needed to improve education, awareness and proactivity for changing oral hygiene habits. The group would also collaborate with the Department of Education and other education stakeholders to expand oral health education in public schools.* (This approved option combines the amendments, in red, proposed by VDA, VDHA, VBPD, and VACEP during the public comment period)

## Background

- JCHC staff convened a work group of approximately 30 individuals representing a broad range of stakeholders
  - During the first work group meeting, it was decided to create five subcommittees to address the following issues identified as most relevant to the study
    - Dental safety net capacity
    - Development of an emergency department diversion plan
    - Potential expansion of the Remote Supervision of Dental Hygienists model developed by the Virginia Department of Health (VDH)
    - Education and prevention
    - Teledentistry
  - The full work group and subcommittees each met twice to review information and formulate ideas, for a total of 12 meetings

5

## Importance of Oral Health and Access to Care

- Dental disease, and the chronic pain that it often causes, affects one's overall physical health and the ability to thrive as a productive member of society. For example:
  - Dental pain affects an individual's ability to eat, sleep and perform regular daily activities, including going to school or work
    - Each year, approximately 51 million school hours are missed by children and an estimated 164 million hours of work are missed due to dental problems<sup>6,1</sup>
  - Bacteria and inflammation from oral disease have negative effects on conditions such as diabetes, cardiovascular disease, respiratory infection and osteoporosis; and can result in adverse pregnancy outcomes<sup>3,4</sup>
    - Diabetics are more susceptible to gum disease and tooth decay, and studies indicate that those who receive treatment for periodontal disease are better able to manage their blood sugar levels
    - Diabetics who received treatment experienced an average reduction in annual medical costs of \$1,814, had 33 percent fewer annual hospital admissions and 13 percent fewer annual physician visits<sup>2</sup>
    - Periodontal disease during pregnancy is associated with preterm birth and low birth weight<sup>2,5</sup>

6

## Untreated Dental Disease



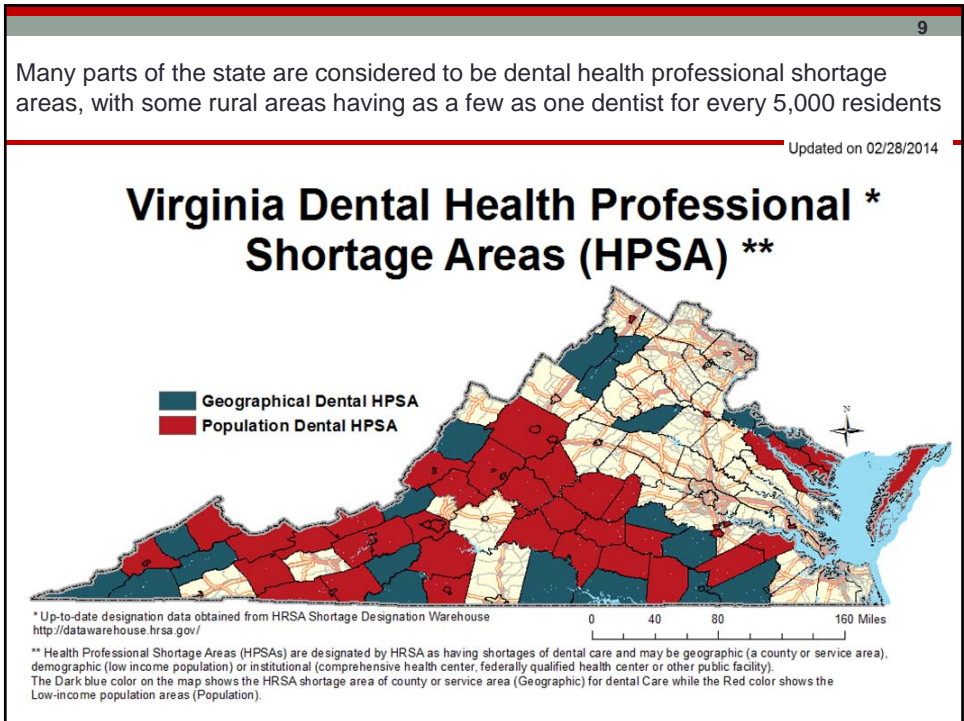
7

## Lack of Access to Dental Care

- 3.8 million Virginians do not have dental insurance
  - Dental insurance is not consistently provided through employers
    - Employer-sponsored dental insurance has been decreasing from 77% of full-time private U.S. workers in recent years to 57% in 2011
  - Although some Medicare Advantage plans may include a dental benefit, traditional Medicare does not provide dental coverage
  - Virginia Medicaid provides full dental coverage for children, but only covers emergency care to adults for medically necessary oral surgery and associated diagnostic services
    - Beginning in 2015, pregnant women who qualify for Medicaid will receive full dental coverage
- Due to the lack of affordable access to dental care, many low-income individuals rely on hospital emergency departments, safety net providers and/or charitable weekend dental fairs, such as Missions of Mercy (MOM), for their dental needs
  - All of these providers of dental care are limited in their ability to meet the needs of the large numbers of individuals with dental problems

8





- 10
- ## STUDY WORK GROUP TOPICS
- Dental Safety Net Capacity
  - Emergency Department (ED) Diversion Plan
  - Expansion of the Remote Supervision of Dental Hygienists Model
  - Education and Prevention
  - Teledentistry
-

## Dental Safety Net Capacity

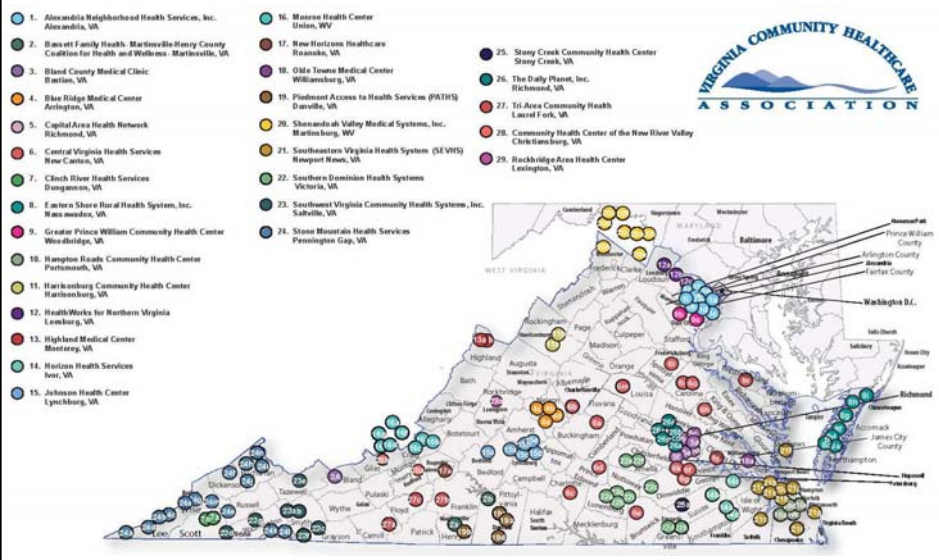
## Virginia Health Care Foundation

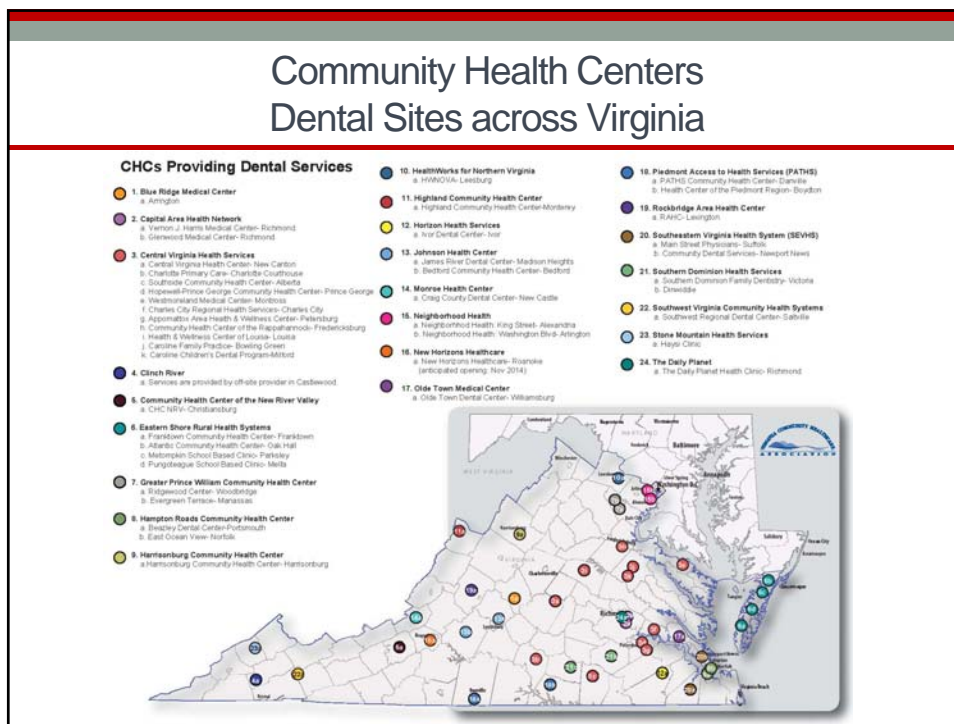
- The Virginia Health Care Foundation (VHCF) actively supports dental care for uninsured Virginians
  - The VHCF has invested \$10.7 million in dental grants to help establish or expand 46 of Virginia's 81 dental safety net clinics
  - VHCF partners with a dental company to enable providers serving the uninsured to receive a substantial discount on dental equipment and supplies, maintenance and repair, and dental practice management software
  - Working with Larell Dentures, VHCF is making dentures available to low-income, uninsured Virginians at 20 percent of retail value
  - VHCF's Dental Opportunities Coordinator (funded by a grant from Delta Dental of Virginia) helps Virginia's dental safety net providers address the challenges and concerns related to providing dental care to at risk Virginians

## Community Health Centers

- Community Health Centers (CHCs) are nonprofit organizations, located in medically under served areas, that provide comprehensive primary health care to anyone seeking services
  - There are over 130 health center sites, serving more than 300,000 patients
- CHCs provide medical, dental, pharmaceutical, behavioral health and prevention services
  - In addition to treating individual patients, health centers emphasize health promotion and disease prevention for entire communities
- In order to maximize limited resources, CHCs develop linkages in the community with other private and public providers, pharmacies, nursing homes and local businesses

## Community Health Centers Creating access to health care across Virginia





16

## Community Health Centers

### Income Levels of Patients as Percent of the Federal Poverty Level (FPL)\*

Income Levels	Number of Patients	Percent of Patients
100% FPL	169,222	59%
101 - 150% FPL	55,370	19%
151% - 200% FPL	23,387	8%
Over 200% FPL	38,625	13%
<b>Total</b>	<b>286,604</b>	<b>100%</b>

\*Does not include patients from Olde Town Medical Center or new sites for 2014

Source: 2013 Virginia Uniform Data System (UDS ) Report



## Community Health Centers

### Payer Sources of All Patients and Dental Patients\*

Payer Sources	Number of Total Patients	Percent of Total Patients	Percent of Dental Patients**
Uninsured	111,572	39%	61%
Medicaid	59,234	21%	16%
FAMIS (CHIP)	6,956	2%	2%
Medicare	43,500	15%	3%
Private Insurance	65,342	23%	15%
Other			3%
<b>Total</b>	<b>286,604</b>	<b>100%</b>	<b>100%</b>

\*Does not include patients from Olde Town Medical Center or new sites for 2014

\*\*Estimated percentages based on a sample of CHC sites, 2014

Source: 2013 Virginia Uniform Data System (UDS ) Report

## Community Health Centers

### Dental Services

- 24 Community Health Centers provide dental services at 44 sites (34% of all sites), plus 1 off site provider
  - 42,380 dental patients were seen in CY 2013\*
  - There were 104,428 dental visits in CY 2013\*
    - The average cost per dental visit is \$190.77
- The following are the number and type of dental personnel employed by CHCs:
  - 56 dentists (DMD & DDS)
  - 5 registered dental hygienists
  - 80 dental assistants (estimated)

\*Does not include patients from Olde Town Medical Center and new sites not required to file 2013 UDS report

## Community Health Centers

### Dental Services

- There are 150 operatories (dental chairs) housed in CHCs
  - Not all available operatories are being utilized at this time, often due to the inability to find or fund a dentist to provide services
- An estimated \$6.1 million of additional funds would be needed to cover the cost of providing dental care to the uninsured
  - The funding would insure stability of the existing safety net of CHCs providing dental services to low-income uninsured Virginians and to Virginians with Medicaid who do not currently have dental benefits
    - Extending dental benefits to the current population of Medicaid adults may bring a 50 percent match of Federal funding (FMAP)
  - The additional funding also would enable the CHCs currently providing dental services to extend care to a greater number of uninsured patients at their centers

\*Does not include patients from Olde Town Medical Center and new sites not required to file 2013 UDS report

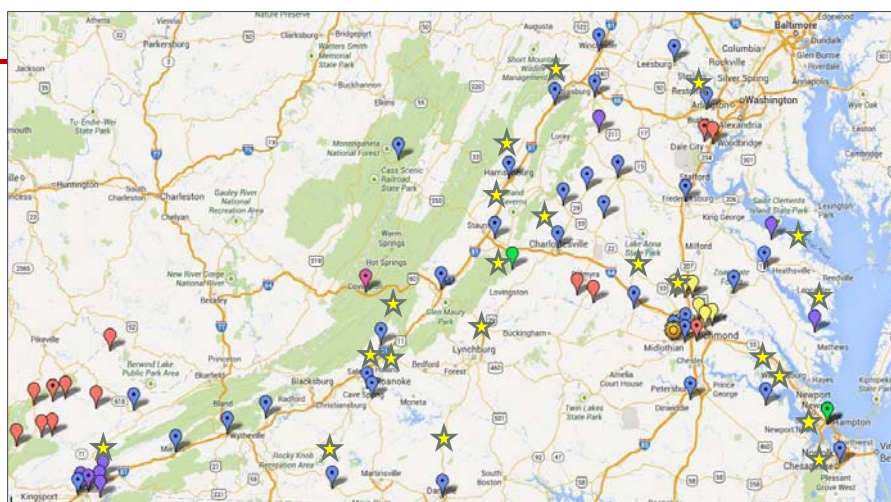
## Free and Charitable Clinics

- The Virginia Association of Free and Charitable Clinics has 60 member clinics
  - Over 72,000 adult patients were served by members in CY2013
    - Including 14,500 dental patients
  - Patients are at or below 200 percent of the federal poverty level (FPL)
- 25 Members provide on-site dental care
  - The number of patients treated ranged dramatically in 2013 from 53 to 1,762 (plus one outlier clinic which treated 2,207 patients)
- Five members provide off-site dental care by partnering with community dentists who render services at their office
  - These clinics treated a total of 181 patients in 2013, with the number treated at each site ranging from 5 to 76 patients
- There are 95 dental operatories within member clinics
- 462 dentists and 142 hygienists volunteer their time

## Free and Charitable Clinics with On-Site Dental

- Virginia Beach
- Bradley (Roanoke)
- Patrick County
- Charlottesville
- Chesapeake
- Botetourt
- Cross Over (Richmond)
- Fauquier
- Central Virginia (Lynchburg)
- Northern Shenandoah (Winchester)
- Gloucester-Mathews
- Hanover
- Goochland
- Harrisonburg
- Bristol
- Lackey (Yorktown)
- Moss (Fredericksburg)
- Mission Life (Fairfax)
- Northern Neck (Kilmarnock)
- Rescue Mission (Roanoke)
- HELP (Hampton)
- Shenandoah (Woodstock)
- Newport News
- Danville
- Western Tidewater (Suffolk)

## Free and Charitable Clinics



## Free and Charitable Clinics

- The total annual budget for dental care is \$5 million
- While free and charitable clinics are able to provide dental care to a significant number of Virginians in need, most are not able to meet the high demand for services in their community
  - Many clinics have significant wait lists. For example:
    - 76 patients of the Charlottesville clinic are on a waiting list with acute pain, and 515 patients have been waiting as long as two years for restorative work at the clinic
    - 754 persons are on a waiting list for dentures in SW Virginia and the clinics are no longer able to add more individuals to the list
    - According to a survey of clinics conducted by the VHCF, many clinics have stopped keeping a wait list because the demand is “overwhelming”

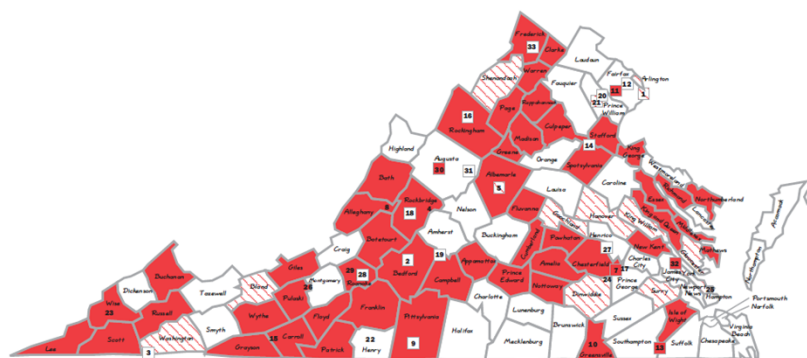
## Free and Charitable Clinics

- While almost one-half of Virginia’s free clinics offer some dental services, only 20 percent of all free clinic patients received any dental care in 2013
- Approximately one-third of free clinics providing dental care are only able to treat fewer than 100 patients per year
  - Three clinics provide dental care for one hour per week
- Only four free clinics provide dental care 30 or more hours per week

## Free and Charitable Clinics

- An additional \$3.3 million would be needed to expand dental capacity within clinics already providing on-site care and would provide:
  - Additional part-time and full-time dentists, dental assistants and hygienists
  - A part-time oral surgeon in at least one clinic
  - Supplies (especially dentures)
  - Additional chairs and accompanying materials
  - Physical expansion/construction needed for some clinics to add operatories
- With the added funding, all clinics combined would be able to treat 15,474 additional dental patients per year

**Localities with No Dental Safety Net Sites for Adults (2014)**



Cities		
1 Alexandria	12 Falls Church	23 Norton
2 Danford	13 Franklin	24 Petersburg
3 Bristol	14 Fredericksburg	25 Popponess
4 Buena Vista	15 Galax	26 Radford
5 Charlottesville	16 Harrisonburg	27 Richmond
6 Clifton Forge	17 Hopewell	28 Roanoke
7 Colonial Heights	18 Leesington	29 Salem
8 Covington	19 Lynchburg	30 Staunton
9 Danville	20 Manassas	31 Waynesboro
10 Emporia	21 Manassas Park	32 Williamsburg
11 Fairfax	22 Martinsville	33 Winchester

Key	
<span style="display: inline-block; width: 15px; height: 15px; background-color: red; border: 1px solid black;"></span>	No Dental Safety Net Site
<span style="display: inline-block; width: 15px; height: 15px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, red 2px, red 4px); border: 1px solid black;"></span>	Services Available Part-Time
<span style="display: inline-block; width: 15px; height: 15px; background-color: white; border: 1px solid black;"></span>	Services Available Full-Time (4 or more days/week)

Virginia Health Care Foundation  
www.vhcf.org  
(804) 828-5804

## Development of ED Diversion Plan

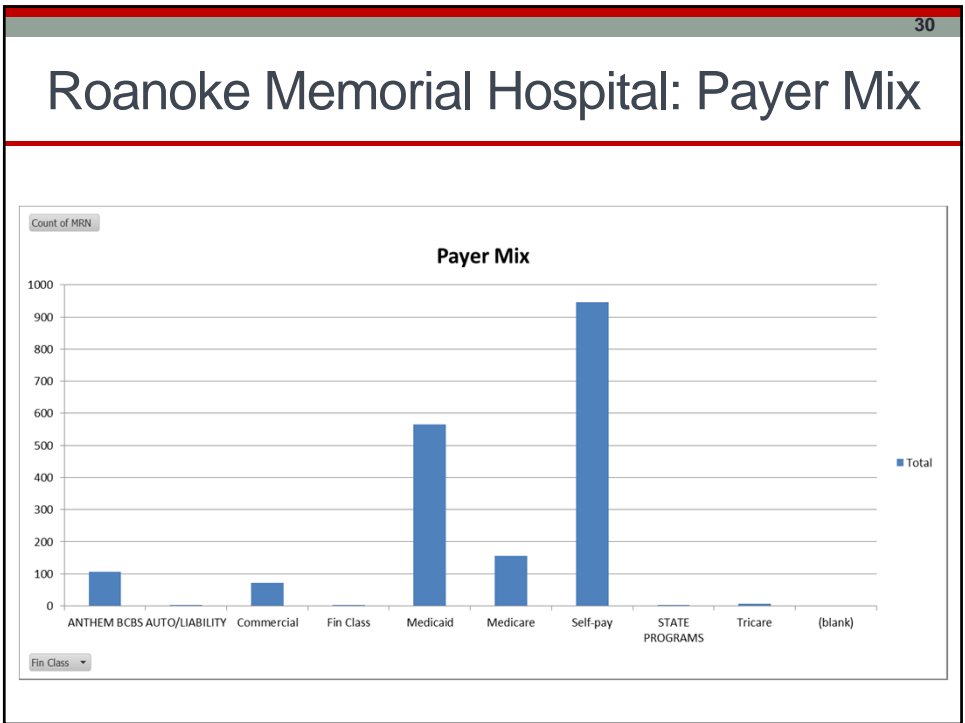
### Emergency Department (ED) Diversion Plan

- In the United States, lack of access to dental care often means people with dental problems seek care in emergency departments which are the most expensive treatment provider
  - Approximately 1.7 percent of visits to an ED are for oral health problems
  - ED patients are often only treated for pain and/or given antibiotics for infection
- Data obtained this year from five Virginia hospitals indicate that the proportion of ED visits that are dental related mirrors the national estimate of 1-2 percent
  - At the Bon Secours hospital in Maryview, there were 250 ED dental visits by uninsured individuals in FY 2013
  - At the Chesapeake Regional Medical Center, 588 ED dental visits were listed as self-pay for September 2013 to September 2014
  - More in-depth data were available for three hospitals: Roanoke Memorial, Virginia Commonwealth University Health System, and Memorial Hospital of Martinsville and Henry County

29

## Roanoke Memorial Hospital (Carilion)

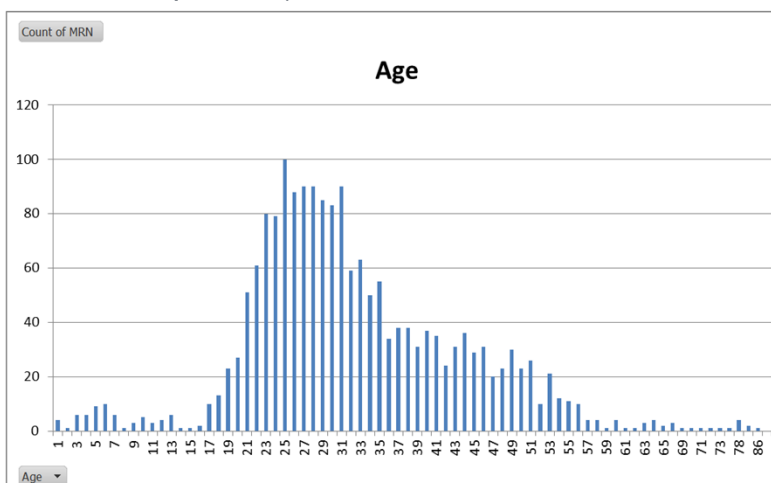
- Between October 1, 2010 and April 30, 2012, there were 1,857 patients, representing 1.5 percent of all ED visits, who presented with a chief complaint of a dental problem or dental pain
- The top two payers were self-pay patients and Medicaid
  - Combined, they represented 81 percent of the 1,857 dental patients
  - 940 of the ED dental visits were listed as self-pay



31

## Roanoke Memorial Hospital: Demographics

- 61 percent of dental patients were 21 to 35 years of age (1124 of 1857 patients)



32

## VCU ED Diversion Pilot Program

- The year before initiation of a pilot ED diversion program, 2,618 patients with dental-related problems were managed in the VCU emergency department
- Patients who presented at the ED were given the option to visit the Urgent Dental Care Clinic and be evaluated by an oral and maxillofacial surgery resident to determine appropriate treatment
  - If no medical problems or oral surgery was required, the resident either treated the patient or gave palliative care and an appointment for a later date
  - Patients who needed other types of nonsurgical dental care were provided with a prescription and given a list of dental clinics or offices that either offered free or reduced fee care
- During the first year of the pilot program, the number of patients seen in the ED decreased to 1,249 and the number of dental patients with 2 or more visits to the ED declined by 66 percent



33

## VCU Health System ED Data, FY2013\*

Dental Treatment Code	Total # of Visits	# of Adult Visits	# of Pediatric Visits
Unspecified Dental Caries (521.0)	273	258	15
Pulpitis (522.0)	3	3	
AC Apical Peridontitis (522.4)	11	9	2
Periapical Abscess (522.5)	339	320	19
Radicular Cyst (522.8)	1	1	
Gingivitis, Acute and Chronic (523.0, .10, .11)	31	24	7
Gingival Recession, Severe (523.23)	1	1	
Aggressive Periodontitis (523.23, .30)	2	2	
Periodontitis, Acute or Chronic (523.33, .40)	21	20	1
Periodontal Disease NEC (523.8)	5	4	1
Gingival/Periodontal Disease NOS (523.9)	1	1	
Cellulitis/Abscess Mouth (528.3)	9	9	
<b>Total Number of Visits</b>	<b>697**</b>	<b>652</b>	<b>45</b>
<b>Total Number of Patients</b>	<b>660</b>	<b>615</b>	<b>45</b>

\*Number of individuals who presented to the emergency department with a dental-related primary complaint

\*\*The total number of dental related visits in FY2007, prior to implementation of diversion plan, was 2618

34

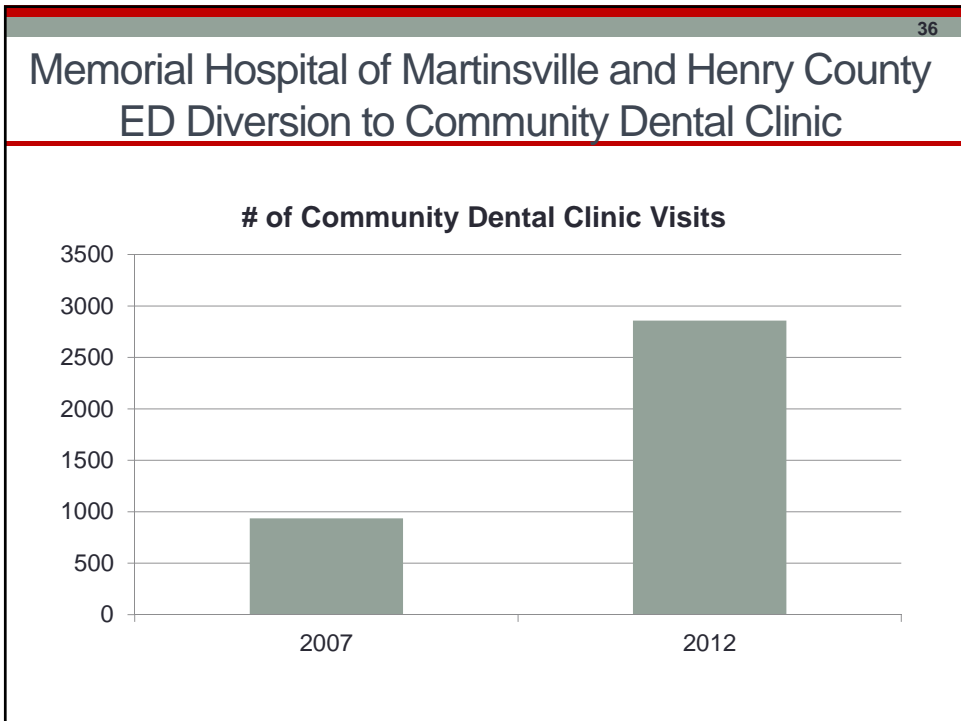
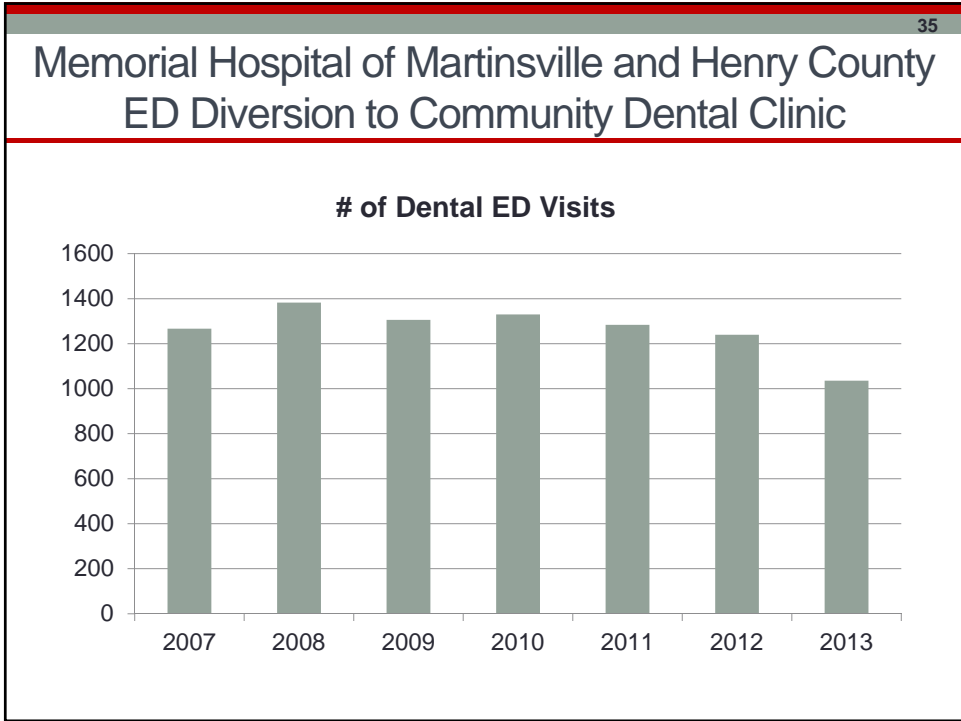
## VCU Health System ED Data, FY2013\*

Payer	Total # of Visits	Total Charges	# of Adult Visits	Adult Charges	# of Pediatric Visits	Pediatric Charges
Commercial	44	\$44,474	39	\$40,114	5	\$4,360
Medicaid	148	\$156,533	112	\$123,181	36	\$33,352
Medicare	47	\$54,618	47	\$54,618		
Uninsured	455	\$457,884	451	\$454,798	4	\$3,086
Other	3	\$2,194	3	\$2,194		
<b>Total</b>	<b>697</b>	<b>\$715,703</b>	<b>652</b>	<b>\$674,905</b>	<b>45</b>	<b>\$40,798</b>

Percent of ED visits classified as dental: 0.96%

Percent of ED charges classified as dental: 0.43%

\*Number of individuals who presented to the emergency department with a dental-related primary complaint



37

## Survey of ED Use for Dental Care Among MOM Participants

- The ED diversion plan subcommittee worked with the Virginia Dental Association Foundation to create a questionnaire on emergency department use for dental needs that was disseminated to patients at the Missions of Mercy (MOM) event in Grundy, Virginia last weekend
  - The results provide information about the experiences of uninsured individuals who have sought care in a hospital emergency department
  - The questionnaire was given to persons waiting in line to receive dental services
  - Individuals were informed that their participation was voluntary and 362 of 446 patients completed the questionnaire, resulting in a 81 percent response rate

38

### Grundy MOM Survey

The Virginia Dental Association Foundation is looking for ways to better assist you in finding the dental care you need. It would help us to know how many people have to go to the emergency room (ER) for dental care. Your participation in the survey is voluntary, but we would really appreciate your help on this. Thank you!

- Have you ever used the emergency room (ER) of a hospital for a dental problem?  
 Yes  No

*(If you answered no, please stop here. You do not need to finish the survey. Thank you!)*

- If you answered yes to the above question, for your **most recent visit to the ER** did they
  - Suggest you see a dentist, but did not provide information about where to go?
  - Suggest you see a dentist and provide you a list of dentists (address and phone number) where you could be treated?
  - Suggest you see a dentist and provide a referral to a specific dentist who would treat you for free or at a reduced fee?
  - Tell you that further treatment was not needed?
  - Other (Please explain: \_\_\_\_\_)

- How many times within the last **12 months** have you gone to the emergency room (ER) **for a dental problem**? \_\_\_\_\_ times

- How many times within the last **3 years** have you gone to the emergency room (ER) **for a dental problem**? \_\_\_\_\_ times

- Regarding your **last visit** to the emergency room **for a dental problem**, what kind of care did they provide? If they provided more than one type of care (like prescribing medicine for an infection and medicine for pain) then please put an **X** next to all that apply.

- Prescribed medicine (like antibiotics) for an infection \_\_\_\_\_
- Prescribed pain pills \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

- In which county or city/town do you live? \_\_\_\_\_

39

## Survey of ED Use for Dental Care Among MOM Participants

- 16 percent of the respondents indicated that they had used a hospital ED for dental problems
- When asked about their last experience to the ED
  - 72.3 percent were told by ED staff that they needed to see a dentist, but were not given information about where to seek care
  - 21.3 percent were told they needed to see a dentist and were provided a list of dental clinics they could contact to make an appointment for treatment
  - 4.3 percent were told they needed to see a dentist and were given a referral to a specific dental clinic where they could be treated for free or at a reduced rate
  - 2.1 percent were told that they did not require further treatment

40

## Survey of ED Use for Dental Care Among MOM Participants

- 35 individuals (9.7 percent) responded that they had been to an ED for dental issues in the past 12 months
  - Of these, 80 percent had been one or two times
- 44 individuals (12.2 percent) indicated that they had been to an ED for dental issues in the past three years
  - Of these, 54.6 percent had been one or two times, and 15.9 percent visited three to four times
- When asked about the type of treatment that was provided
  - 59.6 percent received an antibiotic
  - 63.8 percent received pain medication
  - One individual indicated that the doctor had numbed the painful area, and another mentioned that he had been instructed to take an over the counter pain medication

## Current Feasibility of Creating a Statewide ED Diversion Plan

- Preliminary data indicate that ED diversion plans can be effective in helping individuals find the oral health care they need in a more appropriate setting
- However, these programs are only possible in localities in which there is a dental school or full-time community dental clinic to receive the diverted ED dental patients
  - Significant portions of the State lack a dental safety net facility
  - In the localities with a dental safety net provider, many have waiting lists and/or lack the resources to care for all who are in need of services

## Expansion of the Remote Supervision of Dental Hygienists Model

---

43

## Expansion of Remote Supervision of Dental Hygienists Model

- In 2009, the General Assembly enacted legislation to reduce the dentist oversight requirement for hygienists employed by VDH in selected dentally underserved areas
  - VDH dental hygienists are allowed to work under the remote, rather than general or direct, supervision of a dentist
  - Remote supervision means “a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but who has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and who is not necessarily onsite with the dental hygienist when dental hygiene services are delivered.” Under remote supervision, VDH hygienists may perform:
    - Initial examination of teeth and surrounding tissues, charting existing conditions
    - Prophylaxis of natural and restored teeth
    - Scaling using hand instruments and ultrasonic devices
    - Providing dental sealant, assessment, maintenance and repair
    - Application of topical fluorides
    - Educational services, assessment, screening or data collection for the preparation of preliminary records for evaluation by a licensed dentist

44

## Expansion of Remote Supervision of Dental Hygienists Model

- Remote supervision dental hygienists provide services in elementary schools utilizing portable equipment
- In 2012, additional legislation was passed allowing a dental hygienist employed by VDH to practice throughout the Commonwealth under the protocol established for the pilot program
- The program has “improved access to preventive dental services for those at highest risk of dental disease, as well as reduced barriers and costs for dental care for low-income individuals”\*

\*Report on Services Provided by Virginia Department of Health Dental Hygienists Pursuant to a “Remote Supervision” Practice Protocol, 2013

45

## Expansion of Remote Supervision of Dental Hygienists Model

- The Board of Health Professions is currently considering the expansion of the remote supervision of dental hygienist model, but no action has been taken at this point
  - The Board met on September 27, but did not have a quorum and; therefore, was unable to call a vote on the issue
- Options to expand the model include allowing dental hygienists not currently employed by VDH to practice via remote supervision in other settings such as safety net facilities, hospitals, nursing homes or all dental sites, including the private sector, in order to provide access to a greater portion of Virginia's at-risk, underserved population
- Our work group considered the range of expansion options and the majority of members support an incremental approach with initial expansion to safety net facilities

46

## Expansion of Remote Supervision of Dental Hygienists Model

- Further, it was suggested that a work group of primary stakeholders, including Virginia Dental Association, Virginia Dental Hygienists' Association, Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, Virginia Oral Health Coalition, Virginia Board of Dentistry, Old Dominion University's School of Dental Hygiene, and Virginia Commonwealth University's School of Dentistry, be created to develop a pilot program for the expansion of the remote supervision model, giving stakeholders the chance to be involved in determining the bounds/scope of the model and the specific protocol

## Education and Prevention

---

## Education and Prevention

---

- The subcommittee focused on improving oral health education in the Virginia school system
- Currently, the topic of oral health is only covered in the kindergarten and first grade Standards of Learning (SOLs)
- The subcommittee, including members from the Virginia Department of Health and the Virginia Department of Education, submitted recommendations for inclusion of oral health education in all school grades' SOLs, along with the curriculum, "Saving Smiles Series," developed by VDH for kindergarten through 10<sup>th</sup> grade
- It is expected that on-going age appropriate education on the importance of oral health, including how to care for one's teeth and the need for regular check-ups, will help prevent cavities and other dental disease throughout the individual's life course



## Teledentistry

## Teledentistry

- Questions remain regarding the range of appropriate uses for teledentistry and the obstacles that may need to be addressed in order to facilitate teledentistry in Virginia
  - *The Code of Virginia* includes a section on reimbursement for telemedicine; however, it does not specifically mention teledentistry
    - As a result, it is unclear whether, and what types of, teledentistry can be billed for reimbursement
- The Virginia Oral Health Coalition created a teledentistry work group in September, 2013 and its members are currently investigating these issues
  - JCHC study work group members recommend encouraging the efforts of the Coalition's work group and suggest a report of its findings be submitted to JCHC by October 2015

## Policy Options

**Option 1:** Take no action.

**Option 2:** Introduce budget amendments to increase funding for the following safety net providers for the provision of dental services.

- \$3.3 million for the Virginia Association of Free and Charitable Clinics member clinics
- \$6.1 million for Community Health Centers
- \$1 million for the Virginia Health Care Foundation for the creation of additional dental safety net sites.

## Policy Options

**Option 3:** Introduce a budget amendment for \$ \$9,530,325 GFs and \$ \$9,530,325 NGFs in FY 2016 to expand Medicaid to include preventive dental coverage for adults.

**Option 4:** Introduce a budget amendment for \$63,535,499 GFs and \$63,535,499 NGFs in FY 2016 to expand Medicaid to include full dental coverage for adults.

## Policy Options

**Option 5:** Introduce a budget amendment for \$400,000 GFs to allow the Virginia Department of Health to establish an Oral Health Workforce Fund.

**Option 6:** Request by letter of the JCHC Chair, that a representative of the Virginia Oral Health Coalition's Teledentistry Work Group report on their efforts to JCHC by October 2015.

## Policy Options

**Option 7:** Request by letter of the JCHC Chair, that a work group of primary stakeholders, including Virginia Dental Association, Virginia Dental Hygienists' Association, Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, Virginia Oral Health Coalition, Virginia Board of Dentistry, Old Dominion University's School of Dental Hygiene, and Virginia Commonwealth University's School of Dentistry, be created to develop a pilot program to expand the remote supervision of dental hygienists model to safety net facilities

- The work group should report to JCHC by October 2015.

## Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on October 30, 2014. Comments may be submitted via:
  - E-mail: [sreid@jchc.virginia.gov](mailto:sreid@jchc.virginia.gov)
  - Facsimile: 804-786-5538 or
  - Mail to: Joint Commission on Health Care  
P.O. Box 1322  
Richmond, Virginia 23218
- Comments will be summarized and presented during the JCHC meeting on November 5<sup>th</sup>.

## Internet Address

Visit the Joint Commission on Health Care website:  
<http://jchc.virginia.gov>



### Contact Information

[mchesser@jchc.virginia.gov](mailto:mchesser@jchc.virginia.gov)  
900 East Main Street, 1st Floor West  
P. O. Box 1322  
Richmond, VA 23218  
804-786-5445  
804-786-5538 fax

## Citations

1. Council of State Governments, Talking Points: Preventing Dental Decay. [www.healthystates.csg.org](http://www.healthystates.csg.org)
2. Jeffcoat M, et al. 2012. Periodontal therapy reduces hospitalizations and medical care costs in diabetics. University of Pennsylvania, Philadelphia PA, United Concordia Companies, Inc.
3. National Institute of Dental and Craniofacial Research. 2005. "Study finds direct association between cardiovascular disease and periodontal bacteria." February 7.
4. Humphrey, Linda et al. 2008. "Periodontal disease and coronary heart disease incidence: A systematic review and meta-analysis." *J Gen Intern Med.* 23(12). September 20. 2079-2086.
5. Shenoy RP et al. 2009. "Periodontal disease as a risk factor in pre-term low birth weight: An assessment of gynecologists' knowledge, a pilot study." *Dent Res.* 20:13-6.
6. <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>