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**FIVE YEARS LATER: DENTAL ACCESS FOR CHILDREN***Significant Progress Made but Challenges Remain To Increase Oral Health Access***Executive Summary**

Spurred by Deamonte Driver's tragic death five years ago, Maryland has initiated fundamental reforms to address dental access issues for low-income children. Encounter data shows a steady rise in annual dental visits for low-income children. Much of this progress can be attributed to the launch of the Maryland Healthy Smiles Program, the increase in dental reimbursement rates, and consistent funding of the oral health safety net. The development and release of the Maryland Oral Health Plan and the Inaugural Oral Health Summit in October 2011 show continued commitment to improving the oral health status of Maryland's children—but there is work to be done.

**Background**

As an original member of the Dental Action Committee (DAC) charged with addressing the dental access issues highlighted by Deamonte Driver's death, ACY continues to actively monitor the State's progress in implementing the DAC's recommended reforms and their impact on children's access to oral health services.

Over the past five years Maryland has implemented 5 of the 7 DAC Recommendations. These include:

- Moving to a single statewide dental vendor to administer Medicaid dental services—called the Healthy Smiles Dental Program;
- Increasing Medicaid dental reimbursement rates—the first of three promised increases has gone into effect—the first targeting preventive services;
- Enhancing and expanding the dental public health infrastructure; all 24 jurisdictions provide local health department or community based oral health clinics—up from 12 in 2007;
- Establishing a public health level dental hygienist to provide preventive services in public health settings and thus increase capacity.
- Providing dental training for dental and medical providers to increase access to care for Medicaid enrolled children; Maryland has

increased the number of dentists trained in pediatric dentistry, given over 500 general dentist's specific training in care for young children, and provided training in fluoride varnish application, oral health risk assessment, oral health disease prevention, and related oral health issues to 651 pediatricians, nurse practitioners, family physicians and other medical providers.

While so far unable to generate funding for a statewide school screening and case management program, the State has begun to address the sixth DAC recommendation through pilot programs including programs run by Choptank, a Federally Qualified Health Clinic on the Eastern Shore, and the Deamonte Driver Dental Van Project in Prince George's County. With assistance from the Prince George's County Local Health Department and the Robert T. Freeman Dental Society Foundation, 1,671 children received dental examinations and an additional 1,931 received oral health education in 2010-2011. Of these children, the project identified 367 children with immediate or urgent care needs and referred them to area clinics<sup>1</sup>. As this data shows, it is critical that school based screening programs be implemented across the state.

The seventh DAC recommendation urged development of a statewide, unified oral health message. The final recommendation to be addressed and implemented was initially deferred to make sure that the increased demand created by strong messaging did not exceed capacity. In 2010, Maryland received \$1.2 million in federal funding to develop its messaging campaign.

The State also received a DentaQuest grant that helped the University of Maryland conduct surveys and focus groups to determine knowledge levels around oral health. The State has worked closely with the successor organization to the DAC, the Maryland Dental Action Coalition (MDAC) to define and develop its first "statewide, uniform oral health message". The target date for the campaign launch is

<sup>1</sup> 2011 Annual Oral Health Legislative Report; additional figures provided by Office of Oral Health



March 23, 2012. Initial messaging will be targeted at pregnant women and parents of children under age 3.

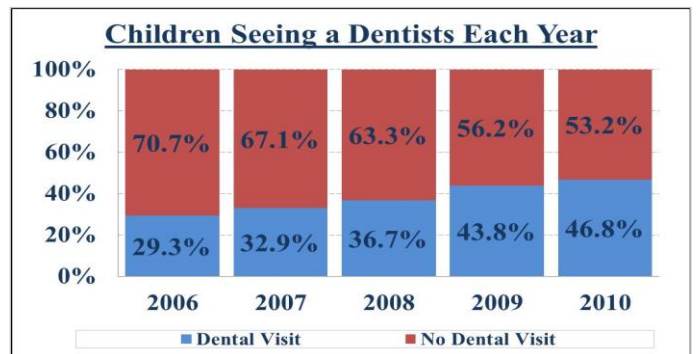
In addition to full and continued implementation of the original DAC Recommendations, ACY urges strong support by the Administration, legislature, provider and advocacy community of the goals identified in the Maryland Oral Health Plan. The Plan recognized critical goals associated with both access to oral health care and oral health literacy and education. They are:

1. Ensure continuously accessible, coordinated, affordable, and effective oral health care for all Marylanders through an integrated state oral health and health care system;
2. Build an optimal oral health work force to ensure the availability of oral health services for all Marylanders;
3. Strengthen the integration of oral health care and overall health care;
4. Enhance individuals' awareness of the relationship between oral health and general health and wellness to empower them to adopt good oral health behaviors supported by evidence-based practice;
5. Enhance individuals' ability to navigate the oral health care system and to establish dental homes;
6. Promote primary care health professionals' and specialists' awareness and knowledge of the importance of oral health interventions for medically compromised individuals;
7. Enhance oral health professionals' ability to work with diverse populations.

Implementation of the Affordable Care Act through the design of Maryland's Health Benefit Exchange and the development of an "essential" oral health benefit package for both children and adults who access care through the Exchange is an unprecedented opportunity to move these goals forward.

Today, about 540,000 children in Maryland are eligible for dental services through the State's medical assistance programs. There has been significant progress since 2006 in the number and percentage of Medicaid enrolled children who see a dentist in a given year. HEDIS<sup>2</sup> data shows an increase in low-income children seeing a dentist from 44% in 2006 to 64% in

2010. While HEDIS figures are more limited by definition<sup>3</sup>, encounter data from the Medicaid program also shows progress.



While the growth in the percentage of children seeing a dentist each year appears modest, the actual numbers show significant improvement. In 2006, 144,064 children enrolled in Maryland's Medical Assistance Program saw a dentist; by 2010 this number had climbed to 282,092.

By comparison, the increase in Medicaid enrolled children receiving restorative visits has been more modest. In 2010 only 34.2% of children receiving a preventive or diagnostic visit received a follow-up restorative visit. This is of particular concern because children not receiving needed restorative care may ultimately seek care in an emergency room. In CY 2010, 2,609 children with any period of Medicaid enrollment visited the emergency room with a dental diagnosis, not including accidents, injury or poison.

Year	Total Enrollees	Enrollees who had an ER Visit with a Dental Diagnosis	Number of Encounters for ER Visits with a Dental Diagnosis
CY 2005	483,304	1,685	1,872
CY 2006	491,646	1,809	2,117
CY 2007	493,375	2,005	2,283
CY 2008	505,339	2,175	2,596
CY 2009	540,179	2,412	2,927
CY 2010	602,761	2,609	3,068

These numbers confirm the need to educate Maryland children and families about the connection between oral health and overall health and well-being and the need to make access to dental services readily available.

<sup>3</sup>HEDIS data includes children ages 4-20 who have been enrolled in Medicaid/MCHP for more than 230 days

<sup>2</sup> Healthcare Effectiveness Data and Information Set (HEDIS)