Bolstering the Dental Safety-Net in Connecticut during COVID-19 and Beyond

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The dental safety-net has a dual role in public health: caring for oral health of Connecticut residents while minimizing the risk of COVID-19 transmission. Massive unemployment, loss of or changing of insurance, and financial hardship signify that the dental safety-net in Connecticut must rise to meet the oral health needs of more individuals than it currently serves. Connecticut policy must address and support the dental safety-net to ensure the system can adequately serve Connecticut residents. Policy recommendations for oral health in the COVID-19 era includes measures related to Medicaid, teledentistry, medical-dental integration, and the oral health workforce. Some of these changes offer immediate relief, while others would offer long-term and lasting benefits.

Medicaid

The COVID-19 pandemic places two major considerations onto Connecticut's HUSKY Health program: firstly, it is imperative to protect existing oral health benefits as Connecticut enters an intense budget crisis. Secondly, as massive unemployment continues in Connecticut,[i] more individuals will become eligible for HUSKY Health, which may strain the existing safety-net system. Innovative models of care and reimbursement must be considered and implemented to ensure that Connecticut's existing dental safety-net infrastructure can accommodate an influx of new patients.

- **Cover silver diamine fluoride (SDF) for all ages**.
    - This medicament can arrest caries (stop cavities from progressing).
    - Use of SDF does not create aerosols, which can contain SARS-CoV-2, the virus that causes COVID-19.
    - Currently SDF is only covered for HUSKY Health enrollees under the age of six or with special healthcare needs.
    - Coverage of SDF should last beyond the state of emergency as oral health care continues to favor prevention, which reduces the need for restorative treatment.
- **Pay for personal protective equipment (PPE) or directly provide PPE.**
    - This will only become more important as shortages persist nationally while Connecticut continues reopening.
- **Maintain or increase reimbursement rate for providers.**
    - We must ensure that providers comprising the dental safety-net are adequately reimbursed and incentivized to continue participating as HUSKY Health providers.
- **Expand the all-payers claims databased to include dental insurance claims.**
    - In addition, consider options for collecting data about cash payments, as many pay out-of-pocket for dental services
- **Develop measures for and collect data about value in dentistry.**
    - This may include process measures (for example: sealant rates) as well as outcome measures (for example: Decayed, Missing, and Filled Teeth or DMFT scores).

Teledentistry

Telehealth has long been heralded by proponents as one access to care solution for patients in geographically remote regions or those with transportation concerns. Although dentistry and oral health care are often more procedure-heavy than other forms of healthcare, the use and acceptance of "teledentistry" has tremendously gained popularity during the pandemic. Many states enacted emergency legislation permitting the use of teledentistry, and many insurance companies began to pay for teledentistry visits.[ii]

- **Authorize teledentistry in Connecticut for the duration of the national public health emergency and ideally permanently.**
    - This will particularly help patients in higher-risk categories for COVID-19 including older folks and those with co-morbidities such as diabetes by allowing them to access visits from home.
    - Teledentistry was authorized in Public Act 20-2.[iii] Authorization expires on March 15, 2021.
- **Reimburse for teledentistry procedures through both public and private insurances**.
    - Even if teledentistry is authorized, if individuals cannot pay for care then it still remains inaccessible.
- **Development of a pilot program to consider use of teledentistry in School-Based Health Centers.**
    - This may tie into dental workforce development.

Medical-Dental Integration

Historically, the fields of medicine and dentistry have remained separate, an artificial separation between oral health and overall health. Data continues to emerge on the *oral-systemic connection*, highlighting the bidirectional relationship between mouth health and body health. Conditions linked to oral health encompass a vast range of medical conditions including diabetes, pregnancy and preterm birth, cardiovascular diseases, HIV/ AIDS, and many more.[iv] Oral health care has progressed from a technical field to a diagnostic and preventative field.[v] As research continues to clarify oral-systemic connections, the connection between a patient's medical team and dental team become more important as well: in order for patients to achieve optimal oral and overall health, their medical and dental teams must work together. Medical-dental integration is predicated on teamwork and shared goals, at the center of which is the patient.

- **Educate pediatricians about HUSKY Health's reimbursement for fluoride varnish and oral health screenings.**
    - Provide education and incentives to increase utilization.
- **Incentivize and implement alignment of Electronic Health Records.**
    - Encourage providers to utilize one platform that includes a dental-specific module.
    - Develop interoperability of two separate platforms accessible by both medical and dental providers.

Dental Workforce

The COVID-19 pandemic has already changed and will continue to change the dental workforce, and this may motivate the creation of intentional workforce solutions. Many oral health advocates, practicing providers, and oral health economists predict and fear that the COVID-19 pandemic will prompt dentists to retire. Due to concerns about both infection control and economic viability, small offices are expected to close and more offices are expected to consolidate with Dental Support Organizations (DSOs).[vi] Dental therapists, authorized in Connecticut in 2019, present one avenue for Connecticut to combat rising health care costs while simultaneously improving accessibility of oral healthcare. Allowing mid-level providers to care for simpler procedures affords dentists more time to practice more complicated procedures. Currently there are no educational pathways to become a dental therapist in Connecticut.

- **Advance policy to expand the concept and function of the dental team, allowing all workforce participants to practice collaboratively to the upper limits of their training and competency.**
- **Realign Connecticut's dental therapy (DT) law to reflect best practices as laid out in the National Model Act.**
    - Create a distinct DT license or certification, in alignment with other dental professions and other state DT laws.
    - Remove the requirement for DTs to also be licensed hygienists, while still allowing therapists or hygienists to become dual practitioners.
    - Authorize DTs to practice outside of public health settings if they treat a high percentage of Medicaid patients (minimum 50% of patients), recognizing that private dental practices are an important aspect of the dental safety-net. DTs can expand a private practice's capacity to serve Medicaid patients.
- **Develop educational pathways within Connecticut to train dental therapists.**
    - These pathways should be affordable and avoid unnecessary requirements which are costly to students and hinder workforce development.
- **Authorize dental hygienists who have received advanced training to administer interim therapeutic restorations (ITRs).**
    - ITRs involve removing decayed tooth structure with a hand instrument and placing a temporary filling material to prevent tooth decay from worsening and infection from spreading.
    - This may ease the backlog of patients with tooth decay after the shutdown of dental offices.
- **Develop a connection-to-care map accessible online by the public.**
    - The North Carolina Oral Health Collaborative created an interactive online map to help North Carolinians access emergency dental care with safety-net providers which allows patients to calculate location and distance, access contact information, and find hours of availability, available at http://oralhealthnc.org/covid-19/#map.
    - This could be housed online by public, non-profit, and private stakeholders and is easily accessible for the public.

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[i] Connecticut Department of Labor. Labor Market Information. August 21, 2020. Retrieved from: https://www1.ctdol.state.ct.us/lmi/unemploymentrate.asp.

[ii] American Dental Association. "COVID-19 Coding and Billing Interim Guidance: Virtual Visits." May 11, 2020. Retrieved from: https://success.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf.

[iii] Connecticut General Assembly. House Bill No. 6001. July Special Session, Public Act No. 20-2. An Act Concerning Telehealth. August 21, 2020. Retrieved from: https://www.cga.ct.gov/2020/ACT/PA/PDF/2020PA-00002-R00HB-06001SS1-PA.PDF

[iv] Chandler C. "Tip of the Iceberg: The Oral-Overall Health Link." University of Connecticut. July 22, 2020. Retrieved from: https://today.uconn.edu/2020/07/tip-iceberg-oral-overall-health-link/.

[v] Giddon DB and LA Assael. "For preventive medicine to include oral health care, the dental profession, licensing agencies, payers, and the public must effect change." Preventative Medicine, 2018. 114: 200-204. Retrieved from: https://doi.org/10.1016/j.ypmed.2018.07.004.

[vi] Simon L. "How Will Dentistry Respond to the Coronavirus Disease 19 (COVID-19) Pandemic?" JAMA network. May 19, 2020. Retrieved from: https://jamanetwork.com/channels/health-forum/fullarticle/2766388.