Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Advocate for Expansion of Dental Coverage in Medicare

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
X	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses, please include those as well.
Increase use of the oral health care system – OH-08.
Increase the proportion of people with dental insurance – AHS-02.
Reduce the proportion of people who can't get the dental care they need when they need it – AHS-05.
Increase the proportion of adults who get recommended evidence-based preventive health care – AHS-08.
Reduce the proportion of adults with active or untreated tooth decay – OH-03.
Reduce the proportion of older adults with untreated root surface decay – OH-04.
Reduce the proportion of adults aged 45 years and older who have lost all their teeth – OH-05.
Reduce the proportion of adults aged 45 years and older with moderate and severe periodontitis – OH-06.
Increase the proportion of oral and pharyngeal cancers detected at the earliest stage – OH-07.
Reduce the proportion of adults with disabilities who delay preventive care because of cost – DH-01.

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Acquiring oral health data, Use of oral health data, Medicare, older adults, disabled adults, access to coverage.

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

We are engaged in advocacy to achieve Medicare coverage of medically related dental/oral health treatments through administrative means, and to achieve a comprehensive dental benefit in Medicare Part B through legislative means. As a public-interest law organization, we believe that expanding access to dental care through Medicare coverage is vital to ensuring better health and greater health equity among older persons and adults with disabilities and fulfilling the promise of the Medicare program.

Our efforts are enhanced by coalitions and partnerships with other advocacy and stakeholder groups. The cost of this activity includes attorney advocate time, and typical costs for communications and materials development. To date, the final objectives have not been achieved, but significant progress has been made toward those objectives, and positive, unplanned-for results have also issued from our work as well.

Lessons we have taken from this activity are that having supportive data is a vital tool in administrative and legislative advocacy and knowing what type of data is needed and how to locate, evaluate, and leverage it is also essential. We require more capacity and resources to adequately accomplish this. We also saw that there are bound to be variations in how partners and coalition members interpret and valuate data, just as there are differences of opinion regarding priorities and strategy.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

Complete using **Arial 10 pt.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

We are a public interest law organization that advocates on behalf of older adults and persons with disabilities on Medicare. We continually hear from individuals across the country who medically require but cannot access and afford dental/oral health care, which is not covered under Medicare law and policy. It was apparent that this coverage gap disproportionately harms the most vulnerable segments of the Medicare population, further deepening the large inequalities in health status and quality of life across this group. Prior to 2010, we were able to help some beneficiaries successfully appeal Medicare denials of dental services that were integral to the treatment of a major medical condition. However, the Medicare agency became increasingly rigid in its interpretation of the statutory dental exclusion. Since our attempts to challenge the agency's interpretation in federal court did not succeed, we turned our efforts toward administrative and legislative advocacy to effect the desired change. To that end, we began working with a broad coalition for the purpose of engaging the acting administration to expand coverage for medically necessary oral/dental care, and advocating for legislation that will establish a comprehensive dental benefit in Medicare Part B.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Based on our analysis of the Medicare statute and its legislative history, we postulated that the Medicare agency had the legal authority to expand the scope of coverage for dental items and services required in connection with the covered treatment of a medical illness or injury.

https://medicareadvocacy.org/medicare-info/dental-coverage-under-medicare/

We hoped this legal analysis could be a key component in a strategic advocacy program to engage the Administration to bring about such a coverage expansion. Knowing that a legal argument alone was not enough, we began seeking out other stakeholders who could help provide and build additional evidence and rationales for expanding coverage. This evolved into a growing coalition/working group that meets regularly by phone. One of the first (and ongoing) projects of the coalition was to create and obtain signatories to a "Community Statement" in support of Medicare coverage for medically necessary dental care.

Beyond this, the coalition began to understand the critical importance of gathering relevant data, research, and analysis that could help support and define the broader scope of "medically necessary dental" services that we are asking Medicare to cover, as well as data, research, and analysis that might support whether the cost of expanding coverage could be offset by any related cost savings to the program.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

2016 marked a turning point year when we began working actively in concert with other organizations and stakeholders towards expanding Medicare dental coverage through administrative and legislative means. In the spring of 2016, we not only had our first meeting with CMS to discuss coverage expansion, but also secured funding through DentaQuest and attended our first OH2020 network convening. That summer, our young coalition sought letters from both houses of Congress, urging CMS to expand coverage for medically necessary dental therapies, leveraging new surveys showing support for such coverage among U.S. voters. It also developed the aforementioned Community Statement as a way of demonstrating and engaging the support of medical specialty societies and associations, voluntary health organization, disease groups, public health and patient advocacy organizations, as well as industry groups, for the requested coverage.

During 2017 – 2020, we attended a series of meetings with CMS and the Department of Health and Humans Services (HHS) concerning our request to expand medically necessary dental coverage. During that same period, we also worked closely with our national "grasstops" partners in the OH2020 network to build the case for a comprehensive dental benefit in Medicare. Among other things, this has involved educating members of Congress, consulting on proposed legislation, developing issue briefs, talking to journalists, policy analysts and researchers who are writing on the topic, and providing resources and guidance to activate grass middles and grassroots.

2021 is already a milestone year, as we're seeing new impacts from our particular efforts and those of the larger OPEN network. The new HHS Secretary has acknowledged the need to address access and coverage for oral health. Congress is presently more interested than it has ever been in adding a Medicare dental benefit and encouraging the agency to expand coverage for medically necessary dental therapies. Leadership and media outlets have increasingly been seeking input and resources (i.e., data, research, statistics) from us and our network partners relevant to the cost, scope, justification, coordination, and administration of a proposed expansion of dental coverage in Medicare.

The sections below follow a logic model format. For more information on logic models go to: W.K. Kellogg Foundation: Logic Model Development Guide

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

    - Two policy attorneys, one senior staff attorney, and an executive director.
    - Technical assistance from admin staff to handle social media, web and mail content, and media contacts.
    - Funding from CareQuest.
    - Partnerships with national organizations within and outside of Oral Health Progress and Equity Network (OPEN).
    - Collaboration with acting members of coalition advocating for medically necessary coverage.

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

    - Active participation in network and coalition meetings and activities focused on Medicare coverage expansion.

    - Community (internal and external) information-sharing, decision-making on strategy, and development of unified messaging and effective materials/resources.

    - Presenting rationales, communicating information, and providing resources to relevant entities in order to support and/or generate advocacy toward desired outcomes.

    - Assisting Medicare beneficiaries and advocates who contact us about oral health access and coverage issues and encouraging them to share their stories for education and advocacy efforts.

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

    - 154 signatories to the Community Statement in support of medically necessary dental coverage.

    - Provided background, information, and resources for studies, reports, and articles published in various policy journals and media outlets, including NY Times, Health Affairs, Inside Health Policy, Center for Budget and Policy Priorities, Kaiser Family Foundation.

    - Provided input, data, and resources to lawmakers and Congressional staff to inform legislative action on improving and expanding dental coverage in Medicare.

    - Attended several meetings with CMS and HHS leadership to present rationale and basis for expanding medically necessary dental coverage, and answer questions.

    - Developed, disseminated or implemented issue briefs, fact sheets, Center for Medicare Advocacy (CMA) Alerts, and outreach materials to support advocacy towards goals.

    - Delivered presentations on the issue at convenings, salons, symposia, and on webinars and CMA's annual policy summits.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
    a. How outcomes are measured
    b. How often they are/were measured
    c. Data sources used
    d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

At this point, our program has not achieved its desired long-term outcomes of expanding Medicare coverage for medically necessary dental treatments and establishing a comprehensive dental benefit in Medicare Part B. Thus, no measurement is yet available for these intended outcomes. We know we are making progress because our legal memorandum analyzing the agency's existing statutory authority to expand dental coverage has been requested by Hill health staff and Congressional committees of jurisdiction, and it is being taken into consideration by the Administration. Resources created by our coalition and partnerships are being circulated and considered by these entities. Notably, the House Committee report accompanying the FY2022 Appropriations bill for the Departments of Labor, Health and Human Services, Education and related agencies, specifically "urges the Chief Dental Officer to examine opportunities within existing statutory authority to expand Medicare coverage of dental services."

One realized outcome of the program is the creation of active coalitions and partnerships to advocate for these goals. These working coalitions and partnerships have, in turn, broadened the base of knowledge, expertise, influence, and connections needed to shape and implement strategy, show impact, represent stakeholders, and effectively inform and guide law and policymakers. We have not thought about how to measure this outcome.

One unintended outcome of the program is that the proposals and materials we created to flesh out how Medicare might define the scope of coverable medically necessary dental care actually informed the state of Pennsylvania's Medicaid program decision to relax pre-authorization requirements for individuals with certain underlying health conditions to receive more comprehensive dental services. We don't know how to measure the impact of that outcome in terms of how many Pennsylvania Medicaid beneficiaries it will help each year.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

   Approximately $80,000 per year, depending on funding.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

   At least $80,000 per year. The associated costs include staffing of attorneys working on the project as well as a proportional contribution to overhead.

3. How is the activity funded?

   This activity is primarily funded by the CareQuest Institute for Oral Health with some additional funding from other sources.

4. What is the plan for sustainability?

   To continue to seek and apply for funding for our work until there is reasonably satisfactory achievement of the stated goals.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

   We learned the importance of being able to provide clinical evidence, numbers and cost estimates in meetings and conversations with agency heads, policymakers and the media. As a law organization, we specialize in legal analysis and argument, which is one piece of the puzzle. Data is another vital piece. In this instance: data to conclusively support how the receipt of recommended or required dental care prevents complications and improves outcomes in a variety of clinical contexts; data to allow estimates of how many Medicare beneficiaries will be impacted by receiving necessary dental care and of the potential cost savings to the program in covering such care; data that shows the avoidable costs (e.g., ER visits, acute inpatient stays, failed medical therapies) currently borne by the program because beneficiaries are unable to afford and access necessary dental care.

   We did not have a systematic approach for locating, evaluating, assimilating, summarizing, and leveraging such data. We relied on Google searches that were not always fruitful or an efficient use of time. We often wished that there already existed an indexed and updated compendium of oral health clinical data and research. Given the limitations of our time and expertise, we were not ideally suited to the task of collecting and analyzing such data. However, our random searches turned up data that was actually quite valuable to what we were trying to convey in our advocacy. For example, a study of all hospital admissions over a nine-year period due to periapical abscesses showed that older patients and patients of color had longer, more costly hospital stays. The effectiveness of our advocacy could have been improved by having more of this type of supportive data earlier. It is a powerful tool in this type of work.

   Another lesson learned from this project is that you sometimes have to quickly shift from advocating for broad change (i.e., comprehensive dental benefit), to advocating for all of the specific changes that are a part of that broad change. In hindsight, it would have been valuable for our coalitions and partnerships to have anticipated and prepared more thoroughly earlier on for the possible types of inquiries that leadership would pose to us and the data and details they would need from us to achieve our requested goal.

2. What challenges did the activity encounter and how were those addressed?

   In our coalition, there were sometimes differences of opinions about what or who Medicare should cover for dental and “winnable” advocacy approaches. These differences flowed from assessments of particular data and differing opinions about the strength and relevance of that data. They also flowed from different professional experiences and priorities. These differences were often resolved through group discussions that allowed clearer understanding of personal positions, pressure points, and areas of overlap. Coalition members include dental professionals, nurses, beneficiary, patient, and public health advocates, business leaders and scholars.

   Another challenge was the fact that our advocates had competing priorities. Because of our organization’s size and mission, each advocate focuses on several areas of Medicare law and policy, and engages in multiple forms of advocacy, such as direct client service, administrative appeals, federal litigation, outreach and education. While our extensive work in Medicare enhances our oral health efforts, it places constraints on the attention we can devote to those efforts.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Contact the Center for Medicare Advocacy regarding the most recent version of the Community Statement on Medically Necessary Dental Coverage as it is frequently updated to reflect new organizations supporting the effort.

TO BE COMPLETED BY ASTDD	
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