

Dental Public Health State Activity Submission Form

ASTDD's goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

FIRST CONTACT PERSON FOR INQUIRIES	
Name:	Wey-Wey Kwok
Title:	Senior Attorney
Agency/Organization:	Center for Medicare Advocacy
Street:	P.O. Box 350
City, State, Zip Code:	Willimantic, CT 06226
Phone:	(860) 456-7790
Email:	wkwok@medicareadvocacy.org
SECOND CONTACT PERSON FOR INQUIRIES	
Name:	Kata Kertesz
Title:	Policy Attorney
Agency/Organization:	Center for Medicare Advocacy
Street:	P.O. Box 350
City, State, Zip Code:	Willimantic, CT 06226
Phone:	(860) 456-7790
Email:	kkertesz@medicareadvocacy.org

STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	Advocate for Expansion of Dental Coverage in Medicare
State/Territory:	
Summary overview, which may include the following:	
<ul style="list-style-type: none"> • Objectives • Rationale • Personnel • Key partners • Costs & sustainability 	
<p>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.</p> <p>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.</p>	

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 value data, just as there are differences of opinion regarding priorities and strategy.

Lessons learned (Successes and **Challenges**):

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.

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.

TO BE COMPLETED BY ASTDD	
Activity Number:	99005
Submission Date:	August 2021
Submission Filename:	SUM99005CMA-advocate-dental-medicare-2021