

Quality Oral Health Care Through Health Information Technology

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Summary: Disparities in access to quality dental care between privately and publicly insured beneficiaries are a well-documented and longstanding concern for children in public programs and dentists who could provide their care. The lack of essential dental care results in consequential functional impairments and lost educational opportunities for children. For dentists, the failure to engage in public insurance programs represents lost opportunities to serve a large population that has significant need. It is estimated that fewer than 7 percent of primary care dentists' patients are Medicaid, compared to 28.5 percent of pediatric physicians' patients. Far fewer dentists (approximately 20 percent) participate in Medicaid than do pediatricians (89.5 percent).

New federal incentives created by the American Recovery and Reinvestment Act of 2009 and its Health Information Technology for Economic and Clinical Health Act provisions are designed to engage health care providers in developing and implementing health information technology (IT) and health information exchange in ways that can improve access and quality of essential health services. These tools promise to expand and improve care, enhance reporting and accountability, engage patients in their own wellness, create virtual networks of providers, and expand dentists' linkages to primary health care and use of clinical guidelines and protocols.

While data are limited, it appears that dentistry lags behind medicine in adopting health IT and benefiting from the implementation and meaningful use of health IT systems. One key barrier is the absence of certified dental IT software that meets Meaningful Use criteria. As a result, vendors should accelerate efforts to create electronic health record (EHR) and electronic dental record applications for dentists to meet these requirements.

In order for dentists to take advantage of Meaningful Use incentive payments, they would need to meet a minimum Medicaid patient volume threshold of 30 percent. Expanding incentives to dentists may encourage them to provide dental care to Medicaid-insured children who receive inadequate oral health care.

This project helped to identify the impact of Meaningful Use incentive payments on dentists serving Medicaid-eligible children and how these payments might expand access to quality oral health care for children enrolled in Medicaid and/or the Children's Health Insurance Program (CHIP). The results offer a valuable opportunity to bring together individuals in various disciplines to offer recommendations for ways in which health IT, payment incentives, Medicaid, and the children's oral health fields can work together to better provide access to oral health care for low-income children.

Project Objectives:

- Develop a background report on health IT and dentistry for the expert panel meeting. **(Achieved)**

- Invite participants and convene an expert panel meeting. **(Achieved)**
- Produce a final report and PowerPoint presentation. **(Achieved)**

2011 Activities: The team held an expert panel that included individuals from the fields of Medicaid/CHIP, dentistry, and health IT. The panel made recommendations on ways to use health IT to increase access to oral health care for children enrolled in Medicaid and CHIP. Project staff drafted a final report that included barriers and opportunities for health IT adoption by dentist; barriers to and opportunities for dentists to meet Meaningful Use requirements; and strategies for using the functionalities of health IT to increase access to quality oral health care for Medicaid and CHIP enrollees. The background report completed in 2010 as part of the first aim was included as an appendix in the final report. Project staff also created a PowerPoint presentation on the findings.

Impact and Findings: The following findings and recommendations were formulated from the work on this project.

- More certified dental systems need to be developed.
- Standards should be developed to enhance the interoperability of dental EHRs.
- Detailed standards and specifications are needed to guide dental vendors in creating products.
- Provide reimbursement for procedures that depend on or would be improved by the use of health IT.
- Increase awareness of available hardware and software.
- Decrease the financial burden of purchasing a dental EHR.
- Support the use of open-source products among dentists.
- Dental providers need to continue to communicate with Centers for Medicare and Medicaid Services regarding specific measures that are relevant and correspond to the workflow patterns and care-delivery processes in dentistry.
- Dentists need to be educated on the Meaningful Use requirements.
- Afford flexibility for dentists to practice within or contract with a Federally-Qualified Health Center.
- By reducing cumbersome administrative requirements, health IT functionalities may encourage dentists who currently do not include Medicaid or CHIP children in their practices to do so.
- By integrating medical and dental care, either virtually or actually, some vulnerable children may be referred to dental care more frequently, allowing for earlier, less-invasive and costly treatment with substantially better health outcomes.
- By supporting strategies to encourage increased adoption of clinical decision support, dentists may be better positioned to provide quality care to patients.

Target Population: Low-SES/Low Income*, Medicaid, Pediatric*

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Synthesis and Dissemination

**This target population is one of AHRQ's priority populations.*