

## Quality Oral Health Care Through Health Information Technology

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**Project Period:** June 2010 – June 2011  
**AHRQ Funding Amount:** \$89,861  
**Summary Status as of:** December 2010

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**Target Population:** Medicaid, Pediatric\*

**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 seven percent of primary care dentists' patients are Medicaid, compared to 28.5 percent of pediatric physicians' patients. Far fewer dentists than pediatricians participate in Medicaid, with roughly 20 percent of dentists and 89.5 percent of pediatricians participating.

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, expand dentists' linkages to primary health care, and in the 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 and electronic dental record applications for dentists to meet these requirements.

Now that providers must meet a minimum Medicaid patient volume threshold of 30 percent in order to qualify for Medicaid meaningful use incentive payments, dentists may be encouraged to provide dental care to Medicaid insured children who receive inadequate oral health care.

This project is helping 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). This project offers 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. **(Upcoming)**

**2010 Activities:** The team completed an extensive literature review and produced the Background Report for the Expert Panel Meeting. Panel members were identified and invited to a meeting to be held in 2011 and the team coordinated logistical tasks to successfully convene the meeting.

**Preliminary Impact and Findings:** The Background Paper is meant to form the foundation for discussion at an Expert Panel Meeting on ways that health IT might be developed for dentistry and improve access to quality oral health care for Medicaid and CHIP enrollees. The literature review and discussions with various stakeholders in preparation of this paper allowed the team to determine the following gaps and issues to be addressed by the expert panel:

- Might the Meaningful Use Incentive payments serve as an incentive for providers to serve Medicaid and CHIP children?
- Might the functionalities of health IT increase access to oral health care for Medicaid and CHIP enrollees by making this population more attractive to dentists?
- Might the functionalities of health IT increase access to oral health care for Medicaid and CHIP enrollees by helping this population find oral health providers and understand the importance of quality oral health care?

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**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

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\* *AHRQ Priority Population*