Testimony of Grant Whitmer
Senate HELP Subcommittee on Primary Care and Aging
Dental Crisis in America: The Need to Expand Access
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Good morning. I would first like to thank Chairman Sanders, Ranking Member Paul and the members of the Subcommittee for highlighting the serious oral health access challenges we're facing and for inviting me to share my experiences about how my health center is working hard to improve dental access in our communities.

My name is Grant Whitmer and I have worked in the healthcare field for 30 years as a clinician and administrator in both the inpatient and outpatient setting. I have served as the Executive Director of Community Health Centers of the Rutland Region based in Rutland, Vermont since 2006 when we became a Federally Qualified Health Center. Currently CHCRR operates 6 medical facilities where we will provide over 110,000 medical visits to over 35,000 Vermonters in 2012. CHCRR also operates an 8 chair dental facility which provides comprehensive preventive and restorative oral health services and where we will employ 3 dentists and 3 hygienists in order to provide approximately 12,000 dental visits to almost 4,000 individual patients in 2012.

Our Need: The Need for Dental Care in Rutland

As an FQHC, CHCRR provides a full spectrum of primary care and preventive services, we see all patients regardless of their income or insurance status, and we are governed by a volunteer patient-majority board. Like other Federally Qualified Health Centers, our patients are largely low-income, many are on Medicaid or uninsured. Today in the U.S., there are over 3 times as many individuals without dental insurance coverage compared to the number without health insurance coverage. Additionally, dental coverage plans traditionally come with significantly higher co-payment amounts (routinely 50%) for major dental procedures. Low-income patients even with insurance struggle to come up with required co-payments that are routinely required to be paid prior to beginning treatment. Patients covered by Medicaid find it increasingly hard to find a provider who will accept them due to reduced reimbursement levels.

In the CHCRR service area (Rutland County, VT) according to a community needs assessment survey conducted by Rutland Regional Medical Center and the Bowse Health Trust in 2011, approximately 71% of practicing dentists are currently NOT accepting new Medicaid patients. While primary medical care is central to our mission and represents the bulk of services we provide, there is an increasing body of supporting evidence that highlights the very significant impact of oral health on a patients overall health and links to other serious healthcare conditions to such as heart disease, atherosclerosis, diabetes, poor nutrition, etc. [1,2,3,4,5] In light of these facts it became clear to CHCRR that we needed to expand dental access within our community. We believe it keeps our patients and communities healthier, makes good sense for the health center medical home, and ultimately saves money by reducing overall healthcare expenditures. Several studies suggest that every dollar spent on oral health returns overall healthcare savings on the order of 3 to 10 times greater.

Dental care is a large investment for a health center. However, the return on investment is notable and we see the potential for enormous cost-savings to overall health care spending by providing routine dental care. One study showed that over a three year period, preventive dental treatment provided in an office-based setting was nearly ten times less expensive than care provided in the ER.[6] A patient who puts off (or who can't access) regular, preventive dental care is likely to show up in an emergency room for treatment. We have seen this in our local community hospital. We recently completed a study with our local hospital that revealed that 3.4% or 1,116 of approximately 33,000 total annual visits to the Emergency Department were for "dental pain" or other dental conditions. Treatment provided during the vast majority of these visits to the hospital ED did not treat the underlying dental condition, but instead provided only symptomatic treatment of pain, possibly a prescription for an antibiotic, and discharge advice to seek follow-up treatment by a Dentist. Interestingly, since the underlying condition is not corrected, a significant number of these patients return multiple times to the hospital ED for treatment of the same underlying oral health condition. We are still analyzing the data, but our initial analysis highlights two interesting facts. First, it appears that adult patients covered by Medicaid are utilizing the ED because they are unable to find a dentist who accepts new adult Medicaid patients. Adult Medicaid reimbursement/coverage in Vermont is capped at a maximum of $495 per. Many of these patients have not been to a dentist in many years and have serious conditions that require extensive dental treatment, the cost of which would exceed the annual cap. Second, and more surprising to us, is the fact that it also appears that a significant number of patients covered by private health insurance, but who lack dental coverage, are using the ED for dental problems because the cost of treatment is covered by their medical insurance instead of seeking treatment at a Dentists office because they would be required to pay the full cost of treatment, often in advance at the time of service because they lack dental coverage. This creates a perverse circumstance whereby patients are driven to utilize one of the most costly treatment venues (the hospital ED) for symptomatic treatment of oral health problems (often multiple times for the same condition), instead of accessing restorative treatment in a dental office to correct the problem at significantly reduced cost. We are currently collaborating with the hospital to develop better mechanisms to allow us to immediately see and provide restorative treatment to these dental patients who present to the ED at our new dental facility, which is just two blocks away from the hospital. Once at our dental clinic, our intake staff work with individual patients to help them identify and access available services and develop a plan to insure the patient gets the dental treatment they need. For instance, many times we find that patients who may qualify for Medicaid have not applied because they are confused and intimidated by the application process. In these cases our staff helps these patients complete the application process and facilitates enrollment in Medicaid. Our staff also works with patients to determine eligibility for our sliding fee scale which is available to all patients with household income below 200% of the Federal Poverty Level. Additionally, our staff can arrange reasonable structured payment agreements which are also based on household income. We expect that by working together with the hospital, we will be able to significantly reduce the current use of the hospital ED for dental conditions and provide appropriate restorative and corrective treatment to this population in an appropriate setting.

Prevention is even more cost effective than timely treatment, and multiple studies demonstrate the value and cost effectiveness of preventive dental care. It is not by chance that a majority of private

dental plans cover the cost of routine preventive dental care at 100% without co-pays. One study showed that over a three year period, preventive dental treatment provided in an office based setting was nearly ten times less expensive than care provided in the ER.[i] For children on Medicaid, the system-wide savings are realized nearly immediately: research shows that low-income children who have a routine dental visit by age one incur dental expenses at *around half* of the cost level for children who don't have a routine visit until they are older ($263 compared to $447).[6] The cost-effectiveness of preventive and routine dental care is undeniable – for children and adults.

Our Expansion: Successes and Challenges

The following paragraphs provide a general overview of dental services at CHCRR. In 2007, one year after becoming an FQHC CHCRR initiated our first dental service in order to address the critical need for oral health access in our area. CHCRR rented the office of a retiring physician which was located in a "remodeled" residence over 100 years old. The layout of the facility was considerably less than ideal, but utilizing donated equipment, CHCRR was able to open a "quaint" 3 chair dental office staffed with 3 part-time dentists who had recently retired from private practice. Our dental experience was truly a case of "if you build it they will come" - evidenced by the fact that within the first 30 days of operation the new clinic was operating beyond maximum capacity and schedules were booked 3 months in advance. During the first full year of operations at the small "make-shift" clinic, CHCRR provided 4,990 dental visits to 1586 individual patients and provided $253,060 in free or reduced fee dental services. Over the last 4.5 years, (mid 2007 – 2011), CHCRR has provided over 24,000 patient dental visits and a total of $1,062,249 in free and discounted dental services. Additionally, CHCRR provides on average $60,000-$70,000 annually in timely-payment discounts to patients without dental insurance.

Because even after opening the dental clinic the unmet need in the community was so great, CHCRR sought ways to expand dental services further. CHCRR was able to secure a mortgage for the purchase of a 3500 square foot facility which is ideally suited for the location of an expanded dental clinic. Additionally in support of our dental expansion plans, CHCRR was fortunate enough to secure a combination of grant funding totaling approximately $357,000 for the purpose of purchasing necessary dental equipment and completing required renovations to create a new expanded 8 chair dental facility. CHCRR relocated its dental operations and began operating at this new expanded facility in April, 2011. The new facility has allowed us to recruit additional dentists and hygiene staff in order to significantly expand the volume and level of dental services we are able to provide.

In 2012 and each year going forward, CHCRR projects that it will provide approximately 12,000 dental visits to almost 4,000 individual patients and will provide free and discounted dental care in excess of $350,000. CHCRR believes this represents good stewardship and a good return on the grant funding used to support our dental expansion. CHCRR truly is serving a population which has traditionally had significantly reduced access to dental services. This is clearly reflected by our patient-payer mix which is currently comprised of 46.7% Medicaid, 44.3% Uninsured (91% Combined Medicaid & Uninsured), and only 9% private insurance. We believe that by providing expanded dental access to this population that we are making a significant difference in the lives of patients, improving the overall health of our community, and in the long run saving money for our health care system. It is almost impossible to put

into words the truly life changing impact of something as simple as providing a set of dentures (at a total cost of less than $500), to a patient who has gone years without teeth which prevented them from eating regular food, significantly diminished their self image, and made it more difficult to get a job!

Our Future: Challenges and Vision

CHCRR is committed to working with the local private dentists, schools, our local community, local hospital, and the state to expand dental access and increase the number of patients in our service area who have a regular dental home and source of dental care. We are partnering with our local hospital and medical home pilot to decrease inappropriate utilization of the hospital emergency room for dental conditions and facilitate transfer of that care to an appropriate dental provider. We are also incorporating annual dental screening exams as part of regular medical health maintenance visits provided at our medical clinics, and facilitating treatment for patients with identified oral health conditions who do not have a regular source of dental care. We are also developing a program to be initiated in 2012 whereby CHCRR will provide local schools with "vouchers" for a free dental check-up and evaluation. These vouchers can be distributed by appropriate school personnel to parents of children who are identified by the school as being in need of dental services or a regular dental home. The voucher can be used at the CHCRR dental clinic for a comprehensive dental evaluation and cleaning, including x-rays. As part of their visit, CHCRR will work with these patients to facilitate their enrollment in Medicaid or other programs for which they may be eligible and will provide them with a regular dental home for ongoing preventive and restorative dental care.

CHCRR believes that in terms of the number of individuals without dental coverage compared to the number of individuals without medical coverage (over 3 times as many individuals do not have dental coverage compared to the number of individuals who do not have medical coverage), that access to comprehensive dental services is in that respect even more critical than access to medical care. Additionally, our current system does not encourage the most appropriate and efficient use our precious and limited healthcare resources. The current system results in many patients foregoing dental treatment lack of dental coverage and out of pocket costs, and actually drives a large portion of dental treatment to the emergency room setting where only symptomatic treatment is provided and at considerable added cost to our healthcare system and the overall health of our community.

For the above reasons, CHCRR believes that there is a critical need for increased access to comprehensive preventive and restorative dental services in our service area and we are fully committed to doing what we can to positively impact this situation.

CHCRR is only one of many FQHC's in Vermont and across the country that have demonstrated similar good work in expanding access to needed dental services and improving the health of the populations we collectively serve. Because FQHC's are structured around an integrated medical home model that provides a full range of primary care, behavioral health and dental services, and because of the populations they serve, FQHC's are able to orient care in a manner that is tailored and appropriate for the needs of the community and populations they serve. We believe that FQHC's are uniquely qualified

and well positioned to be a positive and useful vehicle to expand dental access in the most efficient and cost effective manner.

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[5]Long, E (2006) The Web: "Make Your Toothbrush a Weapon Against Heart Disease" [online]
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