March 24, 2015

Dear Chair Greenlick and Health Care Committee Members:

Thank you for hearing testimony regarding HB 2027. HB 2027 is very important for improved oral health delivery in our community, particularly for children most at risk for dental disease. While it is true that OHA has a scoring committee for adoption of CCO metrics, as well as a dental scoring committee for DCO metrics, Oregon citizens could benefit from an additional DCO scoring metric. Stated simply, metrics are incentives for implementation and delivery of care.

Currently out of the 16 accepted CCO metrics, only one pertains to oral health. As a comparison there are two current CCO metrics for mental health. The sole DCO metric is that of sealant placement on permanent molars. I do support sealant programs, and expanded sealant programs for secondary molars as one means for prevention of caries. However such a metric leaves a large gap in preventive care for young children, and for those who do not qualify for the sealant program.

If you review the dental bills and proposed dental grants for funding this legislative session there are no bills or proposals for grant funding that include the topic of fluoride varnish with the exception of legislative concepts proposed by the collaborative efforts of Mel Rader the ED from Upstream Public Health, and myself, with the support of Rep. Keny-Guyer. These bills include HB 2021, and HB 2024 and were heard in the House Health Care hearing on 3/20/15.

On the other hand there are additional dental bills and grant funding proposals for sealant funding, and expansion of school sealant programs. I suspect that the current DCO metric of sealant placement may be one component that is driving this legislation and request for grant funding.

I also suspect that fluoride varnish application is not currently being performed in all schools, for all children, due to the fact that the current DMAP fee schedule is below the national average and there is not a financial incentive for dental plans to do so. With the current DMAP fee schedule, it is not a practice that allows robust profit

margins.

As you heard in testimony on 3/20, sealants are not placed on teeth until molars erupt. Fluoride varnish is a CDC and U.S. Preventive Task Force best practice recommendation for "all" children as soon as the teeth erupt. While the DMAP fee schedule for fluoride varnish of $12-13, is below the national average, it s a practice that prevents caries as soon as the teeth erupt. As we heard in testimony on 3/20 this practice is effective in reducing 43% of caries, .http://www.ncbi.nlm.nih.gov/pubmed/12137653. Research indicates it is also an effective method of caries prevention for adolescents, http://www.cochrane.org/CD002279/ORAL_fluoride-varnishes-for-preventing-dental-caries-in-children-and-adolescents.

It is also a particularly useful preventive measure, in that anyone with appropriate training or certification can perform this service allowing work force expansion. This preventive service can be performed within five minutes per child directly where children congregate, such as schools or early childhood learning centers. Such models allow an improved level of time efficiency for those providing the service.

Without a DCO metric to include a dental visit or fluoride varnish application, such best practices will not be incentivized for delivery within our state's health care model. Such inclusion of metrics will also improve upon the current infrastructure of data collection between medical and dental providers. With healthcare transformation and the integration of DCOs and dental plans under CCOs, now is an ideal time to develop additional DCO metrics.

In addition while I respect many of the current members of the DCO scoring committee, I might suggest there could be value to have a citizen member participate. Such oversight might allow a unique perspective to the process of evaluating and scoring dental metrics, outside of those who have worked within the dental industry. Currently all representatives on this committee include those from CCOs, DCOs, and those who have worked on the field of oral health.

Sincerely,

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