

State lags neighbors in needy children's dental care

Wisconsin receives 'C' grade, on par with Mississippi, West Virginia

By Guy Boulton of the Journal Sentinel
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Wisconsin made only marginal progress last year in addressing one of the most entrenched problems in its health care system: access to dental care for needy children.

The state's performance lagged Minnesota, Iowa and Illinois in a report released last week by the Pew Center on the States. And it did no better than states such as Mississippi and West Virginia.

The state's poor performance in providing dental care to children in low-income families is a long-standing and widely acknowledged problem. And it will be even harder to address given the current budget crisis.

"We've been working on this, trying to find workable solutions, for years," said Kitty Rhoades, deputy secretary of the Department of Health Services.

The state has taken steps to lessen the problem. But Rhoades said, "There's not an easy solution."

The report by the Pew Children's Dental Campaign, a national effort to increase access to dental care for low-income children, found:

Fewer than one in three children insured by the state's BadgerCare Plus or Medicaid programs saw a dentist in 2009.

One in five third-graders had untreated tooth decay in the 2007-'08 school year.

The fees paid to dentists by the state's health programs are the fifth-lowest in the country.

The annual report, "The State of Children's Health: Making Coverage Matter," ranks state's progress in improving access to dental care based on eight benchmarks, such as the percentage of children covered by Medicaid programs who received dental care and the percentage of residents who live in communities with fluoridated water.

It gave Wisconsin a "C" grade. By comparison, Minnesota received an "A." Illinois and Iowa were given "B" grades.

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Nine states, plus the District of Columbia, were given a "D" or "F."

The report found that 22 states had made progress last year in improving access to dental care for children.

Sealants could help

Wisconsin might have been among those 22 states had its expanded program to provide sealants to children in schools been taken into account.

Sealants are clear plastic coatings applied to the chewing surfaces of molars, the teeth most prone to cavities. They can prevent 60% of tooth decay at one-third the cost of filling a cavity.

Wisconsin is among the states that allow hygienists to place sealants in school-based programs without requiring a dentist's exam.

The statewide program will provide sealants to more than 20,000 children this school year, up from 10,000 in the previous school year, said Matt Crespin, the oral health project manager for Children's Health Alliance of Wisconsin, part of Children's Hospital and Health System. The program focuses on schools with a large number of children from families with limited incomes.

Now in its second year, the program is funded by a three-year federal grant, state funds and an annual contribution of \$241,000 from Delta Dental of Wisconsin, which oversees and underwrites dental plans for employers.

The Joint Finance Committee has approved \$250,000 in additional funding for the program starting July 1, 2012, when the federal grant ends, Crespin said.

The committee also approved \$1.7 million in grants for nonprofit dental clinics that are not affiliated with community health centers.

In recent years, community health centers, which receive federal money, have been expanding to provide more dental care. Milwaukee Health Services and Westside Healthcare Association have added dentists and hygienists. And Family Health Center of Marshfield, an affiliate of Marshfield Clinic, now operates one of the largest rural networks of dental clinics in the country.

Children's Hospital and Health System also recently opened another dental clinic. And St. Elizabeth Ann Seton Dental Clinic, formerly Madre Angela Dental Clinic, a collaborative program sponsored by Columbia St. Mary's Health System, expanded.

As recently as 2008, though, only 18% of the children covered by the BadgerCare Plus program in Milwaukee County saw a dentist. The percentage was the lowest of any county in the state.

Dentists get lower rates

By federal law, state Medicaid programs must provide dental care to children. But states determine what to pay dentists, and the rates paid in Wisconsin typically don't cover a dentist's costs.

"We don't break even - we lose money," said Gene Shoemaker, a dentist and president of the Wisconsin Dental Association.

One result is that many dentists don't accept patients covered by state health programs. And those that do have to limit the number of patients they will see.

Only 11% of the state's dentists filed Medicaid claims of \$10,000 or more a year, according to a state report.

Policy experts agree that raising reimbursement rates will increase children's access to dental care.

"We've got experience from a number of other states that show that is true," said Andy Snyder, a researcher with the Pew Children's Dental Campaign.

The campaign recommends states pay dentists an average of 60.5% of their retail fees.

States need to respond to dentists' concerns about rates, Snyder said.

"But that is not a reason to not look at the rest of the policy options," he said. "It's a problem that's bigger than the dental community can handle on its own."

The Department of Health Services plans to take that approach in the short term.

"We don't have the money for an overall rate increase," Rhoades said. "We understand that. But let's talk about how else we could do this."

Health Services Secretary Dennis Smith and Rhoades hope to work with dentists and others to find ways to improve access.

"This is something we take seriously," Rhoades said. "We are going to try to find a workable solution."

The dental association knows that raising rates is not an option given the budget shortfall. But it has proposed expanding the role of dental assistants, such as allowing them to complete a filling after a dentist has drilled the tooth. That would enable practices to be more efficient and lower costs.

The association opposes licensing dental therapists - hygienists trained to do fillings and simple extractions.

Their role would be similar to nurse practitioners and physician assistants - health care providers initially opposed by organized medicine but now seen as integral components of the health care system, particularly in primary care.

Minnesota passed a law in 2009 to allow dental therapists to practice in the state. And Crespin, of the Children's Health Alliance of Wisconsin, said the state has to look at different workforce models despite the dental association's opposition.

The state has taken steps to improve dental care for children, he said. And awareness has increased.

"But ultimately, there still is a lot to be done," Crespin said.

DENTAL NEGLECT

Access to dental care for children is a long-standing problem. A Pew Center report noted:

14% of children ages 6 to 12 had a toothache in the previous six months that was severe enough for a parent to know about.

Only 44% of the children covered by Medicaid programs received any dental care, compared with 58% of privately insured children, in 2009.

Among military recruits, 52% had oral health problems needing urgent attention; more than 15% had four or more teeth in urgent need of repair.

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