



Oral health care for California's elderly, homebound, and those with special needs in jeopardy

CA Department of Health Care Services implements new policies that effectively terminate care to vulnerable populations treated by Registered Dental Hygienists in Alternative Practice (RDHAP)

On July 15, 2016, the Department of Health Care Services (DHCS) implemented new policies that threaten to eliminate the dental hygiene care needed by the elderly, developmentally disabled and medically challenged living in Skilled Nursing (SNF) and Intermediate Care (ICF) facilities, residential care homes, or who are homebound. "These changes by the DHCS will make it extremely difficult, if not impossible, for our most vulnerable patients to receive the oral health care they need" states Julie Coan, RDH, MPH, President of the California Dental Hygienists' Association (CDHA).

It is far more cost effective, and less painful, to prevent disease than to treat it. State funding appears to focus on healthcare for children, but we must not neglect our elderly and disabled who are at equal if not higher risk for dental disease than children, due to systemic conditions and the side effects of their numerous prescription medications. Recent research published in the Journal of Preventive Medicine suggests that the treatment of periodontal disease for those with chronic illnesses resulted in better health outcomes and reduced overall healthcare spending and inpatient hospital admissions.¹

According to the Centers for Disease Control, nearly two-thirds of adults over age 65 have moderate to severe forms of periodontal disease.² Coan notes that "while coverage for preventive procedures that apply to healthy mouths was added, DHCS' policy limits treatment of the periodontal disease existing in the mouths of those living in SNF/ICF or residential care homes."

DHCS now requires prior approval of periodontal (gum) disease treatment, including full mouth X-rays that patients cannot tolerate. "These new pre-authorization requirements have delayed and denied care for these special patients" says Coan. Since implementation of the new policies, the Registered Dental Hygienists in Alternative Care (RDHAP) who provide care to these patients have reported that DHCS has approved only one request to treat periodontal disease in the elderly and special needs patients living in care facilities or at home.

To make matters even worse, DHCS reduced the Denti-Cal reimbursement rates by almost 60% for the ongoing treatment necessary for people with periodontal disease. RDHAP are independent, small business owners who, run practices with extensive and often unseen business costs. "A RDHAP's overhead expenses to travel and provide care to these patients, in the settings where they live, are higher than the lowered

¹ Jeffcoat M et.al. Impact of Periodontal Therapy on General Health. Am J Prev Med 2014;47(2):166-174. Available at [http://www.ajpmonline.org/article/S0749-3797\(14\)00153-6/pdf](http://www.ajpmonline.org/article/S0749-3797(14)00153-6/pdf) Accessed Oct 10, 2016

² Eke P, Dye BA, Wei L, Thornton-Evans GO, Genco RJ. Prevalence of periodontitis in adults in the US: 2009 and 2010. J Dent Res 2012; 91(10):914-920. www.jdr.sagepub.com/content/91/10/914.abstract Accessed Oct 7, 2016



reimbursement rate”, notes Coan. “In short, the DHCS has created an unsustainable situation for the RDHAP which will leave a vulnerable population without the dental care they need.”

This loss of care will result in advancing periodontal disease and contribute to deterioration in the overall health for this population. Without the ongoing care provided by the RDHAP, cases of aspiration pneumonia may once again be on the rise in nursing homes, due to the increased levels of bacteria in the mouth that directly relate to this type of preventable pneumonia.³

In April 2016, California’s Little Hoover Commission (LHC) issued a report noting that a majority of California dentists don’t participate in Denti-Cal due to the low reimbursement rates and administrative obstructions.⁴ For over 20 years, the RDHAP has helped to fill this void by providing clinical preventive care, cavity assessments, and coordination of necessary care for this neglected population. Now, as a result of the new DHCS policies, the people cared for by the RDHAP may no longer be able to receive that care.

DHCS and key legislators have committed to meet this fall to discuss the policy’s outcomes to that point. In the meantime, the health of countless elderly and developmentally disabled, who cannot be seen in the traditional dental office, rapidly deteriorates!

The California Dental Hygienists’ Association (CDHA) is the authoritative voice of the state’s dental hygiene profession. The organization was established over 30 years ago when two regional associations merged to form a unified professional group. CDHA represents thousands of dental hygienists in the state of California.

³ Paju S, Scannapieco F. Oral biofilms, periodontitis, and pulmonary infections. *Oral diseases*.2007;13(6):508-512. doi:10.1111/j.1601-0825.2007.1410a.x. Abstract <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2258093/> accessed October 8, 2016

⁴ Little Hoover Commission Report #230 April 2016. Fixing Denti-Cal. Cited Oct 7, 2016 <http://www.lhc.ca.gov/studies/230/Report230.pdf>