

National Medicaid Dental Town Hall Forum

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Education for Providers and Beneficiaries Comments/Suggestions

Presented by:

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I feel Maryland dentists clearly understand the desperate oral health care needs of the children and families that are covered by Medicaid. The educational challenge for the provider seems to be the lack of a much needed, supplemental pediatric dentistry-training program geared to increase the pediatric skills of the general dentists. Dentists who do not routinely provide specific pediatric treatment are reluctant to offer more than preventive care to children. General dentists often refer children to the pediatric dentist when they present with Early Childhood Caries (ECC), Baby Bottle Tooth Decay or have special needs. This is due in part to the lack of necessary pediatric dentistry training and many of the child-friendly skills that are needed to address the dire treatment requirements more often identified in the Medicaid populations today. However, there are too few pediatric dentists readily available who accept beneficiaries covered by Medicaid. In 2005, the American Academy of Pediatric Dentistry (AAPD) reported that only 18.1% of pediatric dentists accept Medicaid insured patients.

A possible solution to consider might be to establish an incentive structured apprenticeship, continuing education (CE) program offered by practicing pediatric dentists for practicing general dentists. Reward the pediatric dentists for making this supplemental training available to the general dentists. Reward the general dentists for learning some of the core skills to better treat children and for becoming more comfortable with providing the actual restorative care that is so desperately needed. The apprenticeship program will offer on-the-ground, grassroots, firsthand instructions by practicing shoulder-to-shoulder with a "program certified" pediatric dentist. The program will help dentists to better understanding and apply practical behavior management techniques. The proposed program might also encourage more pediatric dentists to enroll as Medicaid providers. This 40-80 hour *Pediatric Apprenticeship/Continuing Education Training* will help to improve the chances that more children receive the actual dental treatment they need, allow dentists to earn required continuing education credits and encourage more dentists to accept state covered insurance plans. The possibility of 1) earning CE requirements, 2) being offered a state and or federal tax credit, 3) a one time waiver of the state licensing renewal fees and 4) unrestricted student loan repayment, in exchange for the contractual commitment to complete comprehensive treatment on children covered by Medicaid for an agreed upon enrollment period may be the type of initiative that could help our efforts to improve the oral health of children in our nation.

I do think beneficiaries receive sufficient information on the importance of their children's oral health but *not* as it relates to their overall health. A women that is well informed about the possibility that she could lose her baby or deliver a low birth weight baby secondary to having poor dental health may become proactive about her oral health. How the information is delivered and what the beneficiaries do with it after they receive the material is what I believe poses the challenge. I believe that one way to improve oral health education is in the classroom. The delivery of the information and developed literature must be meaningful. I believe oral health education must now begin with the help of teachers. It will be invaluable to incorporate one hour of required oral health education in the primary and secondary school curriculums.