An Oral Health Crisis: Identifying and Addressing Health Disparities

United States Senate Committee on Finance
Subcommittee on Health Care

March 29, 2023

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Introduction & Background

Chairman Cardin, Ranking Member Daines, and members of the Committee, thank you for the opportunity to testify on such a critical issue. My name is Jonathan Forte, and I am the President and CEO at RiverStone Health in Billings, Montana. For over 40 years, health, education, leadership, and protection (HELP) have been the foundation of our work.

In our role as the Yellowstone City-County Health Department, we lead public health efforts to protect safety and well-being, as the largest health department in Montana's largest city. We were also one of the first 50 health departments in the Nation to receive Public Health Accreditation. Our Federally Qualified Health Center serves more than 14,000 patients a year, in eight locations across Yellowstone and Carbon Counties. As one of the first Teaching Health Center's in the Nation, we provide high-quality, affordable care to all, regardless of anyone's ability to pay.

Today, I will share my perspective, acquired in various healthcare management roles within the Veterans Health Administration (VHA), as a Community Health Center Executive and as a Public Health Professional. My career began in Scranton, Pennsylvania and has always focused on serving under-resourced and marginalized populations across Maryland, West Virginia, Washington, D.C., North Carolina, and now Montana. Equitable access to oral health care is not simply a rural problem, or an urban problem, it's an American problem impacting families no matter where they live.

My testimony will reflect the experiences of our patients and oral health care professionals, who serve them, as well as three key elements I believe are essential to providing equitable access to care and alleviating our Nation's oral health crisis:

1. Developing collaborative partnerships and centers of innovation for workforce development, focused on supplying the next generation of oral health professionals.
2. Using lessons learned from America's Community Health Centers to support and incentivize fully integrated and equitable models for oral health delivery.
3. Expanding utilization of mobile health to meet patients where they are, delivering care beyond the four walls of traditional dental offices and infrastructure.

RiverStone Health is one of 1,400 Community Health Center organizations across 14,000 rural and urban communities, serving over thirty million Americans. Health centers are medical and dental homes for people of all ages and walks of life – newborns, seniors, the unhoused, Veterans, and agricultural workers. Health centers are problem-solvers, and protectors of public health. We provide equitable access to quality healthcare services that individuals would otherwise find unaffordable and unattainable. We look beyond the patient's chart for answers that not only prevent illness but address the environmental and social factors that can make people sick – lack of nutrition, exercise, homelessness, mental health, and addiction.

Montana's fourteen (14) Community Health Centers (CHCs) serve 120,000 patients annually, one of every ten Montanans. We operate in one of the largest states with a vast geography and just over a million people.

At RiverStone Health, dental visits account for one quarter of all patient encounters. Unfortunately, 34% of those dental visits are for emergency care only, meaning a patient is in pain and needs immediate attention to address infection and/or extract a tooth. The majority of our CHC dental patients have incomes less than $60,000/year for a family of four.

Limited services in rural areas require patients to travel to larger communities for oral health care, but the issue is compounded by a lack of resources everywhere, including the larger communities. In Montana, many private dentists don't perform extractions and many of our patients can't readily access oral surgery centers scattered throughout the state. While Montana's Medicaid Expansion in 2016 led to a 28% increase in access to dental care, almost 80% of Montana counties are designated as oral health professional shortage areas.

Veterans comprise 10% of Montana's population and many Veterans suffer due to a lack of oral health access. Only 7% of Veterans are currently eligible for VA dental care. When the VA MISSION Act of 2018 authorized the VET-Smile program, five of the initial eight dental programs chosen to participate in this pilot program were Federally Qualified Health Centers.

RiverStone Health's dental program treats almost one thousand Veterans annually, many of whom are still not eligible for care through VA programs. If the VET-smile program and Veteran eligibility requirements were expanded, Community Health Centers would continue answering the call and partnering with VA to enhance access for Veteran dental care across the US.

Montana is home to seven federally recognized tribal communities. The prevalence of tooth decay among Native children is significantly higher than white children; 84.0% compared to 57.4% and the life span of Native individuals is almost 20 years shorter. Montana's Community Health Centers continually work to build trusted relationships with tribal partners to recognize and remove barriers to care, while providing culturally competent and equitable health services to their communities.

In providing access to affordable care for people least likely to have it, community health centers significantly reduce unnecessary hospitalizations and ER visits and costs to the American taxpayer. With all the challenges already discussed, Montana's average Dental Cost per Patient in Montana is very close to the national average of $655.

Discussion

Community Health Centers are essential to solving our Nation's oral health crisis and here's why:

America's Community Health Centers develop collaborative partnerships and serve as centers of innovation for workforce development, supplying the next generation of oral health professionals.

In many small Montana towns across our northern border with Canada, Community Health Centers are often the only access point for oral health care. Due to a lack of access throughout our region, RiverStone Health sees patients from all around Montana, Central Wyoming, and the Dakotas, with patients frequently driving over 500 miles round trip to visit a dentist.

RiverStone Health's Dental Director, Joey Verlanic honestly believes she could see patients 24-7-365 and still have patients to see, years later due to the overwhelming need for oral health care across our region.

Community Health Centers and private dental offices in rural and frontier areas are frequently challenged to recruit oral health professionals including dentists, dental hygienists, and dental assistants. Recruitment for dentists in many frontier communities can take two years or more. Recently, a health center in Bozeman was unable to retain a qualified dentist, not because of a lack of candidates, but because housing, even for someone with a strong, professional salary, was unattainable. A lack of staff creates bottlenecks to access and simply compounds the crisis.

We continue innovating and finding new ways to develop our oral health workforce. RiverStone works with Montana's only two accredited Dental Assisting (DA) programs at Great Falls College-MSU and Salish Kootenai College. We also created a new, on the job training program within the dental clinic. The Montana Primary Care Association (MTPCA) and member health centers provide scholarships for dental assistants and other students interested in completing a DA program after committing to employment. Great Falls-MSU also operates the only accredited Dental Hygienist program in Montana, presenting supply challenges and decreasing our ability to develop qualified oral health support staff. RiverStone Health provides the same scholarship program to hygiene students to encourage entry into this rewarding dental career.

The lack of dental schools in Montana, North and South Dakota, Idaho, and Wyoming, adds to workforce development challenges and leads to competition for out-of-state dental students. Continuing to innovate, RiverStone Health hosts 2nd and 4th year dental students from the University of Washington Dental School's Regional Initiatives in Dental Education (RIDE) Program. More than 70 percent of RIDE graduates go onto practice in rural and underserved areas of the pacific northwest.

RiverStone Health and Health Centers across Montana collaborate with the National Network for Oral Health Access (NNOHA) to continually develop innovative workforce solutions such as a new, entry level Sterilization Tech position. Now focused on attracting individuals with no prior medical or dental experience into the field of oral health care, many of these technicians pursue lasting careers in dental assisting or dental hygiene.

RiverStone Health was the first NYU-Langone Dental training site in Montana for Advanced Education in General Dentistry (AEGD), enabling us to attract and retain advanced dental clinicians dedicated to providing oral health care to vulnerable communities. NYU Langone Dental Medicine trains over 400 residents across the United States and serves an estimated 1 million patients across 75 community health centers.

Through our Eastern Montana Area Health Education Center (AHEC), RiverStone Health provides exposure opportunities to students from high schools, community colleges, technical schools, and universities, increasing interest in health professions and recruiting them into clinical support roles.

Using lessons learned from America's Community Health Centers, Congress can support and incentivize fully integrated and equitable models for oral health delivery.

Research demonstrates that interdisciplinary teams (professionals from various disciplines working together in one place) increase efficiency, improve cost-effectiveness, and improve health outcomes. RiverStone Health continues to further integrate primary care, dentistry, and behavioral health across our organization.

RiverStone Health is regularly recognized as a Patient-Centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA). PCMH standards emphasize the use of systematic, patient-centered, coordinated care which support access, communication, and patient involvement. RiverStone Health also earned NCQA's Distinction in Behavioral Health Integration.

Recently, a RiverStone Health dental patient was at an appointment for a tooth extraction. While our dental assistant was preparing the patient for their procedure, the patient expressed a desire to die by suicide. Due to our integrated model of care, and the compassion of our team, the DA immediately requested a warm hand-off consultation with our behavioral health team. A behavioral health therapist was able to visit the patient immediately after the extraction, while in the dental operatory, to ensure they received appropriate care.

Integrated medical, behavioral, and oral health care saves lives. From a fiscal or quality of life perspective, America can no longer afford a health system that maintains outdated, entrenched silos which frequently separate physical and oral health. Ever since the first dental school was founded in the United States in 1840, dentistry and medicine have been taught as and viewed as two separate professions, but RiverStone Health and other CHCs are working to break these precedents.

As home to the Montana Family Medicine Residency (MFMR) the first graduate medical education program in Montana, we attract and train the next generation of physicians to help meet Montana's shortage of family practice physicians. All MFMR Family Medicine Residents complete a one-week oral health rotation with dental providers in our integrated health center model.

This competency-based oral health education prepares Family Medicine residents to perform oral health risk assessments and evaluations, preventive interventions, patient education, and interprofessional collaborative practice, including how to make proper referrals for specialty care. Over 65% of our MFMR physicians remain in Montana and provide medical care in communities where dental care may not be present. The MFMR oral health program begins building lasting relationships between medical and dental providers, fostering a level of collaboration and respect between physicians and dentists that has not always existed.

RiverStone Health also participates in nationally recognized scientific research with the Rocky Mountain Network of Oral Health (RoMoNOH) focusing on providing primary prevention of dental caries in pregnant women, infants, and children from birth to age 40 months. The program is active in community health centers (CHCs) across Arizona, Colorado, Montana, and Wyoming, studying the integration of oral health care into medical clinics. Further teaching family medicine and primary care providers to apply fluoride treatments and conduct dental screenings during well-child visits or annual physicals. By increasing the collective knowledge of medical providers about oral health, RiverStone Health and others can deliver more complete and equitable oral health care, even outside the dental clinic.

Two years ago, a homeless patient walked into the RiverStone Health Dental Clinic suffering from substance use disorder and painful cavities on almost every tooth. Due to our integrated model of care, this patient has a renewed smile, housing, and is actively making lifestyle changes to improve his overall health and well-being.

Expanding utilization of mobile health to meet patients where they are, Community Health Centers deliver oral health care beyond the four walls of traditional dental offices and infrastructure.

Mobile and portable oral health programs have become incredibly successful across the United States, particularly for school-based locations. According to a 2017 report by the Oral Health Workforce Research Center (OHWRC), more than 750 (44.5%) school-based health centers (SBHCs) were sponsored by a Community Health Center.

From Maryland to Montana, mobile units increase access to care outside the four walls of our health centers, schools, and nursing homes. Building and supporting real estate is expensive, but studies have shown mobile clinics return $36 for every $1 invested.

In Montana, Community Health Centers utilize mobile health units to treat farmworkers harvesting sugar beets and cherries and provide school-based oral health screenings and sealants to kids in school. Ag Worker Health & Services and Alluvion Health, currently provide preventive and basic restorative oral health services via mobile units.

When the law becomes effective in 2024, the MOBILE Health Care Act of 2022 will make it easier for Health Centers to expand utilization of mobile medical, dental, and behavioral health clinics. The MOBILE Act is a significant victory for expanding Section 330 grantees' ability to treat more patients and meet them where they are. However, our success is completely dependent on the allocation of continued funding for New Access Point grants. Without New Access Point funding, Section 330 grantees cannot take advantage of this positive legislation.

Conclusion

I recognize the difficult decisions Congress must make to balance funding levels with the need to maintain our Nation's fiscal health, but medical inflation has outpaced health centers' funding increases since 2015, leading to an actual 9.3% decrease in actual funding levels. Decades of research show that federal investments in health centers reduce overall health spending by expanding access to efficient and effective primary care. Patients who access primary care at health centers show positive health outcomes and reduced use of emergency department and hospital stays.

I appreciate that this budget environment makes additional investments challenging, but health centers are well-positioned to address unmet oral health needs if those resources are allocated. The Health Resources and Services Administration (HRSA) estimates that millions of patients would benefit from access to oral health care at the health centers where they already receive primary care. For example, the National Association of Community Health Centers estimates that an additional investment of $500 million over five years would allow health centers to hire more than 3,500 oral health providers and serve more than 5 million additional patients. This level of commitment by Congress would leverage the existing network of care and build on a proven model that saves the health system billions of dollars.

Meeting the needs of the patients we serve and the team that cares for them is what matters most to me as a Community Health Center leader. Doing so requires long-term, sustainable, and predictable funding that enables confidence in our mission and supports the incredible team of dedicated professionals at RiverStone Health.

Chairman Cardin, Ranking Member Daines, and members of the Committee thank you for allowing me to share the current reality impacting our patients and oral health professionals. Your longstanding, bipartisan support changes our patients' and your constituents' lives every day. With sustained and expanded funding, Health Centers across the United States will continue to innovate and find new ways to provide improved access, equity, and quality of care to all those we serve.

On behalf of RiverStone Health and the Montana Primary Care Association, we appreciate this Committee's commitment to addressing oral health disparities and welcome your questions once witness testimony has concluded.

Source Materials and Additional Information

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