February 18, 2011

Doris Lefkowitz
Reports Clearance Officer
Agency for Healthcare Research and Quality
Sent as e-mail attachment

Dear Ms. Lefkowitz:

Re: Federal Register Notice -- “Barriers to Meaningful Use in Medicaid" (FR Doc No: 2011-410)

The American Dental Association (ADA), Association of State and Territorial Dental Directors (ASTDD), Children’s Dental Health Project (CDHP), Medicaid/SCHIP Dental Association (MSDA), and National Network for Oral Health Access (NNOHA) have joined together to provide these comments in response to the recent Federal Register Notice announcing the intention of AHRQ to request that the Office of Management and Budget (OMB) approve a proposed information collection project entitled “Barriers to Meaningful Use in Medicaid." The ADA, ASTDD, CDHP, MSDA, and NNOHA oversee or advocate for the provision of dental care to Medicaid beneficiaries and other underserved populations for the meaningful use incentives. We strongly support the implementation of health information technology (HIT) that enables care coordination, which may be demonstrated by the degree to which outcomes involving complex, multi-provider and multi-specialty health care are improved.

This project proposes the use of nine focus groups to gather, analyze, and synthesize information on the barriers to the meaningful use criteria experienced by Medicaid providers. These focus groups would include 6-11 eligible professionals (EPs) per group, containing a mix of pediatricians, other physicians, dentists, nurse practitioners and certified nurse midwives. Focus groups with community health center (CHC) and rural health center (RHC)-based providers would also include physician assistants and administrators. Four of the focus groups would include providers in private practice (excluding dentists), an additional four would include providers working in CHCs or RHCs, and the final group would be comprised of private practice dentists. Private practice dentists are proposed to be considered separately “due to the fact that their practice patterns are likely to vary substantially from those of primary care physicians and non-physician providers.”

We believe that one of the major barriers to meaningful use in Medicaid by dental providers, and one that should be considered by the focus groups, is the absence of Electronic Health Records (EHRs)—particularly between medical and dental providers--

that are fully interoperable with each other. If private practice dentists are left out of the mix with other private health care practitioners, it is tantamount to saying that because we think that the practice of dentistry in a private practice setting is so different than the practice of other types of health care, we are going to exclude private practice dentists from meaningful discussions about an ideal HIT/HIE world. We believe this would be to the detriment of medical and dental professionals and would especially be counter to the best interests of the patients they serve.

We are concerned that without the support of both medical and dental providers and the government for fully interoperable EHRs, dentistry will be ignored, because there will be little interest by dental software manufacturers to market a product to a relatively small group of dentists.

We remind AHRQ that many reports have found that access to dental care for Medicaid beneficiaries is substantially less than their access to medical care. For this reason, CMS recently proposed a *Strategy for Improving Access to and Utilization of Oral Health Care Services for Children in Medicaid and CHIP Program* and launched an initiative this year with a goal of increasing the rate of low-income children and adolescents enrolled in Medicaid or CHIP who receive any preventive dental services by 10 percentage points over a 5-year period. A second goal, to be phased in, will seek to increase by 10 percentage points over 5 years the rate of low-income children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth. To achieve these goals, CMS is partnering with states and stakeholder organizations (including AHRQ) to recruit more dentists into Medicaid and CHIP programs.

Clearly, anything that can be done to reduce barriers to dentists' ability to qualify for and use meaningful use incentives will help CMS attain the above goals. To help AHRQ identify these barriers for dental providers, we propose that AHRQ make "meaningful use" of dentists in their proposed focus groups. This includes:

Include at least one dentist on each of the focus groups that include other private practice providers. Including private practice dentists on the other focus groups will allow them to explore with their colleagues how their patients would benefit from the wealth of information that can be obtained beyond their own practice. This will also help assure that the oral health needs of Medicaid patients are given the same consideration as their other health care needs and that interoperability of EHRs does not overlook the inclusion of oral health information.

Include representatives of dental software manufacturers on all of the focus groups. Because most dental applications are developed for stand-alone private dental practices, integrating or interfacing with medical practice management and EHRs is rarely addressed. Developing and maintaining interfaces can be cost-prohibitive unless both systems are built on a standards-based or open platform. A recent review of EHR systems used by community clinics found very few dental systems that supported standard messaging protocols and fewer still that are fully integrated with an EHR. As

noted above, without the support of both medical and dental providers and the government for fully interoperable EHRs, dentistry will be ignored, because there will be little interest by dental software manufacturers to market a product to a relatively small group of dentists. These issues can be better understood and explored more collaboratively if dental software manufacturers are at the table.

Continue with the plan to have one focus group comprised of only private practice dentists. Because private dental practices provide the vast majority of dental care to Medicaid beneficiaries and we concur with AHRQ that their practice patterns differ from those of other health care providers, we agree that there will be value to including at least one focus group comprised of only private practice dentists, so long as there are also opportunities for their participation in other multidisciplinary focus groups as noted above.

Thank you for your consideration of our comments.

Sincerely,

American Dental Association
Association of State and Territorial Dental Directors
Children's Dental Health Project
Medicaid/SCHIP Dental Association
National Network for Oral Health Access