
Contrarians, Access to Oral Health Care, and Rural America

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The Importance of Contrarians

- Contrarian – a person who takes a contrary position or attitude, against the *conventional wisdom*
- **In finance**, a contrarian is one who attempts to profit by investing in a manner that differs from the *conventional wisdom*, when the consensus opinion appears to be wrong

The Importance of Contrarians

- What would a **health care** contrarian do?
 - Seek to improve the health care system by rethinking accepted ways and employing new strategies

What Would a Health Care Contrarian Do?

- ❑ Change the service delivery **site** – Can we provide care where the consumers are?
- ❑ Change the **practice** of providers - Do we have the right skill mix for this setting?
- ❑ Change the **treatment protocols** – Are we focusing on the right things? Evidence-based medicine?
- ❑ Change the real or perceived **value** of the service – Do consumers understand what this costs?
- ❑ Change the **payor** – Who should pay for this care?
- ❑ All of the above

The Power of Contrarians To Transform Health Care – Some Examples

- The Institute of Medicine Report – “To Err is Human” – transformed the way we look at health care quality
 - Conventional wisdom was that providers and hospitals would never talk openly about their mistakes
- The advent of mid-levels in primary care –
 - Conventional wisdom was that patients would never accept this “substandard” care

Oral Health

- The scientific evidence that poor oral health has a significant impact on physical health continues to grow
- Several recent tragic and compelling news stories
- The statistics are overwhelming – everyone agrees there's a problem
- There are few Federal levers
- Despite many successes
- Conventional wisdom: improving access to oral health care seems to be an insurmountable challenge

Oral Health

- Is it time for contrarians?

The Statistics Make a Compelling Case – Again and Again

- Oral Health in America: A Report of the Surgeon General, 2000
- Healthy People 2010 – The State of Rural Oral Health – Pete Fox and Linnae Hutchinson - 2003
- National Advisory Committee on Rural Health and Human Services - 2004

Factors That Limit Access to Oral Health Services Generally

- Low numbers of providers participating in Medicaid and SCHIP
 - Low reimbursement rates
 - Uneven distribution of practitioners; the number of new dentists has declined while the number of retiring dentists has increased
 - Only 1.9% of graduating dental students intend to work for underserved populations
 - Limited scope of practice by dental mid-levels
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Factors That Limit Access to Oral Health Services Generally

- Insufficient dental infrastructure
 - Little coordination between general physical and dental services
 - Lack of education and training of other primary care providers
 - Lack of education and training of patients about prevention and treatment of this chronic disease
 - State budgetary pressures
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Additional Barriers Faced by **Rural** Communities

- Geographic isolation
- Lack of transportation
- Lack of fluoridated community water supply
- Difficulty recruiting and retaining providers
- Higher rates of uninsurance
- Financial barriers – rural America is older and poorer than the national average
- American Indians/Alaska Natives - younger and poorer than the national average

Some Current Strategies to Improve Access to Oral Health Care

- Further develop State financing and purchasing strategies
- Broaden the provider network
- Expand the dental safety net
- Enhance consumer and provider education
- But these don't seem to be working very well...and we seem to have accepted this

Why is the Poor Oral Health Status of Rural America Acceptable?

- Rural folks don't see losing their teeth or a life time of dental pain as anything unusual
 - We have allowed class and income to be a determinant of oral health status
 - No one is pointing out the obvious relationship between poor oral health and poor employment
 - Folks who flunked welfare to work were looking for entry-level service jobs
 - The video I would make
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Why is the Poor Oral Health Status of Rural America Acceptable?

- The people who make the policies have never had a tooth ache and if they had one, they could afford to have it treated and some dental provider would accept them
 - There are no national advocacy groups for folks with dental problems
 - There is so much focus on guild issues that we've neglected the patients
 - It all just seems too overwhelming
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Tooth Ache

- No health insurance
- ER visit: antibiotic, pain medication, referral
- You get in to see a DDS, and find out you can't pay for the restorative care, so you have the tooth extracted

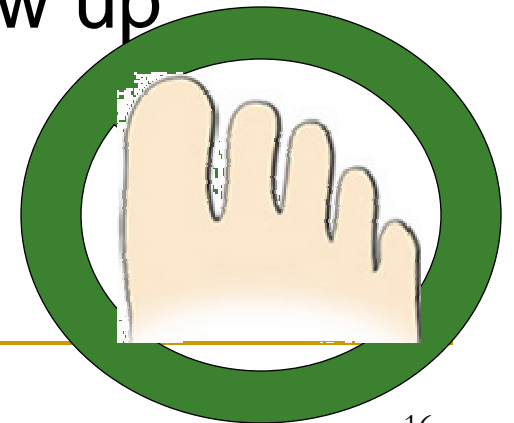
OR

- You cannot get in to see a DDS, so
 - You continue in pain
 - You end up back at the ER



Infected Toe

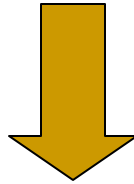
- No health insurance
- ER visit: procedure?; antibiotic, pain medication, referral
- You might get well
OR
- You go to an MD or clinic for follow up
OR
- You end up back at the ER



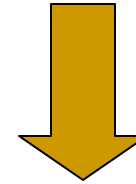
Tooth

vs.

Toe



- Tooth ache
- No health insurance
- ER visit: antibiotic, pain medication, referral
- You get into see a DDS, and find out you can't pay for the restorative care, so you have the tooth extracted
OR
- You cannot get in to see a DDS, so
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- Infected Toe
- No health insurance
- ER visit: procedure? antibiotic, pain medication, referral
- You might get well
OR
- You go to an MD or clinic for follow up
OR
- You end up back at the ER



BUT NO ONE EVER SUGGESTS THAT THE TOE BE REMOVED BECAUSE IT IS CHEAPER AND THAT'S WHAT WE DO IN THESE SITUATIONS WHERE YOU DON'T HAVE INSURANCE

It May Be Time for Some Dental Contrarians

- Change the service delivery site – Can we provide care where the consumers are?
- Change the practice of providers - Do we have the right skill mix for this setting?
- Change the treatment protocols – Are we focusing on the right things? Evidence-based medicine?
- Change the real or perceived value of the service – Do consumers understand what this costs?
- Change the payor – Who should pay for this care?
- All of the above

Campaign for Dental Parity

- Mental health providers, their patients and their families worked to get States and Congress to pass laws that created parity in insurance coverage for mental health services
- Do we need a similar campaign for dental health?
 - Cross sector – health, education, foundations, employers
 - Partnerships – AARP, PTA, CDF
 - Challenge the conventional wisdom
- We certainly need champions
- Some good news – IOM study and State coalitions, legislation

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