ORAL HEALTH CARE FOR PEOPLE WITH HIV INFECTION

A REVIEW OF THE LITERATURE
RATIONALE FOR ORAL CARE IN HIV

- Early recognition and management of oral conditions is important for quality of life
- Oral care supports proper nutrition, preventing or slowing wasting
- Oral lesions are clinical markers in the clinical spectrum of HIV disease
EXAMPLES OF HIV-RELATED ORAL LESIONS

- Oral/pharyngeal candidiasis
- Hairy leukoplakia
- Necrotizing ulcerative gingivitis
- Kaposis sarcoma lesions
- Intra-oral herpes infections
- Apthous ulcers
Conflicting data:

- Primary dentition caries greater among children with HIV than US pediatric population (in 100 children with HIV)
- Peridontal findings similar in 68 children with HIV to those of household peers and to US pediatric population
ACCESS TO DENTAL CARE

- Only 42% of HCSUS respondents saw a dentist in past 6 months
- 19% of HCSUS respondents had unmet need for dental care
- In ACSUS study, dental services were most commonly reported unmet need
UNMET NEED FOR DENTAL CARE GREATER AMONG:

- Medicaid beneficiaries in states without dental benefits
- People without dental insurance
- People with incomes below $5,000/yr
- People without a high school education
- African Americans and Hispanics
BARRIERS TO PROVIDING HIV ORAL HEALTH CARE

- Inadequate space
- Low priority among agency policymakers
- Low priority for resource allocation decision making bodies
- Too costly to justify need and obtain funding
BARRIERS TO PROVIDING HIV ORAL HEALTH CARE

- Cost of care, including meeting administration and reporting requirements, exceeds reimbursement
- Sources of reimbursement are limited
MEDICAID COVERAGE

- Under Medicaid, states are allowed to provide emergency, preventive, diagnostic, restorative, and more complex dental treatment.
- However, dental care is an optional service for adult, which states may or may not choose to provide.
MEDICAID DENTAL COVERAGE FOR ADULTS

- Full dental coverage: 15 states
- Partial dental coverage: 18 states
- No dental coverage: 18 states
- Dentures: 34 states

**Caveat:** Even in states with full coverage, it may only be available to certain categories of Medicaid beneficiary.
MEDICAID DENTAL COVERAGE FOR CHILDREN

- Mandated dental services: comprehensive preventive, restorative, and emergency
In 1996, only 18% of children enrolled in Medicaid received any preventive dental screening or services.

In 1996, only 29% of adults enrolled in Medicaid visited a dentist in the preceding year, less than half the rate among higher-income adults.
**BARRIERS TO UTILIZATION OF DENTAL SERVICES**

*Dentists are unwilling to treat Medicaid clients because:*

- Inadequate reimbursement
- Burdensome administrative requirements
- Delays in reimbursement
- Loss of revenue for missed appointments
- Perceived stigma with Medicaid clients
FEDERAL EFFORTS TO INCREASE UTILIZATION

• Increased oversight to states with a low proportion of Medicaid-enrolled children who made a dental visit in the preceding year
STATE EFFORTS TO INCREASE UTILIZATION

- Rate increases
- Streamlined administrative procedures
- Coalition building among stakeholders
- Beneficiary education
- Capacity-building for safety-net providers
- Increased use of dental hygienists
- Direct services by Medicaid
RYAN WHITE CARE ACT: FUNDED DENTAL SERVICES

- Title I: 2.9% of funds in FY 2000
- Title II: 2.2% of funds in FY 2000
- Title III: $6 million in most recent grant award cycle
- Title IV: information not available
RYAN WHITE CARE ACT-FUNDED DENTAL SERVICES

(CON’T)

- Retrospective payment for services rendered but not reimbursed
- FY1997: $7.5 million
- FY 2001: $10 million (Although $12.7 million reported in non-reimbursed costs)
- Less than one-half of 1% of the entire CARE Act budget
GOALS OF RYAN WHITE CARE ACT DRUG REIMBURSEMENT PROGRAM

- Assist in covering non-reimbursed costs of HIV care by dental schools
- Improve access to oral health care for PLWH
- Ensure proper training for new providers