

September 23, 2019

Thomas J. Engels, Acting Administrator
Health Resources and Services Administration (HRSA)
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: Public Comment Request Information collection Request Title: Health Resources Service Administration Uniform Data System, OMB No. 0915-0193- Revision
Submitted via paperwork@hrsa.gov

Dear Administrator Engels:

On behalf of our 40,000 general dentist members, the Academy of General Dentistry (AGD) appreciates the opportunity to comment on the Request for Information Collection Request: Health Resources and Service Administration Uniform Data System, OMB No. 0915-0193— Revision.

As noted in the request for information, HRSA is proposing to do the following:

Replacing Dental Sealants for Children Between 6–9 years with CMS74v9 Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists: The replacement measure, which is the percentage of children age 0–20 years who received a fluoride varnish application, is applicable to a broader patient population than the use of dental sealants, more applicable to primary care settings by measuring oral health activities that health centers without dentists can employ, and is part of the CMS Merit-based Incentive Payment System quality payment program measure set.

Process vs. Outcome Measures

For more than a decade, agencies of the U.S. government have employed quality reporting programs to assess health care performance. The tensions of pay-for-reporting vs. pay-for-performance are well known within the clinical community. In April 2015, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law to modify clinician compensation for federal programs through the CMS Merit-based Incentive Payment System (MIPS).

Dental associations, including the AGD, are actively engaged in the development of meaningful outcome measures, through the Dental Quality Alliance (DQA). The measure CMS74v9 can only be considered a process measure. As proposed, CMS74v9 would not capture any outcomes data relating to the oral health status of our youth. Consequently, the AGD believes that the

proposed measure falls short of a means to collect meaningful data or reduce caries lesions in the 0-20 years of age population.

Evidence-based Guidelines

In 2016, the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) published evidence-based clinical recommendations on the use of pit-and fissure sealants.”¹ The findings concluded that sealants are effective in preventing and arresting pit-and-fissure occlusal carious lesions of primary and permanent molars in children and adolescents compared with the non-use of sealants or use of fluoride varnishes.

Furthermore, evidence-based clinical recommendations cite fluoride concentration and a repeated interval protocol to be used with fluoride varnish.² If the fluoride application is only administered once, the effectiveness of the therapeutic agent will be severely diminished. Hence, outcomes are not anticipated to be nearly as effective in reducing carious lesions as repeated fluoride varnish applications.

As such, the AGD does not support the use of the proposed fluoride varnish *CMS74v9* measure. We suggest that HRSA either continue to use the previous dental sealant measure, or modify the fluoride varnish measure to adhere to the clinical quality guideline. We encourage HRSA and all other federal health agencies to consider the best available clinical evidence.

Research

More research is needed to determine optimal treatments to prevent carious lesions. We welcome other federal agencies within the Department of Health and Human Services (HHS) to support grant funding for clinical trials to determine effective dental caries prevention modalities, and other important oral health matters.

Thank you for considering our comments on the proposed HRSA measure. We stand ready with you and other federal agencies to be part of the solution to improving oral health in America. If you have any questions or desire additional information, please do not hesitate to contact Daniel J. Buksa, JD, Associate Executive Director, Public Affairs, by phone at (312) 440-4328 or via email at Daniel.buksa@agd.org.

¹ Wright JT, Crall JJ, Fontana M, et al. Evidence-based Clinical Practice Guideline for the Use of Pit-and-Fissure Sealants. American Academy of Pediatric Dentistry, American Dental Association. *Pediatr Dent* 2016;38(5):E120-E36.

² Weyant RJ, Tracy SL, Anselmo TT, Beltrán-Aguilar ED, et al; American Dental Association Council on Scientific Affairs Expert Panel on Topical Fluoride Caries Preventive Agents. Topical fluoride for caries prevention: executive summary of the updated clinical recommendations and supporting systematic review. *J Am Dent Assoc.* 2013 Nov;144(11):1279-91.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil J. Gajjar". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Neil J. Gajjar, D.D.S., MAGD
AGD President

A handwritten signature in black ink, appearing to read "Myron Bromberg". The signature is cursive and somewhat stylized, with a long horizontal stroke at the end.

Myron (Mike) Bromberg, D.D.S.
AGD Congressional Liaison