

Health Information Human Rights

(An Open Letter to: US President Obama, US Senator Sanders, and VT Governor Shumlin)

Abstract

This paper outlines the importance of governmental roles in providing info to better educate the public in matters of health.

The current lack of accessible health information counseling, remedies for the problem and methods to pay the costs are presented.

HEALTH INFORMATION HUMAN RIGHTS

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I. Because the three of you are interested in public health, I present in my opinion, three extremely important services to which the public should have access:

(1) Oral Hygiene Instruction (Dental Procedure Code D 1330)

(2) Nutritional Counseling (Procedure D 1310)

(3) Tobacco Cessation Counseling (D 1320)

II. While it is likely that you have heard that there is a relationship between the oral biofilm “plaque” and oral disease, there is a growing avalanche of articles in the recent decades showing the relationship of oral health and systemic health.

I shall mention two: Srithavan M., Srithavan V. Emerging Problems in the Management of Infectious Diseases: the Biofilms, Indian Journal of Medical Microbiology, 2006, 22 (3) p148 7-1493; and: Duane Kelly, DMD, J. William Costerton, PhD, “Effects of Oral Biofilm on the Immune System”, <http://www.cdeworld.com/courses/4591-effects-of-oral-biofilm-on-the-immune-system>.

Knowledge of proper removal of plaque biofilm from one’s own mouth is not inborn. The techniques need to be taught, and the earlier in life the better. As the jaws grow and teeth erupt and are shed, and secondary teeth erupt, the oral hygiene must adjust accordingly. Folks learn technique from a variety of sources but there is no better methodology than in the dental chair with trained professionals as educators.

And yet, I am aware of no private dental benefits (“insurance”) program offering reimbursement to the dental office for this vital information. Vermont Medicaid used to reimburse for dental professional’s time in educating patients up to age 18, but for the last couple decades only up to age 4.

Poor oral hygiene usually leads to tooth decay, tooth loss and periodontal disease. Periodontal disease can increase the risk of stroke, heart disease, and unfavorable pregnancy outcomes (numerous articles in Oral Care Report, Chester Douglass, DMD, PhD, editor, Professor at Harvard School of Public Health). And yet for all the extra time dental professionals need to spend with adult periodontal dental patients to control that disease, not even minimum wage is offered by third party payers for patient education.

III. The importance of Nutritional Counseling should be obvious to all. I know of no public nor private dental plan reimbursing for the Nutritional code. Excessive amounts of sugar allows one of the major components of dental plaque (streptococcus mutans) to produce excessive amounts of acid (pH~4.1) which dissolves tooth enamel and contributes to the breakdown of the tooth supporting periodontal ligament.

Unfortunately, many folks do not realize how much sugar they are ingesting until a diet survey is done. Next comes the challenge of behavior modification-helping people to reduce the sugar addiction. While other health care professionals can be trained, the dental office is the ideal setting. Excessive sugar also reduces the appetite for vital nutrients such as vitamins present in vegetables. Lack of sufficient vitamin C, for example, also affects periodontal health, as well as the entire immune system.

IV. Imagine how many thousands and thousands of deaths and illnesses could be prevented if Dental Procedure Code D 1320 (Tobacco Cessation Counseling) were reimbursable. I refer you to an article “This is what a Pack a Day Can do For You” (<http://www.towniecentral.com/Images/Hygienetown/magimages/1111/HTNov11pg13.pdf>) . Although the 75 year old woman had “repeated warnings from hygienists, (and) dentists...” there is no mention of actual counseling. A conversation I had with former U.S. Surgeon General, C. Everett Koop, MD, at the Dartmouth School of Preventive Medicine, about an 18 year old high school baseball player who had died following oral surgery for cancer caused by his tobacco chewing, was similar. The young man was not given proper counseling.

An April 21, 2011 article in USA Today, "Gwynn Ready to Smile All The While" (http://usatoday30.usatoday.com/sports/college/baseball/2011-04-20-tony-gwynn-cancer-san-diego-state-baseball_N.htm) gives details and a picture of Baseball Hall of Famer Tony Gwynn's experience with chewing tobacco and cancer and the obvious lack of effective counseling. (Tony Gwynn passed away in June 2014.)

Think about it, public and private third parties will pay those of us in the dental profession to perform surgery for oral cancers but nothing for counseling to prevent the need for surgery!

V. As I write this in September 2012, there are no specifics in President Obama's "Affordable Health Care Act" addressing these three dental procedure codes.

VI. In June of this year, Senator Sanders introduced the "Comprehensive Dental Reform Act of 2012." This 48 page bill does mention "Prevention" and "Behavior Modification", and although he calls it "Comprehensive", there is no mention of the importance of offering a reimbursement incentive to dental offices for the three procedure codes described above. The bill does mention the possibility of training medical doctors. The overall efficacy would likely be very low (especially if he's expecting pro bono service.)

VII. Instead, Senator Sander's bill makes considerable attempts to justify a concept known as "mid-level dental therapists." These "mid-level" individuals would be trained in as little as 2-4 years after high school to perform procedures such as tooth extraction. Most of us now licensed to extract teeth have 8-10 years education past high school. The concept of mid-level dentistry has been introduced by the Kellogg Foundation, which offers grants to states that wish to try mid-level dentistry. I do not find it coincidental, but far more, *unethical*, that Kellogg makes considerable amounts of money marketing junk food to kids. Many of their breakfast "cereals" are loaded with sugar, which destroys kids' teeth. One such product I recently examined on the grocery store shelf was more than 50% sugar. President Obama and Senator Sanders would do the public a great service by insisting that the Federal Food and Drug Administration force Kellogg to label any product 50% sugar as "SUGAR", NOT cereal. Their other products should have conspicuous labels as to the sugar percent and a warning that not only does the product contribute to tooth decay but also to addictions which can lead to obesity, heart disease, and diabetes.

Governor Shumlin responded to my voicemail with a letter dated January 23, 2012 in which he says, "...you questioned the necessity of health care reform in Vermont." I did not question the need for health care reform, I attempted, as I am now doing to stress the most important initial steps in health care reform.

When people speak of health care reform or health care rights, which specific procedure codes will be covered? Nationally, there are about 500 dental procedure codes and thousands of medical codes. Should a person have a right to "cosmetic dentistry" (e.g. "caps" or crowns for cosmetics when otherwise no treatment is needed)? Should a person have a right to implants, which may require perhaps ten times as much expert time and cost as a removable partial denture? And what about personal responsibility? To what extent should people who take care of themselves pay to take care of people who don't? (e.g. Governor Shumlin recently [Spring 2012] ignored Vermont Fish and Wildlife admonitions to not leave bird feeders out as bears were emerging from dens. He then proceeded to attempt to chase the mamma and cubs away from the feeder. Who should pay the cost of his health care should he have been mauled?) If you put it to a vote, I believe not only the majority of tax payers, but also the majority of those who cannot pay tax, would vote to publicly fund preventive procedures before funding treatment for preventable procedures.

Where should tax money come from to fund prevention? Apparently, part of the plan the President advocates is to tax those who choose not to be covered by an approved health benefit reimbursement plan, along with income taxes. The Senator's dental plan relies on a tax on stock transactions. The Governor thinks, (quoting the same letter to me), "...this is just the first step toward universal health care....to accomplish what no state in the nation has even attempted; to create a system in which health care is treated as a right..." and he lacks a specific tax scheme. However, it should be noted that his administration began taxing me for dental supplies including toothbrushes and dental floss which I dispense without charge to my patients and to school and preschool children. I have given out these oral hygiene supplies along with instruction for decades. As mentioned above, I have received almost no compensation and, until Governor Shumlin's administration, had never been taxed when I bought the supplies. It is my understanding that Governor Shumlin is not supportive of a tax on junk food as proposed by the Vermont State Dental society and also advocated for a state tax on dental services ("Gross Receipts Provider Tax").

I propose two tax revenue sources to fund preventive education:

VIII. (1) A federal junk “food” tax. Kellogg is making enough on sale of junk “food” to kids to fund mid-level dental tooth extraction training; why not tax that corporation to fund educating people as to why they should avoid these dangerous products?

IX. (2) A graduated tax on politicians’ income from donations, as well as on interest/investment income received from accumulated donations. This would also help level the playing field in election campaign spending.

X. Dentistry has been a leader in prevention. The utilization of the dental prophylaxis (removal of soft and hardened plaque from the teeth) has been advocated by the profession for more than a century. It is good to follow good leads. Emphasize prevention so that if disease occurs it is low grade and handled more by our immune system than with medicine. We cannot achieve a STATE of GOOD HEALTH without PREVENTION

XI. Let us say that you three politicians embrace HEALTH INFORMATION HUMAN RIGHTS, and then an individual approaches you saying: “My doctor said that my only chance is to try this specific cancer treatment and I do not have the insurance nor the resources.” Now you guys have had enough info in front of you to know that “there is more than one way to skin a cat”, and sometimes a second opinion is indicated. This is why there are consultations in health care. For example, the medical code is 89.06 for a limited consultation. People should have the RIGHT to consult with practitioners outside of medicine and dentistry (chiropractors, herbalists and massage therapists, for example). How many opinions should be a human right is only limited by how much tax you wish to put on junk food and how much you wish to tax yourselves.

And so, I can only ask you (and the readers) to think about this. If you decide this is worth trying, embrace what the Senator proposes in his “Comprehensive Dental Act”: do a cost-benefit analysis. You can begin by “mining” Medicaid records of kids who have had dental preventive procedures vs. those who did not; then compare how much dental restorative work was needed as well as how much medical service was needed. To those people to whom you have made commitments for publicly paid treatment, say to them: “I believe the

right to Health Care Information HAS to come first so that patients are empowered to give informed consent. Tax funded treatment shall follow.”

Finally, some comments on “the need for reform”. The Governor’s letter to me argues for the need for government to step further into the health care field based on how much costs have risen.

The very best way to control health care cost is through education. The government assures the public a general education up to age 18, but does very little with prevention education. It is almost as if the various levels of government would guarantee a basic education but expect health professionals to work pro bono. More disease prevention education could be done in the schools, but it needs to be augmented with reimbursable personal counseling in all doctors’ offices.

Also more competition would help. Loans to health care providers (especially those who practice in underserved areas) are a good investment.

The federal government could take a great step toward reform by soliciting sponsors to open a new university which would award a new degree; “Doctor of Health”. The curriculum would be exclusively focused on how to prevent disease-without medicine and without surgery. Sponsors would not likely include the pharmaceutical industry nor the American Medical Association. However, many other business and philanthropic organizations would.

The current trend, in political thinking, would perpetuate a very expensive system and then try to control cost by mandating fee limits by procedure. The proposals by you three politicians would tend to “collectivize” health care. Collective farming was tried in the Soviet Union and failed. If more and more health care providers are working for the government and in government clinics, innovation and incentive and competition (based on who is serving the public best) is greatly diminished. Do you think Thomas Edison would have invented thousands of useful devices if he were working for the government? This is not to say that there aren’t highly motivated health care workers working for the government at present. The US has become a leader in many fields. You would do well not to stifle innovation nor competition in health care.

You have the resources to set up formal voting. See what The People say!

Thank you for considering Health Information Human Rights. And I am sure many people look forward to your reactions and responses.

Sincerely,

Ken Burchesky, DDS
PO Box 974
Lyndonville, VT 05851

Dr. Ken Burchesky holds a degree in Chemistry from Duke University and a degree in Dental Surgery from Georgetown University. He has been practicing General Dentistry with emphasis on prevention in since 1973.