Championing Minimally Invasive Care:

Aligning Advocacy to Transform Oral Health

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CareQuest Institute for Oral Health®

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Foreword

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Lack of access to affordable, culturally responsive, geographically convenient, quality oral health care is the key driver of oral health inequity in the U.S. According to the Health Resources and Services Administration, 64 million people live in 6,725 designated dental health professional shortage areas, mostly in rural areas of the country.[1] Children living in rural areas are less likely to receive preventive oral health care than children living in urban areas and are less likely to report having good oral health.[2] Older adults are equally affected by low access to oral health care, as evidenced by high percentages of partial and complete edentulism.[3]

Beyond geographic isolation, social and economic characteristics also impact access to oral health services. Many minority racial/ethnic populations suffer disproportionately from dental disease.[4] People living in poverty often are faced with housing instability, food insecurity, transportation issues, childcare issues, job insecurity, and other economic barriers that affect access to oral health care. Certain communities have a history of systemic neglect of oral health, compounded by low health literacy, and barriers to preventive care that can have a direct impact on access to oral health care.

We are now on the precipice of being able to make a meaningful change that will transform the way people think about oral health. Minimally Invasive Care (MIC) in dentistry is a visionary concept that has been embraced by many dental and non-dental health care professionals across the U.S. In this paper, health care professionals discuss the importance of MIC in reducing health care costs, improving access to care in underserved communities, providing quality preventive and early intervention oral health care across the lifespan, and changing the perception of oral health services in communities across the nation. Implementing a multi-directional integration approach utilizing a combination of medical, dental, and behavioral health professionals and systems will improve the oral health and overall health of all.

Whether you are a policymaker, payor of services, health care professional, educator, community advocate, member of an oral health coalition, or a concerned community member, you have a unique opportunity to carve out a future path for oral health. Together, we can change the course of history, change dentistry, and improve the oral health and overall health of all Americans, especially those historically underserved.

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Introduction

Championing Minimally Invasive Care in Dentistry

In line with the findings of the World Health Organization's *Global Oral Health Status Report*, the current reactive, curative model of dental treatment has been deemed inadequate, paving the way for a transition to a more effective, preventive and minimally invasive approach to care.[1] Minimally Invasive Care (MIC) in dentistry is such an innovation, which addresses both preventive and restorative oral health care, considering what is best for the individual. It focuses on conserving tooth structure, while emphasizing early detection and prevention of oral diseases. Such care is associated with significant savings in overall dental care costs when compared to costs for those individuals who received little or no preventive visits.

When dental decay is detected, MIC provides less intrusive care options to treat early-stage decay conservatively, including:

- Fluorides
- Antimicrobials
- Dental sealants

Due to its ease of application, MIC can increase access, while reducing oral disease that could require more complex, invasive attention in the future. It is designed to ease patient anxiety and foster optimal long-term oral health. Patients benefit from preserving their teeth and from the proactive prevention and timely management of oral conditions. MIC broadens the delivery of care into non-traditional venues, such as Head Start programs and long-term care facilities. It can be delivered by a variety of dental and non-dental health care providers, bolstering the oral health workforce and fostering greater interdisciplinary collaboration.

Everyone has a unique role to play, from advocating for policy changes to integrating MIC principles into educational curricula and community health programs. By working together, partners can address systemic barriers to MIC adoption, such as lack of awareness, insufficient training, inadequate reimbursement and regulatory hurdles. Collaboration enables sharing resources, knowledge and best practices, making the promotion and adoption of MIC more effective and far-reaching.

> **"Increasing awareness of the effectiveness of MIC and advocating for its greater utilization requires a collaborative effort from various partners, including federal and state agencies, oral health coalitions, educators, health care professionals, policymakers and community members."**

(5) World Health Organization Global oral health status report: towards universal health coverage for oral health by 2030 (Nov. 2022) https://www.who.int/publications/i/item/9789240061484

There is a need for guidance to enable champions of MIC to efficiently advocate to relevant audiences, so that consumers welcome it, policymakers support it, payors cover it, educators teach it, and clinicians provide it. This white paper serves as a resource to support advocacy for the adoption of MIC in the health care delivery system. By championing MIC, partners can work towards a future where oral health care is less invasive, more equitable and person-centered, significantly improving oral health outcomes for all, particularly for those in underserved populations.

Hence, a concerted call to action is crucial. Oral health and other health professionals and payors must support the integration of MIC principles into dental and health care practice, adopting prevention and early intervention. Policymakers and health care regulatory authorities must advance and endorse policies that eliminate barriers and amplify the reach of MIC, ensuring that it is recognized as part of a standard of care accessible to all. Community leaders and health advocates must champion MIC, ensuring that the message of equitable, person-centered oral health care resonates at the grassroots level. Dental and medical educators must incorporate MIC into health care curricula and training as standard practice. The following articles will suggest ways for audiences to understand, raise awareness, implement, evaluate, and improve efforts to advocate for use of MIC in dentistry.

Implementing Advocacy Messaging

Grace Linn, MA, President of Creative Media Solutions, Inc.

Advocacy can be an effective change strategy to achieve healthier, more equitable and thriving communities. Create change by influencing decisions, practices, programs, policies, and resource allocation within political, economic, public health, health care, education, and other systems. It bridges the gap between community needs, evidence-based solutions, and the decisions made by policymakers, agencies and organizations working to create a more just, equitable society.

Advocacy is more than messages and talking points, although these communication strategies are key to successful advocacy efforts. Relationship building, researching, organizing, and coalition building are other components to a comprehensive campaign. The time and funding invested in them will lead to increased success.

The goals of the advocacy effort proposed in this paper are to increase awareness of the effectiveness of Minimally Invasive Care (MIC) and realize its adoption in the overall health care system. The suggested framing of messaging will motivate engagement, investment, and action toward realizing the goals.

> **“Different audiences have varying levels of health literacy and are likely to be motivated by different messages. Taking a “copy-paste” approach to communications ignores these realities.”**

Message Delivery

Messages can be delivered in many forms — from social media to emails, from one-pagers to videos, often in different languages. Whatever form they take, they must be clearly understood by audiences to be effective. Consider your audience and select messaging that uses plain versus clinical language.

List the “core messages” that can be used consistently and repeatedly over the course of the advocacy campaign or effort. Think of these as a foundation or platform that supports your advocacy. They should connect the advocacy goals with the hopes and values of each audience. When core messages are unclear or complicated, they are less likely to resonate.

You can articulate messaging by using these suggested six steps:

1. Open with a statement that engages the audience
2. Present the problem
3. Provide brief facts and data about the problem
4. Share a story or give an example of the problem
5. Connect the issue to the audience’s values, concerns, or interests
6. Make your request (the “call to action”)

Modes and Messengers

Advocacy is often most effective when messages are delivered in a variety of ways, are based on the audience, and ideally could include a mix of the following:

- In-person meetings
- E-mails
- Social media posts
- Webinars
- Texts
- Newspapers
- Television
- Website features
- Blogs
- One-pagers or briefs
- Demonstrations

Finding others from the local community (outside of dentistry) can help expand support. For example, consider:

- Medical professionals
- Parents and caregivers
- School nurses, teachers, and administrators
- Community business owners
- University/college faculty
- Advocacy groups and coalitions
- Civic leaders
- Faith leaders
- Local celebrities
- Reporters
- The public, especially those who are part of the affected populations

Offer ongoing training/mentoring via information and practice sessions where messengers can hone their skills and responses in a safe and supportive environment. Practice makes perfect.

Commit to the Journey

Any advocacy campaign requires partners and takes time, change efforts typically do not happen quickly, and require a phased approach to build awareness, establish meaningful connections, and create change. Frequent assessment is important to review the strategies and their return on investment. Addressing unexpected obstacles may require refining strategies or pursuing different approaches. Good questions to ask include:

- What obstacles might be lurking around the corner?
- Does your plan of action need to be updated or target audiences re-evaluated based on lessons learned?
- Do we need more support to manage roles effectively? If so, what kind of support?
- Are there state or national organizations with resources or expertise that can help?

Getting these questions answered will help assess strategies and inform needed shifts in approaches.

Communicate Internally Too

Advocacy is hard work. While it is common to focus externally on audiences, do not forget the internal “audience” of your advocacy cohort. Communicate consistently and share information, re-enforce messages, ask for input and feedback, and celebrate achievements.

Audiences for Advocacy

Policymakers and Payors

Minimally Invasive Care Promotes Better Oral Health: Talking Points for Conversations with Policymakers and Payors

Kasey Wilson, MSW, Senior Policy Analyst at Community Catalyst

For many oral health advocates, the potential for Minimally Invasive Care (MIC) to increase access to oral health care, improve oral and overall health, and advance medical-dental integration may seem intuitive. However, many policy and decision makers, including private and public payors, do not understand what MIC is, the services it encompasses, and the benefits it holds for individual and community oral health.

Crafting Targeted Messages

Advocates must get to know their policymaker and payor audiences. Background information on MIC is necessary, but the most effective messaging about what MIC is and why it is important depends on the political and policy interests of the policymaker.

Advocates should research a policymaker's introduced or sponsored legislation or regulation, membership in caucuses and interest groups, and issue areas. For example, if a policymaker is invested in or has focused on workforce issues, craft messages related to MIC's connection to workforce issues; if a policymaker cares about health care cost containment, highlight that access to preventive oral health care can lower overall oral health care costs. When selecting targeted messages, consider the messenger as well as the message. Consider where and how community voices can be centered. Remember that policymakers are charged with representing their constituents.

Elected officials often prioritize the needs and experiences of their constituents. Using data and/or messaging targeted at the region, state, or local level that the policymaker represents will typically be more persuasive than using data and/or messages at the national level. When considering which audience to target, consider legislators who have introduced bills to improve access to oral health care or have been champions in improving access to health care.

> **"Crafting effective talking points for policymakers and payors will require targeted messaging that incorporates the politics, issue areas, and specific communities these audiences care about."**

Payors typically care about the bottom line so messages around cost effectiveness will often be persuasive. Public payors may be a key audience, as they often are receptive to messages about access to care and public good. For example, Medicaid's objectives include increasing coverage and improving health outcomes for populations with low income; Medicare similarly has dual goals of improving access to care and addressing financial barriers for older adults and people with disabilities. For public payors, meeting their program objectives will require investment in innovations, such as MIC, which can improve access to care and patient outcomes, as well as help to bend the cost curve.

Sample Talking Points for Engaging Policymakers and Payors in MIC

While using what is known about the priorities of policymakers and payors is critical, many effective messages fall into one or more of the approaches listed below.

MIC is Cost Effective

- ***MIC is a smart investment of public dollars.*** Using MIC to treat cavities early results in cost savings for payors and providers and better outcomes for patients.

- ***Accessing MIC can address oral health problems before they worsen and reduce costly emergency room (ER) use.*** ER use for oral health care costs the U.S. health care system $1.6 billion per year and rarely produces financial or public health benefits, as ERs do not typically have the staff or equipment necessary to treat dental disease.

- ***Treating oral health problems early can result in cost savings on the medical side.*** Oral health is connected to many other health conditions, including diabetes, heart disease, and pregnancy outcomes. Access to dental care can help address other chronic conditions and is associated with hundreds of dollars a year in per-patient cost savings.

MIC Increases Access to Care

- ***MIC increases accessibility of oral health care.*** MIC involves simpler treatment options than filling cavities and other traditional dental procedures. Services can be performed by dental and medical providers in community settings, expanding access beyond traditional dental offices and clinic settings.

- ***MIC can make critical oral health care more accessible and affordable for underserved communities.*** Oral health care presents the highest financial barriers of any health care service. Because it can be provided by a variety of health care providers, MIC can help people get some of the oral health care they need in community settings or during other medical appointments.

MIC Invests in the Public Good

- ***MIC can reduce fear and anxiety related to oral health care, as well as prioritizing trauma-informed care.*** About 20% of people experience dental anxiety. MIC does not require extensive instrumentation and focuses on maintaining the health of teeth. MIC often is more comfortable for patients and can help them build trust with health professionals.

- ***Covering and paying for MIC is a smart investment in oral and overall health.*** Coverage and payment for MIC can help people keep their teeth, improve their oral health, and address other chronic health conditions associated with oral health problems.

- ***MIC is flexible and can provide interim relief as well as less invasive permanent solutions to dental disease.*** MIC can help ensure oral health conditions do not worsen and get more painful while people wait for dental appointments and, in some cases, prevent the need for costlier invasive care altogether.

People who lack access to quality and affordable oral health care often state that access to health care, including specific invasive clinical procedures, is challenging. Partnerships with community members and community-based organizations can ensure that the messages advocates deliver are representative of community need and that MIC policy is crafted to reflect what communities want from the oral health system.

Potential Obstacles

Because most policymakers are not experts on oral health services or specific dental procedures, basic information may be an obstacle in speaking with the community. Some baseline education is necessary to help policymakers understand what MIC is and why it is important for oral health. Policymakers are busy managing multiple, competing priorities, so a few high impact talking points can be most impactful. Share your strongest points first. Leave materials that offer more information about MIC in a concise and easy to understand manner.

Payors may be better versed in procedures and codes; however, getting over the cost hurdle may present obstacles. Unfortunately, extracting teeth is often less expensive than providing adequate, quality oral health care. In addition to noting the long-term cost savings that MIC can offer, sharing personal stories is useful. People can speak about the pain, shame, and economic impacts of losing their teeth and not having access to care, while realizing that short-term economic gains are not worth the negative long-term effects.

Health professionals should consider ways to encourage people to share such stories and to help them practice presenting their story. Physically being present when their story is told is one way to offer collegial/emotional support. Some people might benefit from coaching for what to include in their story. Omitting a key detail may leave legislators or other listeners feeling that the individual was somehow to blame for their situation.

Whether policy is implemented – at the legislative or payor levels – to support coverage and payment of MIC services, educating key partners on MIC and building relationships with current and potential champions are important points of success in oral health advocacy campaigns. Realizing advocacy goals in the long-term is often supported by interim measures, including:

- An increased number of policymakers incorporating messaging about oral health into their statements and policy platforms
- Additional bills related to oral health coverage and access being introduced, regardless of whether they pass in a single legislative session
- Individual plans or payors covering some MIC services

In any conversation with policymakers or payors, oral health advocates are certainly MIC experts. Leverage your information, experience, and expertise to select the talking points that will resonate with a particular policymaker or payor. Highlight the importance of diversity and inclusivity in those who are providing and supporting these messages. Drive home the messages that are important for securing access to quality oral health care for the community.

Educators

Advocating for the Role of Faculty in Promoting Minimally Invasive Care

Judith Haber, PhD, APRN, FAAN; Executive Director, Oral Health Nursing Education and Practice Program, Professor Emerita, New York University Rory Meyers College of Nursing

The education of health care professionals has long been siloed. Similarly, the mouth has not been thought about or considered an integral part of the body by non-dental health educators or clinicians.[1] Academics who plan, implement and evaluate the outcomes of curricula for physicians, nurses and other members of health care teams should heed former U.S. Surgeon General, Dr. David Satcher's call to "view the mouth as a window to the body."[2] It is time for health professions faculty to design culturally responsive curricula that include oral health assessment, health promotion and disease prevention as an essential thread woven into appropriate clinical and academic courses, and experiences across their curricula.

Health promotion and disease prevention transcend the current education and practice of health professionals creating an opportunity for innovation that focuses on new oral health approaches to medical-dental integration and improved whole person care. These approaches, including Minimally Invasive Care (MIC) in dentistry are especially important for faculty to integrate into curricula and as best clinical practices.

> **"Educators should understand the importance of MIC in oral health access and disease prevention, to better orient students to the "end game" of improving overall health."**

Many interdisciplinary clinicians are incorporating MIC into their standards of care and expanding how it is used in daily practice. Several state dental Medicaid programs reimburse for certain MIC treatments performed by medical providers. All state Medicaid programs reimburse primary care providers for applying fluoride varnish (FV) to young children.[3] In 2023, the American Medical Association introduced a code for physicians to bill for silver diamine fluoride (SDF) applications. SDF is a liquid that when applied to teeth can arrest tooth decay and prevent new cavities. As a result, it is hoped that an increasing number of Medicaid programs will be authorizing SDF use by non-dental team members in primary care, school-based, long-term care, and other settings.[4]

Examples of MIC strategies that can be integrated by faculty into the curricula and clinical practice of interdisciplinary health professional students and used across the lifespan include: [5]

- FV can be applied to teeth to prevent tooth decay. It is often used on children at high risk for tooth decay after the first tooth erupts and can be re-applied every three months, which corresponds with many well-child visits. It is commonly applied in dental, well-child, and pre-school settings, but can also be applied in home or mobile settings. FV has benefits across the lifespan. It is particularly effective for individuals in assisted living or long-term care settings, who may have limited access to oral health care.

- Like FV, SDF use has relevance across the lifespan. Addressing the oral health needs of older adults is challenging. SDF is a significant tool in the prevention and treatment arsenal.

- Use of povidone-iodine suppresses bacteria that are commonly associated with tooth decay. It can be applied to teeth with a cotton swab to prevent decay.

- Guided enamel regeneration is used to treat initial signs of tooth decay. Tooth enamel loses minerals, weakens, and erodes in stages. Once the enamel is gone, the lost portion cannot be retrieved as the body cannot create new enamel. However, the remaining or existing enamel can be strengthened and repaired through remineralization. This process can naturally occur when the enamel is exposed to essential minerals such as fluoride, calcium, and phosphate. When applied to the affected areas of a tooth, the regeneration of tooth enamel is enhanced.

- Interim therapeutic restorations involve the removal of decay with a hand or rotary instrument followed by application of a material, such as glass ionomer, which is adhesive and restorative. It is a painless alternative to traditional restorative care.

Integrating oral health as an essential component of whole person care is rare. Educated in discipline-specific silos, many students do not have the opportunity to develop essential interprofessional oral health competencies. At the same time, practicing clinicians lack the competencies needed to guide patients and their caregivers about the importance of connecting oral health with their overall health. As a result, oral health care is often neglected among patients of all ages, including those with special health care needs.

By seamlessly integrating MIC content into pediatric, adult, and older adult courses, while addressing oral health promotion and disease prevention, future health professionals can better manage acute and chronic conditions, such as diabetes, cardiovascular disease, cancer, pneumonia, and HIV. Such teaching opportunities include: interprofessional case studies, patient simulations, clinical rotations, health literacy projects, health fairs, and grand rounds presentations.

Offering pertinent and informative development courses, modules, and workshops are a first step in preparing faculty and staff to be knowledgeable about and comfortable with MIC interventions…ready to weave MIC into didactic and clinical experiences. Several federal agencies and interdisciplinary initiatives propose essential interprofessional oral health competencies and entrustable professional activities (EPAs) that non-dental faculty can integrate into appropriate courses. EPAs were developed to provide the opportunity for frequent, time-efficient, feedback-oriented, and workplace-based assessment during daily clinical workflow. Physical assessment courses that develop clinical oral exam competencies would be a good start.[1,6-8]

A significant contribution by interprofessional teams would be improving the oral health literacy of populations across the lifespan by educating health professional students about the importance of recommending consistent oral hygiene practices (brushing and flossing regularly, reducing sugar intake, exercising, and smoking/vaping cessation), establishing a permanent dental home, and raising awareness about MIC's effectiveness.

> **"Interprofessional teams have a unique opportunity to contribute to enhancing health equity, decreasing oral health disparities and improving oral health outcomes."**

There are several resources available to integrate oral health and to increase awareness of MIC into the education of future and practicing health care professionals, including:

- *Smiles for Life: A National Oral Health Curriculum* is relevant to faculty, students and practicing clinicians of all disciplines.[9] Its modules offer free continuing education credits and have an interprofessional focus suggesting how all primary care clinicians can enhance their collaborative role in improving oral health across the lifespan. Faculty resources in the Educator Portal include downloadable presentations, case studies and curriculum models.

- *Bright Smiles, Bright Futures* is a community-based program focused on preventing cavities.[10] Using this resource, over ten million children are screened annually for common oral health conditions and referred for treatment. It includes a teacher's classroom kit that can be used in school-based settings to promote oral hygiene self-care behaviors.

- *Oral Health Nursing Education and Practice* (OHNEP) is a national oral health program that focuses on the role of the nursing profession and their interprofessional colleagues. It seeks to integrate oral health in undergraduate and graduate curricula and establish oral health best practices in clinical settings.[11] Innovative virtual curriculum and clinical practice resources guide faculty and practicing clinicians across the health professions to integrate oral health promotion and disease prevention strategies into their training programs.

When making referrals for oral health care, understanding the barriers that people experience in accessing care is important. Those without dental insurance may not be able to afford dental services. Dental disease is concentrated among populations with low socioeconomic status. Many people make difficult financial choices when seeking care. Recommendations for incorporating MIC into health care education include:

- All health professionals should assess and manage oral health problems within their scope of practice and refer patients appropriately to improve the mental, oral, and overall health and well-being of all individuals.

- Accreditation standards should hold faculty accountable for using model curricula that feature interprofessional didactic content and clinical experiences that link innovative oral health and overall health strategies across the lifespan.

- Practicing clinicians should regularly complete professional development courses to better equip themselves to fully integrate oral health into overall health care, thus making their practices more inclusive and innovative.

Health educators play an important leadership role in cultivating oral health champions across the professions who realize that good oral health is key to overall health. All health professions can contribute to reducing the burden of oral disease for persons across the lifespan and address oral health equity.

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Oral Health Care Professionals

Minimally Invasive Care in Dentistry in a Developmental and Equitable Framework

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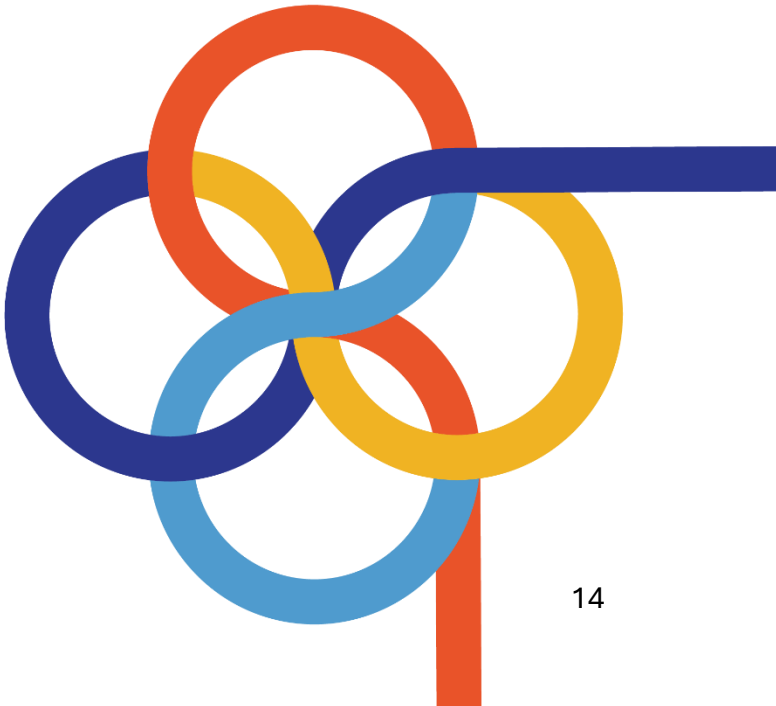
Minimally Invasive Care in dentistry (MIC) encompasses an array of treatments including silver diamine fluoride (SDF), Hall crowns, remineralization techniques, resin infiltration, sealants, and process interventions of more frequent monitoring, as well as other less validated techniques. From a clinician's perspective, MIC offers opportunities for excellent cost-effectiveness, clinical efficiency, compassionate care alternatives, and precision care. The emerging nature of MIC also involves challenges, including lack of many best practices, inadequately studied developmental and functional considerations, and equity and stigmata issues across patient populations.

MIC's arrival as an acceptable adjunct to traditional restorative care especially benefits individuals with special health care needs. Through clinical care, MIC helps to address various biologic and social challenges, including:

- Recent curtailing of access for dentists to operating room care and sedation
- Continuing burden of disease disparities and inadequate access to care for some children and families
- Survival and mainstreaming of persons with special health care needs
- The continuing burden of oral disease disparities and inadequate access to care for older adults, especially in long term care and skilled nursing facilities

Where MIC lands in a nationally equitable standard of care remains to be seen, as its role evolves in the context of clinical dentistry. For example, for pediatric dentists who overwhelmingly care for children covered by Medicaid, as well as people with special health care needs, MIC offers mortar to the foundational blocks of caries management using traditional prevention and restoration.



The American Academy of Pediatric Dentistry's policies and best practices provide current evidence-based advice and guidance for clinicians using MIC. Yet, questions remain in the application of MIC in an equitable and effective way across the lifespan. Studies and analysis should continue over time to determine MIC's ultimate role in the oral health care of those who would benefit most and its impact on the oral health care system. For example:

- Application of MIC in an equitable manner across populations can offer challenges. Offering some care, such as MIC, is not equivalent to fully addressing an individual's oral health needs. With its potential benefits, will MIC usage evolve to best fit into a comprehensive universal standard of care?

- A consistent and accessible source of care – the health home – anchors health care and dentistry's vision of equitable care, but guidance and evidence of optimal MIC usage lags. Will this challenge be further complicated by low or non-existent reimbursement for attendant services, such as counseling, care management, continuing risk assessments, and optimal periodic monitoring of MIC's effectiveness?

- The long-term developmental and functional effects of MIC need to be studied and the techniques adjusted to optimal health goals. Will weakened tooth structure lost without traditional restoration lead to malocclusion? Will jagged anatomy affect diet and function? Will staining stigmatize patients in social settings?

- Will more widespread adoption of MIC erode advances made in coverage of traditional caries management? Public and private payors have been slow to recognize the need to support case management. Frequency limitations are common elements of coverage and their role in inhibiting broader personal and social components of MIC success needs to be further studied. Counseling, frequency of observation, and repetition of interventions, all a part of MIC, will need support and evaluation, especially for the most vulnerable.

- The current epidemiologic dichotomy of treated versus untreated caries, long an estimate of access and disease patterns, may be blurred if MIC, which is still evolving, is equated with traditional approaches. Will universal adoption of a definition of oral health paired with medical necessity be a start to frame the benefits of MIC within a more traditional care system?

The promise of MIC in reducing costs and behavioral interventions, while improving quality of life for some patients, is irrefutable. It is currently embraced by the pediatric dentistry community, by those caring for persons with special health care needs, and by practitioners in safety net settings. Increasing the use of MIC will continue to address gaps in the current system of care and enhance the dental experience for all who seek to improve their oral health.

[Editor's comment] The best way to document outcomes across populations is to engage practitioners, both within and outside general dentistry, to acquaint themselves with MIC and its potential benefits to those they serve. These early adaptors and their patients can provide additional data to better inform our understanding of the potential scope and breadth of individual and population impact of MIC, as well as possible long-term adverse effects.

State Medicaid and Oral Health Programs

Minimally Invasive Care: State Oral Health Programs and Coalitions

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State Medicaid and oral health programs face challenges in addressing access and equity in oral health care. Oral health coalitions play a crucial role in advocating for expanding oral health care through collaboration, advocacy, and community mobilization. These activities help address issues, such as the maldistribution and limited number of dentists, rising costs, low Medicaid participation among dental providers, competing interests within the dental workforce, low reimbursement concerns, limited access for underserved populations, fear of dental treatment, and inability to scale oral health programs to meet the geographic expanse of isolated populations within the state.

What if there was a way to lower costs, reduce fear, and increase access points by utilizing a diverse workforce strategy to improve oral health care? Such a strategy would be highly attractive to cash-restricted state programs that need a lower-cost solution to address oral health disparities.

> **“MIC is an effective method to address advancing population-based oral health care at the state and national levels across the lifespan.”**

The field of dentistry is constantly advancing, thanks to scientific innovations that provide new ways to prevent dental decay and tooth loss. Minimally Invasive Care (MIC) is becoming more popular and can be performed by a range of dental and non-dental professionals alike. However, many people are unaware of these treatment options, and insurance companies often do not cover these treatments. This presents an opportunity for state oral health programs to make a significant impact by promoting MIC and improving oral health access for underserved populations.

MIC is an effective method to address advancing population-based oral health care at the state and national levels across the lifespan. What is needed:

- Increase awareness among state oral health coalitions, state oral health programs, state professional associations, and state policymakers of the benefits of MIC.
- Review state Medicaid payment policies for approved dental procedures and expand the set of procedures to include MIC, if it is not already included.
- Review state dental board regulations for the approved scope of practice for the most relevant members of the oral health care workforce to include MI.
- Review state medical and nursing board regulations for the approved scope of practice for inclusion of MIC.
- Promote the use of MIC in dentistry across the lifespan.
- Promote the inclusion of other health care workforce in providing aspects of non-invasive dental-related procedures.
- Determine the gaps in payment and current health care workforce that limit the effectiveness of MIC in meeting population-based needs.
- Develop advocacy messages and policies to address closing these gaps.
- Build awareness and support for MIC across a diverse range of potential partners.
- Start an educational campaign to the public for the benefits of MIC as the “New Oral Health Access Plan.”

Community Advocates

Minimally Invasive Care: Promoting a Shared Value Proposition for Community Health

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Discussions about oral health advocacy tend to focus on payment and policy trends. While policy and payment changes are usually national, solutions must be local and responsive to individual community and population needs. Often overlooked, community level advocacy can be a key lever for driving meaningful change to effectively address local outcomes. Community voices can impact payment, policy and practice change resulting in improved quality of life and well-being; however, for many potential community oral health advocates, the value of Minimally Invasive Care (MIC) remains elusive.

Many populations in rural and other underserved areas are significantly impacted by social determinants of health that contribute to poor oral health. This is especially true for marginalized populations, where an absence of oral health knowledge and care limits opportunities for involvement in MIC advocacy efforts that can support individual and community health. Policymakers, payors, and providers, who themselves may be unfamiliar with MIC strategies, may not recognize the potential benefit of partnering with and empowering community members and organizations to advance a shared understanding of the benefits of MIC.

Creating a shared value proposition of MIC can align goals; create a unified vision; and build trust, stronger relationships, and a sense of ownership by creating value for all involved partners. This paper explores the importance and unique advocacy role of patients and populations most in need of these services.

> **“By crafting plans and messages, we can empower local advocates and use their influence to support MIC goals with decision makers and promote the benefits of MIC throughout the community.”**

A discussion with community members about the value of MIC should begin by highlighting the positive and negative factors impacting individual and community health. These messages are critical to helping community members understand that their voices can play a pivotal role in MIC advocacy to advance health equity. Creating targeted key messages, effective talking points, and strategies informs and activates grass roots advocates. It opens the door to leverage their influence in supporting a shared vision with policymakers, payors and others that can be foundational to systemic change in community oral health care at a lower cost with better long-term outcomes.

Engaging Grassroots Advocates for MIC

Growing and expanding networks and coalitions that can grow community advocacy empowers community members to work together to create a just and equitable oral health solution that addresses individual and local needs. Creating opportunities for community members to come together to learn about MIC, share their experiences and opinions, ask questions, and brainstorm strategic solutions can help drive progress and meaningful change. Suggested strategies for engaging community members in MIC advocacy:

- Host community events to bring existing advocates and potential grassroots advocates together to learn about MIC using educational tools, resources and workshops about the benefits of this approach. Such opportunities allow residents to share their experiences and observations, from which leading advocates can learn insights.

- Create a peer-to-peer support network to encourage storytelling about experiences with oral disease and success stories resulting from minimally invasive oral health care. Such support is a foundational element for eventually sharing stories with policy and decision-makers.

- Partner and collaborate with local organizations (e.g., schools, community centers and health organizations) to cultivate advocates and create alliances to raise awareness about incorporating MIC to achieve better oral health at a reduced cost, with less pain and faster recovery times for patients.

- Recruit trusted members of the community, such as community health workers (CHWs), patient advocates and transportation aides, as essential partners in promoting new approaches to oral health care as essential to overall improved health.

- Leverage technology and social media to engage and mobilize community members for advocacy.

Targeted Messaging to Support Patient Understanding and MIC Advocacy

- MIC is safer, more effective, and less painful than traditional dental care. It can benefit individuals and the community by promoting better oral health, reducing costs, creating faster recovery times, and improving long-term health outcomes for patients.

- Minimally invasive techniques mean less trauma to teeth and gums, causing less pain and discomfort during the dental visit. As a result, many patients experience less anxiety about returning for follow-up or preventive visits.

- Minimally invasive techniques preserve the tooth, reducing the need for more complicated procedures.

- MIC can often reduce recovery time. This can help children return to school more quickly and their parents return to work, reducing the number of missed days.

- Various medical and dental providers can use minimally invasive techniques in schools, long-term care facilities (LTC), and other community settings where people live and work, making care more accessible.

- MIC can be more cost-effective long term as it can reduce the need for expensive procedures in the future.

- Making care more affordable through prevention and early intervention means more individuals may seek treatment to maintain their oral health. This can reduce the overall burden of oral disease, creating a healthier community.

Challenges to Patient Advocacy

Grass roots advocacy is not without its challenges. Even with a better understanding of the benefits of MIC, a long history of dental anxiety, fear and shame leading to delayed treatment, and pain may make advocates hesitant to explore “new treatments.” Cultural beliefs or traditions may conflict with emerging attitudes, information, or behaviors, appearing disrespectful, thus discouraging engagement. Advocates should guard against concerns that MIC is somehow “inferior” care because it is cheaper or provided by someone other than a dentist. Communities may contain marginalized populations, who have been disenfranchised from the oral health care system with little to no access to health system leaders, policymakers, providers and payors. These decision makers are positioned to implement systemic changes that would support MIC as part of a larger health solution to address disparities.

Creating an Inclusive Advocacy Effort for MIC

Potential advocates can begin by partnering with trusted community members, such as CHWs or other frontline workers. They can affiliate with local community centers, LTC facilities, businesses, and schools whose populations experience the consequences of poor oral health. By building inclusive coalitions to inform and mobilize support, grass roots advocates play a key role by reaching across social barriers to amplify advocacy efforts. Patients are in a unique position to support other advocates by sharing personal MIC success stories and positive outcomes that highlight key messages. These first-hand accounts can serve as a foundational step in creating a community backstory that begins by illustrating the faults of today’s system that is focused on treatment to the potential gains of a community-wide focus on prevention and early intervention. Measuring and evaluating the impact of community engagement activities will help all advocates assess their progress, recognize areas for improvement, and adapt strategies as needed to advance MIC.

The voices of grass roots community advocates, including those most in need of care, can help unlock effective and sustainable change using minimally invasive solutions to oral health care. To do so, they will need education, resources, new skills, and willing partners that together can inspire a shared value proposition based on prevention and equitable population health.

Minimally Invasive Care: Evaluation Considerations

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When evaluating whether advocacy efforts for Minimally Invasive Care in dentistry (MIC) are making an impact, consider questions across multiple levels of change. Changing minds, policies, and systems takes time, so focusing only on long-term changes may hide the very real short-term wins. Below are evaluation considerations. At the end, are additional resources for a deeper dive into these issues.

Has awareness and understanding of the issue changed among your target audiences?

Whether the work targets policymakers, health care providers, community members, or other audiences, advocacy aims to ensure that people are more informed about and supportive of MIC. Key indicators of changing awareness might include:

- **Survey results:** Use pre- and post- advocacy surveys with key audiences to measure changes in awareness and understanding of MIC among different target audiences.
- **Engagement metrics:** Track attendance at informational sessions, the volume of inquiries about MIC, and media coverage of advocacy activities to gauge audience engagement.

Have efforts influenced policymakers, organizations, and policy?

Look for evidence that elected officials or influential bodies are incorporating MIC advocacy into their platforms or decision-making processes. Important metrics include:

- **Professional endorsements:** Support from professional organizations, insurance companies, and educational institutions can amplify advocacy efforts and foster broader adoption of MIC principles.
- **Educational changes:** Changes in curriculum, training, or accreditation standards; dissemination of educational materials; and the training of new oral health or other health professionals in MIC practices may indicate changes in workforce attitudes toward MIC.
- **Partnerships and coalitions:** The formation of new partnerships with individuals and/or organizations promoting an issue can show changing attitudes and support for an issue.
- **Policy developments changes:** Monitoring legislative and regulatory developments, as well as proposed and approved policies and funding allocations that support MIC initiatives are important.
- **Developing relationships:** Meet with policymakers to increase their knowledge and support of the policy. Evaluate the quality of the advocate/policymaker relationship and look for evidence that these efforts are leading to the incorporation of MIC advocacy into their platforms or decision making.

Have efforts translated into shifts in clinical practice and health outcomes?

Though seeing these changes may take years, keeping these metrics in mind helps ensure that policy change is having the intended impact. Such metrics might include:

- **Health outcomes:** Measure increased access to MIC services and improvements in oral health outcomes and collaborating with research institutions and/or public health departments to gather comprehensive data on health indicators, patient experience, and service utilization rates.

- **Clinical practice shifts:** Assess shifts in clinical practices among dental or other health professionals, such as the adoption of MIC techniques and a reduction in more invasive procedures. Advocates might partner with state chapters of dental or dental hygiene groups, or other professional health care groups, or the state Medicaid agency to conduct a survey to assess progress or obstacles related to MIC.

- **Qualitative evidence:** Collect testimonials and case studies from patients and health professionals to provide qualitative evidence of MIC's benefits, adding a personal dimension to evaluation efforts.

Final considerations

To prioritize where to start evaluation, consider which audiences or issues advocacy work addresses. For example, working with community advocates and grassroots changes in oral health behavior, a goal may be increasing awareness and understanding. Meanwhile, if focusing on working with educators to change curriculum, interest might be geared to seeing changes in policy and practice around curricula, course offerings, and training or accreditation standards.

If interested in learning more about evaluating MIC or other advocacy efforts, below are additional resources:

- *User's Guide to Advocacy Evaluation Planning*
- *The Elusive Craft of Evaluating Advocacy*
- *Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts*
- *Evaluating Advocacy-Alliance for Justice Podcast*
- *Amplifying Nonprofit Voices: Bridging the Advocacy Evaluation Gap for Nonprofits*

Key Messages and Talking Points Summary

Key Messages

- The lack of access to affordable, culturally responsive, geographically convenient, quality oral health care is the key driver of oral health inequity in the U.S.
- Minimally Invasive Care (MIC) increases access by its easy application, while reducing oral disease that could require more complex, invasive attention in the future. It is an innovation that addresses both preventive and restorative oral health care, in consideration of what is best for the individual being treated.

Policymakers and Payors

- Craft effective MIC talking points that incorporate the politics, issues and specific communities that policymakers and payors target, especially when tying them to previous or current legislative initiatives. When possible, support with data addressing a policymaker's constituent area. Policymakers care deeply about the opinions and needs of their constituents.
- MIC can improve access to care and improve patient outcomes.
- MIC can be tied to health care workforce and/or health care cost containment opportunities
- Research shows using MIC to treat decay early results in cost savings for payors and providers with improved outcomes for patients.
- Treating dental problems early can result in overall health improvements and savings as oral health is connected to many other health conditions, including diabetes, heart disease, and pregnancy outcomes.
- MIC can address oral health problems before they worsen and reduce costly emergency department use.
- MIC is a smart investment of public dollars.

Educators

- Health education must include oral health assessment, health promotion and disease prevention as essential elements integrated into curriculum as a best clinical practice…as the mouth is part of the body. Incorporate such training into clinical rotations and residency programs for physicians, nurses, and other health care providers.
- Educators play an important leadership role in cultivating oral health champions across the professions who model that good oral health is key to overall health.
- MIC is an innovative strategy that should be threaded throughout interdisciplinary curricula and clinical experiences.
- MIC will expand the oral health workforce, advance health equity, and further integrate oral health into overall health care.
- Many state Medicaid programs reimburse primary care providers for applying fluoride varnish to children.
- States are starting to embrace MIC. Several state Medicaid programs have authorized silver diamine fluoride (SDF) use by non-dental team members in primary care, school-based and long-term settings. In 2023, the American Medical Association introduced a code for physicians to bill for SDF applications.

Health Care Professionals

- MIC offers opportunities for excellent cost-effectiveness, ease of application, compassionate care alternatives, and precision care.
- MIC is an acceptable adjunct to traditional restorative care and benefits individuals across the lifespan, including those with special health care needs.
- The promise of MIC in reducing costs and behavioral interventions, while improving quality of life for some patients, is irrefutable.
- Interprofessional teams have a unique opportunity to contribute to enhancing oral health equity, decreasing oral health disparities, and improving oral health outcomes by prioritizing competencies that focus on oral health promotion, disease prevention and use of MIC.

State Oral Health Programs and Coalitions

- MIC is an effective method to address advancing population-based oral health care at the state and national levels across the lifespan.
- Be aware of state Medicaid payment policies for approved dental procedures and expand that set of procedures to include MIC, if necessary.
- Review state dental, medical and nursing board regulations on the approved scope of practice for all health care workforce members to include MIC. State boards of health or education could mandate this integration to ensure that all health professionals have the competencies to provide preventive and supportive oral health services.
- Promote the inclusion of health care workforce members in providing non-invasive dental-related procedures, such as MIC.
- Identify gaps in payment and the current dental and other health care workforce that limit the effectiveness of MIC in meeting population-based needs.
- Develop advocacy messages and policies to address lack of access to dental care.
- Build awareness and support across a diverse range of potential partners, while raising public awareness of the benefits of MIC.
- MIC is particularly relevant for populations with limited access to care related to geography, income, transportation, and other factors where use of alternative care models is essential.
- Stress the importance of federal funding to support the integration of MIC training into medical and dental professions curricula. Initiatives such as the Health Resources and Services Administration (HRSA) Title VII grants for training programs could prioritize MIC training for all health professionals, ensuring that future providers are prepared to address oral health needs within their scope of practice.

Community Advocates

- Community advocacy is a key lever for driving meaningful change to effectively address local outcomes.
- Create a shared value proposition of MIC that can align goals to form a unified vision and purpose that builds trust, strong relationships, and a sense of ownership by demonstrating value for all involved partners.
- Craft messages to empower local advocates to use their influence to promote the benefits of MIC throughout the community.

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