

August 27, 2019

Health Resources and Services Administration (HRSA)
Department of Health and Human Services (HHS)
5600 Fishers Lane
Rockville, MD 20857 U.S.A.

Re: Public Comment Request Information Collection Request Title: Health Resources and Service Administration Uniform Data System, OMB No. 0915-0193-Revision

On behalf of the American Dental Association (ADA) and its 163,000 members and the American Academy of Pediatric Dentistry (AAPD) and its 10,500 members, we appreciate the opportunity to comment on the Information Collection Request: Health Resources and Services Administration Uniform Data System, OMB No. 0915-0193—Revision.

Comments related to replacing the measure titled “*Dental Sealants for Children Between 6-9 Years*” with CMS74v9 measure titled “*Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists*”:

We are writing to express our concerns about the proposed replacement of the Dental Sealants for Children Between 6-9 Years measure with CMS74v9. Research has shown that sealants are effective in preventing occlusal carious lesions in the molars of children when compared with controls without sealants.¹ An evidence-based clinical practice guideline released in 2016 by the ADA and AAPD found 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 nonuse of sealants or use of fluoride varnishes.
- Sealants could minimize the progression of non-cavitated occlusal carious lesions (also referred to as initial lesions) that receive a sealant.²

As noted, there is in fact evidence to suggest the superiority of resin-based fissure sealants over fluoride varnishes applied to prevent decay in permanent molars.³ While both topical

¹ Ahovuo-Saloranta, A., Forss, H., Walsh, T. et al. Sealants for preventing dental decay in the permanent teeth. *Cochrane Database Syst Rev.* 2013; : CD001830

² 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.

³ Ahovuo-Saloranta A, Forss H, Hiiri A, Nordblad A, Mäkelä M. [Pit and fissure sealants versus fluoride varnishes for preventing dental decay in the permanent teeth of children and adolescents.](#) *Cochrane Database of Systematic Reviews* 2016, Issue 1. Art. No.: CD003067. DOI: [10.1002/14651858.CD003067.pub4](https://doi.org/10.1002/14651858.CD003067.pub4).

fluoride as well as dental sealants are important caries preventive modalities, we fail to see the agency's rationale for removing the focus on improving sealant rates, especially given the improvement health centers have made.

In 2018, 1,362 Uniform Data System (UDS) grantees reported on the Dental Sealant measure. We applaud the agencies effort to promote this level of implementation and unified reporting. These data demonstrate that health centers performance has significantly improved more than 10 percentage points since 2015 when the measure was first adopted. 52.8% of children 6-9 years of age at elevated caries risk received the recommended sealants.⁴ Furthermore, 36 states have performed better by at least 5 percentage points on the dental sealants measure from 2015 to 2017.⁴ However, we note that a performance gap continues to exist and regret to see the agency moving away from a focus on this measure when the structures and systems have been put in place to help us sustain and continue to scale this improvement.

The ADA and the AAPD appreciate HRSA's initiatives to align the reporting requirement with CMS Merit-based Incentive Payment System (MIPS) to address measurement burden. However, we do not believe that this is necessary at this time for dental measures, given the lack of adoption of the CMS MIPS program measures as yet by dental providers.

We are specifically concerned about the measure CMS74v9 as specified. This measure tracks only a single application of fluoride varnish during the measurement period. Evidence-based Clinical Recommendations suggest that topical fluoride should be applied at least every three to six months in children at elevated risk for caries.⁵ The measure denominator does not limit to those children who are at increased risk for tooth decay to be consistent with the clinical guidelines. The ADA and the AAPD encourage the HRSA to only consider metrics that are supported by strong scientific evidence and further tested for validity, feasibility, reliability and usability.

The "[Dental Sealants for Children Between 6-9 Years eMeasure](#)" currently in the UDS was developed and tested by the [Dental Quality Alliance \(DQA\)](#). The DQA maintains this measures through a periodic review process to align with emerging science and implementation experience. The use of measures that have not been adequately tested undermines confidence in measures among providers and consumers of healthcare.

⁴ Source: Uniform Data System 2018 Table 6B. Quality of Care Measures. Accessed from: <https://bphc.hrsa.gov/uds/datacenter.aspx?q=t6b&year=2018&state=&fd=>

⁵ 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.

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We appreciate the opportunity to provide comment on the proposed changes to the UDS measure. Should there be any questions please feel free to contact Dr. Diptee Ojha with the ADA, ojhad@ada.org, or Mr. C. Scott Litch with AAPD, slitch@aapd.org.

Sincerely,



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