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Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

Comment On: CMS-2023-0042-0001

Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

Document: CMS-2023-0042-DRAFT-0004

Comment on CMS-2023-0042-0001

Submitter Information

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General Comment

The Honorable Xavier Becerra

Secretary

US Department of Health and Human Services

200 Independence Avenue SW

Washington, DC 20201

The Honorable Chiquita Brooks-LaSure

Administrator

Centers for Medicare & Medicaid Services

US Department of Health and Human Services

7500 Security Boulevard

Baltimore, MD 21244

Re: CMS-P-0015A

Secretary Becerra and Administrator Brooks-LaSure:

I, Mike John DDS, PhD, MPH, PhD, am pleased to submit the following comments to the Centers for Medicare & Medicaid Services (CMS) on the collection of data through the Medicare Current Beneficiary Survey (MCBS; CMS-P-0015A).

I enthusiastically support the proposed inclusion of the 5-item Oral Health Impact Profile (OHIP-5) in the Medicare Current Beneficiary Survey (MCBS).

Beginning in the early 1980s, oral health-related quality of life (OHRQoL) instruments were developed in response to the dissatisfaction with traditional oral health measures such as decayed teeth or clinical attachment level. These measures fail to capture the impact of oral diseases on patients' lives. Most instruments were developed in older adults where the discrepancies between clinical oral health indicators and people's well-being are pronounced, e.g., the Geriatric Oral Health Impact Assessment Index.

The inclusion of a comprehensive oral health impact measure in the MCBS is a milestone in the assessment of older adults' oral health. Conceptually, representative oral health impact data in this age group would serve as the starting point to measure the effect of any larger oral health intervention (community programs, changes in policies, any substantial advances in the care for individual patients etc.). Any intervention that intends to improve oral health of large numbers of older adults would now have a target. The impact level measured by MCBS for this age group as a whole or for demographic, health-related, geographic and other subgroups would need to be relevantly lowered by the intervention to be considered effective.

Normative data, i.e., data that summarize what is usual or typical in a defined population at a specific point or period of time, are essential for oral health impact score interpretation. They can be created based on CMS' OHIP-5 data. Normative data provide a frame of reference for clinicians' clinical decision-making for individual dental patients or for other stakeholders' decision-making for groups of individuals, e.g., to tailor resources to the populations that need them the most.

OHIP-5's benefits extend well beyond the dental community. Other health care providers and stakeholders would have a practical way to measure oral health impact in their settings and to use this information for decision-making. If medical-dental integration would move forward to contribute to whole-person integrated care, assessment of oral health impact in non-dental settings, e.g., primary care physicians' offices, would be a necessary component to bring oral and general health care closer together. OHIP-5 provides a psychometrically solid and practical way to accomplish this. Older adults are one of the groups of people that would benefit the most from medical-dental integration and whole-person integrated care. Again, MCBS data would provide a framework to interpret oral health impact scores in a variety of non-dental health care settings. Since OHIP-5 measures the four OHRQoL dimensions Oral Function, Orofacial Pain, Orofacial Appearance, and Psychosocial Impact, and these dimensions are the reasons why patients (worldwide) seek care from dentists (John et al. J Evid Based Dent Pract. 2020), it can also be expected that CMS' OHIP-5 data is helpful for the analysis and interpretation of MCBS' health care services and expenditures data.

Finally, CMS' OHIP-5 data would open the door to use information from more than 6,000 already published articles that used OHIP versions (about 500 articles are annually added and this number is raising). While certainly not all this data is directly relevant for older adults in the Medicare system, OHIP-5 information from other settings will be helpful to evaluate and change older adults' oral health. According to a group of international clinical researchers, OHIP-5 is now the recommended instrument to assess oral health impact/OHRQoL across all oral diseases and all settings (John et al. J Evid Based Dent Pract. 2022, John. J Evid Based Dent Pract. 2022)

In conclusion, CMS has enriched MCBS and by doing so provides health care stakeholders relevant insight into oral health to be used in whole-person integrated care of older adults.

Respectfully,

Mike T. John, DDS, PhD, MPH, PhD

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School of Dentistry
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Journal of Evidence-Based Dental Practice

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PUBLIC SUBMISSION

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Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

Comment On: CMS-2023-0042-0001
Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

Document: CMS-2023-0042-DRAFT-0005
Comment on CMS-2023-0042-0001

Submitter Information

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General Comment

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: OMB Control Number: 0938-0568
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Support for the addition of the Oral Health Impact Profile (OHIP) instrument in the Health Status and Functioning Questionnaire (HFQ) Section of the Medicare Current Beneficiary Survey (MCBS).

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CMS Form Number: CMS-P-0015A

My name is Danna Paulson, and I am a dental hygienist and researcher writing in support of the inclusion of the five-item version of the Oral Health Impact Profile (OHIP-5) instrument within the MCBS.

The Oral Health Impact Profile-5 (OHIP-5) plays a crucial role in emphasizing the importance of dental hygiene and prevention in maintaining oral health. Dental hygiene focuses primarily on preventing the adverse impact of oral health through disease prevention. Prevention efforts are categorized into primary, secondary, and tertiary levels, as outlined by the Centers for Disease Control and Prevention (CDC). When it comes to older adults, all prevention measures are essential, but tertiary prevention holds particular significance due to the likelihood of caries and periodontitis already existing in this age group. Oral health is especially vital for older adults as it directly affects proper nutrition, diet, and the overall link between oral and general health. The preventive efforts in dental hygiene have a strong scientific foundation and are practical to implement. The OHIP-5 data will provide valuable assistance by offering a framework for assessing oral health in older adults, leading to improved diagnosis and monitoring of oral diseases in this specific age group. By approaching oral health from a prevention standpoint, dental hygienists

can use the OHIP-5 to effectively address the needs of older adults and contribute to better oral health outcomes and overall well-being.

I would like to thank you for the opportunity to comment on my support for this valuable addition to the MCBS.

Sincerely,

Danna Paulson MSDH, RDH, CCRP
Researcher,
Division of Dental Hygiene,
Department of Primary Dental Care,
University of Minnesota, School of Dentistry

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Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

Comment On: CMS-2023-0042-0001

Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

Document: CMS-2023-0042-DRAFT-0006

Comment on CMS-2023-0042-0001

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General Comment

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: OMB Control Number: 0938-0568
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

The division of dental therapy from the University of Minnesota (UMN) School of Dentistry (SOD) is excited to provide comments for the Centers for Medicare & Medicaid Services (CMS) on the collection of data through the Medicare Current Beneficiary Survey (MCBS; CMS—P—0015A). We enthusiastically support the proposed inclusion of the 5-item Oral Health Impact Profile in the Medicare Current Beneficiary Survey MCBS).

The dental therapy students at UMN SOD have been successfully utilizing the Oral Health Impact Profile (OHIP-5) in comprehensive patient care since 2017. Therefore, the division of dental therapy is in support of the addition of the five items from the OHIP-5 to the Health Status and Functioning Questionnaire (HFQ) portion of the MCBS. CMS's OHIP-5 data will put our individual patients' OHIP scores in perspective by benchmarking them for older adults.

The utilization of OHIP-5 to determine outcomes assessment and understand patient's Oral Health-Related Quality of Life (OHRQoL) supports the dental therapy profession in the following ways:

Quality assessment – The collection of OHIP-5 among patients seen by the dental therapist allows for evaluation and measurement in the effectiveness of interventions and treatments through the lens of OHRQoL.

Evidence-based practice – As a novel profession in the United States (US), dental therapy is authorized in only 13 states. The collection of OHIP-5 will contribute to evidence-based dental practice and document the impacts that dental therapists have on the communities that they serve.

Advocacy – The utilization of OHIP-5 will support research and advocacy in advancing dental therapists as allied dental professionals in the US. The outcomes assessment data will demonstrate the value and impact of dental therapy services to stakeholders, policy makers, and the public.

In conclusion, dental therapy as a profession will benefit from the addition of OHIP-5 to the Health Status and Functioning Questionnaire (HFQ). As dental therapists provide care for the underserved population, it is critical to utilize quality assessment measures and evidence-based dental practice to support the advancement of the profession.

Sincerely,

Karl Self, DDS, MBA

Associate Professor

Interim Associate Dean for Academic Affairs

Director, Division and Program of Dental Therapy

University of Minnesota School of Dentistry

Phonsuda Chanthavisouk, MDT, RDH

Research Assistant Professor

University of Minnesota School of Dentistry

May 19, 2023

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: OMB Control Number: 0938-0568
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Medicare Current Beneficiary Survey (MCBS) CMS-P-0015A

I, Aparna Ingleswar, Researcher at the University Of Minnesota School Of Dentistry am pleased to provide my support for the proposed inclusion of the 5-item Oral Health Impact Profile in the Medicare Current Beneficiary Survey (MCBS). The older adult population (aged 65 years and above) in the U.S. is projected to increase and make up approximately 24% of the U.S. population by 2060. [1] And it is well established that with age, the risk of oral health problems increase. [2] Thus, this demographic will account for a substantial portion of the dental patient population in the coming years thereby making the need for valid and reliable oral health impact measurement in this group urgent. The 5-item Oral Health Impact Profile (OHIP-5) is a psychometrically sound and practical tool that measures Oral Health Related Quality of Life (OHRQoL) across its four dimensions- Oral Function, Orofacial Pain, Orofacial Appearance, and Psychosocial Impact. Thus, its inclusion in the MCBS survey would allow for comprehensive assessment of the oral health impact from oral diseases and conditions experienced by older adults. Moreover, given that OHIP-5 has been translated and validated in several languages worldwide, its application among non-English speaking populations is also possible. [3] Performing OHIP-5 measurement on an annual basis in the MCBS survey would also allow for tracking of trends in oral health impact among Medicare beneficiaries over time and could provide valuable (and much needed) insights into the effect of interventions and/or policy changes from a patient-reported outcomes' perspective which is often missing in the dental literature.

Overall, I commend and support CMS' novel efforts to include OHIP-5 measurement in their annual MCBS survey and look forward to the results from these data collection efforts.

Sincerely,

Aparna Ingleswar, BDS, MPH, PhD
Researcher
Department of Diagnostic & Biological Sciences
University of Minnesota School of Dentistry

References:

1. Colby SL, Ortman JM. Projections of the size and composition of the US Population: 2014 to 2060. Current Population Reports, P25-1143. Washington DC: US Census Bureau; 2014.
2. Aging and Dental Health. (n.d.). American Dental Association.
<https://www.ada.org/en/resources/research/science-and-research-institute/oral-health-topics/aging-and-dental-health>. Accessed 17 May, 2023.
3. Ingleswar, A., & John, M. T. (2023). Cross-cultural adaptations of the oral health impact profile - An assessment of global availability of 4-dimensional oral health impact characterization. The

journal of evidence-based dental practice, 23(1S), 101787. <https://doi-org.ezp1.lib.umn.edu/10.1016/j.jebdp.2022.101787>