Children’s Oral Health: Foundations for Access to Care

Monday July 30, 2018
7:15 – 11:30am
JW Marriott – Diamond 8
Acknowledgments
Session Overview

▪ Welcome and Overview
  ▪ Erik Skinner, MPH, Policy Associate, NCSL

▪ Basics of Access and Integration in Children’s Oral Health
  ▪ Dr. Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention, the American Dental Association

▪ State Roles in Access and Integration in Children’s Oral Health
  ▪ Dr. Bob Russell, DDS, MPH, Dental Director and Bureau Chief, Oral and Health Delivery Systems Bureau, Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health

▪ Description of Site Visit
  ▪ Ron Tanimura, Ed.D, Director, Student Medical Services, Student Health and Human Services, Los Angeles Unified School District

▪ Tour: Jefferson Wellness Center
  ▪ 9:40 – 11:30 (Round Trip)
Overview of Oral Health Legislation
2017-2018 Sessions

- All Oral Health
  - 288 bills from 39 states: 68 enacted

- Children’s Oral Health
  - 91 bills from 23 states: 22 bills enacted

- Maternal Oral Health / Oral Health & Pregnancy
  - 16 bills from 4 states: 2 enacted
First, the “Good News”.....

IN 2016, FOR THE FIRST TIME, a majority of Medicaid or CHIP children had a dental visit in the past year: 50.4%

OVER 2/3 of children with private dental benefits had a dental visit in 2016. The dental care use gap between publicly and privately insured children has narrowed in the past decade.

Source: HPI analysis of Truven Health Analytics MarketScan® Research Database and Medicaid data from CMS–416 reports.

Note: We analyzed two groups of children, Medicaid/CHIP–enrolled children and children with private dental benefits. Overall dental care use figures based on the percentage of Medicaid or CHIP and privately-insured children with a dental visit in the past 12 months. Preventive dental care use figures based on Medicaid or CHIP children with at least one preventive dental visit in the past 12 months. North Dakota did not report Medicaid/CHIP data in 2016; therefore, we used 2015 data for North Dakota’s Medicaid/CHIP figures.

For more information, visit ADA.org/HPI or contact the Health Policy Institute at hpi@ada.org.
More Good News - for Some States
First Dental Visit – by Age One
Why Integrated Oral Health Makes $ense

- Common Oral Health Conditions During Pregnancy
  - Pregnancy Gingivitis
  - Periodontitis
  - Dental Caries
  - Dental Erosion
  - Tooth Mobility
Passing Down Processes / Parental Behavior

- Mother / Primary Caregiver with Active Caries
- Exposure to Tobacco Smoke
- Parent / Caregiver with Low Socioeconomic Status (SES)
- Breast / Bottle Feeding Beyond 12 Months
- High Sugar Diet
- Children with Special Needs
Who Influences the Next Generation?
2018 Statement from ACOG:

• Numerous studies have examined the effects of periodontal disease on birth outcomes.

• Most studies have examined the effects of periodontal disease on preterm birth or low birth weight. Few have studied diagnosis of intrauterine growth restriction (IUGR) within 14 days of delivery.

• ICD – 10 P05.9: Newborn affected by slow intrauterine growth.
IUGR Defined

- Fetus is smaller than expected for the number of weeks of pregnancy
- Maternal factors: smoking, anemia, infection, diabetes, cardiovascular disease, malnutrition, hypertension and chronic kidney disease
- Placenta and uterine factors: decreased blood flow, placental abruption, placenta previa, infection
- Fetus: chromosomal issues, birth defects, infection
Connecting Moms to Care:

• Care Coordination
• Prenatal Care for Dental Emergency Patients
• Medicaid Coverage for Pregnant Women and other Adults
• Support of Dental Case Management (CDHC)
Other Oral Health Integration Strategies

• Pediatricians, The American Academy of Pediatrics and the Colgate Oral Health Advisors Program

• Family Medicine

• School Based Health Centers

• Mobile Dental Programs – with Follow Up
School-Based Health Centers

- LOCATION  LOCATION  LOCATION
- Start with an effective health center and key group of stakeholders
- Involve the parents and the community
- Keep school administration updated
Challenges to Children’s Oral Health

- Parental Education / Population Education
- Establishing a Health Environment within a State and “A Culture of Prevention”
- “Dental” Often Within a Silo
- Community Water Fluoridation
Helpful Information for Legislators

- Coalitions of **Effective** Practitioners and Stakeholders (Dental Societies)
- Funding **Support** with **Innovation**
- Utilizing Dental Students in Community Settings
- Reducing Administrative Burdens of Programs
Happy to Talk Anytime!

• Questions?
• groverj@ada.org
• 312 440 2751
A Resource for State Legislators

State Dental Directors and Oral Health Staff within Public Health Departments

- Often underutilized
- Well-connected to national and state information
- Data-supported oral health innovations
- Non-biased resource dedicated to promoting health and wellbeing
- Can facilitate and coordinate a think tank on oral health matters
The Background

- 2005: State legislation was passed that included the requirement that Medicaid-enrolled children have a dental home

- The Collaboration: Department of Human Services, Department of Public Health, Iowa Dental Association, Delta Dental of Iowa, University of Iowa College of Dentistry

- The Plan:
  - Raise Awareness About Importance of Oral Health
  - Support Services for Families
  - Prevent Disease
  - Reduce Health Care Costs
  - Healthy Children & Families
Decreased Medicaid Costs

Contributors to Rising Medicaid Costs

- Provider Payments
- Medicaid Enrollment
- Treatment Provided
- Opioids
  Self-medication
  Addiction

Increase in Hospital Emergency Utilization
The Impact of Prevention and Early Intervention on Medicaid Costs

- Medicaid Enrollment
- Prevention and early intervention
- Treatment Provided
- Provider Payments
- Lowered Medicaid Costs
- Lower Dental Related Emergency Room Costs
The Fourth Variable: Iowa Plan

- Prevention, care coordination, early referral – the I-Smile Plan
The Set-up

• Use Iowa’s Title V maternal and child health system

• Use “lessons learned” from past programs as I-Smile strategies

• Use dental hygienists as local I-Smile Coordinators

• Include care coordination services and reimbursement from Medicaid

• Include preventive dental services by hygienists and nurses and reimbursement from Medicaid
## Preventive Dental Services: Title V & Local Public Health Payment System

*Contracts: 24 Title V agencies – public and private non-profit*

<table>
<thead>
<tr>
<th>Billable Service</th>
<th>Payer*</th>
<th>Maximum allowable reimbursement</th>
<th>Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>IDPH – using Medicaid and Title V funds</td>
<td>$9.93 per 15 minutes</td>
<td>Title V contractors must bill their cost for care coordination, based on annual cost analysis submitted to and approved by IDPH. They are reimbursed their cost or the maximum allowable reimbursement, whichever is lower.</td>
</tr>
<tr>
<td>Initial oral screening</td>
<td>Medicaid</td>
<td>$19.49</td>
<td>Title V contractors must bill their cost for each service, based on annual cost analysis submitted to and approved by IDPH. They are reimbursed their cost or the maximum allowable reimbursement, whichever is lower.</td>
</tr>
<tr>
<td>Periodic oral screening</td>
<td></td>
<td>$13.56</td>
<td>As part of an interagency agreement between IDPH and DHS, Medicaid policy allows Title V contractors to bill for care coordination services provided to children.</td>
</tr>
<tr>
<td>Oral evaluation and counseling</td>
<td></td>
<td>$19.49</td>
<td>Medicaid policy allows Title V contractors to be reimbursed for limited dental services provided to Medicaid-enrolled children by dental hygienists.</td>
</tr>
<tr>
<td>Fluoride varnish</td>
<td></td>
<td>$19.49</td>
<td>Also, nurses who have been trained may provide billable screenings, fluoride varnish applications, and counseling or OHI.</td>
</tr>
<tr>
<td>Dental sealant</td>
<td></td>
<td>$19.96</td>
<td></td>
</tr>
<tr>
<td>Bitewing X-rays</td>
<td></td>
<td>$8.97/$15.96/$23.94</td>
<td></td>
</tr>
<tr>
<td>Prophylaxis</td>
<td></td>
<td>$13.96</td>
<td></td>
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<tr>
<td>Nutritional counseling</td>
<td></td>
<td>$19.95</td>
<td></td>
</tr>
<tr>
<td>Tobacco counseling</td>
<td></td>
<td>$15.64</td>
<td></td>
</tr>
<tr>
<td>Oral hygiene instruction</td>
<td></td>
<td>$13.64</td>
<td></td>
</tr>
</tbody>
</table>

+ Other Funds:
- Care Coordination billing to IDPH
- Preventive dental services billing to Medicaid
- Discretionary grants (e.g. DDIF)
The I-Smile Coordinators’ Responsibilities

- Develop relationships with dentists to encourage acceptance of referrals
- Develop partnerships within the community – businesses, organizations, health care, schools – to increase awareness about oral health and serve as a point of contact
- Promote oral health through participation at community events and meetings
The I-Smile Coordinators’ Responsibilities

- Provide trainings for health care providers (how to provide oral screenings and apply fluoride)
- Provide presentations for community organizations (why oral health is important)
- Help families access dental care and other health and social services through care coordination
- Educate children and families about oral care
- Ensure access to oral screenings & fluoride varnish and sealant applications in public health sites (WIC clinics, Head Start, schools) to prevent disease and lower health care costs
The Results

In 2017, 80% more children saw a dentist than in 2005

Number of Medicaid-enrolled children, ages 0-12, who receive a dental service – by provider type (2005, 2011, 2017)
The Results

The cost of services for older children is going down, likely linked to increased prevention.
Bob Russell, DDS, MPH
State of Iowa Public Health, Dental Director
515-281-4916
Thank you Dr. Grover and Dr. Russell!
Types of Oral Health Providers in SBHCs

- Dental hygienist: 22%
- Dentist: 20%
- Dental assistant: 19%

(n=2,317)
Funding Sources for SBHCs

- Public Insurance Revenue: 68%
- Private Insurance Revenue: 61%
- State Government: 59%
- Federal Government: 46%
- In-Kind Support: 40%
- Private Foundation: 35%
- Patient Fees: 35%
- Sponsor Agency: 32%
- Local Government: 21%
- School System: 23%
- Other: 12%

(n=2,301)
NCSL Contacts

- Erik Skinner, MPH, Policy Associate
  - erik.skinner@ncsl.org

- Tahra Johnson, MPH, Program Director
  - tahra.Johnson@ncsl.org
A Big Thank You to DentaQuest for Supporting This Preconference
Transportation to the Wellness Center at Jefferson High School

- 9:40 – 10:10am
  - Leave room and follow Erik to the bus
  - Board buses to the Jefferson Wellness Center

- 10:10 – 11:10am
  - Tour the Jefferson Wellness Center
  - We will break into groups of three and stagger the tours so we do not disrupt clinic operations
    - Groups not touring can relax under the canopy and ask questions of clinic and district level staff

- 11:10 – 11:30am
  - Ride back to JW Marriott and disperse!
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