CMS Learning Lab: Improving Oral Health Through Access

Engaging More General Dentists to Care for Young Children: Access to Baby and Child Dentistry (ABCD) in Washington and South Dakota

May 8, 2013

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Learning Objectives

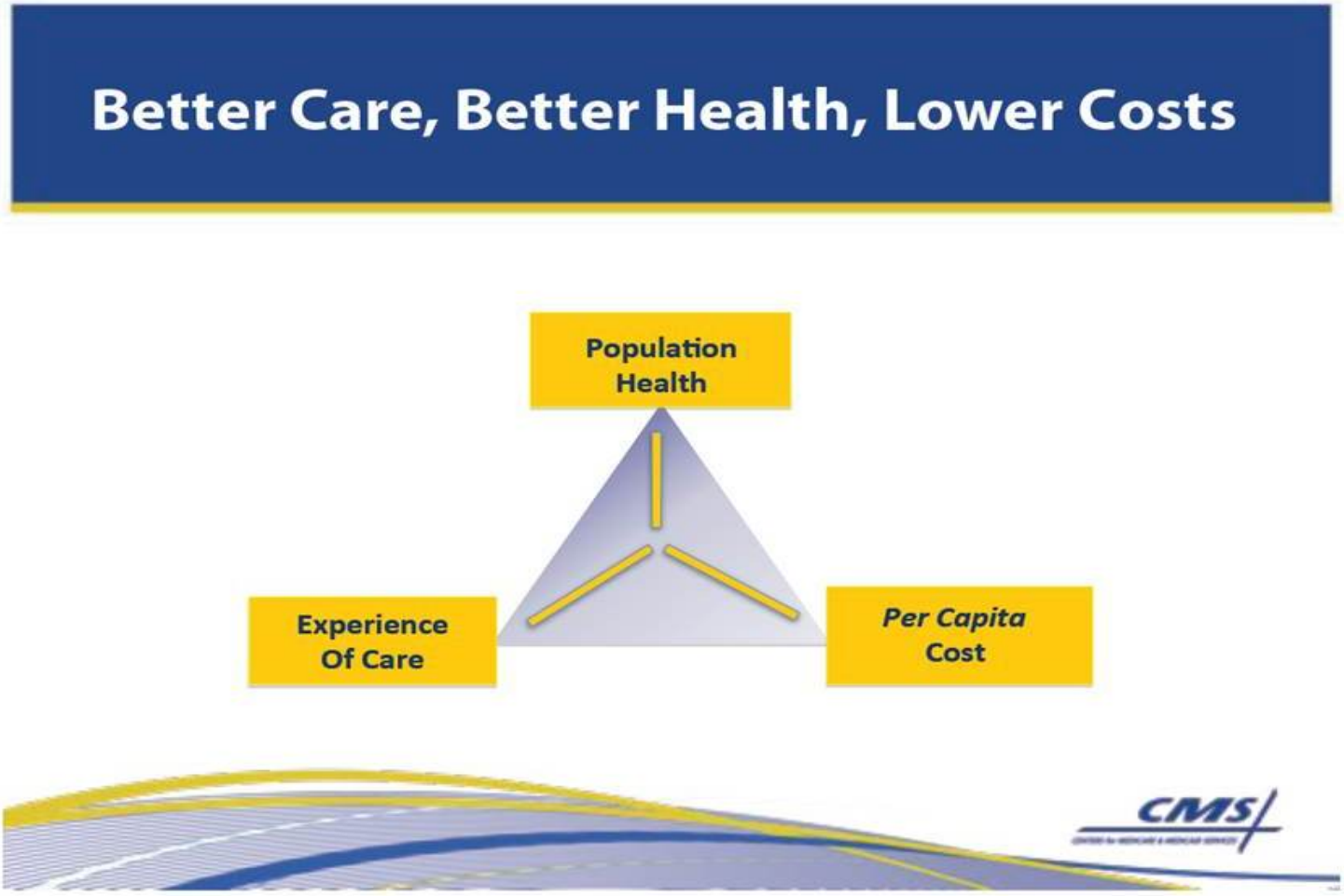
1. Understand the oral health recommendations for infants and young children from professional organizations such as AAP and AAPD.

2. Gain knowledge of the ABCD programs in Washington and South Dakota.

3. Understand the impact that the ABCD programs have had on access to dental care for young children in Washington and South Dakota.

4. Gain knowledge of the steps involved in building a statewide ABCD program.

CMS Triple Aim



Oral Health: Importance for Infants and Toddlers

American Academy of Pediatric Dentistry (AAPD)

“Policy on the Dental Home”

Strong clinical evidence exists for the efficacy of early professional dental care complemented with caries-risk assessment, anticipatory guidance, and periodic supervision.

Adopted 2001; Revised 2004, 2012; Reaffirmed 2010

Recommendations - AAPD

The AAPD encourages parents and other care providers to help every child establish a dental home by 12 months of age. A dental home is

"an ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way."

Adopted 2001; Revised 2004, 2012; Reaffirmed 2010

- **Clinical oral examination**
  - The first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age.
- **Caries-risk assessment**
  - Risk assessment is the key element of contemporary preventive care for infants, children, adolescents, and persons with special health care needs.
- **Prophylaxis and topical fluoride treatment**
  - The interval for frequency of professional preventive services is based upon assessed risk for caries and periodontal disease.
- **Anticipatory guidance/counseling**
  - Anticipatory guidance is the process of providing practical, developmentally-appropriate information about children's health to prepare parents for the significant physical, emotional, and psychological milestones. Appropriate discussion and counseling should be an integral part of each visit.

Adopted 1991; Revised 1992, 1996, 2000, 2003, 2007, 2009

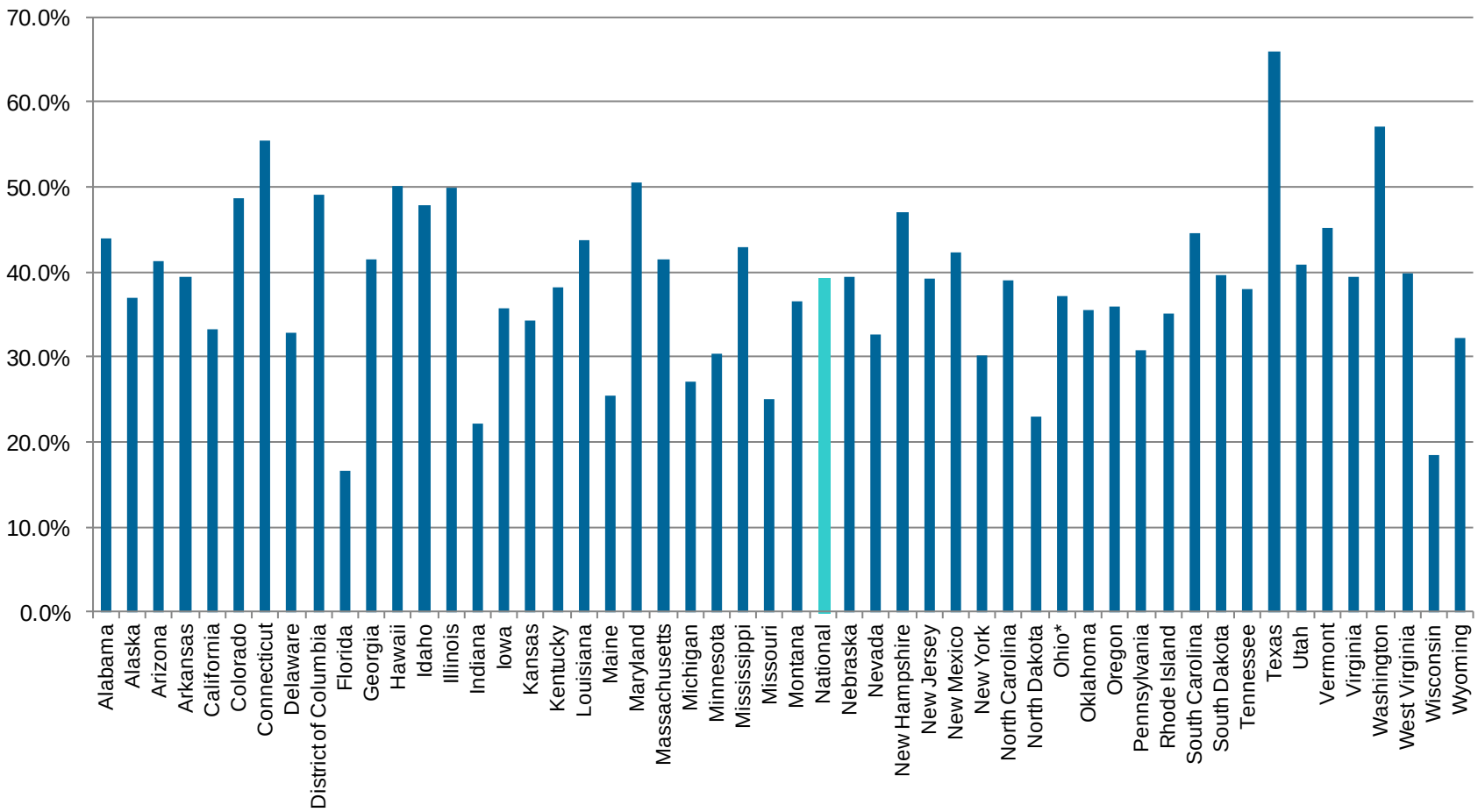
Recommendations – American Academy of Pediatrics

“Oral Health Risk Assessment Timing and Establishment of the Dental Home”

To prevent caries in children, high-risk individuals must be identified at an early age (preferably high-risk mothers during prenatal care), and aggressive strategies should be adopted, including anticipatory guidance, behavior modifications (oral hygiene and feeding practices), and establishment of a dental home by 1 year of age for children deemed at risk.

Reaffirmed, Pediatrics August 2009; 124:2 845;
published ahead of print July 27, 2009,
doi:10.1542/peds.2009-1415

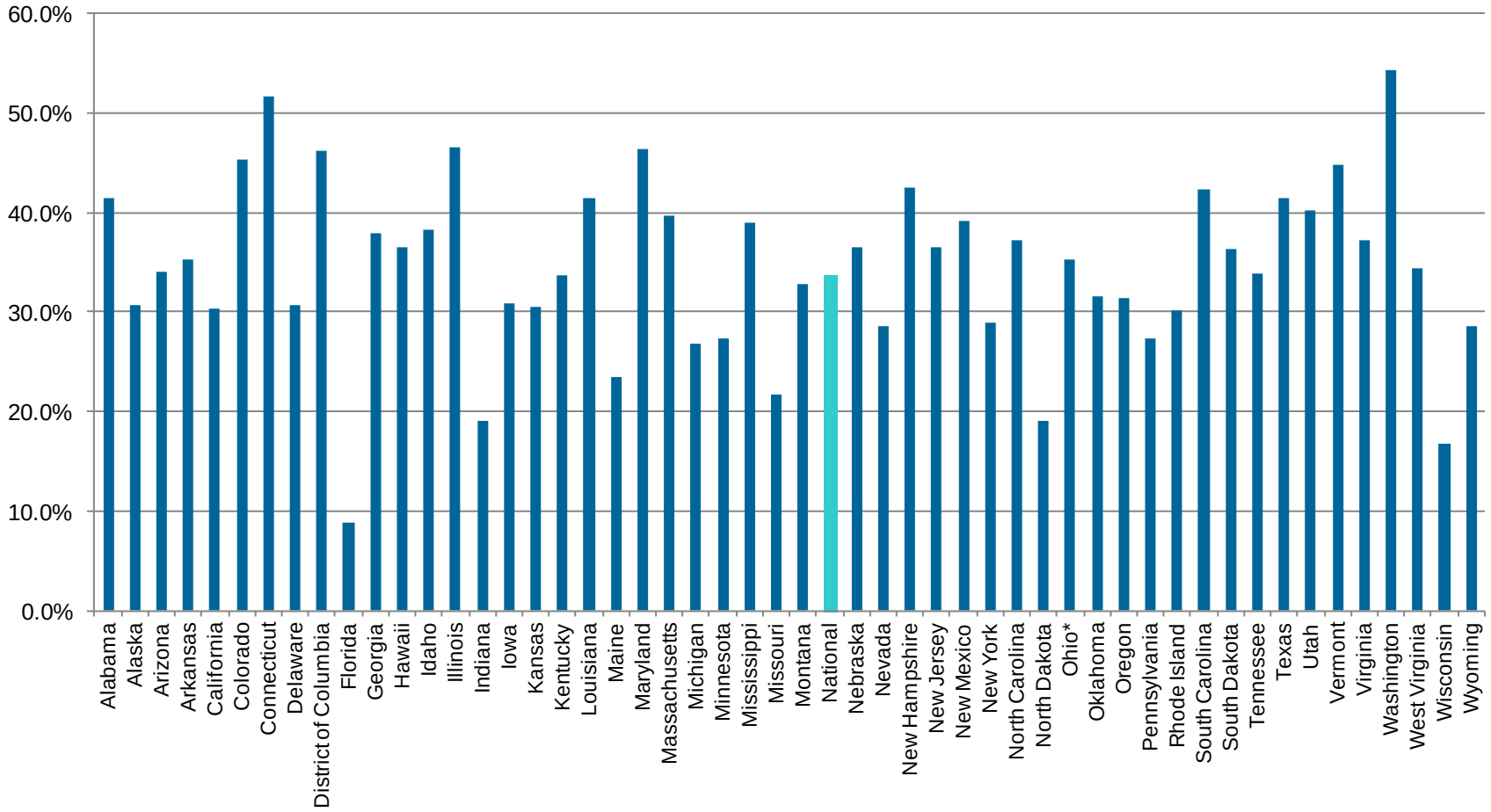
Percentage of Children Age 1-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Any Dental Services by or under the Supervision of a Dentist, FY2011



Source: FY2011 CMS-416 reports, Line 1b and Line 12a

Note: *FY2010 data was used for Ohio

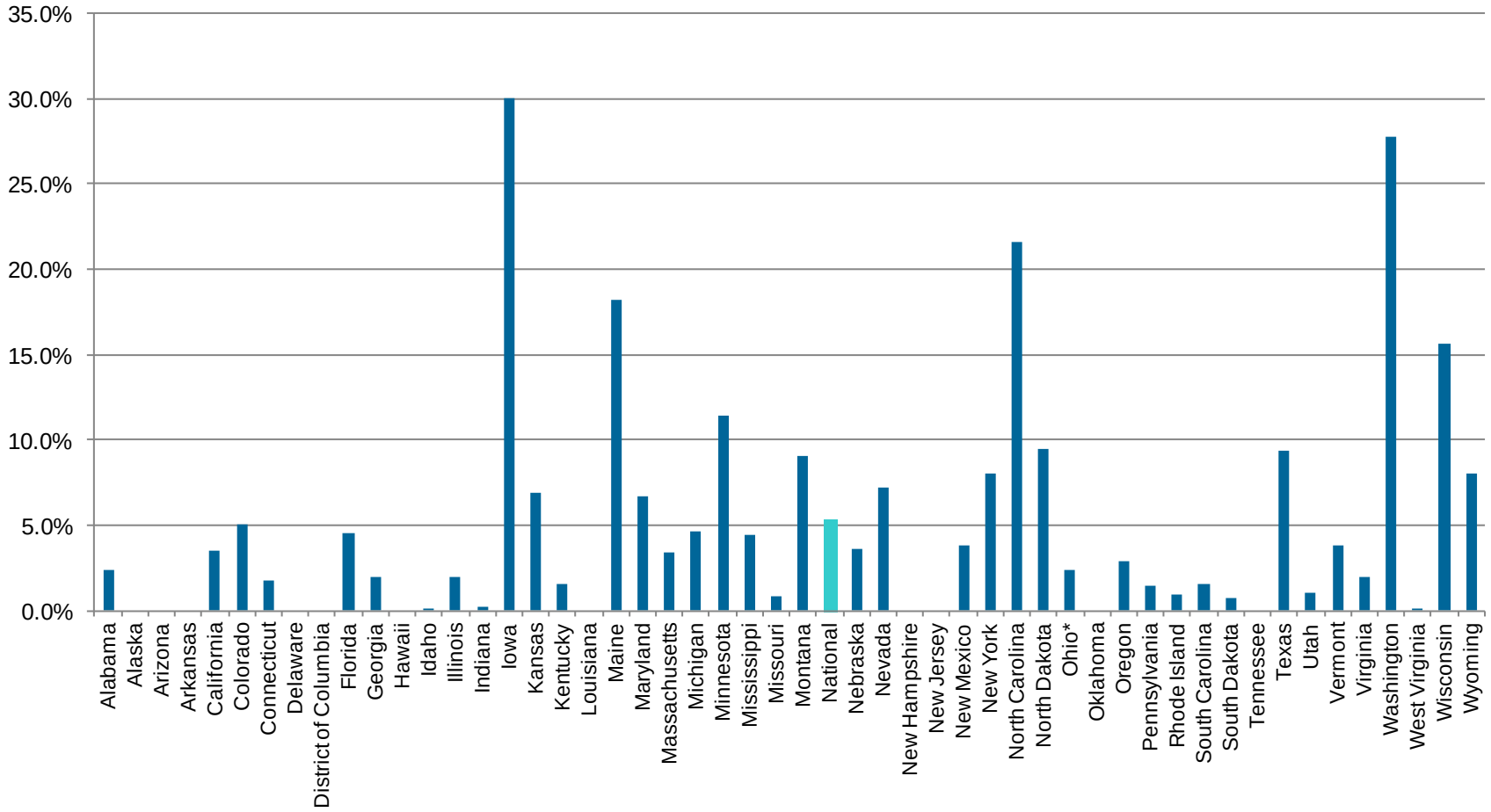
Percentage of Children Age 1-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Preventive Dental Services by or under the Supervision of a Dentist, FY2011



Source: FY2011 CMS-416 reports, Line 1b and Line 12b

Note: *FY2010 data was used for Ohio

Percentage of Children Age 1-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Oral Health Services Provided by a Non-Dentist Provider, FY2011



Source: FY2011 CMS-416 reports, Line 1b and Line 12f

Note: *FY2010 data was used for Ohio

Washington State's Access to Baby and Child Dentistry Program

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May 8, 2013

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President & CEO
Washington Dental Service Foundation

DELTA DENTAL
Washington Dental Service Foundation
Community Advocates for Oral Health

Healthy Primary Teeth ARE Important

- Needed for good nutrition
- Key to normal language pronunciation
- Guide permanent teeth into place
- Reduce the risk of disease in permanent or adult teeth

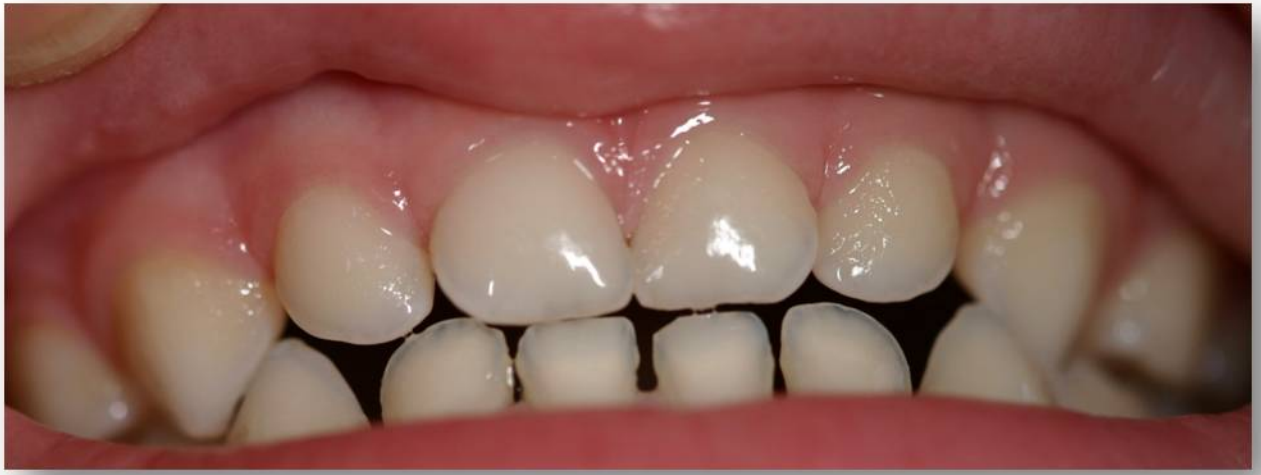
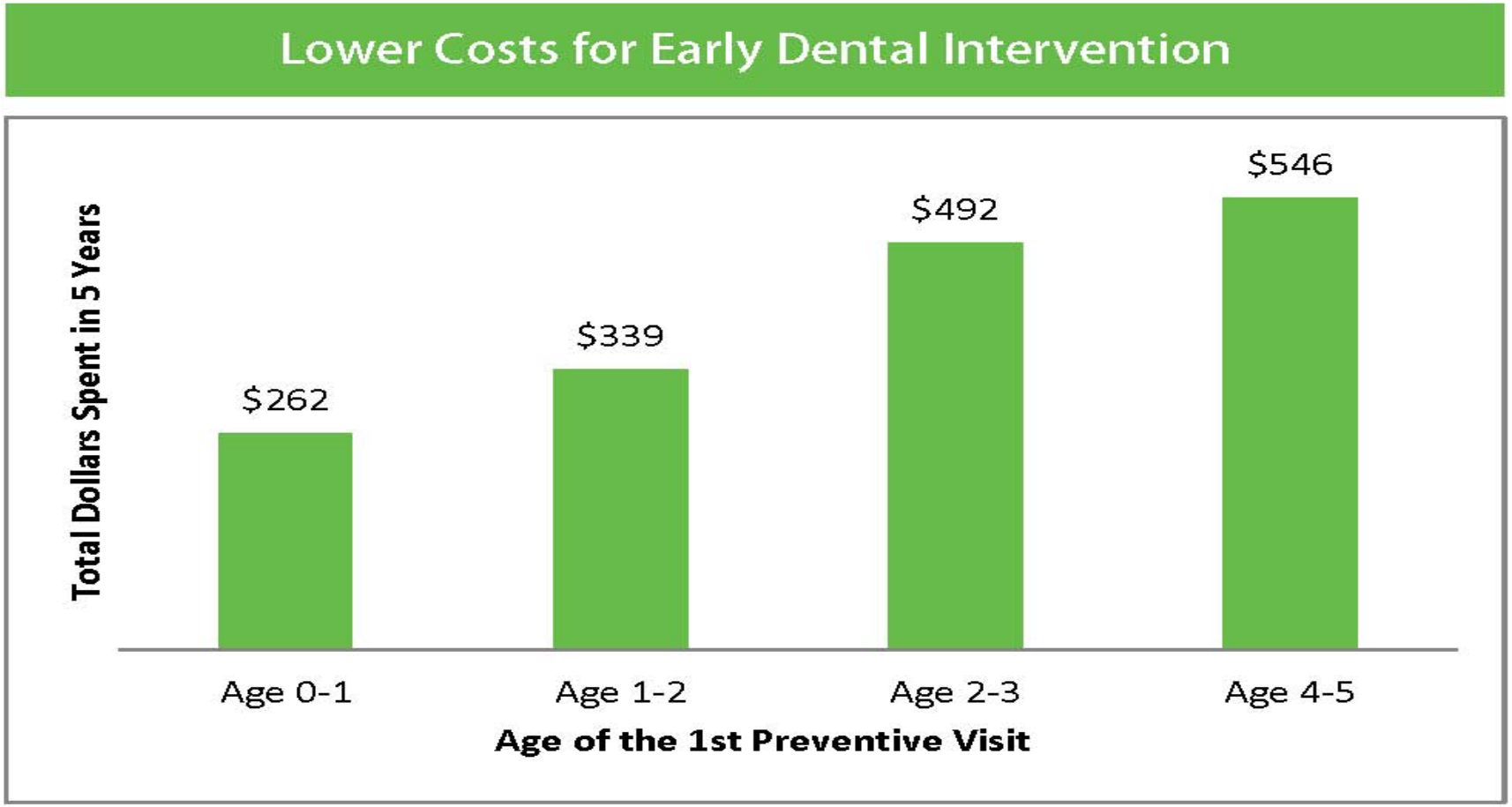


Photo: UW Pediatric Dentistry

Why is it Important to Get Young Children Into Care?

- Parents need to know very early how to avoid dental decay – by their 1st birthday
- Establishing patterns of at home care and eating behaviors early is critical
- Evidence indicates early visits saves money for taxpayers, and families by reducing disease and need for future dental care

Saving Money



Source: Lee, JY et. Al. Examining the cost effectiveness of early dental visits. American Academy of Pediatric Dentistry 2006; 28(2): 102-5

Why Was it Difficult to Get Young Children into Care?

Most general dentists weren't caring for young children

- Didn't have clinical expertise/Didn't understand the reasons for early visits
- Didn't have training in behavioral care of young children
- Medicaid reimbursement was not seen as adequate
- Concerns and past experience in working with the Medicaid program

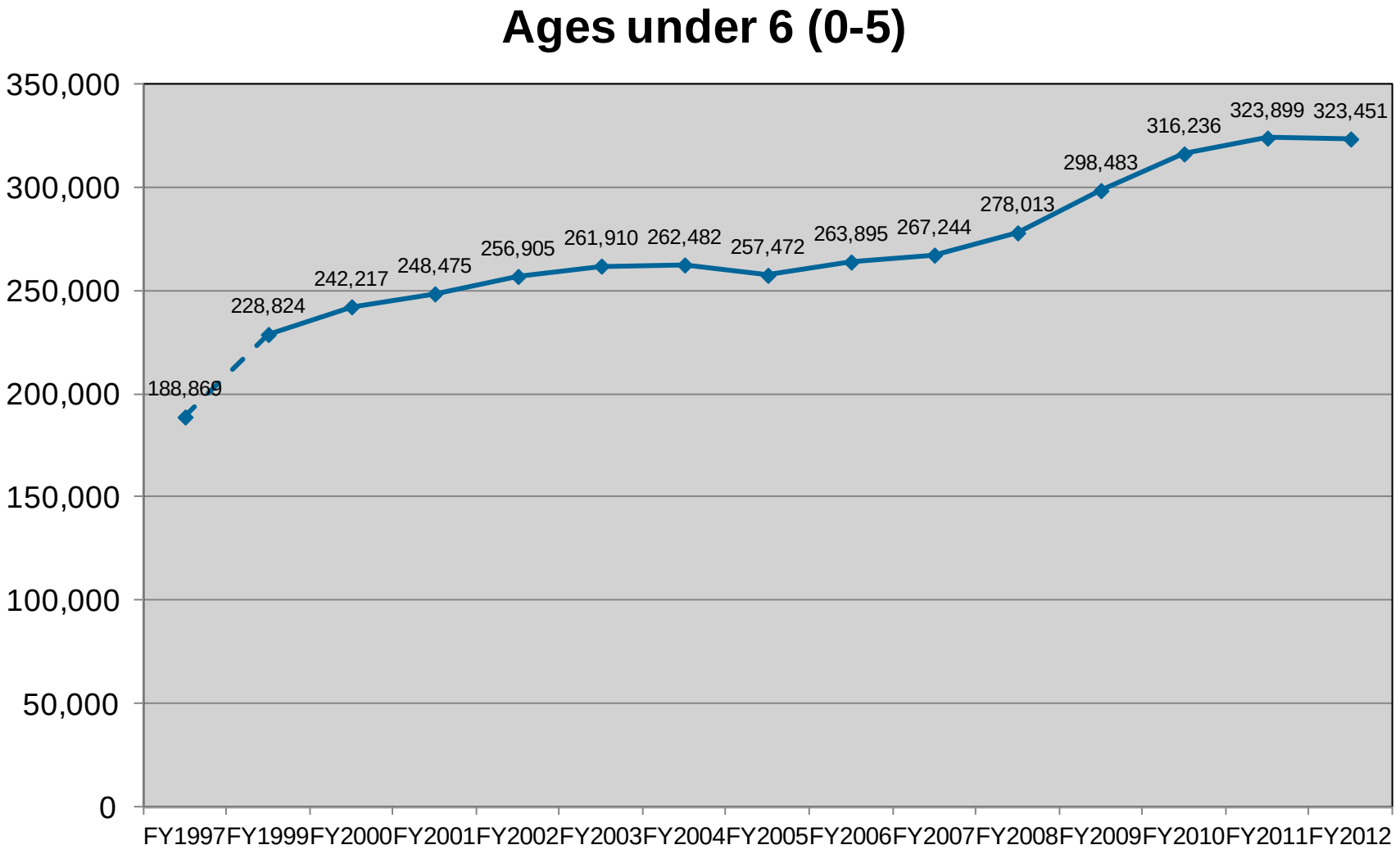
Most parents were not bringing their child until age 3 or 4 and cavities were already a problem

- Didn't know about the importance of the age 1 dental visit
- Didn't understand how to avoid early dental decay
- Didn't know that disease in their mouth meant that their child's oral health was at risk

The Picture in Washington State in the 1990s

- Only 21% of Medicaid Insured Children from birth to age 6 utilized dental care
- 21% of low income preschoolers had untreated disease
- 7% needed urgent care
- 38% had already experienced tooth decay
- 3 year olds – showing up at dental offices with lots of decay
- Physicians were complaining about untreated dental decay in Medicaid insured preschoolers and no where to send them

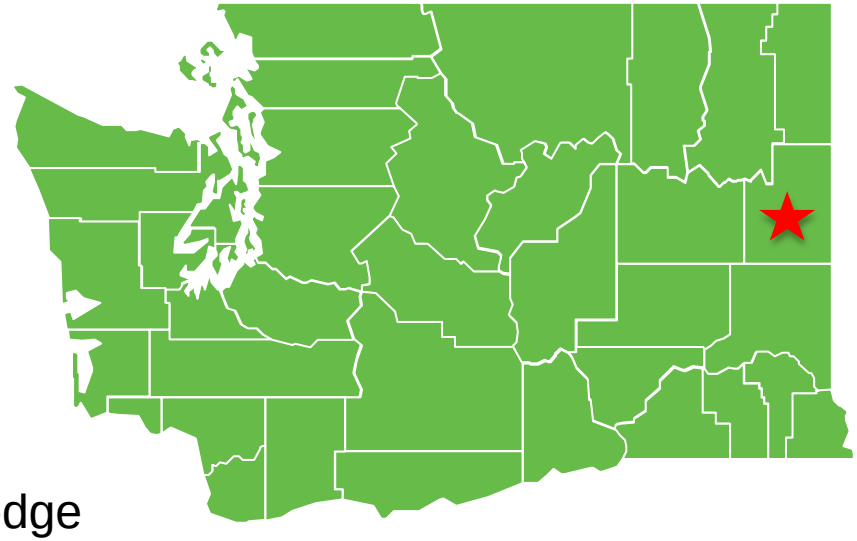
The Need Today: Washington's Medicaid-enrolled population continues to grow



How is Washington Addressing Those Challenges?

Spokane County - 1995

- Community came together to work to solve the problem in mid-1990s
- Identified barriers to care and addressed each systematically
- Multi-pronged intervention
  - Provider participation strategies
  - Increased families' oral health knowledge
  - Outreach to connect children to care
  - Case management to address barriers
- Program model, known as Access to Baby and Child Dentistry, (ABCD), now replicated across the state



ABCD Program Goals

For Medicaid enrolled children, birth through 5:

- Improve access to early preventive dental care
- Decrease dental disease rates
- Emphasize:
  - early intervention
  - prevention
  - education
  - comprehensive care

Access to Baby & Child Dentistry™

Active Public-Private Partnership

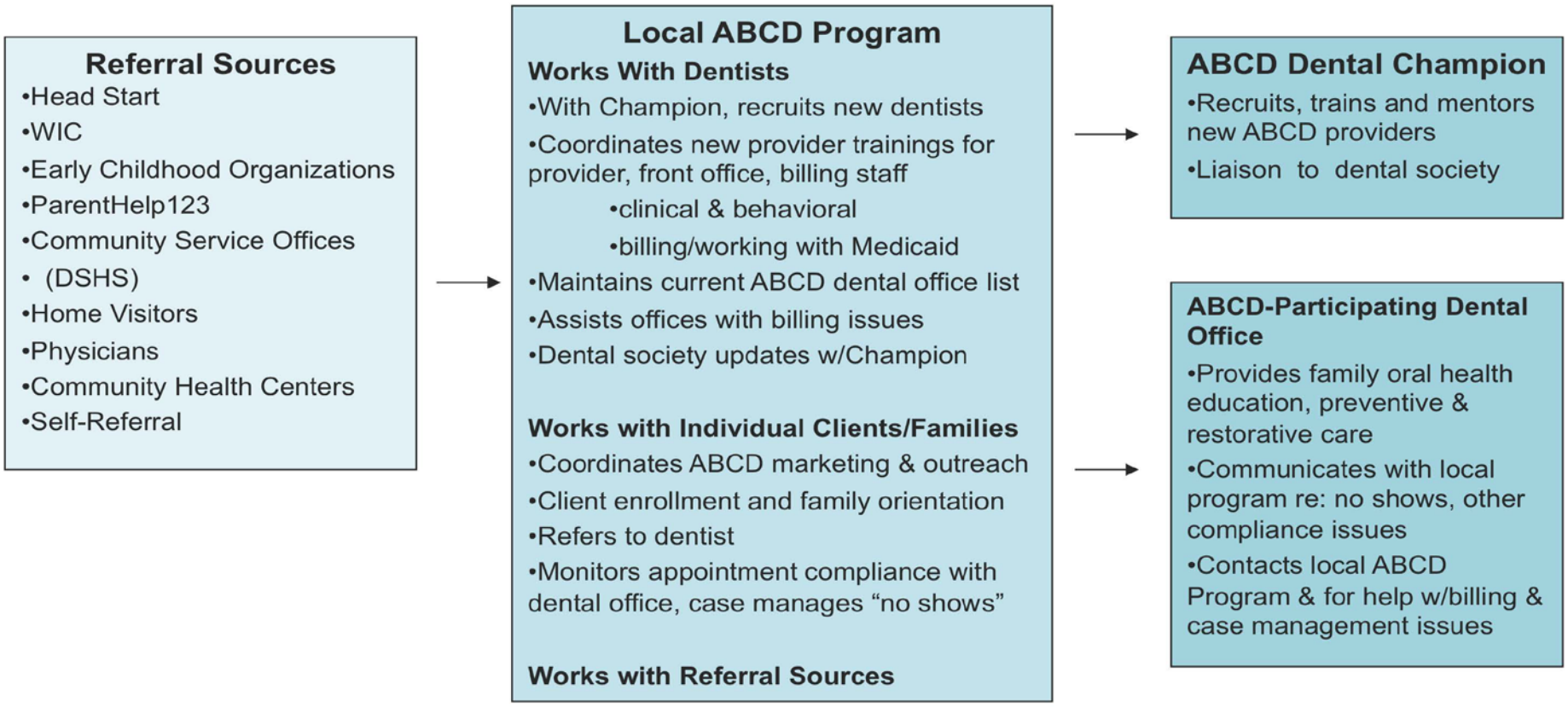
Dental Participation Strategies

- Enhanced fees for serving Medicaid-enrolled, 0-5 years for ABCD trained & certified dentists
- Training – clinical & behavioral aspects of serving young children
- Assistance with no shows and compliance
- Billing assistance
- Trained and engaged office staff
- Dental champion in each county
- Peer to peer recruiting
- Recognition

Family Strategies

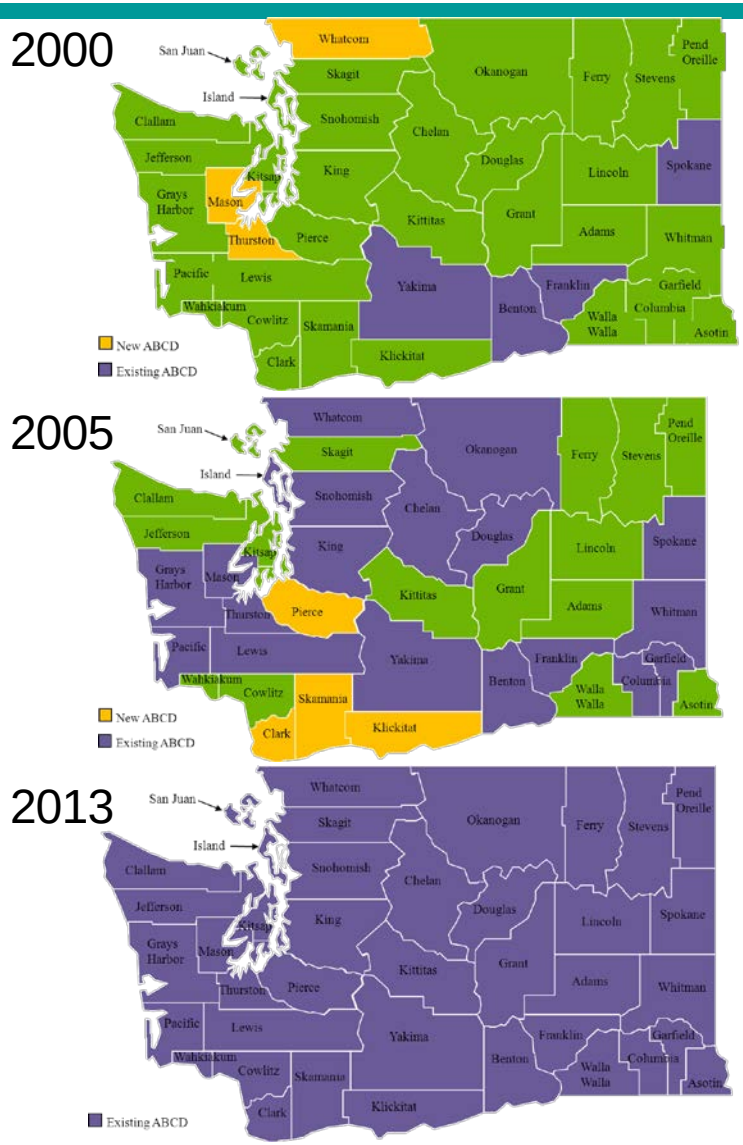
- Vigorous outreach – engaged the organizations which work with low income families to identify and refer young children
    - Made the case for oral health
    - Set up referral systems
- Family orientation (oral health & more) – before family arrives at a dental office to better prepare family, reduce no shows
- Family Oral Health Education every six months in dental practice
- Local ABCD program connects child/family with care and case manages barriers
- Track no shows and work with families and their dentists to ensure success
- Positive dental experience

ABCD Strategies are Implemented by Local Programs in a County or Region



Keys to Success:

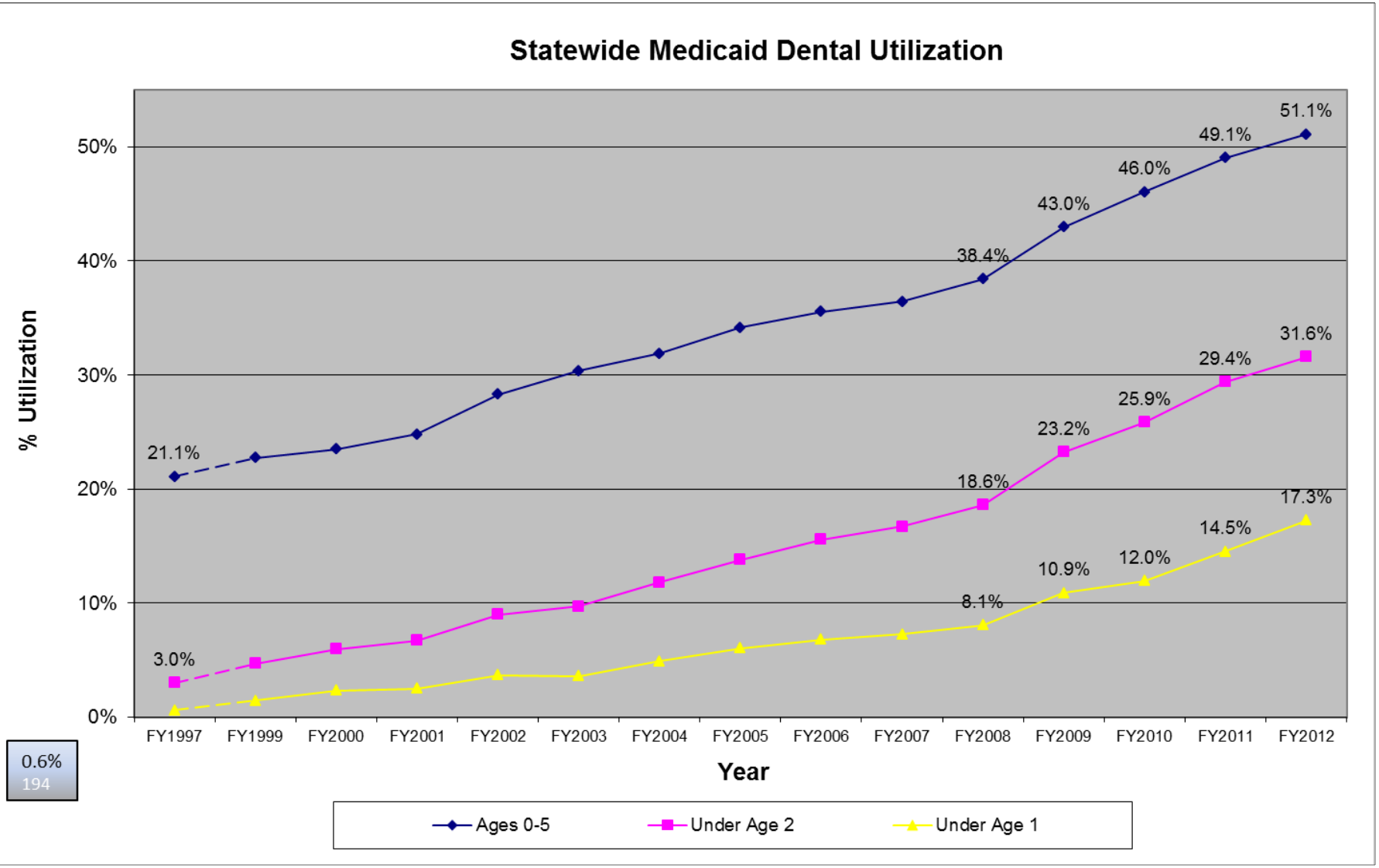
- Intervention addressed all barriers to care – created a “system of care”
- Continuous engagement of all stakeholders (gatherings) and roles delineated
- Careful expansion designed to secure long term commitment
- Problem solving the bumps together
- Committed Managing Director – on the road
- Tracking and celebrating results
- Legislative support



Improving Oral Health Through Access

How Do We Know the Program is Successful?

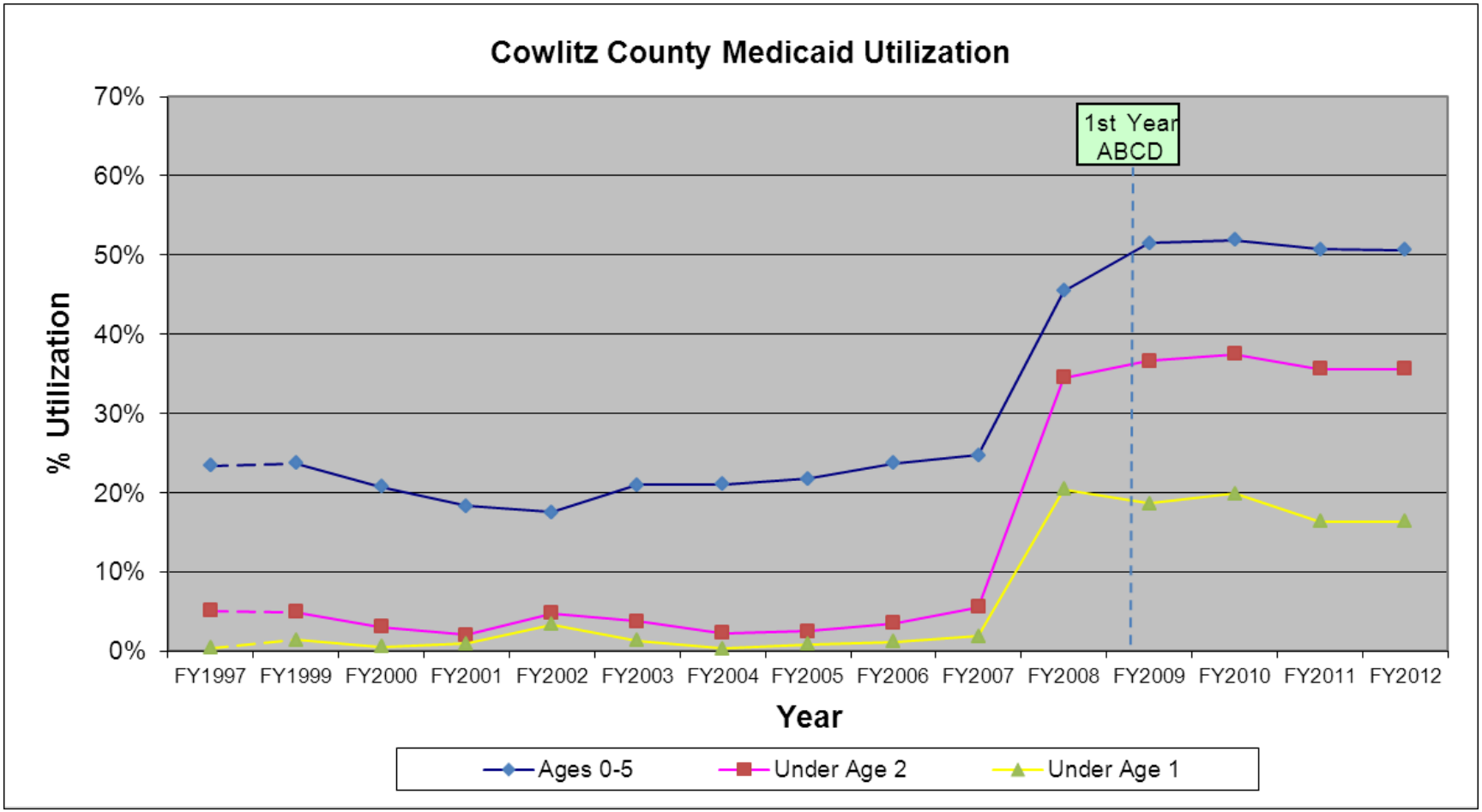
Medicaid Dental Utilization
Now Over 50% for Children 0-5



Washington's Medicaid-Insured Children 0-5 have Higher Utilization than Commercially-Insured
(Continuously Enrolled)

Medicaid	Enrollees Ages 0-5	Users Ages 0-5	Utilization %
Continuously Enrolled (11 or 12 months during FY2011)	229,604	143,290	62.4%
All Enrollees	323,899	158,868	49.0%
Commercial	**Enrollees Ages 0-5**	**Users Ages 0-5**	**Utilization %**
Continuously Enrolled (11 or 12 months during FY2011)	86,993	49,621	57.0%
All Enrollees	132,238	59,095	44.7%

Cowlitz County, WA

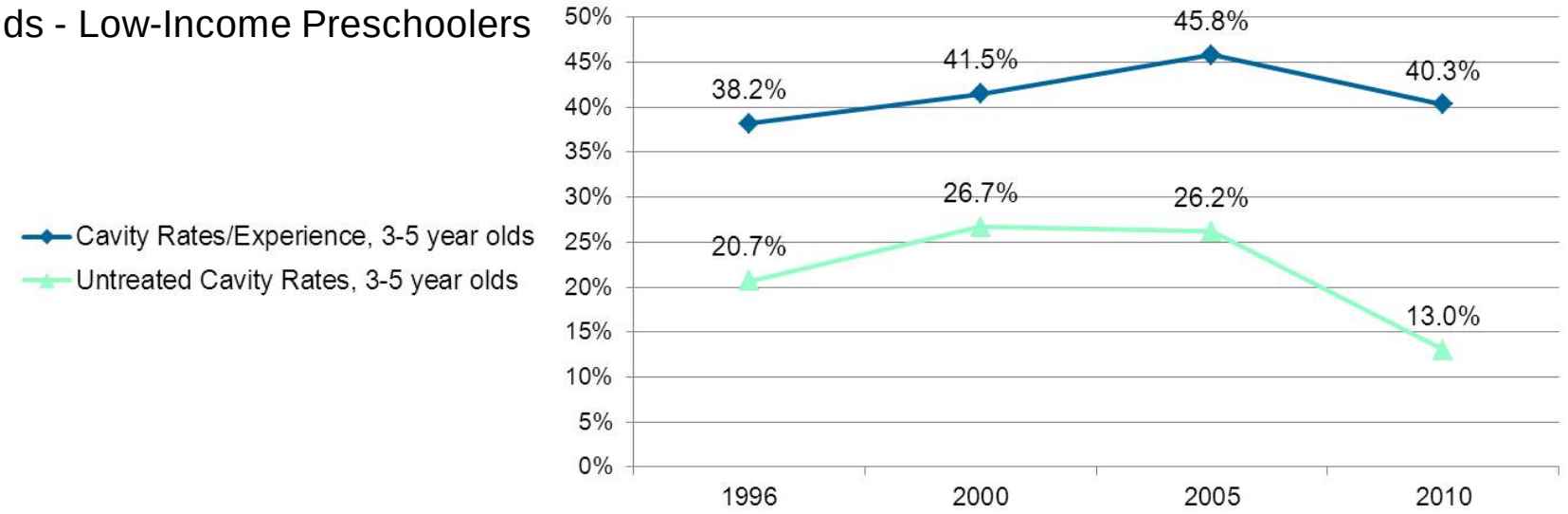


1,700 ABCD Trained Dentists

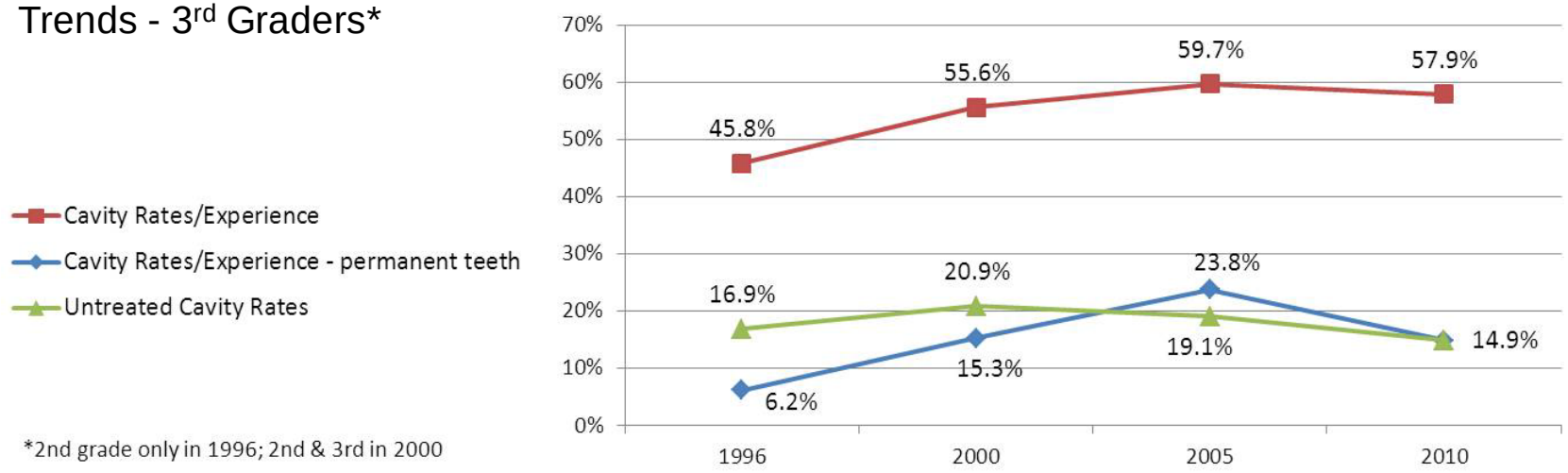
.	TOTAL 1995-2012
Providers Trained	1262
UW School of Dentistry Students	379
Pediatric Dental Residents	54
Total ABCD Trained	1695

2010 Washington State Smile Survey

Trends - Low-Income Preschoolers



Trends - 3rd Graders*



*2nd grade only in 1996; 2nd & 3rd in 2000

Improving Oral Health Through Access

ABCD Research:

Saving Money, Increasing Access, Improving Oral Health

Finding:	Source:
Strong support from policy makers tribute to results and efficient public/private financing model	PEW Issue Brief 6/2010
More children receive services in counties with ABCD	Pediatrics 7/2009
ABCD increased access	Health Affairs 3-4/2008
Children in an ABCD county had better oral health Cost of program/child substantially less than cost of one filling	Journal of America Dental Association (JADA) 9/2005
Evaluation of program described – success in increasing access	Journal of Public Health 8/2005
ABCD increases dental participation, access to care and dental willingness to survey young children	Journal of Public Health Dentistry Winter 2002

What Would It Take to Build an ABCD Program?

Program Design

What needs to happen:

- Provider Certification, Enhanced Reimbursement (Medicaid Program)
- Encourage Private Practice Provider Participation (State Dental Association & Local Dental Society Support)
- Provider Training (Dental School)
- Program Management and On-going Evaluation (Medicaid Program)
- Outreach to Families/Dental Office Support (Local Health Department or Community Organizations)

What Washington's ABCD State Program Costs

Program Component	Cost	Source
Three-Year Start-up Grants for Local Program Establishment (1999-2012)	$3 M to support 30 program start-ups from 1999 to present	WDS Foundation
Enhanced Reimbursement (2012)	$5.2 M	Medicaid
Outreach (funding for 30 local programs in 39 counties)	$800,000/year	Medicaid
Statewide Program Management/On-going Program Evaluation	$160,000/year	WDS Foundation

ABCD Local Program Structure

Local (County-Based or Regional) Programs

- Client Outreach and Case Management
- Client Linkage to Dental Care
- Work with Dental Champion
- Provider Recruitment and Training

ABCD Local Program Allocations

Program Size/ # of Medicaid-Enrolled Children 0-5	$ Allocated for Local Program Costs Annually
< 1,500	$10,000
1,500 – 2,999	$20,000
3,000 – 4,999	$25,000
5,000 – 9,999	$30,000
10,000 – 29,999	$46,000
30,000 – 49,999	$60,000
50,000 +	$80,000

Adapting ABCD for South Dakota

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Scott Jones, President and CEO, Delta Dental of South Dakota

South Dakota Demographics

Population Density	.
South Dakota population 2010 census	814,180
Land area in square miles	75,811
Persons per square mile	10.7

Race	.
White	86.6%
American Indian	8.9%
Other	4.5%

Poverty	.
South Dakota has 5 of the 7 poorest counties in the U.S.	.

South Dakota Medicaid Enrollment March 2013

All Medicaid enrollees	116,361
Children enrolled, including CHIP	79,833
Children ages 0-5	31,250

Why did South Dakota decide to implement the ABCD program?

How is the South Dakota ABCD program different than Washington?

ABCD Marketing to Dentists

- Early intervention – by age one – reduces the need for costly future restorative work
- Helps reduce barriers to care for the most vulnerable population
- Promotes a positive dental experience for parents and children
- Includes parent education – opportunity for better dental benefits
- Introduces effective new techniques for providing early pediatric care, i.e. “lap-to-lap” examinations and Atraumatic Restorative Therapy (A.R.T.)
- Offers enhanced Medicaid reimbursement rates – better bottom line
- Award-winning program
- Free university-based continuing education (five credits)

ABCD Training – Dr. Peter Domoto, Chair, Department of Pediatric Dentistry, University of Washington

Joint Session – Dr. Domoto

ABCD Goals, Rationale and Evaluation

Preventive Dental Care for Children

Behavioral Aspects of Treating Infants and Children

Caries Process/Prevention/ART

Concurrent Sessions

Clinical Demonstrations – Dr. Domoto and four SD Pediatric Dentists

ABCD Program Administration – Delta Dental staff and Carrie Moore, Washington State Medicaid

ABCD Financial Aspects

Family Oral Health Education	.
Oral Hygiene Instructions (code 1330)	$25.00

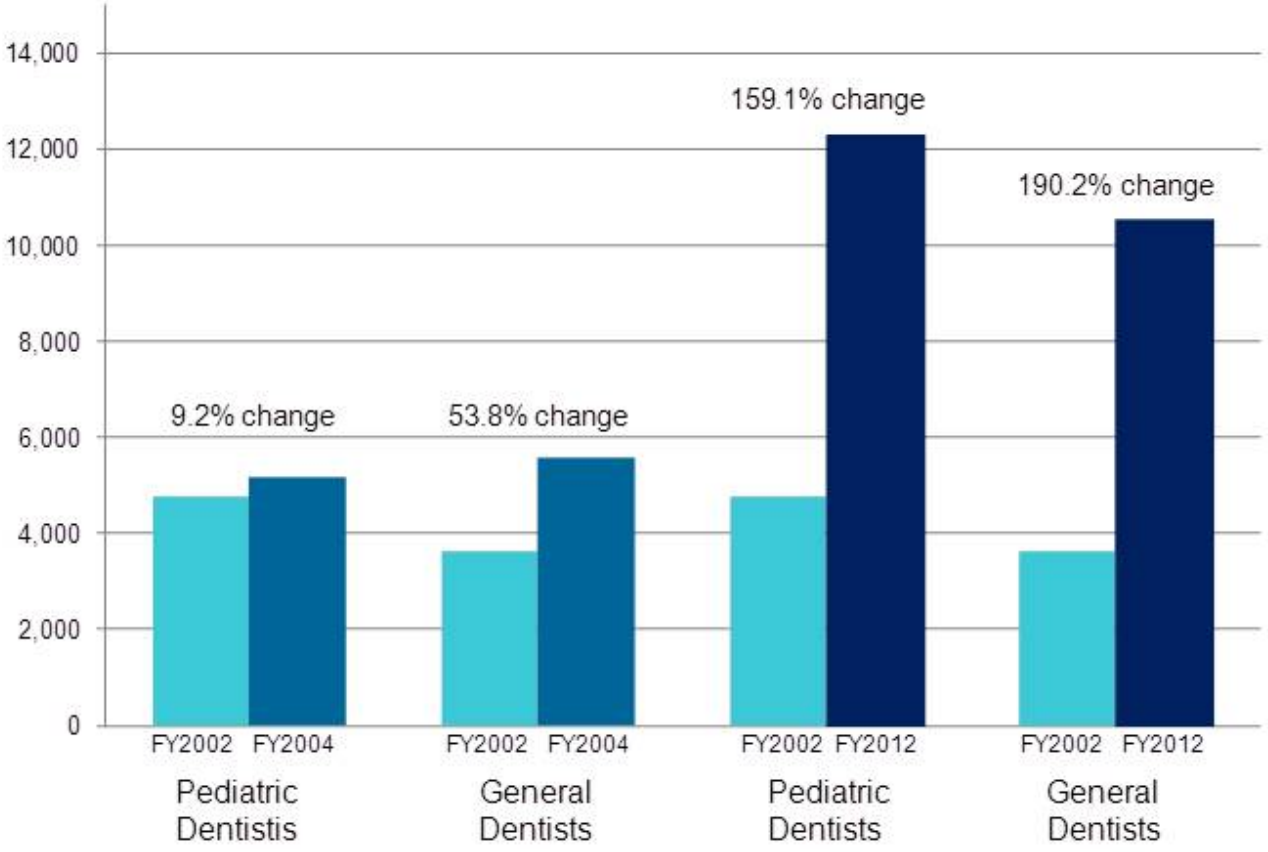
ABCD Add-on Fees	.
Exams	$5.00
Fillings	$10.00
Prefab stainless steel crown	$25.00
Pulpotomy	$15.00

ABCD Oral Health Education and Add-on Fees Cost Impact	.
4.1% of SD Medicaid's FY2012 children's claim payments	.

Has ABCD been successful in South Dakota?

Access Gains for Young Children

Children ages 0-5 receiving care



Dental Workforce Gains (excluding IHS and military)

.	2002	2013
All practicing dentists	300	409
General dentists	235	332
Pediatric dentists	8	12
Medicaid dentists	230	311
Medicaid general dentists	190	256
ABCD general dentists	0	133
ABCD pediatric dentists	6	10

Next Challenges

Circle of Smiles – Improving Preventive Oral Health Care on South Dakota's Reservations

Program goals include:

Increase infant preventive dental visits before first birthday

Reduce the number of children who need dental surgery under general anesthesia

Increase children ages 6-9 with sealants on permanent molars

Staffing

Seven dental hygienists who work on South Dakota Reservations

Up to 15 oral health coordinators (OHC) hired by South Dakota Tribes

A Best Practice Strategy for Medicaid and CHIP Dental Programs

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Executive Director
Medicaid-CHIP State Dental Association

Best Practices = Quality of Care

- Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
- This prescript contains just two concepts: measurement and knowledge.

Medicare: A Strategy for Quality Assurance. IOM, 1990, p.21

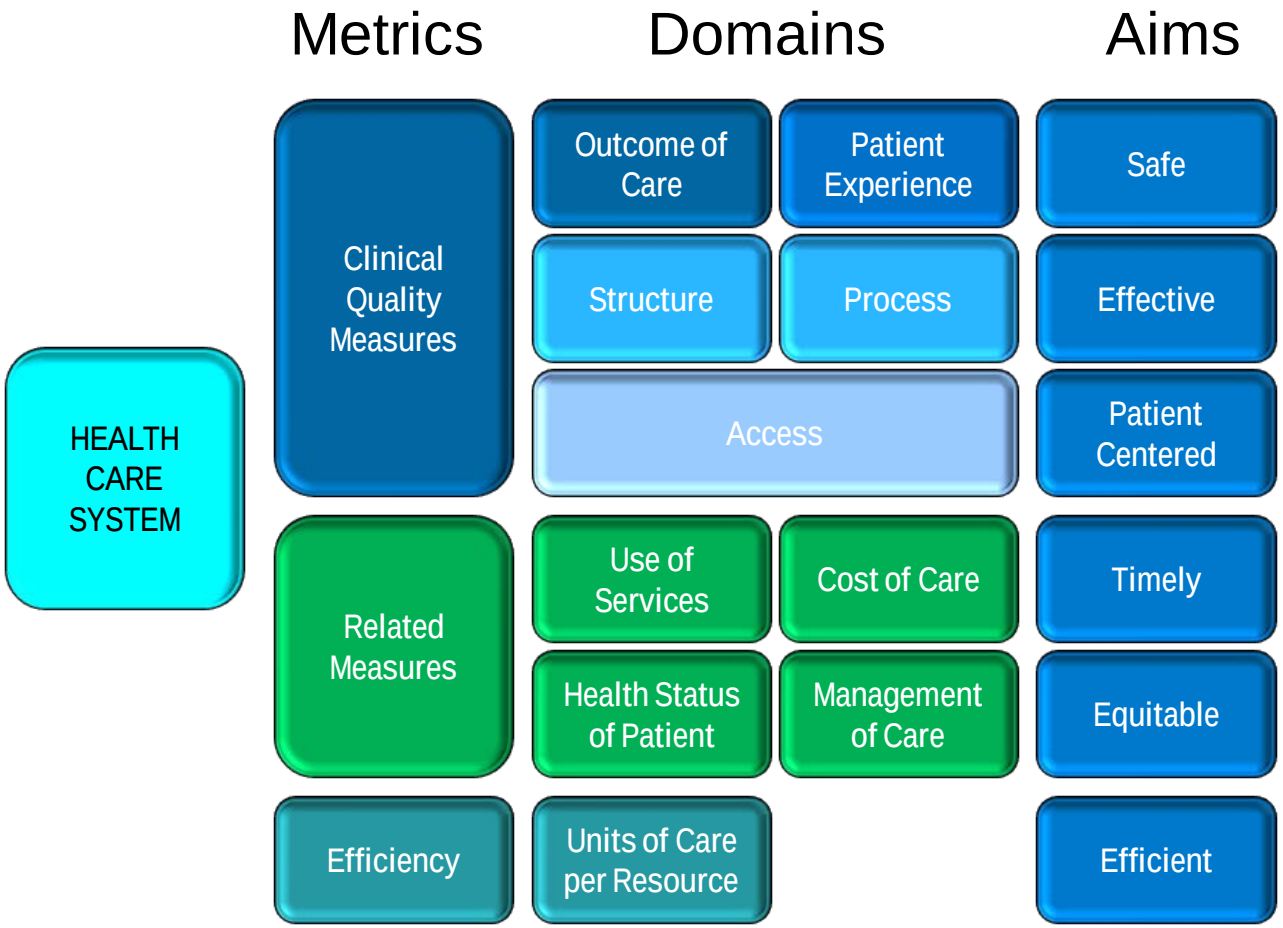
Definition of Best Practices for Medicaid and CHIP Dental Programs

- Program practices, policies, and/or models that demonstrate improvement in program quality, processes and services
- Addresses one or more of the “Six Aims for Improvement in Healthcare”
  - 2001, Institute of Medicine Report: Crossing the Quality Chasm: A New Health System for the 21st Century
- Meets one or more established MSDA Best Practices Criteria
- Measurable
  - Measures align with the Agency for Healthcare Research and Quality Health Care Delivery Domain Framework

Institute of Medicine Six Aims for Improvement

- Safe
  - Avoid injuries to patients from the care that is intended to help them.
- Effective
  - Match care to science; avoid overuse of ineffective care and underuse of effective care.
- Patient-Centered
  - Honor the individual and respect choice.
- Timely
  - Reduce waiting for both patients and those who give care.
- Efficient
  - Reduce waste.
- Equitable
  - Close racial and ethnic gaps in health status.

Framework for MSDA Best Practices Criteria



Source for Slides: http://www.qualitymeasures.ahrq.gov/index.aspx

Use of Services

- Use of Services

  Use of services is the provision of a service to, on behalf of, or by a group of persons identified by enrollment in a health plan or *through use of clinical services*.

- Criteria for Best Practice

  A state Medicaid/CHIP dental program activity that increases appropriate utilization of dental care services.

- Measure

  CMS-416 Report line 12a (any dental service)

Access

- Access

  Access to care is the attainment of timely and appropriate health care by patients or enrollees of a health care organization or clinician.

  - http://www.qualitymeasures.ahrq.gov/about/domain-definitions.aspx

- Criteria for Best Practice

  A state Medicaid/CHIP dental program activity supported by evidence that increases the attainment of timely and appropriate oral health care services.

- Measure

  CMS-416 Report line 12b (preventive dental service)

South Dakota

Program Impact on Use of Service (CMS-416 Report Line 12a)

CMS-416 EPSDT Report	Children Ages 1-2	Children Ages 3-5
FY2008	13%	46%
FY2009	16%	50%
FY2010*	20%	53%
FY2011*	20%	53%

Source: CMS-416 EPSDT Reports

*Total individuals eligible for EPSDT for 90 days continuous

South Dakota

Program Impact on Access (CMS-416 Report Line 12b)

CMS-416 EPSDT Report	Children Ages 1-2	Children Ages 3-5
FY2008	12%	42%
FY2009	14%	47%
FY2010*	17%	49%
FY2011*	17%	50%

Source: CMS-416 EPSDT Reports

*Total individuals eligible for EPSDT for 90 days continuous

Washington State

Program Impact on Use of Service (CMS-416 Report Line 12a)

CMS-416 EPSDT Report	Children Ages 1-2	Children Ages 3-5
FY2008	29%	54%
FY2009	35%	58%
FY2010*	42%	62%
FY2011*	48%	64%

Source: CMS-416 EPSDT Reports

*Total individuals eligible for EPSDT for 90 days continuous

Washington State
Program Impact on Access (CMS-416 Report Line 12b)

CMS-416 EPSDT Report	Children Ages 1-2	Children Ages 3-5
FY2008	28%	52%
FY2009	34%	56%
FY2010*	39%	59%
FY2011*	44%	61%

Source: CMS-416 EPSDT Reports

*Total individuals eligible for EPSDT for 90 days continuous

Contact Information

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