Taking Action with Evidence: Implementation Roadmap

National Performance Measure #13

For Assistance:
Please contact Temi Makinde
tmakinde@amchp.org
Brief Notes about Technology

Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

Asking a Question

You can type your questions into the chat box (shown right)

Raise your hand. Using the icon at the top of your screen (example shown right)

Active Participation = 😊

For technical problems, please contact Temi at tmakinde@amchp.org

January 11, 2016
Brief Notes about Technology

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2. Participant Homework.docx 1019 KB
3. Click to Download
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January 11, 2016
Brief Notes about Technology

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at www.amchp.org

• Please complete the survey to be emailed at the conclusion of the webinar
Practice Poll

• *What type of New Year’s resolutions have you made this year?*
  – Improving my health
  – Learning new things
  – Decreasing bad habits
  – Achieving a career or life goal
  – Something else
  – I don’t make New Year’s resolutions
Objectives

• Describe efforts to date by MCHB and its partners in compiling the existing knowledge base of evidence pertaining to NPM #13
• Identify resources and partners from which to select existing evidence-based strategies based on the alignment of the state/territory’s Title V needs assessment findings with the NPM
• Evaluate potential strategies through the lens of current issues and opportunities in the field related to the NPM
• Share feedback with MCHB and its partners on additional technical assistance needed to identify evidence-based strategies and subsequently, define measures
Featuring

**Moderator:** Erin Bonzon, MSW, AMCHP

- **Christopher Dykton,** Chief, Western Branch, Division of State and Community Health, MCHB/HRSA
- **Stephanie Garcia, MPH,** Sr. Research Program Coordinator, Johns Hopkins Bloomberg School of Public Health
- **Katrina Holt, MPH, MS, RD, FAND,** Director, National Maternal and Child Oral Health Resource Center
- **Kneka Smith, MPH,** Director, Maine Health From the First Tooth
Welcome & Opening Remarks

Christopher Dykton, Chief, Western Branch
Division of State and Community Health
Maternal & Child Health Bureau
Health Resources & Services Administration
U.S. Department of Health & Human Services

CDykton@hrsa.gov
Strengthen the Evidence Base FOR MCH PROGRAMS

Stephanie Garcia, MPH
January 7, 2016

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

• To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a Team of MCH Experts

2) Provide reports, including critical reviews of the evidence of effectiveness of strategies to address National and State Performance Measures

3) Provide technical assistance to State Title V MCH programs

4) Develop web-based supports and resources for State Title V programs

5) Establish an online platform for sharing best practices via a “Community of Practice”

6) Maintain and enhance an MCH digital library
Environmental Scans

- Compilations of strategies to advance performance for each of the 15 National Performance Measures (NPMs)

- Environmental Scans include:
  - **Reviews and Compilations**: identifies existing compilations for strategies that intend to improve performance for each measure; these include both scholarly reviews and compilations that have been produced by key organizations in the field
  - **Frameworks & Landmark Initiatives**: includes conceptual models underlying strategy implementation, these may or may not be explicitly highlighted in the Reviews and Compilations section; landmark initiatives include seminal programs/policies related to each NPM
  - **Data Sources**: indicates sources (e.g. PubMed), as well as criteria (search terms, publication date), and link to search strategy; also selected organizational websites
  - **Inclusion & Exclusion Criteria**: denotes types of studies, setting, populations of interest that were included in our search, and exclusion criteria
Strengthen the Evidence for MCH Programs:
Environmental Scan of Strategies

National Performance Measure (NPM) #13: Oral Health
A) Percent of women who had a dental visit during pregnancy
B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Introduction
This environmental scan identifies collections of strategies to advance performance for NPM #13, Oral Health. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

• Reviews and Compilations: Identifies existing compilations for strategies that intend to improve performance for each measure
• Frameworks and Landmark Initiatives: Frameworks include conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
• Data Sources: Indicates sources, search criteria, links to search strategy and selected organizational websites
• Inclusion and Exclusion Criteria: Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at http://www.semch.org/technical-assistance.html

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Reviews and Compilations .......................................................... 2
Frameworks and Landmark Initiatives .......................................... 7
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Strengthen the Evidence Base for MCH Programs is a collaborative initiative of the Women’s and Children’s Health Policy Center at Johns Hopkins University, AMCHP, and Welch Medical Library. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC56237, MCH Advanced Education Policy, $1.69 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
# Reviews and Compilations: Sample Entry

<table>
<thead>
<tr>
<th>Review/Compilation</th>
<th>Summary</th>
<th>Web Link</th>
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</table>
• Recommendations for policymakers:  
  • Support development of state perinatal oral health guidelines  
  • Assure Medicaid coverage of dental services for pregnant women  
  • Include preventive dental services for pregnant women as a no-cost preventive service within the Essential Health Benefit package  
  • Encourage medical and dental providers to work together to ensure pregnant women receive accurate information and dental care  
| AMCHP Innovation Station [Target: C,D,G] | • Home by One Program  
  • Location: Connecticut  
  • Statewide program which aims to establish a dental home for Connecticut’s most vulnerable children, through improving integration and coordination between a variety of services  
  • Provide training for WIC staff, children’s medical providers, and dentists, who then educate parents  
Highlights from the Review for NPM #13

• Reviews and Compilations include:
  – 9 compilations of strategies
  – 2 organizational websites

• Frameworks and Landmark Initiatives include:
  – 3 organizational websites describing influential programs
  – 3 resources with recommendations and guidelines for various oral health topics (e.g. infant oral health care, fluoride use)
  – 2 policy statements
Examples of Strategies for NPM #13

• States
  – Adopt favorable payment strategies (e.g. incentivize/compensate practices)
  – Support practices and providers with resources and tools
  – Include preventive dental services for pregnant women as a no-cost preventive service within the Essential Health Benefit package

• Community Organizations
  • Facilitate coordination between services (e.g. WIC, prenatal care providers, oral health providers)
  • Implement and promote school-based sealant programs

• Health Care Practices and Providers
  – Encourage collaboration between medical and dental providers
Technical Assistance

• Complement ongoing HRSA investments and expertise among discretionary grantees

• *Strengthen the Evidence* team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  
  • Varying levels of TA intensity
  • Recognize continuum of available evidence
  • Individual vs. groupings of states depending on needs

• Types of TA requests
  
  • Identifying possible strategies
  • Evaluating a selected strategy
  • Providing evidence relating to specific strategies
  • Adapting strategies for a specific population
  • Developing evidence-based or evidence-informed strategy measures

• Sample activities: In depth evidence reviews, connect states with MCH consultants, work collaboratively to provide communities of practice
Evidence-based or –Informed Strategy Measures (ESMs)

• “...the measures by which states will directly measure their impact on the NPMs.”

• Align with selected NPMs and strategies proposed to enhance performance on the NPMs

• Assess evidence-based or –informed practices that impact individual population-based NPMs.


Characteristics of ESMs

• Relate to the selected strategy and are in the pathway to achieving a National Performance Measure (NPM) or a State Performance Measure (SPM)

• Link to an objective the State hopes to accomplish by tracking the measure
Selection Criteria for ESMs

• **Measurable**
  - Reliable and valid
  - Data available or planned over time to track progress
  - May be a percentage, rate, ratio or number, or an indicator of achievement of an activity (e.g. development of standards or guidelines)

• **Meaningful**
  - Related to the NPM and state priority objective
  - Incorporates stakeholder input for feedback/buy-in
  - State specific
Contact Us

• Technical Assistance Requests
  http://www.semch.org/technical-assistance.html

• Project Coordinator, Stephanie Garcia
  sgarci22@jhu.edu

THANK YOU!!!

www.semch.org
http://mchlibrary.jhmi.edu/
OPPORTUNITIES AND EXAMPLES IN THE TITLE V FIELD
Previous Efforts and Activities

  - Describes strategies to improve oral health within MCH populations by better integrating oral health activities and information into state early childhood MCH programs.

- Examples of Oral Health Integration
  - Early Childhood Comprehensive Systems (ECCS)
  - Maternal, Infant, and Early Childhood Home Visiting Program (Home Visiting)
Innovation Station Spotlight: Home By One Program

• Program goal: to establish a dental home for Connecticut’s children by age one by targeting those at high risk, through an integrated partnership connecting parents, WIC nutritionists, pediatricians, dentists, and state and local agencies.

• Objectives of the program include:
  – Increasing the coordination and exchange of oral health information as it relates to overall health among state agencies and community organizations that address early childhood services
  – Increasing the number of parents trained as advocates for oral health for children and families
  – Expanding the non-dental workforce to increase access to preventive dental services for at risk children
  – Expanding the number of dental practices and clinics providing dental homes for children including those with special health care needs

www.ct.gov/dph/HomebyOne
National Network for Perinatal Oral Health

• Program goal: to coordinate the development and testing of an evidence-informed strategic framework to inform and transform health care systems with statewide reach.

• PIOHQI state grantees: NY, CT, WV, CA, WI, CO, ME, MD, RI, NM, and VI
Current and Future Efforts

How do states plan to increase dental visits?

- 29 jurisdictions selected NPM 13
- Common themes → awareness, promotion, and education
  - Training providers and agency staff on services for pregnant women, children, and CYSHCN
  - Partnerships with Medicaid, Office of Oral Health, AAP, WIC, ACOG, Home visiting, Dental Clinics, and other agencies on oral health strategies and messaging
  - Improve data collection and reporting on dental visits and referrals
  - Educate and increase awareness on the importance of perinatal oral health screenings, dental visits, and good oral hygiene
  - Increase care coordination among medical and dental homes
  - Increase the number of oral health providers within a community able to provide care to pregnant women and children
  - Maintain or expand community water fluoridation
  - Support school-based clinics and programs
Poll

• Do these strategies/themes resonate with your state action plans?
  – Yes
  – No
  – Unsure
Purpose

- Respond to the needs of professionals with the goal of improving oral health services for pregnant women, children, and adolescents and their families.

Target Audience

- Support health professionals, program administrators, educators, and others, particularly those working in or with state MCH programs.

Services

- Gather, develop, and share information and materials to promote sustainable oral health services for the MCH population.

The resource center is supported by the Health Resources and Services (HRSA) of the U.S. Department of Health and Human Services (DHHS) under grant #H47MC00048. This information or content and conclusions are those of the author and should not be construed as the official position or policy of HRSA, DHHS, or the U.S. government, nor should any endorsements be inferred.
Oral Health Challenges and Opportunities

**Challenges**
- Limited access to and availability of oral health services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

**Opportunities**
- Implement and evaluate activities that impact health behavior.
- Promote interventions to provide preventive oral health services.
- Promote comprehensive adult Medicaid dental coverage, especially for pregnant women.
- Evaluate and improve methods of monitoring oral diseases and conditions.
State Action Plans: NPM 13

<table>
<thead>
<tr>
<th>Alabama</th>
<th>Michigan</th>
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<tr>
<td>American Samoa</td>
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<td>Federated States of Micronesia</td>
<td>Northern Mariana Islands</td>
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<td>Oregon</td>
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<td>Kentucky</td>
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<td>Massachusetts</td>
<td>U.S. Virgin Islands</td>
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<tr>
<td>Marshall Islands</td>
<td>West Virginia</td>
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<td>Maryland</td>
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</table>

**NPM 13A:** % women who had a dental visit during pregnancy.  
**NPM 13B:** % children and adolescents, ages 1–17 who had a preventive dental visit in the last year.

Twenty nine states and jurisdictions, including American Samoa, District of Columbia, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands have chosen the oral health measure.
State Action Plans: Strategies for NPM 13

Education and Training
- Develop and distribute educational information and materials geared toward the public and health professionals.
- Provide education at community-based settings.
- Provide training opportunities for health professionals.

Partnership and Collaboration
- Build connections and strengthen opportunities for collaborations with state programs, dental schools and dental hygiene programs, private practice, and community-based programs.
- Promote the practice of health professionals providing oral health screenings, preventive services, anticipatory guidance, and referrals to a dentist.

Preventive Oral Health Services
- Promote dental sealants
- Promote fluorides
Poll Question

How challenging will it be for your state to develop evidence-based or evidence-informed strategy measures related to NPM 13?

- Not very challenging
- Moderately challenging
- Very challenging
- Not sure
Purpose

- Represent directors and staff of oral health programs in state public health agencies.

Services

- Assist state oral health programs in the development and implementation of policies and programs for the prevention of oral diseases.
- Build awareness and strengthens dental public health professionals’ knowledge.
- Provides information on oral health to health officials and policymakers.
Examples of Support from OHRC and ASTDD

- Help states develop or refine evidence-based or evidence-informed strategy measures.
- Help states develop or refine state performance measures related to oral health for priority needs not addressed through NPMs.
- Identify resources to support implementation strategies.
- Convene a community of practice.
- Identify strategies to integrate oral health into other MCH priority areas.
  - Women’s health (NPM 1) and preventive visits
  - Breastfeeding (NPM 4) and reduced caries risk
  - Injury (NPM 7) and use of car seats, seat belts, and mouth guards
  - Adolescent health (NPM 10) and preventive visits
  - Smoking (NPM 14) and reduced risk of oral cancer
  - Adequate health insurance coverage (NPM 15)
Title V MCH Block Grant Oral Health Toolkit

**Materials (partial list)**

- Best Practice Approaches
- Bright Futures in Practice: Oral Health—Pocket Guide
- Fluoride Varnish: An Effective Tool for Preventing Dental Caries
- Improving Oral Health Care Delivery in Medicaid and CHIP: A Toolkit for States
- Oral Health Care During Pregnancy: A National Consensus Statement
- Oral Health Care During Pregnancy and Through the Lifespan
- Seal America: The Prevention Invention
- Special Care: An Oral Health Professional’s Guide to Serving Young Children with Special Health Care Needs
Title V MCH Block Grant Oral Health Toolkit

**Access to Care** (partial list)
- Find a Health Center
- Finding Low-Cost Dental Care
- Healthcare.gov
- InsureKidsNow.gov

**Organizations** (partial list)
- American Academy of Pediatrics
- American Academy of Pediatrics Dentistry
- American Dental Hygienists’ Association
- Medicaid-CHIP State Dental Association

**Toolkit** [http://mchoralhealth.org/titlevbg/resources.php](http://mchoralhealth.org/titlevbg/resources.php)
Leveraging State Resources

**MCHB-Funded Perinatal and Infant Oral Health Quality Improvement Initiative**
- **Purpose:** Reduce the prevalence of oral disease in pregnant women and infants at high risk for oral disease through improved access to high-quality oral health care. [http://mchoralhealth.org/projects/piohqi.php](http://mchoralhealth.org/projects/piohqi.php)

**Bureau of Workforce–Funded State Oral Health Workforce Projects**
- **Purpose:** Address oral health workforce needs in designated dental health professional shortage areas, and increase access to high-quality oral health services for underserved populations. [http://bhpr.hrsa.gov/grants/dentistry/sohw.html](http://bhpr.hrsa.gov/grants/dentistry/sohw.html)

**Centers for Disease Control and Prevention–Funded State Oral Health Disease Prevention Program**
- **Purpose:** Reduce oral disease and improve oral health through effective intervention. [http://www.cdc.gov/oralhealth/state_programs/cooperative_agreements/index.htm](http://www.cdc.gov/oralhealth/state_programs/cooperative_agreements/index.htm)
Leveraging State Resources

DentaQuest Foundation-Funded Oral Health 2020 Projects

- Purpose: Strengthen oral health and health care policy, increase access to high-quality care and prevention, align financial investments in oral health, and expand the integration of oral health into community-based systems. [http://dentaquestfoundation.org/oh2020](http://dentaquestfoundation.org/oh2020)

State Oral Health Coalitions

- Purpose: Promote lifelong oral health. [http://anohc.org/About%20Us.html](http://anohc.org/About%20Us.html)
Contact Us

National Maternal and Child Oral Health Resource Center

E-mail: OHRCinfo@georgetown.edu

Phone: (202) 784-9771

Website: http://www.mchoralhealth.org
From the First Tooth: Integrating Pediatric Oral Health into Primary Care

Kneka P. Smith, M.P.H.
Director

www.FromTheFirstTooth.org
National Performance Measure #13: Oral Health

A. Percent of women who had a dental visit during pregnancy*

B. Percent of children ages 1 – 17 who had a preventive dental visit in the past year. **

(29) States and jurisdictions:

- Alabama
- American Samoa
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Georgia
- Hawaii
- Idaho
- Illinois
- Iowa
- Kentucky
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Montana
- New Jersey
- New York
- North Dakota
- Northern Mariana Islands
- Oregon
- Puerto Rico
- Rhode Island
- South Dakota
- Utah
- Vermont
- Virgin Islands
- West Virginia

*Pregnancy Risk Assessment Monitoring System (PRAMS): Annually
**National Survey of Children’s Health (NSCH)
National Recommendation:
1st dental visit by age 1 year

Access to Dental Care:
Young Children
- Traditional access issues
- Referral model to dental differs from all other pediatric health issues
- Lack of available dentists for <3 years
- Lack of parental demand

From the First Tooth:
- Statewide pediatric oral health prevention initiative led by MaineHealth
- Integrates early oral health as standard of care for children in primary care medical practices:
  1. Oral evaluations
  2. Fluoride varnish
  3. Parent education
  4. Dental referrals

http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf
Primary care clinicians to apply fluoride varnish to the primary teeth of infants and children starting at the ages of primary tooth eruption. Grade B, May 2014

Once teeth are present, fluoride varnish may be applied to all children every 3-6 months. September 2015
## 7 FTFT CORE COMPONENTS

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<th>Primary Care</th>
<th>Consumers</th>
<th>Policy</th>
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<td>Provider/Practice Recruitment</td>
<td>Messages: Child OH</td>
<td>Payment Reform</td>
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<td>• Partnerships &amp; Pilots</td>
<td>• Social Media</td>
<td>• Periodicity</td>
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<td>• Clinical Champions</td>
<td>• Media</td>
<td>• FQHC</td>
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<td>Quality Improvement</td>
<td>• Partners</td>
<td>• State Health Assess.</td>
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<td>• Planning</td>
<td>• Providers</td>
<td>• Other</td>
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<tr>
<td>• Periodicity Schedule</td>
<td>• Maine Families</td>
<td>• Linkages with other child health efforts</td>
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<td>• EMR Integration</td>
<td>• MaineCare</td>
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<td>• Tech Assistance</td>
<td>• Birthing Hospitals</td>
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<td>• Training – Smiles for Life</td>
<td>• Employers</td>
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<td>• Other</td>
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### Transitions of Care (Dental)

- Dining with the Dentists
- Partners
- Referral Tools

### Workforce Pipeline

- Recruitment
- Training
- Curriculum Integration

### Evaluation & Research

- Claims: MaineCare (Muskie)
- QI: Practice/System Data
- OH Status: Claims, Practice

### Policy

- Payment Reform
- Periodicity
- FQHC
- State Health Assess.
- Other
- Linkages with other child health efforts

### Leadership

- Information Exchange
- Regional FTFT
- Pilot new initiatives
## STEPS TO IMPLEMENTATION:

### Primary Care Medical Practice

<table>
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<tr>
<th>Phases</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. Recruitment</td>
<td><strong>Outreach:</strong></td>
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<tr>
<td></td>
<td>- Clinical Champions</td>
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<td></td>
<td>- Outreach by FTFT</td>
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<td></td>
<td>- AAP Outreach</td>
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<tr>
<td>2. Practice Preparation</td>
<td><strong>Workflow</strong></td>
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<td><strong>Periodicity Schedule</strong></td>
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<td><strong>EHR Integration</strong></td>
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<td><strong>Data Reporting &amp; QI</strong></td>
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<tr>
<td>3. Launch</td>
<td><strong>Training &amp; Launch Date</strong></td>
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<tr>
<td>4. Support</td>
<td><strong>Technical Assistance &amp; Quality Improvement</strong></td>
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<td>- Data Monitoring &amp; Reporting</td>
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<td>- Staff Competencies</td>
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<td>- Quality Metrics</td>
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<td>- Work Flow</td>
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<td>- Maintenance of Certification</td>
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**Clinical Champions**
PRACTICE PREPARATION:
In-Person Meeting at Medical Office

 ✓ Workflow
 ✓ Periodicity Schedule
 ✓ EHR Integration
 ✓ Data Reporting & Quality Improvement
After Visit Summary:
Anticipatory Guidance (all) includes recommendations to take child to dentist.

Well Child Exam
Medical Provider - Oral evaluation and oral health plan completed, application of fluoride varnish and parent/caregiver education.

Vitals Signs Taken
Medical assistant initiates the caries risk screening with parent/caregiver and parent/caregiver education.

Parent Checks in with Receptionist
Parent receives information about fluoride.

Parent/Child Arrives to the PCP
Posters and educational materials in reception area.

Medical Assistant
Fluoride varnish can be applied at the same time as immunizations with provider orders.

Dental Home:
Make Referrals as needed (fax).
Periodicity Schedule & Alternatives for Pediatric Preventive Oral Health in Primary Care

Schedule is based on the eruption of the first tooth and MaineCare reimbursement limitations

MaineCare covers reimbursement to medical providers at $20 twice per calendar year for an Oral Evaluation (D0145) for patients under 3 years of age.
MaineCare covers reimbursement to medical providers at $12 for fluoride varnish (D1206) on the following schedules:
(a) Twice per calendar year for children under age 3 years; and
(b) Twice per calendar year with at least 150 days between applications for children ages 3 and over.

<table>
<thead>
<tr>
<th>Periodicity Schedule: Preventive Oral Health in Primary Care</th>
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<tbody>
<tr>
<td>6 months</td>
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<tr>
<td>Parent and Caregiver Education</td>
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<tr>
<td>Fluoride</td>
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<td>Refer/ Recommend to the dentist</td>
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<th>Alternative 1</th>
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<tr>
<td>6 months</td>
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<th>Alternative 2</th>
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<tbody>
<tr>
<td>6 months</td>
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<tr>
<td>Parent and Caregiver Education</td>
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Electronic Medical Record Integration Guide:
Pediatric Oral Health in Primary Care Practices
(Documentation, Coding, Charging, Billing & Measurement)

The purpose of this document is to guide medical providers and representatives from information technology departments as they consider integrating pediatric oral health into primary care medical practices in Maine. This guide outlines three general areas for consideration:

1. Documentation of:
   - Oral evaluation and risk assessment
   - Fluoride varnish
   - Oral health plan
     i. After Visit Summary Options
2. Establishing fees, charging fees and billing for services
3. Measuring progress/establishing reports

There are two appendices that include After Visit Summary options as well as samples of screenshots from a variety of EMR systems. This guide was developed after working with over 150 medical practices and many electronic medical records.

**Table 1**

<table>
<thead>
<tr>
<th>Q*</th>
<th>Text</th>
<th>Response Options</th>
<th>FMR Action</th>
<th>Coding Considerations</th>
</tr>
</thead>
</table>
| 1.  | Does the child have teeth? | No – STOP | No – Prompt Oral Health Plan – Anticipatory Oral Health Education | If No:  
  - Consider coding so that a charge is not dropped and a bill is not generated.  
  - A second option is to keep all remaining fields closed.  
  If Yes: Open Question 2 |
| 2.  | Has the child seen a dentist in the past year? | Yes – Continue to Q2 | Yes – Open Question 2 | No: elevated risk factor  
If No: Open Questions 3-5 |
| 3.  | Does the child have his/her teeth brushed daily with toothpaste? | No | Yes – elevated risk factor and/or value=1 | No: elevated risk factor |
| 4.  | Has the child ever had cavities or fillings? | Yes | Yes – elevated risk factor and/or value=1 | Yes: elevated risk factor |
| 5.  | Has the mother/primary caregiver had active/unreated cavities in the past year? | No | Yes | Yes: elevated risk factor |
| 6.  | Is there visible plaque on the teeth? | No | Yes | Yes: elevated risk factor |
| 7.  | Are there signs of visible decay or white spot lesions on the teeth? | No | Yes | Yes: elevated risk factor |
| 8.  | Does the child have other oral conditions of concern (abscess, broken tooth, pain, etc.)? | No | Yes | Yes: elevated risk factor |
| 9.  | Caries Risk Assessment: | Moderate/High Risk | Child with 2 or more elevated risk factors. Child with zero elevated risk factors | Determined based on the results of the eight oral evaluation questions above. Auto-calculation is strongly recommended vs. provider entry for this field. |

*Required for MaineCare reimbursement of 00145

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**Documentation**

A. Documentation of Oral Evaluation and Risk Status

MaineCare has approved an oral evaluation and risk assessment instrument that includes eight elements. The dental procedure code associated with this assessment is the D0145 (Oral Evaluation for children under 3 years of age).

For reimbursement, MaineCare requires four steps including:
1. Question about the existence of a current primary dentist/dental home.
2. Risk screening questions based on oral health history.
3. Risk assessment of mouth and teeth performed by licensed provider.
4. Oral health plan, which includes parent education about the importance of establishing a primary dentist/dental home for the child and referring to a dentist (when possible).

The first three elements are addressed in this section (A/Table 1) and the fourth element (oral health plan) is addressed in Section B/Table 2. Table 1 includes eight questions required for the Oral Evaluation and Risk Assessment followed by two methods for calculating risk status. The technological configurations for each of the eight questions are included in Table 1.

---

1 D0145: Oral Evaluation of Children Under 3 Years of Age by Medical Providers, MaineCare Services, 11/19/2014.
**D0145 – Oral Evaluation**

1. **Risk screening questions**
2. **Physical Assessment of the mouth and teeth (by provider)**
3. **Oral Health Plan:** parent education, recommendations for dental care, referral to dentist

**D1206 – Fluoride Varnish**

**Charging & Billing**

**Establishing Fees**

**Data Reporting, Targets & QI**

---

**Section A: Oral Health Risk Assessment Questions**

**Dental Home Assessment & Caries Risk Screening Questions**

May be administered by Clinical Support Staff

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Does the child have teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2. Has the child seen a dentist in the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3. Does the child have his/her teeth brushed daily with toothpaste?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4. Has the child ever had cavities or fillings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q5. Has the mother/primary caregiver had active/unreated cavities in the past year?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Answers in shaded boxes below indicate presence of Risk Factor**

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**Section B: Oral Evaluation and Plan**

**ORAL EVALUATION**

Must be performed by Primary Care Provider

Q6. Is there visible plaque on the teeth?  
Q7. Are there signs of visible decay or white spot lesions on the teeth?  
Q8. Does the child have other oral conditions of concern (e.g., broken tooth, pain, etc.)?

**Caries Risk Assessment**

Low (no risk factors), Moderate/High (1 or more risk factors)

---

**ORAL HEALTH PLAN**

Must be performed or delegated by Primary Care Provider

*Consider fluoride varnish for one or more Risk Factors from Sections A and/or B

For all children:

- Prescribed Fluoride Supplement (once dose) 0.25mg, 0.5mg, 1.0mg
- Fluoride Supplements not indicated
- Provided Oral Health Anticipatory Guidance
- Completed Caries Risk Assessment w/Oral Evaluation
- Other:

For children who have not seen a dentist in past year (Q2):

- Completed Caries Risk Assessment w/Oral Evaluation (D0145)
- Applied Fluoride Varnish if moderate/high risk (D1206)
- Patient/Family declined Fluoride Varnish
- Referred to Dentist (see Section C)

---

**Section C: Referral Information**

This section to be completed by referring physician and faxed to dentist

- Dentist Name
- Phone
- Fax
- Routine Referral
- This child has special health care needs
- Immediate Referral
- Yes Explain
- N/A
- Oral sensitivities
- Difficulty following directions
- Latex allergies
- Difficulty swallowing
- Difficulty sitting still
- Does not tolerate knee-to-knee exam
- Food sensitivities
- Bruxism
- Other/Comments
- Physician Name
- Physician Signature
- Date

This section to be completed by dentist and faxed back to referring physician

- Date of Dental Appt.
- Summary of Dental Findings/Plan
- Dentist Signature
- Date
**Dental Home Assessment and Caries Risk Screening**

- Does the child have teeth? **Yes**
- Does the child have his/her teeth brushed daily with toothpaste? **1=Yes 0=No**
- Has the child ever had cavities or fillings? **1=Yes 0=No**
- Has the mother/primary caregiver had active/untreated cavities in the past year? **1=Yes 0=No**
- Has the child seen a Dentist in the last year? **0=Yes 1=No**

**Lead Risk Assessment**

- (PROVIDER ASSESSMENT) visible plaque on the teeth? **1=Yes 0=No**
- (PROVIDER ASSESSMENT) signs of visible decay or white spot lesions on the teeth? **1=Yes 0=No**
- (PROVIDER ASSESSMENT) child have other oral conditions of concern? **1=Yes 0=No**

---

**Risk Assessment Score:** 0 is Low Risk, 1 or more is High/Moderate Risk

- **Risk Assessment RESULT:**
  - Low Risk
  - High/Moderate Risk

- **Fluoride Varnish?**
  - Applied fluoride varnish (D...)
  - Did not apply Varnish
  - Patient refused varnish
Sample Pediatrics Group
Early Pediatric Oral Health by Practice
August 2014 - 2015
Population: All patients with teeth, ages 9 through 47 months
Source: Clinical Improvement Registry

Dentist Seen within the last year
Oral Evaluation Completed
Fluoride Varnish Applied
Fluoride Varnish without a Dentist
4X4
Summary Point: DISCONNECTED

Video: https://www.youtube.com/watch?v=ARkehLHmb44
SUPPLY & DEMAND

Supply Of Providers

- Primary Care
- Policy
- Financing
- Partners
- Pre-Service
- Dental

Demand (Consumers)

- Marketing
- Partners
**4 by 4 (Under 48 months):**

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014:</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>2015:</td>
<td>45%</td>
<td></td>
</tr>
</tbody>
</table>

**Well Child Visits:**

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014:</td>
<td>19.35%</td>
<td>20%</td>
</tr>
<tr>
<td>2015:</td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>
**Children Reached:**

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014:</td>
<td>35%</td>
<td>45%</td>
</tr>
<tr>
<td>2015:</td>
<td></td>
<td>60%</td>
</tr>
</tbody>
</table>

Percent of Children Reached by FTFT with at least one Well Child Visit in the measurement year, by year, ages 12-23 months

MaineCare data analyzed by USM - Muskie
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Special thanks to the Children’s Dental Health Project in the creation of this presentation.
Poll

• Do you think you can apply any of the strategies or resources presented to your state action plans?
  – Yes
  – No
  – Unsure
Q&A

• Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

• **Raise your hand.** Using the icon at the top of your screen (example shown right)

• You can type your questions into the chat box (shown right)
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https://www.surveymonkey.com/r/RDJL52L
Thank you!