Introduction to the Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group

Recorded October 15, 2020

Stephanie Kelly:

Hello, everyone. We want to welcome you to today's event, Advancing Prevention and Reducing Childhood Caries in Medicaid And CHIP Affinity Group Q&A. My name is Stephanie Kelly, and I'm a program analyst at Mathematica. Mathematica is supporting CMCS with the oral health learning collaborative and affinity group. Next slide, please.

To start us off today, I'd like to hand it over to my colleague, Derek, to cover a few housekeeping items. Next slide, please.

Derek Mitchell:

Thank you, Stephanie. Hello, everyone. I wanted to thank you for attending today's information session. My name is Derek Mitchell, and I will be your technical host for today's event. Before we begin, we want to cover a few housekeeping items. All participants logged into our session currently have their phone lines muted, we welcome audience questions throughout today's event through the Q&A pod. We will have a dedicated time at the end of this webinar to respond to any questions you might have for our presenters.

If you have any technical difficulties, please use the chat pod on the right-hand side of your console to contact us for assistance. Please select host in the send to field when sending to the chat. Finally, this meeting is being recorded and will be posted on Medicaid.gov site after this event. Now, I'd like to turn it back to Stephanie Kelly. Stephanie, you now have the floor.

Stephanie Kelly:

Thanks, Derek. Next slide please.

Before we begin today, we'd like to learn a little bit about who you, our webinar participants, are. You'll see a poll open on the right-hand side of your screen, above the Q&A pod. You will have 30 seconds to respond. Please let us know which type of organization you represent, and you can select all that apply, and the polls should be opening now. Your answer choices are state Medicaid or CHIP agency, health or dental plan or health system administrator, dental provider, other healthcare provider, community or advocacy organization, other state or local agency, federal agency, and other. When you make your selection, please be sure to hit the submit button on the lower right-hand side of the polling pod.

Thanks, everyone. So the results of today's poll indicate that we are joined largely by our state Medicaid and CHIP agency folks. And we also have some other state and local agencies, dental providers, health and dental plans and health systems administrators, and some others. It's so great to see such a variety of participants on today's event. Next slide, please.

Now I'll walk us through our agenda for today. First, we will begin with some background on childhood caries and the focus for the affinity group. Then, we will go into specific details about the affinity group structure and expression of interest process. And finally, we will close with an open Q&A session. Please

note that you can submit questions at any time during today's event, through the Q&A pod located at the lower right-hand corner of your webinar screen. Next slide.

I will now turn it over to Dr. Natalia Chalmers, dental officer at CMCS, to take us through some introductory remarks and context setting for the focus of the affinity group. Dr. Chalmers?

Dr. Natalia Chalmers

Thank you, everyone. Let me share my screen.

Thank you, Stephanie, and welcome everyone. First of all, I'd like to welcome you and send warm regards from Andy, who's not able to be with us today. I know many of you have joined us in previous webinars, but for those of you who are new, a couple of words of introduction. My name is Dr. Natalia Chalmers, and I am a dental officer at the Center for Medicaid and CHIP Services. I'm a board-certified pediatric dentist, so this topic is near and dear to my heart. Practicing in Virginia until COVID hit. The clinic is still open, but not at full capacity.

As I said today, we will focus on the strategies and the evidence behind preventing early childhood carries, the role of fluoride treatments, and the role non-dental providers and care coordination can play in the process. To facilitate the recording, I will transition us with the next slide. On the next slide, we see that the learning collaborative has three main parts. The webinar series, the affinity group questions and answer session today. And then of course, the launch of the affinity group. For those of you who were able to join us in webinar one, you heard about the pathways to improving children's oral health using silver diamine fluoride. You heard from two states, Oregon and Virginia.

Webinar two focused on improving children's oral health using fluoride varnish in a non-dental setting, and we heard from Maine and North Carolina. Webinar three will follow, it's scheduled on October 27th. We'll hear more about that later. But we will focus on oral health care coordination and effectuated referrals, and we'll hear from Colorado and New Jersey. All of these presentations from experts in the field, as well as two of the states we're using, are to help us improve children's oral health and outcomes.

So on the next slide, we see childhood caries. And for the non-clinicians on this slide, what I would like to point is this child here, presented on the picture on the bottom. This child is not even one year old, and we know this because they're primary molars have not yet erupted, and they're impacted by severe early childhood caries. And most likely will need some baby root canals. The child presenting on the upper picture is perhaps two or three years old. A case I've seen multiple times in the clinic, and they have 10 teeth on the upper arch, and all of them impacted by severe early childhood caries.

Some of these teeth will not be restorable, and may need extraction. And again, you can imagine that we are impacting and we are trying to prevent this from occurring. Because often, children show to the dental office with this level of severe disease.

I'm going to reflect on three important aspects of early childhood caries that are really critical and important to our efforts. This is an infectious disease, and it's a preventable disease. We have strong evidence that early intervention can reduce the incidence of early childhood caries. Most importantly, these children who are impacted by severe early childhood caries are most likely to develop caries in their permanent dentation and have caries as adults.

So one of the reasons why we are focusing our learning collaborative on early intervention, is because we want to set up children for a healthy lifestyle and health throughout their growing up. Recent findings also

suggest that childhood caries is an independent risk factor for cardiovascular disease and metabolic syndrome. So again, you will see the broader, the long-term goal here is that we are setting and providing the best care and evidence for children, beneficiaries, that they have good oral health and good overall health.

On the next slide we'll see in the background, the recommendations that come strongly from the American Academy of Pediatric Dentistry, American Academy of Pediatrics, and American Dental Association, all recommending that children visit a dentist by their first birthday. These visits are an excellent opportunity to establish and promote good oral health, evaluate risk factors, and deliver caries prevention strategies such as topical fluoride. I've had multiple discussions with mothers who come with their young children, and it's an incredible opportunity to connect with them and educate them on the infection nature of the disease and empower them with strategies and tools to help them succeed and have children who never suffer from this disease.

Yet despite these guidelines, Medicaid-enrolled children suffer disproportionately from dental disease. And we have evidence from the Early and Periodic Screening and Diagnostic Treatment reports in 2018, only six states reported that 30% or more of the Medicaid enrolled children visited the dentist.

On the next slide, we'll see the national trends, and it's important to recognize the facts displayed here. On the x-axis, we have the ages of our beneficiaries. So under one, one to two, three to five, six to nine, seven to 14, et cetera. Then in the dark blue are those children that have a dental visit. With light blue are the children that have had medical visits and well-baby visits or screenings. You can appreciate two things. That overall, if you look at this through their lifespan from zero to 20, about the same number of children access dental and medical services. But there are two distinct patterns of healthcare utilization. The dental utilization follows this U-shape by the utilization. So very few in the early ages, majority six to nine, and then you have this decline. Where the medical services followed this sloped decline of utilization.

And so we are focusing on children younger than six, because they represent an incredible opportunity for early intervention and application of fluoride varnish in a non-medical setting, right? So by the time some of these children come to my office or my colleague's office by two or three, they've already seen their medical providers multiple times. And they have had many people opportunities to address oral health and talks about fluoride varnish.

Next we see, on the next slide, a map that represents the proportion of beneficiaries years one or two of age, that received an oral health service by a non-dental provider. I want you do appreciate two things. First, there is a wide range. In some states, very few children receive oral health services by a non-dental provider in this age group. And in other states, many children, close to half, receive such a service. So we hope that with this collaborative, we can help states increase that utilization of services by non-dental providers by promoting education and promoting collaboration.

On the next slide, we'll look at the clinical recommendations for the use of topical fluoride. I want you to notice a couple of things. First, the strength of the evidence is very important. We have here the recommendations, they range from strong, in favor, weak, expert opinions, and against. And the age group that we are focusing, younger than six, has evidence that favors of providing this intervention. So we have some of the strongest evidence to intervene in this age group to prevent further disease.

On the next slide, we will see how states have adopted a Medicaid policy from reimbursement of fluoride varnish. As you've learned more about the efficacy and safety of this intervention, you can see that

multiple states have adopted. And as of 2017, all states currently reimburse fluoride varnish application in a non-dental setting.

This graph is interesting for a number of reasons, right? You have the early adopters, and then you have the later adopters. But one thing is important, that this all is part of a process. And even when states adopt a policy, you don't expect to see results immediately because this is a preventive strategy. You apply the fluoride varnish, it needs time to work, it obviously needs adoption. This is an important aspect to just think about.

On the next slide, we're going to look at a study that examined the effects such adoption at the state level of fluoride varnish application in a non-dental setting has on the oral health of young children. This is really an interesting finding in support of this intervention. Because it showed that state's policies supporting non-dental primary care providers application of fluoride varnish are associated with the improvement in oral health of children with public insurance. This is especially true for Medicaid beneficiaries. And what this study found is that when children were on public health insurance and the Medicaid policy was implemented for four more years, there was a significant improvement in the odds of children having excellent or good teeth.

As I highlighted before, and we'll see on the next slide, there are differences between the states. And on the next slide, we'll see four states and their trends over the last eight years.

Let's start with State D. So you can see there has been almost no change in State D in the proportion of one- and two-year-old beneficiaries receiving oral health services by a non-dental provider. And their rates are below five percent. State C is another example where the trends are pretty stable, keeping steady under 20% of beneficiaries. And yet we see states like State B, where you have lower rates of utilization, and then an increase that now is sustained across and over 40%. And for State A, they have a program in place that for the last eight years has been providing consistently oral health services by a non-dental provider with these populations. Again, this is all based on the 2010-2018 Early Periodic Screening, Diagnostic, and Treatment report.

Of course, all of these policies on the next slide will show us the importance that reimbursement is a key part of any such policy. And here we see a map of the United States, showing Medicaid fee-for-service reimbursement for fluoride varnish. What I want you to appreciate is how variable states are in their level of reimbursement. This is data from the American Academy of Pediatrics. From $4 per application, to $53 per application. And if you remember, the two states that have many children receiving a service by a non-dental provider don't necessarily have the highest reimbursement, right. So this is a really important aspect to understand that this is about training, integration of care, and empowerment of providers.

We will conclude our introductory comments with preliminary data that shows the number of dental services for children and the impact of COVID. We all recognize that we live in a new reality impacted by COVID. And this is the data, recently released by CMS, highlighting that impact. You will see these three lines here on the top are 2017, '18 and '19. There is a typical utilization of dental services. Here is August, right before school starts and all the checkups are needed. And what you see in 2020 is that dramatic decline of dental services utilization and uptick in May, when some of the restrictions were lifted in some states.

But we think it's important to note that this slope doesn't look the same for every state. And on the next slide we'll see that states actually look quite different. Here is preliminary data showing the dental services among children is declining, but some states went down very quickly. Here are states like Idaho,

Montana, Oklahoma, Texas, and Wyoming, reaching in May almost 60, 70% of their utilization. But other states, such as California, District of Columbia, Michigan, Puerto Rico, and Rhode Island, have been much lower in recovery. We don't know what that trend would look like, if it's going to be a curve shape or continue to remain flat. But these are important considerations of how COVID has impacted access to preventive, and any services actually, for children. This is going to have long-term implications. If you miss your preventive care appointments, that allows the disease to progress further, that could require a lot more aggressive treatments in the future.

In summary, we wanted to say that we recognize that Medicaid-enrolled children suffer disproportionately from dental disease. Early interventions work, and we can see improved outcomes, this obviously results in savings. Fluoride treatment, varnish and silver diamine fluoride are effective in preventing and arresting childhood caries. And non-dental providers are essential partners in addressing childhood caries. Care coordination is important, and enhances access to care and outcomes.

I will now turn it back to Stephanie Kelly, an analyst at Mathematica who is a member of the oral health affinity group technical assistance team. Stephanie, back to you.

Stephanie Kelly:

Thank you, Dr. Chalmers.

So, now we'll transition to sharing some details about the affinity group goals, structure, and timeline. Next slide.

Affinity groups offer a combination of peer-to-peer learning and customized state technical assistance to increase knowledge in an identified topic, such as oral health, and support states in identifying and implementing change activities. Affinity groups are action-oriented, and include quality improvement, project identification, and implementation. Meetings offer opportunities for participants to learn from a QI advisor, other state teams, and the technical assistance team. Last, meeting topics are matched to meet participants interests and needs. Next slide, please.

CMCS has conducted several affinity groups in the past on a variety of topics such as postpartum care, HIV, and tobacco cessation. Participants have highlighted several benefits from participating, including that regular meetings helped state teams remain on track with their goals, affinity groups offer a unique opportunity to learn about and share best practices with peer states, and collaboration with QI advisors and other experts allowed states to pursue high impact structural and policy changes. Next slide, please.

Our goal for this affinity group offering is to support state Medicaid oral health teams to improve the use of fluoride treatments by primary or community care providers. Particularly, we're focused on improving performance on fluoride varnish applications in the primary care setting, and also coordinating ongoing care with dental providers for beneficiaries. Next slide.

The oral health affinity group will take place over the course of 24 months, from January of 2021 to December of 2022. The affinity group includes monthly learning sessions, alternating between group workshops and one-on-one technical assistance calls between individual state teams and QI advisors. We will share a little more detail about what these sessions will entail over the next few slides. Next slide.

So, this slide shows a high-level roadmap for the affinity group. The affinity group will begin with a welcome and orientation session in January of 2021, and then we will begin phase one, which is the more intensive phase of the QI project. This will involve monthly group workshops or individual state technical

assistance calls. In March 2022, we will then move to phase two, which will provide ongoing support for implementation, evaluation, and spread of QI projects. The implementation support provided in phase two will be largely informed by state needs identified at the close of phase one. Next slide.

So here are some specifics about the planed affinity group curriculum and the learning sessions I mentioned earlier. The curriculum is designed to provide state teams with the tools needed throughout a QI project life cycle, from identifying an area of need, to implementing a QI project that addresses that need, to completing an objective assessment of whether a project initiated change. Affinity group meetings will occur monthly in three different formats. Learning sessions, which are designed as mini conferences, are about three hours in length and provide an opportunity for deeper immersion into the QI science. We plan to hold three learning sessions in phase one. These meetings will include all state teams, the QI advisor, and the technical assistance team. Topics include learning the QI science, time for teamwork, and time for peer-to-peer learning.

One-on-one calls are opportunities for state teams to meet individually with the QI advisor and technical assistance team to review progress. These sessions are an hour in length, and we are planning about six sessions in phase one. These agendas will be largely tailored to individual state needs. And last, collaborative learning calls are opportunities for all state teams to meet as a group with a QI advisor and technical assistance team. These sessions are also an hour in length, and we are planning about four sessions for phase one. These meetings will allow for peer-to-peer learning via team sharing, and discussions of breakthroughs and barriers. Next slide.

So now we'll transition to discussing the expression of interest, or EOI form, and the criteria that CMCS will use when selecting affinity group participants. To participate in the affinity group, state teams must submit an EOI form that briefly explains state goals for the affinity group. The EOI form is posted on Medicaid.gov and the direct link is listed below on this screen, and it's due by 8:00 PM Eastern standard time on Wednesday, November 18th of 2020. Next slide, please.

Now I'll give a high-level overview of what will be included in the EOI form. The form includes five questions. First, question one asks for your state team's participation goals and outcomes of interests. We encourage you to use data or performance measures in your response, if available. Question two asks about current use and coverage of topical fluoride services in your state, and any known challenges or opportunities related to those services. Question three asks teams to provide an early project idea for consideration. You do not need to have a fully formed project idea in mind to apply. We will work with you on that as part of the affinity group, but you are encouraged to think about a QI project that meets the needs of your state and that you would be interested in working on. Question four asks the team to provide basic information about who will be on the state team, and whether they have confirmed their participation.

Many teams find it helpful to include a data analyst. This is not required, but will be very helpful. We also encourage you to reach out to providers, your public health colleagues, and any other oral health stakeholders that you will work with in order to have a positive impact. And last, question five requests senior leadership sign off on the project goals. Ideally, we'd like to see the Medicaid director sign off on your participation, but other leaders can provide this sign off as well. It should be someone who will support your work and ensure that the resources needed for your QI projects are available. Next slide.

On this slide, we show the main criteria CMCS will use when selecting state teams for participation in the affinity group. These criteria include well-articulated goals for participation, an understanding of the state's challenges or opportunities related to the use of fluoride varnish in non-dental settings,

identification of a well-rounded state team for participation, and commitment to action with support from Medicaid and/or CHIP leadership. And we just want to note that after we received your EOI form, CMCS and Mathematica will reach out to schedule a call with you to learn more about your interest in this opportunity. Next slide.

At this point, we'd like to open the floor for any audience questions. Next slide.

Please submit your questions through the Q&A pod located at the lower right-hand corner of your screen. I am now going to turn it over to Stacey Chazin from that Mathematica, who is also a part of the oral health affinity group TA team, to lead us through the Q&A session.

Stacey Chazin

Great. Thanks so much, Stephanie. And thanks to folks who submitted their questions in advance of this webinar, as well as who added some to the Q&A box at the side of the screen. We encourage more questions to come in, but we'll start with the ones that we've already received. This first question is for you, Dr. Chalmers. We have a question: "Can we get the data for our state if not in the top or bottom five." And that question was posted when you had presented Slide 18, which looked at dental service rates for children in the first half of 2020.

Dr. Natalia Chalmers

Okay, so it's about the preliminary data showing dental services utilization. Is that correct?

Stacey Chazin

I believe so, yeah.

Dr. Natalia Chalmers

Yes. The slides that I presented will be available to all of you. And for now these are the states that we have data for. Maybe we can connect offline to see if we could provide that for your state. What's going to there now are the publicly available data for the states.

Stacey Chazin:

Okay, great. Thank you, Dr. Chalmers, and for the participant who posed that question, I will share Dr. Chalmers' email address, and if you would reach out to her directly, it sounds like she'll be able to help you.

So another question we received, and this came in before the webinar, somebody asked what the learning objectives and goals are for care coordination in other states? And our answer to that is, "Please tune back in when we reconvene for our Care Coordination webinar that'll take place based on October, 27th at 1:00 PM Eastern time." You can register for that on the CMS Oral Health page. The same place that you went to register for today's webinar. So more to come on that.

We have another question. And I would say this is for you, Dr. Chalmers. "What can we do as dental providers to increase the pediatric patients FQHCs are treating post-COVID?"

Dr. Natalia Chalmers

Yeah, I think one thing is very clear is that COVID has significantly shaken the dental delivery system. But I think FQHCs present an incredible opportunity for multiple innovations, including a medical dental coordination of care and delivery of dental services.

So I'm not sure if the person is asking for FQHCs that already are delivering dental services or how to provide dental services to FQHCs that are currently not. But I think we all have seen the challenges that COVID has presented to both our providers and our patients, right? The initial hesitation is it safe, is it not? It's absolutely safe, we know this. If anything, dentistry was ready with PPE even before the pandemic. We've always adhered to very strict protocols. And I think this is going to be a gradual process. We will have to first address those that have emergent needs. I know for a fact many of my colleagues have seen a lot more emergencies and many FQHCs remained open during the pandemic to make sure that they could see their urgent patients. Any strategy to increase the confidence of both the patients and the providers I think would be successful in reassuring them that they're receiving care in a safe environment and... Yeah, in a safe environment.

Stacey Chazin:

Great. Thank you.

So another question we received is, "I would be interested in knowing what steps or best practices are recommended by states who have brought pediatric dental visit rates back up following the April to May dip?" And my answer to that... And Dr. Chalmers, I'm sorry, did you want to take that?

Dr. Natalia Chalmers

I just was going to address that we know that some of this increase is actually related to the state policies and regulations, so allowing dental practices to remain open, but that's an excellent question. "What is driving that quick uptick compared to other states that maybe had a prolonged period of time where they remain closed, and are there other factors that are contributing to this?" Excellent question to explore.

Stacey Chazin:

Yeah. And I would add too, that that sounds like the type of question we would dig into through the affinity group to learn about best practices from other peer states. So that would be a big part of that. A couple of folks have asked if the slides will be available following today's webinar. In fact they will, they'll be posted on the Medicaid.gov Oral Health page as well, along with registration for the next webinar and all the other materials that you'll need to complete your EOI to take part in this affinity group and learn more about the broader learning collaborative.

Another question we received was whether funding would be available with this affinity group opportunity. The support that participating states will receive will be technical assistance from quality improvement science experts and oral health subject matter experts, as well as direct access to folks at CMS who can answer any questions and provide support. There will not be any funding. If a state would like to apply for funding from some other source to support this work or related oral health work, they're certainly free to do that, but no funds will come specifically from CMS or this project to support participation.

We received a question, "How many states will be selected for this group?" We will welcome as many states as we can. So we encourage anyone who's interested to complete their expression of interest form.

We're looking for well thought out answers to the questions, and we'll ask for any additional information that might help you all be optimally productive and engaged participants in this effort when we do our phone calls with you and throughout. But there is no limit on how many states we're going to engage.

A question, "Some of us are not part of a state Medicaid agency. Can we still participate in the more general conferences?" So the answer to that is that this affinity group is specifically for state Medicaid agency teams.

The teams do have the option of engaging others in their state, stakeholders who are working in this area to be part of their extended teams, but the applicant needs to be the state Medicaid agency itself.

There have been opportunities in the two webinars we had previously and in the Care Coordination webinar that we have coming up for folks who are beyond the state Medicaid agency to take part and learn. So those are our more public offerings, and it's possible that there will be other such offerings like that moving forward, drawing from the learnings of the affinity group. But those have not been finalized or scheduled yet.

I am going to ask, Stephanie, will you share who folks directly should reach out to for more information or any questions, what that email address is?

Stephanie Kelly:

Yes. Thanks, Stacey. So your contact for the learning collaborative and affinity group is the MAC Quality Improvement mailbox. And we'll actually provide that email address for you on slides as we wrap up for today. So you can write that down.

Stacey Chazin:

Great. Thank you. Another question we received, "Is the QI goal to increase primary care providers use of fluoride as a preventive strategy?" So yes, the affinity group, the states that are taking part will be working on improving and increasing the use of fluoride varnish application by primary care providers. That's correct.

We also received a question in advance. "How can we analyze the cost effectiveness of a sealant program?" So we will say that the focus of this affinity group, as I just touched on, is fluoride varnish application by primary care providers. If a state is interested in also looking at dental sealant application beyond, in addition, to the fluoride varnish application, that's certainly okay. We would just emphasize that the age group that we're targeting through this affinity group is ages one to six. So it wouldn't be supporting looking at sealant programs for adolescents, for example, but if the intent was to look at this same age group, then that would be fair game.

So a question, "I'm curious what you would advise states where there is already a high level of knowledge about QI methodologies and also already a strong focus on fluoride varnish in medical settings? Sounds like it may not make sense to apply to join the affinity group."

That's an interesting question. I would say that even if you're well-informed about QI science, please join so that others can learn from your experiences and your expertise, and we'd hope that you'd still have some things to learn as well. We'll also be talking about, in the affinity group, about driving effectuated referrals to dental care from the primary care provider's office. So we're hopeful that this group would still provide some benefit to your offerings and your expertise so that you could build upon the successes you've already achieved.

Yes, this webinar is being recorded. We have that question. The recording link, I believe, will be available with the slides on the Medicaid.gov website.

Let me see if we have any other questions that we missed.

I think we've covered everything. Are there any other questions that folks would like to pop in the Q&A box?

Stephanie Kelly

Stacey, I did just want to note, if you all can see in your chat, I posted in there the email address for the TA mailbox for you to reach out to with any questions and also the direct link to where the slides and recording will be posted. So, that should be in your chat.

Stacey Chazin:

Thanks, Stephanie.

Dr. Natalia Chalmers

Stacey, this is Dr. Chalmers. I just wanted to address, there was a question related to direct financial support, which you have just perfectly, there isn't one. But if they've been looking for ways to leverage some of this science, I would encourage them to look at their costs coming through for hospital costs for dental rehabilitation in this age group to sort of really support their efforts here. Right?

We are hoping that these children will be healthy and will not have to go to the operating room. So that's another avenue to sort of say, "Look. Here is the potential cost savings through the program at the state level that's really meaningful." I think that's always a key component in any state discussions, and states certainly could make that argument to their leadership.

Stacey Chazin:

Thank you, Dr. Chalmers

Another question that came in, "Will there be an opportunity to problem-solve for resistance by non-dental providers during COVID-19 related to fear of aerosols and droplets?" Yes. As we're supporting the states over the course of 2021, any issues that are popping up that are presenting barriers across practices or across the state, it's something that is fair game in all of this, and certainly concerns over COVID-19 and the impact on practice will presumably be top of mind for providers in the coming year.

Dr. Natalia Chalmers

Yeah. I mentioned fluoride varnish is such an excellent service that could be delivered in a non-aerosol generating way. So if anything, this has become even more important. If we address the forgone care and set up children for success in health.

We recognize that our physicians, pediatricians, or colleagues are also struggling with these issues. And I think this is where this science actually presents incredible opportunities for coordination of care, and so the learning collaborative will really focus on: what are these opportunities, how can we connect with providers, how can we coordinate care.

Stacey Chazin

Great. Thank you.

So seeing no other questions, I am going to turn it back over to my colleague, Stephanie Kelly.

Stephanie Kelly

Thank you so much, Stacey. And thanks to everyone for all of your questions. Next slide, please.

So to wrap up again, thanks everyone for your interest in the upcoming affinity group and for your participation in today's event. And as we mentioned, all materials will be available on the Oral Health Learning Collaborative webpage on Medicaid.gov after the webinar. And that link should be available to you in your chat window. If you don't have your chat window open, you should see an icon in the lower right-hand corner to open it up, so you can save that link.

We do want to let you know that we have a series of affinity group frequently asked questions and corresponding answers that are available as an appendix at the end of this slide deck. We did talk through some of these questions, but just want to let you know that that's available as a resource to you, and you will be able to access those when these materials are posted. Next slide, please.

As mentioned previously, we did want to let everyone know about the final webinar in our learning collaborative series. The topic is medical and dental care coordination, and it is scheduled for October 27th. We'll be featuring state models and lessons learned from Colorado and New Jersey, and we hope that you'll be able to join us. And also as a reminder of key dates related to the upcoming affinity group, notably the due date for the EOI form of November 18th. Next slide, please.

And again, please reach out to the technical assistance mailbox with any questions or feedback related to the Oral Health affinity group. And the email address is available to you there. And next slide.

Thanks again, everyone for attending today's event. Your feedback is really important to us, so please do complete the evaluation as you exit the webinar. Thanks so much.