Background

A driver diagram shows the processes or systems that affect the aim of your quality improvement (QI) project and determines what you need to do or manage to improve outcomes. States that choose to implement improvement activities related to oral health can use the state Medicaid and CHIP (MAC) advancing oral health prevention in primary care driver diagram on the next slide to plan a QI project. Here are some suggestions to begin:

- Develop an aim statement for your state's oral health prevention-related QI work. A good aim statement is specific, measurable and answers the questions, "For whom, how much, and by when?" It should be brief, easy to understand, and not include background or side issues. An example aim statement is given on the driver diagram.

- Add primary drivers. Primary drivers are the system's high-level processes, structures, or norms that must change to achieve your aim. While all the primary drivers are necessary to achieve your aim, begin your QI project by focusing on one or two primary drivers and then expanding your activities over time to address the other drivers.

- Add secondary drivers. Secondary drivers expand an understanding of the primary drivers. They are action-oriented, addressing the places, steps in a process, time-bound moments, or norms where changes are made to bring about improvement. Secondary drivers will help lead you to testable change ideas.

- Develop change ideas. Change ideas describe the specific, testable actions that can impact the secondary driver and the related primary driver to achieve your aim. Change ideas should come should be evidence- or experience-based. The change ideas in the following tables were gathered from research, case studies, expert opinions, and other resources. Where available, the resources have been referenced. Short descriptions accompany Medicaid-specific experiences. Where no reference has been provided, the change idea comes from subject matter experts consulted to develop this driver diagram.

Figure. State Medicaid and CHIP Advancing Oral Health Prevention in Primary Care Driver Diagram
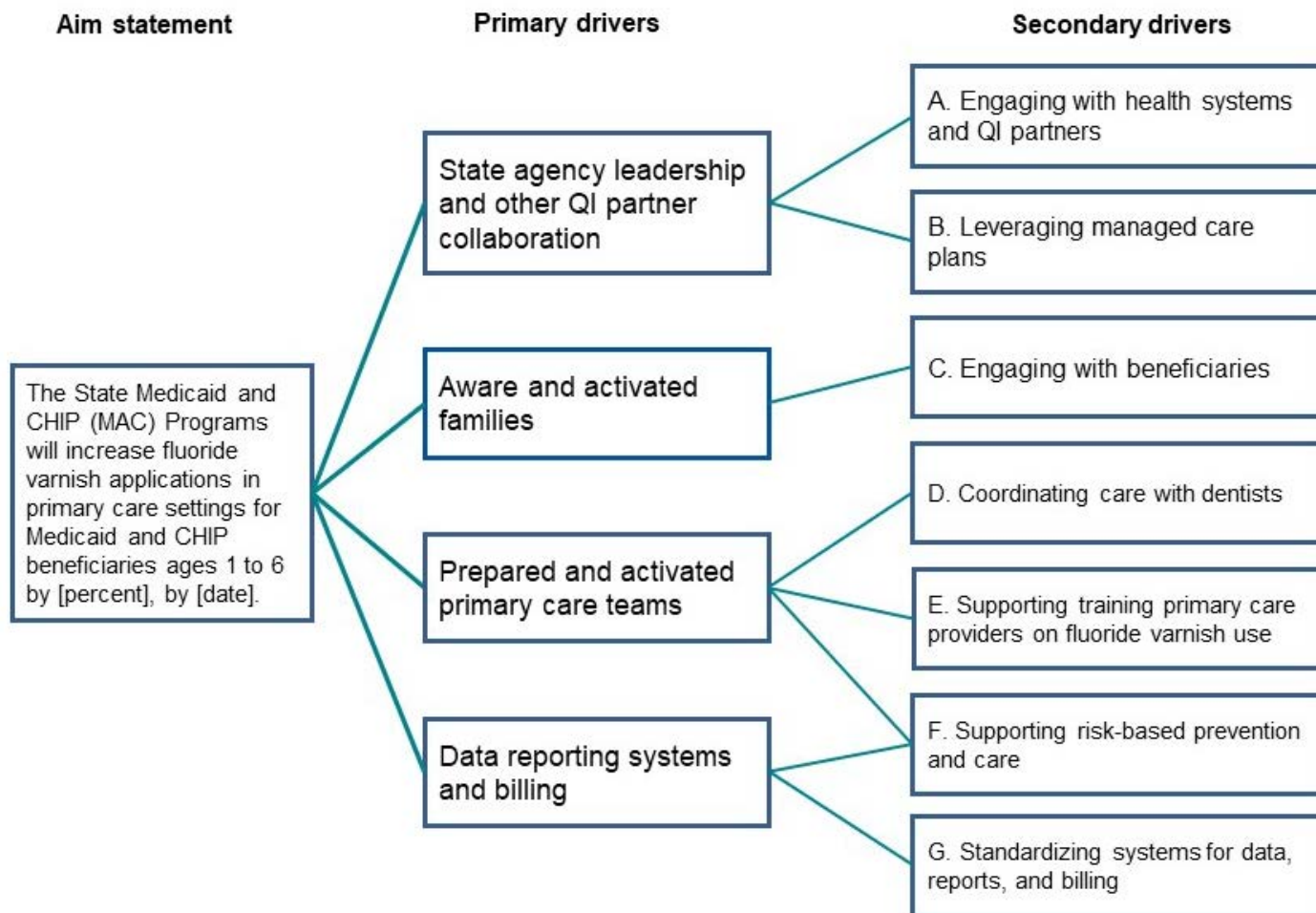
The driver diagram has the following relationships:

- **Aim Statement:** The State Medicaid and CHIP (MAC) Programs will increase fluoride varnish applications in primary care settings for Medicaid and CHIP beneficiaries ages 1 to 6 by [percent], by [date]. The aim statement is affected by four primary drivers. Each primary driver is affected by at least one secondary driver.

  - **Primary Driver 1:** State agency leadership and other QI partner collaboration. This primary driver is affected by two secondary drivers:
    - Engaging with health systems and QI partners
    - Leveraging managed care plans

  - **Primary Driver 2:** Aware and activated families. This primary driver is affected by one secondary driver:

    - Engaging with beneficiaries

  - **Primary Driver 3:** Prepared and activated primary care teams. This primary driver is affected by three secondary drivers:
    - Coordinating care with dentists
    - Supporting training primary care providers on fluoride varnish use
    - Supporting risk-based prevention and care

  - **Primary Driver 4:** Data reporting systems and billing. This primary driver is affected by two secondary drivers:
    - Supporting risk-based prevention and care
    - Standardizing systems for data, reports, and billing

Table: State Medicaid and CHIP Advancing Oral Health Prevention in Primary Care Change Ideas

Secondary Driver
A. Engaging with health systems and QI partners. Medicaid and CHIP programs and managed care organizations can advance oral health prevention in primary care by strengthening system supports and facilitating increased collaboration among health systems and other QI partners.

Change Activity	Evidence, Resources, & Case Studies
A1. Facilitate relationships between primary care providers and dental providers to advance oral health	Maine's From the First Tooth initiative hosted "**Dining with Dentists**" events to bring dental and medical professionals within a community or a region together to coordinate the medical and oral health care of pregnant women and young children. **Resources:** • **Integration of Oral Health and Primary Care: Communication, Coordination, and Referral**
A2. Offer training and information to health systems on the importance of addressing oral health in primary care	**Washington Dental Service Foundation** led an initiative to change the standard of care by introducing oral health services into primary care for children. Their strategies included physician focus groups and a continuing education curriculum on oral health for providers and clinic staff. **Massachusetts Medicaid (MassHealth)** developed a brief **fluoride varnish training video** as a provider reference tool. This project was part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Resources:** • **Integration of Oral Health and Primary Care Practice**
A3. Provide information on ordering fluoride varnish and develop a resource on recommended oral health supplies for medical exam rooms	**Maryland's Mouths Matter** program provides **fluoride varnish ordering information** to assist medical providers in obtaining fluoride varnish supplies for their clinic. **Resources:** • **American Academy of Pediatrics Oral Health Practice Tools** • **American Academy of Pediatrics Oral Health Supplies for the Exam Room**
A4. Engage state dental and primary care societies and oral health coalitions as active partners in program improvement	**Louisiana Medicaid** collaborated with the state chapter of the American Academy of Pediatrics (AAP) to develop and disseminate a survey to medical providers. The survey asked about barriers to integrating fluoride varnish in primary care settings. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Resources:** • **DQA Quality Innovators Spotlight: The Inside Story – Virginia Oral Health Learning Collaborative**

Secondary Driver

A. Engaging with health systems and QI partners. Medicaid and CHIP programs and managed care organizations can advance oral health prevention in primary care by strengthening system supports and facilitating increased collaboration among health systems and other QI partners.

Change Activity	Evidence, Resources, & Case Studies
A5. Collaborate with the state's Maternal and Child Health Program to advance oral health integration	Recommended by subject matter experts. **Resources:** • **Opportunities for Collaboration Between State Oral Health and Maternal and Child Health Programs to Improve Early Childhood Oral Health**

Secondary Driver

B. Leveraging managed care plans. Medicaid and CHIP managed care plans can use contracts and other QI tools to support oral health prevention in primary care settings.

Change Activity	Evidence, Resources, & Case Studies
B1. Require pediatric performance improvement projects (PIPs) to increase the delivery of preventive oral health services	**Florida Medicaid** transitioned to a managed care model for its dental plans and required three PIPs: increasing the rate of enrollees accessing preventive dental services, reducing potentially preventable dental-related ED visits, and coordinating non-emergency transportation services with the health plans. **Louisiana Medicaid** incorporated contract language to require medical plans to participate in a PIP to improve the number of beneficiaries receiving fluoride varnish from primary care providers. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Resources:** • **Medicaid Oral Health Performance Improvement Projects: A How-To-Manual for States**
B2. Encourage plans to have dental leaders and subject-matter experts within their organization	**Pennsylvania Medicaid** leveraged its managed care contracts to require each dental plan to have a dental director with an active Pennsylvania dental license. **Resources:** • **American Dental Association - Medicaid: Considerations When Working with States to Develop an Effective RFP/Dental Contract**

Secondary Driver

B. Leveraging managed care plans. Medicaid and CHIP managed care plans can use contracts and other QI tools to support oral health prevention in primary care settings.

Change Activity	Evidence, Resources, & Case Studies
B3. Require plans to report oral health-related quality measures to the state	**Washington Medicaid** incorporated contract language to require medical plans to report on fluoride varnish applications starting in 2023. Plans that do not meet the established target threshold for the measure will receive targeted technical assistance support. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Massachusetts Medicaid (MassHealth)** added a fluoride varnish quality measure as a requirement for Accountable Care Organization (ACO) contracts. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Pennsylvania Medicaid** instituted Quarterly Quality Review Meetings with each managed care plan to review dental performance, monitor progress, and collaborate on improving performance and establishing new goals. The **Core Set of Children's Health Quality Measures for Medicaid and CHIP** includes three oral health measures: Oral Evaluation, Dental Services (OEV-CH), **Topical Fluoride for Children (TFL-CH)**, and Sealant Receipt on Permanent First Molars (SFM-CH).
B4. Implement a quality improvement incentive program for managed care plans	**California Medicaid (Medi-CAL)** implemented its Dental Transformation Initiative across dental fee-for-service and dental managed care delivery systems to incentivize dental providers to improve performance on the PDENT measure, reduce children's risk of dental disease through caries risk assessment training, and establish dental homes. **Pennsylvania Medicaid** implemented a quality improvement incentive program to include a measure for annual dental visits. Plans can earn payments (e.g., up to a certain percentage of their capitation revenue) for meeting established benchmarks. The state also requires plans to develop pay-for-performance programs with contracted providers related to dental service use, which include payments to dental providers to increase the provision of preventive dental services to new and established patients. **Resources:** • **Medicaid Contracting Strategies to Improve Children's Oral Health Care Access**

Secondary Driver

C. Engaging with beneficiaries. Partnering with families is key to promoting and achieving good oral health outcomes for children. Medicaid and CHIP managed care plansimplement strategies to engage with beneficiaries and their families to increase their awareness of covered preventive services and the importance of good oral health and offer support with establishing regular dental care.

Change Activity	Evidence, Resources, & Case Studies
C1. Involve families in the planning, implementation, and evaluation of programs and initiatives to improve children's oral health	Recommended by subject matter experts. **Resources:** • **Patient Advisory Councils: Giving Patients a Seat at the Table**
C2. Provide brochures and posters related to fluoride varnish application to primary care practices that can be used to enhance the visibility of the service for beneficiaries	The **Washington Dental Service Foundation** developed a training curriculum that included disseminating brochures and posters to providers to share with families to help deliver consistent oral health messaging. **Maryland's Mouths Matter** program offers free **printed materials** on various oral health topics, including fluoride varnish, in English and Spanish that practices can order. **Resources:** • **Smiles for Life: Patient Education Posters** • **American Academy of Pediatrics Campaign for Dental Health Infographics and Videos**
C3. Engage and educate patients and families about oral health in primary care as an expected standard of practice	The **Connecticut Dental Health Partnership** used Facebook and Twitter messaging to increase caregiver interest in their child receiving fluoride varnish applications by primary care providers. Social media engagement and claims data were monitored to assess the impact of the messaging. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**.
C4. Create systems to assist families with the establishment of a dental home	Recommended by subject matter experts. The **American Academy of Pediatric Dentistry** and the American Dental Association supports establishing a dental home by age one. **Resources:** • **The Dental Home: It's Never Too Early to Start** • **American Academy of Pediatric Dentistry Policy on the Dental Home**
C5. Incentivize beneficiaries to complete preventive oral health services/visits	Through section 1115 authority, **Iowa Medicaid** incentivizes dental care in two ways: (1) a dental exam fulfills the program's annual wellness visit requirement, and (2) receipt of regular dental care earns beneficiaries enhanced dental coverage.

<table>
<tr><td colspan="2">Secondary Driver

C. Engaging with beneficiaries. Partnering with families is key to promoting and achieving good oral health outcomes for children. Medicaid and CHIP managed care plansimplement strategies to engage with beneficiaries and their families to increase their awareness of covered preventive services and the importance of good oral health and offer support with establishing regular dental care.</td></tr>
<tr><td>Change Activity</td><td>Evidence, Resources, & Case Studies</td></tr>
<tr><td>C6. Implement strategies to reduce barriers to dental care for beneficiaries</td><td>Rhode Island Medicaid created a transportation hotline for special need beneficiaries at high risk of not receiving dental treatment to arrange transportation to their provider's office through an approved vendor.

Idaho Medicaid's dental plan sends text messages and postcards to remind beneficiaries of preventive oral health services for which they are due, including twice annual fluoride varnish applications. This project was conducted as part of CMS' Advancing Oral Health Prevention in Primary Care Affinity Group.</td></tr>
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<tr><td colspan="2">Secondary Driver

D. Coordinating care with dentists. Establishing collaborative relationships between primary care and oral health providers is essential for increasing children's access to comprehensive oral health care.</td></tr>
<tr><td>Change Activity</td><td>Evidence, Resources, & Case Studies</td></tr>
<tr><td>D1. Maintain a database of dental providers accepting pediatric Medicaid beneficiaries</td><td>New Jersey Medicaid developed a directory of dentists seeing children under the age of 6. The directory was originally published in paper format and updated annually. New Jersey Medicaid now requires managed care planso post their directories online and to update them as needed and at least annually.

The Maryland Department of Health publishes an Oral Health Resource Guide, which assists families in finding affordable dental care services, including information about providers accepting pediatric Medicaid beneficiaries.

Resources:
• InsureKidsNow.gov Find-a-Dentist tool
• American Academy of Pediatrics Dental Referral Resource Template</td></tr>
</table>

Secondary Driver

D. Coordinating care with dentists. Establishing collaborative relationships between primary care and oral health providers is essential for increasing children's access to comprehensive oral health care.

Change Activity	Evidence, Resources, & Case Studies
D2. Close the loop on referrals from primary care to dental providers	**Denver Health** quality team developed a close-the-loop process for referrals, which includes a feature in the electronic health record allowing "referred to" clinicians to send their responses to the referring clinician. The quality team developed a dashboard to track when referral responses were sent back to the referring clinician. **Resources:** • **Qualis Health: Oral Health Integration Implementation Guide - Structuring Referrals to Dentistry** (Section 6)

Secondary Driver

E. Supporting training primary care providers on fluoride varnish application. Medicaid and CHIP programs and managed care plans can work directly with providers and offer training and implementation support to increase access to fluoride varnish in primary care settings.

Change Activity	Evidence, Resources, & Case Studies
E1. Identify and mobilize oral health champions to support the delivery of preventive oral health services in primary care	**North Carolina Medicaid** encourages primary care providers who have completed Into the Mouth of Babes (IMB) fluoride varnish application training to train other staff within their practices. The IMB Toolkit offers a step-by-step "train the trainer" guide to support this effort. **Resources:** • **Use of the Fluoride Varnish Billing Code in a Tertiary Care Center Setting**
E2. Encourage provider participation in Smiles for Life training curriculum	Recommended by subject matter experts. **Resources:** • **Smiles for Life: A National Oral Health Curriculum** • **Advancing Oral Health Knowledge and Attitudes of Physician Assistant Students Using the Smiles for Life Oral Health Curriculum**

Secondary Driver

E. Supporting training primary care providers on fluoride varnish application. Medicaid and CHIP programs and managed care plans can work directly with providers and offer training and implementation support to increase access to fluoride varnish in primary care settings.

Change Activity	Evidence, Resources, & Case Studies
E3. Conduct trainings for primary care providers (PCPs) on integrating fluoride varnish and oral health risk assessment into their workflow	**Oklahoma Medicaid (SoonerCare)** conducted a lunch and learn training session with medical assistants and developed a process flow document to support the integration of fluoride varnish into a medical clinic workflow. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Maine's From the First Tooth** initiative educated medical providers on how to provide oral health anticipatory guidance to parents and caregivers, including identifying behavioral risk factors for dental disease and recommending preventive measures for reducing the prevalence of early childhood caries. **Denver Health** trained all primary care pediatric providers (over 200 providers and support staff) using the Cavity Free at Three training curriculum. A procedure policy and standard work were developed to facilitate the adoption of the new model of care.
E4. During trainings, encourage collaboration and communication among medical care teams and ensure all team members understand their role in the delivery of oral health care	Recommended by subject matter experts. **Resources**: • **A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project** • **Barriers and Facilitators in the Integration of Oral Health into Primary Care: A Scoping Review**
E5. To establish credibility and to be able to address clinically oriented questions, engage dentists, physicians, and/or other trained providers in delivering trainings	**Washington Medicaid** contracted dentists and physicians to conduct training for primary care physicians and supporting staff to learn about the importance of oral health, their role in dental disease prevention, making dental referrals, and best practices for addressing oral health during well-child visits.
E6. Conduct trainings for students enrolled in pre-health professional programs on fluoride varnish application.	**New York Medicaid** and **South Dakota Medicaid** partnered with dental hygiene programs to conduct trainings for nursing students in fluoride varnish application. These projects were conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Resources**: • **Integrating Oral Health into Health Professions School Curricula**

Secondary Driver

F. Supporting risk-based prevention and care. Fluoride varnish is recommended for all children ages 5 and under, regardless of caries risk. Additionally, primary care providers are encouraged to complete caries risk assessments to offer anticipatory guidance and determine whether a dental provider referral is needed.

Change Activity	Evidence, Resources, & Case Studies
F1. Revise Medicaid benefit and payment policies to encourage primary care providers to assess and address caries risk	Recommended by subject matter experts. **Resources:** • **Bright Futures Oral Health Pocket Guide** • **American Academy of Pediatrics Oral Health Risk Assessment Tool** • **American Academy of Pediatrics Anticipatory Oral Health Guidance** • **Reducing Early Childhood Tooth Decay: An Overview for State Policymakers**
F2. Implement innovative payment models to advance preventive oral health care	**Pennsylvania Medicaid** implemented a quality improvement incentive program to include a measure for annual dental visits. Plans can earn payments (e.g., up to a certain percentage of their capitation revenue) for meeting established benchmarks. **Resources:** • **Moving Toward Value-Based Payment in Oral Health Care** • **Children's Oral Health Care Delivery Models and Value-Based Payment Approaches: Key Findings from an Environmental Scan**
F3. Analyze claims data to identify gaps in care for Medicaid beneficiaries	**Idaho Medicaid's** dental plan implemented a care gap alert system to identify members due for a preventive dental visit and shared that information with participating providers to facilitate appointment scheduling. Claims data were monitored to track the rate of identified members receiving a preventive dental service within 90 days of the care gap alert. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**.
F4. Use performance measures for dental services and set targets for quality improvement	Recommended by subject matter experts. The **Healthy People 2030 framework** encourages states to create benchmarks for oral health. The **CMS Oral Health Initiative** supported states in reaching a set improvement target of increasing by 10 percentage points the proportion of children enrolled for at least 90 continuous days in Medicaid or CHIP who receive a preventive dental service by 2022.

Secondary Driver

G. Standardizing systems for data, reports, and billing. Access to reliable and timely data is a key component in monitoring service delivery and ensuring equitable access to oral health care for beneficiaries. Medicaid and CHIP (MAC) programs and managed care plans can support the delivery of high-quality oral health care for beneficiaries by standardizing billing and data systems, supporting the integration of medical and dental health information systems, and disseminating clear guidance on billing procedures to reduce provider burden.

Change Activity	Evidence, Resources, & Case Studies
G1. Develop and distribute provider materials that detail rate and billing codes for oral health services	**Maryland Healthy Smiles Dental Program** publishes detailed billing instructions for providers participating in the fluoride varnish and oral health screening program. **Oklahoma Medicaid (SoonerCare)** developed a provider fact sheet, which included information about the rate and billing code for fluoride varnish application in primary care settings. This project was conducted as part of **CMS' Advancing Oral Health Prevention in Primary Care Affinity Group**. **Resources:** • **Oral Health Coding Fact Sheet for Primary Care Physicians** • **American Dental Association Guidance on Coordination of Benefits**
G2. Implement an integrated Electronic Health Record (EHR) that encompasses both medical and dental health information to be used by dentists and primary care physicians	Recommended by subject matter experts. **North Carolina** requires providers participating in Medicaid to submit patient clinical and demographic data to the state-designated health information exchange portal. This information is then standardized and aggregated across medical and dental care sites, allowing clinicians to access their patients' patient's information from within their EHR. **Resources:** • **Returning the Mouth to the Body: Integrating Oral Health & Primary Care** • **Integration of Oral Health and Primary Care: Communication, Coordination, and Referral**
G3. Consider reimbursement through a single, uniform payment for any combination of preventive dental services, including oral health screening and fluoride varnish application, to ease administrative burden	Recommended by subject matter experts. **Resources:** • **Moving Toward Value-Based Payment in Oral Health Care** • **Children's Oral Health Care Delivery Models and Value-Based Payment Approaches: Key Findings from an Environmental Scan**

Secondary Driver

G. Standardizing systems for data, reports, and billing. Access to reliable and timely data is a key component in monitoring service delivery and ensuring equitable access to oral health care for beneficiaries. Medicaid and CHIP (MAC) programs and managed care plans can support the delivery of high-quality oral health care for beneficiaries by standardizing billing and data systems, supporting the integration of medical and dental health information systems, and disseminating clear guidance on billing procedures to reduce provider burden.

Change Activity	Evidence, Resources, & Case Studies
G4. Collect and maintain data on disparities and social determinants of health for beneficiaries	**Maine Medicaid (MaineCare)** supported practices with incorporating the oral health risk assessment into the electronic health record and billing systems, enabling easier access to this data and automated Medicaid billing. **Michigan Medicaid** requires its dental contractor to collect and maintain data on social determinants of health to enable the assessment of population health needs and inform targeted interventions (pgs. 45, 106). **Resources**: • **American Academy of Pediatrics Policy on Social Determinants of Children's Oral Health and Health Disparities**