CMS AFFINITY GROUP STATE SPOTLIGHT WEBINAR: ADVANCING ORAL HEALTH PREVENTION IN PRIMARY CARE

Transcript

[Stephanie Reyna] Hello, everyone, and welcome to the CMS Affinity Group State Spotlight Webinar: Advancing Oral Health Prevention in Primary Care. I'm Stephanie Reyna, a managing consultant with Mathematica and I will be serving as your host for today's session. Before we move into the presentation, let's review some technical instructions to ensure that everyone has a good experience over the next hour. Next slide.

All participants logged into this webinar have been muted to maintain good sound quality throughout today's event. Closed Captioning is available in the WebEx platform. To enable closed captioning, click on the CC icon in the lower left corner of your screen. You can also click Control-Shift-A on your keyboard to enable closed captioning. We welcome audience questions throughout today's webinar through the Q&A panel which is located at the bottom right corner of your screen.

If you'd like to submit a question, please select all panelists in the dropdown menu and click Send to submit your question or comments. We will monitor the Q&A throughout today's webinar and will address as many questions as possible. If you have any technical issues, please use the same Q&A window to reach out to us. Select the event producer in the dropdown menu and click Send to let us know how we can help. At the end of the webinar, there will be a survey popup where we would ask that you provide your feedback as the information will be used to improve future webinars. We also want to let everyone know that today's webinar is being recorded. We will send an email to meeting registrants when the slides and recordings are posted to Medicaid.gov. Next slide.

For today's agenda, we will begin with welcoming remarks from CMS, hear about the Advancing Oral Health Prevention in Primary Care Affinity Group, and then turn to our featured speakers from Connecticut, Louisiana, and South Dakota. We will leave a few minutes for Q&A and then provide updates on upcoming CMS quality improvement opportunities. Next slide.

I would now like to turn it to CMS's Chief Dental Officer, Dr. Natalia Chalmers.

[Natalia Chalmers] Thank you, Stephanie. Welcome to the oral health community and oral health champions. It is an honor to serve as your Chief Dental Officer in the Office of the Administrator here at CMS, and I want to extend a heartfelt welcome to each and every one of you. Here at CMS, at every level of the organization, including the senior leadership, we deeply appreciate and recognize the exceptional efforts of the teams representing 13 states who have actively participated in the learning collaborative over the past two years. Throughout these challenging times, as we navigated the complexity of the COVID-19 pandemic, your dedication and unwavering commitment to advancing oral health has been truly remarkable. Despite the obstacles, you have demonstrated resilience, adaptability, and firm focus on quality of care provided to all the beneficiaries under your care. Your collective expertise, passion and determination has paved the way for the progress we celebrate today.

Each of you has contributed valuable insights and ideas tirelessly exploring innovative approaches to elevate oral health. And by sharing your knowledge, expertise, and best practices, you have undoubtedly enriched the field of oral health prevention in primary care settings. The past two years have provided us with unique opportunities to test novel strategies, implement evidence-based intervention, and refine our

approach to oral health. By embracing this collaborative spirit, you have paved the way for advancement in your respective states and set an inspiring example for the entire dental community. Thank you and congratulations once again for your outstanding achievements. Let us carry the spirit of collaboration and innovation forward to improve oral health for generations to come. And I turn it now to Andy.

[Andrew Snyder] Hey, thanks so much Dr. Chalmers. Next slide, please. I am with the Center for Medicaid and CHIP services and just to tell you a little bit about how this work fits into our other portfolio of quality improvement affinity groups. The CMCS QI TA Program supports state Medicaid and CHIP programs and their QI partners with information, tools, and expert knowledge to improve care and outcomes for Medicaid and CHIP beneficiaries. As part of the QI TA programs, CMCS convenes action-oriented affinity groups, like this one, to help states build QI knowledge and skills, develop QI projects, and scale up, implement, and spread QI initiatives. As Dr. Chalmers mentioned, we are very pleased to have had such great interest from states in participating with us for the last two years, and we're really excited and honored to have worked with so many states and look forward to continuing to offer technical assistance to other state Medicaid agencies.

Each of our affinity groups is proceeded by a webinar series that includes topical information and state QI success stories. And as Stephanie will talk about in a moment, we will be adding more materials related to the work of this learning collaborative to our website very soon so that you all can see some of the great products coming out of our state's work. And Stephanie, I'll turn it back over to you.

[Stephanie Reyna] Thanks so much, Andy. Next slide. So, with that let's dive into the activities of the affinity group. Next slide. This infographic gives an overview of some of the reasons why CMS chose to focus on oral health prevention in primary care for this Affinity Group. Children enrolled in Medicaid have higher rates of dental disease. Early interventions improve outcomes and have a positive return on investment. Fluoride treatments are easy and effective ways to prevent and arrest childhood caries. Non-dental providers are essential partners in this work. And medical dental care coordination enhances access to care and outcomes down the line. Next slide.

The Affinity Group was an action-oriented experience that supported 14 Medicaid and CHIP programs and their partners in the design and implementation of quality improvement projects to advance oral health prevention in primary care. The Affinity Group took place from February 2021 through March of 2023, a little over two years. Next slide.

Our goal for this Affinity Group offering was to support Medicaid oral health teams to improve the delivery of topical fluoride treatments to beneficiaries ages zero to five years by primary care providers. We also supported state teams with coordinating ongoing care with dental providers for beneficiaries. Objectives included expanding the team's knowledge of fluoride varnish interventions and best practices in primary care settings, facilitating peer-to-peer-state learning, using data-driven approaches to identify test, implement, and evaluate fluoride varnish QI projects, supporting states and working with providers and communities, and improving states' quality improvement skills. Next slide.

Each of the 14 states focused on different opportunities and partners to advance oral health prevention in primary care for Medicaid and CHIP beneficiaries, particularly by increasing fluoride varnish applications by non-dental providers. I'll take a few moments to briefly highlight some of their efforts. In the interest of time, I will skip over the three states that you'll hear directly from during today's webinar about the focus of their QI projects. In Alaska, the team partnered with a pediatrician oral health champion and worked on improvement to a dashboard to track an oral health measure from the State Oral Health Action Plan. California worked with an FQHC to improve data collection on fluoride varnish application and referrals from primary care to the dental clinic. Idaho offered fluoride varnish

training at two pediatric medical practices, and its managed care plan implemented a text message intervention that sent preventive service reminders to caregivers and provided care gap alerts to providers. Again, we'll hear more from Connecticut and Louisiana in just a bit. Next slide.

Massachusetts developed educational resources and trainings for medical accountable care organizations on fluoride varnish applications. They also conducted a survey with dental providers to assess barriers to dentists accepting referrals from primary care providers for young children. Mississippi partnered with medical MCOs and regional oral health consultants to expand its Cavity-Free training program for non-dental providers. They also work to incorporate oral health templates into the electronic medical record system to support improved data collection on oral health indicators in primary care. Missouri worked to analyze CMS-416 data to determine a baseline for the rate of fluoride varnish applications by non-dental providers and monitor for improvements over time. New York partnered with dental hygiene students to train nursing students on fluoride varnish application at a community college. They also offered fluoride varnish kits, training, and technical assistance to school-based health centers. North Dakota worked to reduce administrative burden associated with offering fluoride varnish applications through easing prior authorization requirements in the provider enrollment process. They also offered trainings on fluoride varnish to nursing and medical students at a university. Next slide.

Oklahoma trained medical assistants at a pediatric clinic on fluoride varnish application and workflow adaptations to integrate the service into existing well-child visit workflows. Oregon convened a learning collaborative with a cohort of coordinated care organizations in the state to offer TA on using the model for improvement and PDSA cycles. And last, Washington launched a maintenance of certification program with a large health system to identify and spread successful fluoride varnish integration models. The Washington team also led the effort to add a fluoride varnish reporting requirement and performance targets for young children ages one through three to medical MCO contracts. And we'll hear from South Dakota later on today. Next slide.

With that, I'd like to now turn it to the first of our featured state speakers. Kate-Parker Reilly is the director of the Member Care and Community Connection team at the Connecticut Dental Health Partnership, the state's Dental Benefits Administrative Service Organization.

[Kate Parker-Reilly] Hi, thank you. Next slide, please. So, I just want to set the stage for Connecticut's experience and journey with the Oral Health Affinity Group and orient you to Connecticut. On the left side of your screen is a quick snapshot of key numbers within the Connecticut Medicaid program known as HUSKY Health. Over 900,000 Connecticut residents have HUSKY Health Insurance which includes comprehensive dental coverage for adults and children. In terms of our dental network, we have one primary care dentist for every 568 members. Close to half of our HUSKY Health Children have preventive dental visits yearly. And Connecticut typically is in the top three states for preventive dental services to children based on CMS-416 reporting. Connecticut's Medicaid structure is an Administrative Service Organization model, is predominantly fee for service, and is not a managed care state.

For dental, Connecticut contracts with Medicaid dental plans, where I work. And in Connecticut, it's known as the Connecticut Dental Health Partnership or CTDHP. Our work is centered on health equity, and we are striving to meet the national class standards for cultural, linguistic, and appropriate services. We do this through oral health navigation or care management coordination with members with acute needs or complex barriers to care. We deploy community health workers or community engagement specialists to work with community-based organizations and non-profits to champion oral health literacy. And lastly, we focus on population health and risk stratification to engage specific members to proactively obtain a dental home including pregnant persons, non-dental utilizers with comorbid medical conditions, and children who score high as either moderate or high on caries risk assessments.

On your right is the overview of the Access to Baby Care Program in which CTDHP operates. This is where children up to age seven in the state can receive oral health assessment and fluoride varnish at well-child visits by trained and certified medical doctors, physician assistants, advance practice registered nurses, and they receive $25 for oral health assessment and $20 for the fluoride varnish, for a $45 combination. So, when we started this journey in 2020, we were really focused on the Affinity Group to see how we could test our strategy and test our program for improvement. At the time, as our baseline, we had 534 providers and 16,451 children in state fiscal year 2020 who were receiving ABC services. And our staffing model reflected our strategy at the time which was essentially go wide, right? So, work with as many folks as you can to get them trained. The more providers that are trained, the more children will be served and that was our underlying assumption and how we operated the ABC program. Next slide, please.

For our aim statement we set a modest -- what we thought was a modest achievable goal of increasing the number of children who receive fluoride varnish applications by 2%. This is really based on three factors. One, it was 2020. We were still grappling with the COVID-19 pandemic, and we couldn't really fully understand the impact on service delivery. Two, we knew there was and we were planning for a leadership change and wanted to afford space during that time period as I was ramping up to become the director and my predecessor was retiring. And three, we were fortunate enough to have our contract renewed with the Department of Social Services in Connecticut Medicaid. And in that contract included performance improvement measures and metrics. So, we aligned our contract to the Connecticut aim statement. Next slide, please.

So, what did we do? After finishing a social media intervention and PDSA that focused on members, we wanted to take our attention to practices. And so, we wanted to test if we could improve fluoride varnish rates within specific practices and understand if those approaches could be scaled and replicated statewide. So, on the left is our plan. And it was lofty, and it was robust, and we did it in concert and in partnership with some really key allies and leaders, specifically Dr. Krol, the medical director for the Connecticut Children's Care Network, which is a primary-care pediatrician-led network of 28 practices with the Connecticut Children's Medical Center.

And what we were planning on and what we built out was to approach four different practices within the network, conduct highly structured observations, look at their workflows, document all the workflows, develop their best practices, have dedicated standup time with the practice champion at each practice, dig into the EMR workflows. And as you can imagine, as many of you have done when you have a really beautiful plan, you then have to deal with what the reality is, right? And so what did we actually do and what did we get support along the way from the Affinity Group and from our champions. We ended up working with one practice, the Pediatric Associates of Western Connecticut through the Connecticut Children's Network. This was mainly due to loss of staff on our side. We had to test smaller because we didn't have the bandwidth. We did no observations in the office because of COVID. Dr. Alon our champion at the practice, we did not have standup time and meetings with her because she's a practicing physician. So, we met with her on her lunch break. And we abandoned our structured agendas and what we really ended up doing was on the fly presenting to her information, resources, intervention ideas, tactics that we could use, data, and getting her reaction. And from there, she really owned the interventions and put forth the work within the practice with us helping in a technical advising way but also learning from her what's working and what's not working. Next slide, please.

So, where did we start? This is, on the right-hand side, an actual snapshot of one of our monthly reports to the Affinity Group, which I'm slightly embarrassed to show because it only shows weekly claim counts at the office. It's barely a run chart which we were learning about in the Affinity Group. I think

the horizontal bars are some of the point in time interventions we had in the practice. But again, this was a starting point. We worked to get reactions from a variety of different leaders and supporters. So, when we showed this report to Dr. Alon, her feedback was this does not help me at all. Right? This doesn't help me understand where we need to improve. It doesn't help us show the percentage rate for well-child visits. It doesn't help me show which providers are doing well, who is not doing well.

When we talked with Dr. Krol and his team, very supportive in saying this is great, but how does this compare to all the practices in the network? This doesn't help us understand where the Pediatric Associates of Western Connecticut is actually living along a continuum of success. When we met with the Affinity Group they lovingly and in a very therapeutic way, really helped us think through what would it look like if we could develop a denominator of all the Medicaid, well-child visits against a numerator of fluoride varnish and oral health assessment. And then we took that information to Dr. Donna Balaski who is our dental administrator in Medicaid at Connecticut and this kind of shows the power of good leadership and championing. We asked, like, is this possible? Can we get the total denominator of claims so that we can start seeing percentages? And she was like, yeah, let's do it. Let's do this. Let's work with the medical Administrative Service Organization. Let's work with our teams to find that claim system. And from there, we with our data engineering team really started building out reports so that we could see percentage rates. And that helped us ask some really cool questions. One of the focuses that I had was if we now know the rate of fluoride varnish and oral health assessment per well-child visit, we now know who is not getting it and how much revenue, or how much money is being left on the table by not performing these services. And that can actually be a potential recruitment strategy for new practices. Next slide, please.

So, we started small, right? We started with that one not so great run chart. And this is where we went. By the summer and fall of 2022, we were able to automate SQL reporting for every practice that billed for ABC services to obtain a percentage of fluoride varnish and oral health assessment by practice, by provider, and by month, and by year. We were also able to calculate missed revenue opportunities in a retrospective view. And this resulted in this report which we now call the Utilization Review and Revenue Generation Report. And it has five key data elements that we now can provide to practices. First, it identifies who has been trained and certified. Second, it provides an overall practice view of the fluoride varnish oral assessment rate over time. Third, in the bottom chart, it provides a retrospective review of prior years' missed revenue opportunities by month. Fourth is a breakout of the individual provider practice rates. And then fifth is a series of performance improvement recommendations and suggested next steps. What this report was able to do was show at the practice level for Dr. Alon which tactics we brainstormed had what effect over time, which providers needed additional assistance or nudging and support, and to really see where change has been implemented is it creating a better opportunity for improvement. At the network level, we could share with Dr. Krol comparison data against all of the 28 practices to see who our high performing practices were, those practices that had high revenue opportunity, as well as high volume Medicaid patients. And for us, at CTDHP it actually helped us step back and examine our kind of go wide strategy. Next slide please.

So, where are we now? And where are we going? Well, for Pediatric Associates of Western Connecticut in the course of the year working with them, testing huddles, getting numerous feedback on that report, on data, changing up their workflows to identify patients early at the front desk, working with individual providers, this took them from a 55% fluoride varnish rate in January 2022, to now in January 2023, an 84% fluoride varnish rate. When I talk to them now, it's more like yep, this is just standard work. We just do this now. In February, they were awarded our Oral Health Hero Award as part of Children's Dental Health Month, really highlighting the work that they put in to get the results.

In terms of our overall aims, we did see an 18% increase in children receiving services. And that's fantastic. It's way more than the 2% that we had set out for. I still caution, and I still talk to our team about it's fantastic but it's still only 3.5% of HUSKY children who are receiving oral health assessment and fluoride varnish at a well-child visit. But what we learned through our process and through our original strategy of going wide and through the data is that that actually wasn't coming to bear. In 2021 to 2022 we actually had the same number of practices. So, we weren't expanding our footprint. We weren't going wide and getting new practices. And in reality, what we learned is that we needed to go deep. And so, instead of train often, train always, our new strategy starting in March is really working with providers who are trained and providing ongoing support to them to improve rates over time. We think that will actually serve more children than spreading ourselves wide.

In turn, we've changed our staffing model. And so now as of March 2023, and I believe she's on this call, Jessica McMullen is our new -- a new role, new title, new job responsibility as our ABC program practice specialist, and we now have three contracted per diem registered dental hygienist trainers who are just training out in the community to practices. And so, the workflow at the bottom of the slide is really what we're focused on now. We're doing targeted recruitment because we have the data to practices with either high missed revenue opportunities so that they can capitalize on gains financially, and then in state fiscal year '24 which literally starts on Sunday, we're going to be targeting high volume Medicaid patient practices within a value-based payment program called PCMH in Connecticut.

We're still training. We've got those three trainers. But now, after a practice has been trained, Jessica is now spending time in a 30-day mark post-training to check in with them, check in on what support they needed, offer suggestions. Again at 90 days we'll have their first review report, the Utilization Review and Revenue Report and suggest other tests for improvement and then again at 180 days. So, they will get support up to 180 days post training. In state Fiscal Year '24, we're automating this workflow so that we can see which practices are where in this continuum of support and how they are doing. And we're also looking to automate more the Utilization and Revenue Report more than what we have from the SQL server. Next slide, please.

So, on this journey with the Affinity Group we have a couple of reflections and some thoughts about sustainability. Really, the model for improvement forces us to have a focused discipline on planning and measuring outcomes before the intervention and that's just -- we're just so fortunate to have that right. We're always, all of us in our world are putting out fires or dealing with conflict and crisis. This actually afforded us the time and space to actually think before we do. And it didn't box us in, right? We were able to leave room for organic shifts in the PDSA from what we had planned to where we wanted to go. I'll skip to the fourth one. I think this is just a plug for the Affinity Groups. They really lend itself to an idea of sharing in a space to ask questions at multiple levels with different state partners, at the tactical, operational, strategic level. And carving out that time with the Affinity Group really gives you a breath to be able to say, "OK, this is where we're at. Where are you guys at? What problems are you having?" And there is literally it's in the name the affinity with each other to kind of commiserate but then also plan and strategize.

In terms of sustainability, there are three kind of main components that we were always thinking about in terms of this program but also more broadly across the Connecticut Dental Health Partnership and the Oral Health System in Connecticut. One is that we really wanted to engage in thoughtful transitioning of staff. So, when my predecessor, excuse me, retired, there were documented processes, institutional memory sharing, and making sure that we had the processes down that then we could rinse and repeat to other staff members. Second, is just this baseline working assumption that changes constant. I think we've all learned this in a variety of different positive and negative ways during COVID. But in this particular example, affecting change really requires two things. One is sponsorship or leadership. I'm

super appreciative of Dr. Krol and the Connecticut Children's network, Children's Care Network of Dr. Balaski at the state. They really fostered a sense of why don't we try things, let's do it, right? And that trickles to a culture of creativity within our workplace. We want our teams to ask questions. We want us to think about what would it be like if we tried it this way. And that culture of creativity really lends itself for a model for improvement work. And then I'll just leave --

[Stephanie Reyna] I just wanted -- I think we need to move to our next speaker just to make sure everyone has time but thank you so much for these comments. And just a reminder, all these slides will be made available so folks can take a look at them in greater detail. Thanks so much. Go to the next slide. So, next I'd like to welcome Dr. Amanda Dumas, the Associate Medical Director for Louisiana Medicaid.

[Amanda Dumas] Good afternoon, thank you so much. So, yeah, I'll be representing Louisiana today and of course this is work that's been such to team effort and there are a lot of folks here who I would love to recognize but obviously in the interest of time we'll just carry on for now. So, as a little bit of background we did want to set the stage about Louisiana and the population we're serving here. Here, Medicaid covers about 1.8 million people which is 40% of the population in the state. Of course, we do expect this to change as the public health emergency ends. That's usually about where we are prior to COVID. That includes 60% of all births and 50% of all children under the age of 18 in the state. We are a managed care state, and we currently have six managed care organizations, and they cover about 90% of all of our Medicaid members. So, if you're implementing something through managed care, you're hitting almost everyone who is enrolled in Medicaid. And we also have two dental benefit program managers who cover all the dental benefits that our members are eligible for. And then in terms of fluoride varnish specifically, this actually was not a new benefit in the state. We've had it reimbursable since about 2011. And there had been previous projects looking at fluoride varnish utilization and trying to encourage increased utilization of this in the medical home. And so this definitely wasn't the first time we've looked at this, but it had been a few years and so prior to even starting this Affinity Group, we had just coincidentally started to look at this a little bit, and one way we did was looking just first at rates of fluoride varnish applications that were billed at the same time as well-child visits for children under six. And we found out that only around 5%. So, we already knew coming into this that we had a huge gap in terms of those kids who were showing up and getting their checkups with their pediatrician but weren't being able to take advantage of fluoride varnish. And we also looked at the provider numbers there. We had about 160 unique medical providers who were billing for fluoride varnish applications prior to enrolling in this Affinity Group. So, next slide.

Our aim is similar to the other states was to increase fluoride varnish applications in the medical home and our target population were those members who were eligible for this to be covered and reimbursed at the medical homes. So, those were members of six months through five years of age by our policy. Our goals included increasing the number of providers who were billing for fluoride varnish by 3%, as well as to increase the number of unique beneficiaries who have received fluoride varnish at least once per calendar year from their medical home by 5%. Next slide.

So, strategies and interventions. This just outlines a few of the things that we did. We really took a pretty broad approach to this, recognizing that we're a relatively small state, a rural state, and once you start talking about fluoride varnish and who is interested, you're going to get your cohort pretty quickly. So, we knew already had a good understanding of who in the state had expertise around this who had done good work in the past. And so, we decided to call in all of those resources and try to just tackle the whole state as one entity to begin with. So, one thing we did, and this isn't necessarily in chronological order but we did engage the MCOs in a performance improvement project to increase fluoride varnish

delivery by the PCP. And the reason I want to highlight this first is because this was really one of our biggest lifts.

As I mentioned, 90% of our Medicaid enrollees receive their care through an MCO, so we knew this would be a very effective way to reach everyone who qualified. In addition, all six of our MCOs participate in the Medicaid directed PIPs and so we also knew we'd get good buy in from those groups. So, first, in order to do this Member Fluoride Varnish Gap Report -- oh sorry, Care Gap Report was created and that identified members who had not had fluoride varnish from either PCP or a dentist in the previous year. We conducted -- or rather, they conducted member outreach on fluoride varnish, identifying members' medical homes and then scheduling appointments. And they conducted outreach to each PCP with patients on the Member Fluoride Varnish Care Gap Report to educate on the report and how to provide reimbursement or provide and reimburse for fluoride varnish.

So, again, this was one by each MCO individually for their members. And at the time we started this we actually just had five MCOs. This was prior to an RFP being sent out for new MCO bids. So, at the time, again, we had five MCOs participating in this, and they each had their own strategies. So, these were their goals, these were their assignments, and they would have their own strategies by which to do this and innovate and determine what worked best for their care members to reach these goals. And you can see they're not all directly related to the Affinity Group goal of targeting the medical homes. They were also looking at dental visits and educating on oral health in general.

So, they did have a bit of a broader oral health aim in the PIP but we were specifically wanting to measure that increase in fluoride varnish delivery by the PCP. Another project that was going on during this Affinity Group, or related to our Affinity Group work was that many members in our team participated in -- sorry, no, it was the previous slide still -- were participating in a Lean Six Sigma project. And that's where we really -- I would say we really started out here even before designing the PIP where we were able to look at our, you know our fishbone diagram to determine where are the gaps, where are services you know, really facing barriers. And was it primarily provider education, was it difficulty in reimbursement or coding or getting the supplies in the clinic.

So, we really dug in deep to try to understand the different layers of barriers to supplying fluoride varnish in the clinic, realizing that sometimes it's just the flow of the clinic itself and educating providers, at least in our state in Louisiana it doesn't have to be the billing provider that's doing the fluoride varnish, it could be the medical assistant who is also helping with the care of that child during well visits. So, that was a really great time to educate our own staff who often aren't in the clinical space, but to understand how policy translates on the ground. Next slide, please.

So, here again, our strategies and interventions. I alluded to this before but really we leant on the network we already had in this space, and again, being a smaller state, we often know these partners that we can turn to. We go back and forth to each other time and again. And one of our strongest partnerships is with the Louisiana chapter of the American Academy of Pediatrics. We're able to reach out there. They have an oral health champion, Dr. Steven Bienvenu who worked up in the north part of the state and had done remarkable work already in having a very successful fluoride varnish -- fluoride varnish services in the teaching clinic where he was and he had done a lot of work in the past driving himself out to different clinics to educate providers. It had been a passion of his.

So, we were able to learn through him, through his affiliation with the AAP on certain ways to tackle this problem and were our assumptions about barriers correct or not, and then he was able to inform a lot of our work. We also worked with our Office of Public Health's Well-Ahead Campaign. So, in Louisiana, Office of Public Health is a separate agency and are often very siloed but they have a great

preventative medicine arm called their Well-Ahead Campaign. And through that they have a whole list of resources and networking that they do around oral health, fluoride varnish being a part of that. So, we were able to see resources that were already created that we could then educate our MCOs on, they could then spread the word to different members and back again about, you know, how do you get certified in the state to reimburse or where can you go to find a dentist, where can you go to find a PCP. And so, again, just kind of bringing everything together, make sure all of these different -- these different groups who had a stake in this were talking to each other and informing each other and that was really key throughout. Some example activities were consultation with the state subject matter experts.

I mentioned Dr. Bienvenu who had been doing this work and really leading the way in this state but we also talked to some of the other folks at the AAP and just reaching out to colleagues, other pediatricians, what's working well in your clinic? Did you know that you could have your MA do it? Are you having trouble getting your partners and your practice to do the Smiles for Life training to get certified and that sort of thing. Another big effort we had was through webinars. And this was, you know, outside of the COVID era where were much more used to this. Providers were, you know, getting on Zoom and replying and being involved in that way, had become sort of second nature, and so- this is just a theory but I think that made our attendance really good. People were comfortable with that. But through these partnerships, as well as the work with the MCOs, there were several webinars that were conducted typically during lunchtime hours where providers could log on and learn the different stats.

So, some of it might be education on oral health, but really we knew that a lot of the providers could find this and have that education enhanced when they knew how to then do the Smiles for Life training that was required to be reimbursed. So, a lot of it was, you know, what sort of logistical problems are you having, or can we walk you through the actual billing process. And then next I mentioned what the MCOs were doing as part of their Performance Improvement Projects which included quite a bit of outreach. And at the end their outreach for that one year of the PIP totaled over 30,000 families who they were trying to educate about the importance of childhood oral health, getting to a dentist, and receiving fluoride varnish from their dentist and pediatrician.

So, here are some of our numbers. We can see on this chart we went back to 2019, and then through 2022 where you can see total utilization of fluoride varnish administered by a PCP and these are still relatively small numbers. And we talk about how many well-child visits we had, you know, we're making maybe small improvements but they're improvements nonetheless and we're very proud of that and the important thing for us here is that where we may have been sort of static in our numbers before we are starting to see growth. Next slide, please.

So here, you can see one of our run charts, This is, again, unique members receiving fluoride varnish. This is by quarter, 2019 through 2022. You can see we just lost our claims data at the end. So, that's not reflective of reality right there, that every last point. But overall you can see we were starting to have some improvement. And then when our PIPs really launched with the MCOs and they were doing all that outreach, that's when you see the really biggest jump there towards at the end, those last four quarters. And next slide please.

And this is just summing up some of that were you can see the percent change. So, again, from 2019 to 2022 where from top to bottom the first percent change you're going to see in that third column is looking at the total number of unique members who had received fluoride varnish. You see we had a pretty significant jump at the beginning and then continue to grow, albeit a little bit slower at 5%. And then next we see -- this is where my heart really is, is looking at the total unique number of PCPs who are doing this because this is, you know, this is one of our sticking points. This is where we can have a

bottleneck. So, we've gone from having a number of PCPs in the state doing this in the 70s, to now we're at 94, and continuing to grow. So, again, you know, we've got a long way to go but we're starting to. And of course, we're hoping this snowballs. The more you get providers doing this, the more they're going to see their partners doing it and realize the barriers aren't insurmountable and again, hopefully it will just continue to change the culture. Next, please.

There's some reflections not to, you know, not to harp on this too much but those partnerships, the AAP, office of public health, our MCOs, our state experts provided the momentum, the resources and the expansion for these efforts. As I mentioned, some projects had happened in the past. What we're finding here is like anything you need a champion or you need a reason to keep going and building upon what you learn. And so that's what we're trying to do here through these partnerships. One thing I will mention that even though our MCOs reached a really incredible number of families to educate, we're often questioning the effectiveness of that outreach. We do know that sometimes outreach doesn't lead to action and so we're hoping that what we can see is not just flyers or education or email sent out, or phone calls made but that we really start to see that translate into action because although that is, you know, maybe low hanging fruit and it's necessary, we really want to make sure it's effective and that we're getting to those next steps of actually getting an appointment made and getting the fluoride varnish made. And then progress is slow. It requires a champion.

I already mentioned this a little bit. But what we're looking at for sustainability then, we had our performance improvement project with the MCOS was initially for one year and that's because we were in an emergency contract period with the MCOs while we were waiting for the new RFPs to be released and the new contracts to be awarded. Those new contracts were awarded January of this year. And we went from five to six MCOs. And in doing that we're not doing emergency one-year PIPs anymore, we're doing a full three years and we renewed fluoride varnish as performance improvement projects for the MCOs and it should continue for the next three years. And then, of course, we're continuing to engage with our partners, especially Louisiana AAP and their oral health efforts. And I think that's it.

[Stephanie Reyna] Thank you so much, Amanda. Next, I'd like to turn it to Cori Jacobson from the Delta Dental of South Dakota Foundation.

[Cori Jacobson] Good afternoon, everybody. Next slide, please. In South Dakota, the Department of Social Services contracts with Delta Dental of South Dakota to administer the dental portion of the state Medicaid benefit. South Dakota Medicaid is a fee per service program except for services provided by Indian Health Services or FQHCs. Sixty-four percent of Medicaid recipients are under the age of 21, and we have an access issue as a barrier here in South Dakota with 65% of our counties falling into a dental shortage area. The Delta Dental of South Dakota foundation has had a program called Partners for Prevention to train medical providers on oral health and how to apply fluoride varnish during well-child visits since 2010. As can happen, it fell off our radar a little bit and the program was reinvigorated in 2017 and Delta Dental has begun trying various adaptations of the training to increase fluoride varnish application across the state. One area we were lacking was an evaluation of the program and consistent data. We were pleased to partner with South Dakota Medicaid on this Affinity Group to be able to work together to help spread an important preventive measure to help improve the Oral Health of South Dakota Children. Next slide please.

So, here was our aim statement for the Affinity Group, and when we began the Affinity Group 17.53% of children age one through five had received a fluoride varnish application by a non-dental provider. As of June 30, 2022, we were at 20.25%. That is on our state fiscal year and that does not end until Friday. So, currently from some of the claims data I have been looking at, I think we're at 21.57% but still have claims to come in for the last fiscal year. Next slide, please.

Data is the main reason as to why we participated in the Affinity Group. And we developed a power BI to share Medicaid claims data between South Dakota Medicaid and Delta Dental of South Dakota. This has allowed us to identify the medical providers in the state that are doing the most well-child visits and targeting those medical offices for trainings. And by targeting those high-volume offices, we can make a quicker impact toward our goal. And we also evaluate the data to see if the provider's performance after the trainings of what it's doing, watching to see if the number of fluoride varnishes increase, or fluctuate, or if they stall and never start. Next slide please.

After reviewing the data, we follow up with the targeted clinics by a phone call. And overtime, we have identified some barriers as to why clinics are not applying the fluoride varnish after a training. Two significant barriers that were identified. One was that the oral health was not an automated prompt in the EHR system, making it easier for providers to forget to integrate oral health into the well-child visit. And the second barrier that we identified was that we had a single medical billing coder who did not think that nurses or medical assistants could apply and bill for the fluoride varnish service due to that person's interpretation of the Medicaid billing manual. And this resulted in an entire healthcare system not applying fluoride varnish. And so, South Dakota Medicaid reworded the verbiage and it was shared with that healthcare system so that they knew that nurses and medical assistants could apply the fluoride varnish and bill for the services just as in the same instance as like a vaccination. Next slide, please.

So, the Marketing Rule of 7 states that a prospect needs to see or hear an advertiser's message at least seven times before they'll take action to buy that product or service. In this case, our product was applying fluoride varnish. The seven ways that we shared our message has been through medical conferences, presentations, letters to medical directors, phone calls and emails to clinics, we developed a Mesosystem flyer and sent that out to family physicians, and by writing articles and professional association letters. We also utilized contacts that we already had to get an in with certain systems. We used an inside contact from a healthcare system that did not have high application rates, and this person actually advocated for the application of fluoride varnish and even presented on the matter to all of the nurses throughout that healthcare system. Next slide please.

Being such a small state does have some advantages sometimes. And one of those advantages for us is that we can offer an in-person training for all medical clinics statewide. Our training is based on the Smiles for Life curriculum and some other resources. And we offer a free lunch and learn which helps with scheduling a time for all the clinicians and physicians to be able to attend. And we utilize dental hygienists to be the trainers and offer a hands-on fluoride varnish application also during the training. Through the surveys that we conduct post training, it has been reported that the medical providers like that hands-on portion of the training.

And we offer a free box of fluoride varnish to the clinics so that they can get started applying fluoride varnish right away and not having to wait for that supply to get to them which then may lead to a little lack of them remembering what they just learned and not implementing as quickly. We also have a follow-up protocol after the training where we contact the clinic at two weeks, three months, and six months to see how things are doing, if there's any barriers that they're encountering, any questions are concerns that they may have and that we can help address. We also, if need be, will go back and retrain clinics. Some of the reasons that this has been something that we've offered is because there's lack of follow through after the first training or even the high turnover of staff that new staff needs to be trained. As Hugh Silk mentioned and recommended in his webinar that we had for the Affinity Group, we used both data and stories to convince the busy providers to incorporate it into their workflow. Next slide, please.

This graph shows the number of fluoride varnish applications since 2017 when Delta Dental reinvigorated the Partners for Prevention Program. This graph was constructed with Medicaid claims data. As you can see, it has been a long process. But we are making progress. And since the beginning of the Affinity Group, our educators have trained 51 clinics and 337 providers. One major barrier to not being able to do more was due to the pandemic. And now that the new normal has been established, we have been able to increase the number of trainings. Another measure that we are collecting is a post-training survey, it is a short online survey that is shared with each participant. We receive high marks on the quality of the training, but just as important we receive feedback to let us know what they like about the training, as well as questions for us to follow up on and to adjust our trainings for. Next slide please.

So, after participating in the Affinity Group we would definitely want to set up a Power BI standardizing that data. That would be something that we would definitely do again. By standardizing that data we know where we are and it allows us for proper goal setting and to feel confident in the direction that our program is going. A couple things that we'd do a little bit differently is maybe spending more time working on the aim statement and project planning. We did have to change our aim statement a couple of times at the beginning of the Affinity Group. And also to increase time spent on project management, like tracking documents and really following those PDSAs. Next slide, please.

Our group used PDSAs to test different protocols such as if offering a paper survey at the time of training would get more responses than the digital survey that we send out post training. And nobody took a paper survey at two separate trainings that we offered it, and we have stuff with that digital survey. We now present data in a usable manner to be able to properly evaluate our progress and pitfalls of the program. We use a Driver Diagram to help focus to what we are already doing, what we need more attention on, and who valuable stakeholders could be. After completing the stakeholder analysis, we sent out a document to stakeholders and that mesosystem flyer actually brought us some great unexpected leads. Next slide, please.

The Affinity Group helped to develop a working relationship between South Dakota Medicaid and the Delta Dental South Dakota Foundation. And the Affinity Group has brought a focus and discipline to the program and reliable data. During the Affinity Group it really helped to make us accountable by having to prepare for our TA calls and the tasks that were assigned to us. And we were also having regular meetings with our South Dakota internal group, we were able to communicate requests back and forth between Delta Dental of South Dakota Foundation and South Dakota Medicaid, as well as being able to provide a why for the requests that were being made. We have also been fortunate enough to connect with another Affinity Group in our state that's actually focusing on increasing the number of well child visits. And so, we have meetings with that group as well. And then we want to help to complement each other's work. So, we've made some great connections during this Affinity Group with other states. We have utilized some other resources that we've identified from other states. We also received some good additional trainings like Dr. Silk's Affinity Group presentation that he did. And we've been able to take some little nuggets and to add it to the program that we have. So, next slide please.

We are offering the Partner's Prevention Trainings to student nurses. And since the start of the Affinity Group, we have trained at 23 nursing programs statewide, and we have trained 337 students. By training the nursing students, it instills the normalcy of applying a fluoride varnish during the well-child visit, also ensuring that the clinic does not have to retrain -- or train that employee when they first get hired. They'll already have that experience under their belt. We have also trained all the South Dakota WIC public health nurses on applying fluoride varnish and they have begun applying fluoride varnish statewide when a child is present for a WIC visit. And so, the intent of our program is to keep on training and providing the training statewide until fluoride varnish application is hardwired into practice, and it becomes a standard of care at each well-child visit. Thank you.

[Stephanie Reyna] Thank you so much, Cori and to all of our speakers. Now, I'm going to facilitate somewhat of lightning round Q&A. I have one question for our speakers and I ask that you try to keep your comments to about 30 seconds each so we can get to all three of you. And the question is, how would you recommend a state get started if they wanted to start a project to improve fluoride varnish in primary care? And Amanda, I'll start with you.

[Amanda Dumas] I think that you need someone with experience doing it. So, having a pediatrician who has done it in their office and made it work is really important to get that buy-in.

[Stephanie Reyna] Thanks Amanda. And Cori, how about you next?

[Cori Jacobson] I would agree that if you could have a pediatrician or somebody that's got it involved in their practice so that they can help explain to others that it's not as impossible as what it seems to get it into the workflow.

[Stephanie Reyna] And Kate.

[Kate Parker-Reilly] Similarly, I think it's gather your allies. So, at the state policy level, at the, you know, the professional advocacy organizations, really try to gather allies to think through the landscape and do a scan of where you're at within the state and with practices as well and then use your champions like an experienced pediatrician.

[Stephanie Reyna] Thanks, Kate. And I think I'll follow up with a question for we'll start with Louisiana about how you found your champion for this work.

[Amanda Dumas] It was really word of mouth. Again, part of it was reaching out to the Louisiana chapter of the AAP and asking them who was good to work with, who had done this in the past.

[Stephanie Reyna] And Kate, you also had a champion in your state too.

[Kate Parker-Reilly] Yeah, I think he's actually on this call too. So, we actually met Dr. Krol through a different presentation of HEDIS metrics and performance metrics with the Patient Centered Medical Home Program through Department of Social Services Medicaid. We had highlighted a question to that group of why oral health wasn't considered a performance metric and Dr. Krol added to that and we said that's a person we want to meet with because he was championing oral health even in that meeting. And we met, and we started meeting on a recurring basis thereafter.

[Stephanie Reyna] Well, thank you so much to our speakers for such a great presentations and discussion. And I will close out with some remarks about upcoming CMS Quality Improvement Technical Assistance Opportunities if we can move to the next slide. And the next one after that.

As, Andy mentioned earlier in the webinar on Medicaid.gov you will find some of the tools from the Driver Diagrams to a Getting Started video. There's a few topics -- asthma, tobacco cessation and improving postpartum care that are available now. Oral health will be coming soon, along with several other topic areas as shown on this slide. You are also welcome to reach out to the Medicaid and CHIP QI mailbox for one-on-one support. Next slide.

Another tool that remains available is our Medicaid and CHIP QI Open School. These courses are designed to help staff develop and strengthen their QI skills. Anyone who is interested in participating in

Open School is welcome to fill out an Expression of Interest form at the link shown on the slide. And again, you'll get these slides after today's session. Please reach out to the Medicaid and CHIP quality improvement mailbox for more information. Next slide.

And finally, you can also receive additional support through the Medicaid and CHIP QI office hours. These sessions are an opportunity to meet with one of our QI advisors or with a staff member from the Division and Quality and Health Outcomes at CMCS to get your questions answered. No registration is required in advance for office hours. To learn more please reach out to our MAC QI mailbox that's also shown on this slide. Next slide.

I want to thank our speakers and to all of our attendees for participating in today's webinar and ask that you please complete the evaluation survey as you exit. We really appreciate your feedback. Thank you so much for joining us today.