Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group Q&A

Center for Medicaid and CHIP Services (CMCS) Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Learning Collaborative: Information session

October 15, 2020

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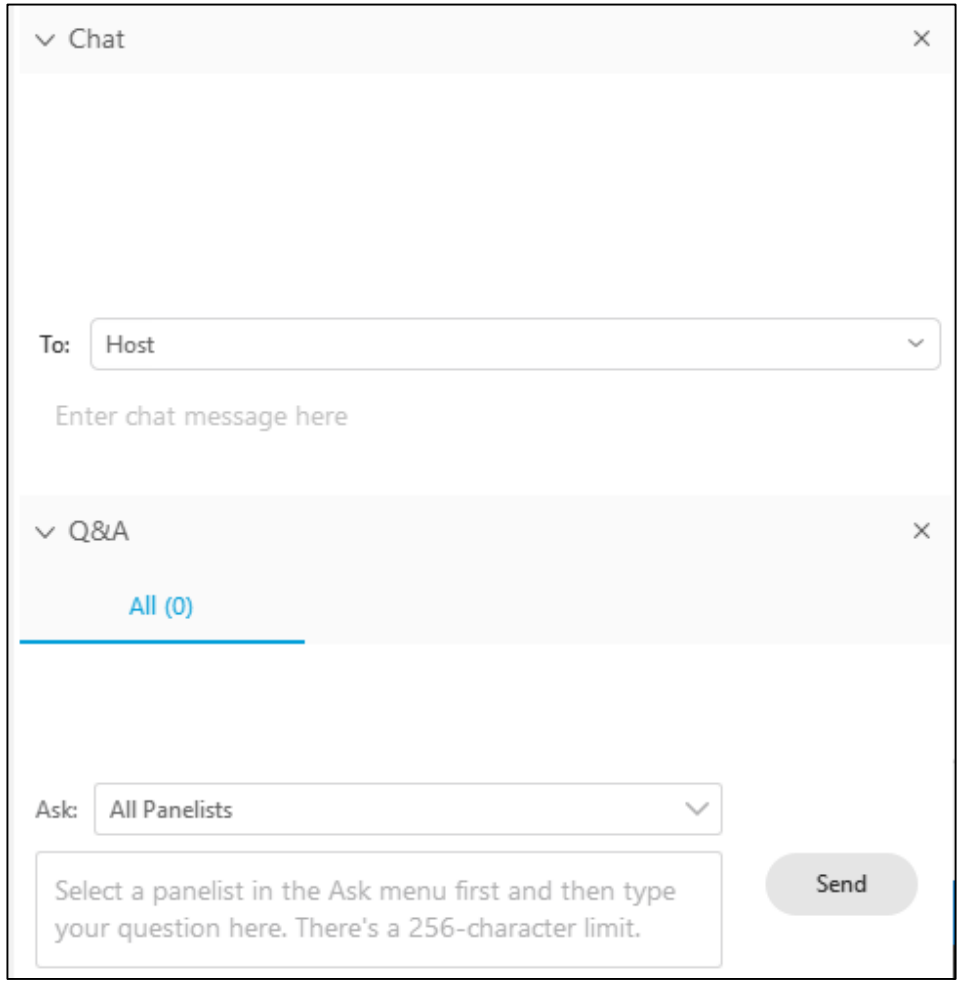
Housekeeping Instructions

Webinar logistics

- **Phone lines muted upon entry**
- **Q&A**
- **Chat**



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Poll Question #1

Which type of organization do you represent? (Check all that apply)

a) **State Medicaid or CHIP agency**

b) **Health/dental plan or health system administrator**

c) **Dental provider**

d) **Other health care provider**

e) **Community or advocacy organization**

f) **Other state or local agency**

g) **Federal agency**

h) **Other**

Agenda

Topic	Objectives
Preventing Childhood Caries: Role of Fluoride Treatments, Non-Dental Providers and Care Coordination	• Provide background on the focus of the affinity group
Affinity Group Structure and Expression of Interest (EOI) Review	• Review affinity group goals, structure, and timeline • Provide an overview of the EOI process
Q&A	• Answer FAQs related to the affinity group • Please submit your questions through the Q&A pod in the webinar platform at any time during the presentation

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Preventing Childhood Caries: Role of Fluoride Treatments, Non-Dental Providers and Care Coordination

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The Learning Collaborative

- **Webinar series**
  - Presentations from experts in the field as well as tools that states use to drive improvement in children's oral health outcomes.
  - Webinar #1: *"Pathways to Improving Children's Oral Health Using Silver Diamine Fluoride"* – Oregon and Virginia
  - Webinar #2: *"Improving Children's Oral Health Using Fluoride Varnish in Non-Dental Settings*" – Maine and North Carolina
  - Webinar #3: *"Oral Health Care Coordination & Effectuated Referrals"* – Colorado and New Jersey
- **Affinity Group Q&A Session (today)**
- **Affinity Group Launch**

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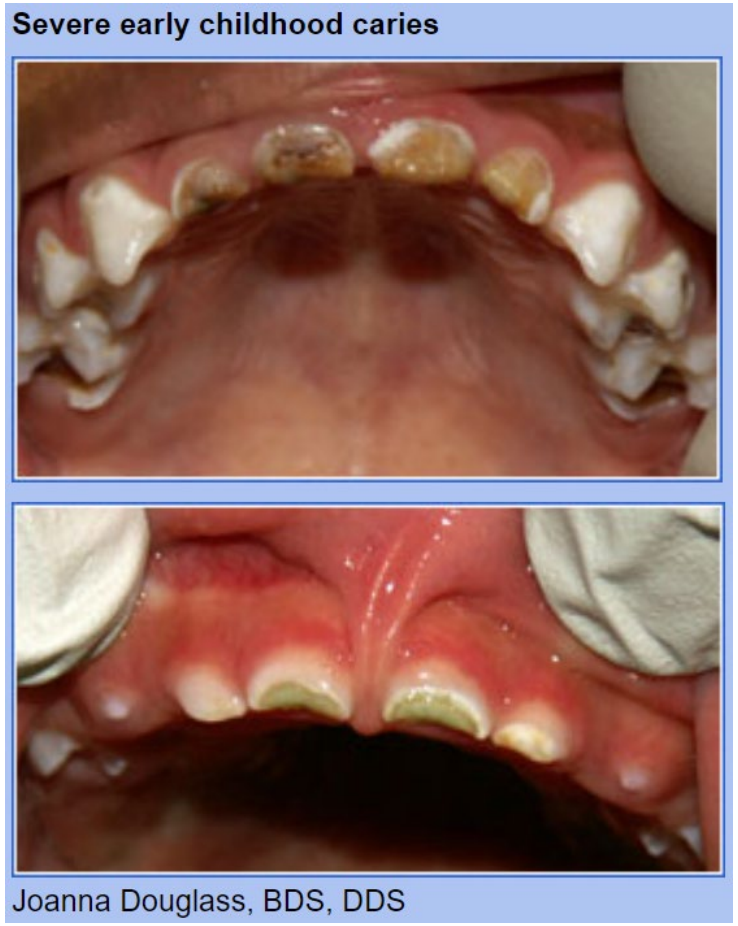
Childhood Caries



Source: smilesforlifeoralhealth.org

- **Early Childhood Caries (ECC)**
  - Presence of one or more decayed (noncavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a child *under the age of six*
- **Severe Early Childhood Caries (S-ECC)**
  - *Any sign* of smooth-surface caries in a child younger than three years of age, and from ages three through five
  - One or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of greater than or equal to four (age 3), greater than or equal to five (age 4), or greater than or equal to six (age 5)

Source: American Academy of Pediatric Dentistry

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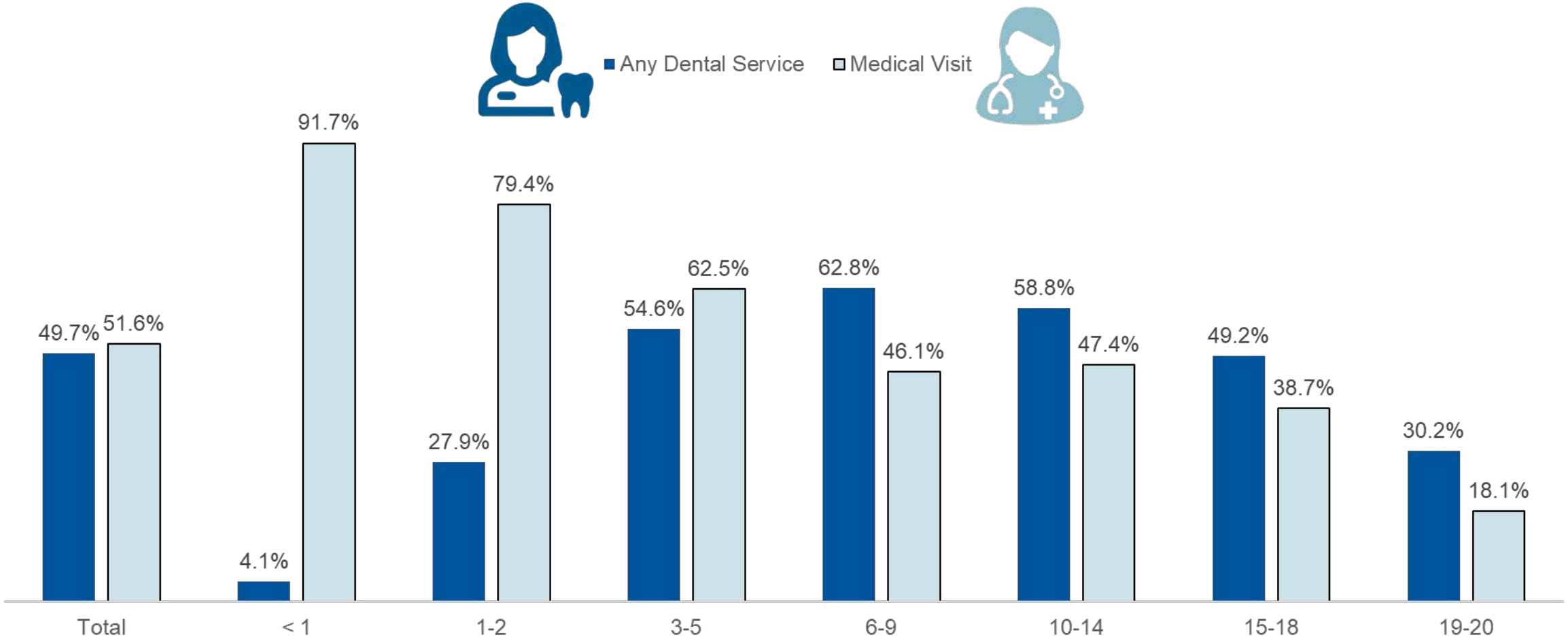
Background

- American Dental Association, American Academy of Pediatric Dentistry, and the American Academy of Pediatrics guidelines recommend that children visit a dentist by their first birthday
- Opportunity to establish and promote good oral health practices, evaluate caries risk factors, and deliver caries prevention strategies, such as application of topical fluoride (Kranz *et al*., AJPH 2014)
- Despite guideline recommendations Medicaid-enrolled children suffer disproportionately from dental disease (Griffin ***et al.*** *JDR Clin Trans Res*. 2020)
- In 2018, only 6 states (Texas, Washington, Connecticut, Iowa, Colorado and Hawaii) reported that 30% or more of its Medicaid enrolled children *younger than 3 years* visited dentists

Annual Dental or Medical Visits



Source: 2018 Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT), National

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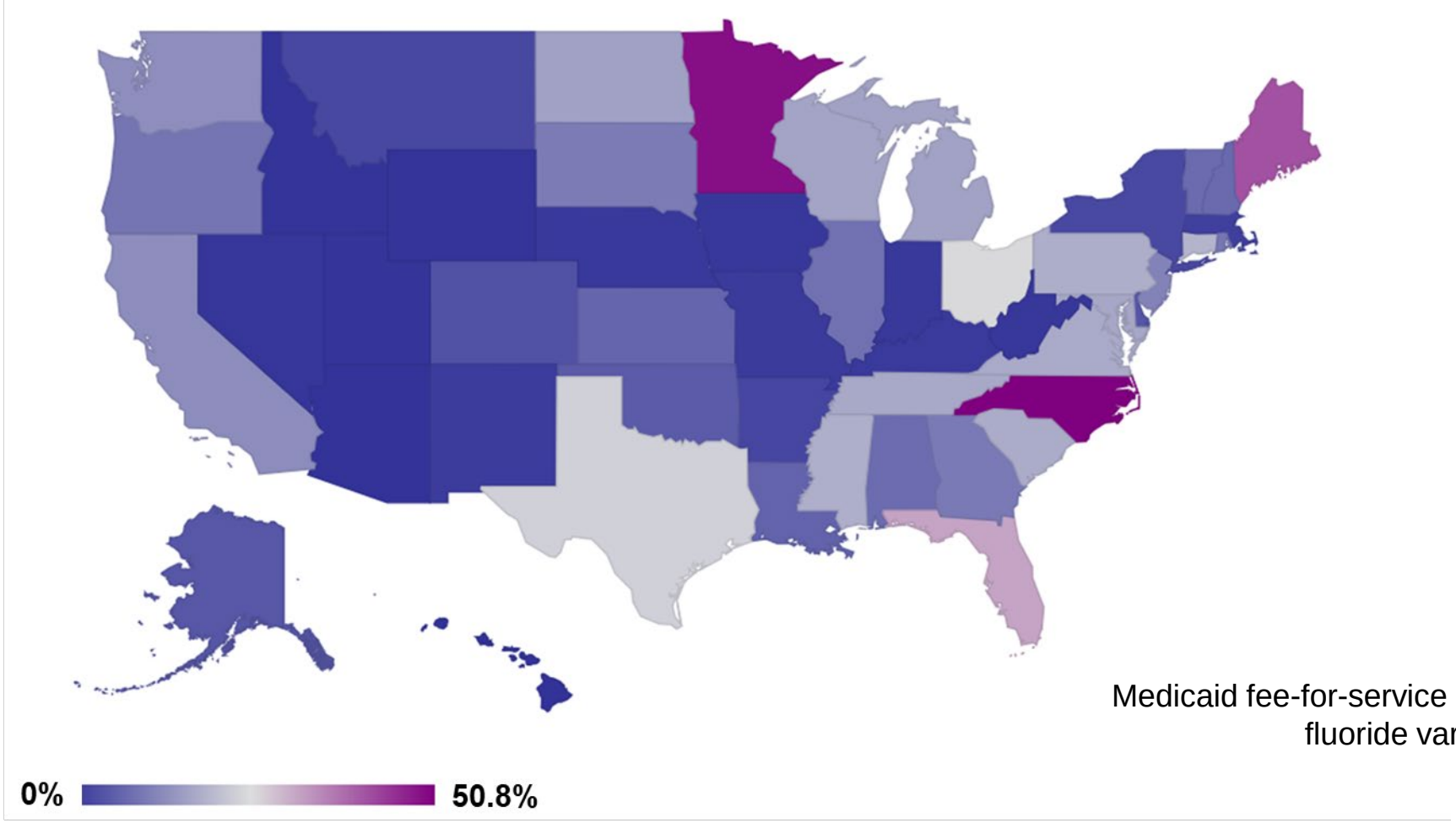
Oral Health Services by a Non-Dentist Provider



Medicaid fee-for-service reimbursement for fluoride varnish

Source: 2018, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 1- to 2-Year-Old

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Clinical Recommendations for Topical Fluoride Use

Clinical Recommendations for Use of Professionally-Applied or Prescription-Strength, Home-Use Topical Fluoride Agents for Caries Prevention in Patients at Elevated Risk of Developing Caries[1]

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

Strong	In favor	Weak	Expert Opinion For	Expert Opinion Against	Against
Evidence strongly supports providing this intervention	Evidence favors providing this intervention	Evidence suggests implementing this intervention only after alternatives have been considered	Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation	Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention	Evidence suggests not implementing this intervention or discontinuing ineffective procedures

Age Group or Dentition Affected	Professionally-Applied Topical Fluoride Agent	Prescription-Strength, Home-Use Topical Fluoride Agent
Younger than 6 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor	
6-18 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor **OR** 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● In Favor	0.09% fluoride mouthrinse at least weekly ● In Favor **OR** 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Older than 18 Years	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For **OR** 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse at least weekly ● Expert Opinion For **OR** 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Adult Root Caries	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For **OR** 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse daily ● Expert Opinion For **OR** 0.5% fluoride gel or paste twice daily ● Expert Opinion For

Weyant et al. JADA 2013

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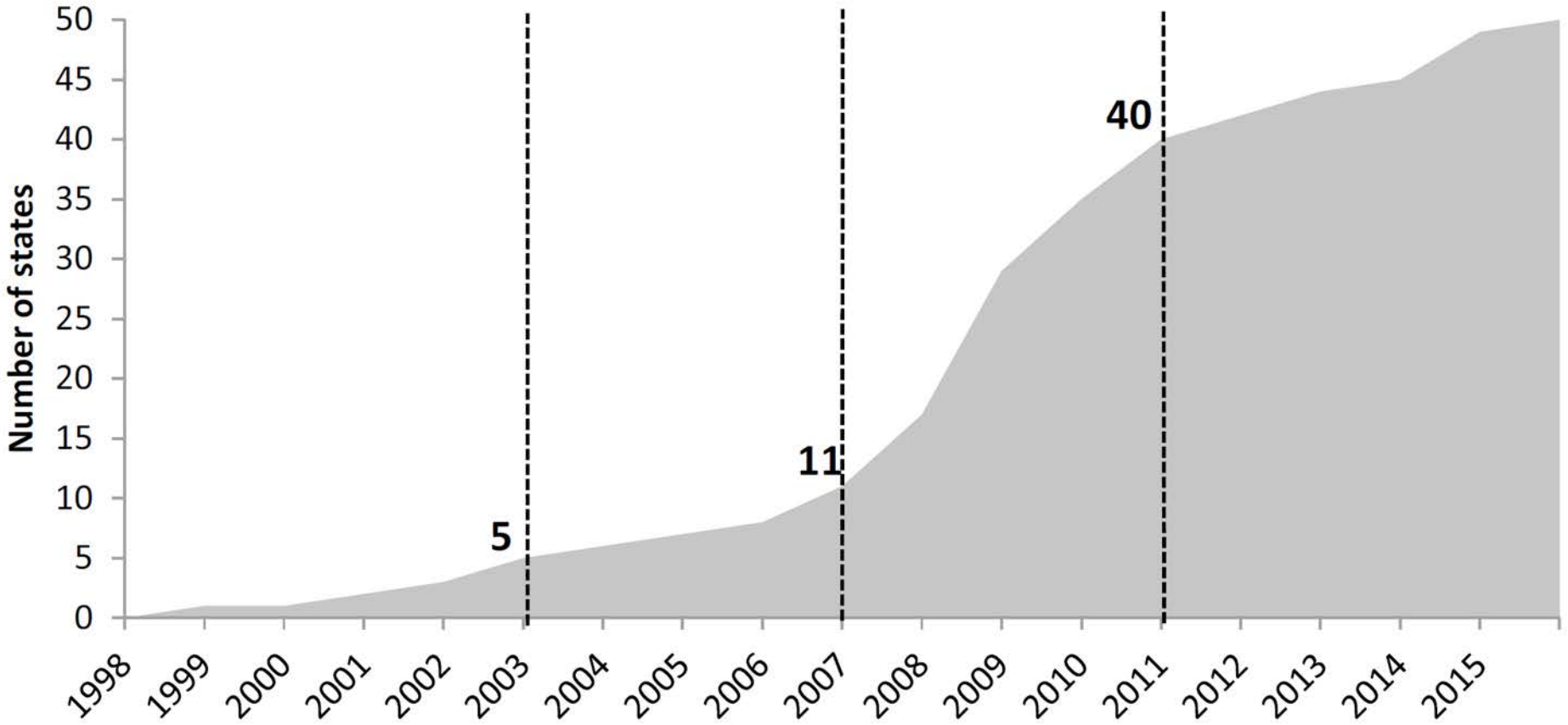
States Adopting a Medicaid Policy for Reimbursement of Fluoride Varnish by Non-dental Providers



Kranz *et al.* Maternal and Child Health Journal 2019

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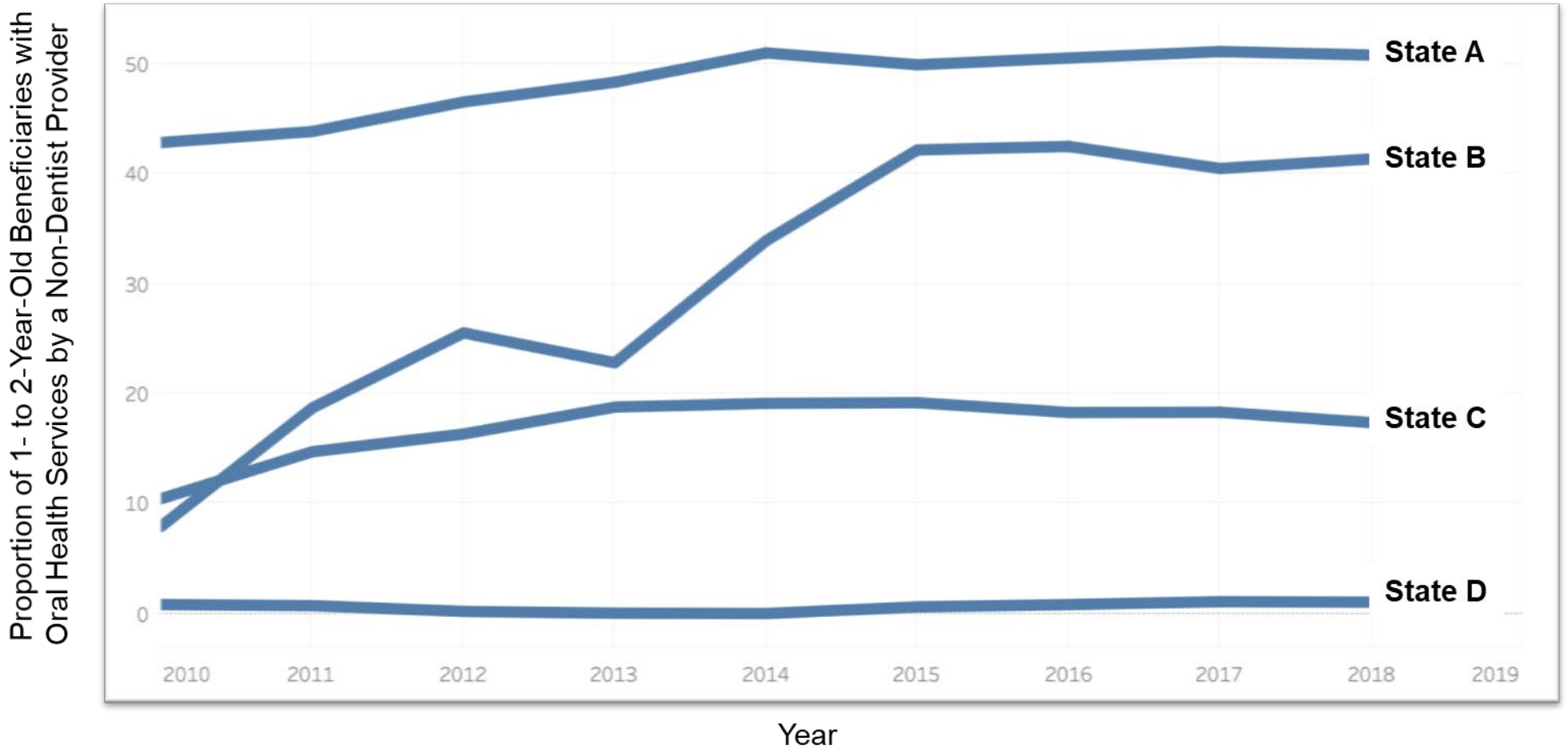
Medicaid Fluoride Varnish Policy and Oral Health

Variables	Odds ratio (95% CI)
Key explanatory variables	
Years since state implemented Medicaid fluoride varnish policy (ref: no policy)	
<2 years	0.93 (0.72–1.21)
2 or 3 years	0.92 (0.76–1.11)
4 or more years	0.78 (0.60–1.01)
Public health insurance (ref: private health insurance)	0.70*** (0.62–0.81)
Public health insurance × years since state implemented Medicaid fluoride varnish policy	
Public health insurance × Medicaid policy implemented < 2 years ago	1.21 (0.84–1.76)
Public health insurance × Medicaid policy implemented 2 or 3 years ago	1.02 (0.82–1.28)
Public health insurance × Medicaid policy implemented 4 or more years ago	1.28* (1.03–1.60)

State policies supporting non-dental primary care providers application of fluoride varnish are associated with improvements in oral health for young children with public insurance.

Kranz *et al.* Maternal and Child Health Journal, 2019

Trends in Oral Health Services by a Non-Dentist Provider



Source: 2010-2018, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 1- to 2-Year-Old

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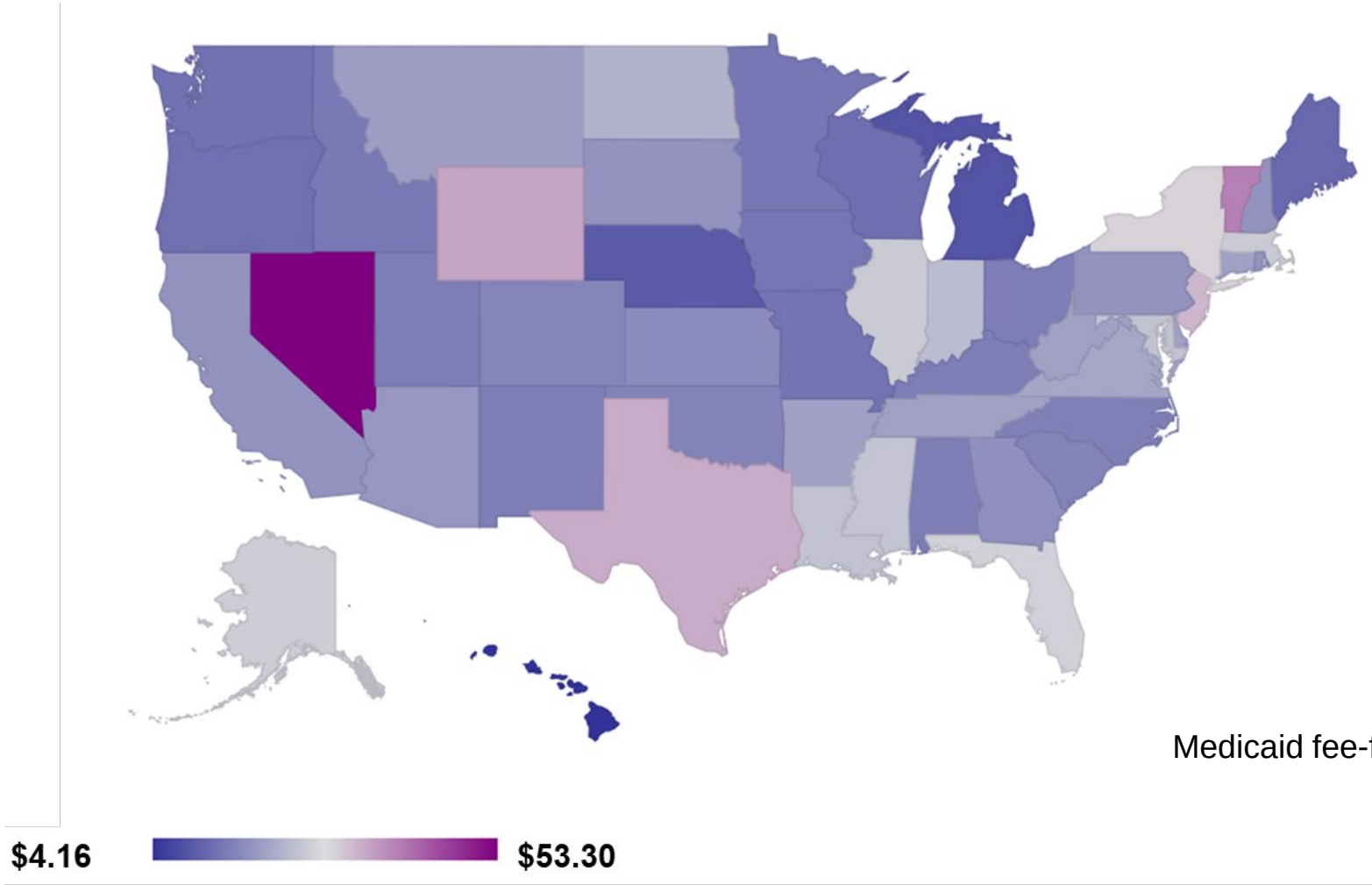
Variation in Fluoride Varnish Reimbursement



Medicaid fee-for-service reimbursement for fluoride varnish

Source: American Academy of Pediatrics www.aap.org

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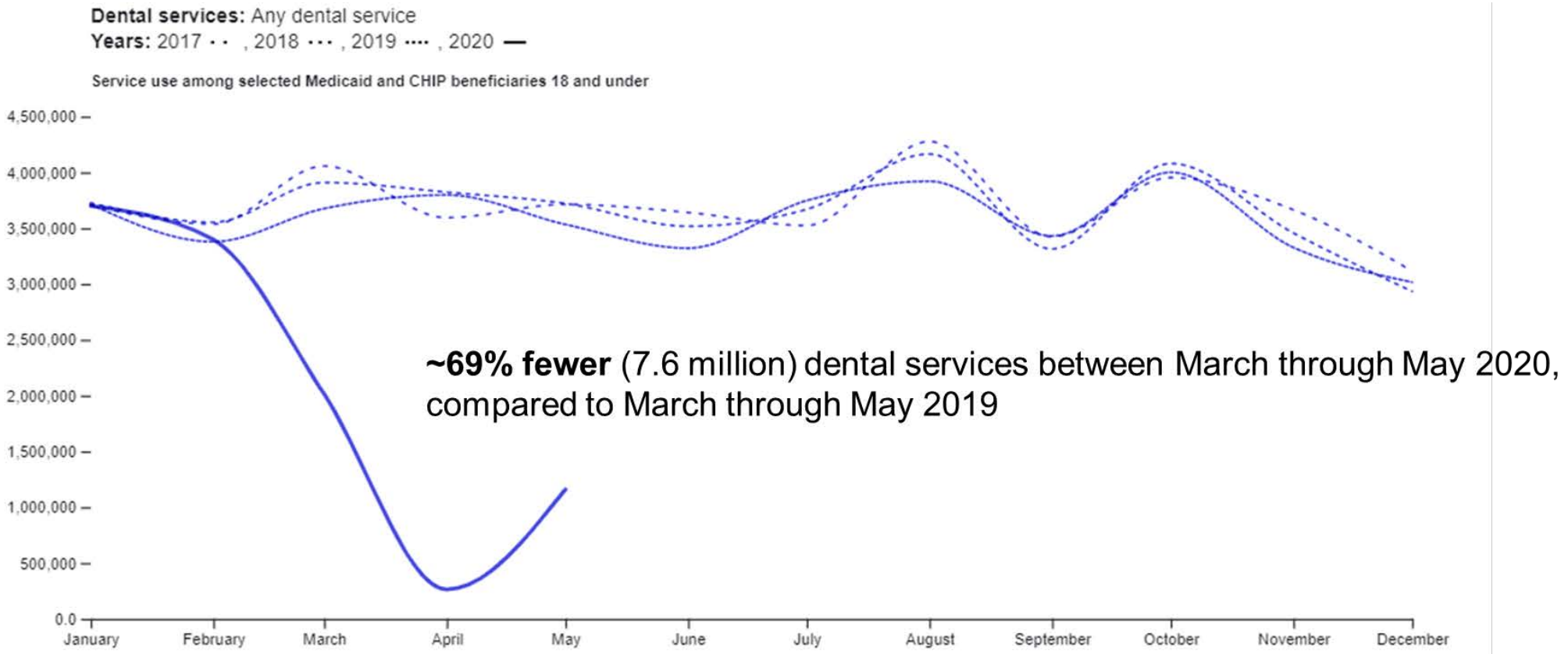
Preliminary data show the number of dental services for children declined through April, started to rise in May, but are still substantially lower than prior years' rates

Dental service rates among children dropped from nearly 100 services per 1,000 beneficiaries to a low of 7 services per 1,000 beneficiaries in April, back up to 31 screens per 1,000 beneficiaries in May.



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

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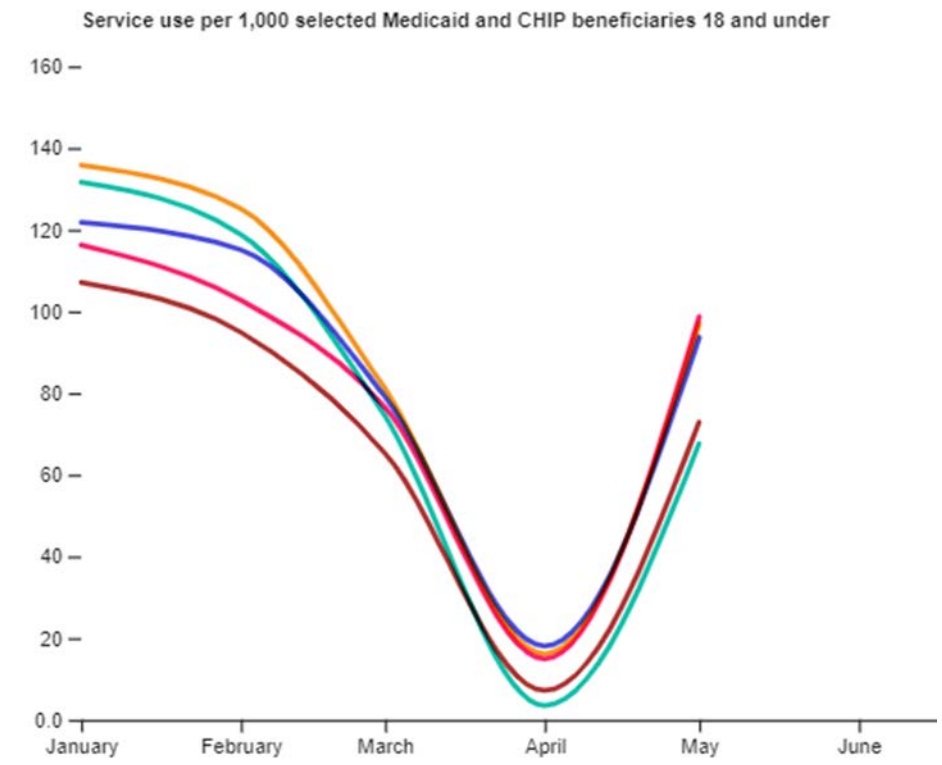
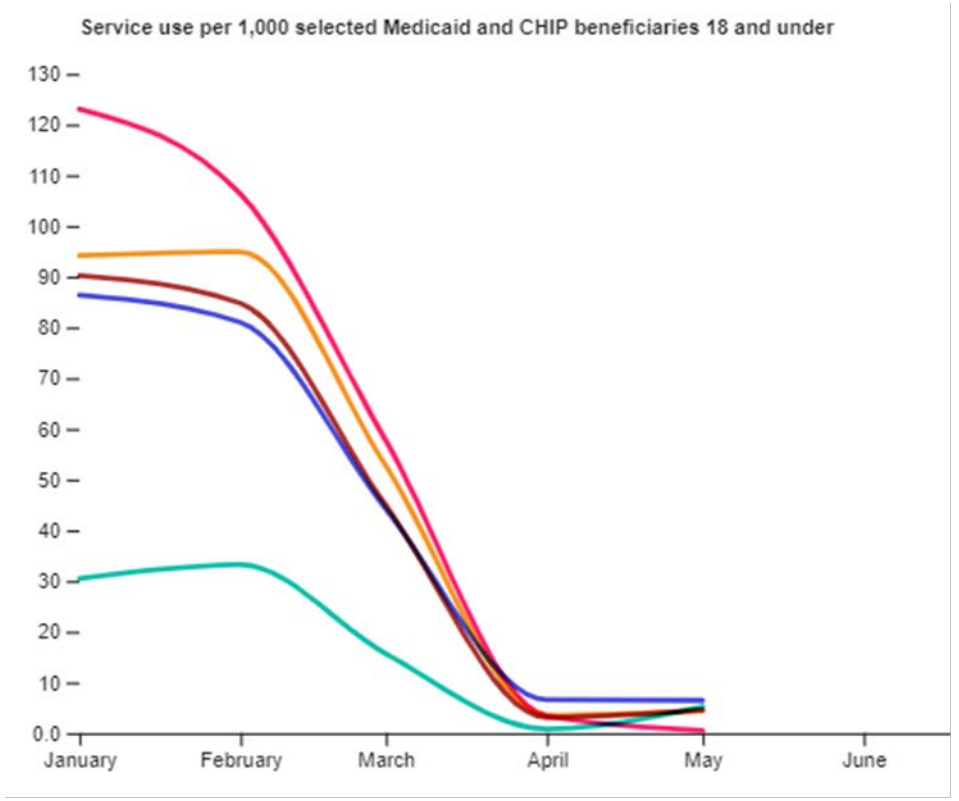
Preliminary data show dental service rates among children declined for all states through April, but there was considerable variation across states in May



ID, MT, OK, TX, and WY had the highest dental service rates as of May 2020
(data incomplete)

Idaho Montana Oklahoma Texas Wyoming



CA, DC, MI, PR, and RI had the lowest dental service rates as of May 2020
(data incomplete)

California District of Columbia Michigan Puerto Rico Rhode Island

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

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Summary

- **Medicaid-enrolled children suffer disproportionately from dental disease**
- **Early interventions improve outcomes and result in savings**
- **Fluoride treatments (varnish, SDF) are effective in preventing and arresting childhood caries**
- **Non-dental providers are essential partners in addressing childhood caries**
- **Care coordination enhances access to care and outcomes**

Affinity Group
Goals, Structure, and Timeline

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What is an Affinity Group?

- Affinity groups offer a combination of facilitated **peer-to-peer learning** and **individualized state technical assistance** (TA) to both increase knowledge in an identified topic and support states in **identifying and implementing** change activities
- Affinity groups are **action-oriented** and include quality improvement (QI) project identification and implementation
- Meetings create an opportunity to **learn** from a QI advisor, other state teams, and the QI technical team
- Meeting topics are tailored to **match the interests and needs** of participants

Benefits of Affinity Group Participation

Participants from previous CMS affinity groups have reported key advantages of participation, such as:

- Regular meetings helped state teams develop and remain on track with their goals
- Affinity groups provided a unique opportunity to learn about and share best practices with peer states
- Collaboration with QI advisors and subject matter experts allowed states to pursue high-impact structural and policy changes with increased support

Goal: Support state Medicaid oral health QI teams to improve the use of topical fluoride treatments by primary or community care providers

For example, to improve performance on

- Fluoride varnish applications by primary care or community care providers
- Connecting beneficiaries with ongoing sources of dental care

Structure of the Oral Health Affinity Group

- **24-month long opportunity that is planned for January 2021 to December 2022**
- **Monthly learning sessions will include a combination of group workshops and individual state TA calls**

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Affinity Group Road Map

Welcome & Orientation

Jan 2021

Phase I: Monthly Workshops or State TA calls

Feb 2021 – Feb 2022

Phase II: Ongoing Implementation and Spread Support

Mar 2022 – Dec 2022

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Affinity Group Curriculum

Learning Sessions

- All state teams together with the QI Advisor and the QI Technical Team
- 3-4 hours
- Agenda
  - Learn QI science
  - Time to work with your team
  - Time for peer-to-peer learning via team sharing

1:1 Calls

- State teams meet individually with a Quality Improvement Advisor and the QI Technical Team
- 1 hour
- Agenda
  - Time for tailored support to advance the project
  - Review state team progress

Collaborative Learning Calls

- All state teams together with the QI Advisor and the QI Technical Team
- 1 hour
- Agenda
  - Time for peer-to-peer learning via team sharing
  - State teams will report out on progress, share breakthroughs and barriers, and hear from peers

Expression of Interest (EOI)

- **To participate in the affinity group, state teams must submit an EOI form that briefly explains the state goals and resources**
- **The EOI form is due by 8:00 PM EST on Wednesday, November 18, 2020**
- **The EOI form is available on Medicaid.gov:**

https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/advancing-prevention-and-reducing-childhood-caries-medicaid-and-chip-learning-collaborative/index.html

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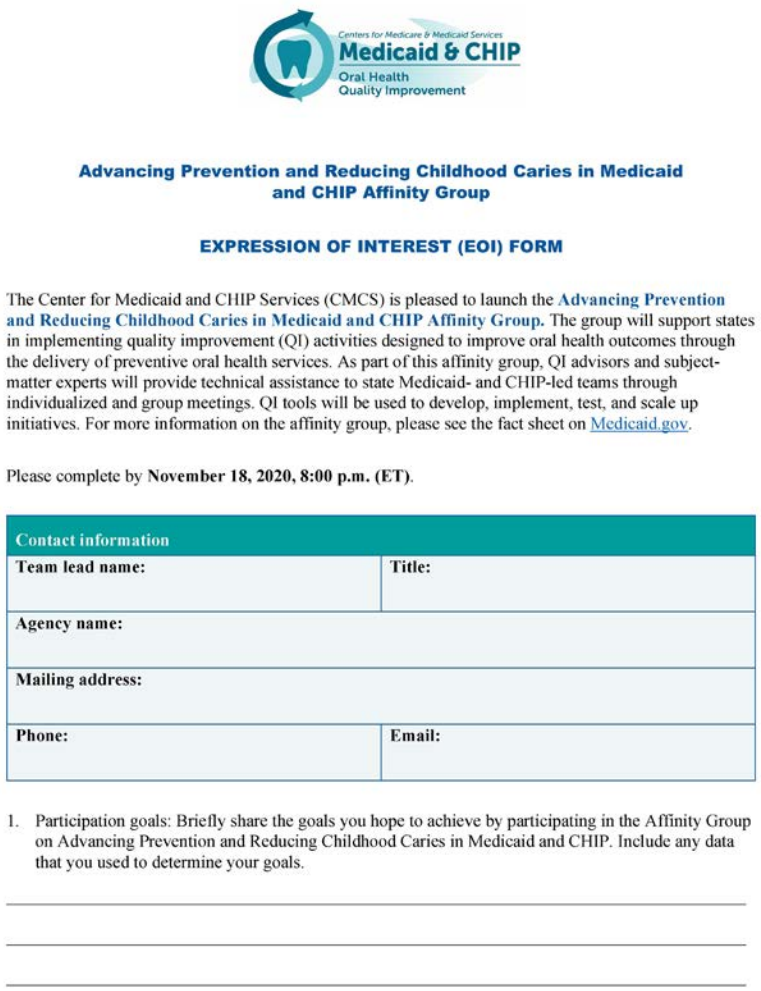
EOI Form



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Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group

EXPRESSION OF INTEREST (EOI) FORM

The Center for Medicaid and CHIP Services (CMCS) is pleased to launch the **Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group.** The group will support states in implementing quality improvement (QI) activities designed to improve oral health outcomes through the delivery of preventive oral health services. As part of this affinity group, QI advisors and subject-matter experts will provide technical assistance to state Medicaid- and CHIP-led teams through individualized and group meetings. QI tools will be used to develop, implement, test, and scale up initiatives. For more information on the affinity group, please see the fact sheet on Medicaid.gov.

Please complete by **November 18, 2020, 8:00 p.m. (ET)**.

Contact information	
Team lead name:	**Title:**
Agency name:	
Mailing address:	
Phone:	**Email:**

1. Participation goals: Briefly share the goals you hope to achieve by participating in the Affinity Group on Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP. Include any data that you used to determine your goals.

- **The EOI form includes five questions:**
- **Question 1:** Participation goals and outcomes of interest
- **Question 2:** Current use and coverage of topical fluoride services, including any challenges or opportunities related to topical fluoride services
- **Question 3:** Early project ideas
- **Question 4:** Affinity group state team members
- **Question 5:** Leadership sign-off

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Selection Criteria

The following criteria will be considered when selecting participants for the affinity group:

- Well-articulated goals for participating in the affinity group
- An understanding of the challenges and opportunities related to use of fluoride varnish in non-dental settings
- Identification of a well-rounded state team for participation

After receiving your EOI, CMCS and Mathematica (CMCS's technical assistance contractor) will schedule a call to discuss your interest

Q & A

Q&A

- **To submit a written question or comment, click on the Q&A pod and type in the text box provided; please select "All Panelists" in the "Ask" field before submitting your question or comment**
  - ***Your comments can only be seen by our presentation team and are not viewable by other attendees***

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Wrap-Up

Learning collaborative events and opportunities

- **Webinar #3: Medical/Dental Care Coordination—October 27, 2020**
  - This webinar is part of a larger series. This included prior events on silver diamine fluoride and fluoride varnish in non-dental settings. Webinar materials, such as webinar slides, transcripts, and recordings are available on-demand at Medicaid.gov
- **Affinity group expression-of-interest form due—November 18, 2020**
- **Applicants notified of acceptance to affinity group—December 2020**
- **Affinity group begins—January 2021**

If you have any questions about the Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Learning Collaborative or affinity group, **please email the TA mailbox at MACQualityImprovement@mathematica-mpr.com**

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Contact

For questions related to the Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity group, please email the TA mailbox at:

MACQualityImprovement@mathematica-mpr.com

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Thank you for participating!

Please complete the evaluation as you exit the webinar.

Affinity Group FAQs

Affinity Group State Team

- **Who should be on our state team?**
  - State teams should be led by a staff member from the state's Medicaid or CHIP program
  - We also recommend that the team include at least one member who works with or has access to oral health-related data
- **Can we include partners outside of the state Medicaid or CHIP agency?**
  - Yes! CMCS encourages states to partner with other oral health stakeholders
  - Partners could include staff from the state's managed care plans, health care providers, Department of Public Health/Oral Health Program, or other stakeholders

Affinity Group Team Capabilities

- **You mentioned including a team member who has access to data. What are the requirements around data?**
  - Data is foundational to QI initiatives. For this reason, we strongly recommend the state team be able to generate and share oral health-related data
  - Your stakeholder-partners may also need to contribute leading measure data that reflects their improvement efforts on a monthly basis

Affinity Group Time Commitment

- **What kind of a time commitment should state teams expect?**
  - We estimate that the **state QI team** will devote between 6-8 hours per month to the affinity group (to attend workshops, participate in one-on-one calls, work on or prepare materials related to the affinity group, and work with stakeholder partners on the QI project)
    - Months with longer workshops will require more time
  - We estimate that the state QI team **project lead** should plan for about 4 hours per week, or 12-16 hours per month

EOI Leadership Signoff

- **The EOI form requests that state teams provide the contact information for senior leadership in the agency who supports the project's goals. Who would qualify as a senior official?**
  - Senior officials may include the state's Dental director, Medicaid director, Medicaid Medical director, or other senior leadership in the agency, such as Director of Medicaid Managed Care (if your QI project will be implemented as part of managed care work) or a Director of Quality Improvement