

Improving Children's Oral Health Using Fluoride Varnish in Non-Dental Settings

Center for Medicaid and CHIP Services (CMCS) Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Learning Collaborative: Webinar #2

September 18, 2020

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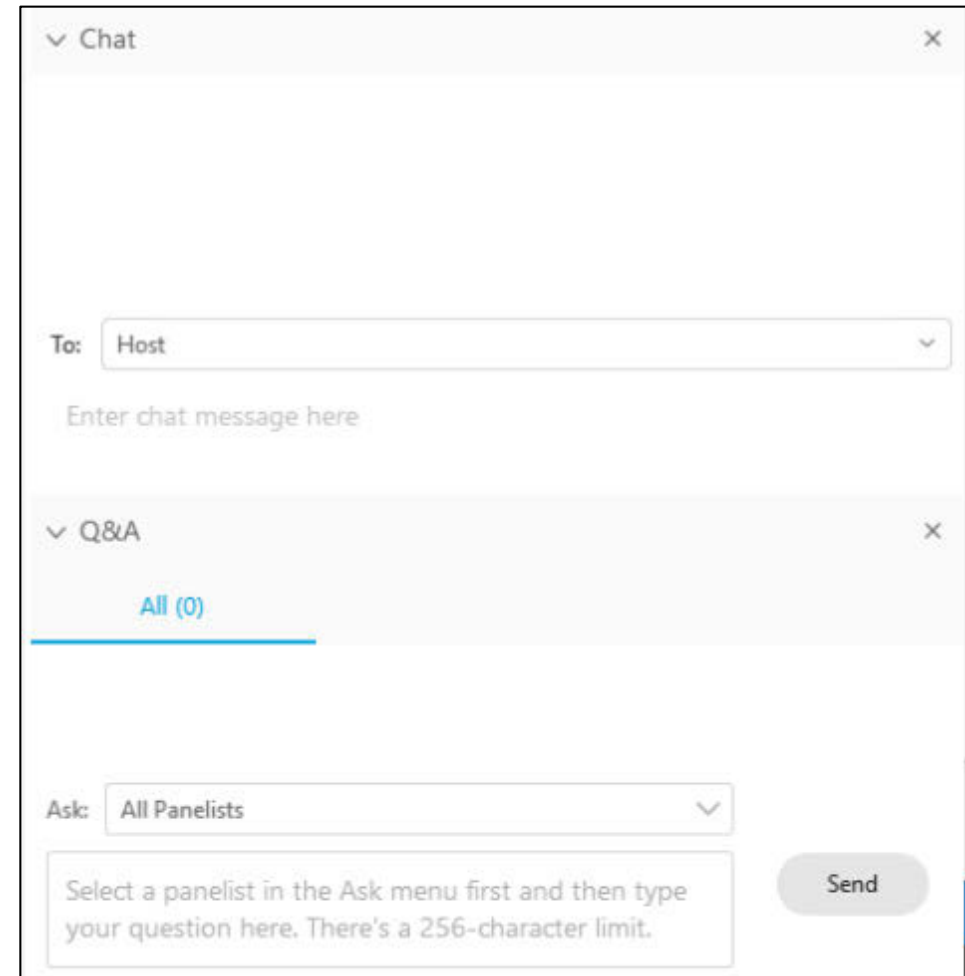
Rhonda Stephens, D.D.S., M.P.H., North Carolina Department of Health and Human Services

Mark Casey, D.D.S., M.P.H., North Carolina Medicaid

Housekeeping Instructions

Webinar logistics

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



The screenshot displays a webinar interface with two main sections: Chat and Q&A. The Chat section is at the top, featuring a dropdown menu set to 'Host' and a text input field with the placeholder 'Enter chat message here'. Below this is the Q&A section, which is currently empty, showing 'All (0)' questions. At the bottom, there is an 'Ask' dropdown menu set to 'All Panelists', a text input field with the placeholder 'Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.', and a 'Send' button.

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**

Poll Question #2

Has your organization engaged in any oral health quality improvement efforts?

- a) Yes, specific to fluoride varnish
- b) Yes, but not specifically related to fluoride varnish
- c) No
- d) I don't know

Agenda

Topic

Speaker

Welcome and Overview of CMCS's Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Learning Collaborative

Andrew Snyder, M.P.A.
CMCS

Natalia Chalmers D.D.S., M.H.Sc., Ph.D., CMCS
CMCS

Lessons from the Implementation of Maine's From the First Tooth Initiative

Amy Belisle, M.D., M.B.A.
Maine Department of Health and Human Services

Cassie Grantham, M.A.
MaineHealth

Updates from the Into the Mouths of Babes Program

Rhonda Stephens, D.D.S., M.P.H.
North Carolina Department of Health and Human Services

Mark Casey, D.D.S., M.P.H.
North Carolina Medicaid

Discussion and Q&A

Stacey Chazin, M.P.H.
Mathematica

Wrap-Up

Stephanie Kelly, M.P.H.
Mathematica

Learning collaborative events and opportunities

- **Information session: Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group Q&A—Thursday, October 15, 2020, 3:00 – 4:00pm ET**
- **Webinar #3: Medical/Dental Care Coordination—October/November 2020**
- **Affinity group expression-of-interest form posted—August 21, 2020**
- **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**

CMCS's Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group

Goal: Support state Medicaid oral health teams over two years to improve the use of fluoride treatments

Participating state teams will have the opportunity to:

- **Expand their knowledge of oral health policies, programs, and practices**
- **Develop, implement, and assess a data-driven quality improvement project**
- **Network with peers**
- **Advance knowledge and skills in quality improvement methodologies**



Lessons from the Implementation of Maine's From the First Tooth Initiative

September 2020

Amy Belisle, M.D., M.B.A.

Cassie Grantham, M.A.

SPEAKERS



- **Amy Belisle, M.D., M.B.A.**
Chief Child Health Officer, Maine DHHS
 - Previously the Senior Medical Director, Maine Quality Counts (QC)



- **Cassie Grantham, M.A.**
Director of Child Health Programs, MaineHealth



OBJECTIVES

- Gain an understanding of how one state integrated preventive oral health services for children into primary care settings
- Provide a brief overview of work in Maine and FTFT
- Discuss challenges and successes around:
 - Getting reimbursement for oral health services
 - Engaging and training providers
 - Improving workflows
 - Implementing risk assessments
 - Managing referrals to dentists and care coordination



HISTORY OF CHILDREN'S ORAL HEALTH WORK IN MAINE (I)

- FTFT has been working with practices for 10 years on improving children's oral health
- Maine was the joint recipient of a CHIPRA Quality Demonstration Grant from CMS (Feb. 2010–Feb. 2016) to improve children's health care quality
- Maine Quality Counts was a subcontractor and did four learning collaboratives, including oral health
- Focused on 20+ practices that had a high volume of children enrolled in MaineCare



HISTORY OF CHILDREN'S ORAL HEALTH WORK IN MAINE (2)

- As part of the CHIPRA grant, an Oral Health Risk Assessment (OHRA) was developed
- MaineCare opened up the D0145 billing code for the OHRA in addition to fluoride varnish (D1206)
- Practices trained on OHRA and fluoride as part of the First STEPS Learning Collaborative
- Practices integrated the OHRA into the electronic health record (EHR) and automated billing
- After CHIPRA funding ended, FTFT continues to work with practices
- The Partnership for Children's Oral Health in Maine (funded by a local foundation) also works on oral health issues



ROLE OF MEDICAID AGENCY

- Provided state leadership as a main convener of work under CHIPRA
- Helped align oral health quality improvement work under CHIPRA grant through EPSDT coordinator
- Helped get buy-in from other state groups, such as CDC
- Helped bring together dental and medical providers through different advisory groups
- Opened billing codes to provide reimbursement, advancing sustainability
- Provided a model for other payers in the state
- Helped align federal work under the Affordable Care Act to improve children's health care quality

MAINE DHHS POLICIES TO SUPPORT CHILDREN AND YOUTH DURING COVID (SEPT-DEC 2020)

- DHHS will provide \$3.7 million in incentive payments from September-December 2020 to providers who are taking care of children enrolled in MaineCare
- \$31 Per Member Per Month (PMPM) for primary care providers for every child that receives a well child visit and vaccine
- \$37 PMPM for dental providers/primary care for every child that receives dental services (including oral health screening/assessment and fluoride varnish)
- The additional payment will:
 - support providers reaching out to families
 - provide comprehensive services
 - support the increased costs of delivering care during the pandemic, including personal protective equipment, physical distancing practices, and staffing
- Services for children who were under 21 years of age as of March 2020 are included



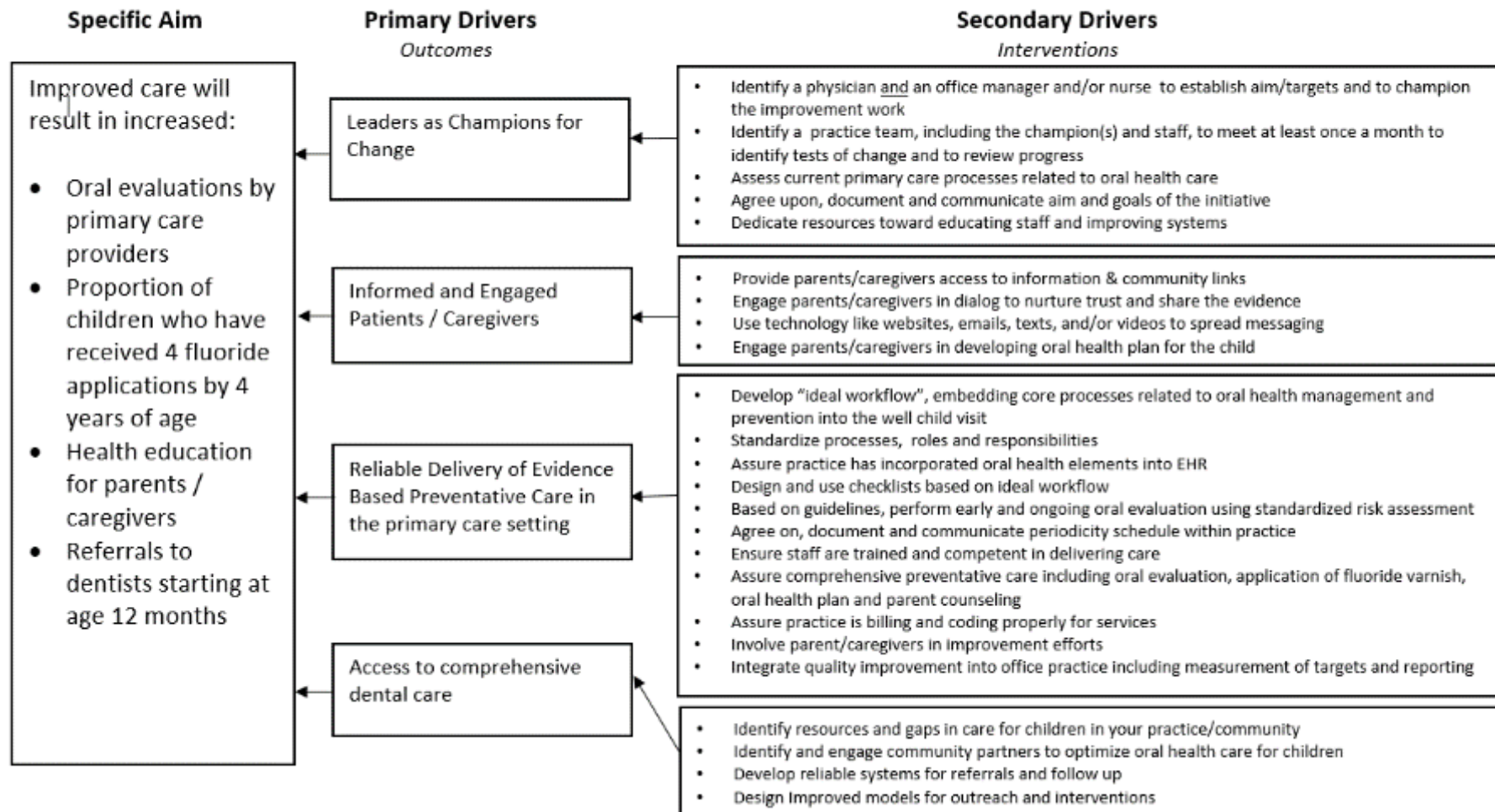
FROM THE FIRST TOOTH (FTFT) TIMELINE:

- Phase 1: Pilot: 2007-2009
- Phase 2: Statewide Pediatric Oral Health Implementation: 2009-present
- Phase 3: Perinatal Oral Health Initiative: 2015-Present
- Phase 4: Partnership for Children's Oral Health: 2018- to Present

FTFT: KEY DRIVER DIAGRAM

Primary Care: Improving Oral Health Outcomes for Children – From the First Tooth

Global Aim: To improve oral health care for Maine children ages 0- 5 years of age





PROCESS

1. Recruitment
2. Practice readiness and process mapping
3. Training
 - Virtual/in-person/Zoom (options)
 - Maine-specific virtual training—early childhood caries prevention focused training on increasing children’s access to preventive oral health services.
 - Smiles for Life—Module 6 Caries Risk Assessment
 - EQIPP: Oral Health—Training and Incentives for Providers: Maintenance of Certification Opportunity—American Academy of Pediatrics (AAP)
4. Implementation and pilot week
5. Follow-up

FTFT STATE EXPANSION

Not trained (128)

- No touchpoints with FTFT

Trained (122)

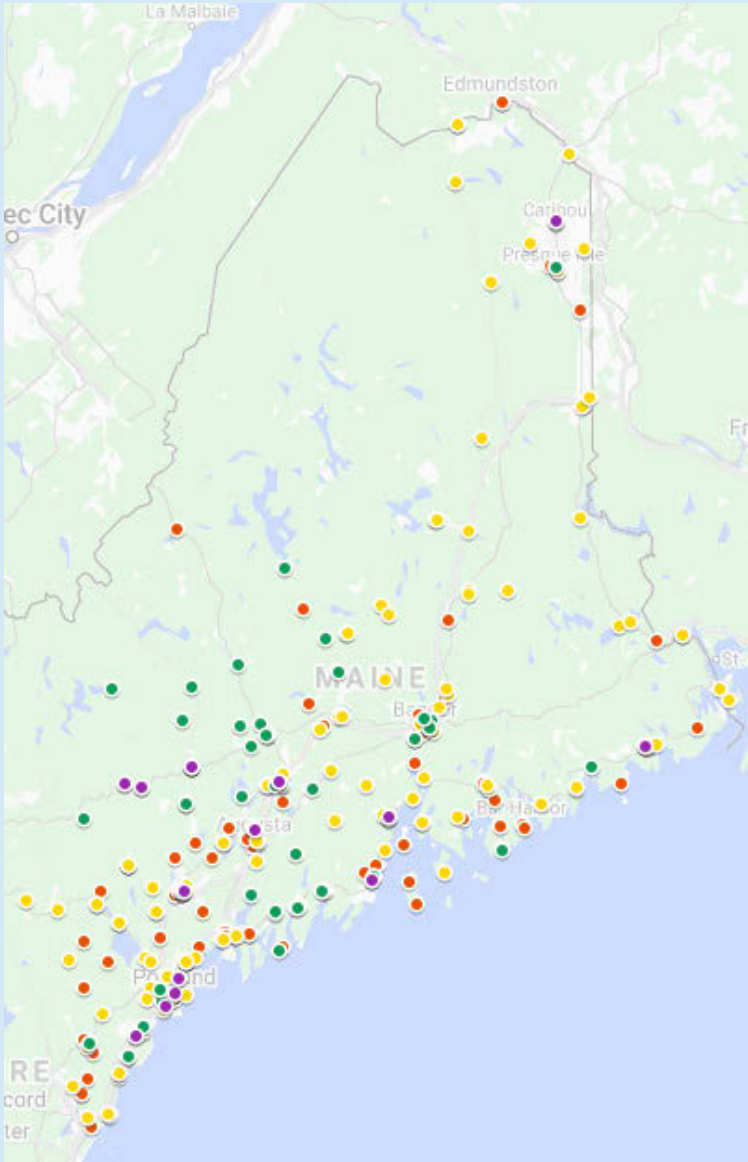
- At least one in-person practice training by From the First Tooth since 2010

Hardwired (52)

- Trained in and implemented FTFT's standard of care into EHR system and workflow, and trained new staff on oral health workflow

Before The First Tooth pilot sites (17)

- Prenatal oral health assessment, patient education, and referral process implementation into OB/GYN practices



ORAL HEALTH RISK ASSESSMENT / EHR INTEGRATION

FROM THE FIRST TOOTH checklist

- Oral Health Risk Assessment
- Fluoride Varnish Application
At least 4 fluoride applications by 4 years old
- Parent/Caregiver Education
- Document and Bill



For more information visit
WWW.FROMTHEFIRSTTOOTH.ORG

MaineHealth

SECTION A: ORAL HEALTH RISK ASSESSMENT QUESTIONS

May be administered by clinical support staff

ANSWERS WITH INDICATE RISK FACTORS

- Q1. Does the child have teeth? YES NO*
- Q2. Has the child seen a dentist in the past year? YES NO
- Q3. Does the child have his/her teeth brushed daily with toothpaste? YES NO
- Q4. Has the child ever had cavities or fillings? YES NO
- Q5. Has the mother/primary caregiver had active/unrestored cavities in the past year? YES NO

*If no response or address is returned, child has

SECTION B: ORAL EVALUATION AND PLAN

Must be performed by Primary Care Provider

ORAL EVALUATION

- Q6. Is there visible plaque on the teeth? YES NO
- Q7. Are there signs of visible decay or white spot lesions on the teeth? YES NO
- Q8. Does the child have other oral conditions of concern? (abscess, broken tooth, pain, etc?) YES NO

CARIES RISK ASSESSMENT

LOW
NO RISK FACTOR

MODERATE/HIGH
1+ RISK FACTOR

VISUAL GUIDE



*Photos courtesy of Jeanne Douglas, DDS, DSE

ORAL HEALTH PLAN

Consider fluoride varnish for all children up to age 6

FOR ALL CHILDREN

- Prescribed Fluoride Supplement (circle dosage)
0.25mg 0.5mg 1.0mg
- Fluoride Supplements not indicated
- Provided Oral Health Anticipatory Guidance
- Completed Risk Assessment w/ Oral Evaluation

FOR CHILDREN WHO HAVE NOT SEEN A DENTIST IN PAST YEAR (Q2)

- Completed Caries Risk Assessment w/ Oral Evaluation
- Applied Fluoride Varnish
- Patient/Family declined Fluoride Varnish
- Referred Child to Dentist



For more information visit
WWW.FROMTHEFIRSTTOOTH.ORG

REIMBURSEMENT FOR ORAL HEALTH

Periodicity Schedule & Alternatives for Pediatric Preventive Oral Health in Primary Care

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

MaineCare covers reimbursement to medical providers at \$20 twice per calendar year for an Oral Evaluation (D0145) for patients under 3 years of age.

MaineCare covers reimbursement to medical providers at \$12 for fluoride varnish (D1206) on the following schedules:

(a) Twice per calendar year for children under age 3 years

(b) Twice per calendar year with at least 150 days between applications for children ages 3 and over.

Periodicity Schedule: Preventive Oral Health in Primary Care											
	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	3 Years	4 Years	5 Years	6 Years
Parent/Caregiver Oral Health Education	•	•	•	•	•	•	•	•	•	•	•
Oral Health Assessment	•	•	•		•	•	•	•	•	•	•
Fluoride Varnish	•		•		•	•	•	•	•	•	
Fluoride Supplementation	•	•	•	•	•	•	•	•	•	•	•

Alternative 1: First Tooth Eruption at 9 Months											
	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	3 Years	4 Years	5 Years	6 Years
Parent/Caregiver Oral Health Education	•	•	•	•	•	•	•	•	•	•	•
Oral Health Assessment		•	•	•		•	•	•	•	•	•
Fluoride Varnish		•		•		•	•	•	•	•	
Fluoride Supplementation		•	•	•	•	•	•	•	•	•	•

Alternative 2: First Tooth Eruption at 15 Months											
	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	3 Years	4 Years	5 Years	6 Years
Parent/Caregiver Oral Health Education	•	•	•	•	•	•	•	•	•	•	•
Oral Health Assessment				•	•	•		•	•	•	•
Fluoride Varnish				•		•	•	•	•	•	
Fluoride Supplementation				•	•	•	•	•	•	•	•

- **Fluoride varnish**
 - **MaineCare billing code:** D1206 and CPT 99188
 - **Private insurers code:** CPT 99188 with a modifier 33 for billing private insurers
- **Oral evaluation**
 - **MaineCare billing code:** D0145

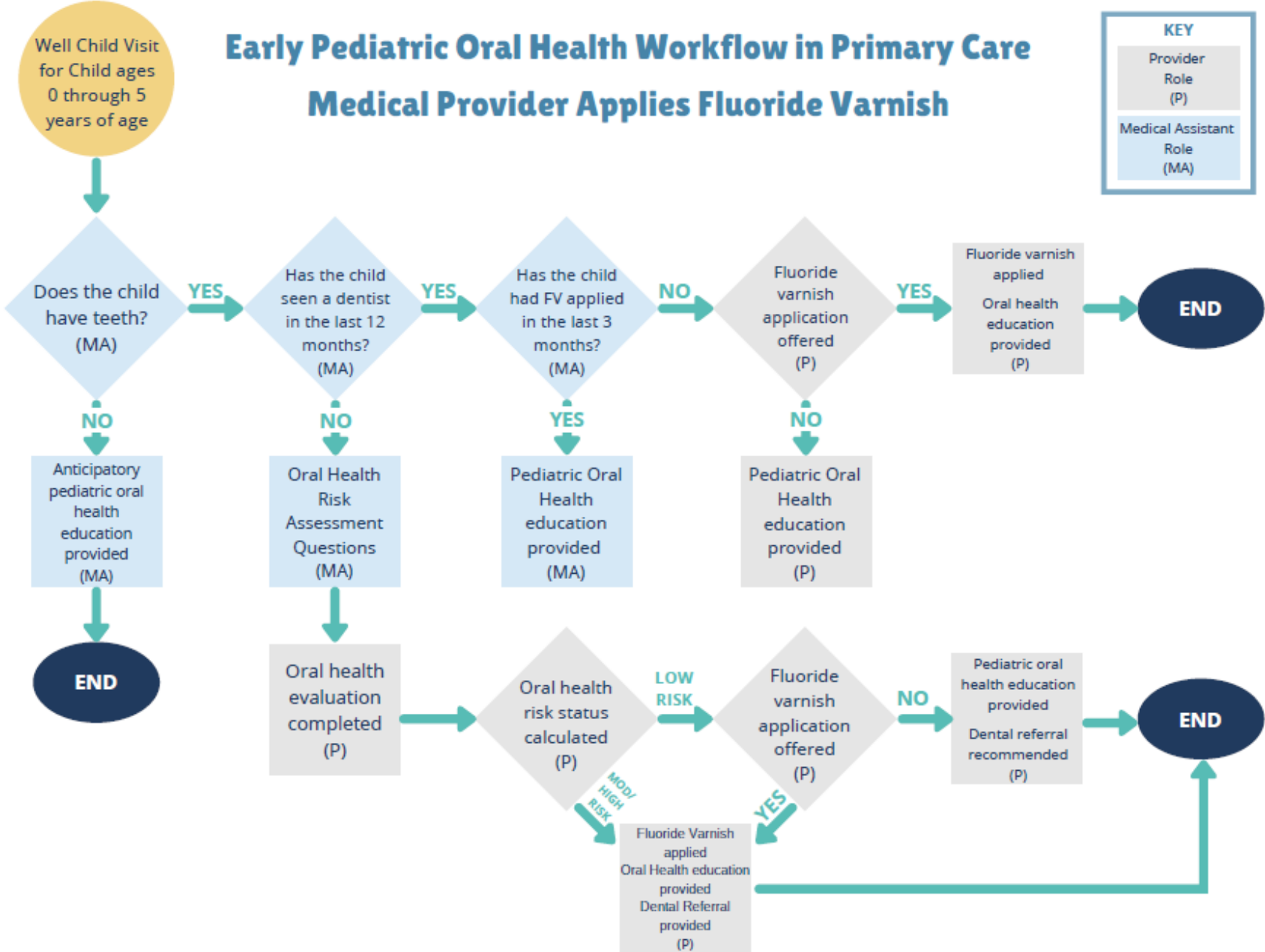
* Pahel BT, Rozier RG, Stearns SC, Quinonez RB Effectiveness of Preventive Dental Treatment by Physicians for Young Medicaid Enrollees. *Pediatrics*, 2011;127(3):e682-9

* Weintraub JA, Ramos-Gomez F, Jue B, et al. Fluoride varnish efficacy in preventing early childhood caries. *J Dent Res*. 2006;85(2):172-176

Early Pediatric Oral Health Workflow in Primary Care

Medical Provider Applies Fluoride Varnish

KEY	
Provider Role (P)	
Medical Assistant Role (MA)	



SUGGESTED MEASURES OF SUCCESS

Measure description

% of children with oral health risk assessment completed between 6 mos. and < 4 yrs.

% children ages 6 mos. through < 4 yrs. old with documentation of a dental home (defined as a dental office).

% of children 6 mos. through < 4 yrs. with fluoride varnish who had moderate/high oral health risk assessment.

QUALITY IMPROVEMENT STRATEGIES

MaineHealth Accountable Care Organization

- Practice support specialist
- Quality and measurement support
- Technical support
- Data reporting and analysis
- Quarterly pediatric quality dashboard/transparent data
- Regional overview
- Practice and provider level reports available

Example Pediatric Quality Dashboard
Full Population January 2018
(1/1/2017 - 12/31/2017)

Measure	2 year old Immunizations Rate*	13 year old HPV Rate (2 Dose)	Fluoride Varnish Applied (12-48 months)	BMI Documented and 5210 Survey Completed BMI out of range (2-17)***	Appropriate Medication for Asthma (2-18)	Measure Gap
Target	60.0%	35.0%	33.0%	88.5%	96.5%	
Region 1	61.6%	49.9%	56.0%	89.8%	98.1%	
Region 2	49.8%	36.6%	51.9%	89.4%	97.7%	32
Region 3	20.7%	30.7%	14.2%	91.5%		123
Region 4	41.9%	40.5%	36.5%	92.4%	100.0%	31
Region 5	66.3%	61.2%	40.5%	91.5%	100.0%	
Region 6	54.8%	35.3%	53.5%	79.0%	98.0%	39
Region 7	40.5%	20.8%	23.0%	80.5%		84
Region 8	60.0%	33.0%		86.1%		
Region 9				53.7%		
Total	54.4%	42.9%	46.4%	89.2%	97.0%	191



KEY TAKEAWAYS

- Based on today's presentation, state teams can come away with a better understanding of how to:
 - Collaborate with primary care practices
 - Improve workflows to support the use of oral health risk assessments and other preventive oral health services, manage referrals, and coordinate care for at-risk children
 - Leverage data to track and support the provision of preventive oral health services
 - Engage pediatric primary care and dental providers
 - Facilitate payment for oral health risk assessments in pediatric primary care settings
 - Think about how to meet population-based health goals around oral health

APPENDIX: LESSONS LEARNED (I)

Challenges	Resolutions
Recruitment	<ul style="list-style-type: none">• Leadership buy-in from health systems• Engage regional clinical champions for peer-to-peer recruitment of practices/providers• Access groups of providers at conferences and connect with them through presentations and exhibits
Competing priorities	<ul style="list-style-type: none">• Identify clinical champion and teams in the practices• Maximize the use of support staff and integration into existing work flows• Integrate oral health into existing part of the well-child visit (i.e., oral health education with nutritional counseling, fluoride varnish with immunizations)• Educate staff that oral health is a part of overall health, and early intervention can prevent tooth decay

APPENDIX: LESSONS LEARNED (2)

Challenge	Resolution
Documentation	<ul style="list-style-type: none">• Integrate oral health into the EHR with buy-in from administration and working with IT personnel• Incorporate documentation in the EHR as part of the training
Workflow	<ul style="list-style-type: none">• Meet with practice managers and champions and assess practice readiness prior to training• Follow up with practice on a regular basis to provide assistance and support if needed• Engage the practice in quality improvement
Sustainability	<ul style="list-style-type: none">• Develop clinical competencies for oral health prevention for new employees• Incorporate oral health virtual training during new employee onboarding



THANK YOU!

- Maine DHHS
 - Amy Belisle, M.D., M.B.A., Chief Child Health Officer
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- MaineHealth
 - Cassie Grantham, Director of Child Health Programs, MaineHealth
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NC Department of Health and Human Services

Into the Mouths of Babes (IMB)

Primary Care Fluoride Varnish Program

Rhonda Stephens, DDS, MPH

Division of Public Health – Oral Health Section

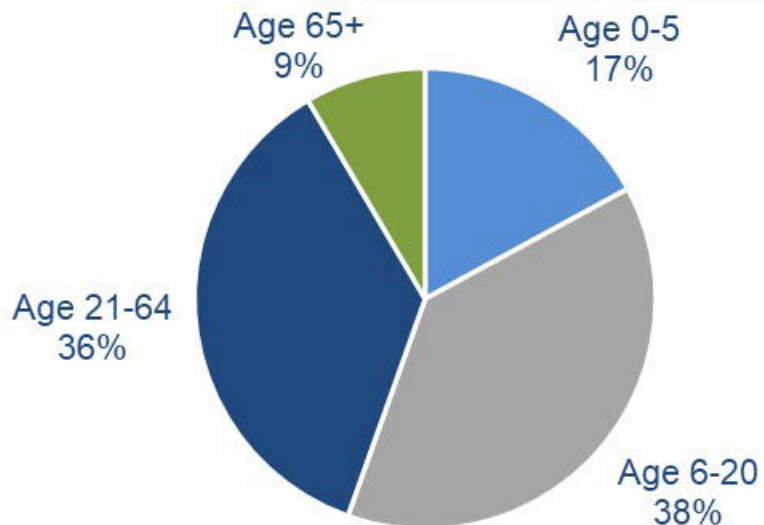
September 18, 2020

North Carolina Medicaid Landscape

Statistics	
Medicaid Beneficiaries	2.1 million
NC Health Choice Beneficiaries (CHIP)	104 thousand
Providers	71.3 thousand

Financials (\$ billion)	
Expenditures	\$15.0
Federal Revenue	\$9.7
Other Revenue	\$1.6
State Appropriations	\$3.8

Beneficiary Age



SFY19
Total Population
10.5 million

Other Information

Transitioning to Managed Care:

- IMB services to be reimbursed FFS
- Dental services carved out

Comprehensive Adult Dental Benefits

NC Division of Health Benefits. Annual Reports and Tables. State Fiscal Year 2019
<https://files.nc.gov/ncdma/SFY2019-MedicaidAnnualReport-FINAL-20191220.pdf>

The Problem: Access to Care for Young Medicaid Beneficiaries

- In past years, up to 60% of NC children entered kindergarten having experienced tooth decay.¹
- Young children face various barriers to accessing dental care.²
- Low-income children (Medicaid) face greater difficulty accessing care than other groups.³



¹ NC Oral Health Section. Kindergarten Oral Health Assessment Annual Reports, 1996-2014.

² Edelstein. Spec Care Dentist. 2002, 22(3 Suppl) 11S-25S.

³ Mofidi et al. American Journal of Public Health. 2002, 92(1) 53-58. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.92.1.53>

Early and Ongoing Partnerships

- Smart Smiles (1995–1999)—model initially developed and piloted in western NC nine-county cluster
 - Core group of primary care providers
 - Smart Start and NC Partnership for Children
 - UNC Chapel Hill School of Dentistry
 - NC Oral Health Section
- Into the Mouths of Babes (1999–present)—packaged with reimbursement and rebranded
 - UNC Chapel Hill Schools of Dentistry and Public Health
 - NC Oral Health Section
 - NC Division of Health Benefits (Medicaid)
 - NC Academy of Family Physicians
 - NC Pediatrics Society

IMB Program Logistics

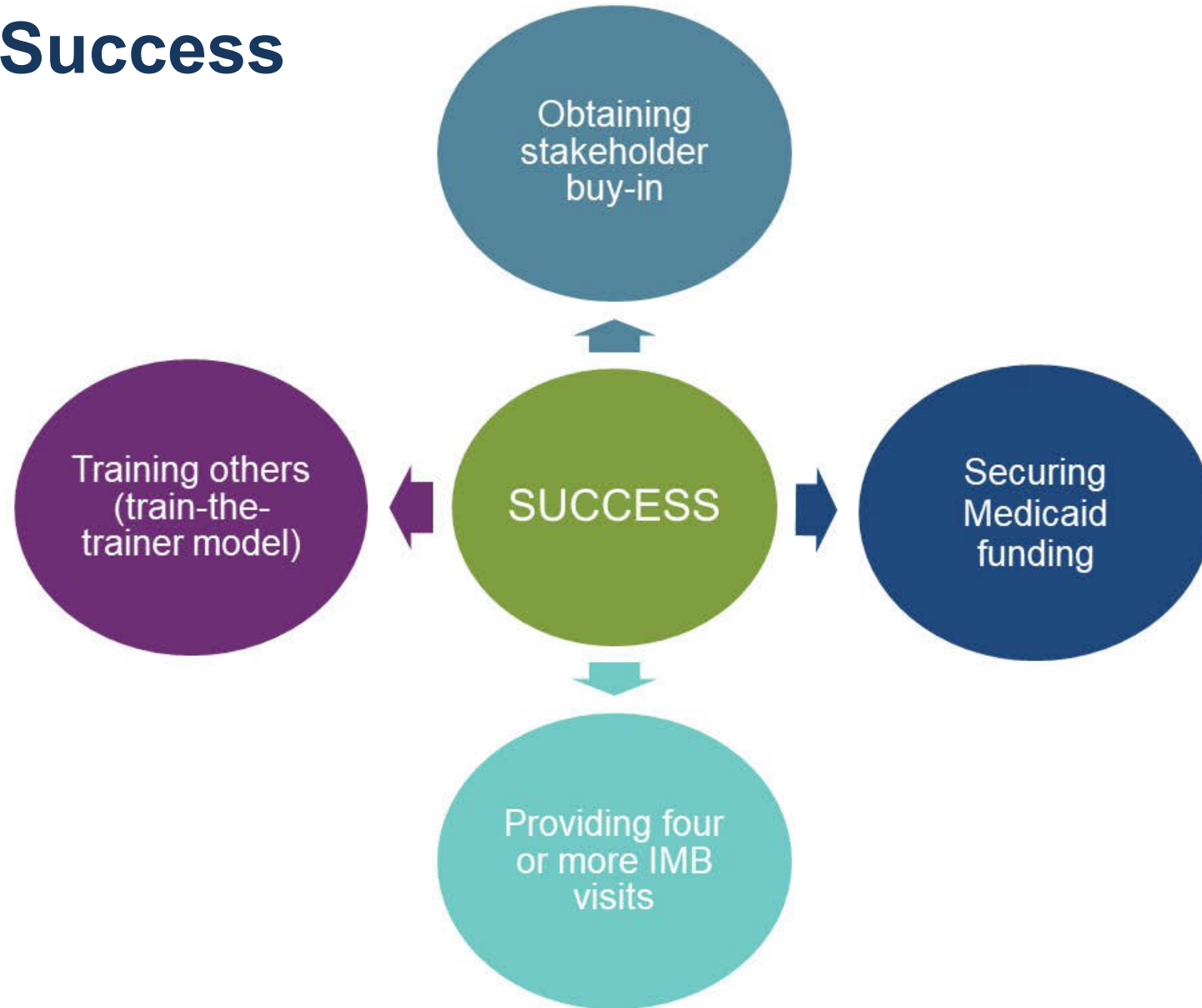
- Eligibility
 - Beneficiaries up to age 42 months
 - Providers who receive Continuing Medical Education (CME) training
- Services must include oral evaluation and parent counseling (D0145) and varnish application (D1206)
 - Oral evaluation and caries risk assessment: MD/DO, PA, NP (public health settings allow RNs and LPNs under physician standing orders)
 - Counseling and varnish application may be delegated to any other trained staff
 - Rendered at well-child, sick-child, or separate visit
- Claims filed on CMS-1500
- Services may be provided every 60 days, up to six visits before age 3½
- Reimbursed independently of services provided by dentists

Barriers and Ongoing Challenges



- Some opposition from medical and dental provider communities
- Cost and reimbursement issues
- Coding and claim form issues
- Staffing concerns
- Number of eligible children in practice
- Provider knowledge of oral conditions, confidence in diagnostic abilities
- Dental referrals, particularly for high-risk children without disease

Keys to Success



Measures of Success

Process measures (NC Medicaid)

- Annual—Number of **PCPs** rendering preventive oral health services to beneficiaries 0–3 years old
 - No longer monitored due to data limitations—“rendering provider” on claim may not always be actual rendering provider
- Quarterly—Number of primary care preventive oral health service **visits** for beneficiaries 0–3 years old
- Quarterly—Number of **beneficiaries** 0–3 years old receiving oral health services by a non-dentist

Outcome measures (Oral Health Section surveillance)

- Annual—Percentage of all NC kindergarteners with **caries experience***
- Quinquennial—Percentage of all NC pre-K children with **caries experience**

*Caries experience—treated and untreated tooth decay.

Highlighted Outcomes from Program Evaluation Studies

- Children receiving four or more IMB visits before age 3 show a 17.7% reduction in tooth decay.¹
- IMB reduces the need for dental treatment services as well as increases dental access when medical providers refer children for care.²
- IMB has contributed to a statewide decline in decay rates since 2004 and helps reduce the gap in tooth decay between children from low- and other-income families at the community level.³
- NC ranks 3rd nationally in the percentage of Medicaid-insured children 0–5 years of age receiving oral preventive care from a medical or dental provider.⁴

¹Kranz et al. Pediatrics. 2015, 136(1) 111-114. <http://pediatrics.aappublications.org/content/136/1/107>

²Pahel et al. Pediatrics. 2011, 127(3) 682-689. <http://pediatrics.aappublications.org/content/127/3/e682?sso>

³Achembong et al. Pediatrics. 2014, 133(4) 827-834. <http://pediatrics.aappublications.org/content/133/4/e827>

⁴Tania A, Rozier RG. Pediatrics. 2016, 137(2) 1-7. <http://pediatrics.aappublications.org/content/pediatrics/137/2/e20153436.full.pdf>

Words of Wisdom

- Necessity is the mother of invention...and often, innovation
 - Recognized need to address early childhood caries in context of children's poor access to traditional dental care → Innovation
- All stakeholders must be at the table
- Provider reimbursement equity is important
 - Same billing codes, same reimbursement fees
- **TEAMWORK!**—Need a dedicated core group of individuals willing to commit time and money

Online IMB Toolkit

<https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm>

- A step-by-step train-the-trainer guide
 - Videos: “The Oral Preventive Procedure” and “Connecting the Docs for Children’s Oral Health: The PORRT Assessment and Referral Tool”
 - PORRT form and referral guidelines
 - Information on fluoride varnish, Medicaid billing and coding, supplies, and parent education

For additional questions or support:

**Emily Horney, RDH
Early Childhood Oral Health Coordinator
NC Oral Health Section
Emily.Horney@dhhs.nc.gov**

Discussion and 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*

Wrap-Up

Upcoming Learning Collaborative Events

- **Information session:** Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group Q&A—**Thursday, October 15, 2020, 3:00 – 4:00pm ET**
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- Affinity group begins—**January 2021**

To sign up for upcoming Learning Collaborative events, visit our registration page:

<https://mathematica.webex.com/mathematica/onstage/g.php?PRID=abe273d4952e0cfb2a666aaaf879fff1>

Introduction to childhood caries prevention resources

- [Integration of Oral Health and Primary Care Practice \(Health Resources and Services Administration\)](#)
- [Smiles for Life: A National Oral Health Curriculum](#)
- [American Academy of Pediatrics: Section on Oral Health](#)
- [Silver Diamine Fluoride Fact Sheet \(Association of State and Territorial Dental Directors\)](#)

Contact the Learning Collaborative

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

Thank you for participating!

Please complete the evaluation as you exit the webinar.