

Oral Health Care Coordination and Effectuated Referrals

Center for Medicaid and CHIP Services (CMCS)
Advancing Prevention and Reducing Childhood Caries
in Medicaid and CHIP Learning Collaborative: Webinar #3

October 27, 2020

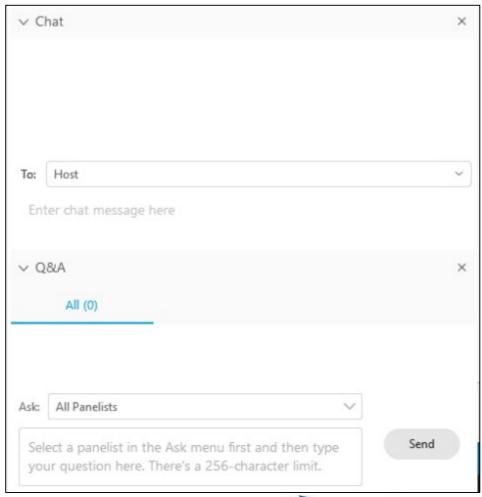
Andrew Snyder, M.P.A., CMCS Stephanie Kelly, M.P.H., Mathematica Stacey Chazin M.P.H., Mathematica Bonnie Stanley, D.D.S., New Jersey FamilyCare Patty Braun, M.D., M.P.H., F.A.A.P., University of Colorado Anschutz School of Medicine

Housekeeping Instructions



Webinar logistics

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





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	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
NJ Smiles: Expanding Access to Preventive Dental Care in NJ FamilyCare	Bonnie Stanley, D.D.S. New Jersey FamilyCare
Medical Dental Care Coordination in Colorado	Patty Braun, M.D., M.P.H., F.A.A.P. University of Colorado Anschutz School of Medicine
Discussion and Q&A	Stacey Chazin, M.P.H. Mathematica
Wrap-Up	Stephanie Kelly, M.P.H. Mathematica



Learning collaborative events and opportunities

- This webinar is part of a larger series. This included prior events on silver diamine fluoride, fluoride varnish in non-dental settings, and information about the upcoming affinity group offering.
 - Webinar materials, such as webinar slides, transcripts, and recordings are available ondemand at <u>Medicaid.gov</u>
- 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



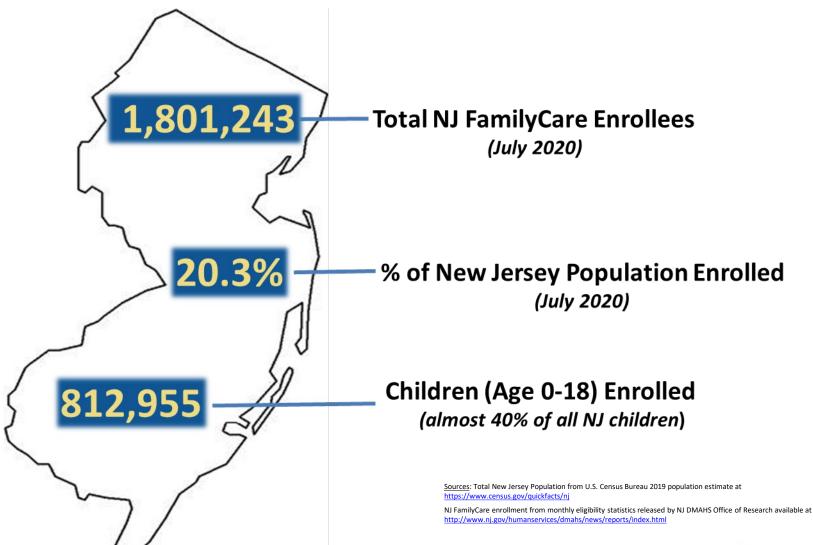
NJ Smiles: Expanding Access to Preventive Dental Care in NJ FamilyCare

Dr. Bonnie T. Stanley
NJ FamilyCare Dental Director

October 27, 2020



NJ Total Population: 8,882,190





Expanding the workforce for preventive dental services

- Infants/toddlers see the PCP multiple times between birth and the age of 3 for well child visits, resulting in opportunities for:
 - Fluoride varnish application
 - Parent/caregiver oral health education
 - Referral to a dentist







- NJ Smiles is a continuation of The NJ Smiles Quality Collaborative that began in 2007
- NJ Smiles became a NJ FamilyCare program January 1, 2013
- The policy and requirements for the oral health services by the PCP included in the MCO contract
- The NJ Smiles Directory of dentists seeing young children is a resource to assist with direct referrals



Oral health services required by the PCP

- 1 Oral screening assessment
- 2 Completion of AAP caries risk assessment form
- 3 Anticipatory guidance
- 4 Application of fluoride varnish
- Referral to the dentist by the age of 1 and follow-up at subsequent PCP visits to ensure the dental visit occurred



- All 5 services must be provided and billed using CPT code 99188
 - Frequency: 2 times a year, up to 4 times a year based on medical necessity
 - Age limit: through age 3

- Smiles for Life online training module or in-person training with NJ Chapter of AAP
 - Any medical professional can complete the training

Smiles for Life - A National Oral Health Curriculum. Available from: https://www.smilesforlifeoralhealth.org/



Stakeholder meetings to discuss PCPs' application of fluoride varnish to young children Collect feedback on PCP experience

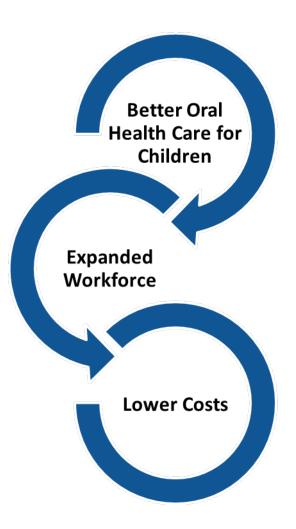
Provide inperson training to PCPs

Identify medical and dental champions as advocates

Collaboration with NJ
Chapter of the AAP

Provide
outreach,
assistance with
implementation,
support and
sustainability to
assist PCPs





Lessons Learned

- A relationship between PCPs and their community dentists is needed to encourage direct referrals
- System changes are needed that integrate medical and dental claims information
- The ability to identify dental visits that occurred as a result of PCP referrals is needed.



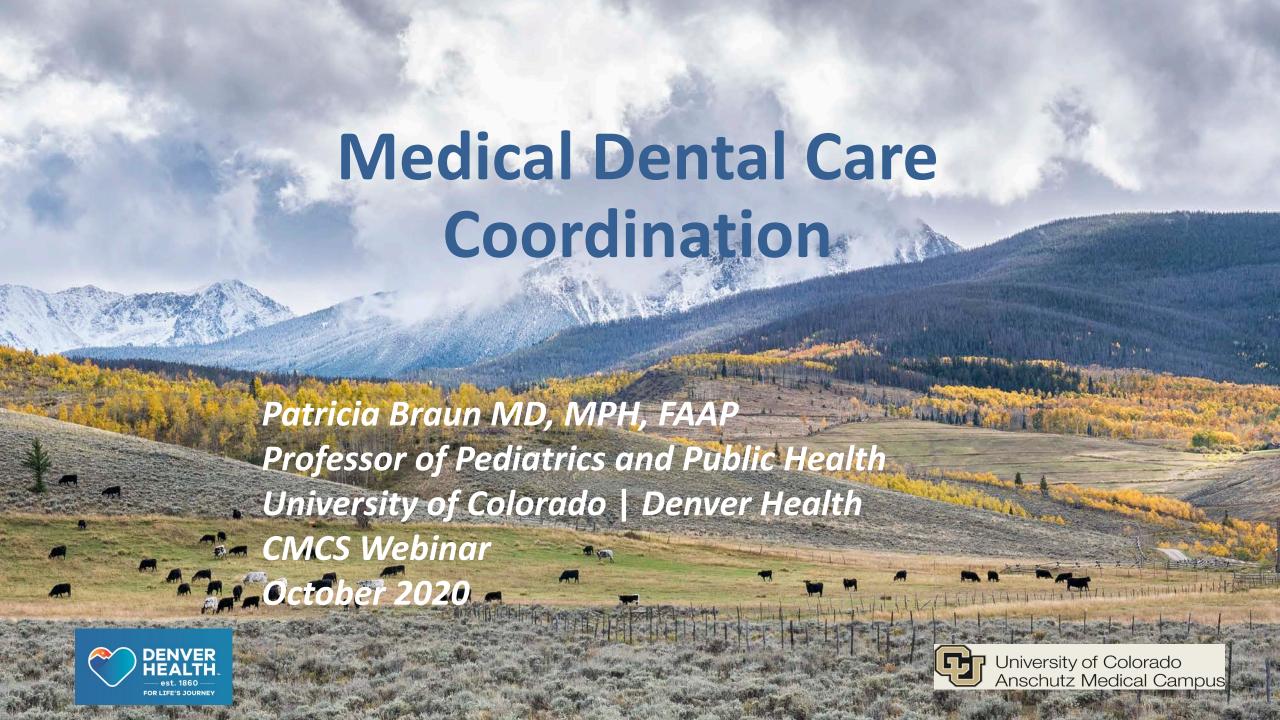
Thank You!

For additional questions about NJ Smiles e-mail:

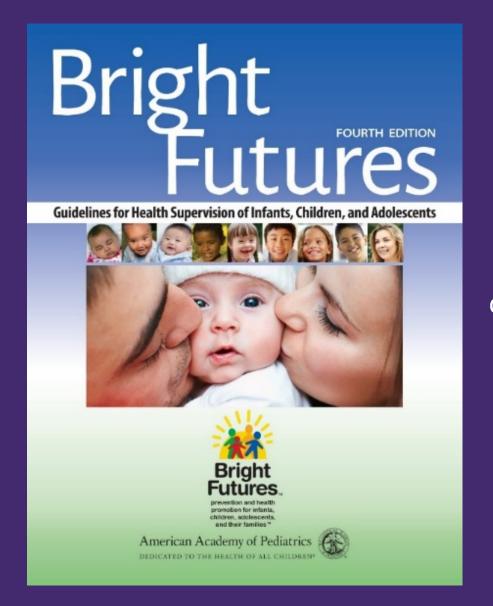
Bonnie.Stanley@dhs.state.nj.us







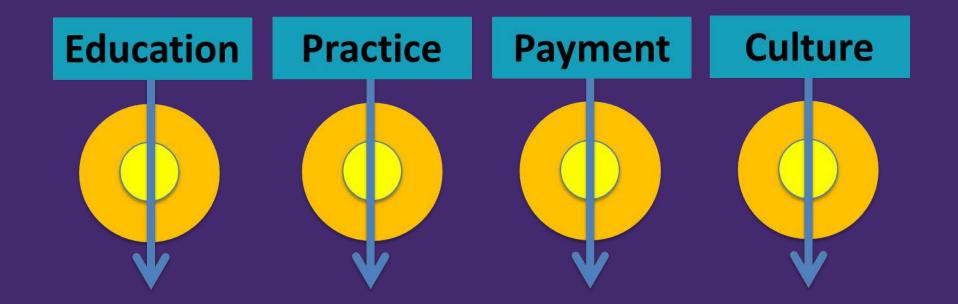
AAP Recommendations | Standards of Care



"Pediatricians should apply fluoride varnish to the children after the eruption of their first tooth and until establishment of a dental home. Medical and dental professionals should work in collaboration to provide fluoride varnish every 6 months for children at low risk for caries and every 3 months for children at high risk for caries."

Challenges and Possible Solutions

Opportunities







Practice Solutions

One Size Does Not Fit All



Medical Expenditure Panel Survey , AHRQ2011

Care Coordination

One Size Does Not Fit All Integrated Coordinated Co-Located





HRSA

Five Clinical Core Competencies

Clinical Evaluation

Preventive Interventions and Education

Interprofessional Collaborative Practice



Risk Assessment



Care Coordination



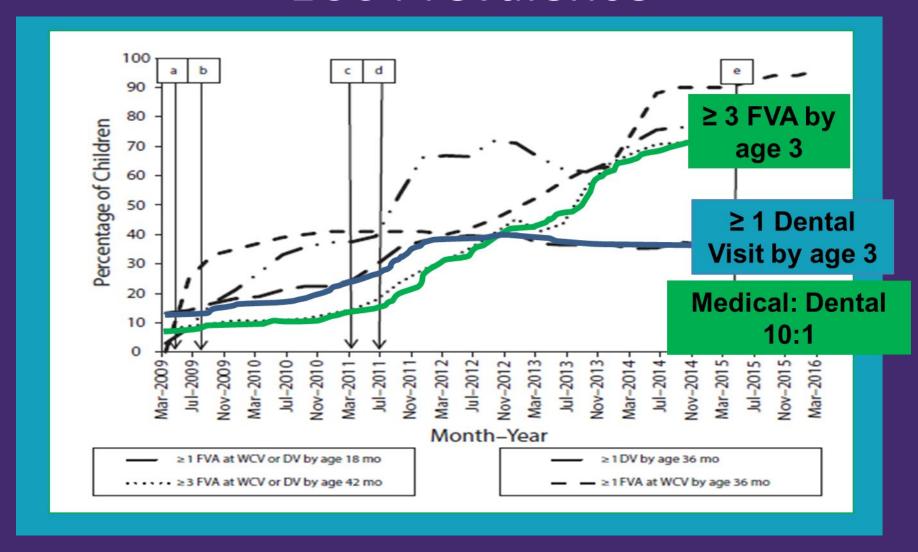






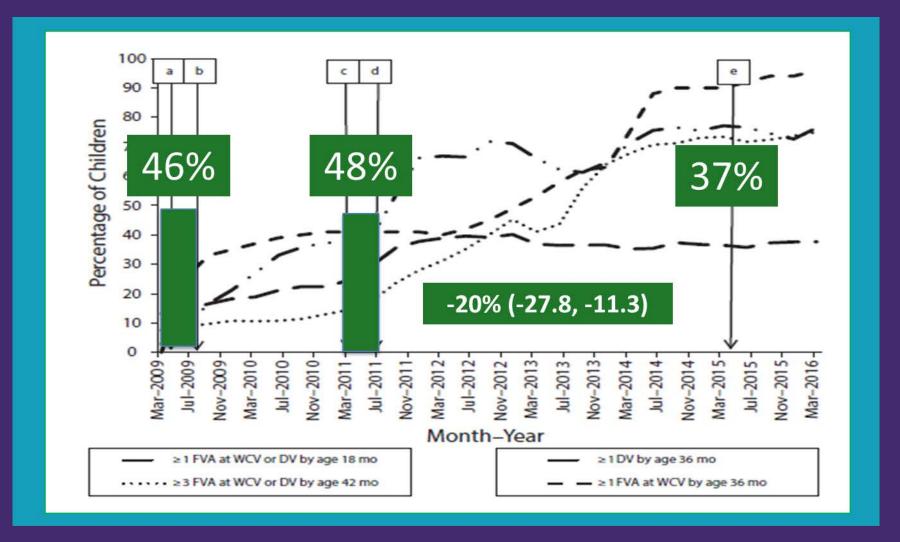


ECC Prevalence



Braun PA, Widmer-Racich K, Sevick C, Starzyk EJ, Mauritson K, Hambidge SJ. Effectiveness on Early Childhood Caries of an Oral Health Promotion Program for Medical Providers. Am J Public Health. 2017; 107:S97-S103.

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Care Coordination

One Size Does Not Fit All

Coordinated

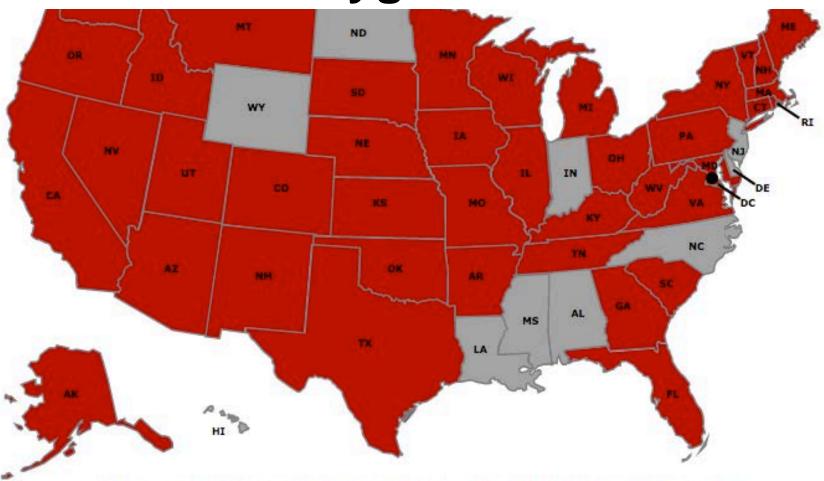
Co-Located

Integrated





42 States: Direct Access Dental Hygiene





The American Dental Hygienists' Association (ADHA) defines direct access as the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship (ADHA Policy Manual, 13-15).









- Full-scope dental hygiene care
- Integrated, team-based care
- Extension of dental home into medical home



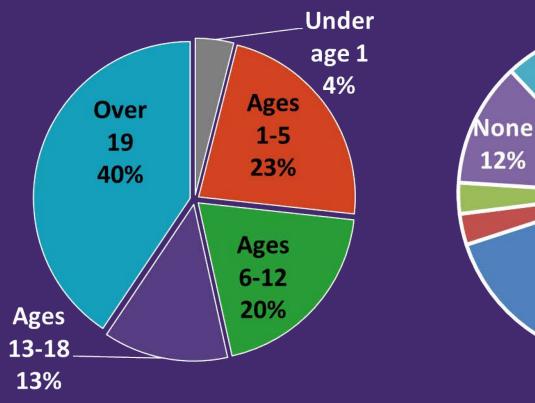
COLORADO FOUNDATION

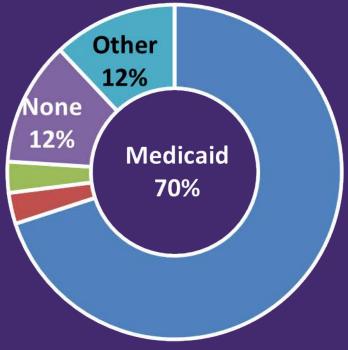




Learning Collaborative

Expanding Access—Broad Reach Total Visits: > 70,000

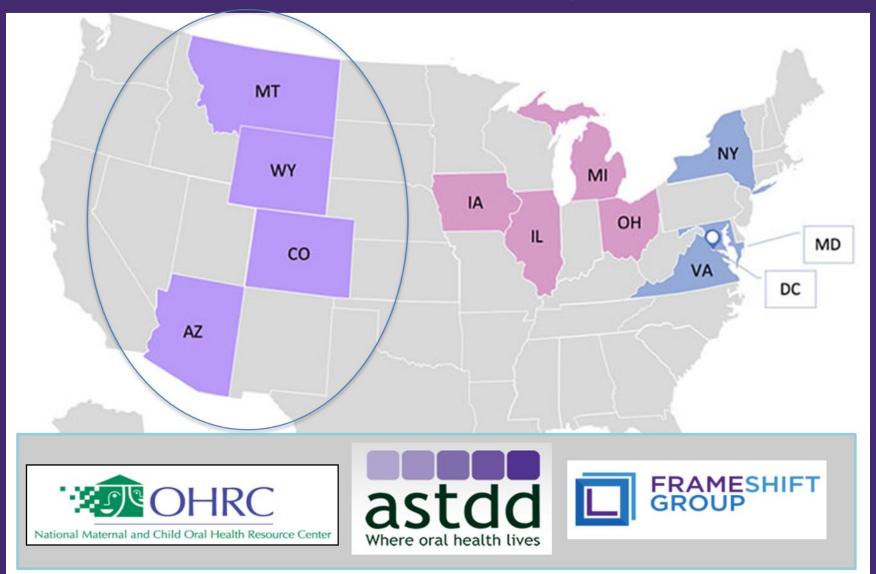




Colorado Medical Dental Integration Project

- 45% last dental visit > year ago.
 - 50% untreated decay.
- >57% completed dental referrals.
- 18,917 completed dental referrals.

HRSA: Networks for Oral Health within the Maternal and Child Health Safety Net

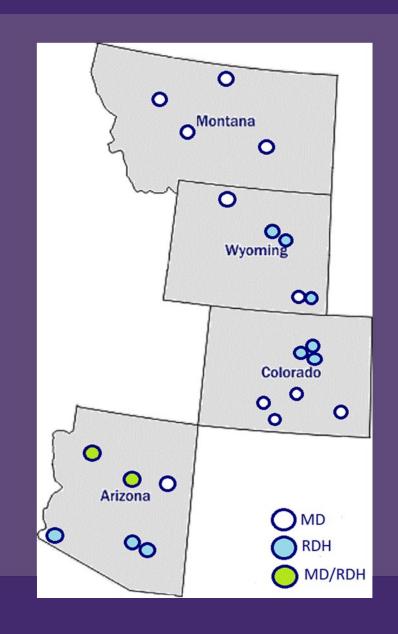


HRSA: Networks for Oral Health within the Maternal and Child Health Safety Net



5-year HRSA Cooperative Agreement 30
Community
Health
Centers
(CHCs)

0 to 3 years and pregnant women



Impact and Takeaways

One Size Does Not Fit All

- ❖ 5 HRSA core clinical competencies apply.
- All examples of care coordination.
- One model doesn't fit all.
- ***** Expand access.
- There is potential to improve oral health.





Questions | Comments

- Patricia.braun@dhha.org
- Patricia.braun@ucdenver.edu





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



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Other QI Resources: Medicaid and CHIP (MAC) Quality Improvement Open School



Complete self-directed, online courses, developed by the Institute for Healthcare Improvement, on key QI concepts and skills, such as:

- How to select measures for a QI project and become a QI leader
- How to lead QI projects
- How to scale and spread change



Earn a MAC Quality Improvement Open School certificate upon completion of seven core courses



Gain access to a library of QI resources (briefs, templates, case studies, etc.)



Receive support from **QI advisors** through office hours and individual coaching sessions

For more information or to get started, visit the MAC Quality Improvement Open School website:

http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/MACQuality.aspx





Contact the Learning Collaborative

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Thank you for participating!

Please complete the evaluation as you exit the webinar.

