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

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| 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 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
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

Total NJ FamilyCare Enrollees
(July 2020)

1,801,243

% of New Jersey Population Enrolled
(July 2020)

20.3%

Children (Age 0-18) Enrolled
(almost 40% of all NJ children)

812,955

Sources:
- Total New Jersey Population from U.S. Census Bureau 2019 population estimate at https://www.census.gov/quickfacts/nj
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

- 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
5. Referral to the dentist by the age of 1 and follow-up at subsequent PCP visits to ensure the dental visit occurred
NJ Smiles

- 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

Collaboration with NJ Chapter of the AAP

- Stakeholder meetings to discuss PCPs’ application of fluoride varnish to young children
- Collect feedback on PCP experience
- Provide in-person training to PCPs
- Identify medical and dental champions as advocates
- 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
Medical Dental Care Coordination

Patricia Braun MD, MPH, FAAP
Professor of Pediatrics and Public Health
University of Colorado | Denver Health
CMCS Webinar
October 2020
“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

- Education
- Practice
- Payment
- Culture
Practice Solutions

One Size Does Not Fit All

Practice

111 MILLION people visit a medical provider and not a dental provider

27 MILLION visit a dental provider and not a medical provider

Medical Expenditure Panel Survey, AHRQ2011
Care Coordination

One Size Does Not Fit All

Coordinated  Co-Located  Integrated
HRSA

Five Clinical Core Competencies

- Risk Assessment
- Clinical Evaluation
- Preventive Interventions
- Communication and Education
- Interprofessional Collaborative Practice
Care Coordination

Safety Net in Denver
> 175,000 unique patients

Colorado Department of Public Health and Environment

Continuous Quality Improvement
ECC Prevalence

ECC Prevalence

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).

States that permit direct access to dental hygienists

Revised May 2017
www.adha.org
- Full-scope dental hygiene care
- Integrated, team-based care
- Extension of dental home into medical home
Expanding Access—Broad Reach
Total Visits: > 70,000

- Over 19: 40%
- Ages 1-5: 23%
- Ages 6-12: 20%
- Ages 13-18: 13%
- Under age 1: 4%

- Medicaid: 70%
- Other: 12%
- None: 12%
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

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

Questions? Email MACQualityImprovement@mathematica-mpr.com
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Thank you for participating!

Please complete the evaluation as you exit the webinar.