Overview of Children's Oral Health and Innovative Approaches to Overcoming Barriers

Leila A. Alter, DDS Indiana Rural Health Association June 26, 2018

Objectives

- Dental Disease is Preventable
- Overview of Indiana Children's Oral Health
- Overview of Factors Impacting Utilization
- Approaches to Improve Outcomes

Dental Disease is Preventable

Tooth Decay is Preventable

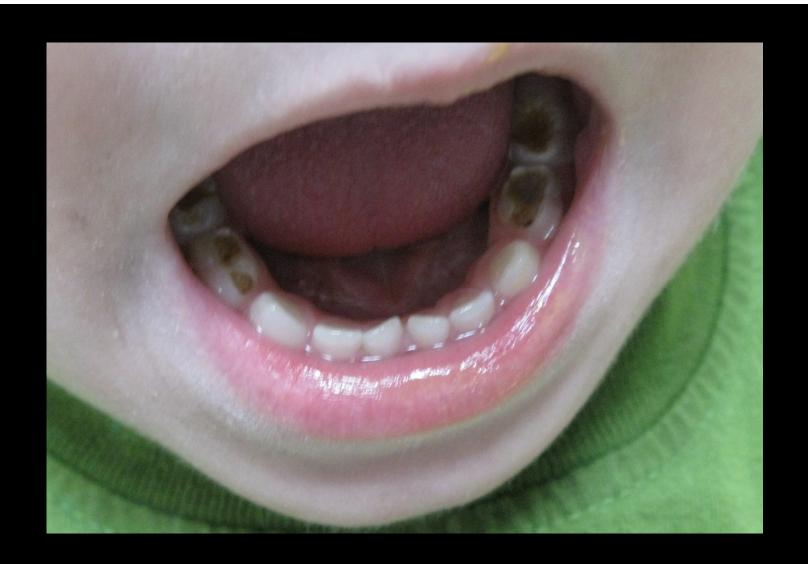
Children acquire the bacteria that cause decay from caregivers and parents

Tooth Decay is Preventable

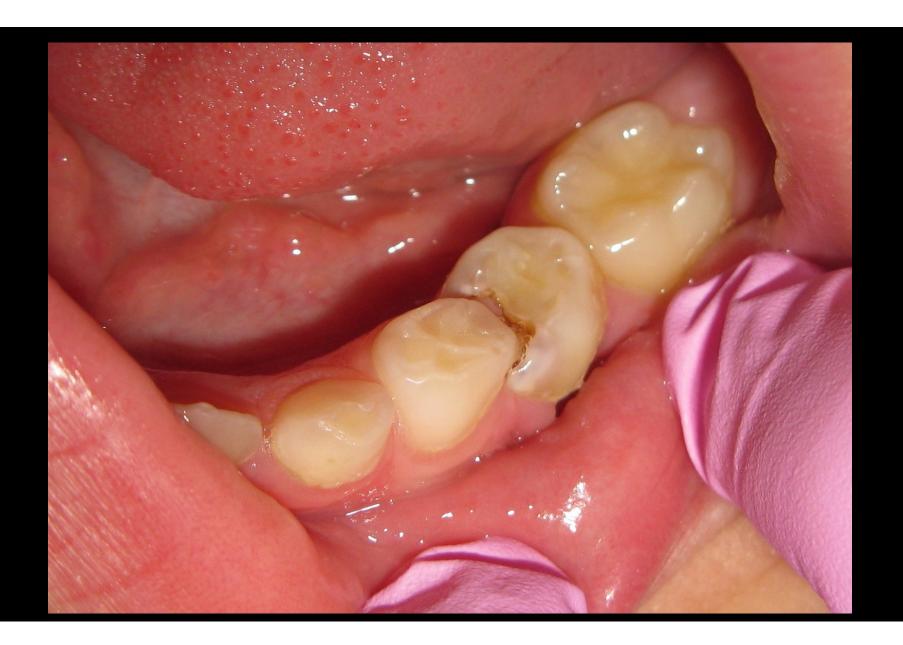
•Early prevention is critical to stop the progression of dental disease

•Early demineralization (white chalky areas) of the dentition can have lifetime ramifications for the patient











Children with Severe Early Childhood Caries are more likely to perform poorly academically and suffer from withdrawal and anxiety

Source: Jackson, S.L., Vann, W.F., Kotch, J.B., Pahel, B.T., & Lee, J.Y. (2011). Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health*, 101(10),1900-1906.

Overview of Indiana Children's Oral Health

Statewide Survey of 3rd Grade Children when compared to US 3rd Graders (2013)

•KEY FINDINGS:

- Overall, Indiana decay experience was lower than national data
 - 51% compared to 58%
- Indiana had lower number of children with untreated decay
 - 17% compared to 29%
- https://www.in.gov/isdh/files/ISDH-DB-2013.pdf

Statewide Survey of 3rd Grade Children (2013)

• KEY FINDINGS INDIANA DATA:

- Decay experience higher in minorities
 - Hispanic 69%
 - African American 58%
 - Caucasian 48%
- Socioeconomic level has an effect on decay experience
 - Low 54%
 - Moderate to High 34%

https://www.in.gov/isdh/files/ISDH-DB-2013.pdf

Indiana Children on Medicaid

1 out of 2 children with Indiana Medicaid coverage were born into Medicaid

• Source: IN Medicaid Infant Mortality 2014 Claims Data Review, August 25, 2016

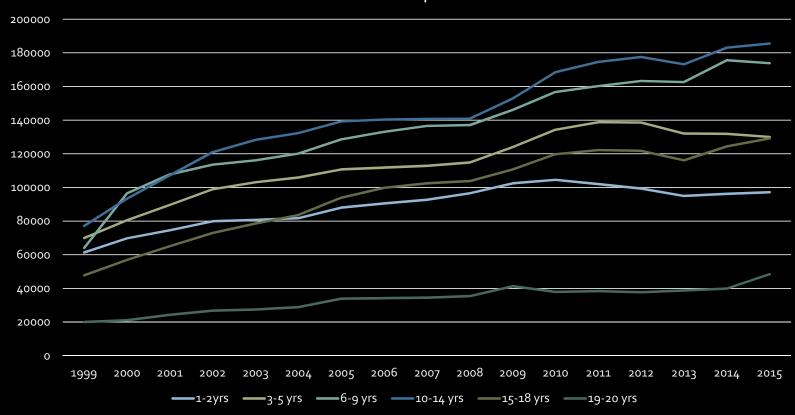
Indiana Children on Medicaid

679,614 children (0-18 years of age) are enrolled in IN Medicaid

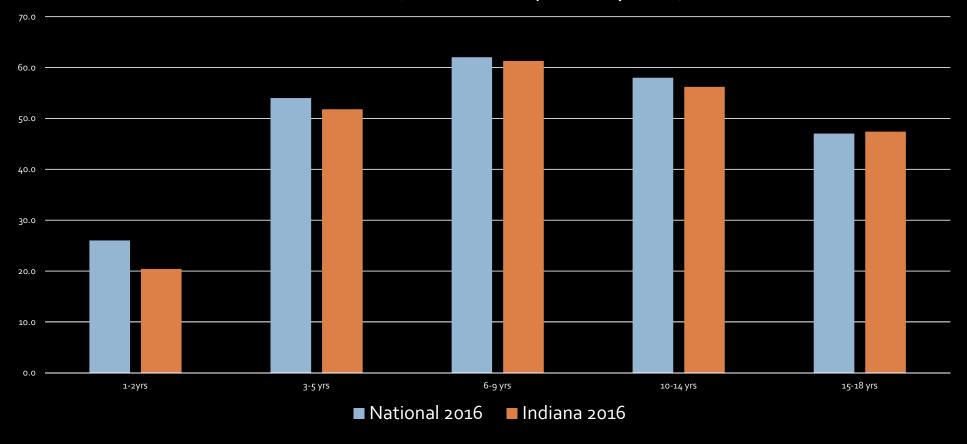
- Hoosier Healthwise 604,879
- Hoosier Care Connect 26,331
- Traditional Medicaid (FFS) 48,404

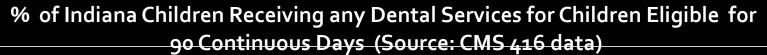
Source: Medicaid Monthly Enrollment Reports, May 2018

Medicaid Enrollment 1999-2015 Members 1-20 years of age Source CMS 416 Data

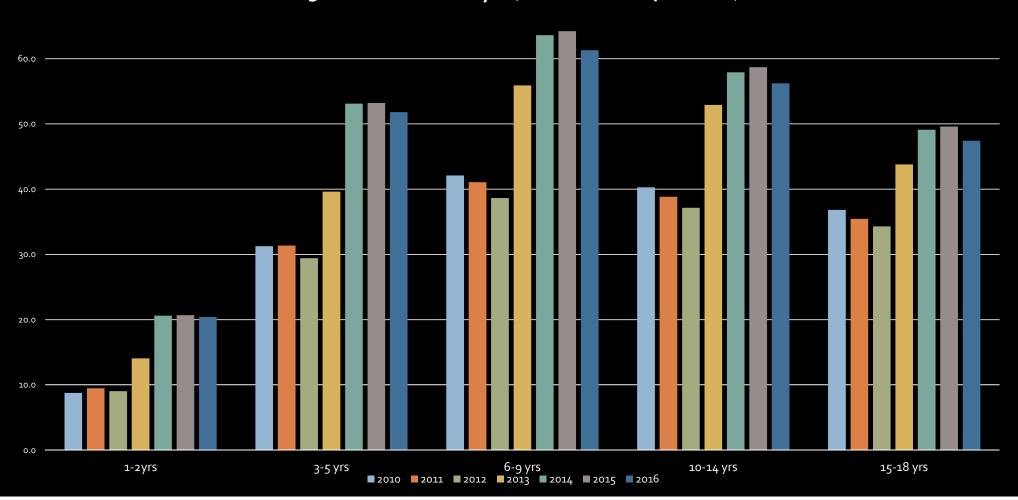


Comparison Between Indiana Medicaid Utilization and National Medicaid Utilization (Source CMS 416 Data, 2016)





70.0



Factors that Impact Medicaid Utilization

Factors that Affect Utilization

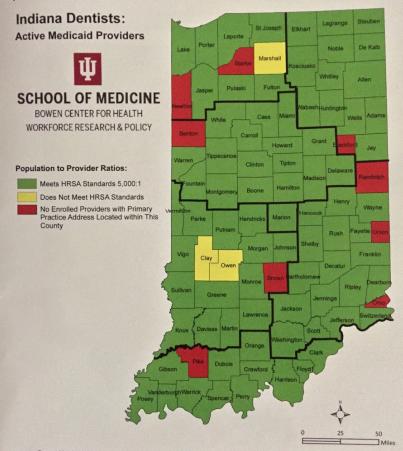
 Rural areas have higher patient to dentist ratios

• Inadequate number of dentists that see young children regardless of whether the patient is enrolled in Medicaid or has commercial insurance

Population to Active Medicaid Dental Providers FY 2015

Bowen Center for Health Workforce Research & Policy Indiana Medicaid: Provider Recruitment and Participation

Map 5: Population to Active Medicaid Provider Ratios - Dentists



Source: Member Information: Indiana Health Coverage Programs Member Enrollment Counts as of 9/19/16 (Total Enrollment Count for Mediciad) + Pkg-C + 590 Pgms). Provider Information obtained from Family and Social Services Administration. Map demonstrates active Medicaid provider (enrolled providers as of 8/19/2016 that had at least 1 claim count in FY2015). Bold lines indicate Provider Relations field consultant territories. Sufficient capacity ratio retrieved from Health Resources and Services Administration (HRSA), 2016.

NO DENTAL MEDICAID PROVIDERS

Benton County Blackford County Brown County Newton County Ohio County Pike County Randolph County Starke County **Union County**

Medicaid Dental Providers that do not see 1-3 year old patients

CRITICAL SHORTAGE

Cass Martin Pike
Fountain Franklin Ripley
Jackson Perry Vermillion
Knox Warren

Source: McMillen Health, Secret Shopper Phone Calls 2015

CRITICAL SHORTAGE

- •There are 20 counties where there is no dental provider that will see a 1-3 year old child with Medicaid
- Source: McMillen Health Secret Shopper Phone Calls, 2015
- Source: Bowen Center for Workforce Research and Policy, 2017

Factors that Affect Utilization

- Lack of reliable transportation
- Inability to take time off from work
- Housing instability leads to difficulty in contacting patients

Factors that Affect Utilization

Inconsistent messaging from health providers

Limited oral health knowledge

Approaches that can make a difference

Consistent Messaging

- Health Care Providers
- Health Care Administrative Staff
- Care Coordinators
- Home Visitors (Early Head Start, First Steps)
- Educators (WIC, Early Head Start, Head Start)
- Child Care Providers

Oral Health Training for Staff

- Indiana WIC Initiative (Late 2015/ Early 2016)
 - Oral health education was given to health educators and oral health resources were integrated in every county WIC office
- Detroit, MI WIC Prevention Program
 - Staff at 5 WIC Clinics received oral health training (Jan 2016)
 - 96 % of clinic staff had never received previous oral health training (50% of staff had been there for over 11 years)

1 Year DetroitWIC Pilotresults

- Controls were matched to children enrolled in other sites not participating in the WIC pilot program and with children not participating in WIC
- There were 1025 children under age 5 who received a dental referral from one of these WIC pilot sites in one year
- Children participating in the WIC pilot study were significantly more likely to have a dental visit after referral compared to matched controls
- Source: Michigan WIC Pilot Year 1 Results, Altarum 2017

Create a referral list for dental providers

 Parents will become discouraged if they keep calling dental offices that do not see young children

MCH MOMS HELPLINE

1-844-624-6667



What should medical and dental staff tell parents?

- Children should be seen by a dentist after the first tooth erupts or by age 1
- A smear of fluoride toothpaste can be used after the first tooth erupts
- Drink water in between meals
- Limit sugary drinks
- Healthy snacks- fruit, cheese, vegetables
- No fruit snacks, crackers etc.

What else can medical staff do?

Lift the Lip

- Apply fluoride varnish (age o-4 years)
 - Indiana Medicaid reimburses
 Physicians, Physician Assistants and
 APNs to Apply Fluoride Varnish after
 completing CE course (see next slide)
 - CPT Code 99188, ICD 10 Z41.8

Fluoride Varnish Training

• IHCP will recognize certificates of completion of the Smiles for Life certified training Course 6: Caries Risk Assessment, Fluoride Varnish and Counseling, available on the Teach Curriculum page at smilesforlifeoralhealth.org, as a valid training course.

Source: IHCP Banner 201816

SAVE THE DATE

September 29, 2018

Children's Oral Health Conference

- Indiana University School of Dentistry, Indianapolis
- Target Audience: APNs, Physician Assistants, Physicians and Dentists
- Continuing education credits
- Indiana Medicaid will accept this as certification of training for fluoride varnish application

Medicaid MCE Member Incentives

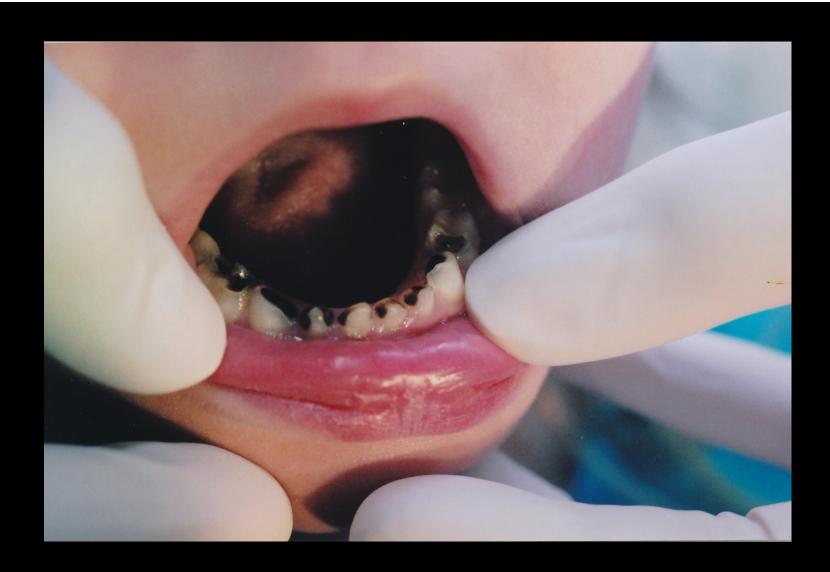
- 20 Reward points for annual dental visit children (o-20 years of age)
- 5 Reward points for any member for each recare visit
- Oral hygiene tooth brush kits
- Oral health messaging in member communications
- Expanded transportation benefits

What can a dental practice do to help members utilize dental services?

- Cultivate a welcoming office environment
- Be flexible
- Utilize short call lists
- Encourage patients to call and cancel their appointment even if it 5 minutes before appointment

What can a dental practice do to help members utilize dental services?

- Confirm dental appointments one day in advance of appointment
- Maintain multiple back up contacts for patients
- Text patients for appointment confirmation



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