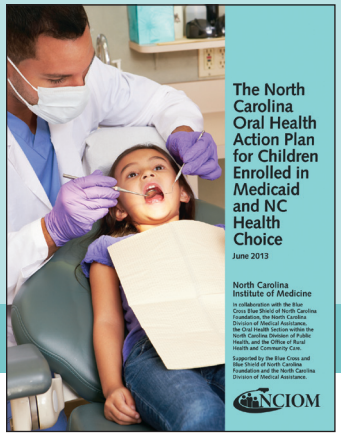

The North Carolina Oral Health Action Plan

for Children Enrolled in Medicaid and NC Health Choice

June 2013

Dental caries, also called "tooth decay" or "cavities," is the most prevalent chronic infectious disease among children in the United States.[1] Tooth decay can lead to pain and swelling and limit a child's ability to eat and speak. It can also create problems that distract from a child's ability to learn. The pain and discomfort diminishes a child's quality of life.[2,3] Fortunately, dental caries is both preventable and manageable. With proper dental care and dietary choices, dental caries could almost be eliminated among children.[1]

In the fall of 2012, the Centers for Medicare and Medicaid Services (CMS) launched an oral health initiative aimed at increasing the percentage of children enrolled in Medicaid or Child Health Insurance Programs (CHIP) who receive preventive dental services and dental sealants. CMS oversees Medicaid and CHIP in all states. CMS launched this oral health initiative in response to low utilization rates for preventive dental services across the country. In North Carolina, children with family incomes below 200% of the federal poverty level[a] qualify for health care coverage, including dental services, through Medicaid or NC Health Choice, North Carolina's State Child Health Insurance Program.[4-6]

The Task Force on Children's Preventive Oral Health Services was convened to help the Division of Medical Assistance develop its required dental action plan to improve access to preventive oral health services for children.

The North Carolina Institute of Medicine Task Force on Children's Preventive Oral Health Services was convened to help the Division of Medical Assistance (DMA) develop a dental action plan to improve access to preventive oral health services for children enrolled in Medicaid and NC Health Choice, as required by CMS. The Task Force is a collaboration between DMA, the Blue Cross and Blue Shield of North Carolina Foundation (BCBSNCF), the Oral Health Section within the North Carolina Division of Public Health, and the Office of Rural Health and Community Care. Financial support for the Task Force comes from BCBSNCF and DMA. The Task Force included 35 task force and steering committee members representing dental health professionals, state policy makers, public health and other health professionals, researchers, consumer representatives, and others. The Task Force met monthly from December 2012 to May 2013.

The Task Force developed three goals. The first two were required by CMS and focus on preventive dental services provided by dental providers. The third was added because the Task Force felt it was important to expand the role of primary care providers in providing preventive oral health care. The Task Force Goals are to:

1. Increase the proportion of children ages 1-20 enrolled in Medicaid or NC Health Choice (enrolled for at least 90 days) who received any preventive dental services from dental providers by 10 percentage points, from 45% to 55% for children enrolled in Medicaid and 42% to 52% for children enrolled in NC Health Choice, over a five-year period from federal fiscal year (FFY) 2011-FFY 2015.

a. In 2013, the federal poverty level for a family of four is $23,550. 200% of the federal poverty level is $47,100.

2. Increase the proportion of children ages 6-9 enrolled in Medicaid or NC Health Choice (enrolled for at least 90 days) who receive a dental sealant on a permanent molar tooth by 10 percentage points, from 17% to 27% for children enrolled in Medicaid and 25% to 35% for children enrolled in NC Health Choice, over a five-year period from FFY 2012[b] to FFY 2017.

3. Increase the utilization of preventive oral health services among children ages 6 months to 20 years old enrolled in Medicaid and NC Health Choice (enrolled for at least 90 days) by any appropriate health professional by 10 percentage points, from 55% to 65% for children enrolled in Medicaid and 42% to 52% for children enrolled in NC Health Choice, over a five-year period from FFY 2011-FFY 2015.

The Task Force developed recommendations to address Goals 1, 2, and 3, as well as crosscutting recommendations that could positively impact all three goals. The following provides a summary of the recommendations from the Task Force on Children's Preventive Oral Health Services.

Increasing Preventive Care Utilization

In FFY 2012, only 45% of children enrolled in Medicaid, and 42% of the children enrolled in NC Health Choice received at least one preventive service from a dentist.[4,5] Preventive care, which includes cleanings, fluoride treatments, sealants, and space maintainers, is a critical first step to ensuring that children do not develop dental disease or that dental disease is identified early and treated. Utilization is particularly low among very young children; only 29% of eligible children ages 1-2 received preventive dental services in FFY 2012. One reason for low utilization is parents do not understand the importance of taking their children to the dentist at an early age. **The Division of Medical Assistance (DMA) and the Oral Health Section of the Division of Public Health should increase efforts to educate families about the importance of early childhood oral health and to connect young children with a dental home.** To support efforts to increase utilization of preventive dental services, **DMA and the North Carolina Community Care Networks (NCCCN) should examine whether an additional per member per month payment is needed to expand the capacity of Health Check Coordinators to help families with young children understand the importance of oral health and connect to a dental home**.

In addition to increasing education and efforts to connect young children with a dental home, increasing the number of dentists who participate in Medicaid and NC Health Choice and who are willing to treat very young children is critical to improving access and utilization of preventive dental services. **The North Carolina Dental Society (NCDS) should partner with DMA to encourage more dentists to participate and to increase the willingness of general dentists to treat young patients. DMA could further increase the likelihood of dentist participation by reducing administrative barriers**.

Promoting and Increasing Sealant Utilization

Sealants are clear or opaque materials applied to the rough surfaces, called pits and fissures, of premolars and molars to prevent tooth decay. In North Carolina, 17% of children ages 6-9 enrolled in Medicaid and 25% of similar age children enrolled in NC Health Choice received a sealant in FFY 2012.[c,5] Despite the well-supported case for their use, sealants are not highly utilized in oral health prevention for many reasons, including underutilization by dentists, poor reimbursement by Medicaid and NC Health Choice, inability to receive reimbursement to reapply sealants if they fail, and lack of knowledge about sealants among parents. To increase the use of sealants, **DMA should explore changes in Medicaid payment policies to increase reimbursement to the 75th percentile of a commercial dental benchmark for dental sealants.** Additionally, **DMA should create new coverage policies to allow reapplication of sealants when medically necessary**. Educating dentists about the efficacy of sealants and current sealant research is also critical. **NCDS should disseminate information about the efficacy of dental sealants and promote their use. Other organizations that provide continuing education for dental professionals should increase their focus on sealants.** Finally, there is a need for

b. For the purposes of this report we are using FFY 2012 as the baseline year. CMS has not yet defined the baseline year for this measure for their requirements, therefore, the baseline year may need to be changed once CMS has decided on a baseline year.

c. It is important to note that the target is not 100% in a year. If the goal is to have 100% of children have sealants on permanent molars by age 9, we would expect about 25% of 6-9 year olds to get their molars sealed in any given year.

primary care providers to understand the role sealants play in preventing dental caries and for them to share this information with the children and families they see. **DMA, NCCCN, and NCDS, in collaboration with other partners, should expand or create continuing education opportunities for primary care professionals to educate them on sealants.**

The Role of Primary Care Providers

Primary care professionals also have the ability and responsibility to support children's oral health. In North Carolina there are many efforts underway within the primary care setting to improve children's oral health. However, there is a need for more guidance for primary care providers to help clarify the expectations for oral health care provided during medical visits. **DMA and NCCCN should continue to work with primary care providers (PCPs) who see children and pregnant women and their partners to help them further encourage families with children to obtain oral health services. As part of this effort, DMA and NCCCN should develop and disseminate guidelines that specify oral health expectations for PCPs as well as obstetricians and gynecologists.** Additionally, lack of communication between PCPs and dental professionals impedes efforts to improve the oral health of children. **DMA, NCCCN, NCDS, the North Carolina Pediatric Society, North Carolina Academy of Family Physicians, and other partners should create systems for greater collaboration between PCPs and dental professionals.**

Crosscutting Strategies to Increase Preventive Dental Services Utilization

Increasing children's access to preventive dental services in North Carolina is a challenge due to a low dentist-to-population ratio and limited public resources, as well as family, dentist, and policy barriers. In discussions, the Task Force repeatedly came back to the need for additional mechanisms to deliver efficient and affordable services at times and in places convenient for children and families. The Task Force also struggled with how to ensure that North Carolina has a sufficient oral health workforce to deliver quality care. These issues came up in discussions of Goals 1 and 2. To answer these challenges, the Task Force developed four crosscutting recommendations. To support the provision of high-quality dental health prevention and education for children across the state, **the North Carolina General Assembly should maintain the structure of the Oral Health Section (OHS) of the Division of Public Health and increase funding in order to hire additional dental hygienists.** To ensure that children seen for dental care in any setting receive high-quality, comprehensive care, **DMA should examine current dental payment policies to support dental homes that provide continuity of care and comprehensive oral health services.** Furthermore, new methods for delivering efficient and affordable services at times and in places convenient for children and families should be explored. **The NCDS, OHS, and DMA should seek funding to create school-based pilot programs to provide screenings, preventive services, and sealants. For this pilot, a dental practice would serve as the dental home. Dental hygienists, employed by the dental office, would need additional training to provide the dental services in schools with remote supervision by the participating dentist. If successful and financially viable, the model should be expanded across the state.** In order to increase the number of dentists in North Carolina, **the North Carolina State Board of Dental Examiners, which is charged with regulating dentists in the public interest, should consider opportunities to increase the supply of high quality providers practicing in North Carolina, with special attention to underserved areas and populations.**

Conclusion

The Task Force examined the main barriers to utilization of preventive oral health services by children enrolled in Medicaid and NC Health Choice and developed recommendations to address these barriers. *The North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice* includes a wide variety of recommendations that could be pursued and promoted by both public and private stakeholders. The report includes a multifaceted approach that, if implemented, will significantly improve access and utilization of preventive oral health services by children enrolled in Medicaid and NC Health Choice, thus helping the state meet the goals set forth by the Centers for Medicaid and Medicare Services. In turn, this will help promote the health and wellbeing of some of our most vulnerable children.

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A copy of the full report, including the complete recommendations, is available on the North Carolina Institute of Medicine website, http://www.nciom.org.
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