Executive Summary

Dental caries, also called "tooth decay" or "cavities," is the most prevalent chronic infectious disease among children in the United States.[1] Tooth decay, which can lead to pain and swelling, can limit a child's ability to eat and speak, and 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 North Carolina, 14% of children in kindergarten (ages 5-6) had untreated dental decay in at least one primary tooth.[a] National data show 40% of children ages 2-8 have dental caries in their primary teeth and 21% of children ages 6-11 have dental caries in their permanent teeth. A number of factors put some children at greater risk of developing dental caries, particularly low socioeconomic status and minority race/ethnicity.[4] In North Carolina, children with family incomes below 200% of the federal poverty level[b] qualify for health care coverage, including dental services, through Medicaid or NC Health Choice, North Carolina's State Child Health Insurance Program.[5-7]

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.

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 CHIP who receive preventive dental services and dental sealants. CMS oversees both Medicaid and the Child Health Insurance Programs (CHIP)[c] in all states. CMS launched this initiative in response to low utilization rates for preventive dental services across the country. 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 its required dental action plan to improve access to preventive oral health services for all children in response to this request from CMS. The Task Force is a collaborative effort 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 on Children's Preventive Oral Health Services was chaired by Mark Casey, DDS, MPH, dental director, North Carolina Division of Medical Assistance, Frank Courts, DDS, chair, Physicians Advisory Group Dental Committee, North Carolina Division of Medical Assistance and dental practitioner, and Marian Earls, MD, FAAP, lead pediatric consultant,

a King, Rebecca. Section Chief, Oral Health Section, Division of Public Health, North Carolina Department of Health and Human Services. Written communication May 31, 2013.

b In 2013, the federal poverty level for a family of four is $23,550. 200% of the federal poverty level is $47,100. Add cite: http://aspe.hhs.gov/poverty/13poverty.cfm.

c NC Health Choice is North Carolina's Child Health Insurance Program.

Community Care of North Carolina. 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 administered by dental providers. In addition to these goals set by CMS, the Task Force felt it was important to include a goal looking at the role primary care providers serve in providing preventive oral health care. The Task Force Goals are to:

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1. Increase the proportion of children ages 1-20 enrolled in Medicaid or NC Health Choice[d] (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-FFY2015.

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[e] - FFY 2017.

3. Increase the utilization of preventive oral health services among children ages 6 months-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 believes that in raising North Carolina's overall proportion of children receiving preventive dental services, sealants, and preventive oral care in the medical setting, it is important to focus on both the state data and county level data. It is critical that the state improve preventive dental services for children living in all counties in North Carolina, not just those in a few higher need urban counties. Therefore, the Task Force proposed that for each of the goals set forth, the state should work towards an improvement of at least 15 percentage points for counties in the lowest quartile of a given goal, 10 percentage points for counties in the middle two quartiles of a given goal, and 5 percentage points for those counties in the highest quartile. The Task Force

d NC Health Choice is North Carolina's CHIP program.

e 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.

recognized that if counties just achieved these goals, that we would not reach the CMS goal of a 10 percentage point increase in use of preventive dental services or sealants. However, the Task Force expects that some counties will exceed these goals, thereby raising the state average to reach the recommended increase.

The Task Force examined data on the scope of the problem and identified barriers to children enrolled in Medicaid and NC Health Choice receiving preventive dental services and sealants. The group then 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. The summary recommendations are numbered and correspond to the chapter where they are discussed in more detail.

Increasing Preventive Care Utilization

In 2009, North Carolina ranked among the top 10 states for the percentage of children receiving any preventive dental service.[8] However, access to dental services and utilization of available services in North Carolina is low, with fewer than half of eligible children receiving preventive dental services. In FFY 2012, only 49% of children enrolled in Medicaid or NC Health Choice received at least one preventive service from a dentist.[5,6] 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 children ages 1-2 received preventive dental services in FFY 2012, despite the fact that both the American Dental Association and the American Academy of Pediatric Dentistry recommend that children see a dental provider "at the time of the eruption of the first tooth and no later than 12 months of age.[9]" The Task Force recognized the need to increase efforts to educate families about the importance of early childhood oral health and to connect young children with a dental home.

Recommendation 3.1: Increase Outreach and Education to Families of Young Children about the Importance of Oral Health Services

The Division of Medical Assistance (DMA) and the Oral Health Section (OHS) of the Division of Public Health should develop a one page document that summarizes the major Medicaid and NC Health Choice dental benefits and provides information on how young children can receive oral care. In addition, DMA and OHS should disseminate information on how to maintain good oral health for infants and young children and on the importance of seeking dental services for children beginning at age 1. DMA should partner with other organizations and agencies to distribute this information to families.

Recommendation 3.2: Support Dental Care Coordination by North Carolina Community Care Networks

The Division of Medical Assistance and the North Carolina Community Care Networks should examine whether an additional per member per month (pmpm) payment is needed to expand the capacity of Health Check Coordinators to help families with young children enrolled in Medicaid or NC Health Choice 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, more could be done to increase dentists' participation in Medicaid and NC Health Choice. Only half of the dentists in North Carolina provide services for children enrolled in Medicaid and NC Health Choice, and only a quarter of dentists in North Carolina actively participate—defined as having at least $10,000 in Medicaid claims throughout the year.[10] Increasing the number of dentists who participate in Medicaid and NC Health Choice is critical to improving access and utilization of preventive dental services.

Recommendation 3.3: Increase the Participation of Dentists in Medicaid and NC Health Choice

The North Carolina Dental Society (NCDS) should partner with the Division of Medical Assistance (DMA) to encourage more dentists to participate in Medicaid and NC Health Choice and to increase the willingness of general dentists to treat young patients.

Recommendation 3.4: Reduce Barriers Discouraging Dentists from Participating in Medicaid and NC Health Choice

The Division of Medical Assistance (DMA) should encourage more dentists to participate in Medicaid by reducing administrative barriers. DMA should not take any steps that would reduce dentist participation. In addition, the North Carolina General Assembly should change the classification of dentists from moderate to low categorical risk providers for purposes of fraud and abuse monitoring.

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. Sealants prevent food, bacteria, plaque, and other debris from collecting within the pits and fissures of vulnerable teeth.[11] Sealants are designed to withstand normal wear but must be monitored. If necessary, sealants must be reapplied to ensure long-term effectiveness. Sealants may be placed as primary prevention to avert onset of caries or as secondary prevention to arrest progression of caries to cavitation. Sealants are effective in reducing dental caries by approximately 60% among children ages 6-17.[11] In North Carolina, 17% of children ages 6-9 enrolled in Medicaid and 19% of similar age children enrolled in NC Health Choice received a sealant in FFY 2012.[f,6] Despite the well-supported case for their use, sealants are not very 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. Changes to Medicaid and NC Health Choice payment and policies could increase utilization of sealants by dentists. Education of dental professionals is also needed because many dentists lack understanding of the American Dental Association guidelines for pit and fissure sealants, including the benefits of sealants over incipient caries. Finally, with further education, primary care professionals could help educate children and their families about sealants when they talk to them about the importance of oral health.

Recommendation 4.1: Increase Reimbursement for Dental Sealants

The Division of Medical Assistance (DMA) should explore changes in Medicaid payment policies to increase reimbursement to the 75th percentile of a commercial dental benchmark for dental sealants.

Recommendation 4.2: Allow Reapplication of Sealants When Medically Necessary

Educate dentists about EPSDT and the ability to seek an exception from regular coverage policy to obtain reimbursement for the reapplication of sealants when medically necessary. The Division of Medical Assistance Physician Advisory Group should create new coverage policies for Medicaid and NC Health Choice to allow reapplication of sealants on the same tooth when medically necessary.

f 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.

Recommendation 4.3: Increase Private Sector Efforts to Encourage Dentists to Provide Sealants for Medicaid and NC Health Choice Participants

The North Carolina Dental Society (NCDS) should promote the use of dental sealants and disseminate information about the efficacy of sealants. NCDS, in partnership with Old North State Dental Society, should expand existing efforts to provide sealants to children through the Give Kids a Smile/MOMs effort. Other organizations that provide continuing education for dental professionals should increase their focus on sealants.

Recommendation 4.4: Educate Primary Care Providers about Sealants

The Division of Medical Assistance, North Carolina Dental Society, North Carolina Pediatric Society, Area Health Education Centers, North Carolina Community Care Network, and other partners should expand or create continuing education opportunities for primary care professionals to educate them on sealants.

The Role of Primary Care Providers

Most oral health services are provided by dental professionals. However, primary care professionals also have a responsibility and ability to support children's oral health. Primary care providers can educate children and their families about the importance of oral health care, the need for all children ages 1 and older to have a dental home, and the impact of nutrition on children's teeth; refer children to the dentist for care; and, in North Carolina, provide some basic preventive oral health care to high-risk young children. 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 in order to clarify the expectations for oral health care provided during medical visits. Additionally, the lack of communication between primary care providers and dental professionals impedes efforts to improve the oral health of children. More professional interaction between primary care providers and dentists could promote communication and collaboration.

Recommendation 5.1: Encourage Primary Care Providers to Promote Oral Health

The Division of Medical Assistance and the North Carolina Community Care Network (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 and OB/GYNs.

Recommendation 5.2: Create Systems for Greater Collaboration between Primary Care Providers and Dental Professionals

The Division of Medical Assistance, North Carolina Community Care Network, North Carolina Dental Society, the North Carolina Pediatric Society, and other partners should create systems for greater collaboration between primary care providers and dental professionals.

Crosscutting Strategies for Increasing 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 address these challenges, the Task Force developed four crosscutting recommendations.

Recommendation 6.1: Maintain the Structure of the Oral Health Section and Increase Funding for Public Health Dental Hygienists

The North Carolina General Assembly should maintain the structure of the Oral Health Section of the Division of Public Health, including dental hygienists, and increase funding in order to hire additional dental hygienists who can provide preventive oral health services in schools, help link children with oral health problems to a dental home, participate in oral health surveillance activities, and otherwise promote oral health among children.

Recommendation 6.2: Require Limited Service Dental Providers to Provide Comprehensive Dental Services

The Division of Medical Assistance and the Physician Advisory Group should examine current dental payment policies to better support dental homes that provide continuity of care and comprehensive oral health services.

Recommendation 6.3: Pilot Private Dental Practice School-Based Programs

The North Carolina Dental Society, Oral Health Section of the Division of Public Health, and Division of Medical Assistance 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. The model should be evaluated after three years. If successful, and financially viable, the model should be expanded across the state.

Recommendation 6.4: Reduce Barriers for Qualified Out-of-State Dentists

The North Carolina State Board of Dental Examiners (NCSBDE) is charged with regulating dentists in the public interest. Given the relative lack of dentists in North Carolina as compared to other states and the ongoing dental shortages in some areas of the state, the NCSBDE should consider opportunities to increase the supply of high quality providers practicing in North Carolina, with special attention to underserved areas and populations.

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