



Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS
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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
<p>Name: Debora Teixeira</p> <p>Title: Program Manager</p> <p>Agency/Organization: Vermont Department of Health/Office of Oral Health</p> <p>Address: Same as above</p> <p>Phone: 802-652-4115</p> <p>Email Address: Debora.teixeira@vermont.gov</p>

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Enrolling Dental Hygienists as Medicaid Providers

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

[*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	<u>Healthy People 2020 Oral Health Objectives</u>
	OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
	OH-2 Reduce the proportion of children and adolescents with untreated dental decay
	OH-3 Reduce the proportion of adults with untreated dental decay
	OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
	OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9 Increase the proportion of school-based health centers with an oral health component
	OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

"X"	Other national or state Healthy People 2020 Objectives: (list objective number and topic)

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Access to care, dental hygienists, Medicaid, workforce

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The Commissioners of the state Medicaid agency and Department of Health convened a workgroup to develop strategies to increase access to dental care for adult Medicaid beneficiaries and enrolling hygienists as Medicaid providers was one of the strategies identified by the workgroup.

Costs associated with this activity involve staff time and increased reimbursement costs incurred by the Medicaid program (as more Vermonters receive care). However, investment in preventive care and silver diamine fluoride may lead to lower overall costs to the program and the State over time (fewer Vermonters seeking dental care in emergency departments and using general assistance vouchers for dental pain).

The short-term outcome that has been achieved is that there are at least six new Medicaid providers in Vermont. Intermediate and long-term outcomes include increased access to dental care for adult Vermonters insured by Medicaid, reduction in emergency department visits and general assistance voucher use for dental related pain, and ultimately a reduction in dental health disparities.

The biggest lesson learned is that it's important to develop a comprehensive packet of information early in the process that addresses all potential questions upfront so that you're not responding to questions piecemeal as they come up. Any hygienist is able to apply to become a Medicaid provider, not just those working in public health settings.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Verdana 9 font.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

In the summer of 2014 commissioners from state's Medicaid agency (the Department of Vermont Health Access or DVHA), and the Vermont Department of Health (VDH) convened a workgroup to develop recommendations to increase access to dental care for adult Vermonters enrolled in the Medicaid program. Workgroup members included representatives from the Vermont Department of Health's Office of Oral Health, the executive director of the Vermont State Dental Society (VSDS), and DVHA staff. A list of recommendations was developed, one of which was to enroll dental hygienists as Medicaid providers to increase access to preventive dental care for adult Vermonters insured by Medicaid.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Evidence used to support enrolling dental hygienists as Medicaid providers included information from CMS and research from other states showing that increasing the number of dental hygienists working in public health settings led to improvements in dental access rates (see *Enrolling Dental Hygienists as Medicaid Providers literature review in Enrolling Dental Hygienists as Medicaid Providers in VT Information Packet* in Available Information/Resources section at the end of this report).

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

Timeline:

- Summer 2014: Workgroup convened
- 9/2/14: Workgroup finalizes recommendations to improve access to dental care for adult Vermonters enrolled in the Medicaid program, one of which is to enroll hygienists as Medicaid providers
- 9/24/14: Fiscal impact statement finalized
- 12/15/14: Presentation of all strategies to VT Agency of Human Services leadership including commissioners from the DVHA and VDH
- 5/2015: *Enrolling Dental Hygienists as Medicaid Providers in VT* information packet presented to VDH and DVHA leadership
- 6/2016: DVHA announces that beginning in July 2016 dental hygienists can enroll as Medicaid providers in Vermont

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Resources needed to carry out the activity included staffing and partnerships. For example, Office of Oral Health program staff time was dedicated to developing *the Enrolling Dental Hygienists as Medicaid Providers in VT Information Packet*, which involved reaching out the American Dental Hygienists Association to determine the states where hygienists could enroll as Medicaid providers. We also needed to partner closely with the state Medicaid agency to conduct the fiscal impact statement (i.e., cost to the state Medicaid agency of enrolling hygienists as providers). Additionally, a state wishing to carry out this activity would need to have a practice act in place which allows dental

hygienists to work in public health settings either independently or under the general supervision of a dentist. Here is a [list of other states](#) that allow hygienists to enroll as Medicaid providers.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

NA

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

To the best of my knowledge six VT dental hygienists have enrolled as Medicaid providers and have Medicaid provider numbers. Data related to claims (e.g., dollar amount, services rendered, ages of patients served, location of services rendered) will be available which will help us evaluate the effectiveness of this strategy.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:

- How outcomes are measured
- How often they are/were measured
- Data sources used
- Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

The outcome of enrolling dental hygienists as Medicaid providers in Vermont is that there are now at least six additional Medicaid providers in the state. We will continue to track this outcome (number of hygienists enrolled as Medicaid providers) as well as track Medicaid claims data in order to understand the impact they are having on access to oral health care. The outcome of increasing the number of dental health care providers available to treat adult Medicaid beneficiaries was intended to be short-term; however, the outcome of improved access to oral health care was intended to be intermediate. This is because hygienists need time to get the necessary steps in place before they begin seeing patients (e.g., enroll as a provider, establish a practice setting, purchase equipment and supplies, work out billing issues). The Vermont Dental Hygienists Association has developed a presentation to help hygienists who are interested in becoming Medicaid providers to navigate the process.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. **What is the annual budget for this activity?**

There is no annual budget for this activity.

2. **What are the costs associated with the activity?** (Including staffing, materials, equipment, etc.)

Costs associated with this activity would be an increase in Medicaid reimbursement (as more people are able to access dental services). See fiscal impact statement located in information packet which is located in the Available Information/Resources section at the end of this report. The cost to the hygienist would be an investment in portable or mobile equipment and supplies.

3. How is the activity funded?

NA

4. What is the plan for sustainability?

Hygienists working in public health settings who are able to bill Medicaid for the services they provide can become self-sustaining. Increasing access to dental health care services (including silver diamine fluoride) for adults insured by Medicaid should result in reduced costs to the Medicaid program overall as more preventive and less restorative treatment is rendered. There are also potential cost savings to be had by avoiding costly emergency department treatment for dental issues.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

One important lesson learned that would be useful for others looking to implement a similar activity is to make a strong case for why this would be helpful for your state. A key aspect of this activity was the development of a comprehensive packet of information that addressed concerns and questions that came up throughout the process.

In retrospect, if we were to do anything differently it would have been to work with partners to develop the information packet sooner. It seemed like every time there was a meeting designed to decide whether or not to move forward with enrolling hygienists as providers in VT, more questions would come up that delayed the process. Compiling and addressing the questions earlier would have saved some time.

2. What challenges did the activity encounter and how were those addressed?

In addition to the challenge mentioned above, there was also turnover at DVHA that delayed the process (a new Commissioner was appointed).

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.



Enrolling Hygienists as Medic

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	51007
Associated BPAR:	The Role of Oral Health Workforce Development in Access to Care
Submitted by:	Vermont Department of Health/Office of Oral Health
Submission filename:	DES51007VTrdhmedicaid-2019
Submission date:	March 2019
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