



Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lcofano@astdd.org

Name of Project						
Partners for Prevention						
Executive Summary (250-word limit)						
<p>South Dakota is a rural state where many young children do not access dental care. Conversely, 87% of children typically have at least one visit with a health professional (Clark and Braun, 2021). To increase access to preventive dental services, the Delta Dental of South Dakota Foundation (DDSD Foundation) created a program called Partners for Prevention that trains primary care medical providers on oral health, including instruction on the application of fluoride varnish (FV) to prevent cavities.</p> <p>In 2014, the US Preventive Services Task Force (USPSTF) recommended a FV application for infants with teeth erupting through the age of five years old. As part of the program, DDSD Foundation offers a no cost, “lunch and learn” style training by a dental hygienist for medical offices. The training includes a PowerPoint presentation, a short video to show how to apply FV, and a hands-on fluoride application with the training participants. A resource folder is given to participants. A post-training email is sent to each participant with a survey and a list of additional digital resources. The hygienists also conduct follow-up inquiries with the clinics to learn if there are any barriers to implementation they can help address. A sustainability aspect of the programs involves training nursing students, medical students and medical residents so they understand oral health and the part they can play in preventing dental caries.</p>						
Name of Program or Organization Submitting Project						
Delta Dental of South Dakota Foundation						
<i>Essential Public Health Services to Promote Health and Oral Health in the United States</i>						
Place an “X” in the box next to the Core Public Health Function(s) that apply to the project.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> <td>Assessment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Policy development</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Assurance</td> </tr> </table>	<input checked="" type="checkbox"/>	Assessment	<input type="checkbox"/>	Policy development	<input checked="" type="checkbox"/>	Assurance
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http://www.astdd.org/state-guidelines/						

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01

Increase the proportion of low-income youth who have a preventive dental visit — OH-09

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project.

Keywords are used to categorize submissions.

Children, integration, fluoride varnish, Medicaid

Detailed Project Description

Project Overview

(750-word limit)

1. What problem does the project address? How was the problem identified?

Families face many barriers that hinder them from accessing dental services for their children. Examples include transportation, distance to the nearest dental provider or dental provider not accepting certain dental plans. The Delta Dental of South Dakota Foundation (DDSD Foundation) aims to expand access to oral health care as well as promote preventive measures to stop early childhood caries (ECC). One way to increase access and assist in prevention is to integrate preventive oral health services into the well child visit with a primary care provider. South Dakota Medicaid reimburses medical providers for fluoride varnish application using CPT code 99188.

2. Who is the target population?

The program focuses on increasing the number of fluoride varnish (FV) applications of children aged one through five by non-dental primary care providers. Due to offering Partners for Prevention training statewide it offers an opportunity to provide prevention to all children across the state.

3. Provide relevant background information.

The DDSD Foundation began providing Partners for Prevention several years ago. Over the years there have been implementation ebbs and flows when other projects took precedence. In 2017 there was an invigoration of the program because the number of FV applications by non-dental providers had stalled. DDSD Foundation staff researched similar initiatives across the country that were integrating oral health during child visits and subsequently updated the program's training materials and protocols. Examples included improving the follow-up protocol with the clinics after the training and providing a free box of FV at the time of the training.

Two dental hygienists employed by the DDS Foundation provide the training. The hygienists provide “lunch and learn” style training in person at no cost to the medical clinic. The training objectives include an overview of ECC, introducing a caries risk assessment tool, performing an oral exam on young children, making referrals to dental homes, the effects, sources and benefits of fluoride and a hands-on FV application exercise.

In 2021, the DDS Foundation partnered with the South Dakota Department of Social Services Medicaid program to participate in a Centers for Medicare and Medicaid Services (CMS) Affinity Group “Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP.” The Affinity Group helped strengthen our relationship and bring a broader understanding of the need for the use of the data in evaluating the Partners for Prevention program and knowing exactly which medical clinics were implementing FV applications after the Partners for Prevention training. We were able to develop a clear and defined aim statement to guide our work. The Affinity Group also provided us with guidance on how to reach different stakeholders to increase the number of clinics that were being trained.

4. Describe the project goals.

The aim statement for the Affinity Group was “The South Dakota team intends to increase the percent of fluoride varnish applications for children ages 1 through 5 years-old by non-dental providers during well child visits by 50% by June 30, 2023.” The COVID national health crisis made it challenging to meet our goal of 26%, but by the end of the Affinity Group we reached 21.86%.

DDS Foundation is continuing to work to increase the utilization of FV by non-dental providers during well child visits. The overall goal is to have FV application become a standard of care that is automatically provided for patients that need it.

Resources, Data, Impact, and Outcomes

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

The DDS Foundation provides a folder with resources for each training participant as well as an email after the training that includes an online survey link and a sheet with links to additional resources. Each medical clinic receives a free box of FV to begin applying right away and brochures on FV to give to patients.

The DDS Foundation worked with the only dental hygiene school in the state to create a short video that shows providers how easy it is to apply FV. The video shows a provider using the knee-to-knee technique to apply the varnish and includes relevant instructions about FV.

Important partners for the success of the Partners for Prevention program include all members of the medical team including physicians, physician assistants, nurses, medical assistants, receptionists, administration, and billing coders. Not only is it important for the clinicians to understand the importance of their role for preventing ECC, but it's also important that the administrative staff understands the revenue potential for their clinics, the receptionists are able to answer questions from families and that the coding professionals know and understand the medical coding for FV applications.

Other valuable collaborations exist with universities, technical colleges, and institutes across the state. The DDS Foundation offers the Partners for Prevention training to all nursing

schools and includes an opportunity for their students to work with local Head Start programs to practice applying FV to children that have parental consent to participate. Medical resident, physician assistant, and medical assisting programs are also trained to ensure that more medical professionals have knowledge of oral health before entering the workforce.

The DDS Foundation works in partnership with the South Dakota Department of Health (DOH) to provide oral health training for the statewide Woman Infant and Children (WIC) staff and community health nurses. The training is held virtually during one of the DOH all staff meetings to easily accommodate the staff. The DOH offers FV when children are in attendance for appointments. For more information on the FV application during the WIC appointment contact the South Dakota Department of Health.

Collaborating with South Dakota Medicaid has been crucial for collecting data on the number of FV applications for Medicaid participants. Together we developed a system of sharing data via a Power BI program. We worked together to decide the data parameters such as using CPT code 99188 as an indication of FV application, age range of children, the practice type (private clinic, Federally Qualified Health Centers, Indian Health Service clinic or rural health clinic), provider type (pediatrician, family physician, nurse practitioner or physician assistant) and how to present the information. South Dakota Medicaid collects the data and shares it with DDS Foundation staff monthly. South Dakota Medicaid also provides Medicaid claims data on well child visits completed by medical clinics to identify the clinics that completed the most well child visits. This information helps DDS Foundation target those clinics for training to maximize impact.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?

Since the reinvigoration of the Partners for Prevention program we report on various process measures. Since 2017 the number of FV applications by a non-dental provider for children aged one through five has increased by 243.4%. From 2021 to June 2023 there were 337 medical providers at 51 medical clinics trained. From 2021 to June of 2023 there were 337 nursing students trained at 23 nursing programs across the state.

The DDS Foundation is also tracking qualitative data from follow-up calls made at 2 weeks, 3 months, and 6 months. On the follow-up calls the hygienist asks if the clinic has implemented FV applications. If they have not, they inquire as to what the barriers are and offer any assistance that may be helpful in getting them started. During the calls it is also determined if there is a need to re-train the clinic due to staff turnover or not enough buy-in.

- (b) What outcome measure data are being collected (e.g., improvement in health)?

Due to the lack of surveillance on children's oral health in South Dakota we do not have access to disease rates to provide true outcome measures.

- (c) How frequently is data collected?

South Dakota Medicaid shares their data monthly. The DDS Foundation calculates and shares process measures annually or on an as needed basis.

3. How are the results shared?

The results are presented both verbally and with an infographic to stakeholders in the South Dakota Oral Health Coalition, the DDS Foundation Board members and they are submitted as a measure for the 2022-2027 South Dakota Oral Health Coalition Oral Health Plan.

Members of the South Dakota Oral Health Coalition include the South Dakota DOH, Federally Qualified Health Care Centers, South Dakota Dental Association, South Dakota Dental Association, Indian Health Services just to name a few. The South Dakota Medicaid program and DDS Foundation are the only two organizations that get the information monthly, all other stakeholders get the information bi-annually.

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

1. What is/was the budget for the project?

\$11,000 annually (excluding salaries of dental hygienists). This includes the cost of printing materials, the box of FV that is given to each medical clinic, the cost of lunches, hygienist travel expenses, and postage.

2. How is the project funded (e.g., federal, national, state, local, private funding)?

The DDS Foundation privately funds the program.

3. What is the sustainability plan for the project?

The DDS Foundation has engaged nursing programs, medical assisting programs and residency programs to integrate the Partners for Prevention training into their curriculum. The dental hygienist provides training in a classroom setting. In some cases, the hygienist also coordinates with the nursing professor and the local Head Start health director for the students to visit the Head Start and apply FV on children that have a signed permission slip to participate. The local Head Start has a standing order by a physician or dentist for application of FV for students and the Head Start keeps the records for the application. By coordinating with local Head Starts it allows the students to experience working with children firsthand and observe the different reactions children may have to the texture, taste, and experience of having FV applied to their teeth. Additionally, the children get the benefit of having a preventive service to help with disease prevention. By implementing the Partners for Prevention training into the students' curriculum, they better understand the importance of oral health before entering the workforce. This saves time for their new employers to not have to train on FV application, and the students already expect this to be part of the workflow during a well child visit. By providing education to students, it helps spread the normalcy of the procedure during well child visits increasing the probability of FV applications during well child visits becoming a stand of care.

Lessons Learned

(750-word limit)

- (a) What lessons were learned that would be useful for others seeking to implement a similar project?

Asking already busy providers to add a task to their workflow schedule is not an easy task. You are asking an already busy medical provider to add another procedure to an already packed well child visit. It may be necessary to provide information in diverse ways for everyone to buy in to the change. We use data driven information, personal stories, fiscal impact, and evidence-based practice models to gain buy in. When working with medical practices, getting everyone on board is important, one person can bottleneck the entire process.

Collecting the correct data to evaluate the program is paramount. South Dakota does not have a depository of claims information so developing the relationship with South Dakota Medicaid was important to be able to gather the claims data and be able to review how trained professionals were doing on implementation. At times we found that providers thought they were doing more applications than they were.

Identifying stakeholders that should be included is important and should range from those that will be integrally involved to personal relationships you may have that can help you get a listening ear for a less engaged organization. Make a list of all organizations, agencies and professional associations that could be important stakeholders to help promote your efforts. In addition to pediatric groups, we reached out to other groups like the South Dakota Academy of Family Physicians, South Dakota Nurses Association, South Dakota Academy of PA's, Nurse Practitioner Association of South Dakota, and the South Dakota Society of Medical Assistants. We attend their conferences as vendors and provide information about the training and the importance of oral health, and we have written articles to be included in professional newsletters. We also engaged with the South Dakota Department of Health to see how we could partner together to help prevent ECC and promote the practice to parents that FV does not only have to happen in the dental office. We also worked with Head Start to help inform parents that they may receive a FV application during a well child visit. Networking is important to be able to insert oral health into conversations when it may not be considered otherwise.

(b) Any unanticipated outcomes?

In one instance there was a medical coding professional from one of the largest medical systems that interpreted the South Dakota Medicaid manual in a way that they did not think that nurses or medical assistants could apply the FV and still bill Medicaid. This was not the correct interpretation and resulted in the entire medical system statewide not applying FV, due to it taking too much time for physicians. Once the problem was identified, the DDS Foundation reached out to South Dakota Medicaid and South Dakota Medicaid reworded the manual so it was clear as to who could apply and bill for the service. This circumstance reinforced that you need to have all staff on board to integrate oral health into a visit.

Technology is a great tool, however for some electronic medical record systems oral health was not programmed to prompt the medical professionals about oral health or fluoride varnish. This prompt can be a reminder to include a fluoride varnish and without it, it can be unintentionally forgotten.

(c) Is there anything you would have done differently?

A more precise program plan with goals and specific measures identified at the very beginning of the program would have helped accelerate the program's implementation. We also would have worked more diligently to get better and more consistent data because that has been key in moving the program forward.

Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

- USD fluoride varnish video [\[Online video\]](#).
- Partners for Prevention PowerPoint for training. <https://www.astdd.org/docs/delta-dental-south-dakota-ecc-final.pdf>

- Materials shared in folder for each trainee.
 - Workflow examples <https://www.astdd.org/docs/delta-dental-south-dakota-sample-workflow-slides.pdf>
 - DDS Medicaid reimbursement guidelines handout <https://www.astdd.org/docs/delta-dental-south-dakota-medicaid-reimbursement-guidelines-and-ordering-information-fluoride-varnish-v2022.pdf>
 - Examples of different fluoride varnish by company
 - Delivering Oral Health Services During Well-Child Visits/Contraindication handout <https://www.astdd.org/docs/delta-dental-south-dakota-well-visit-assess-fv-contraindications.pdf>
 - Fluoride Varnish brochure <https://www.astdd.org/docs/delta-dental-south-dakota-fluoride-varnish-brochure-final.pdf>
 - South Dakota Medicaid [One Page Benefit explanation children](#).3
 - [Delta Dental of South Dakota dentist by 1](#)™ directory, printable poster for medical offices to put in exam rooms and printable brochure. (Poster with QR code to link provided) <https://www.astdd.org/docs/delta-dental-south-dakota-dds-by-1-pregnancy-QRcode.pdf>
 - [Tips for good oral health during infancy](#) poster
 - Information about [pregnancy and oral health](#)
 - [Nursing pocket guide](#)
 - SD [Quitline Postpartum Program](#)
 - Post training survey. <https://www.astdd.org/docs/delta-dental-south-dakota-2023-survey.pdf>
 - Digital resources shared in post training email:
 - Partners for Prevention. <https://southdakota.deltadental.com/mission/foundation/supported-programs/partners-for-prevention/>
 - U.S. Preventive Services Task Force (USPSTF) Recommendation: <https://uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-carries-in-children-younger-than-age-5-years-screening-and-interventions1>
 - Smiles for Life oral health curriculum over the lifespan. <https://www.smilesforlifeoralhealth.org/all-courses/>
 - National Maternal and Child Oral Health Resource Center “Fluoride Varnish: An Effective Tool for Preventing Dental Caries”. <https://www.mchoralhealth.org/PDFs/flvarnishfactsheet.pdf>
 - American Academy of Pediatrics (AAP) Oral Health Toolkit contains materials in 8 languages for both patient outreach and education around oral health as well as clinical resources to help integrate oral health into your practice. <https://www.aap.org/en/news-room/campaigns-and-toolkits/oral-health/>
 - Dental Caries Risk Assessment Tool. https://downloads.aap.org/AAP/PDF/oralhealth_RiskAssessmentTool.pdf
 - Bright Futures Oral Health Pocket Guide provides health professionals with an overview of preventive oral health supervision and includes information about risk assessment, a tooth eruption chart, a dietary fluoride supplementation schedule, a glossary, and a list of resources. <https://www.mchoralhealth.org/pocket/>
 - Bright Futures Mini Training Module https://downloads.aap.org/BF/ppt/BF_AgendaSetting_Presentation.pptx
 - Locating a dental provider that accepts Medicaid. <https://www.insurekidsnow.gov/find-a-dentist/index.html>
 - South Dakota Department of Health private well water testing. <https://doh.sd.gov/lab/environmental/privatew.asp>
 - South Dakota Medicaid dental coverage for children. https://dss.sd.gov/docs/medicaid/recipients/delta_dental_Child2.pdf
 - South Dakota Medicaid dental coverage for adults. https://dss.sd.gov/docs/medicaid/recipients/delta_dental_adult.pdf
 - Community calendar for the Delta Dental Mobile program. <https://southdakota.deltadental.com/mission/community-calendar/>

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