



# Dental Public Health Activities & Practices

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## SECTION I: PRACTICE OVERVIEW

### Name of the Practice:

**Washington State's Access to Baby and Child Dentistry (ABCD) Program**

### Public Health Functions:

Policy Development – Collaboration & Partnership for Planning and Integration  
 Assurance – Access to Care and Health System Interventions  
 Assurance – Building Linkages & Partnerships for Interventions  
 Assurance – Population-based Interventions  
 Assurance – Building Community Capacity for Interventions

### HP 2010 Objectives:

21-1 Reduce dental caries experience in children.  
 21-2 Reduce untreated dental decay in children and adults.  
 21-10 Increase use of oral health system.  
 21-12 Increase preventive dental services for low-income children and adolescents.

### State:

Washington

### Region:

Northwest  
Region X

### Key Words:

Access to care, children, prevention, Medicaid

### Abstract:

The Access to Baby and Child Dentistry (ABCD) Program focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work. Education is at the heart of the ABCD program. Training for both the dental community and the target population provides the foundation for long-term changes in the oral health of the community. The ABCD Program is a cooperative venture of government and private entities. Partners include: Washington State's Department of Social and Health Services/Health and Recovery Services Administration, Department of Health, University of Washington School of Dentistry, Washington State Dental Association, Washington Dental Service Foundation, local dental societies, and local health jurisdictions. There are now ABCD programs in 31 of Washington State's 39 counties. Statewide Medicaid utilization data shows significant increases in access for very young children in the years since ABCD began. Access to care for Medicaid-enrolled children under age six has increased from 21% in FY 1997 to 39% in FY 2008. For children under age two, nearly 19% now receive Medicaid dental care as compared with 3% during FY 1997. For the youngest patients (children before their first birthday, when prevention is most cost-effective) access to Medicaid dental care has increased from less than 1% during FY 1997 to 8% in FY 2008. The number of providers billing for treatment of Medicaid patients under age two has increased from 484 in FY 2003 to 649 in FY 2008. More than 1,200 dentists statewide have been trained in early pediatric techniques through the ABCD program. The success of ABCD has supported the involvement of primary care medical providers in addressing the oral health of young children during well-child checkups and creates a strong referral resource. Medicaid reimburses trained and certified primary care medical providers in Washington for delivering oral screenings, health education and fluoride varnish during well-child checks.

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## SECTION II: PRACTICE DESCRIPTION

### History of the Practice:

In 1994 a group of concerned dentists, dental educators, public health agencies, the state dental association, and State Medicaid representatives came together to address the problem of the severe lack of dental access among Washington State's high-risk preschool children. The proposed solution was the development of the **Access to Baby and Child Dentistry (ABCD) Program**. The first ABCD program opened for enrollment in Spokane, Washington in February 1995 as a collaborative effort between several partners in the public and private sectors. Its success has led other county dental societies and health districts in Washington to adopt the program, using funding from Washington Dental Service Foundation. There has also been interest from other states.

### Justification of the Practice:

In Washington State, only one in five preschool children receives dental care and 20% of children experience 84% of caries. The goal of the ABCD Program is to decrease disease rates by providing Medicaid-eligible children from birth to age six with access to preventive dental care. The original ABCD partners agreed that they wanted to positively affect oral health status of the participating children by ensuring early preventive treatments, thus avoiding more traumatic and costly care in the future.

### Inputs, Activities, Outputs and Outcomes of the Practice:

ABCD provides preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield effective home care and regular dental visits for both parents and children, thereby helping to control the caries process and reduce the need for future restorative work. In 2009, there are ABCD programs in 31 of Washington State's 39 counties.

#### Partners and Their Roles

The ABCD Program is a cooperative venture of government and private entities. Partners include: Washington State's Department of Social and Health Services/Health and Recovery Services Administration, Department of Health, University of Washington School of Dentistry, Washington State Dental Association, Washington Dental Service Foundation, local dental societies, and local health jurisdictions.

ABCD partners have the following roles:

- **Local Health Jurisdictions (LHJ)** – The ABCD Program in each county is locally administered by the health jurisdiction or a community agency that contracts with the health department. They work with the ABCD dental champion, dental society, and ABCD-participating dentists to provide active outreach to organizations in which Medicaid-eligible children receive services, identifying and enrolling 0-5 year olds, orienting the child's family to the program, and matching each child with an ABCD-certified dentist. The health department provides ongoing case management services to ABCD families. The program works with ABCD families who have difficulty keeping dental appointments, assuring that obstacles to care, such as lack of transportation and language barriers, are addressed.
- **Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA)** – HRSA pays enhanced dental fees to ABCD certified dentists for selected procedures, including oral evaluation, family oral health education, fluoride varnish application, and certain restorative procedures. HRSA provides support to dental offices on billing training and issue resolution.
- **Department of Health (DOH)** – DOH provides technical assistance to the local health jurisdictions, shares best-practice research, and provides oral health funding which may be used to help support the LHJ's ABCD program.

- **University of Washington** – The University’s School of Dentistry provides technical and procedural consultation on the enhanced dental treatments, conducts ABCD provider training and certification, and works with the local ABCD Dental Champions who conduct the local provider trainings.
- **Community Partners** – The health department coordinates with local outreach agencies and others to identify and refer eligible clients. The ABCD program has been embedded in many local Head Start, Early Head Start, and Women, Infant and Children (WIC) Nutrition programs, which enroll and orient their clients, and at the same time, help achieve the agency’s client oral health objectives.
- **ABCD Families** – In their program orientation, enrolled families are coached about the need for early and preventive dental care, and dental office etiquette, including the need to keep appointments. The resulting no-show rate is significantly lower than in non-ABCD practices.
- **Dentists** – The local dental society and state dental association encourage their members, both general and pediatric dentists, to participate in ABCD. The program encourages dental practices to provide a positive dental experience and a dental home by age one. The process of identifying and recruiting general and pediatric dentists to the ABCD Program begins with the support and assistance of the local dental society, which sponsors an initial ABCD informational meeting with local dentists and ABCD state dental leadership and subsequently promotes the program to the membership. The county’s ABCD Dental Champion, a leading pediatric dentist (or a general dentist in areas without pediatric coverage) is selected and trained by the University of Washington to identify, recruit, train and mentor local general dentists.

ABCD-certified dentists receive enhanced Medicaid reimbursement for selected procedures for enrolled children. Dental front office staff receives training in communication and culturally appropriate follow-up with the client families and the billing staff learns how to work with the Medicaid program. Enrolled families are coached on the need for early and preventive dental care, and in appropriate behavior at the dental office, including the need to keep appointments. Participating private practices accept enrolled clients (including existing clients) at a caseload level determined by each practice. Clients have freedom of choice in selecting a dental provider.

- **Physicians** – With the growth of the ABCD program, an increasing number of Washington physicians are now willing to address oral health during well-child checkups because ABCD-trained dentists serve as referral sources. Medicaid reimburses trained and certified primary care providers for delivering oral screenings, health education and fluoride varnish during well-child checkups and referral to a dentist as needed.
- **Washington Dental Service Foundation** – Washington Dental Service Foundation (WDSF), the state’s largest foundation committed to improving oral health, offers three-year start up ABCD grants to Washington counties (at approximately half of the program costs over the first three years of program operation), leadership and administrative support of the statewide ABCD Partnership, and on-going program evaluation. WDS Foundation has provided start-up funding for ABCD programs in 30 counties since 1999.

### Dental Services

The ABCD program is designed to begin seeing children as soon as the first teeth emerge. The ABCD Program provides education and training for both dentists and parents.

- **Parent Orientation** – Parents are coached in their initial ABCD orientation and in follow-ups to bring their children in to the dentist before there are problems.
- **Family Oral Health Education** – A Family Oral Health Education session can be billed twice per year by the dental office. This education may be delivered by the dentist and/or auxiliary staff. The session should include:
  - Risk Assessment
  - "Lift the Lip" Training (a videotape and flipchart teaching the parent/guardian how to examine the child's mouth)
  - Training in teeth cleaning
  - Nutritional counseling and use of a cup for drinking
  - Discussion and prescription of fluoride supplements
  - Follow-up (contact within three months as a reminder about teeth cleaning, lift the

lip exams, fluoride supplements)

- **Pediatric Dental Techniques** – Dentists receive continuing education in early pediatric dental techniques and are certified by University of Washington Pediatric Dentistry staff or by the local ABCD Dental Champion. This qualifies them to receive enhanced reimbursement for selected Medicaid preventive service codes for enrolled children. In the initial training, the dentist is taught the ["lap-to-lap" examination procedure](#) as a better method than using a dental chair for examining very young children.
- **Fluoride Varnish** – Fluoride Varnish applications are encouraged for high-risk children. Three applications per year can be billed to Medicaid-ABCD and can be delivered over any time period the dentist wishes (i.e. three days, three weeks or three in a year).
- **Atraumatic Restorative Technique** – Dentists are encouraged to use the Atraumatic Restorative Technique (A.R.T.) for providing restorative therapy to children in a manner where no pain is involved. Glass ionomer restorative material which releases fluoride is used for treating carious lesions without local anesthesia. This process is often referred to as "scoop-and-fill" or "band-aid" restorations. The idea is to stabilize the lesions until the child's behavior can be better managed and the lesions treated with conventional techniques.

More than 1,200 dentists statewide have been trained in early pediatric techniques through the ABCD program.

#### Evaluation of the ABCD Program

Washington Dental Service Foundation and other statewide partners continue to evaluate the impact of the ABCD program. Evaluation includes analysis of Medicaid utilization data; University of Washington (UW) based research, local program statistics, family and provider surveys and feedback from stakeholders. Included in the University of Washington research is an evaluation of the original Spokane County ABCD Program and a randomized clinical trial of ABCD services in Stevens County.

#### 2008 ABCD Provider Survey

A statewide survey of ABCD-participating dentists (264 dentists responded) showed the following:

- Nearly 86% rated their experience with ABCD as "excellent" or "good"
- ABCD dentists were more likely than non-ABCD providers to emphasize their willingness to treat young Medicaid-insured patients
- Almost 56% believed a child's first visit should occur by 12 months
- 64% were comfortable seeing children age one or younger
- Almost 80% reported they have a place to refer a child for procedures they are not comfortable performing
- 90% said they continued care after the children turn six years old

#### Medicaid Utilization

Medicaid utilization rates for Washington children have increased substantially due to the Access to Baby and Child Dentistry program. ABCD has doubled the number of young Medicaid children in Washington who are receiving dental care -- from 40,000 to 107,000, a utilization increase from 21% to 39% in the last 11 years (2008 MAA data).

The program is also making progress in increasing the number of children who receive care before their second birthday. In 2008, over 21,800 children under age two (infants and toddlers), 19% of eligible children, received dental services. When the program was initiated in 1997, only 3% of eligible infants and toddlers received dental care (2008 MAA data).

For the youngest patients – children younger than age one, when prevention is most cost-effective – access to Medicaid dental care has increased from less than 1% (0.6%, only 194 children) during FY 1997 to 8% (5,665 children) in FY 2008.

While the overall number of statewide dental providers who bill for serving Medicaid patients has decreased since FY 2003, the number of providers billing for treatment of Medicaid patients under age two has increased from 484 in FY 2003 to 649 in FY 2008.

Published Research

Article Date	Title	Brief Description	Conclusion
July 2009 ( <i>Journal of Pediatrics</i> )	The ABCD Program and Preventive Dental Care for Young Medicaid-insured Children in WA State	This article hypothesized that receipt of preventive dental visits by Medicaid-insured children under age six was independently associated with an established ABCD program in the child's county of residence.	This study found that: <ul style="list-style-type: none"> <li>• Significantly more Medicaid-insured children under age six from counties with an established ABCD program received a preventive dental visit, and the effect persisted after controlling for potential confounders and accounting for clustering by county.</li> <li>• Despite the aforementioned finding, dental utilization falls short for Medicaid-insured children when compared with privately-insured children.</li> </ul>
Mar/Apr 2008 ( <i>Health Affairs</i> )	Giving Policy Some Teeth: Routes to Reducing Disparities in Oral Health	This article included the ABCD program in an overview of public policies that would reduce unmet need among vulnerable populations.	This article stated that: <ul style="list-style-type: none"> <li>• ABCD is one example of a policy-driven improvement that increases access to Medicaid-insured dental treatment for young children.</li> <li>• Key program components included oral health workforce training, improved Medicaid reimbursement and expanded dental benefits for patients.</li> </ul>
Sept 2005 ( <i>Journal of American Dental Association</i> )	The Effectiveness & Estimated Costs of the ABCD Program in Washington State	This article compared both: <ul style="list-style-type: none"> <li>• the oral health of third-grade children in Spokane County (ABCD) with that of children in Pierce County (non-ABCD), and</li> <li>• the expenditures of ABCD with those associated with alternative dental care interventions.</li> </ul>	This study concluded that: <ul style="list-style-type: none"> <li>• Children in Spokane County had better oral health than did the children in Pierce County.</li> <li>• ABCD improved the overall oral health of <u>all</u> third graders in Spokane County, including those not eligible or enrolled in the program.</li> <li>• The ABCD program increased average dental care costs by \$8.17 per user over costs in Pierce County, and the program cost a mean of \$5.33 per user in outreach and dentist and staff training costs (total average increased cost per user = \$13.50).</li> <li>• The total average increase in cost/child for the program (\$13.50) compared favorably with the cost of Medicaid reimbursement for one single surface composite filling (\$42.78 in 1995 dollars).</li> </ul>
Aug 2005 ( <i>American Journal of Public Health</i> )	The ABCDs of Treating the Most Prevalent Childhood Disease	This piece reviewed how the overall program's success is measured: <ul style="list-style-type: none"> <li>• Medicaid data</li> <li>• Individual site statistics</li> <li>• Surveys</li> <li>• Anecdotal feedback</li> </ul>	Key findings included: <ul style="list-style-type: none"> <li>• Working together, public and private stakeholders can improve access to oral health care for low-income children.</li> <li>• Multiple interventions (pediatric training, enhanced reimbursement, client coaching) for health care providers encourage greater involvement in oral health promotion and decay prevention, and expand the number of providers willing to treat young children and low-income patients.</li> <li>• Multiple interventions for patients/clients (greater access, case management, oral health instruction) can diminish economic and cultural barriers to care while empowering parents to care for their children's oral health.</li> <li>• Multifaceted program assessment has shown that more economically disadvantaged children are seeing oral health care providers at an earlier age, and parents understand that good oral health is essential to good overall health.</li> </ul>

Article Date	Title	Brief Description	Conclusion
Sept 2002 <i>(Journal of American Dental Association)</i>	Evaluation of a Dental Society-based ABCD Program in Washington State	This article was a two-year evaluation of the Mom & Me Program, including: <ul style="list-style-type: none"> <li>• enrollment and visit data,</li> <li>• first- and second-year cost data, and</li> <li>• results of a dental society member survey.</li> </ul>	The evaluation concluded: <ul style="list-style-type: none"> <li>• The number of dentists treating Medicaid-enrolled children on a regular basis more than doubled, from 15 to 38 general dentists.</li> <li>• During the program's first two years, 4,705 children were enrolled and roughly 51% had seen a dentist.</li> <li>• Average outreach costs per child over the two year period were \$77.83 (treatment costs were not included in the analysis).</li> <li>• Nineteen of the 24 participating dentists surveyed believed it was very appropriate for one- to two-year old children to see a dentist, compared to four of 14 non-participants.</li> <li>• Eighteen of the 24 participating dentists reported that the program improved the image of dentistry in the community.</li> </ul>
Winter 2002 <i>(Journal of Public Health Dentistry)</i>	An ABCD Program to Increase Access to Dental Care for Children Enrolled in Medicaid in a Rural County	The study's goal was to assess: <ul style="list-style-type: none"> <li>• utilization of general dental services,</li> <li>• average dental expenditures per child, and</li> <li>• oral health status.</li> </ul>	Results of the study showed that: <ul style="list-style-type: none"> <li>• An enrollment effect was seen in ABCD, but the difference between ABCD and non-ABCD groups was not sustained.</li> <li>• There was a doubling of utilization between groups for the youngest children, while the others showed no differences. Overall during the first year, the utilization rate was higher for the entire ABCD group than for non-ABCD children (34% to 25%).</li> <li>• Roughly 33% of ABCD children had seen a dentist at least once, compared to 21.5% for non-ABCD children.</li> <li>• No overall difference in expenditures was found between the ABCD and non-ABCD groups, while expenditures for preventative services were greater for ABCD.</li> <li>• ABCD children had fewer teeth with initial caries.</li> </ul>
Mar/Apr 2001 <i>(ASDC Journal of Dentistry for Children)</i>	Factors Influencing Whether Low-income Mothers have a Usual Source of Dental Care.	The objective of this research was to explore predictors of having a usual source of dental care among low-income women.	The analysis suggests that: <ul style="list-style-type: none"> <li>• Mothers that report good oral health and believe in care for their children are five times as likely to have a usual source of care for themselves than mothers who report both poor oral health and more negative attitudes about dental care for children.</li> <li>• Interventions aimed at child health that ignore the welfare of the mother are likely to be less successful than those that also address the mothers' needs.</li> </ul>
Nov/Dec 2000 <i>(ASDC Journal of Dentistry for Children)</i>	Dentist Participation in a Public-Private Partnership to Increase Access for Children from Low Income Families	The purpose of this research was to solicit feedback from dental society members involved in a program (ABCD) to provide care for children receiving Medicaid benefits, and to gain an understanding of dentist participation.	This study found that: <ul style="list-style-type: none"> <li>• The majority thought it appropriate for general dentists to care for very young children.</li> <li>• Participants found fewer problems in fee levels in Medicaid, but there was no difference in an index of fees between the groups.</li> <li>• Participants were no more active in the dental society, and few differences existed between the groups regarding other aspects of personal or professional life.</li> <li>• Dentists participating in ABCD to improve access had a good experience and had positive views of the program.</li> </ul>

<b>Article Date</b>	<b>Title</b>	<b>Brief Description</b>	<b>Conclusion</b>
Sept/Oct 2000 ( <i>Public Health Reports</i> )	Increasing Access to Dental Care for Medicaid Preschool Children: the ABCD Program	This study aimed to determine ABCD's effect on children's dental utilization and dental fear, and on parent satisfaction and knowledge.	Key findings included: <ul style="list-style-type: none"> <li>• Forty-three percent of children in the ABCD Program visited a dentist in the follow-up year, compared with 12% of Medicaid-enrolled children not in the ABCD Program.</li> <li>• An ABCD child was 5.3 times as likely to have had at least one dental visit as a child not in the program. ABCD children were 4 to 13 times as likely to have used specific dental services.</li> <li>• Parents of ABCD children were more likely to report having ever tried to make a dental appointment, less likely to report that their children were fearful of the dentist, and were more satisfied, compared to parents of non-ABCD children.</li> <li>• The authors conclude that the ABCD Program was effective in increasing access for preschool children enrolled in Medicaid, reducing dental fear, and increasing parent satisfaction.</li> </ul>
Nov/Dec 1999 ( <i>Public Health Reports</i> )	A Community Strategy for Medicaid Child Dental Services	The article presented: <ul style="list-style-type: none"> <li>• second-year utilization data, and</li> <li>• first- and second-year cost data for the program.</li> </ul>	The article concluded that: <ul style="list-style-type: none"> <li>• a child in the ABCD program was 7.2 times as likely to have at least one dental visit as a Medicaid-enrolled, non-ABCD child;</li> <li>• estimated costs (1995 \$) per child with at least one dental visit were \$54.30 for the first year and \$44.38 for the second year, or \$20.09 per enrolled child for the first year and \$18.77 for the second year.</li> </ul>
Mar 1999 ( <i>Journal of American Dental Association</i> )	Improving Access for Medicaid-Insured Children: Focus on Front-Office Personnel	This article presented statements of dental front office personnel regarding Medicaid-insured clients. The goal was to ascertain the barriers that keep dental practices from participating in the Medicaid program.	The analysis suggests that: <ul style="list-style-type: none"> <li>• The major factors affecting practices' participation in Medicaid were office policy on seeing Medicaid-insured patients; staff members' personal connection to Medicaid-insured patients; staff members' attitudes about Medicaid-insured patients; and staff members' perceptions of Medicaid-insured patients' barriers to care.</li> <li>• Factors affecting dentists' participation in the Medicaid program are more complex than the often-stated dissatisfactions with low reimbursement fees and hassles with paperwork.</li> </ul>
Oct 1997 ( <i>Journal of American Dental Association</i> )	Making Medicaid Child Dental Services Work: A Partnership in Washington State	This was an early assessment of the pilot ABCD program, measuring: <ul style="list-style-type: none"> <li>• dental visits of enrolled children (as opposed to those eligible but not enrolled in ABCD);</li> <li>• services received by enrolled children compared to services received by those eligible but not enrolled in ABCD);</li> <li>• the number of community dentists participating in the program.</li> </ul>	The report concluded: <ul style="list-style-type: none"> <li>• Over 37% of the enrolled children had at least one dental visit, as opposed to 11.5% for those eligible and not enrolled in ABCD.</li> <li>• The adjusted average number of annual dental visits for ABCD children was 2.4, whereas non-ABCD children averaged .59 dental visits.</li> <li>• Of the approximately 134 general active dentists and 7 pediatric dentists in the local dental society, 109 general (81%) and 6 pediatric dentists (86%) provided services to ABCD patients.</li> </ul>

## Budget Estimates and Formulas of the Practice:

Each community is different with program costs varying depending on the size of the Medicaid population, the geographic area covered, and salary levels:

Staff salaries and benefits – Depending on the size of the program, 1.5 or more FTEs may be required. Job classifications may be one or more of the following: Program Coordinator, Outreach Worker, Health Educator, Dental Hygienist, and Clerical Support.

Operating expenses – Areas of potential expense beyond general overhead costs are: facilities for dental training; printing; mileage reimbursement; marketing (for community and dentist recognition); staff training/travel to conferences; operating supplies; evaluation (if not paid for by agency or grantor); and translation.

Overhead expenses – Rent, computers, database software, insurance, accounting, telephone, etc. are often absorbed by the program administrator as an in-kind contribution.

Costs for the dental training – Depends on the type of facility used and the number of dental offices involved; costs include facility rental, audio-visual equipment rental, and lunch. Dental societies, dental vendors, and community sources often contribute to cover these costs.

## Lessons Learned and/or Plans for Improvement:

An ABCD Strategic Plan has been developed and implemented by the state level ABCD Leadership Group to address concerns and new opportunities, as well as to strengthen local program operations, case management, and outreach efforts.

Washington Dental Service Foundation has implemented an ABCD Growth Grant opportunity to encourage new statewide and local partnerships to significantly increase client enrollment and/or increase the number of ABCD certified dental providers. The first Growth Grant was awarded to WithinReach's on-line statewide resource and referral system (ParentHelp123.org) to identify potential ABCD clients and to link those individuals with local ABCD programs.

## Available Information Resources:

- ABCD website to assist others in replicating the ABCD model or in using some of its components in existing dental practices or oral health programs: [www.abcd-dental.org](http://www.abcd-dental.org)
- ABCD Toolkit to assist other states in replicating the ABCD model: contact Washington Dental Service Foundation at [foundation@deltadentalwa.com](mailto:foundation@deltadentalwa.com).
- *Taking Care of Your Child's Baby Teeth*: Dental care basics for children birth to six years (English, Spanish, Russian, Vietnamese and Cambodian). Available from Washington Dental Service Foundation. Contact: [jwittau@deltadentalwa.com](mailto:jwittau@deltadentalwa.com) or 206-729-5570.
- *Early Childhood Caries: A Team Approach to Prevention and Treatment* by Peter Milgrom, DDS, and Philip Weinstein, PhD, published by University of Washington. \$34.95. Contact Continuing Dental Education, School of Dentistry, University of Washington, Box 357137, Seattle, WA 98195, (206) 543-6017, [uwcede@u.washington.edu](mailto:uwcede@u.washington.edu).
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## SECTION III: PRACTICE EVALUATION INFORMATION

### Impact/Effectiveness

*How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?*

Research studies conducted on the ABCD Program and published during 1999-2009 have provided conclusions on the program's impact and effectiveness. Conclusions include the following:

- The ABCD Program is effective in increasing access for preschool children enrolled in Medicaid, reducing dental fear, and increasing parent satisfaction.
- In counties with an established ABCD program, significantly more Medicaid-insured children under age six received a preventive dental visit than in counties without an ABCD program, even after controlling for potential confounders and accounting for clustering by county.
- ABCD is one example of a policy-driven improvement that increases access to Medicaid-insured dental treatment for young children.
- Children in Spokane County (ABCD) have better oral health than the children in Pierce County (non-ABCD at the time of study); ABCD improves the overall oral health of all third graders in Spokane County, including those not eligible or enrolled in the program.

A 2008 statewide survey of ABCD-participating dentists (264 ABCD-trained dentists responded) has shown that nearly 86% rated their experience with ABCD as "excellent" or "good" and that ABCD dentists were more likely than non-ABCD providers to emphasize their willingness to treat young Medicaid-insured patients.

Medicaid utilization rates for Washington children have increased substantially due to the ABCD Program. ABCD has doubled the number of young Medicaid children in Washington who are receiving dental care in the last 11 years. The program is also making progress in increasing the number of children who receive care before their second birthday. In 2008, 19% of eligible children received dental services compared to 3% in 1997 when the program was initiated.

### Efficiency

*How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.*

ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with an emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield effective home care and regular dental visits for both parents and children, thereby helping to control the caries process and reduce the need for future restorative work.

Estimated administrative and outreach costs in Spokane County per ABCD child having at least one dental visit (in 1995 dollars) were \$54.30 for the first year and \$44.38 for the second year. Administrative and outreach costs figured on the entire ABCD client population in that program were \$20.09 per enrolled child (first year) and \$18.77 for second year.

### Demonstrated Sustainability

*How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?*

The original Spokane County ABCD Program began as a pilot in 1995 and continues to operate. As of 2009, there are programs in 31 of Washington's 39 counties. All programs secured funding to sustain their programs after the three-year start-up funding was completed.

The program includes support from the following entities: the State Medicaid program pays enhanced dental fees and draws on Federal CMS Administrative funds and contracts with the university to deliver provider training and certification; the State Department of Health provides oral health funding which may be used to help support local ABCD programs; the University of

Washington School of Dentistry's pediatric dentistry department develops and delivers the training, certification and ongoing monitoring of participating dentists and works with a network of local dental champions; the dental foundation provides three-year local start-up funding, technical assistance, program evaluation and manages the state-wide partnership; and the local government entity – usually a health district – provides outreach, case management and program administration and works with an oversight task force. Other program participants include the state dental association, local dental societies, private practice dentists, community oral health coalition and other child health agencies and advocates.

ABCD programs utilize a variety of strategies for sustainability: reducing staff requirements by establishing system-wide outreach and referral mechanisms, both internally and in other community organizations such as Head Start, WIC and early childhood providers; approaching dental societies, community foundations, United Way, service organizations and other local sources to become funding partners; and generating reimbursement revenue for family oral health education and fluoride varnish application by appropriate health department staff.

### **Collaboration/Integration**

*How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?*

The ABCD Program is a cooperative venture of many government and private entities. The enthusiasm and creativity of all partners is needed for success of the program. Based on the original model, partners include: Medical Assistance Administration of the Department of Social and Health Services, Washington State Department of Health, Program Administrators (Local Health Jurisdictions or contracting local non-profit organization), local Dental Society, University of Washington School of Dentistry, Washington State Dental Association, and Washington Dental Service Foundation.

The partners collaborate on the steering committees and provide technical assistance to the programs. Locally program partners may also include United Way, Head Start, WIC, school districts, hospitals and primary care medical providers. With the growth of the ABCD program, an increasing number of Washington physicians are now willing to address oral health during well-child checks because ABCD-trained dentists serve as referral sources. Medicaid reimburses trained and certified primary care providers in the state for delivering oral screenings, health education and fluoride varnish during well-child checks and referral to a dentist as needed.

### **Objectives/Rationale**

*How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?*

The ABCD Program supports several HP 2010 objectives including: reducing dental caries experience in children; reducing untreated dental decay in children and adults; increasing use of the oral health system; and increasing preventive dental services for low-income children and adolescents. ABCD also responds to the Surgeon General's Report on Oral Health in America calls for an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health. ABCD has been embedded as a key part of the oral health program in a majority of health departments in Washington State between 1995 and present. In 2009, almost 90% of Washington counties have ABCD programs. Development of these programs has enhanced the public health infrastructure and strengthened partnerships between public health and dental societies, private practice dentistry, primary care medical providers, hospitals, the state Medicaid program, the University of Washington, Head Start, WIC, school districts, and funders, including business, service organizations, United Way and local foundations. Linkages have been forged between the health department ABCD program and the dental and medical community with the inclusion of oral health during well-child checks in primary care medical settings and subsequent referral of high-risk children to ABCD dental providers.

### **Extent of Use Among States**

*Describe the extent of the practice or aspects of the practice used in other states.*

South Dakota and Alameda County, CA have initiated programs based on the Washington ABCD Program. Wyoming and Montana have trained providers in ABCD dental techniques.