PROMISING STATE STRATEGIES TO IMPROVE THE ORAL HEALTH OF CYSHCN

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PRESENTERS

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PURPOSE OF THE PRESENTATION

- Describe barriers to dental care for CYSHCN
- Describe promising solutions
- Foster communication between oral health and non-oral health MCH professionals
- Stimulate MCH professionals to promote the oral health of CYSHCN
LEARNING OBJECTIVES -
Participants will:

- Understand the major barriers to oral health for CYSHCN
- Understand promising oral health strategies employed by states with TOHSS projects
- Recognize how to incorporate oral health into existing community-based systems of care

What's the problem?

- High unmet need for oral health services relative to 15 health services used by CYSHCN
  - Need = very high
  - Access = intermediate
  - Unmet need = highest
- Highest unmet need among CYSHCN with emotional, behavioral or developmental issues and functional limitations
- Unique access barriers

DATA SOURCE:
NS-CSHCN 2005/2006

- Questions with dental content
  - Need and unmet need for preventive dental care
  - Need and unmet need for “other” dental care
**DATA SOURCE: NSCH 2007**

- Questions with dental content
  - Condition of children’s teeth
  - 1 or more preventive dental visits
  - Bleeding gums
  - Broken teeth
  - Decay or cavities
  - Toothache
  - Unmet need for dental care
  - Time since last dental visit
  - Children with dental insurance

**Interesting comparison – NS-CSHCN 2005/2006 and NSCH 2007**

- Special need status: CSHCN vs. non-CSHCN
- Type of special health care needs
  - Prescription meds only
  - Above-routine use of services only
  - Prescription meds AND above-routine use
  - Functional limitations
  - Emotional, behavioral, and developmental issues

**NS-CSHCN 2005/2006 and NSCH 2007 Findings: unmet needs**

- Generally higher unmet need in these subgroups:
  - CSHCN with one or more emotional, behavioral or developmental issues
  - CSHCN with functional limitations or above-routine need and use of services
- **Why?** - Dental treatment often a surgical procedure requiring high level of patient cooperation to be performed safely
-ACCESS BARRIERS-
THE DENTAL WORKFORCE

- Inadequate educational preparation of GPs
- Few pediatric dentists
- Pediatric dentist reluctance to serve adults
- Geographic mal-distribution
- Structural barriers of the dental office
- Discomfort serving “different” patients

-ACCESS BARRIERS-
THE FINANCING SYSTEM

- System does not recognize “special care” required for “special patients”
- Fee-for-service, not “fee-for-time” or “fee-for-expertise”
- Limited coverage for OR cases
- Annual and lifetime maximums
- Inadequate Medicaid reimbursement

-ACCESS BARRIERS-
PATIENT CHALLENGES

- Cognitive barriers - patient with ID
- Physical barriers - patient with CP
- Behavioral barriers - patient with autism
- Fear - everyone to some extent
- Low importance of dental care relative to other issues
-ACCESS BARRIERS-
FAMILY CHALLENGES

- Lack of private dental insurance
  - limited workplace benefit vs. medical
  - individual dental policies costly
- Dental care often out-of-pocket expense
- Many competing higher-priority challenges
- Limited skills to recognize dental problems at an early stage

-ACCESS BARRIERS-
WEAK COMMUNITY SYSTEM OF CARE

- Physician-dentist referrals?
- Oral screening in early intervention programs?
- Directory of willing dentists?
- Transition to adult dental services?
- Who assures receipt of necessary services?
MCHB’s Targeted Oral Health Service Systems Grant Program

TOHSS

Project Years: 2007 - 2011

TOHSS- Program History

- Builds upon earlier "SOHCS" program
- 20 grantees/state oral health programs
- 4-year grant period
- Priority areas
  - Dental home by age 1
  - School-based sealant programs ensuring completion of care
  - CYSHCN

TOHSS Program Goals

- Develop state and community-based oral health systems of care
- Improve oral health of children
- Improve linkages with existing dental, medical, and other systems of care
- Identify successful models and disseminate results
TOHSS

EXPECTED OUTCOMES - SYSTEM LEVEL

- More effective oral health systems
- Better integration with medical, school, social systems
- For CYSHCN: promising models to promote the National Agenda

TOHSS CYSHCN CONCENTRATION

20 grantees:

- 17 (85%) with "substantial" CYSHCN component
- 7 (35%) with CYSHCN as major component
- CYSHCN component varies, from major to minor part of entire project

PRESENTATION EMPHASIS

- Oral Health Systems and
- System Components that
- promote the CYSHCN National Agenda
INDICATORS OF EFFECTIVE SYSTEMS: BOTH MEDICAL AND DENTAL

- Access to quality oral health services
- Providers are adequately trained
- Financing issues are addressed
- Families play a pivotal role
- Children grow up healthy and ready to work

FIVE TOHSS PROJECTS WITH MAJOR CYSHCN ACTIVITIES

Kansas
Washington
Wisconsin
Marshall Islands
Virginia

KANSAS TOHSS

- Grace Med Clinic (FQHC) in Wichita is a CSHCN dental treatment hub; sedation and general anesthesia are available
- Utilizes Extended Care Permit Dental Hygienists to provide regional prevention services
- "System in Sync" collaboration with Title V and UK Center for Developmental Disabilities ensures dental referrals
- Oral Health Kansas provides parent and caregiver dental education and materials
- Continuing education for dentists
**Marshall Islands TOHSS**

- Broad definition of “special needs”
- Education for mothers and professionals
- Screening and prevention
- Reduces costly off-island referral for treatment
**Virginia TOHSS**

- Continuing education and hands-on training for dentists at Virginia Commonwealth University and “remote” locations
- Expands *Bright Smiles for Babies* training to CSHCN agencies
- Web-based searchable directory of dental providers

**Washington State TOHSS**

- Focus on CYSHCN with mild to moderate chronic conditions that may be treated at private dental offices
- Tailored oral health information on 14 conditions (autism, epilepsy, etc) for CYSHCN and Adults:
  - fact sheets for dental and medical providers & caregivers
  - on-site training for community health centers and others
  - continuing education credits for providers
- Promotion of integrated medical/dental homes
- Tracking of CYSHCN oral health data
- Provider directory with UW DECOD Program
Dental Hygienist Regional Oral Health Coordinators (ROHC) provide school-based prevention services
ROHC linked to Department of Health Services CSHCN system and regional CSHCN centers
ROHC provide training to parents/caregivers and professionals
Dental case management program
Continuing education for dentists provided by pediatric dentists
LEssonS learned

- States implemented a wide range of approaches
- Many projects used TOHSS funds to build upon existing systems
- Other projects used TOHSS funds to create new initiatives
- Many ways to integrate oral health into existing systems of care

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Where do we go from here?

- Further dissemination of results – AMCHP role?
- Stronger partnerships with MCH professionals
- Continued federal funding?
- Continued monitoring of program results beyond the grant period
FURTHER INFORMATION

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THANK YOU

QUESTIONS?