

Nevada Action Network

“Everyone has a mouth, not everyone has a voice”

The COVID-19 pandemic has resulted in a series of interconnected crises which will be compounded by the recently proposed alternative learning environment for the 20-21 school year. This will result in a disruption to school-based health services which is an opportunity for creative solutions and alternative service delivery methods particularly focused on the Medicaid population. To increase value-based care and disparity reversal activities, delivery of preventive services that prioritize reaching vulnerable and underserved children where they are through teledentistry dental visits and fluoride varnish home application is proposed.

The Nevada Division of Public and Behavioral Health, Oral Health Program (NV OHP) is committed to partnering with community dental providers and stakeholders to improve oral health throughout the State and specifically supports partners that are able to meet the needs of underserved vulnerable children. According to the 2012, *Burden of Oral Disease in Nevada*, Nevada's proportion of children with dental caries experiences in primary and permanent teeth is more than double the nation average. Children in Nevada are twice as likely to have a dental cavity compared to the United States national average. Caries experience and untreated decay are documented with the National Oral Health Surveillance System which allows comparison across the nation and standard calibration. In order to improve oral disease in Nevada, we believe early detection is the key along with education and resources. In recent years Washoe County has suffered losses of school-based sealant programs and Clark County will not allow school-based sealant programs on campus in the 20-21 school year which severely limits access to preventive dental services for underserved children.

Nevada's oral health quality measures when compared to national averages are deficient and will only worsen given the current limitations in access to preventive services. The Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative monitors the proportion of children ages 1-20 receiving a preventive dental services (PDENT). PDENT is the main child oral health quality improvement measure used by CMS. The national average is 48% and the national goal is to increase PDENT by at least 10 percentage points. Nevada is one of the seven states that have had a decrease in PDENT metrics from FFY 2011 to FFY 2018 and Nevada is 10% behind the national average.

The Nevada Oral Health Program proposes a pilot project in collaboration with a State of Nevada approved vendor (TBD), to train, educate, and improve oral health care of Medicaid enrolled children throughout the state via teledentistry. Children enrolled in Medicaid by definition of a lower socioeconomic category are classified within a moderate to high caries risk level. Due to this increased risk of tooth decay, preventive services such as fluoride varnish application and sealant placement should be prioritized.

Through this partnerships and collaboration, Nevada's Medicaid enrolled children will be navigated to care and receive preventive services which will identify early dental needs and increase oral health literacy. Additionally, in a blanket fashion, state measures will be boosted including HEDIS, PDENT, and EPSDT metrics, health literacy and care coordination will be promoted by a State of Nevada approved vendor, and the Nevada Oral Health Program will receive oral health surveillance data needed to develop sustainable funding sources for the ongoing improvement of oral health in Nevada.

Goal:

Through an alternative delivery method (teledentistry) provide preventive dental services to Medicaid children previously reached through school-based health services and in so doing, increase HEDIS measures, PDENT scores, and EPSDT reportable dental preventive services.

Mechanism:

Through an agreement between DHCFP, NV OHP, and a State of Nevada approved vendor, all Medicaid enrollees under the age of 21 (both DBA and FFS) will be contacted by a State of Nevada approved vendor to schedule a virtual dental appointment. A fluoride varnish packet (if applicable), toothbrush kit, and oral health educational brochure will be mailed to children that schedule a virtual dental appointment. Using teledentistry, a licensed Nevada dentist will provide a limited intraoral exam, collect oral health information, instruct the parent to safely apply fluoride varnish, and deliver oral hygiene instruction. Data collected will be shared with DHCFP and NV OHP which will result in a final program report.

Colgate will assist in providing oral hygiene instruction materials and oral hygiene supplies.

A formal advisory opinion from the Nevada State Board of Dental Examiners will also be sought for approval of fluoride varnish application via teledentistry as presented in this project proposal.

Partners and Responsibilities:Division of Health Care Financing and Policy (DHCFP):

- a. Will provide member lists to SNAV of enrolled Medicaid children
- b. DHCFP will promote the program to members.

A State of Nevada Approved Vendor (SNAV):

- a. SNAV will follow the protocol listed below.
- b. SNAV may utilize their dental contractors such as Teledentistry.com to meet the intent of this program.
- c. SNAV will provide care coordination to any DBA members that are in need of dental services and care referral to any FFS members.
- d. SNAV will mail Silver State Smile Kits and provide the oral hygiene supplies and varnish
 - i. Each kit will contain a single unit dose of fluoride varnish, a piece of gauze, a pair of gloves, a fluoride varnish brochure from NV OHP, a brush and floss or OHI brochure, a toothbrush and sample tube of toothpaste, and a brochure on the virtual dental exam including how to access the appropriate app.
- e. SNAV will promote this program.

The Department of Health and Human Services, Nevada Oral Health Program (NV OHP):

- a. NV OHP will provide educational brochures on oral hygiene and the NV OHP fluoride varnish pamphlet which will be included in the varnish packets.
- b. Will provide SNAV with a list of questions based on state specific metrics that should be collected during each phone call to better inform state policies and gather oral health surveillance information.

- c. NV OHP will create a video that demonstrates to parents, children, and families that provides an overview of the project, demonstrates an application of fluoride, and reviews OHI links in papers mailed in the Silver State Smile kit.
- d. NV OHP will be provided with data from oral health questionnaire and will analyze information for final report.

Colgate:

- a. Educational materials will be provided.
- b. If Colgate products are ordered, Colgate will provide a price match/negotiated price.

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Implementation Protocol:

2. Contact children enrolled in Nevada Medicaid who are served by LDP.
 - i. The list of enrollees will be ranked based on their last dental exam. Those that have not had an exam within the previous 12 months will be contacted first.
 - ii. The parents of children 0-18 will be contacted by:
 - i. Text message push to schedule virtual appointment
 - ii. Media campaign will follow with link to online appointment questionnaire
 - iii. Phone call by dental benefit administrator to schedule appointment and verbally complete questionnaire
3. Individuals that schedule the appointment will be mailed a Silver State Smile Kit
 - i. Each kit will contain OHI brochure, a toothbrush and sample tube of toothpaste, and a welcome letter on the virtual dental exam including how to access the appropriate app.
 - ii. Parents can select the optional fluoride varnish kit with a single unit dose of varnish. This will be mailed with an informational flyer on fluoride varnish and a link to an instructional video.
4. On the day of the appointment,
 - i. a licensed Nevada dentist working directly through a pre-vetted HIPPA compliant teledental platform will perform
 1. the limited oral evaluation (D0140)
 2. OHI and motivational interviewing (D9993 and D1330)
 3. the parent will serve as a dental assistant and under step-by-step directions of the licensed dentist will apply fluoride varnish to their child’s teeth (D1206) *
 4. D0601, D0602 or D0603 through a virtual HIPPA compliant platform. OR
 - ii. a licensed Nevada public health dental hygienist working directly through a pre-vetted HIPPA compliant teledental platform will perform
 1. the limited screening or assessment (D0190/D0191)
 2. OHI and motivational interviewing (D9993 and D1330)

3. the parent will serve as a dental assistant and under step-by-step directions of the licensed public health dental hygienist will apply fluoride varnish to their child's teeth (D1206) *
 4. D0601, D0602 or D0603 through a virtual HIPPA compliant platform.
 - iii. Both the parent and child will be instructed on the proper techniques for daily oral hygiene and motivated to follow the dental checkup and preventive services periodicity schedule for infants, children, and adolescents.
5. Care coordination will be provided (D9992)
 - i. The licensed dentist can and should prescribe prescription toothpaste for D0602 and D0603
 - ii. Patients will be directed to the most appropriate level of follow up care.
 - i. Patients will be informed of their assigned "dental home" and encouraged and assisted in making an appointment where additional services can be provided.
 - ii. Should visible signs of decay be found, the patient will be routed into a care coordination database, and an outreach specialist will call the patient within 72 hours to schedule an appointment with their assigned dental home.
 - iii. Should urgent signs of decay, active infection or pain be found, the patient will be routed into a care coordination database, and an outreach specialist will call the patient within 24-48 hours to schedule an appointment with their assigned dental home.
 - iv. Prescriptions as appropriate will be sent to the local pharmacy (no opioids will ever be prescribed).
 6. Dentist/dental hygienist will be reimbursed for services provided.

***Note:** Nevada State Board of Dental Examiners approved this use of fluoride varnish by mail and through synchronous teledentistry on 10.8.2020

Questionnaire to be collected before virtual dental visit

1. If your child is school age, where does your child attend school?
 - a. Home schooled b. in-person c. completely online d. hybrid (in-person and online)
2. Has your child ever received school-based health services in the past?
 - a. Yes b. No Comment:

If yes: did this include the services of a school-based sealant program?

 - a. Yes b. No
3. Due to COVID-19, do you feel comfortable coming into a dental office for an appointment?
 - a. Yes b. No Comment:

4. How would you rate the condition of your child's teeth and gums? (circle one)
a. Excellent b. Very good c. Good c. Fair d. Poor
5. How many times do you/does your child brush his/her teeth in one day? (circle one)
a. ___# (enter #) b. Child does not brush yet c. Does not brush every day c.
Don't know
6. How many times a day does your child have sugary drinks or snacks?
a. 2 or less b. 3 to 5 c. 6 or more
7. During the past 12 months, has your child had frequent or chronic difficulty with any of the following? (Check all that apply)
a. Toothaches (no/yes)
b. Bleeding gums (no/yes)
c. Decayed teeth or cavities (no/yes)
9. What was the main reason your child last visited a dentist? (check one)
a. Went in on own for check-up, examination or cleaning
b. Was called in by the dentist for check-up, examination or cleaning
c. Something was wrong, bothering or hurting
d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
e. Other
f. Don't know/don't remember
10. During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (check one)
a. No b. Yes c. Don't know/don't remember
IF YES: What were the reasons that your child could not get the dental care she/he needed? (Check all that apply)
a. Cost was too high
b. Dental office is not open at convenient times
c. I did not think anything serious was wrong/expected dental problems to go away
d. Dental office is too far away
e. Another dentist recommended not doing it
f. Transportation or lack of reliable transportation
g. Unable to take time off from work
h. Afraid or do not like dentists
i. Dentist did not accept insurance
j. Too busy
k. Insurance did not cover recommended procedures
l. COVID-19/pandemic
m. Other
n. Don't know/don't remember

Reporting metrics:

- Number of calls made before appointment scheduled
- Utilization of teledentistry services (visits, no-shows, declined appointments)
- Number of kits sent to recipients
- Positive consent for fluoride varnish
- Number fluoride varnishes applied
- Number of limited exams completed
- Number of children with an urgent dental case
- Number of children with active decay
- Number of children who have been to the dentist in the last 12 months
- Number of children that report having had a cleaning in the past 12 months.
- Demographics: child's age, sex, current zip code, ethnicity
- Dental health: last dental visit (date or year), presence of untreated decay, treatment urgency (none, early, urgent), presence of sealants (for school age), suspicious lesions.