Early Childhood Cavities Prevention Project: PREVENTION!

The Oregon Office of Medical Assistance Programs (OMAP), their contracted managed care organizations which include Fully Capitated Health Plans (FCHPs) and Dental Care Organizations (DCOs), the Oregon Health Department (OHD), and the Early Childhood Cavities Prevention Coalition (ECCPC) are working together to establish an early intervention program, called Early Childhood Cavities Prevention Project: PREVENTION! This prevention project targets pregnant women and children from birth to 24 months of age and is a statewide, integrated collaboration with dental and medical practitioners. It involves a global approach and includes early intervention, parent education, continuing education for general dentists to increase their knowledge and skill treating the very young child, and oral health education for dental practitioners and medical practitioners that have any contact with pregnant women or children from birth to 24 months of age. Oregon has a unique health care delivery system for Title XIX and XXI clients that involves both medical and dental practitioners in the development and implementation of prevention projects. OMAP contract requirements for managed care organizations include the participation in Project: PREVENTION!, which means that all Fully Capitated Health Plans and Dental Care Organizations contracted with OMAP are required to participate in the program designed to accelerate prevention services. In 2000, both the Fully Capitated Health Plans and Dental Care Organizations agreed to implement an early childhood caries intervention program as the next Project: PREVENTION! This resulted in all of the Fully Capitated Health Plans and Dental Care Organizations having had at least one member from their organization participate in the training session for Early Childhood Cavities Prevention Project: PREVENTION! As of April 14, 2002 all Dental Care Organizations and 70% of Fully Capitated Health Plans formally have adopted the guidelines as standard of care for their plan, and have developed a strategy for allocation of resources and identified key staff to lead the project. All have incorporated early childhood caries prevention into the Quality Improvement process. This global approach increases the clients’ exposure to oral health education and provides consistent language and practices among health care practitioners.

Lessons Learned:

Oregon’s ECCP was a performance improvement project (PIP) of which by 2006 the ECCP practices had become embedded into the Dental Organizations (DCO) contracted services to Oregon Health Plan (Medicaid) members. This PIP is no longer active and the Managed Care Organizations are no longer required to conduct ECCP improvement projects.

Oregon currently is in the process of transitioning over to a Coordinated Care Organization model for the delivery of healthcare services. Dental services will also be an integrated part of the CCO in the future.

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