



# Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)  
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

**NOTE: Please use Verdana 9 font.**

## CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

**Name:** Dr. Debono Hughes

**Title:** Dental Director

**Agency/Organization:** Office of Oral Health, Maryland Department of Health

**Address:** 201 West Preston Street, 4<sup>th</sup> Floor; Baltimore, MD 21201

**Phone:** 410-767-5942

**Email Address:** [debono.hughes@maryland.gov](mailto:debono.hughes@maryland.gov)

## PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

**Name:** Stacy Costello, MPH, CHES

**Title:** Program Manager

**Agency/Organization:** Office of Oral Health, Maryland Department of Health

**Address:** 201 West Preston Street, 4<sup>th</sup> Floor; Baltimore, MD 21201

**Phone:** 410-767-3081

**Email Address:** [stacy.costello@maryland.gov](mailto:stacy.costello@maryland.gov)

**SECTION I: ACTIVITY OVERVIEW**

**Title of the dental public health activity:**

**Maryland Dent-Care Loan Assistance Repayment Program**

**Public Health Functions\*:** Check one or more categories related to the activity.

<b>"X"</b>	<b>Assessment</b>
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	<b>Policy Development</b>
	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
x	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	<b>Assurance</b>
x	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
x	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

**[\\*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)**

**Healthy People 2020 Objectives:** Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

<b>"X"</b>	<b><u><a href="#">Healthy People 2020 Oral Health Objectives</a></u></b>	
X	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
	OH-3	Reduce the proportion of adults with untreated dental decay
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
x	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
x	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9	Increase the proportion of school-based health centers with an oral health component
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

X	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

<b>"X"</b>	<b>Other national or state <a href="#">Healthy People 2020 Objectives</a>: (list objective number and topic)</b>	

**Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:**

Loan Assistance, remittance, dental access to care, Loan repayment program, legislation

**Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words.**

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

During the 2000 Maryland legislative session, House Bill 543/Senate Bill 519 was passed providing State funding for a loan repayment program for dentists, known as the *Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP)*. The purpose of MDC-LARP is to increase access to oral health care services for Maryland Medical Assistance Program (MMAP)<sup>1</sup> recipients by increasing the number of dentists who treat this population through receipt of \$23,740 per year in loan repayment assistance over a three-year period. The Maryland Department of Health Office of Oral Health, in partnership with the Maryland Higher Education Commission, is charged with the responsibility of implementing and monitoring this program.

Dentists who agree to provide oral health services must serve three years in a full-time practice and provide services to a minimum of 30% MMAP recipients as a proportion of their total patient population. This information must be documented along with the submission of written reports. This program provides loan repayment for up to five *Maryland licensed* dentists a year for a three-year commitment (a maximum of 15 participants in the program for the 3-year period), depending on available funding.

What makes this program unique is that dentist applicants do not have to practice in a designated Health Professional Shortage Area. Although they are encouraged to practice in rural, underserved areas, these dentists simply need to provide care to MMAP recipients in any area of Maryland and ensure that these patients make up 30% of their patient population. During CY 2017, MDC-LARP dentists treated 24,188 unduplicated Medicaid patients and provided 60,471 dental visits for Medicaid recipients. MDC-LARP dentists have seen 195,372 unduplicated Medicaid patients through 488,431 patient visits since the inception of the program in 2001.

<sup>1</sup> Limited adult dental coverage. In spring 2019 there will be a Maryland waiver dental program for dually eligible adult patients. The majority of providers in this program see children and possibly some pregnant women.

## SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

**\*\*Complete using Verdana 9 font.**

### **Rationale and History of the Activity:**

#### **1. What were the key issues that led to the initiation of this activity?**

Prior to 2000, Maryland did not have a loan repayment program for dentists in the state that would provide an incentive for dentists to increase their services to underserved populations. Partnerships with the University of Maryland Dental School, Maryland Academy of Pediatric Dentistry, Maryland Academy of Pediatrics, Maryland State Dental Association, Maryland Dental Society, Maryland Department of Health, Maryland Higher Education Commission and others were developed for legislative advocacy and promotion efforts for a loan repayment program for dentists. [Senate Bill 519](#) and [House Bill 543](#) passed in the Maryland General Assembly in 2000 that resulted in establishing a loan repayment program for dentists. The program was initiated shortly thereafter in 2000.

#### **2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?**

Many Maryland dentists, for a variety of reasons, but especially because of Medicaid's low reimbursement, do not participate in the Medicaid managed care dental program. The resulting level of inadequate dental services for Maryland's low socioeconomic status and rural children increases their frequency of chronic pain, oral dysfunction, poor self-image, missed school days, and reduced capacity to succeed academically. Consequently, the Department of Health-Office of Oral Health, along with the University of Maryland Dental School, the Maryland State Dental Association and others, have been exploring innovative approaches to increase access to dental care for Maryland children.

One approach was to combine dental access with loan repayment. In 1998, educational indebtedness of dental graduates averaged nearly \$100,000; and today, it is closer to \$260,000. Therefore, young dentists may be interested in approaches that would facilitate management of their educational loans, such as a program that would offer dentists an educational loan repayment as an incentive to treat underserved children for a specified period in a practice site of their choosing.

#### **3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)**

During Calendar Year (CY) 2017, MDC-LARP dentists treated 24,188 unduplicated Medicaid patients with 60,471 dental visits. MDC-LARP dentists have seen 195,372 unduplicated Medicaid patients during 488,431 visits since the inception of the program in CY 2001.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

	Primary Role	Activities
Maryland Office of Oral Health (OOH)	Administers day to day operations	<ul style="list-style-type: none"> <li>Recruits applicants</li> <li>Point of contact for the program- handles inquiries</li> <li>Maintains <a href="#">website</a> with program information</li> <li>Processes applications</li> <li>Facilitates and organizes the external review panel</li> <li>Makes award and renewal recommendations to MHEC</li> <li>Conducts site visits</li> <li>Processes monthly reporting and spore testing</li> </ul>
Maryland Higher Education Commission (MHEC)	Administers financial component	<ul style="list-style-type: none"> <li>Obtains lender verification from providers</li> <li>Processes remittance paperwork for providers on a yearly basis.</li> </ul>
External Application Review Committee	Selection of top 5 awardees	<ul style="list-style-type: none"> <li>Review applications prior to in person meeting</li> <li>Meet for half day to review applications and select top candidates</li> </ul>
Dentists in MDC LARP Program	Maintain program compliance	<ul style="list-style-type: none"> <li>Maintain 30% MMAP</li> <li>Submit <a href="#">monthly report</a></li> <li>Submit monthly spore tests</li> <li>Compliant <a href="#">site visit</a></li> </ul>
Maryland State Board of Dental Examiners (Board)	Recruitment	<ul style="list-style-type: none"> <li>OOH provides memo to the Board and then send via email to all licensed dentists in the State of Maryland</li> </ul>
Maryland State General Funds	Funding of program	<ul style="list-style-type: none"> <li>Provides MHEC \$356,100 yearly for disbursement in the MDC LARP</li> </ul>

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

- Recruitment of dentists to apply – all licensed dentists in the State of Maryland are sent a memo from the Office of Oral Health via the Maryland State Board of Dental Examiners (MSBDE).
- Collection of application materials received and processed by the Office of Oral Health
- Convening of external review panel to select top candidates- the external panel consists of members from the various dental organizations in Maryland (Maryland State Dental Association, Maryland Dental Society, University of Maryland School of Dentistry, Maryland Academy of Pediatric Dentistry and Maryland Oral Health Association.) The Office of Oral Health organizes the meeting and provide the reviewers with application documents one month prior to the in-person meeting.
- Site visit of renewals and applicants – conducted by a clinician (RDH or Dentist) from the Office of Oral Health. Dentists are sent a [site visit checklist](#) prior to the visit. The Office of Oral Health follows the [CDC's Summary of Infection Prevention Practices in Dental Settings](#) as guide.
- Recommendations for awards and renewals after site visits are completed, the Office of Oral Health notifies the Maryland Higher Education Commission that awards and renewals may be processed.
- Payment for year served - \$23,740 per year

- Monthly reporting processing- A sample reporting form can be found on the [Office of Oral Health's website](#). In addition to the monthly report, providers submit the spore test results from each autoclave in the practice for the month they are reporting on.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)
- Five new applicants selected yearly – top applicants are based on the external panel meeting scores and [site visit compliance](#).
  - Orientation of new candidates -provided by the Office of Oral Health MDC LARP Program Manager
  - Minimum 30% Medicaid seen at practice sites- 30% is per provider not the entire practice. [Monthly submission](#) of patients seen by awardee (Medicaid and Non-Medicaid) determines the providers 30% compliance.
  - Compliant practice sites A [checklist](#) mirroring CDC's Summary of Infection Prevention Practices in Dental Settings is used by an Office of Oral Health clinician at site visits . All sites must meet every criteria in order to be compliant.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- a. How outcomes are measured
  - b. How often they are/were measured
  - c. Data sources used
  - d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

A-C. Each month participants in the program complete a [status report](#). This report tallies the total number of patients seen each week in addition to how many Medicaid appointments were scheduled and actually completed per week. The Office of Oral Health has created an access database that imports the providers reports and issues a status report back to the provider so they can view their progress. Should a provider fall below 30% Medicaid the MDC LARP Program Manager contacts the provider and discusses mean to increase the number the following monthly. This program is a 30% cumulative requirement so that means if the provider is at 30% by the end of the year- they are compliant.

D. During Calendar Year (CY) 2017, MDC-LARP dentists treated 24,188 unduplicated Medicaid patients and provided 60,471 dental visits for Medicaid recipients. MDC-LARP dentists have seen 195,372 unduplicated Medicaid patients through 488,431 patient visits since the inception of the program in CY 2001.

A monthly report is submitted indicating patient case load. Total Medicaid patients seen vs. total patients seen.

#### **Budgetary Information:**

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?  
\$356,100.00 (\$23,740.00 each for 15 applicants)

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

The Maryland Higher Education Commission and Maryland Office of Oral Health do not receive any funding to administer the program. All funding is disbursed to the providers in the program.

3. How is the activity funded?

State funding for the MDC-LARP program is directly allocated from the Janet L. Hoffman Loan Assistance Repayment Program annually in the amount of \$356,100.

4. What is the plan for sustainability?

Currently, the sustainability of this program rests solely in the funding received from the Janet L. Hoffman Loan Assistance Repayment Program. It is hoped that this funding will continue to support this program and keep it in the State budget.

**Lessons Learned and/or Plans for Addressing Challenges:**

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

In the original set of program Guidelines, the recipients of the loan repayment received their reimbursement checks within 60 days of beginning the program (January 1st). The Guidelines were then revised so that the recipients received their reimbursement checks within 60 days of completion of their first year of service in the program. This served to reduce the liability of the dentists if the 30% goal was not attained in the first year, and as a motivator to maintain the 30% goal.

Site visits are conducted for participants continuing in the program as well as applicants into the program. Infection control protocols set by the Centers for Disease Control and Prevention are observed and verbally reinforced to staff by the clinical provider from the Office of Oral Health during the site visit. To ensure spore testing occurs weekly, the Office of Oral Health updated its monthly reporting requirements. In 2014 the Office of Oral Health added monthly documentation of weekly spore test results to be submitted along with the monthly reporting sheet.

2. What challenges did the activity encounter and how were those addressed?

The program could be improved by expanding the number of dentists who can participate in the program each year. Right now, the program is on a 3-cycle term with a total of 15 dentists accepted into the program over a 3-year period. To have a significant effect on increasing the number of dental providers who treat the Medicaid population, more dentists need to be accepted into the program.

**Available Information Resources:**

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Background information, recipient obligations, application and guidelines for submission, along with monthly reporting and site visit requirements can be found on the [Office of Oral Health's website](#).

<b>TO BE COMPLETED BY ASTDD</b>	
Descriptive Report Number:	23001
Associated BPAR:	The Role of Oral Health Workforce Development in Access to Care
Submitted by:	Office of Oral Health, Maryland Department of Health
Submission filename:	DES23001MDloanrepayment-2019
Submission date:	January 2002
Last reviewed:	March 2019
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