

Changing the Standard of Well-Child Care to Include Oral Health:

Connecting the Docs:

Linking the Medical and Dental systems to improve oral health



Photo: Carolyn J. Yaschur Bremerton Sun

 **DELTA DENTAL**
**Washington Dental Service
Foundation**

Community Advocates for Oral Health

Laura Smith, MPA
President & CEO

Vision

- All Infant & Toddler Well-Child Visits include:
 - Oral screening
 - Risk assessment
 - Oral health education/anticipatory guidance
 - Fluoride varnish application
 - Dental referrals as needed

Making It Happen

Pilot Projects/Focus Groups

- Make the case
- Training
- Reimbursement
- Referral Sources



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

The Case for Oral Health Preventive Services

- Addressing overall health already
 - Add oral health screening
- Dental disease is a behavioral disease
 - OH anticipatory guidance is critical
- Focusing on prevention
 - Fluoride varnish prevents/reverses early disease
- Assessing risk
 - Not all kids at high risk; target use of limited resources

The Training

- Target large healthcare delivery systems
 - Group Health
 - Providence Health Services
 - Highline Medical Services
 - The Everett Clinic
- Incorporate into clinic work flow, electronic health records
- Build seamless business processes

The Training

- In-office CME over lunch, 1 ½ hrs
- Include all providers and staff
- Address:
 - Oral screening & risk assessment
 - Oral health education
 - Fluoride varnish application
 - Dental referrals as needed

The Training

- Hands-on demonstrations
- Trainers: physicians, dentists
- CME credit
- Lunch provided
- Fluoride varnish samples provided
- Conducted/supported by WA Dental Service Foundation



Hands-on demonstration at training for Northwest Pediatric Center in Centralia

The Training

- Group Health:
 - 2007-early 2010: Pilot Project with 6 clinics
 - Fall 2010: Begin expanding to all 26 Group Health medical centers
- Pilot Outcomes:
 - Parents expressed very high satisfaction with the full range of oral health services their child received.
 - 96% of providers indicated that primary care has an important role in OH promotion



GroupHealth

Toolkit

- Pocket-sized provider reference guide
- 3 Simple Steps
- Documentation samples
 - Paper
 - Electronic
- Billing:
 - Medicaid
 - WA Dental Service

Preventing Dental Disease in Primary Care Medical Settings



Photo Credit: The Sun, Carolyn J. Yaschur

**Continuing Medical Education Course Including
Practice Tools & Reference Materials**

DELTA DENTAL
**Washington Dental Service
Foundation**

Community Advocates for Oral Health

Toolkit

- Fluoride varnish ordering info
- Oral health education materials
- Articles
 - Effectiveness prevention/early intervention
 - Primary care providers building case for engagement in oral health



Hands-on demonstration at training for Valley Medical Center in Clarkston/Lewiston

Coaching

- “Start today”
- Who will deliver the services?
- At what visits will the services will be delivered?
- Determine how services “fit” into well child visits
- Referring for dental care
- Ordering supplies
- Building prompts for providers—EMR, posters

Healthy Future Pediatrics in Olympia—routinely delivering oral health services



Reimbursement for Oral Health Services

- Medicaid began reimbursing for FV (\$12): 1998
 - No uptake
- Medicaid began reimbursement for package of OH services (\$70): mid 2008
 - Significant interest
- Washington Dental Service reimbursement and promotion to subscribers through their “Well Baby” Campaign

Building Demand

- Primary Care Providers:
 - Professional conferences
 - Articles/letters by physician champions through associations
- Parents:
 - Child Profile: statewide health education program
 - Brochures
 - Ads-Radio, TV, online, Facebook
 - Earned media

500,000 brochures disseminated



Building Demand - Earned Media

Seattle's Child
www.seattleschild.com

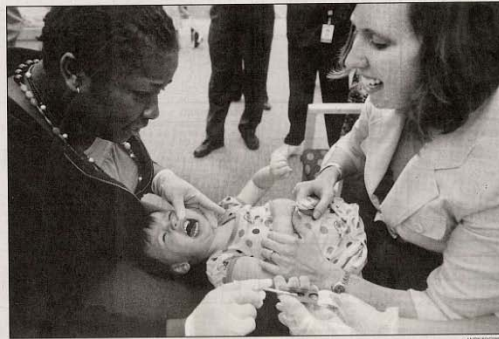
SUMMER CAMP
Do Your Homework Early

With a SNOHOMISH • PISCIS
MEMBERSHIP, YOU'RE FREE

YOUR HEALTH

HELPING YOU MAKE SMART CHOICES

Pilot program aims to keep petite pearly whites healthy



Samantha Strangland, 2, protests as a fluoride varnish is applied to her teeth by Aneshia Johnson, left. Mom Katie holds her steady Tuesday.

Dental care is kid stuff

BY CHRIS BLACK
P-I reporter

BABY TEETH 101

Do baby teeth matter, since they are going to fall out anyway?
Healthy baby teeth are very important for a baby who will soon be learning how to talk and solid food. As a child grows, healthy baby teeth can help ensure healthy permanent teeth and overall good health.

When should my child first have an oral exam?

The first oral exam should happen by age 1. Your child's teeth should be looked at during his or her well-child visits beginning when the first tooth comes in, usually between 6 and 12 months of age. Early preventive care will protect your baby's teeth now and in the future.

Do I need to clean my baby's mouth if there are no teeth yet?

Clean your baby's gums every day with a clean, damp washcloth.
What do I do once teeth begin to appear?
Clean them daily with a soft toothbrush and a pea-size amount of fluoride toothpaste. To clean your baby's mouth, place your baby's head in your lap to have both hands free to clean.

Can babies get cavities?

Yes, even on teeth appear. They are at risk for decay. It is critical to keep a baby's mouth and teeth clean and healthy. Dental problems can begin early and get worse over time. If problems are caught early, they can be treated. Prevention is most important in protecting your child from oral disease.

What is "baby bottle" tooth decay?

Babies who go to bed with a bottle of milk, formula or juice are more likely to get tooth decay. When these liquids stay in contact with the teeth for a long time during the night, the teeth can decay quickly. If you put your baby to bed with a bottle, fill it with water, formula, milk, juice or other liquids may increase your child's risk for cavities.

Are there other things parents can do?

Yes. Check your baby's teeth often. Look for white spots on the teeth or changes to the gums. White spots, especially along the gums, often are early signs of tooth decay. If you see white or brown spots or other changes in your baby's teeth or gums when you "lift the lip," call your dentist or physician.

Source: Group Health, Washington Dental Service

LEARN MORE
For more information about the Group Health pilot program contact Katie Washburn at Group Health at 206-236-3140, Diane Ritter at Washington Dental Service Foundation at 206-239-5507, or email news@grh.com. For more information about area dentists, call the Seattle-King County Dental Society at 206-443-7607 or Access to Baby & Child Dentistry at 206-296-2059.

brush the fluoride on the teeth of sleeping, sometimes screaming, children at Group Health's Rainier Medical Center, some wondered how practical it is to add dental care, even if it's just a glance inside the mouth for a deep clean in an already time-crunched doctor's visit. Dr. David Grossman, medical director for preventive care at Group

Health, said it has been proved that cavities can start early and early visits and fluoride varnish helps.

"This will take time to get right and have it become routine," Grossman said. "This has great promise."

One place where early dental intervention already has been seen to be effective is a Ochsner Children's Clinic in Seattle's Central District.

"Though not part of the pilot program, for the past six years children at the clinic have received dental care during medical visits."

"A child will see a physician at least six times during their first year of life, and it offers a lot of opportunities for them to look at developing teeth," said Christopher Debeck, the clinic's dental director. "This fits right into the medical model."

He said the biggest advantage is that physicians refer children to him sooner, much like when they refer a child with chronic ear infections to a specialist.

The pilot program's services will be paid by private and public dental coverage. Washington Dental Service, a Seattle non-profit with 2,200 dentists statewide and \$750 million in annual revenue, will cover the costs of the preventive services for its eligible subscribers who also are Group Health members. During the pilot, Washington Dental Service Foundation will pay for the services to be delivered to all other Group Health members not already covered by Medicaid in the pilot locations.

In all, Washington Dental Service gave King County \$1 million to help combat dental problems in children. The program is beginning at Rainier Medical Center, then will launch in Burien, Port Orchard and Olympia medical centers. The program starts at two Spokane medical centers in the spring.

P-I reporter Chris Black can be reached at 206-448-8188 or chrisblack@seattletimes.com.

HEALTH & DEVELOPMENT

Baby ... Get That First Dental Checkup by Age 1, Already

By Elizabeth M. Gillespie

Dental disease rates among children ages 2 to 5 rose to 28 percent in the period from 1999 to 2004, up from 24 percent in the period from 1988 to 1994, according to the National Center for Health Statistics latest survey on dental health.

Disease rates are even worse in Washington state among low-income children. In 2005, 45 percent of poor preschoolers had dental decay compared to 26 percent in 1994.

Some dentists believe the increase includes eight-time varnish and bottle-feeding will allow a baby's first teeth, have come in. The good news is that 80 percent of babies born in the United States are breast-fed, and used as teats that children drink throughout the day over long periods of time. The bacteria that live on teeth break down all that sugar into acid, and the acid breaks down the enamel on teeth, leading to tooth decay.

Researchers estimate that dentists who will discourage parents from bringing their kids in before age 3 feel they're waiting their little kids they can do something for a parent. "The trend was to see children — or work on a tooth" rather than simply taking a clean look inside a baby's mouth and hopefully not spotting any early signs of trouble.

"Seeing young children — though you may not be able to treat problem — it's a good opportunity to assess parents and talk to parents about the potential for problems," Rubinfeld says.

Some good news: A growing number of pediatricians and family practitioners are incorporating oral health screenings into their pediatric ages 1 well-baby checkups. And to communicate the

Part of the problem is that some general dentists and primary care doctors haven't yet updated their education, says one oral health advocate that used children don't need to get their teeth cleaned until they're 3.

"I think it's a generational thing," says Dr. Eric Rubinfeld, a Southend dental and dentist of some young children. "For a long time — general dentists just weren't taught to take on young patients."

Babies seem to be highly educated babies who ask how when they should take their children to the dentist sound surprised when she says by age 3. "They say, 'What, my dentist doesn't see anyone under 3,'" says Rubinfeld, who's been practicing for eight years since graduating from the University of Washington's School of Dentistry.

In some cases, when her friends have visited her, she's brushed says their kids have asked away from their first dentist visit with two weeks. The problem is widespread, and despite the clear message that oral health screening should begin at age 1, it appears to be getting worse.

ORAL HEALTH

an important part of overall health

Children should have their first oral health screening by age one



Oral health screenings can be done easily during well-child checkups, and reimbursement is available.

All across the state, physicians and their staffs are receiving free CME training to learn how to screen for dental decay, apply fluoride varnish, share oral health tips and make dental referrals.

To schedule training in your office or to order free education materials for families, contact:

Washington Dental Service Foundation
(206) 729-5507
DRitter@DeltaDentalWA.com
or visit KidsOralHealth.org

DELTA DENTAL
Washington Dental Service
Foundation
Community Advocates for Oral Health

The Seattle Times

AN INDEPENDENT, LOCALLY OWNED NEWSPAPER

Founded Aug. 10, 1896

EDITORIALS

The newspaper's view

FLUORIDE VARNISH FOR YOUNG TEETH

THANKS to Group Health Cooperative and Washington Dental Service, more children will be spared from going under the dentist's drill at young ages — or at least they might have to go less frequently.

The two organizations are launching a three-year pilot project to prevent tooth decay — the most common chronic disease in children. It affects children five times as frequently as asthma. The plan is to use pediatricians at six Group Health clinics to administer a fluoride varnish during regular medical checkups for children between ages 6 months and 3 years. Such treatments are shown to reduce the incidence of cavities by 70 percent, which means healthier teeth for children throughout their lives.

While studies show that young children are less likely to see a dentist during their early years, they are more likely to see their pediatrician regularly. So why not apply the varnish there?

The approach is ingenious, particularly in a state where only

about half of residents are served by water systems that are fluoridated. Many cities, including Bellingham and Snohomish, still resist fluoridation.

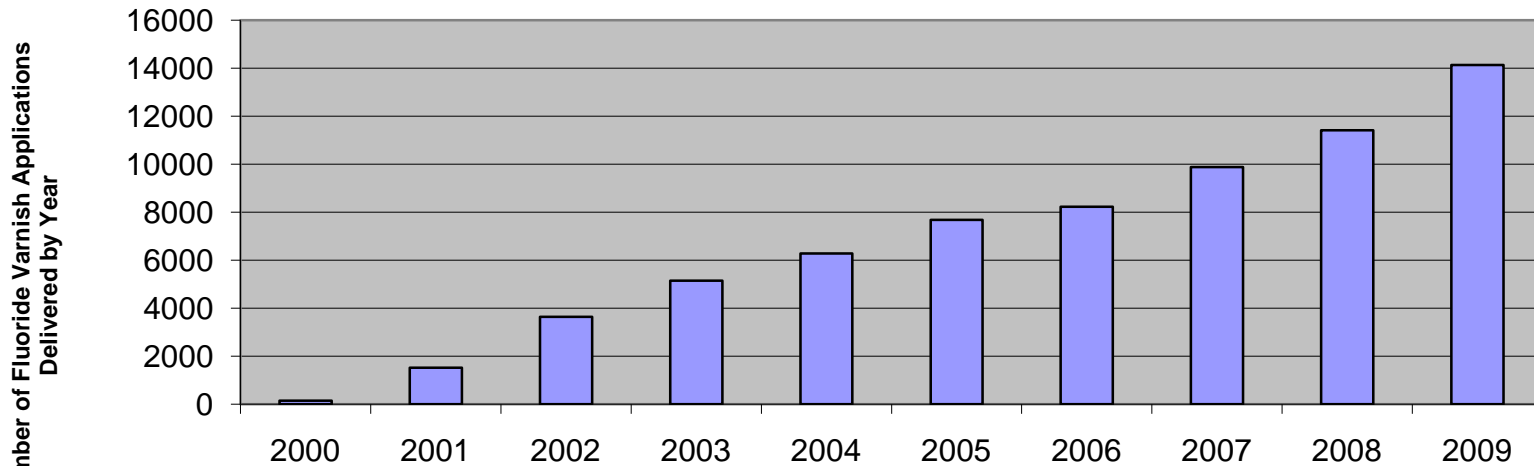
The state's last Smile Survey in 2005 showed that the incidence of tooth decay in children is higher than it was five years earlier.

The study was conducted by the state Department of Health's Oral Health Program. One in four low-income preschool children and one in five elementary-school children had untreated tooth decay, according to the study.

Group Health and Washington Dental Service will use the results to show the benefits of this approach. It's a good bet the results will be significant and persuasive and that this approach should be replicated.

Outcome Metrics

**Washington State Medicaid Enrolled Children Birth through Five Years
Fluoride Varnish Applications Delivered by Primary Care Medical Providers
2000-2009**



NOTE: All figures are calendar year with the exception of 2005-2006 which is fiscal year data

Influencing Primary Care Education - National Interprofessional Initiative on Oral Health

- Profession Based – Building on success of Family Physicians
- Smiles for Life Curriculum
- Physicians Assistants
- Nursing

Access to Baby and Child Dentistry - The Referral Source for Low-Income Children



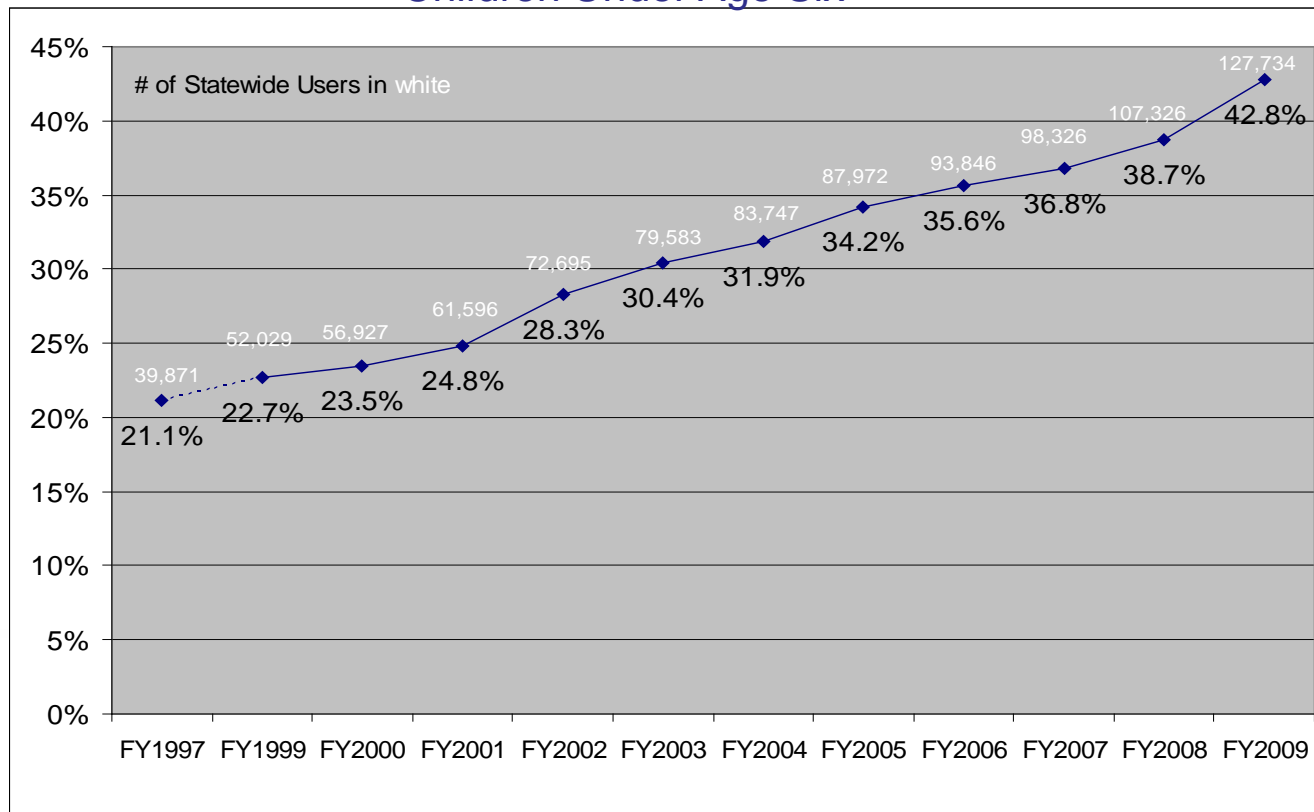
Goal: Improve young children's oral health - more kids getting dental care

- Medicaid-eligible children birth to five years
- Focused on prevention
- Training and enhanced reimbursement to dental offices
- Outreach & case management to families

ABCD – Outcomes to Date

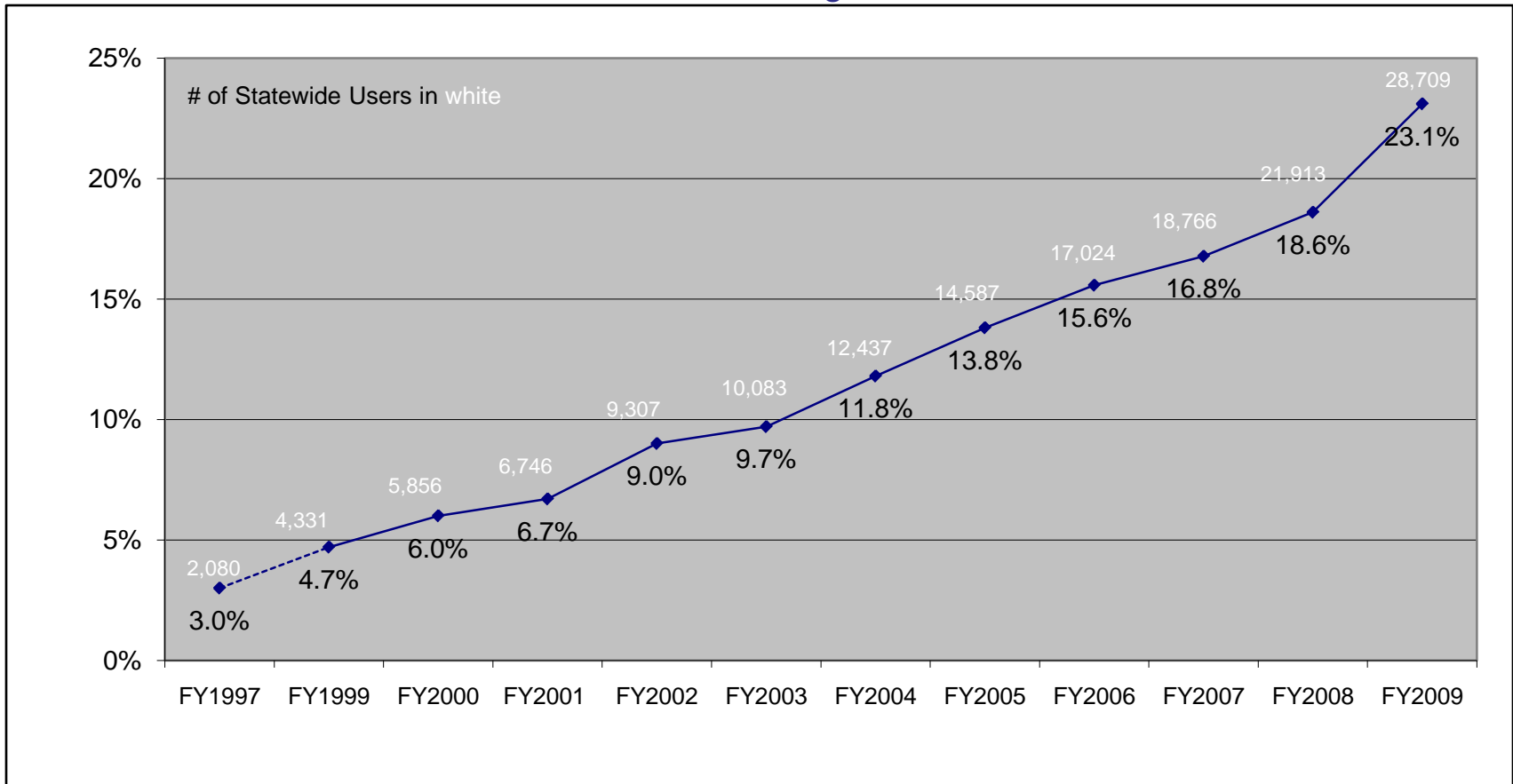
- **1,300 Dentists trained to deliver care to young children**
- **Increased Dental Visits for Medicaid Insured**

Children Under Age Six

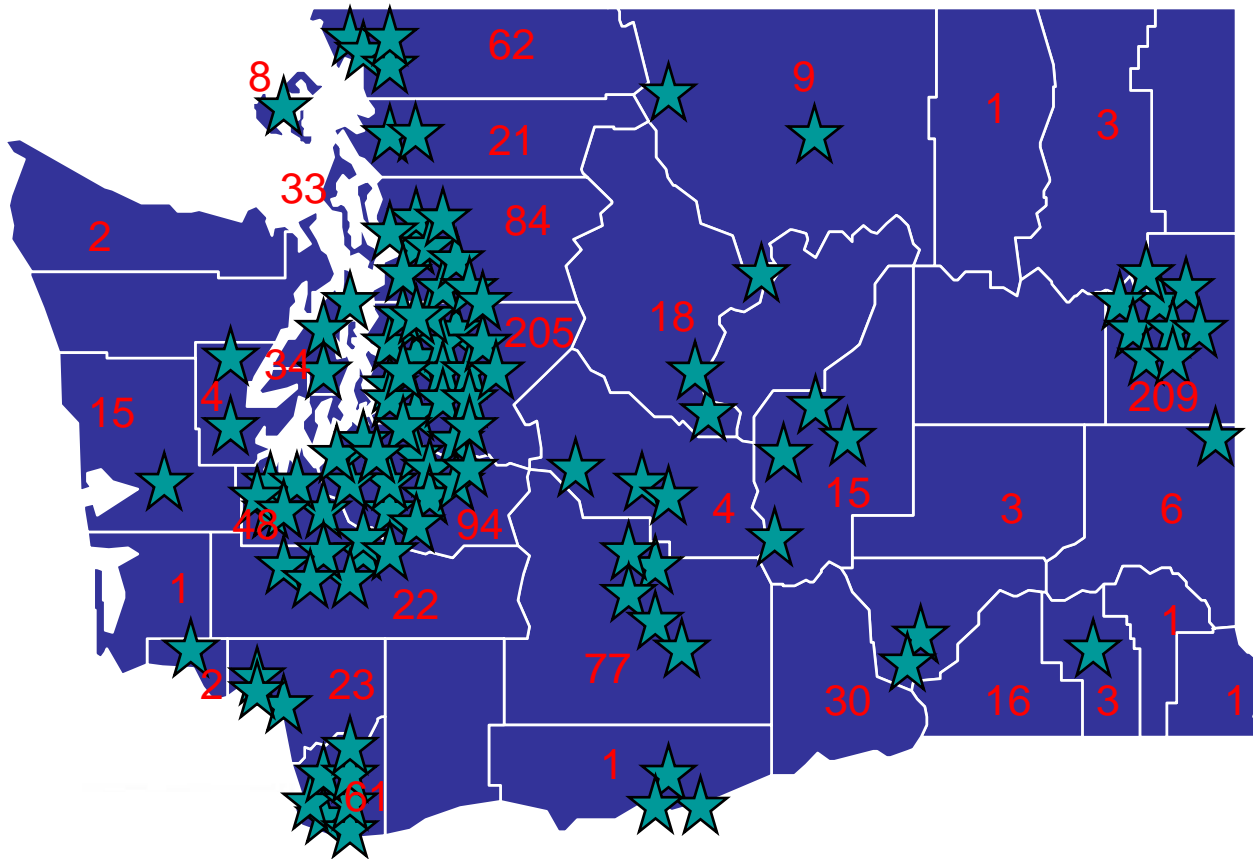


ABCD – Outcomes to Date

Children Under Age Two



Trained Providers – Dental and Medical



★ Stars

Trained:

-1,570 Primary Care
Medical Providers

-1,783 clinic staff

Approximately 31% of
practicing primary care
MDs have been trained

Red numbers

Trained:

-1,184 dental providers

Approximately 24% of
dental providers
participate

Lessons Learned

- Physicians want to deliver oral health services to all patients—regardless of insurance coverage
 - securing payment from dental insurers
 - families are willing to pay
- Physicians’ understanding of the disease process and incorporating preventive services in the flow of the visit is critical to adoption—not interested in a transitory quick fix “fluoride varnish program”
- Oral health can be efficiently included in well-child checks
- The availability of community-based dental referral resources is critical.

Lessons Learned

- Parents are overwhelmingly receptive to and pleased with services being provided in medical offices.
- While training is necessary, follow-up coaching is important to achieve commitment, comfort, and confidence in delivering the services and sustained adoption.
- If oral health at well child checks becomes standard of care, more families (including Medicaid enrollees) will see oral health as a key part of keeping child healthy

For More Information:

Laura Smith, MPA

President & CEO

Washington Dental Service Foundation

lsmith@deltadentalwa.com

206-528-2335

Kid's Oral Health

www.kidsoralhealth.org

ABCD Program

www.abcd-dental.org