

Department of Health
Oral Health Workforce

Meeting of Friday, June 25, 2009

**Oral Health Workforce and
Children**

Frank Catalanotto, DMD

Professor and Chair, UFCD Department of Community
Dentistry and Behavioral Science

My Charge from Doug Manning

- As mentioned previously we will have you give a 10 minute presentation on the following subject - oral health workforce and children (dentist training - ABCD model, but also medical provider (MD, ARPN, PA or even RN, LPN, etc.) training - ECC prevention model or other such items) - particularly access for very young children related to workforce.
- If you could include the following in your presentation it would be helpful:
 - 1) barriers this population faces in regards to access related to workforce
 - 2) suggested solutions or proposals
 - 3) what changes are necessary to implement these solutions/proposals

So, what is the problem?

Doc,

Perfect. Thank you so much! **Now if we could just get dental homes for these kids!!!**

Elizabeth

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Email I received on Monday, June

1) BARRIERS FOR THIS POPULATION OF VERY YOUNG CHILDREN, AGES BIRTH TO 4-5-6 YEARS

What Do We Know about Access to Oral Healthcare in Florida?

Some of the following data were taken from a presentation by
Scott L. Tomar, DMD, DrPH
At UFCD/ADEA Advocacy Day
October 3, 2008

Florida Medicaid Utilization 2000/2002

- 1.8 million children enrolled in FL Medicaid (38% of all children in Florida)
- 21% received any dental service (2002)
 - Counties ranged 13% (Dixie) to 34% (Duval);
- 19% age 6-8, 13% age 12-14 received sealants
 - Age 12-14, ranged 0% (Gulf) to 28% (Lafayette)

<http://www.doh.state.fl.us/family/dental/disparities/utilization.pdf>

What is the data here in Florida?

- There is currently only **one dentist per 9,747 Medicaid Children**
- Only about **10% of Florida Dentists participate in Medicaid.**
- Only about **25% of Florida Medicaid recipients receive dental services and only about 10% of children under the age of 6 receive any dental services.**
- There are about **400,000 Medicaid eligible children under age three** in Florida including those in traditional Medicaid and managed care programs.
- During 2000-2003, on average per year, **1200 Medicaid recipients under 6 years of age had dental work done under general anesthesia.**
- From July 1-2006-June30, 2007, **196 Medicaid recipients under age 6 were admitted to Florida hospitals for a life threatening dental infection.**
- **CONCLUSION:** Young children cannot access oral health care in Florida. Whatever the reasons, we need to find a better way!

2) SUGGESTED SOLUTIONS OR PROPOSALS

- Physician Oral Health Prevention- update and suggestions
- Getting more general dentists to provide care to very young children
 - ABCD Program
 - Head Start/AAPD program
 - United Way Success by Six program
- Getting prevention to high risk populations such as WIC and Head Start with workforce changes

1. UPDATE ON THE ROLE OF THE MEDICAL TEAM IN PREVENTING EARLY CHILDHOOD CARIES



PHYSICIAN ORAL HEALTH INTERVENTION

- AN EARLY AND HIGH PRIORITY RECOMMENDATION OF SOHIP
- FUNDING BY HEALTH RESOURCES AND SERVICES ADMINISTRATION (statewide) and HEALTH FOUNDATION OF SOUTH FLORIDA (Dade, Broward and Monroe) AND FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL
- FLORIDA AHCA/MEDICAID IMPLEMENTED PHYSICIAN REIMBURSEMENT IN APRIL, 2008
- 35 STATES NOW HAVE THIS PROCEDURE
- 40% REDUCTION IN EARLY CHILDHOOD CARIES; WHAT YOU PREVENT NOW DOES NOT NEED TO BE RESTORED LATER! PREVENTION IS AN INVESTMENT THAT PAYS OFF.

GATOR KIDS HEALTHY SMILES

- FAC HAS DONE **20 LARGE GROUP CME PRESENTATIONS** STATEWIDE.
- DHs HAVE DONE **ABOUT 125 IN-OFFICE PRESENTATIONS** WITH ABOUT MORE SCHEDULED IN NEXT 2 MONTHS.
- As of May 31, 2009, **89** medical entities including 75 physicians, 1 ARNP, 3 CHDs, 6 FQCHCs, 1 General Hospital, and 2 Rural Clinics in 27 counties have provided ECC preventive services to **3,850 children**.

PROBLEMS WITH GKHS

- Not enough physicians are asking for training, but similar slow implementation in other states.
- Not enough physicians, FQCHCs or CHDs are providing the services.
- Recent problems have arisen with reimbursement of CHDs
- Medicaid Managed Care/HMOs are sometimes paying fee for service but many are insisting that this is covered by the capitation rate per member/per month.
- **Policy Issue- Other states have more liberal supervision rules that allow procedures to be done in WIC/HS settings.**
- **Policy Issue- RNs are excluded from reimbursement; allowed in other states**

Medicaid Managed Care/HMO problem

- We have done **3,830 fluoride varnish applications** from August of 2008 to this day and continue to do them on a daily basis (**FAC-only reimbursed for 135 services**). Unfortunately we have not been reimbursed as promised as most of the Medicaid HMO plans have included it as part of their capitation rates and not as a bill above as originally promised. Yet, we continue to do it as we think is the right way to proceed.
- Thanks for taking us into consideration for the study,
- Jorge
- Jorge M. Quinonez MD
- Sr. V.P. and Chief Medical Officer
- Family Health Centers of Southwest Florida, Inc.
- (239) 278-3600
- www.fhcswf.org

County Health Department Problem

- Frank,
- I gave my ECC prevention presentation (see attached) to the county administrators and have been asked to give to the medical directors in July as well. However, one item came up that you may not know about that is a little problematic for the CHDs. They have been told if they receive cost based reimbursement and then bill the fee for service (\$27) for the fl- varnish services, they are double billing. Thus, they must adjust their cost-based reports in some manner. In essence it removes the financial "incentive" to provide the service. See e-mail stream below between AHCA and Dr. Howard. Not sure what to do about this problem as it will be a hindrance to getting the CHDs on board.
- Douglas

2. INVOLVING MORE GENERAL DENTISTS IN THE TREATMENT OF VERY YOUNG CHILDREN

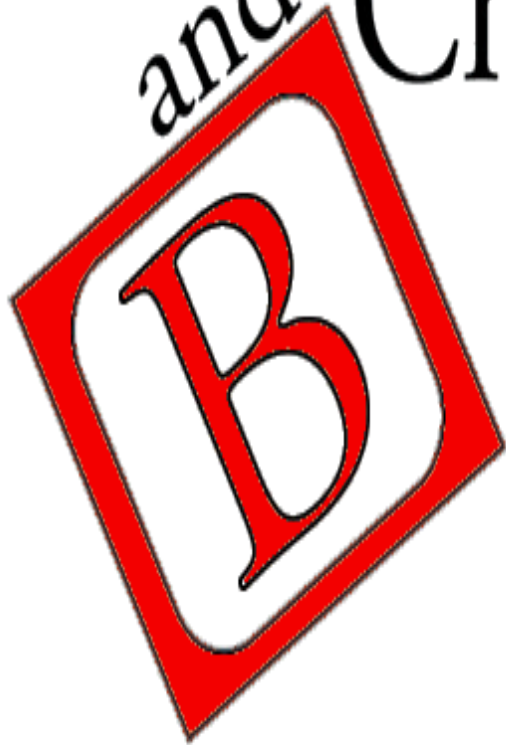
- There are simply not enough pediatric dentists in the state/county to take care of all children, let alone Medicaid and SCHIP eligible kids.
- Other states have developed programs to train general dentists to take care of very young kids and develop incentives to promote more oral health care by dentists.
- Will still have to deal with low Medicaid reimbursement rates which prevents many dentists from participating but you must start somewhere.



Developed by UNC in North Carolina.
Really more of an educational tool
rather than a way to get more general
dentists involved. Nice but does not
meet our needs.



Access to Baby and Child Dentistry



ABCD PROGRAM HISTORY

- In 1994 a group of concerned dentists, dental educators, public health agencies, the state dental association, and State Medicaid representatives came together to address the problem of the severe lack of dental access by Washington State's high-risk preschool children. The proposed solution was the development of the Access to Baby and Child Dentistry (ABCD) Program.

Key is early prevention!

- ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by **both parents and children**, thereby helping to control the caries process and **reduce the need for costly future restorative work.**

ABCD COMPONENTS

- Dentists receive continuing education in early pediatric dental techniques and are certified by University of Washington Pediatric Dentistry staff. This qualifies them to receive enhanced reimbursement for selected Medicaid preventive service codes for enrolled children

ABCD COMPONENTS

- Dental front office staff receives training in communication and culturally appropriate follow up with the client families.
- **Enrolled families are coached in the need for early and preventive dental care**, and in appropriate behavior at the dental office, including the need to keep appointments. The resulting no-show rate is significantly lower than in normal practices.

ABCD COMPONENTS

- Participating private practices accept enrolled clients (including existing clients) at a caseload level determined by each practice. Clients have freedom of choice in selecting a dental provider.
- This education and support encourages dentists in private practice to increase their commitment to expanding dental access in the community. The emphasis on non-traumatic techniques and oral health education encourages families to seek and accept regular dental care.

ABCD First steps in Florida

- DOH/Doug Manning has submitted a grant to HRSA that has a small subcontract with Frank Catalanotto to develop teaching materials for an ABCD like program.
- Frank Catalanotto has submitted a grant to the DTAF to work in collaboration with UFCD, Nova University, FDA and FDHA to conduct a statewide conversation about starting an ABCD like program in Florida.

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY AND HEAD START COLLABORATIVE PROJECT

- A new national program funded by HRSA to promote a national collaboration between Head Start and the American Academy of Pediatric Dentistry, leading to state collaborations.
- Six states were in the first round. We tried to get Florida to be in the next round of 11 states to be funded. Florida Head Start very anxious but FAPD wanted to wait until lawsuit was settled. If we try again, should include FDA, FAGD and FDHA (Look at the Community Collaborative Practice HS Model).

After 30 years...



- During much of the 1990's, Head Start directors, staff and parents, as well as ACYF Program Specialists reported that **the number one health issue affecting Head Start programs nationwide was access to oral health services.**
- Programs and parents reported children suffering in pain, children who could not eat, or children who had language and speech delays due to their not being able to get needed dental treatment.
- Those able to find a dentist who would accept Medicaid patients would have to wait months for an appointment or travel over thirty miles to keep the appointment.



AAPD-OHS Dental Home Initiative

Key Objectives



1. Project leadership, administration & organizational support
2. Providing oral health expertise and technical assistance
3. Developing networks of dentists committed to providing dental homes and a full range of pediatric dental services for HS/EHS children
 - State Head Start Dental Home Leadership Teams
 - Head Start Mentorship Teams
 - Local Head Start Dental Home Networks
4. Training for dentists and dental office staff
5. Enhancing HS/EHS staff training and parent education programs



Peer-to-Peer Model



Dentists frequently respond to peer-to-peer professional efforts to organize services for various groups, especially if those efforts provide mechanisms for aligning dentists' interests and skills with local community program needs





Partnering at the National Level

- AAPD-OHS
- Expert Workgroup
- Professional Partners
 - Policy Analysis
 - Project Evaluation

Partnering at the Regional Level

- Regional Oral Health Consultants

Partnering at the State Level

- AAPD HS DHI State Leaders
- State Leadership Teams
- Head Start Mentorship Teams

Partnering at the Local Level

- Local dental home networks



UNITED WAY “SUCCESS BY SIX” PROGRAM

- **Success By 6** is identified with a community's activities undertaken to ensure that children under the age of six enter school prepared to be successful throughout the years that follow. The initiative is spearheaded by the United Way as a neutral convener in the community capable of bringing business and civic representatives to the table as powerful friends of children.
- The vision for Success By 6 in Florida is a statewide community of United Ways engaged in collaborative relationships to support the development of strong community-based involvement in issues affecting all young children and their families.

3. Getting prevention to high risk populations such as WIC and Head Start with workforce changes

- Allowing Dental Hygienists to work in these programs without direct supervision for screening, preventive treatments and parental education. Licensure not an issue here and but reimbursement.
- Policy Issue- Allow RN's and/or other trained staff to provide ECC preventive services as part of Physician Medicaid Program.
- Policy Issue- Mid-level providers.

3) WHAT CHANGES ARE NECESSARY TO IMPLEMENT THESE SOLUTIONS/PROPOSALS

- Medicaid for dentists
- Medicaid for physicians etc
- ABCD Program
- Head Start/AAPD program
- United Way “Success by Six”
- WIC HS Workforce issues

Medicaid for dentists

- Raise Medicaid fees, decrease administrative burdens and investigate other reasons why dentist do not provide care to Medicaid eligible children (Frank Catalanotto is seeking funding to do latter).
- Allow Dental Hygienists to be Medicaid providers and to work in appropriate settings to provide screening and preventive services to very young children.

Medicaid for physicians

- **Provide inducements for Medicaid Managed Care/HMOs to pay for this! Impact on both private physicians and FQCHCs**
- **Clarify reimbursement issues for CHDs**
- **Allow RNs to become providers; need a Medicaid number**
- **Examine supervision rules in other states that allow staff below RN level to provide varnish treatment without direct supervision, ie in WIC and HS programs (Minnesota).**
- **Better publicity to physicians**

ABCD Program

- Start statewide conversation with AHCA, FDA, AGD, FAPD, FDHA, UFCD and Nova about implementing a program in Florida
- AHCA would have to agree to some modest fee enhancement.
- Funding- various components

Head Start/AAPD program

- Restart the conversations
- Look to national office for assistance

United Way “Success by Six” program

- Can be done at the local level- we are pursuing conversations in Alachua County
- Invite state United Way to participate in Oral Health Florida and ask them to spread the word. Obviously, would need to work with local dental association, or CHDs or FQCHCs. Could also work with HS or WIC.

WIC HEAD START WORKFORCE ISSUE

- There are significant policy, licensure and reimbursement issues for all these suggested solutions
- Dental Hygienists in dental workforce
- RNs and other health care team members in medical workforce
- Role of Midlevels

Questions?



**Thank you for your commitment to
children's oral health!**