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MCHB/DCAFH
March 10, 2009
Accessing Oral Health Care through WIC

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Moderator:

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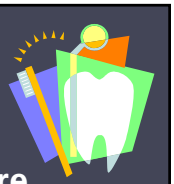


Accessing Oral Health Care through WIC

Implementing systems that enable WIC to serve as an entry point for oral health

Background

Wynne Grossman
Executive Director
Dental Health Foundation

www.DentalHealthFoundation.org

Dental Health Foundation Oakland, CA

DHF works through community partnerships to promote oral health for all by:

- Providing leadership in advocacy, education and public policy
- Promoting community-based prevention
- Encouraging the integration of oral health into other health services
- Improving access to care

FIRST SMILES PROGRAM

www.first5oralhealth.org

2004-2008

Goal:

- Significantly reduce the incidence of dental decay in young children by increasing the capacity of the workforce

Objectives:

- Provide education and training to dental and medical providers
- Provide training and education to early childhood caregivers

Healthy Teeth Begin at Birth

- Key messages
  - Baby teeth are important
  - Take baby to dentist by first birthday
  - Help children brush with fluoride toothpaste
  - Don't share toothbrushes or food
  - Limit juice and sweets

FIRST SMILES PROGRAM

WIC Strategy

- Partner with the CALWIC Association
- Co-develop a training program for WIC staff, using five key messages developed by a Scientific Advisory Group
- CALWIC delivers training at 7 regional and statewide meetings per year
- Mini grants to 10 WIC sites to train parents and distribute evaluation

Targeted Oral Health Systems (TOHSS)

- GOAL:
  - Increase the number of at-risk 1 year olds who receive a dental visit
  - Build systems to ensure continuation
  - Since few dentists are available to treat low-income 1 year olds—we decided to bring dental providers to the children
  - WIC is the logical partner

WIC In California

- The nation's largest WIC program, 82 local agencies
  - Serves over 1.41 million participants at 623 local centers.
- More than 60% of infants born in California receive WIC services.
- More than 50% of WIC participants are currently enrolled in Medi-Cal
  - Likely that 80% are Medi-Cal eligible

WIC: Building Collaboration for Oral Health

Purpose

- Increase the number of at-risk one-year-olds who receive preventive dental services and access early dental care
- Increase caregiver knowledge about early preventive care
- Develop and implement systems that will enable WIC to serve as the entry point for dental care

Dental Health Foundation provides

- Twice yearly collaborative meetings
  - Share materials, best practices, findings
- Codification of learnings
- Technical assistance to sites
  - Program start-up
  - Billing Denti-Cal
  - FFP and FMAP
- Software to track results
- Evaluation

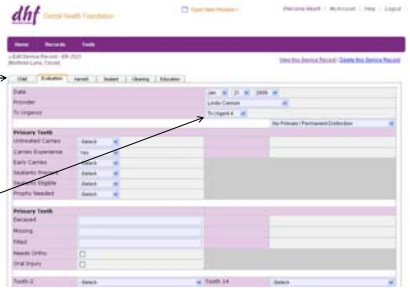
Healthy Teeth Toolkit (HTT)

- Manages information about Children
  - For the delivery of preventive dental treatment services
  - To help case management workers assist families in obtaining restorative dental care
  - Track results
- Web-based, accessible via browser
  - Mobile (laptop) version available

HTT Service Record

Services:
Screening
Fluoride
Sealant
Cleaning
Education

Track oral health status over time

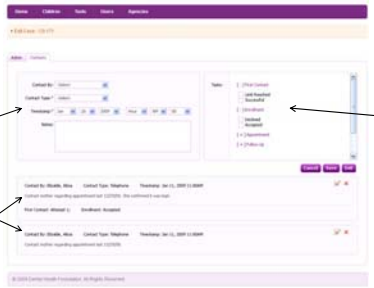


HTT Case Management

Record a Client Contact

Contact History

Track Protocols/ Results



Dental components

- Caregiver education
- Dental exam/assessment
- Risk assessment
- Fluoride varnish application
- Toothbrush prophy
- Anticipatory Guidance
- Case management/referral to care if needed

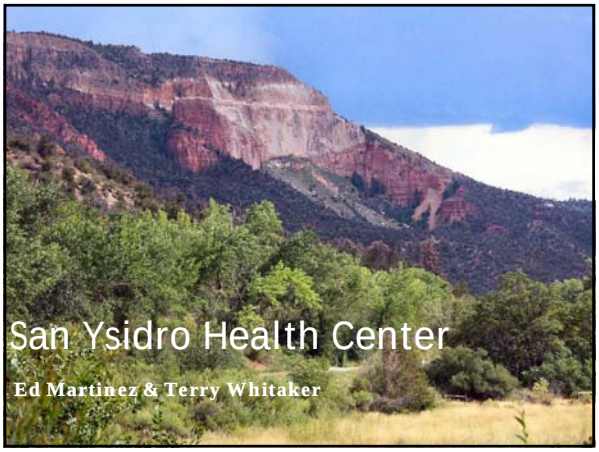
Program

Year 1

- 1 Benchmark site
  - San Ysidro Health Center
- 2 pilot sites
  - Alameda County Health Dept.
  - Humboldt County Health Dept

Years 2-3

- Add three sites each year



San Ysidro

Organizational Readiness:

- Results of SYHC's 2000 Oral Health Needs Assessment, 0-5 year old children (69% untreated dental disease);
- Board commitment to improve oral health service – all ages;
- Management Team committed to improve 0-5 oral health services;
- Dental Director's leadership in developing 0-5 oral health services.

Dental - WIC services

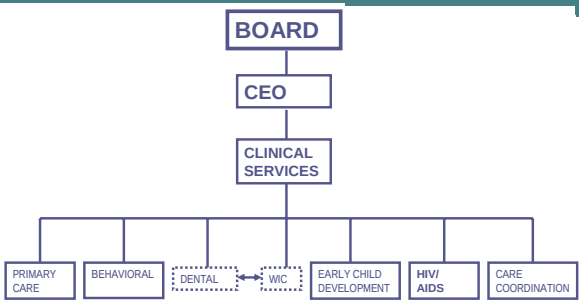
DENTAL SERVICES

- **Four Dental Clinics**
- **Dentists Treating Children (6) - 3.0 FTE Dentist Pediatric**
  3.0 FTE General Dentist
- **Registered Patients 7,320 (0-5 yrs)**
- **Annual Dental Screenings (7,278) - 5 elementary schools**

WIC SERVICES

- **4 WIC Centers in South San Diego County**
- **Personnel:**
  Total 23 FTE's Dieticians: Registered (7); Degree (4)

  Number Users:
  3,700 Women, 7,000 Children and 3,100 Infants



Organizational Barriers to WIC-Dental Integration

- Minimal historical emphasis on integration and care coordination;
- WIC Program's historical service orientation (single-dimension);
- Absence of care model to operationalize integration of WIC-Dental services;
- Absence of cost-effective case-finding strategies; and;
- Absence of a methodology for making referrals and tracking treatment follow-up.

SYHC's Care Model

- Health Center's emphasis on integration and care coordination goals;
- High volume case-finding strategies;
- Leadership by Dental Director/cooperation by WIC Program;
- Effective screening, referral and recall strategies;
- Active participation by mothers/caregivers;
- Primary care dentists key to care coordination activities.

WIC – Based Dental Services

WIC Site-Early history (2001 – 2005)	Today
• Portable dental chair • Visiting dentist half-day/week • Screenings • Oral health education • Referrals to SYHC dental clinics for a "*dental home*"	• Same as Early History plus application of fluoride varnish

Innovations in healthcare can "spread" most easily if:

- top leadership actively promotes/"encourages" adoption of change;
- innovations mesh with the culture/values of potential adopters;
- innovations can be clearly shown to improve quality/financial performance;
- innovations make day-to-day work easier for potential adopters;
- a financial 'business case' for innovation can be made.

FQHC Reimbursement for WIC-Dental Services

- **Face-to-face visit with a licensed dentist at WIC site**
- **Patient (child) receives the following services:**
  - oral health screening;
  - oral health education provided to parent/caregiver
  - application of preventive fluoride treatment
- **All children are referred to one of SYHC's dental clinics as a "dental home" for on-going preventive care /treatment services.**

FQHC Reimbursement for WIC-Dental Services

- **In 2008, SYHC screened 3,324 children at WIC sites, of which:**
  - 38% (1,266/3,324) had Medi-Cal;
  - 1.8% (62/3,324) had Healthy Families (California's S-CHIP)
  - 60% (1,966/3,324) of parents stated they did not have dental coverage at the time of the visit.
- **Goal for 2009, 70% of visits will be billable.**

Lessons learned

1. Board commitment is essential.
2. Management guidance/involvement required.
3. Departmental (operating) blueprints key to implementation.
4. Clinical support services must be in place/working.
5. WIC personnel support/cooperation required.

Alameda County

Diverse, urban county: 1.4 million residents

Busy WIC site: over 8,500 clients monthly, strong management, bi-lingual staff, clients keep their group appointments,

WIC clients at Hayward: 67% Hispanic, 12% Black, 8% White, 8% Asian; 54% English speaking, 44% Spanish

Many families very low income 67% of children receive Medi-Cal

Dental staff: Outreach workers, hygienist; mgmt team includes dentist, health educator, hygienists

Alameda County Dental Health Needs and Resources

- Oral Health Needs Assessment- 2006
  - 24% of all kindergarteners had experienced ECC
  - 33% of all kindergarteners had untreated decay
- 1371 Private dentists
- 101 Dentists accepting new Medi-Cal patients
- 11 County/community health centers dental clinics
- 12 Healthy Kids Healthy Teeth dentists-0-5 yrs.
- 10 Healthy Smiles dentists for uninsured

Steps to Dental Days at WIC

I. Collaborative Planning
↓
II. Promotion
↓
III. Group Education
↓
IV. Clinical Encounter
↓
V. Case Management
↓
VI. Evaluation

Promotion to clients

1. Scheduling clients for Dental Days at WIC
2. Flagging clients
3. Bookmarks
4. Flyers (mailed)
5. Reminder calls

What Happens at WIC Dental Days:

1. Group Education

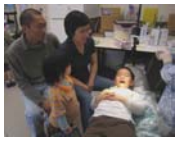
- WIC NA teaches class using flip chart
- Dental services are promoted
- Consent form is completed
- Information collected for case management
- Educational activities keep the attention of those who are waiting for exam

2. Clinician Encounter

- Establish rapport
- Oral health interview
- Hygiene Instruction
- Toothbrush prophylaxis
- Oral assessment
- Findings recorded
- Fluoride varnish
- Anticipatory guidance
- Goal setting

3. Case Management

- Establish rapport
- Collect contact information



4. Case Management

Off site:

- Validate insurance
- Telephone follow-up contact
- Make dental appointment
- Enter case data

5. Evaluation

- Staff debriefing
- Client satisfaction survey
- Staff updates
- Data review

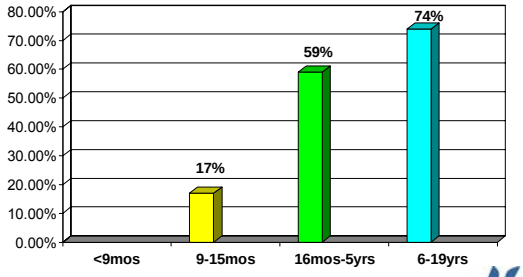
Results/ Summary

July 2, 2008 – February 4, 2009

No. of children assessed	**612**
Enrolled in Medi-Cal	**348**
Potential for Medi-Cal reimbursement amount @$35.00 each	**348 = $12,180**
Prophy/ Fluoride Varnish Treatments	**583**
Adults who attended Oral Health Education Class	**507**

Percent of Children with Caries* by Age

*Includes white spot lesions



Sustainability

Potential sources of funding:

- **Case management:** First 5 Commission
- **Dentist services:** Local Tobacco Master Settlement Agreement
- **Administration and program planning staff:** CA Children's Dental Disease Prevention Prog.&Fed.Financial Participation

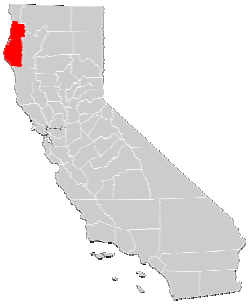
Expansion to other WIC sites

- FQHC: partnerships with co-located clinics
- Fee For Service revenue to sustain clinician time
- Increase Medi-Cal enrollment
- Medi-Cal Administrative Activities (MAA)
- Additional sites and days of service:

Families receive a Dora dental book and a toothbrush

Other Models Used in California

About Humboldt County



- Located in the far north of the State
- Half of 126,516 residents live along the coast in four rural cities, the largest is Eureka (pop. 29,000).
- Geographically large--about the size of Rhode Island

WIC Project in Humboldt County

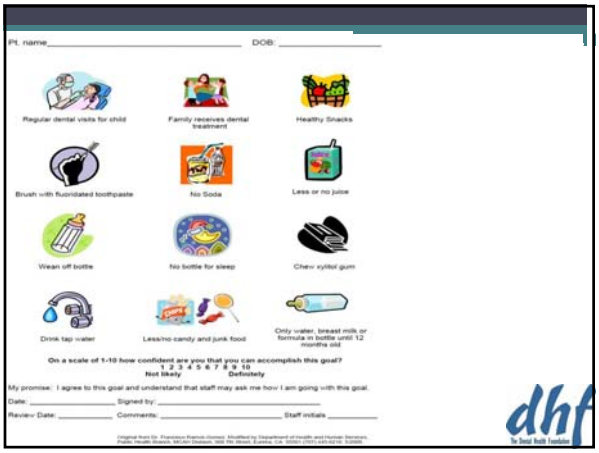
- WIC and oral health programs under MCH division
- Public Health Nurses trained to provide dental visits
- Received two days of both didactic and hands on training

Humboldt County Process for Dental Participation

- Advertising in farmers markets, groceries, houses of worship, (participants to call for appointments)
- Case workers call WIC participants to set appointments
- Reminder calls made two days before appointment
- In the appointment, parents sign a "permission slip" that includes questions and answers about the visit and what to expect

Humboldt County Process for Dental Participation

- Public health nurses conduct the examination , provide fluoride varnish and educate the parent(s)
- The public health nurses complete an oral health assessment form for each child
- Staff assist in finding a provider if additional oral health services are required
- Parents sign a contract, designed by Dr. Francisco Ramos Gomez, that encourages improving the oral health care of their children.


Pt. name_____ DOB: _____

Regular dental visits for child
Family receives dental treatment
Healthy Snacks
Brush with fluoridated toothpaste
No Soda
Less or no juice
Wean off bottle
No bottle for sleep
Chew xylitol gum
Drink tap water
Less/no candy and junk food
Only water, breast milk or formula in bottle until 12 months old

On a scale of 1-10 how confident are you that you can accomplish this goal?
1 2 3 4 5 6 7 8 9 10
Not likely Definitely

My promise: I agree to this goal and understand that staff may ask me how I am going with this goal.

Date: _____ Signed by: _____

Review Date: _____ Comments: _____ Staff initials _____

Amador & Calaveras counties background

- The counties are so rural that there are no permanent WIC sites
- WIC days are a social event for participants
- WIC provides services in Grange Halls, fire stations, and other municipal buildings

Amador & Calaveras counties background

- Prevention in the counties is tantamount as there are very few dentists in the counties
- There are two RDHAPs that travel the counties and provide their services
- The RDHAPs bill the CA MediCaid program for services provided

Process

- No appointments are made
- WIC participants expect that the visit is not quick
- The WIC "set up" has stations, and the oral health is one of the stations, along with breast feeding, and nutrition
- The RDHAPs examine the teeth, provide the fluoride varnish and educate he parent(s).

Expanding the Program

Two New WIC Projects

- Southern California WIC/Dental Collaborative
  - Funded by Kaiser Permanente
- Los Angeles County WIC/Dental Collaborative
  - Anticipated funding from Los Angeles County First 5 Commission

Southern California WIC/Dental Collaborative

- Started in January 2009
- Currently identifying six WIC/dental partnerships in southern California. Target counties are:
  - Los Angeles
  - San Bernardino
  - Riverside
  - Kern
  - San Diego
  - Orange

Great Idea! Now What?

Nicholas G. Mosca, DDS
Dental Director, Office of Oral Health
Mississippi State Department of Health
MCHB Oral Health Program Webinar
March 10, 2009

Fun Facts for State Dental Programs

- All states receive WIC funding thru USDA
- Feds set conditions for receipt of funds
- Funding "conditions" include:
  - Certification and eligibility requirements
  - Nutrition services, including
    - Nutrition education modules
    - Participant-centered facilitated learning
    - Breastfeeding promotion
  - Food delivery

Where Do I Start?

- 2,000 local agencies
- 10,000 clinic sites
- 50 state health departments & District of Columbia
- 34 Indian Tribal Organizations
- five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands
- County health departments
- Hospitals
- Mobile clinics (vans)
- Community centers
- Schools
- Public housing sites
- Migrant health centers and camps
- Indian Health Service facilities

Fun Fact: Mississippi has 96 WIC Food Distribution Centers!

How Do I Begin?

- For State Oral Health Programs
  - Identify resources
    - Access to dental professionals
    - Scope of practice issues
    - Use of non-oral health professionals (i.e. nurses)
  - Access to WIC locations
- Who to contact?
  - List of WIC State Agencies http://www.fns.usda.gov/wic/Contacts/statealpha.HTM#M
    - Contact WIC Director and Nutrition Coordinator
- For WIC Programs
  - Oral health education lesson plans as part of nutrition education modules
  - WIC certification
    - Oral health questions?
  - Identify start-up resources for oral health education/screening
- Who to contact?
  - List of state oral health programs http://www.astdd.org
    - Contact State Dental Director

Examples from Other States *(California is nice and has Hollywood but if you know 1 state, you know 1 state)*

- Virginia
  - Dental hygienist assigned to WIC programs for primary oral health prevention
- Connecticut
  - Provides oral health training for WIC staff
  - Increases # of WIC parents trained as oral health advocates
- Mississippi
  - Second nutrition education visit performed by dental hygienists
- *Beyond* California - Medicaid Reimbursement in Other States
  - Medicaid certification for mobile and portable dental clinics
  - Provider billing
- Scope of Practice and State Licensure Boards
  - Dental auxiliaries
  - Non-oral health professionals (i.e. physicians, nurses, nutritionists)

Delivery of Oral Hygiene Services

- General supervision in 45 states in dental office and some community settings (not permitted in **MS**, AL, GA, NC, and WV)
- Direct access to patients in some settings in 22 states (AZ, CA, CO, CT, IA, KS, ME, MI, MN, MO, MT, NE, NH, NM, NV, NY, OK, OR, PA, RI,TX, WA)*
- Medicaid can reimburse hygienists directly in 12 states (CA, CO, CT, ME, MN, MO, MT, NM, NV, OR, WA, WI)**

Information presented by Ms. Shelly Gehshan, Pew Health Foundation
* Source: American Dental Hygienists' Association, "Direct Access States," Available at www.adha.org
** Source: American Dental Hygienists' Association, "States Which Directly Reimburse Dental Hygienists for Services under the Medicaid Program," Available at www.adha.org.

Why should I begin?

- Similar to other programs, WIC is a **portal to professional oral health services** for low-income populations
  - Good oral health = improvement in nutrition
- Model sustainability requires oral health professionals, funding, and political will
  - Documentation issues
  - Access to facilities and ample supplies

WIC and Oral Health – *Key Themes*

- Portal for primary prevention services
  - Fluoride toothpaste, varnish, gels, etc.
  - Education of parents
- Portal for targeted risk reduction
  - Use of dental hygienists at WIC programs
  - Training of non-dental health professionals
  - Referral for dental evaluation by age 1
- ID client needs and barriers
  - WIC certification survey/ focus groups

Opportunities *Now!*

- New State Children's Health Insurance Reauthorization
  - Dental guarantee
  - Dental wrap-around
  - Improved accessibility of dental providers
  - Ability of FQHCs to contract with private providers
  - **Education of new mothers on dental care for their infants**
- MCHB Oral Health Program
  - Promotes the importance of early intervention thru integrated collaborations
  - Funding for states thru TOHSS grants (funding ends in 2011)
- Bureau of Health Professions Oral Health Workforce Grants – Due April 1, 2009
  - 12 eligible activities
  - One grantee per state

Questions?

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Questions and Answers

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Please complete the evaluation directly following the webcast.

Archives of the event are located at:

http://www.mchcom.com