ORAL HEALTH

National Performance Measure 13: The percent of women who had a dental visit during pregnancy and (b) the percent of infants and children ages 1 to 6 with a past-year preventive dental visit.

Goal: A) To increase the number of pregnant women who have a dental visit and B) To increase the number of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year.

Definition: Numerator A) Report of a dental visit during pregnancy / Denominator A) All live births; and Numerator B) Parent report of infant or child, ages 1 through 17 years, who had a preventive dental visit in the last year / Denominator B) All infants and children, ages 1 through 17 years.

Healthy People 2020 Objectives:

> Oral Health (OH) Objective 7. Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. (Baseline: 44.5%, Target: 49.0%)
>
> Oral Health (OH) Objective 8. Increase the proportion of low-income children and adolescents who receive any preventive dental service during the past year. (Baseline: 30.2%, Target: 33.2%)

Data Source: This is an integrated measure with two data sources: A) CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) and B) the revised National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.

If a state has access to both PRAMS and the NSCH, the state needs to address both parts (A & B) of the measure. If a state does not have access to PRAMS, the state should address part B of the measure.

Policy Context:

Oral health care remains the greatest unmet health need for children, with geographic, income, and racial/ethnic disparities continuing. (http://www.cdc.gov/pcd/issues/2013/13_0187.htm). Insufficient access to oral health care and effective preventive services affects children's health, education, and well-being. (https://www.cdhp.org/). Children's preventive dental visits should begin before the first birthday, and continue on a regular schedule. (http://www.mchoralhealth.org/). Policy development is key to improving access. (http://www.pewtrusts.org/en/projects/childrens-dental-policy).

State Title V Maternal Child Health programs have long recognized the importance of improving access and quality in oral health. States monitor and guide service delivery to assure that all

children have access to preventive oral health services. Title V funds also may be used in some cases for service delivery projects.

Medicaid and the Children's Health Insurance Program (CHIP) have huge potential to provide coverage that effectively promotes access to dental care for children and pregnant women. (https://www.cdhp.org/resources/173-dental-visits-for-medicaid-children-analysis-policy-recommendations). States Medicaid and Children's CHIP collection of information on dental providers and provide lists to be posted on the Insure Kids Now website to assist families in finding a dentist. (http://www.insurekidsnow.gov/state/index.html).

The Association of State and Territorial Dental Directors and the Medicaid-CHIP State Dental Association have defined opportunities for collaboration. Examples include policies that: permit public health agencies and schools to provide (and as appropriate bill Medicaid) for oral screening, fluoride varnish, sealants, counseling and referrals provided by a dental hygienist; increased Medicaid reimbursement for dental care; and improvements to managed care contracts for dental services; and state dental professional loan and scholarship programs. (http://www.astdd.org/docs/medicaid-sohp-collaboration-tip-sheet-04-08-2013.pdf).

The American Academy of Pediatric Dentistry (AAPD) has defined model dental benefits that can be use by state legislatures, insurance agencies, Medicaid, and health plans. It includes a recommended schedule for pediatric preventive dental services, assessment, and counseling, which can be used by Medicaid to set required EPSDT periodic visit schedules for preventive dental visits. (http://www.aapd.org/media/Policies_Guidelines/P_ModelDentalBenefits.pdf).

AAPD also recommends and defines the key components of the dental home for children. (http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf). The establishment of a dental home may follow the medical home model as an approach to provide high quality and cost-effective and health care.

Medicaid and CHIP require coverage of children's dental services, prevention and treatment. Medicaid also requires direct referral to a dentist for children receiving EPSDT well child medical visits, and the dental home provides the optimal source of referral. Iowa's I-Smile Dental Home Program is one example of implementing this approach. (http://www.astdd.org/state-activities-descriptive-summaries/?id=214).

For pregnant women, physiologic changes may occur in their oral health, studies have shown: an association between periodontal infection and preterm birth, and no concerns about safety. The American College of Obstetricians and Gynecologists (ACOG) has organizational policies to promote dental coverage and care for women of childbearing age, particularly during pregnancy. (http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Underserved%20Women/co569.pdf?dmc=1&ts=20130724T0947055564). A consensus statement regarding oral care has been developed based on expert opinion. (http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf)

Action Agenda for State Title V MCH Block Grant Programs:

- Adopt policies that expand the number of professionals who can provide dental care to low-income children. For example, encourage enactment of state legislation to permit dental hygienists working in schools, public clinics, federally qualified health centers, Head Start, and other settings to provide preventive dental screening and services.
- Ensure that Medicaid and CHIP provide adequate and effective coverage. For example:
    - encourage enactment of state legislation to require children enrolled in Medicaid to have a dental home;
    - ensure that the EPSDT periodicity schedule for dental care meets professional guidelines and standards (distinct from the medical care visit schedule); and
    - incentivize provider participation in Medicaid with adequate reimbursement rates.
- Ensure that Affordable Care Act Exchange/Marketplace plans have well defined oral health benefits for children as part of Essential Health Benefits.
- Maximize the potential of the Insure Kids Now dental provider listings by assisting Medicaid and CHIP in collecting information, verifying the quality of provider responses, disseminating information to families via public health programs, and promoting the list on state public health, oral health, and maternal and child health websites.
- Establish partnerships among public agencies and private organizations serving pregnant women and children, including nutrition, public health, dental, medical, and early childhood representatives. Consider using the National Perinatal Oral Health Framework. (http://www.mchoralhealth.org/projects/piohqi.html).
- Use quality collaboratives to increase access to dental care in early childhood. Consider using Bright Futures in Practice: Oral Health-Pocket Guide http://www.mchoralhealth.org/pocket.html) along with other professional guidelines in such efforts.
- Work with Medicaid and providers to improve the quality of data reporting for EPSDT measures on dental prevention and treatment services.
- Conduct a survey of the oral health status of children, using tested methods and questions.
- Develop and apply uniform measures of performance, quality, and accountability across varied providers, health plans, and payers.