


Connecting the Dots for Quality Services Across Children’s Medical, Dental, and Educational Homes

Amy Requa, MSN, CRNP
Harry Goodman, DMD, MPH

Birth to Three Institute
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Oral Health Factsoids

- Nearly all tooth decay can be prevented. Early prevention is cost-effective.
- Tooth decay is caused by a bacterial disease ("caries") that you can share.
- It's the most common chronic disease of early childhood — 5 times more common than asthma.
- Children with cavities in their primary (baby) teeth are 3 times more likely to develop cavities in their permanent (adult) teeth.
- The early loss of baby teeth can make it harder for permanent teeth to grow in properly.
- Nearly half of all 5-year-olds have experienced tooth decay.

Children’s Dental Health Project: <https://www.cdhp.org/>

Oral Health Factsoids

- High-risk kids who have a preventive dental visit by age 1 are less likely to have subsequent treatment or emergency room dental visits.
- Average dental-related costs was \$262 over five years, compared to \$546 for children who receive their first preventive visit after their first birthday
- Tooth or gum pain can hurt a child in many ways, including her ability to learn, play and eat healthy foods
- About 4 of 10 pregnant women have tooth decay or gum disease.
- In a national survey, 77% of obstetricians and gynecologists reported having patients who were declined dental services because they were pregnant.

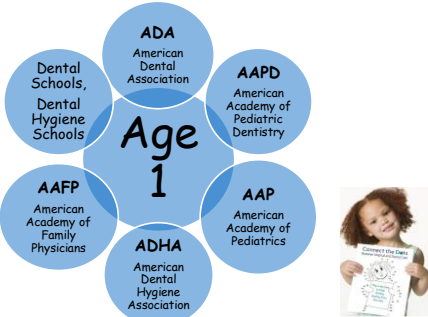
Acknowledgment for “Age One Connect the Dots”



The “Connect the Dots” program originated as an initiative of the Massachusetts Dental Society (MDS) Council on Access, Prevention and Interprofessional Relations (CAPIR) in collaboration with the MA Early Childhood Oral Health Consortium

DentaQuest
FOUNDATION

Who Supports the Age 1 Recommendation?



Changing Perspectives

Age 1

Evidence based research


Early connection to dental home improved outcome

Age 3

Old school

Increase in caries on rise in young children

Does not support recommendations (ADA)



The Premise of Connect the Dots

Improve Children's Oral Health by



Promoting the Age 1 dental visit as the standard of care



Strengthening relationships between local dental and medical providers



Connecting dental providers with Head Start programs to provide dental homes

Benefits for Dental & Medical Providers

- Building closer relationships between medical and dental providers to improve health outcomes
- Setting up a strong foundation for health
- Influencing Overall Health
- Supporting healthy habits: healthy nutrition and oral health practices reinforce each other
- Preventing childhood obesity
- Decreasing health care costs through decreasing future procedures and ER visits

Why See a Dentist by Age 1?

- Baby teeth are important
- The health of primary (baby) teeth can affect the health of adult teeth
- Cavities in baby teeth can lead to problems with growth, development, learning and self-esteem
- Treatment of cavities can be painful and may require treatment under general anesthesia for young children

This is almost 100% PREVENTABLE

Prevalence of Early Childhood Caries (ECC)

- 6% of 1 year olds
- 22% of 2 year olds
- 35% of 3 year olds



Asthma

- 24% of 1-5 year olds



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Presentation and Progression of Dental Caries Infection




© by Anubha Sacheti, DMD Photo by: Joanna Douglass, BDS, DDS

Knee to Knee Method





© Photo courtesy of MA Head Start Association & Anubha Sacheti, DMD

Healthy Teeth, Healthy Children A Pennsylvania Medical/Dental Partnership



A program of the Pennsylvania Chapter
of the American Academy of Pediatrics

- Medical Dental Collaboration
- Oral Health Literacy
- Strengthening the Dental Care Delivery System

HS Program Performance Standards

- Standards define quality services that all EHS/HS grantees are required to follow.
- Performance standards related to oral health include:
 - Within the first 90 days of enrollment, must determine whether each child has an ongoing source of continuous, accessible care (“dental home”)
 - HS staff should ask parents the following in order to determine if children have a “dental home”:
 - ✓ Name of dental provider?
 - ✓ Date of last dental visit?
 - ✓ How often does the child visit the dentist?

HS Program Performance Standards

- No later than 90 days of entry, a health care professional must determine if a child is up to date on preventive and primary health care, including medical, dental, and mental health... according to state Early and Periodic Screening, Diagnostic, and Treatment (EPSDT or Medicaid) schedule (45 CFR 1304.20)...
 - ✓ Health care professionals and HS staff access their state's EPSDT schedule to ensure children's health and dental needs are met:

<http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt>

HS Program Performance Standards

- Dental follow-up and treatment must include topical fluoride treatments as recommended by a dental professional
- Head Start must establish ongoing communication with parents of children with identified dental needs to facilitate the implementation of the plan
 - Education of HS staff, case management systems, and documentation are vital to this process

HS Program Performance Standards

- If a child is not up to date on age-appropriate preventive and primary care (EPSDT), HS must help parents bring the child up to date as soon as possible
 - ✓ e.g., Assists with Medicaid/CHIP application, transportation, finding a dental provider, etc.
- Head Start must obtain or arrange further diagnostic testing, examination, and treatment for each child with health/dental problem...
 - ✓ Dental follow-up remains one of the biggest challenges for Head Start parents and staff.

Program Information Reports (PIR) All Regions 2012 – 2013 Statistics

- 90% have a dental home (HS & EHS)
 - 93% - HS Only
 - **76% - EHS Only**
- 86% receive dental exams
- 20% are diagnosed as needing treatment
- 80% are receiving or have received care
- 85% receive preventive care
- **77% children 0-2 Up-to-Date on Dental EPSDT Schedule**
- **40% pregnant women completed dental exam**

Program Information Reports (PIR) Migrant and Seasonal HS – All Regions (2012-13)

- 91% have a dental home (HS & EHS)
- 91% receive dental exams
- 27% are diagnosed as needing treatment
- 87% are receiving or have received care
- 81% receive preventive care
- **90% children 0-2 Up-to-Date on Dental EPSDT Schedule**
- **53% pregnant women completed dental exam**

Program Information Reports (PIR) Region 11 – AI/AN (2012-13)

- 83% have a dental home (HS & EHS)
 - 84% - HS Only
 - **79% - EHS Only**
- 80% receive dental exams
- 29% are diagnosed as needing treatment
- 72% are receiving or have received care
- 80% receive preventive care
- **71% children 0-2 Up-to-Date on Dental EPSDT Schedule**
- **43% pregnant women completed dental exam**

Healthy Smiles, Happy Children: A Dentist for Every Child

Pennsylvania Head Start Association Oral Health Initiative

2009-2014

DentaQuest
FOUNDATION



PA Healthy Smiles Task Force Dental Home Initiative

- Improve Access & Education
- Oral health education for children, families, staff, and community partners
- Education for medical & dental providers
- MCO-Head Start Liaison Project



Pennsylvania's MCO-Head Start Liaison Project

Innovative Partnership with PA's Office of Medical Assistance Programs

- Each MCO assigns 1 MCO-Head Start Liaison who is housed in the Special Needs Unit
- Head Start assigns 1 program level point person
- Reach out, build relationships, communicate
- Collaborate, problem-solve
- Work together on service coordination


Benefits of MCO-HS Liaison Project

Business Associate Agreements (BAAs) open door for data-sharing


- Share dates of dental examinations, EPSDT well child visits, health screenings
- Services delivered at each appointment
- Identify missed screenings – anemia, lead, vision, hearing, autism screening, etc.
- Alerted to missed appointments
- Service coordination & collaboration

A State Health Partnership: System for Collaborative Care Coordination

- MCO Liaisons assist in finding dentists for follow-up treatment at appropriate level of care
- Assist families with transportation
- Identify barriers to access and utilization of services
- Identify gaps in services
- Find solutions together
- Cooperative agreements to work together



Cavity Free Kids: Oral Health Education for Prenatal – Preschoolers and Their Families



DELTA DENTAL
Washington Dental Service
Foundation
Community Advocates for Oral Health

www.cavityfreekids.org

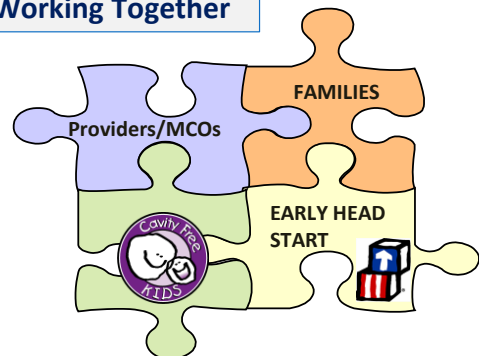
Oral Health for Maryland's Kids: A Head Start Teacher's Guide for Creating Healthy Smiles



<http://www.mchoralhealth.org/ohmdkids/>

Lowe E; National Maternal and Child Oral Health Resource Center; Maryland Department of Health and Mental Hygiene, Office of Oral Health; Head Start Oral Health Workgroup, 2012.
National Maternal and Child Oral Health Resource Center.

Working Together



Community Partnerships

- Grantees must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies [1304.41(a)(1)]

Community Partnerships

- Grantees must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that EHS/HS programs respond to community needs, including: health care providers, clinics, physicians, dentists, and other health professionals [1304.41(a)(2)(i)]

Lessons on Being a Good Partner



“If you have an apple and I have an apple and we exchange these apples then you and I will still each have one apple. But if you have an idea and I have an idea and we exchange these ideas, then each of us will have two ideas”.

-George Bernard Shaw

Making Partnerships Sing...

“Being in a band is always a compromise. Provided that the balance is good, what you lose in compromise, you gain by collaboration.” Mike Rutherford (Genesis)

- Making good music together
- Trust among partners
- Diversity of perspectives
- Every partner brings something to the table
- Every partner has something to gain
- Best people
- All parties are present on the first day



Consensus Building Through Advocacy

- Giving voice to a cause
- Way to leverage resources for greater impact
- Builds energy and excitement
- Provides constructive outlet for anger and frustration
- Increases organizational reach, visibility, and influence
- Creates favorable positioning of a policy in public arena
- Creates partnerships

Consensus Building Through Advocacy

- Provides opportunity to develop trust and common understanding across diverse stakeholders
- Promotes information exchange
- Helps create a community with a commitment to a common goal
- Begins to break down historic animosities
- Pools political capital to achieve our common goal
- Develops an alliance focused on one major issue, e.g. access to oral health care for low-income children
- Strengthens networking capacity
- Strengthens interdisciplinary collaboration

Building Consensus Requires...

- Time
- Active participation by all
- Good listening and communication skills by all
- Open-mindedness
- Creative thinking

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