

THE SHIFTING STATE OF ORAL HEALTH IN MISSOURI

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I declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program, nor do I have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

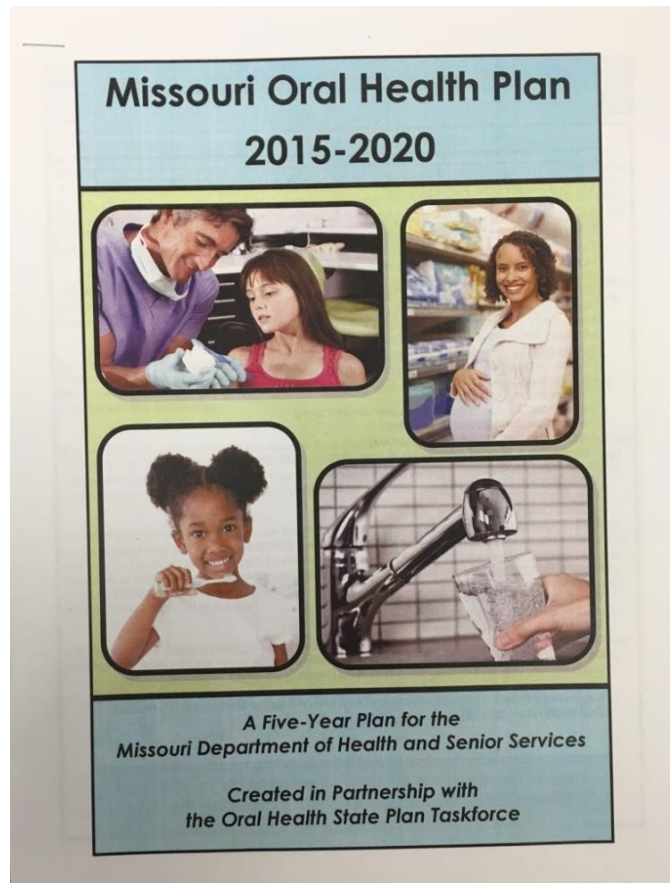
OBJECTIVES

- Review where we started in 2016
 - Where we are now
 - 2015 State Oral Health Plan
 - Challenges and Barriers
 - Opportunities
 - 2018 priorities
- 


PRIORITIES 2016

- Dental Sealants – Delta Dental Foundation Grant
 - Adult Dental Care- Started January 2016 full May 2016
 - Access – 8 dentist SLRP
 - Medicaid Improvements – Managed Care started May 2017
 - Underserved – only 35% of Medicaid eligible children seen 2016
 - Fluoride – 4 PWS stopped fluoridating
 - Education – First graduating class AT Still MOSODOH
 - Opioid Diversion – Major problem
 - Sustainability - ?
- 


MISSOURI ORAL HEALTH PLAN




WHERE ARE WE IN THE PLAN

- **Goal 1.** Identify, investigate, monitor, and report on oral health problems, determinants, and disparities.
 - **Goal 2.** Coordinate and participate in policy development aimed at improving oral health in Missouri.
 - **Goal 3.** Be a resource that provides up-to-date, evidence-based information on oral health issues for medical and dental professionals.
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WHERE WE ARE IN THE PLAN CONT.

- **Goal 4.** Increase awareness and knowledge about the importance of oral health across the lifespan.
 - **Goal 5.** Implement and collaborate with programs that focus on prevention of oral disease.
 - **Goal 6.** Reduce disparities and promote oral health across the lifespan.
- 


WHERE WE ARE IN THE PLAN CONT.

- **Goal 7.** Support and enhance access to preventive oral health services and appropriate emergency dental care.
 - **Goal 8.** Support the development of the oral health workforce.
 - **Goal 9.** Implement, evaluate, and report on the Missouri Oral Health Plan: 2015-2010.
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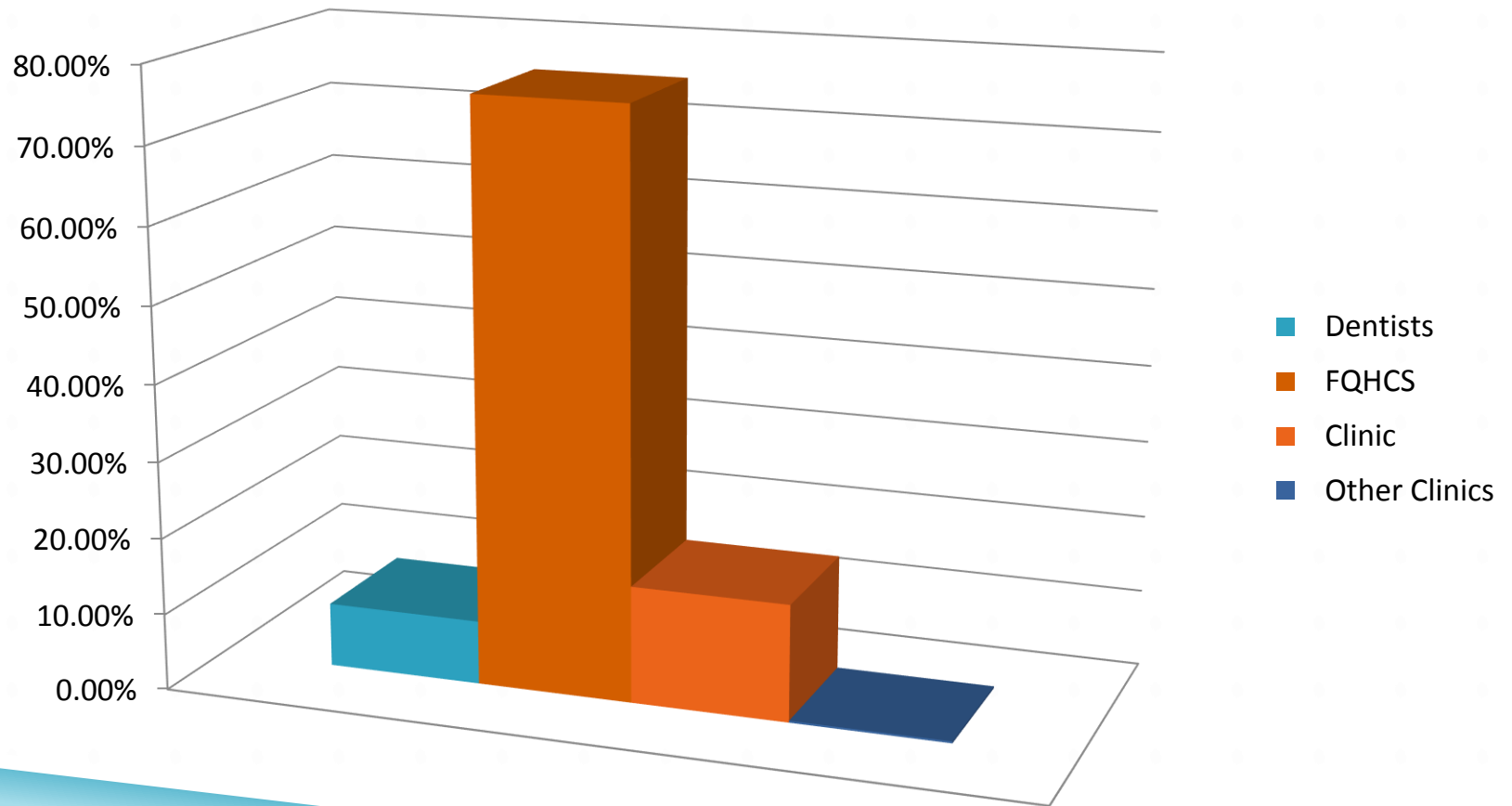
Appendix 1. National Oral Health Surveillance System Components with Missouri and National Statistics and Healthy People 2020 Objectives

Indicator	Missouri	National	Year	Missouri 2020 Objective
<i>Percentage of Adults Who Have Visited a Dentist in the Last Year</i>	61.8%	67.2%	2012	67.2%
<i>Complete Tooth Loss Among Adults 65 and Older</i>	65 and Older: 24.9% (65 to 74 year-olds: 23.9%)	65 and Older: 16.1%	2012	(65 to 74 year-olds: 21.6%)
<i>Loss of 6 or more Teeth Among Adults 65 and Older</i>	53.5%	43.1%	2012	48.2%
<i>Percent Served by Community Water Systems that Receive Fluoridated Water</i>	76.4%	74.6%	2012	80.0%**
<i>Caries Experience Among Third Grade Students</i>	54.7%	55.4%	2005	6 to 9 year-olds: 49%
<i>Untreated Tooth Decay Among Third Grade Students</i>	27.0%	26.1%	2005	6 to 9 year-olds: 25.9%
<i>Dental Sealants Among Third Grade Students</i>	28.6%	37.8%	2005	6 to 9 year-olds: 31.5%**
<i>Cancer of the Oral Cavity and Pharynx Incidence</i>	11.1 per 100,000 population	10.8 per 100,000 population	2010	10.8/100,000**

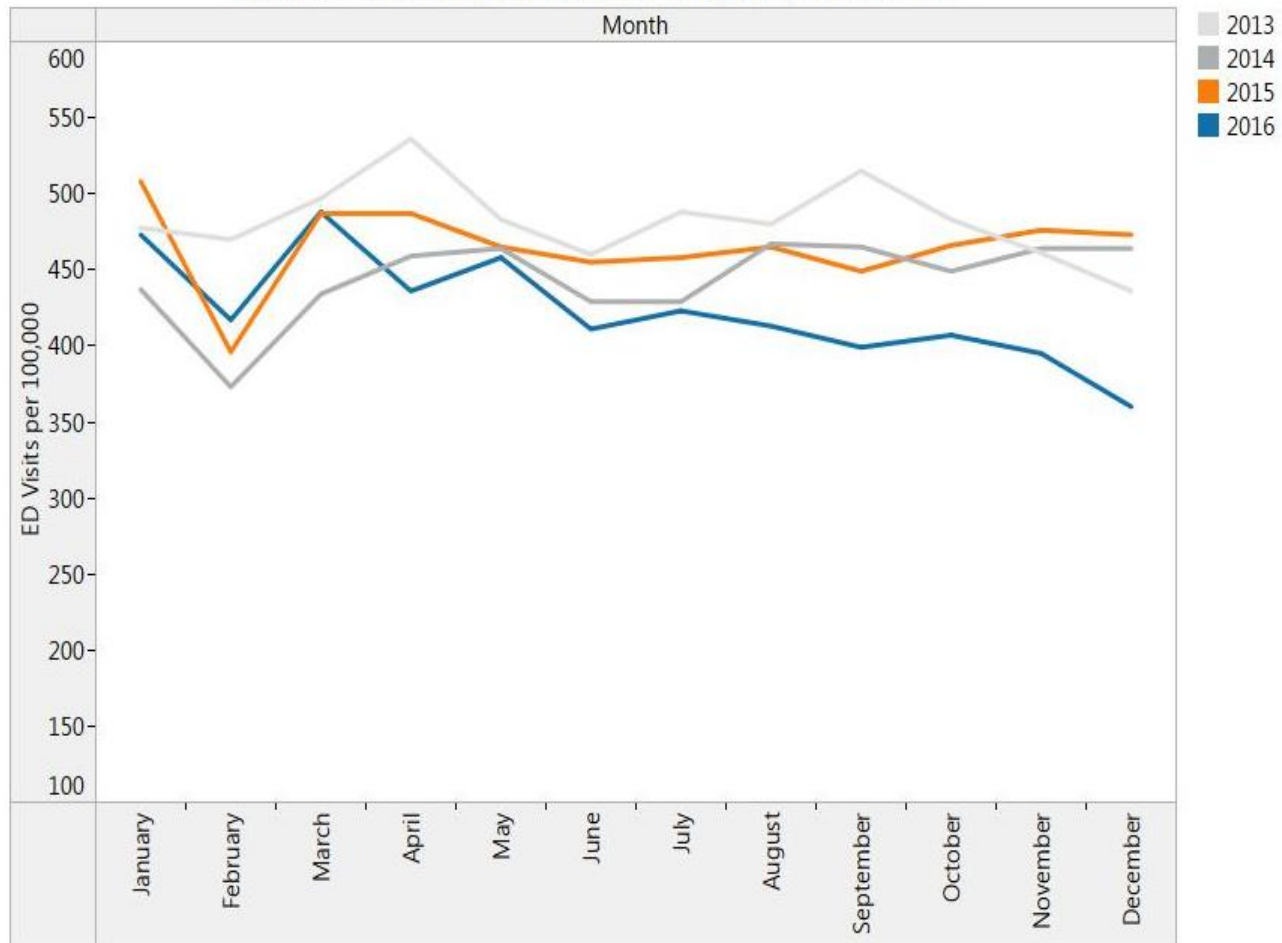
MEDICAID ADULT DENTAL SERVICES PROVIDED MAY 2016-2017

- Total Claims Paid : 364,916
 - Provider Participation: 86% paid to FQHC providers
 - Value of reimbursements: \$28,898,274
- 

DISTRIBUTION BY PROVIDER TYPE

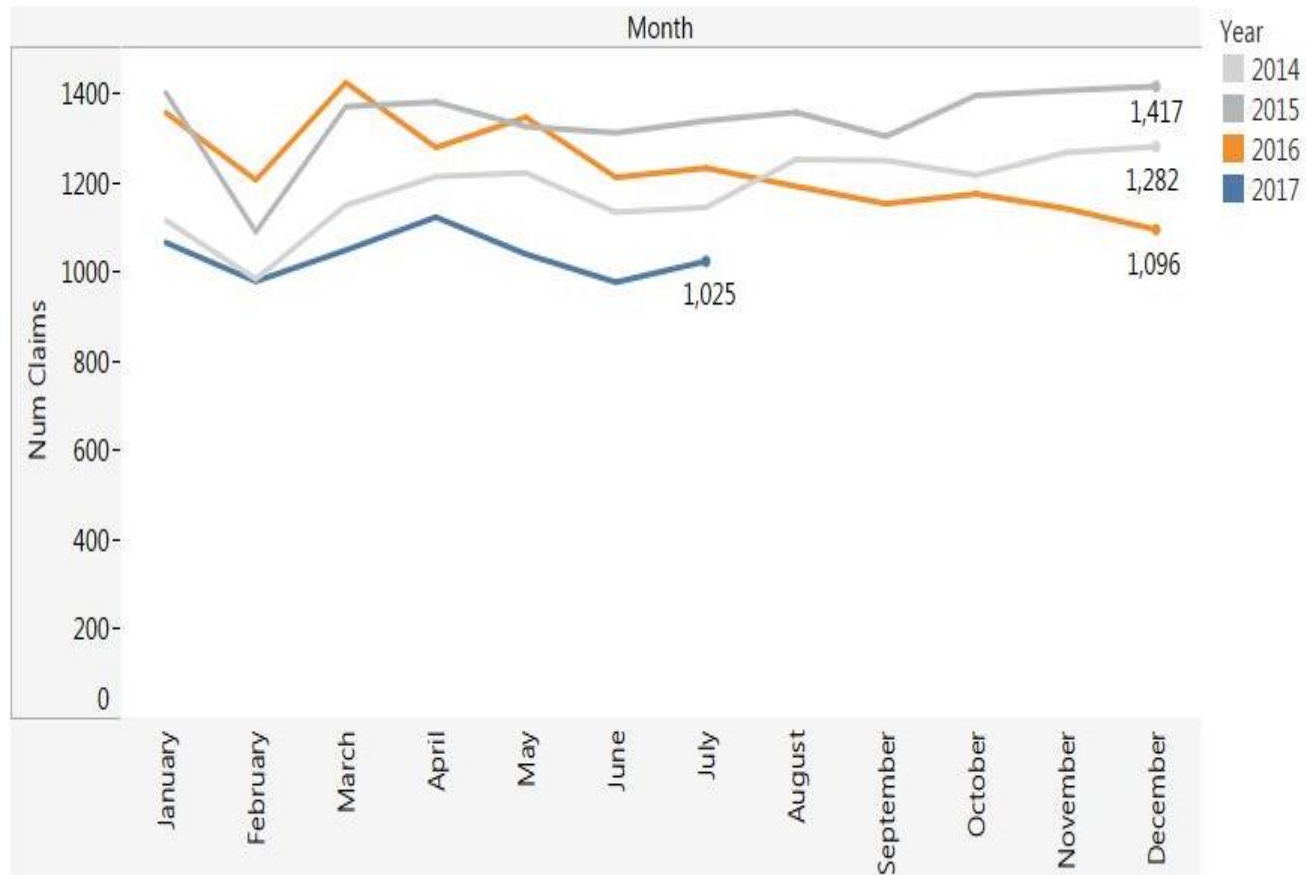


Annual Dental Visits per 100,000 Participants 2013-2016



The trend of Num Claims for Month. Color shows details about Year. **A Revised Policy was in place effective Jan in 2016. Since then the number of ED visits has decreased as illustrated by the Blue Line.**

Dental ED Visits 2014 - 2017 YTD




The chart shows the Number (#) of Claims processed each Month. Color shows details about Year. **A Revised Policy was in place effective Jan 2016. Since then the number of ED visits has decreased as illustrated by the Blue Line.**

MEDICAID PARTICIPANTS ER UTILIZATION

- ▶ About 5.3% of eligible FFS Participants have had claims processed for non-emergent Dental ED claims 2013 - 2016
- ▶ Average ER reimbursement for FFS is \$269.71 including physician's fees.
- ▶ 9.52% total decrease in ER, FFS Medicaid Claims in 2016 compared to 2015.
- ▶ December 2016 had a monthly 11% decrease compared to December 2015.

FLUORIDE VARNISH IN WIC PROGRAMS

- Initial Pilot Project 3-4 LPHA's
 - Limited funding from Managed Care Organizations
 - Planned start up this spring
 - Working with MCOH.
- 

DENTAL SEALANTS

- ▶ 2016 Grant from Delta Dental Foundation for 3 years with optional 2 years
 - ▶ Four contracts awarded in February 2017
 - ▶ Program development by contractors and first sealant event by the end of June 2017
 - ▶ Fall 2017 provided the full start of the Sealant Program
 - ▶ First half of the year reports - 3914 sealants placed
 - ▶ Barriers we have seen, providers, school cooperation and billing
- 


TELEDENTISTRY - WHERE WE ARE NOW

- MHN Provider Bulletin on [Telehealth](#) (Vol. 40, No. 47)
- HB 1617 revision of telehealth statute
- Missouri Dental Board Rules Revised, Effective 1/1/2018



ACCESS TO DENTAL CARE

DID YOU KNOW?

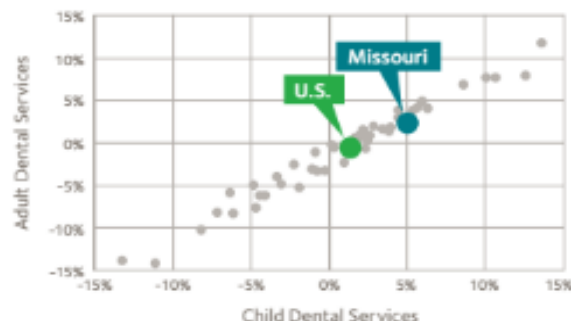
- Dental Hygienists in a public health setting can enroll as Medicaid providers
 - Dental Hygienists in a public health setting can provide preventive dental services including sealants.
 - Under teledentistry dental hygienists can perform examinations, x-rays, periodontal probing and photographs to be forwarded to a dentist for a diagnosis. Then the dental hygienist can perform preventive services in that remote location.
- 

Oral Health Care System: Missouri

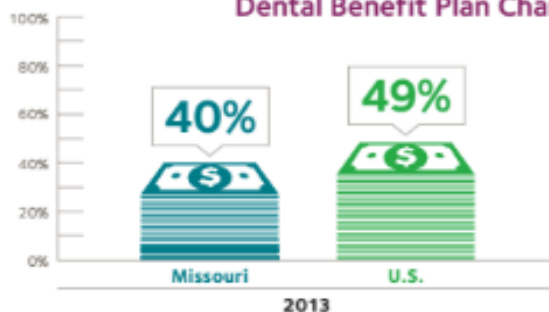
Change in Private Dental Benefit Plan Charges Between 2003 and 2013

CHANGE IN PRIVATE DENTAL BENEFIT PLAN CHARGES
BETWEEN 2003 AND 2013

	CHILD	ADULT
MISSOURI	5.0%	2.5%
U.S.	1.2%	-0.6%

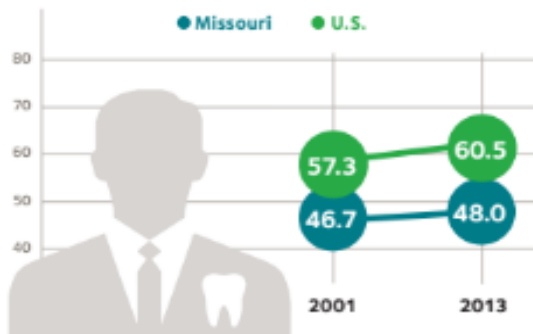


Medicaid Fee-for-Service Reimbursement as a Percentage of Private Dental Benefit Plan Charges for Child Dental Services

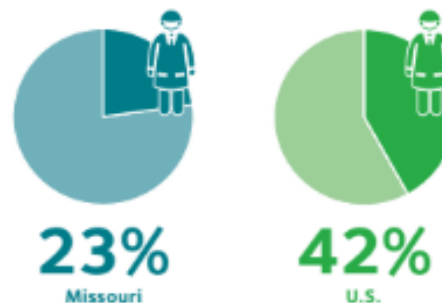


BETWEEN
2003 AND 2013
REIMBURSEMENT RATES FOR
CHILD DENTAL SERVICES
IN MEDICAID
**decreased 16.6%
in Missouri**

Number of Dentists per 100,000 Population



Percentage of Dentists Participating in Medicaid for Child Dental Services in 2014

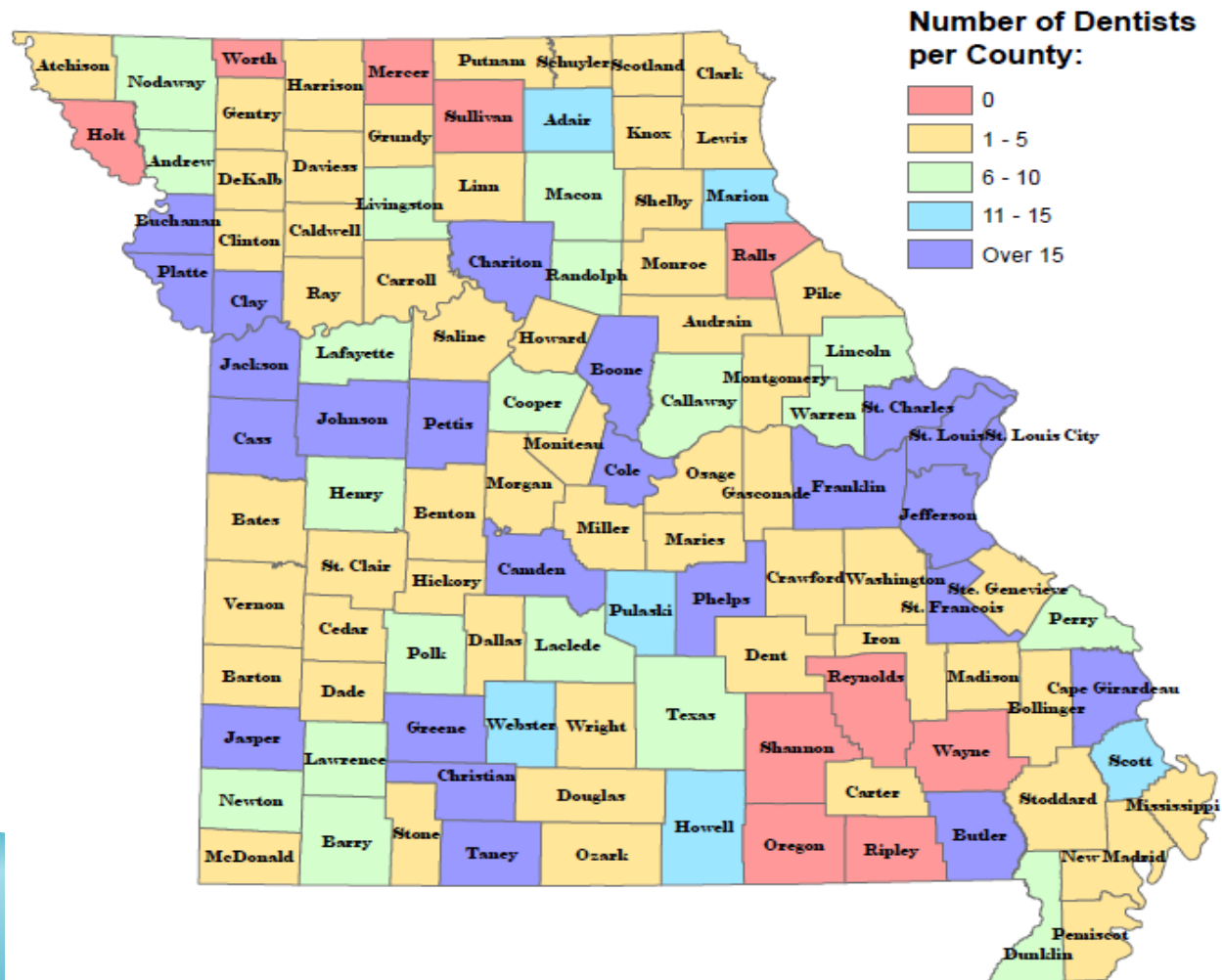


We are 41st!!!!!!

WHERE DO WE RANK ON
DENTIST TO POPULATION RATIO

DENTIST DISTRIBUTION IN MISSOURI

Dentists Per County, March 2018



MASSACHUSETTS HAS THE BEST RANKING OF 80 DENTISTS/100,000 PEOPLE

State	Rank	Ratio/100,000	# of Dental Schools
Missouri	41	48.5/100,000	2
Kansas	37	50/100,000	0
Iowa	34	51.9/100,000	1
Nebraska	13	65.1/100,000	2
Illinois	12	67.4/100,000	3
Kentucky	25	54.6/100,000	2
Tennessee	40	49.2/100,000	1
Arkansas	50	41/100,000	0


MISSOURI LICENSURE STATISTICS

Fiscal Year	Dentists	Specialists	Hygienists
2002	3029	592	2419
2017	3288	689	4085
Percent Increase	8.5%	16.3%	68.8%

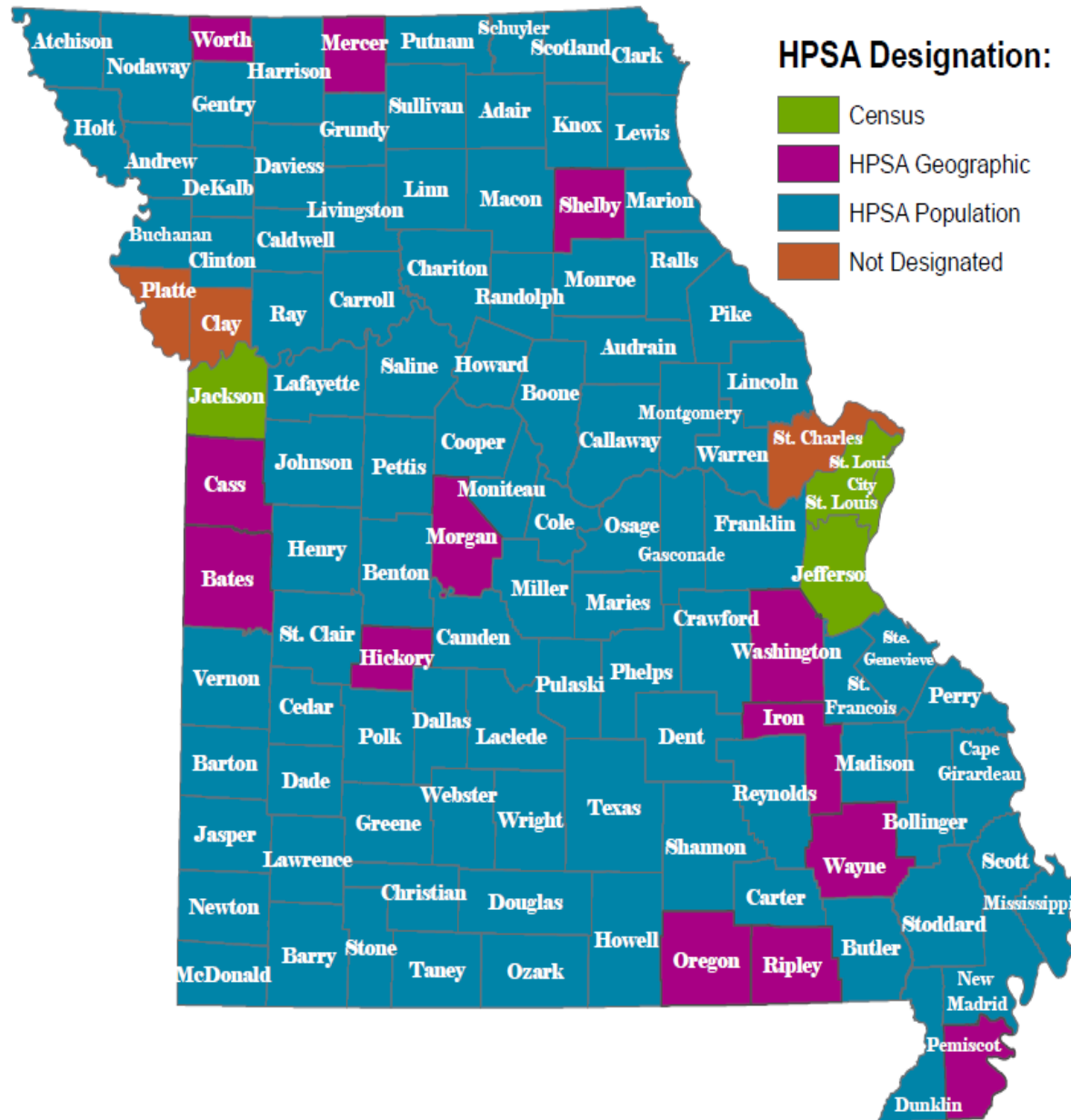
WHERE DO THE DENTISTS COME FROM?

New Dentist Applications	By Examination	By Credentials	Total
2013	158	39	197
2017	176	76	252
Percentage Increase	11.3%	94.8%	27.9%

REASONS FOR INCREASE

- New generation don't seem to mind moving from state to state
 - Missouri accepts all clinical competency examinations
 - Missouri's initial licensure fees are lower
 - New Dental Hygiene programs accredited in Missouri
 - Two year license renewal with low fees
- 

Dental Shortage Area Designation- 01/2018



MO HEALTHNET MISSOURI MEDICAID



MISSOURI MEDICAID PROGRAMS

- 4 possible payers for Missouri Medicaid
 - MO HealthNet FFS
 - Home State Health – Envolve
 - United Health Care – Dental Benefit Providers
 - Missouri Care – DentaQuest
- Coverage is dictated by MO HealthNet Policy and the Managed Care Contract <https://dss.mo.gov/business-processes/managed-care/>
- By contract, MCO's can develop their own payment criteria
 - Should be available to all participating providers
 - Not necessarily identical to MO Health Net

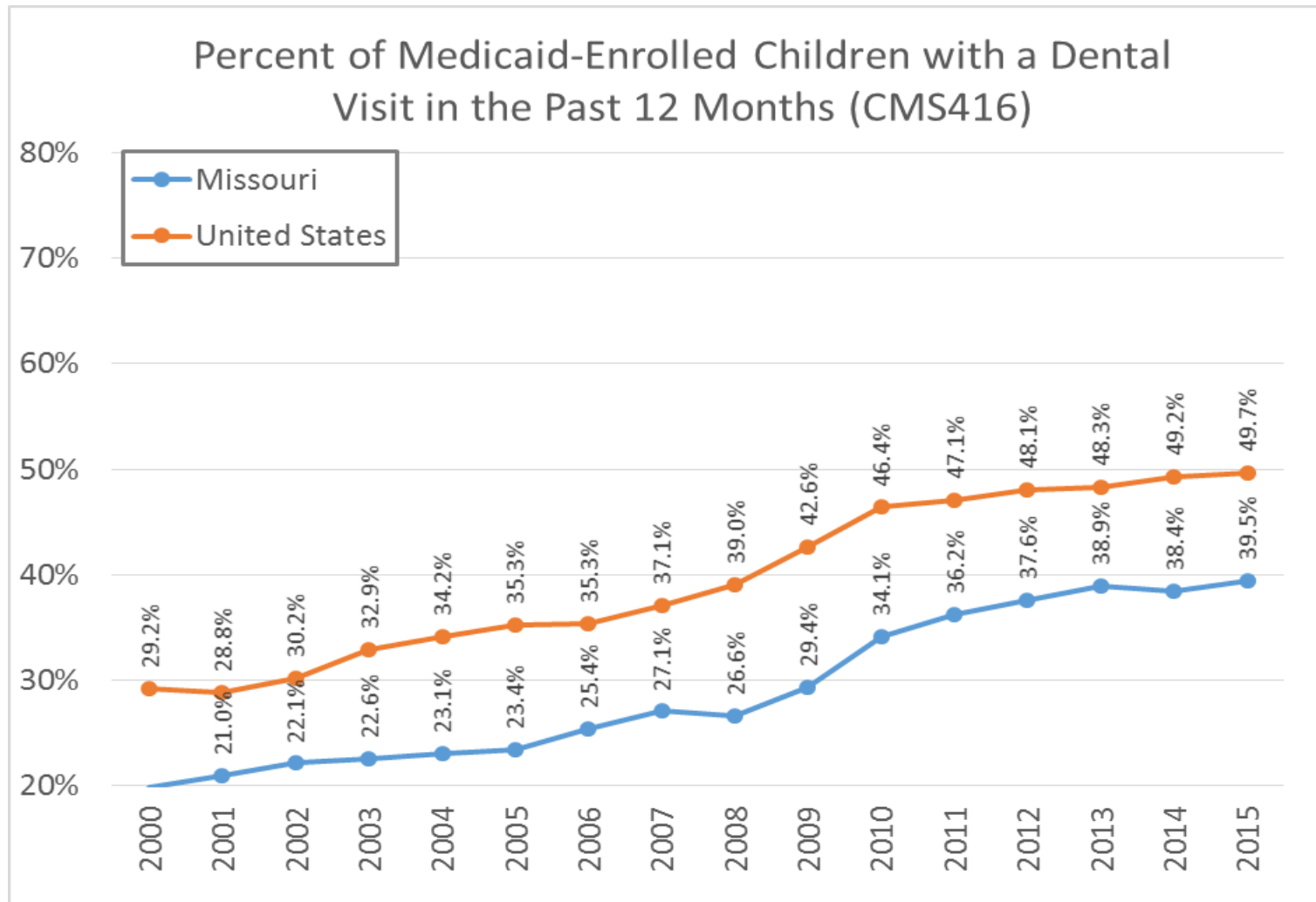
WHEN A NEW CODE IS ADDED

- MO HealthNet goes thru a decision making process to determine whether a code should be added, D1354 Silver Diamine Fluoride
- Once determined that the code should be covered a Provider Bulletin is developed and approved.
- The approved Bulletin is published on the MO HealthNet Website and then becomes the current Policy for that code or codes.
- The MCO plans will reimburse for that code from that date.
 - Each plan will need to update their systems to process that code.
 - Once in place the plans will reimburse back to the date published.

ADA CODES ADDED IN 2018

Proc Code	W/O Copay	Proc EFDT	Description	Restrictions
D5511	\$ 63.94	01/01/2018	REP BROKE COMP DENT BASE MAN	
D5512	\$ 63.94	01/01/2018	REP BROKE COMP DENT BASE MAX	
D5611	\$ 65.49	01/01/2018	REP RESIN PART DENT BASE MAN	
D5612	\$ 65.49	01/01/2018	REP RESIN PART DENT BASE MAX	
D5621	\$ 91.63	01/01/2018	REP CAST PART FRAME MAN	Op Report Required
D5622	\$ 91.63	01/01/2018	REP CAST PART FRAME MAX	Op Report Required
D7296	\$ 87.19	01/01/2018	CORTICOTOMY, 1-3 TEETH	
D7297	\$ 174.38	01/01/2018	CORTICOTOMY, 4 OR MORE TEETH	
D8695	\$ 325.00	01/01/2018	REMOVE FIXED ORTHO APPLIANCE	
D9222	\$ 113.33	01/01/2018	DEEP ANEST, 1ST 15 MIN	
D9239	\$ 113.33	01/01/2018	IV MOD SEDATION, 1ST 15 MIN	
D9995	\$ 14.60	01/01/2018	TELEDENTISTRY REAL-TIME	
D9996	\$ 14.60	01/01/2018	TELEDENTISTRY DENT REVIEW	

DENTAL CARE USE



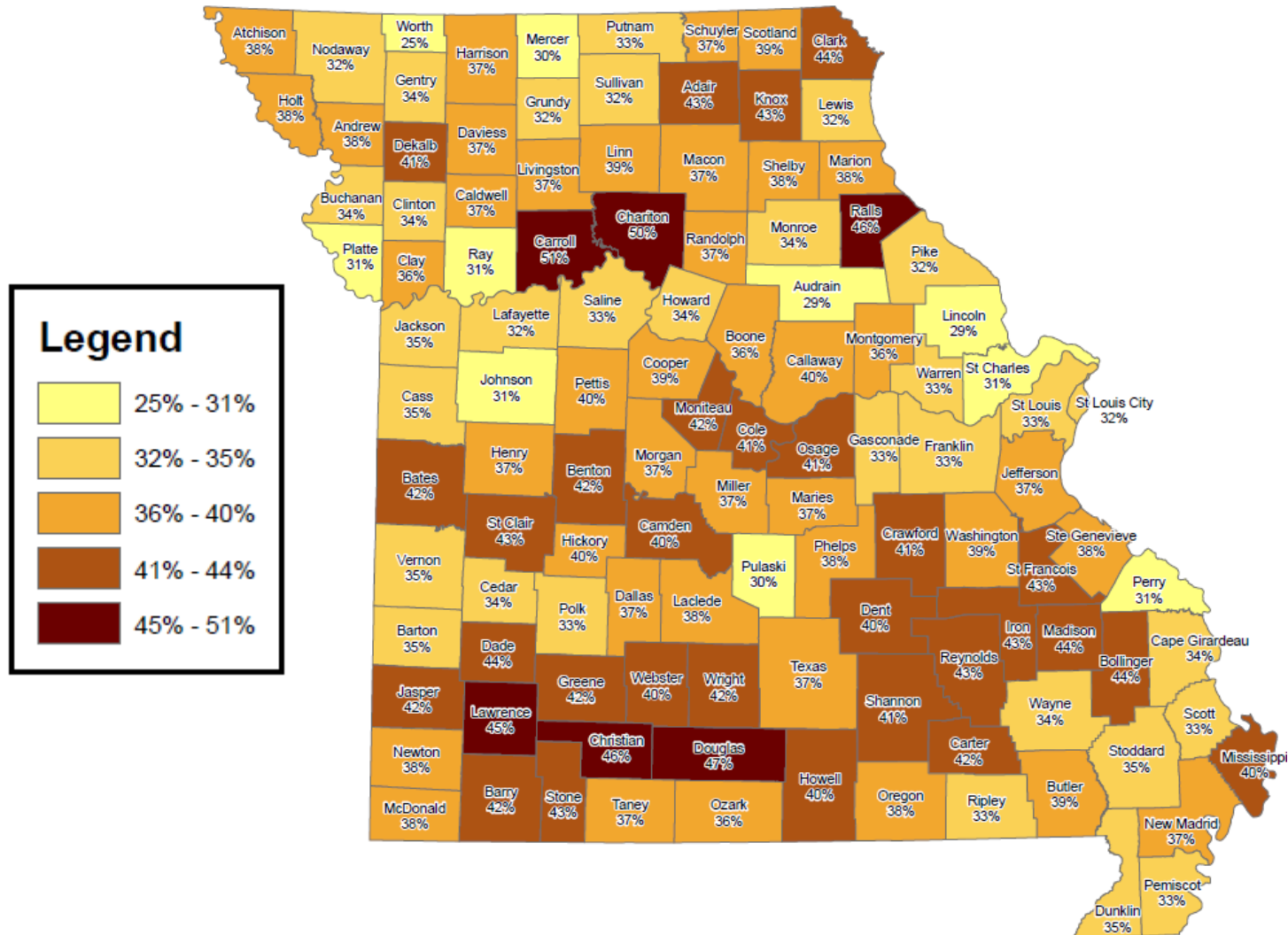
2016 EPSDT 416 REPORT ON DENTAL SERVICES

Total eligible 717324

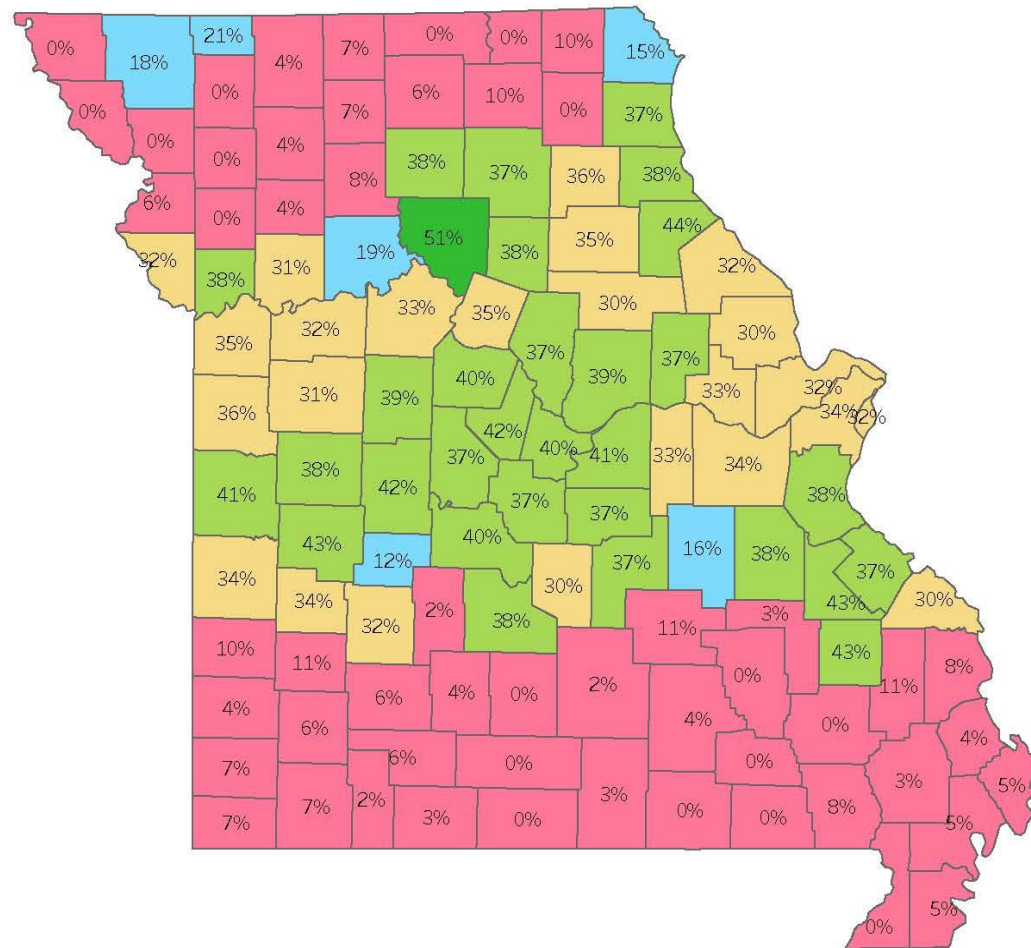
12a. Total Eligibles Receiving Any Dental Services	CN:	250,529
	MN:	0
	Total:	250,529
12b. Total Eligibles Receiving Preventive Dental Services	CN:	224,849
	MN:	0
	Total:	224,849
12c. Total Eligibles Receiving Dental Treatment Services	CN:	107,803
	MN:	0
	Total:	107,803
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	37,450
	MN:	0
	Total:	37,450
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	236,540
	MN:	0
	Total:	236,540
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	4,498
	MN:	0
	Total:	4,498
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	252,421
	MN:	0
	Total:	252,421

- ▶ 12a. 34.9% Any services
- ▶ 12b. 31.3% preventive services
- ▶ 12c. 15% dental treatment
- ▶ 12d. 5% dental sealants
- ▶ 12e. 32.9% diagnostic services
- ▶ 12.F 0.6% non-dentist
- ▶ 12g. 35% Any dental or oral health service.

PERCENT OF MO HEALTHNET CHILDREN WITH AT LEAST ONE DENTAL VISIT IN FY2016



Managed Care Members 20 and Younger



Map based on Longitude (generated) and Latitude (generated). Color shows details about % With Visits (copy). The marks are labeled by minimum of % With Visits. Details are shown for County. The data is filtered on Age Group and FFSM Cind. The Age Group filter keeps 20 and younger. The FFSM Cind filter keeps MC. The view is filtered on minimum of % With Visits and County. The minimum of % With Visits filter keeps all values. The County filter keeps 115 of 115 members.

% With Visits (copy)

0% 60%

The map displays the percentage of the White population in each of Illinois' 102 counties. The data is as follows:

County	Percentage
Adams	38%
Albany	33%
Alexander	25%
Anderson	38%
Andrew	31%
Angus	34%
Arapahoe	37%
Armstrong	42%
Ashtabula	45%
Baldwin	39%
Baldwin	38%
Baldwin	41%
Baldwin	38%
Baldwin	33%
Baldwin	33%
Baldwin	44%
Baldwin	43%
Baldwin	32%
Baldwin	35%
Baldwin	41%
Baldwin	38%
Baldwin	39%
Baldwin	46%
Baldwin	36%
Baldwin	93%
Baldwin	46%
Baldwin	35%
Baldwin	35%
Baldwin	38%
Baldwin	24%
Baldwin	52%
Baldwin	31%
Baldwin	18%
Baldwin	29%
Baldwin	32%
Baldwin	15%
Baldwin	19%
Baldwin	23%
Baldwin	26%
Baldwin	29%
Baldwin	24%
Baldwin	10%
Baldwin	20%
Baldwin	18%
Baldwin	15%
Baldwin	22%
Baldwin	15%
Baldwin	19%
Baldwin	23%
Baldwin	25%
Baldwin	23%
Baldwin	50%
Baldwin	24%
Baldwin	41%
Baldwin	42%
Baldwin	48%
Baldwin	33%
Baldwin	26%
Baldwin	27%
Baldwin	56%
Baldwin	43%
Baldwin	35%
Baldwin	40%
Baldwin	47%
Baldwin	43%
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Baldwin	48%
Baldwin	41%
Baldwin	38%
Baldwin	36%
Baldwin	41%
Baldwin	38%
Baldwin	33%
Baldwin	39%
Baldwin	35%
Baldwin	34%
Baldwin	37%
Baldwin	34%
Baldwin	41%

% With Visits (copy)

GEOGRAPHIC ACCESS

Dental Offices

- Office Does Not Participate in Medicaid
- Office Participates in Medicaid

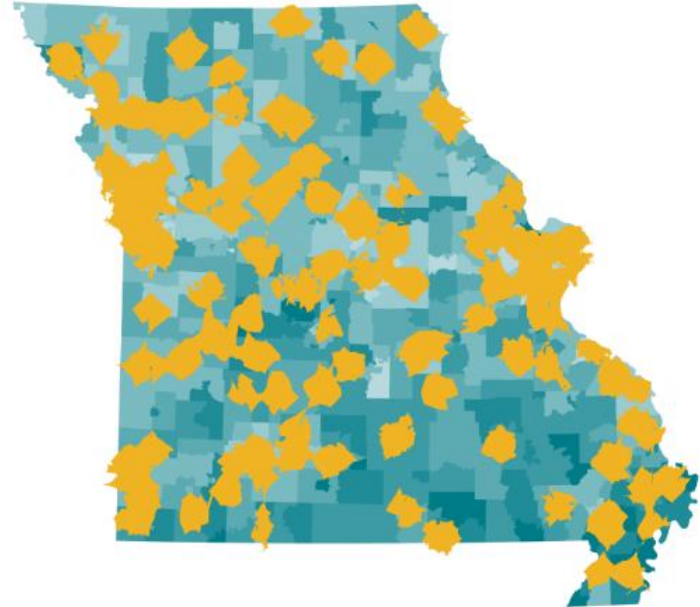
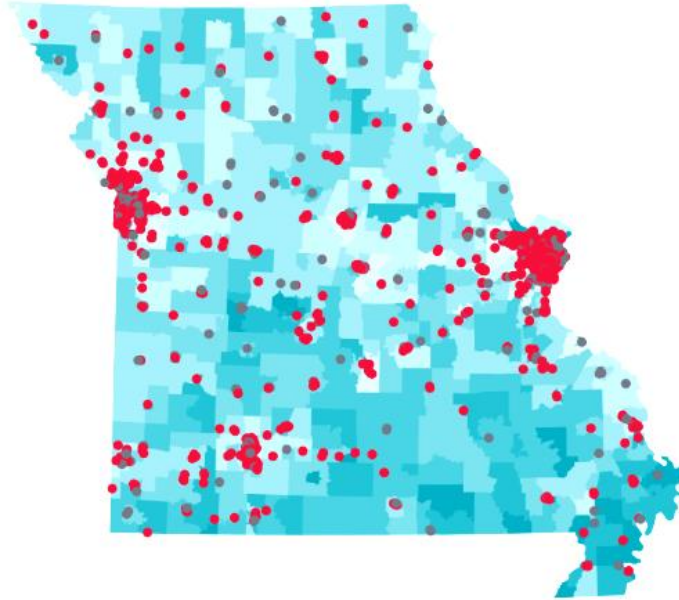
Percent of Children with Public Insurance

- 0-10%
- 10.01-20%
- 20.01-30%
- 30.01-40%
- 40.01-50%
- 50.01-60%
- >60%

15 Minute Travel Time to Medicaid Office

Percent of Children with Public Insurance

- 0-10%
- 10.01-20%
- 20.01-30%
- 30.01-40%
- 40.01-50%
- 50.01-60%
- >60%



MEDICAID PROVIDERS TODAY*

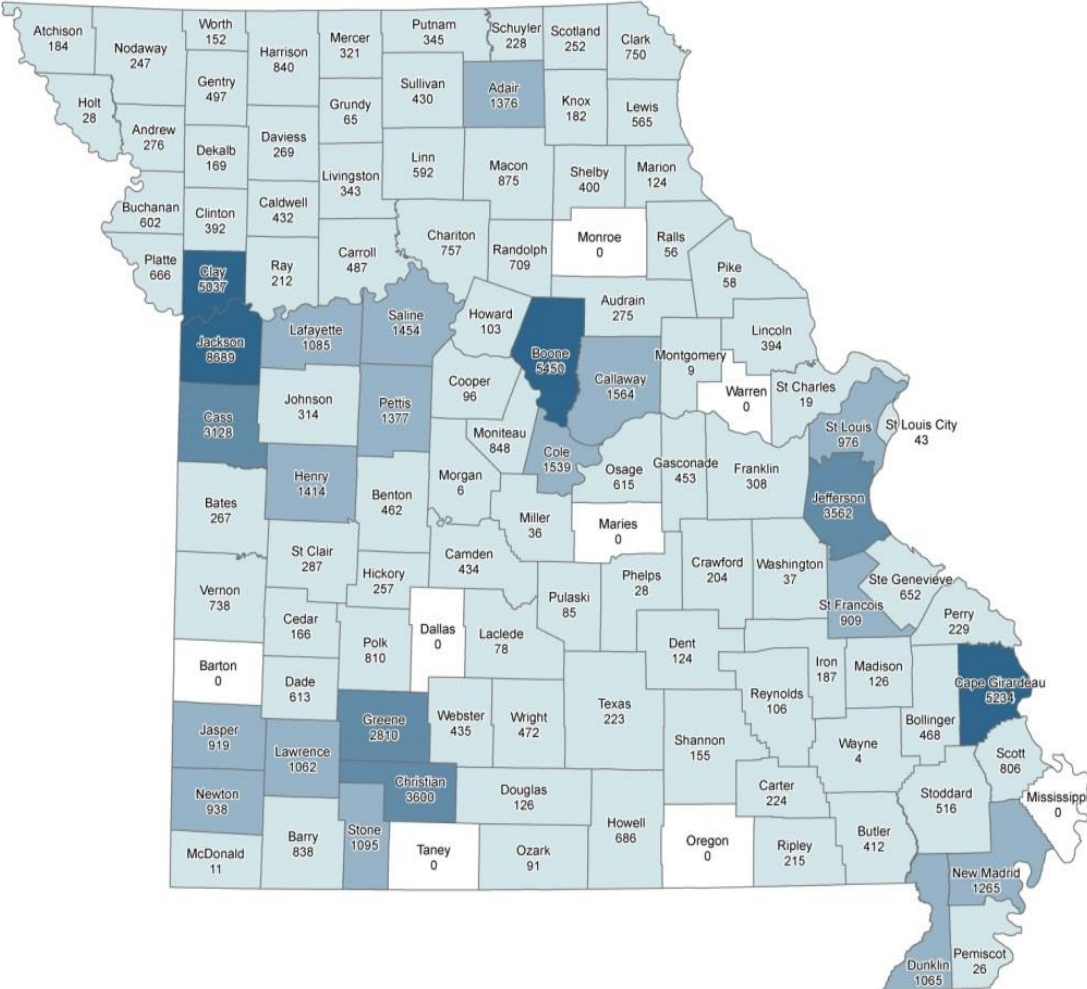
- ▶ 2016 - 722
- ▶ 2018
 - ▶ Dentists – 903
 - ▶ Dental Hygienists – 52
 - ▶ Pediatric Dentists – 3

▶ * Mo Medicaid Audit and Compliance – January 2018

PREVENTATIVE SERVICE PROGRAM (PSP)

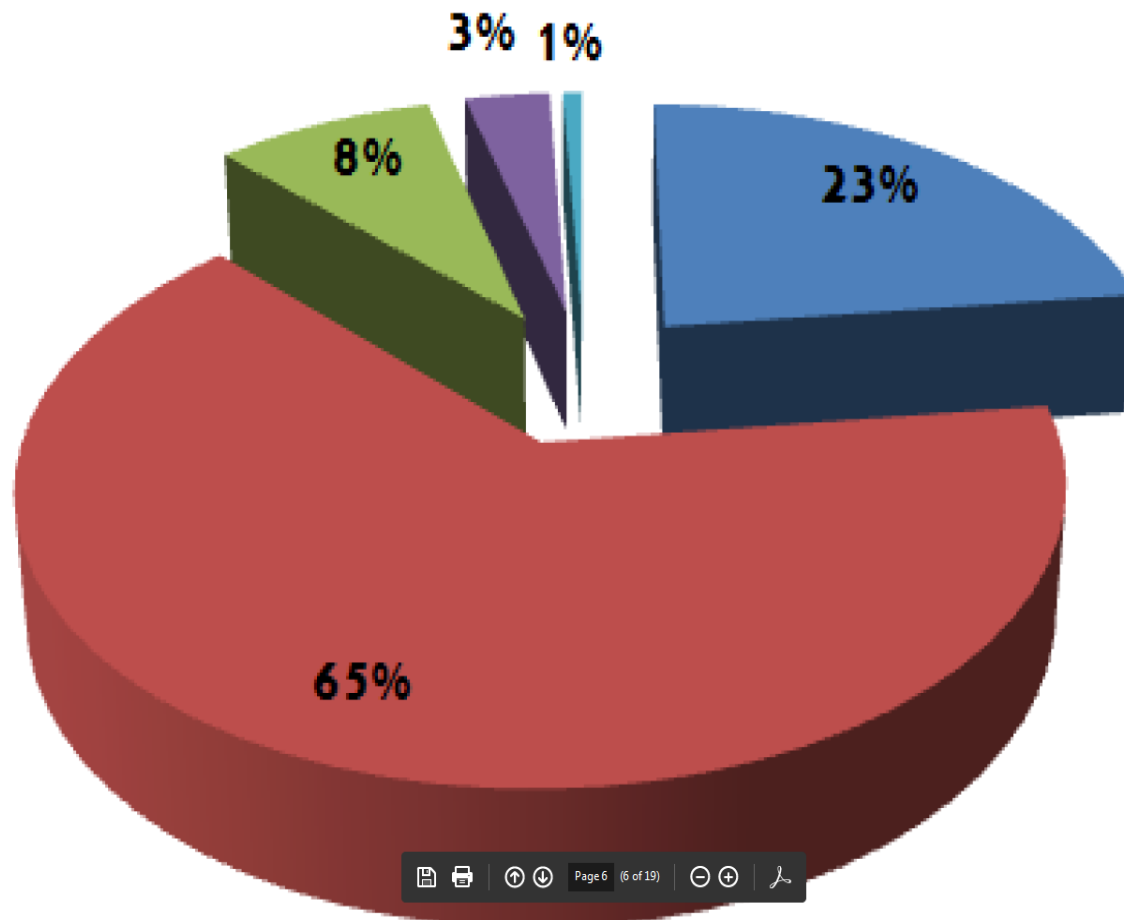


2015-2016



PSP PARTICIPANTS BY GRADE LEVEL

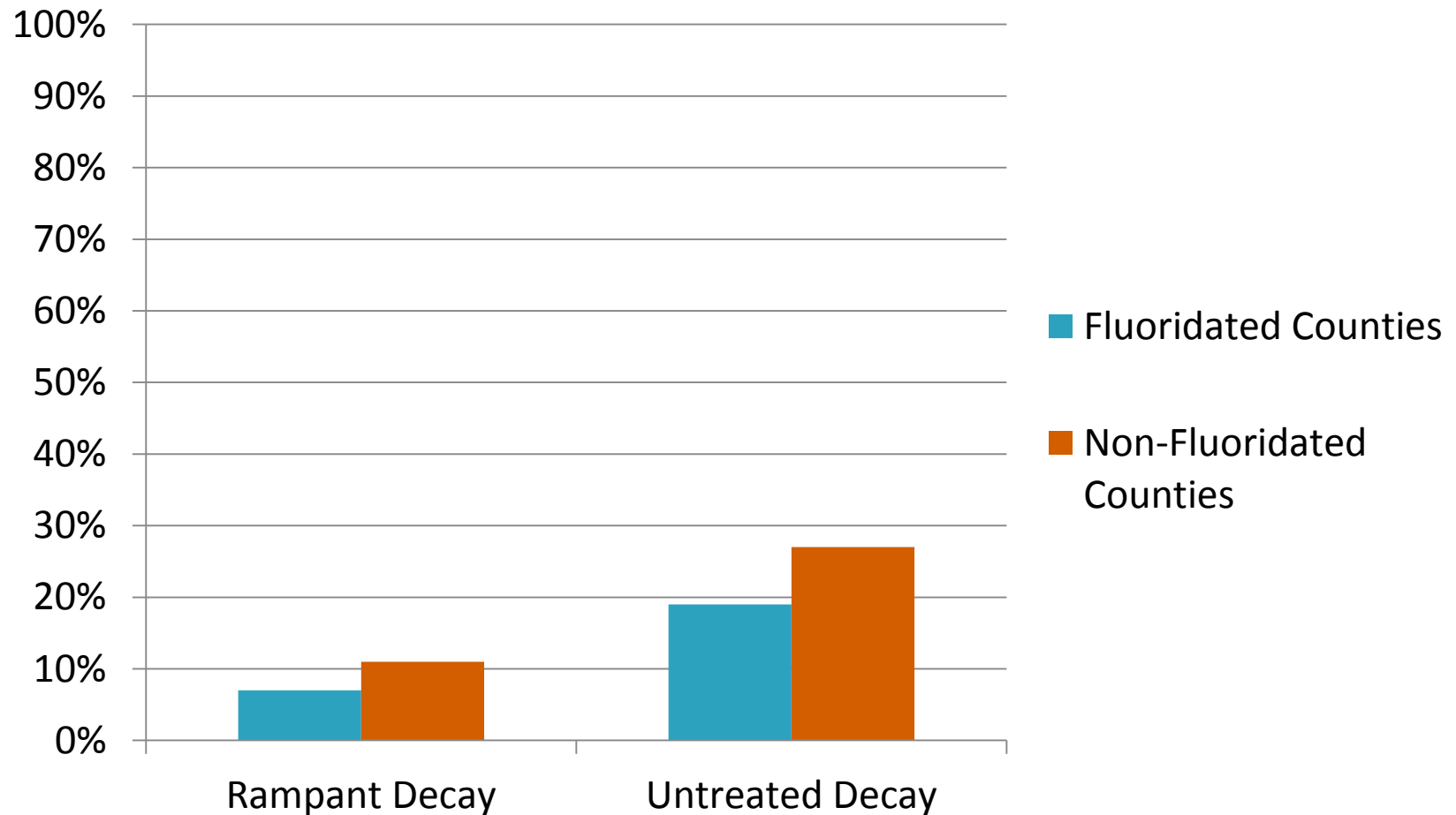
■ Preschool/Kindergarten ■ Elementary School ■ Middle School ■ High School ■ Health Fairs



3.77% DECREASE IN DECAY EXPERIENCE IN 3RD GRADERS OF PSP PROGRAM

School Year	Decay Experience	Total Screened	% Decay Experience
2013-2014	6710	9978	67.25%
2014-2015	7292	11170	65.28%
2015-2016	7129	11328	62.93%
2016-2017	8374	13192	63.48%

TOOTH DECAY IN CHILDREN



HISTORY OF RAMPANT CARIES PSP 2017

	Rural County	Urban County	Totals	Percentage
Blank	725	522	1247	1.34%
No	46723	38052	84775	91.4%
Yes	3752 (7.3%)	2918 (7%)	6670	7.1%
total	51200	41492	92692	

MORE PSP DATA

- 20.1% of all children in the PSP 2017 data had untreated decay
- 18% of all children in PSP 2017 data had sealants.

OPIOIDS PRESCRIBING

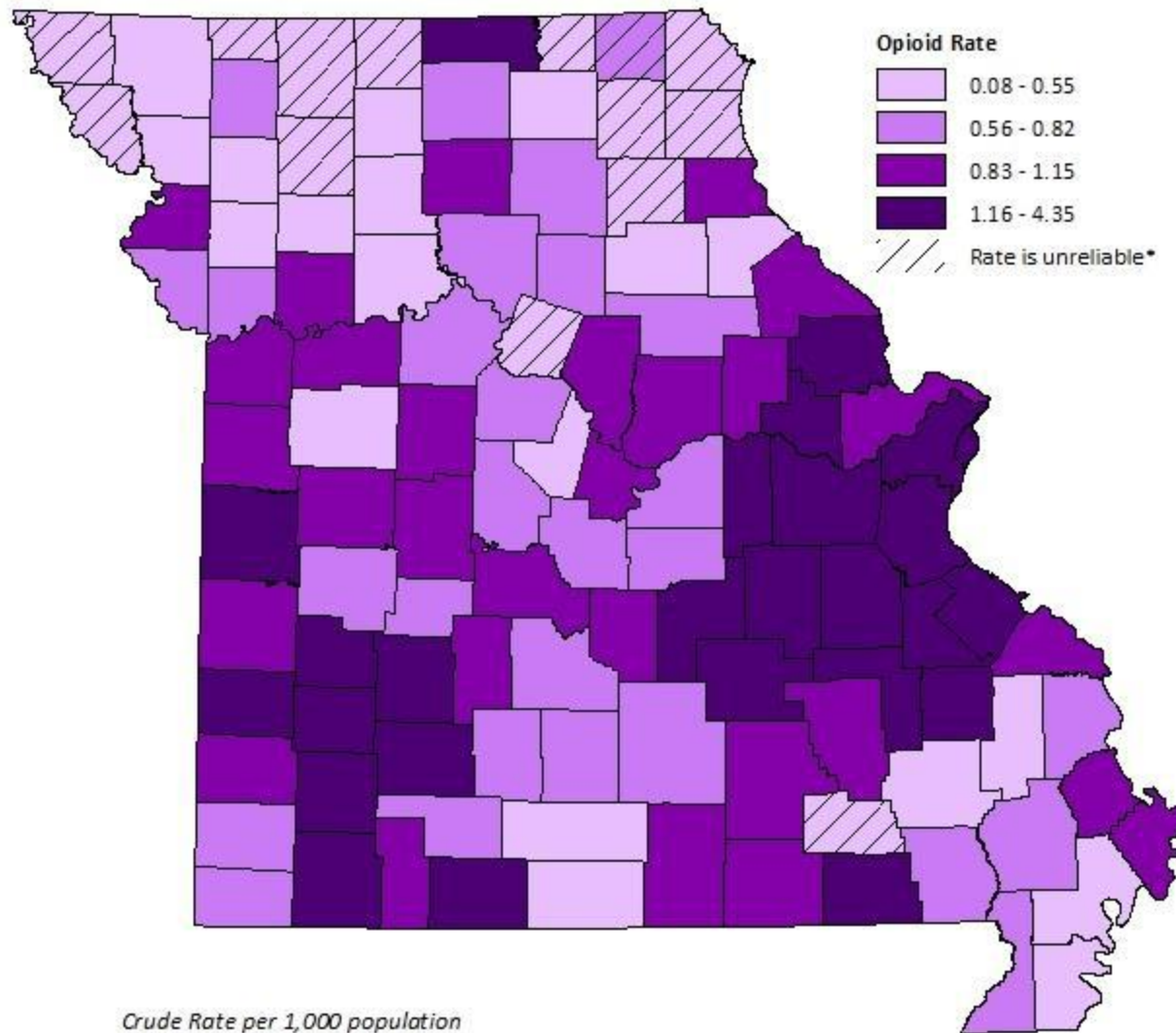
OPIOID PRESCRIPTIONS

- Since 1999 all opioid pain reliever prescriptions have quadrupled
- 2013 dentists were the **fifth** most frequent prescribers of opioid analgesics* a drop from 2010 when they were **#3**
- 2008 study in Utah 72% of dental patients reported having leftover opioids from prescriptions
 - 71% kept the leftover drugs
- According to Nationwide Children's Hospital **1 in 5** high school students report misusing prescription drugs more than 50% are opioids.

MISSOURI

- 2016, 89,000 prescriptions for narcotics per 100,000 Missourians*
- 2016 , 1364 deaths by drug overdose, the January 2017 statistics for death by drug overdose had already surpassed the January 2016 total*
- Missouri is one of 22 states that registers a drug overdose rate above the national average. – CDC
- Missouri now will allow anyone to purchase Naloxone (Narcan) without a prescription for personal use.
- MO Hope Project - \$20 million grant from HRSA to DMH for education and response to the opioid crisis.- DHSS.gov
- Opioid prescriptions are restricted for pediatric patients – MO Health Net 2017

ER Visits Due to Opioid Misuse 2011-2015



Crude Rate per 1,000 population

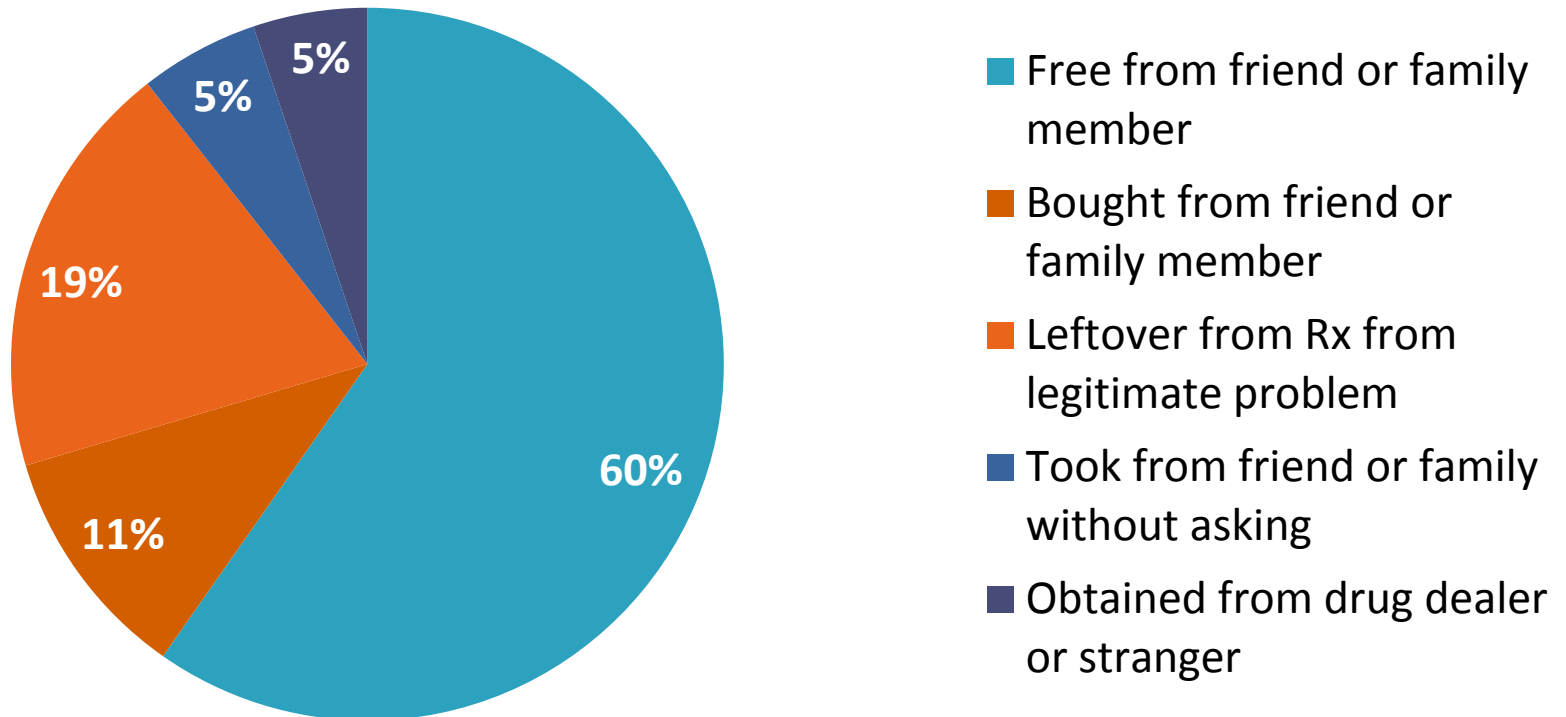
** Numerator is less than 20*

*Source: Bureau of Health Care Analysis and Data Dissemination,
Missouri Department of Health and Senior Services*

MISUSED DENTAL OPIOID PRESCRIPTIONS

- NSDUH survey definition of misuse - use with out a personal prescription or simply for the experience of feeling the drugs caused.

Most Common Sources




2016 STUDY ON OPIOIDS PRESCRIBED FOR OUTPATIENT DENTAL SURGERY

- 79 patients in two groups – Rx 28 tablets
- Control group was given routine instructions
- Experimental group was given same instruction plus disposal information.
- Experimental group was 22% more likely to dispose of remaining tablets properly
- An average of 15 tablets left over (54%)
1010 tablets were used for the study
- What happens to those drugs?
- SB 826 and HB 1618



MO SENATE APPROVES DRUG TAKE BACK PROGRAM SB 816, HB1618

- ▶ The bill would make it easier for patients to dispose of unused prescription medications
 - ▶ Currently pharmacies can only take back prescriptions that they dispensed
 - ▶ Bill would allow patients to dispose of unused opioids at Federally authorized disposal sites
 - ▶ Bill would limit the number of opioids dispensed for the initial prescription to 7 days
 - ▶ Must be passed by the House of Representatives.
- 

MO HEALTHNET DENTAL PRESCRIPTIONS

MARCH 2017

- 6,008 prescriptions
- Average 3.8 day supply
- Very few prescriptions for over 5 day supply
- 10 for 14+ days, linked to mandibular fractures

CONCLUSION

- Dentists in general weren't considering the strength of analgesics didn't match the expected discomfort.
- Most dentists weren't aware of the problem of leftover medication
- A national prescription audit by IMS Health...showed ER and dentists with the largest percentage **decrease** in opioid prescriptions of 5.7% since 2010.
- The profession needs to continue to improve awareness such as:
 - ADA practical guide to Substance Abuse Disorders and Safe Prescribing 2015
 - ADA Guidelines on the Use of Opioids in the Treatment of Dental Pain 2016
 - Increase Webinars, CE courses availability
 - Consider requirement for CE about the problem for licensure.

FLUORIDATION

COMMUNITY WATER FLUORIDATION

CDC named water fluoridation as one of 10 great public health achievements of the 20th Century



FLUORIDATION

HB 2213 - Requires Public Water Systems to request Evidence Based Fluoridation information from the Local Public Health Agency before deciding to change the fluoride levels in their water.




FLUORIDATION EDUCATION

- The Community Fluoridation on-line course is now housed at <https://canvas.instructure.com/courses/1089951>



developed by the Missouri Water Resources Research Center (MOWRRC)

FLUORIDATION EDUCATION

- Fluoridation Introduction ([Module 1 - Fluoridation Introduction Part 1](#))
 - Fluoridation Costs/Benefits ([Module 2 - Fluoridation Benefits Part 1](#))
 - Drinking Water Treatment Overview ([Module 3 - Overview of Water Treatment Part 1](#))
 - Fluoridation Technology and Equipment ([Module 4 - Water Fluoridation Equipment Part 1](#))
 - Fluoride Analysis/Laboratory Techniques/Safety ([Module 5 - Laboratory Analysis Part 1](#))
 - Fluoridation System Design ([Module 6 - Fluoridation System Design Part 1](#))
- 

FLUORIDATION EDUCATION

- We anticipate that when participants are finished with these modules, they will:
 - Be able to have informed conversations about community fluoridation.
 - Understand levels of fluoride commonly found versus levels desired.
 - Realize that there is no one size fits all fluoridation system.
 - Be able to identify where in a typical treatment train fluoride is added

SURVEY OF WATER DEPARTMENTS IN MO

- ▶ Survey just beginning, 10 facilities have been visited as of December 2017
- ▶ All of the drinking water treatment facilities used acid-fed systems regardless of population.
- ▶ Most facilities used carboy storage systems.
- ▶ Most facilities received chemical from Hawkins.
- ▶ Many facilities have/are moving to peristaltic pumps.

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Complete Tooth Loss Among Adults 65 and Older	65 and Older: 18.4% (65 to 74 year-olds: 23.9%)	65 and Older: 16.1%	2016	(65 to 74 year-olds: 21.6%)
Loss of 6 or more Teeth Among Adults 65 and Older	53.5%	43.1%	2016	48.2%
Percent Served by Community Water Systems that Receive Fluoridated Water	76.4%	74.6%	2016	80.0%**
Caries Experience Among Third Grade Students	63.48%	55.4%	2017	6 to 9 year-olds: 49%
Untreated Tooth Decay Among Third Grade Students	20.9%	26.1%	2017	6 to 9 year-olds: 25.9%
Dental Sealants Among Third Grade Students	26.2%	37.8%	2017	6 to 9 year-olds: 31.5%**
Cancer of the Oral Cavity and Pharynx Incidence	11.1 per 100,000 population	10.8 per 100,000 population	2010	10.8/100,000**

Notes:

Missouri adopted Healthy People 2020 objectives except where noted.

*BRFSS= Behavioral Risk Factor Surveillance System


PRIORITIES 2018

- Sustainability – funding for Dental Director and expansion of program
 - Medicaid - Continuing Adult Dental Care
 - Dental Sealants – Work to expand programs
 - Access – Look for new ways to get dental care into Underserved areas/populations
 - Underserved – improve on 35% of Medicaid eligible children seen 2016
 - Fluoride – continue advocacy and start on line training
 - Education – Provide education to public and profession on Priorities
 - Opioid Diversion – Continue Education efforts about Diversion
 - Plan for new State Oral Health Plan for beyond 2020
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OPPORTUNITIES

- HRSA Oral Health Workforce Grant
 - Competitive 4 year, \$400.000/year with 40% match
 - Proposed, teledentistry, fluoride varnish in WIC and Dental Director Position
- CDC Cooperative Agreement with Oral Health Programs
 - NOFO due in March

CHALLENGES

- ▶ Decreased funding from Maternal Child Health Block Grant – 30%
 - ▶ Delayed funding from CDC/PHHS
 - ▶ Missouri Legislature wrestling with deficit
 - ▶ Limited other funding resources.
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