Using Policy to Improve Oral Health

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Children’s Health Alliance of Wisconsin

Missouri Oral Health Policy Conference - 2017
I wear many hats....

- American Dental Hygienists’ Association (District VII Trustee and Vice Presidential candidate)
- AAPHD (Council on Legislation)
- ASTDD (School and Adolescent Oral Health Committee)
- CDHP Sealant Workgroup (chair)
- Washington Dental Services Foundation (consultant)
- Children’s Health Alliance of Wisconsin

I’m here only as representative of Children’s Health Alliance of Wisconsin and not of any the other organizations I am affiliated with.
Overview

- Discuss how policy impacts school-based sealant programs (SBSP)
- Background on the Wisconsin Seal-A-Smile (SAS) program
- Discuss how policy and data have impacted SAS
- Discuss how data is being used to break down policy barriers in Wisconsin
Sealant basics

• Prevent 80% of decay in molars where 9 of 10 cavities occur
• 60% of children do not get sealants
• Low-income children are 20% less likely to get sealants than those from higher income families

7 million low-income children need sealants
Sealant Use

% Children with Sealants

Survey Years

1999-2004

2011-2014

23%
39%
39%
48%

LOW-INCOME CHILDREN
HIGHER-INCOME CHILDREN

Cavities

# of 1st Molar Cavities Per 100 Children

WITHOUT SEALANTS

82

WITH SEALANTS

52

29

19

% 0 10 20 30 40 50 60 70 80

LOW-INCOME CHILDREN

HIGHER-INCOME CHILDREN

Policies impacting SBSP

- Federal
  - Medicaid / CHIP
  - Health centers
- State
  - Medicaid / CHIP
  - Dental Practice Act
- Programmatic policy (protocols/EBP)
Missouri Oral Health Burden

- In 2012-13 only 25.6% of third graders and 28% of sixth graders have sealants.
- Nearly 68% of third graders have experienced decay.
- 25.6% of third graders have untreated decay.

Source: Oral Health in Missouri - 2014
# Tale of two states

<table>
<thead>
<tr>
<th>Missouri</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decay experience – 68%</td>
<td>Decay experience – 57%</td>
</tr>
<tr>
<td>Untreated decay – 25%</td>
<td>Untreated decay – 17%</td>
</tr>
<tr>
<td>Sealants – 25%</td>
<td>Sealants – 61%</td>
</tr>
<tr>
<td>PEW Grade = D</td>
<td>PEW Grade = A</td>
</tr>
</tbody>
</table>
Partners
Centralized system

• Coordinated efforts

• Comparable data

• Policies and procedures

• Quality
Number of Children Screened and Receiving Dental Sealants

205,344 total children screened

130,100 total children sealed
Number of Children Screened and Receiving Dental Sealants

- 205,344 total children screened
- 130,100 total children sealed

Economic Impact:
- $60K
- $120K
- $200K
- $600K
- $700K

School Year:
- 2000-01: Children screened = 2,077, Children receiving sealants = 1,560
- 2001-02: Children screened = 2,077, Children receiving sealants = 1,560
- 2002-03: Children screened = 2,077, Children receiving sealants = 1,560
- 2003-04: Children screened = 2,077, Children receiving sealants = 1,560
- 2004-05: Children screened = 2,077, Children receiving sealants = 1,560
- 2005-06: Children screened = 2,077, Children receiving sealants = 1,560
- 2006-07: Children screened = 2,077, Children receiving sealants = 1,560
- 2007-08: Children screened = 2,077, Children receiving sealants = 1,560
- 2008-09: Children screened = 2,077, Children receiving sealants = 1,560
- 2009-10: Children screened = 2,077, Children receiving sealants = 1,560
- 2010-11: Children screened = 2,077, Children receiving sealants = 1,560
- 2011-12: Children screened = 2,077, Children receiving sealants = 1,560
- 2012-13: Children screened = 2,077, Children receiving sealants = 1,560
- 2013-14: Children screened = 2,077, Children receiving sealants = 1,560

Total:
- 205,344 total children screened
- 130,100 total children sealed
Number of Children Screened and Receiving Dental Sealants

- **Children screened**: 205,344 total children screened
- **Children receiving sealants**: 130,100 total children sealed

**Funding**
- $60K
- $120K
- $200K
- $600K
- $700K

**Years**
- 2000-01 to 2013-14
Statewide Outcomes – Wisconsin 3rd Graders

Total needing care:
- 2001-02: 31%
- 2007-08: 20%
- 2012-13: 17%

Dental sealants:
- 2001-02: 47%
- 2007-08: 51%
- 2012-13: 61%

Source: Wisconsin Dept of Health Services - 2013
Statewide Outcomes – WI 3rd graders by FRL%
Other policy implications

• Increase retention rates

• Increased participation rates

• Increased data integrity
Other success contributors

• Participation pilot

• Online consent

• Strong partnership with FQHCs

• Strong public private partnership
So what’s next?
Percentage of Children with Medicaid Coverage with a Dental Visit in the Past 12 Months, 2013

Source ADA Health Policy Institute
MA enrolled providers

WI – PCPs
- Enrolled: 85%
- Not enrolled: 15%

WI – PAs
- Enrolled: 91%
- Not enrolled: 9%

WI - DDS
- Enrolled: 63%
- Not enrolled: 37%

Source: Wisconsin Medicaid Data -2014
Level of participation

<table>
<thead>
<tr>
<th>Level</th>
<th>Medical Providers</th>
<th>Dental Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactive</td>
<td>11%</td>
<td>20%</td>
</tr>
<tr>
<td>Limited (1-25 pts)</td>
<td>33%</td>
<td>17%</td>
</tr>
<tr>
<td>Active (26+ pts)</td>
<td>72%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Source: Wisconsin Medicaid Data - 2014
Figure 3: Percentage of Head Start Children with Treated Decay, Untreated Decay, Caries Experience, and Early Childhood Caries by Age, 2013-14

Source: Wisconsin Dept of Health Services - 2017
Figure 7: Percent of Dentate Older Adults with Periodontal Indicators by Setting

Source: Wisconsin Dept of Health Services - 2013
Figure 5: Percent of Dentate Older Adults with Untreated Decay and Root Fragments by Setting

Source: Wisconsin Dept of Health Services - 2013
PROBLEM

Solution 1

Solution 2

Solution 3
As states face more demand for oral health, they should examine the role dental hygienists can play in increasing access to care by allowing them to practice to the full extent of their education and training.
Background

- Settings
- Supervision
- Scope
Current practice settings

1. In a dental office.
2. For a school board, a governing body of a private school, as defined in s. 115.001 (3d), or a governing body of a tribal school, as defined in s. 115.001 (15m).
3. For a school for the education of dentists or dental hygienists.
4. For a facility, as defined in s. 50.01 (1m), a hospital, as defined in s. 50.33 (2), a state or federal prison, county jail or other federal, state, county or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients.
5. For a local health department, as defined in s. 250.01 (4).
6. For a charitable institution open to the general public or to members of a religious sect or order.
7. For a nonprofit home health care agency.
8. For a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.
RDH have direct access

1. In a dental office.
2. For a school board, a governing body of a private school, as defined in s. 115.001 (3d), or a governing body of a tribal school, as defined in s. 115.001 (15m).
3. For a school for the education of dentists or dental hygienists.
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Proposed changes

1. In a dental office.

2. For a school board, a governing body of a private school, as defined in s. 115.001 (3d), or a governing body of a tribal school, as defined in s. 115.001 (15m).

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5. For a local health department, as defined in s. 250.01 (4).

6. For a charitable institution open to the general public or to members of a religious sect or order.

7. For a nonprofit home health care agency.

8. For a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

9. **For a facility used primarily for outpatient medical care**
447.06 Practice limitations. (1) No contract of employment entered into between a dentist and any other party under which the dentist renders dental services may require the dentist to act in a manner which violates the professional standards for dentistry set forth in this chapter. Nothing in this subsection limits the ability of the other party to control the operation of the dental practice in a manner in accordance with the professional standards for dentistry set forth in this chapter.

(2) (a) A hygienist may practice dental hygiene or perform remediable procedures only as an employee or as an independent contractor and only as follows:

1. In a dental office.
2. For a school board, a governing body of a private school, as defined in s. 115.001 (3d), or a governing body of a tribal school, as defined in s. 115.001 (15m).
3. For a school for the education of dentists or dental hygienists.
4. For a facility, as defined in s. 50.01 (1m), a hospital, as defined in s. 50.33 (2), a state or federal prison, county jail or other federal, state, county or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients.
5. For a local health department, as defined in s. 250.01 (4).
6. For a charitable institution open to the general public or to members of a religious sect or order.
7. For a nonprofit home health care agency.
8. For a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

(b) A dental hygienist may practice dental hygiene or perform remediable procedures under par. (a) 1., 4., 6., 7. or 8. only as authorized by a dentist who is licensed to practice dentistry under

5. Updated 13–14 Wis. Stats.

this chapter and who is present in the facility in which those practices or procedures are performed, except as provided in par. (c).

(c) A dental hygienist may practice dental hygiene or perform remediable procedures under par. (a) 1., 4., 6., 7. or 8. if a dentist who is licensed to practice dentistry under this chapter is not present in the facility in which those practices or procedures are performed only if all of the following conditions are met:

1. The dental hygiene practices or remediable procedures are performed under a written or oral prescription.
2. The dentist who made the written or oral prescription has examined the patient at least once during the 12-month period immediately preceding:
   a. The date on which the written or oral prescription was made; and
   b. The date on which the dental hygiene practices or remediable procedures are performed.

9. Outpatient medical facility
This change only addresses

Settings

Supervision

Scope

Children’s Health Alliance of Wisconsin

www.chawisconsin.org
Enhances existing systems

- WDA Dental Home Initiative
- Increased referrals to establish a dental home
- Potential to reduce ECC
- Increased medical/dental collaboration
- Improves efficiency
Current business model

- DDS provides exams at a physicians office which allows an RDH to see the patient at the next visit
  - Cost to provide exams = $750/day (labor and supplies)
  - MA revenue generated = $320
  - Lost production from the DDS = $3,700

- Total loss of $4,000+ daily using this model
MDs ability to provide fluoride varnish treatment (FVT)

- NC study showed 17% decrease in referrals with caries when children 6-36mo receive 4+ FVT

However

- Wisconsin data shows fewer than 5% of MA children 12-24 mo received FVT by non-dental provider
Integration effect

• Denver Health integrated RDH in pediatric medical office, more than 80% of children 6-36mo received FVT

• Other potential integration points exist and improve efficiency.
Financial viability

- RDH integration would generate two billing codes
  - D0191 (assessment) and D1206 (varnish)
  - Estimated MA payment = $23/pt
  - RDH could see 4-6 patients/hr = $92 – 138
- Average cost of consumables = $8/pt
- Average cost of labor = $35/hour

- ROI = $25 - $55/hr or ($52K – 114K annually)
Current supporters LRB-1095 / LRB-2335

- Bi-partisan co-sponsors
- Ascension Health System
- Children’s Hospital of Wisconsin
- Children’s Health Alliance of Wisconsin
- Wisconsin Oral Health Coalition
- WI-AAP
- WI - Dental Hygienists’ Association
- WI - Dental Association
- WI- Hospital Assoc.
- WI - Primary Care Association
- WI – Public Health Assoc.
Other policies impacting oral health

- No MA expansion and consequence
- MA reimbursement increase pilot
- FFS vs MCO models
Questions and thank you

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