CHIPRA & Community Care of North Carolina

CHIPRA – A Quality Demonstration Grant

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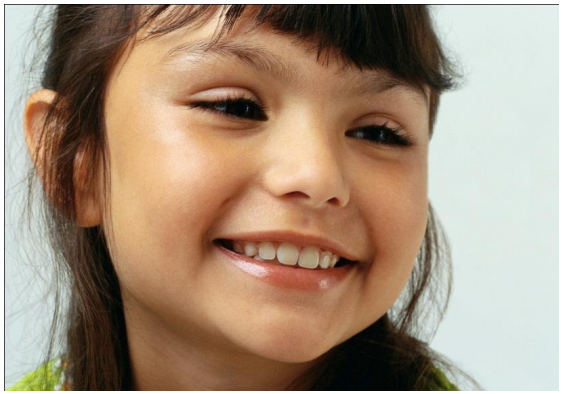
Prevention

"It is easier to build strong children than repair broken men and women"

--Fredrick Douglas

3 Main Oral Health Objectives



- Increase the awareness of families for the need of all children to be linked to a dental home and engage primary care providers to reinforce this message.
- Expand the efforts of the *Into the Mouths of Babes (IMB)* project - dental varnish
- Routine use of an Oral Health Screening tool by primary care providers

EPSDT Practice Profile
CCNC Total rates for Dental Visit and Varnishing

Annual Dental Visit	Year Ending	Ages 2 to 3		Ages 4 to 6		Ages 7 to 14		Ages 15 to 21		Ages 2 to 21	
		Eligible Pts	%	Eligible Pts	%	Eligible Pts	%	Eligible Pts	%	Eligible Pts	%
CCNC TOTAL	Sep 2012	101,265	44%	144,386	67%	233,063	69%	97,935	56%	576,649	62%
CCNC TOTAL	Sep 2011	95,770	43%	127,538	67%	205,744	69%	90,089	55%	519,141	61%
Best Network Performance	Sep 2012		53%		72%		73%		61%		67%

Dental Topical Fluoride Varnishing	Year Ending	Eligible Patients	3 or More Varnishings	3 or More Varnishings Percent	4 or More Varnishings	4 or More Varnishings Percent
CCNC TOTAL	Sep 2012	34,661	19,695	57%	14,516	42%
CCNC TOTAL	Sep 2011	29,609	16,212	55%	11,844	40%
Best Network Performance	Sep 2012			67%		54%

EPSDT Practice Profile
Network Rates for Dental Visits and Varnishing

		ANNUAL DENTAL VISIT	DENTAL TOPICAL FLUORIDE VARNISHING	
Network	Year Ending	Ages 2 TO 21	3 or More Varnishings Percent	4 or More Varnishings Percent
AccessCare	Sep 2012	61%	64%	48%
Carolina Collaborative Community Care	Sep 2012	63%	40%	27%
Carolina Community Health Partnership	Sep 2012	64%	38%	21%
Community Care of Southern Piedmont	Sep 2012	62%	59%	41%
Community Care of the Lower Cape Fear	Sep 2012	57%	56%	43%
Community Care of the Sandhills	Sep 2012	59%	49%	34%
Community Care of Wake and Johnston Counties	Sep 2012	65%	67%	53%
Community Care of Western North Carolina	Sep 2012	65%	57%	41%
Community Care Partners of Greater Mecklenburg	Sep 2012	62%	50%	34%
Community Care Plan of Eastern Carolina	Sep 2012	55%	47%	33%
Community Health Partners	Sep 2012	64%	55%	41%
Northern Piedmont Community Care	Sep 2012	60%	59%	44%
Northwest Community Care	Sep 2012	65%	61%	47%
Partnership for Community Care	Sep 2012	67%	65%	54%
CCNC Total	Sep 2012	**62%**	**57%**	**42%**

EPSDT Practice Profile
Dental Visits by Ages 2-10

		Ages 2 TO 3			Ages 4 TO 6			Ages 7 TO 10		
Network	Year Ending	Eligible Pts	Visits	%	Eligible Pts	Visits	%	Eligible Pts	Visits	%
AccessCare	Sep 2012	19,803	8,184	**41%**	28,175	18,476	**66%**	24,162	16,769	**69%**
Carolina Collaborative Community Care	Sep 2012	3,990	1,811	**45%**	5,450	3,766	**69%**	5,013	3,646	**73%**
Carolina Community Health Partnership	Sep 2012	2,048	826	**40%**	2,828	1,956	**69%**	2,806	2,041	**73%**
Community Care of Southern Piedmont	Sep 2012	4,537	2,087	**46%**	6,618	4,367	**66%**	5,827	4,034	**69%**
Community Care of the Lower Cape Fear	Sep 2012	5,565	1,948	**35%**	8,090	5,020	**62%**	6,883	4,548	**66%**
Community Care of the Sandhills	Sep 2012	5,131	2,073	**40%**	7,561	4,713	**62%**	6,605	4,408	**67%**
Community Care of Wake and Johnston Counties	Sep 2012	9,065	4,554	**50%**	12,685	8,802	**69%**	9,822	7,232	**74%**
Community Care of Western North Carolina	Sep 2012	4,840	2,493	**52%**	6,891	4,775	**69%**	5,867	4,356	**74%**
Community Care Partners of Greater Mecklenburg	Sep 2012	11,980	5,762	**48%**	16,938	11,257	**67%**	14,193	10,060	**71%**
Community Care Plan of Eastern Carolina	Sep 2012	11,240	3,719	**33%**	16,427	10,347	**63%**	14,731	9,744	**66%**
Community Health Partners	Sep 2012	3,023	1,409	**47%**	4,239	2,877	**68%**	3,743	2,705	**72%**
Northern Piedmont Community Care	Sep 2012	4,999	2,449	**49%**	6,992	4,633	**66%**	5,878	3,921	**67%**
Northwest Community Care	Sep 2012	8,027	3,701	**46%**	11,561	8,063	**70%**	10,102	7,574	**75%**
Partnership for Community Care	Sep 2012	7,017	3,710	**53%**	9,931	7,102	**72%**	8,857	6,524	**74%**
CCNC Total	**Sep 2012**	**101,265**	**44,726**	**44%**	**144,386**	**96,154**	**67%**	**124,489**	**87,562**	**70%**

EPSDT Practice Profile
Dental Visits By Ages 7-21

		Ages 7 TO 10			Ages 11 TO 14			Ages 15 TO 18			Ages 19 TO 21		
Network	Year Ending	Eligible Pts	Visits	%	Eligible Pts	Visits	%	Eligible Pts	Visits	%	Eligible Pts	Visits	%
AccessCare	Sep 2012	24,162	16,769	69%	21,080	14,125	67%	16,093	9,436	59%	2,094	1,002	48%
Carolina Collaborative Community Care	Sep 2012	5,013	3,646	73%	4,440	2,961	67%	3,699	2,181	59%	838	355	42%
Carolina Community Health Partnership	Sep 2012	2,806	2,041	73%	2,607	1,817	70%	2,088	1,312	63%	320	162	51%
Community Care of Southern Piedmont	Sep 2012	5,827	4,034	69%	5,130	3,394	66%	3,765	2,136	57%	626	288	46%
Community Care of the Lower Cape Fear	Sep 2012	6,883	4,548	66%	6,103	3,794	62%	5,097	2,894	57%	927	427	46%
Community Care of the Sandhills	Sep 2012	6,605	4,408	67%	5,924	3,820	65%	4,630	2,587	56%	746	356	48%
Community Care of Wake and Johnston Counties	Sep 2012	9,822	7,232	74%	8,192	5,805	71%	6,143	3,700	60%	782	384	49%
Community Care of Western North Carolina	Sep 2012	5,867	4,356	74%	5,283	3,659	69%	4,059	2,410	59%	591	299	51%
Community Care Partners of Greater Mecklenburg	Sep 2012	14,193	10,060	71%	11,876	8,013	68%	8,946	5,087	57%	1,427	564	40%
Community Care Plan of Eastern Carolina	Sep 2012	14,731	9,744	66%	13,048	7,623	58%	10,753	5,396	50%	2,040	861	42%
Community Health Partners	Sep 2012	3,743	2,705	72%	3,459	2,404	70%	2,772	1,692	61%	525	298	57%
Northern Piedmont Community Care	Sep 2012	5,878	3,921	67%	5,108	3,146	62%	4,031	2,141	53%	826	389	47%
Northwest Community Care	Sep 2012	10,102	7,574	75%	8,781	6,238	71%	6,771	4,106	61%	1,115	544	49%
Partnership for Community Care	Sep 2012	8,857	6,524	74%	7,543	5,324	71%	5,521	3,380	61%	710	326	46%
CCNC Total	**Sep 2012**	**124,489**	**87,562**	**70%**	**108,574**	**72,123**	**66%**	**84,368**	**48,458**	**57%**	**13,567**	**6,255**	**46%**

Dental Varnishing continued

Evidence is that children who receive 4 or more varnishing treatments do best.

Resources:

- NC Health Check Billing Guide
- www.ncdhhs.gov/dph/oralhealth/partners/IMB.htm

Dental Varnishing Rates

Table 2. Dental Topical Fluoride Varnishing

	Dental Varnishing (3+)			Dental Varnishing (4+)			
Report Period	Eligible Patients (Denominator)	Patients with 3+ Claims for Varnishing (Numerator)	CCNC Results	Eligible Patients (Denominator)	Patients with 4+ Claims for Varnishing (Numerator)	CCNC Results	Total Varnishings
Year-Ending Sept. 2010	26,568	13,638	51%	26,568	9,496	36%	75,570
Year-Ending Dec. 2010	27,732	14,493	52%	27,732	10,236	37%	80,036
Year-Ending Sept. 2011	29,609	16,212	55%	29,609	11,844	40%	90,055
Year-Ending June 2012	34,220	19,115	56%	34,220	13,991	41%	105,862
Year-Ending Sept. 2012	34,661	19,695	57%	34,661	14,516	42%	109,572

Category A

- 14 Pediatric QI Specialists, one in each of the CCNC Networks
- QIS are responsible for provider outreach
  - Review quality indicators
  - Assist practices in quality improvement
- QIS identified varnishing as a top priority for improvement and expansion
- All have been trained on IMB and use of the PORRT
- QIS assist with practice trainings, using the IMB/PORRT Toolkit

Community Care of North Carolina

CCNC Pediatrics: Oral Health

Main Objectives:

- Increase rates of dental varnishing.
- Primary Care Providers routinely look into the mouth using a risk assessment tool.
- Link children to a dental home.

Key Points

What is Dental Varnishing? Dental varnishing is a topical fluoride application that is applied to erupted teeth in the primary care setting. The visit also includes oral evaluation and parent/caregiver education. Physicians and nurses may apply the varnish.

Why should Providers Varnish? Access- The AAP recommends "every child should have a dental home established by 1 year of age." The reality is that 89% of children in this age group see a physician at least once yearly while only 1.5% sees a dentist. This points to the importance of a **risk assessment screen** in primary care.

Frequency? Fluoride varnish can be applied to infants and toddlers teeth up to **6 times by age 3 ½ or through age 41 months**. Application can take place during well or sick visits and at an optimal frequency of every 3-4 months (minimum of 60 day interval between procedures).

Evidence? Research shows that children having 4 or more varnishings before their 3rd birthday have the most benefit by reducing cavities and the need for dental fillings.

Screening and Referrals

Evidence of screening and appropriate dental referral are components of the Into the Mouths of Babes program. The following are approved screening tools:

- NC Priority Oral Risk Assessment and Referral Tool (PORRT)
- Bright Futures Oral Health Risk Assessment Tool

Billing, Coding, and Reimbursement

Dental Varnish Visit:	Reimbursement
D0145: Oral Evaluation & Counseling to Caregiver	$35.62
D1206: Application of Dental Varnish	$15.72

The goal is to reduce the incidence of early childhood tooth decay in North Carolina by assessing for oral risk in primary care, applying varnish, and linking children to a dental home.

CHIPRA One-Pager

Category C

The NC Medical Home Project - *CHIPRA Connect*

- Learning Collaborative Model
- Main areas of focus:
  - Social/emotional/developmental/behavioral/mental health screening, referral and co-management
  - Use of validated screens for ages 0-20 including maternal depression screening
  - **Oral Health**
  - Obesity Prevention
- Strong focus on building community resources & *relationships* in order to provided *comprehensive* & *coordinated* care

CHIPRA CONNECT TEAM PROVIDES…

- Weekly TA to Quality Improvement Coaches
- Monthly Clinical Content Training and Review of Practice Run Chart Data
- Learning Sessions:
  - AAP Mental Health Toolkit
  - ADHD
  - Foster Care
  - Obesity Prevention
  - **Oral Health (Risk Screen, Dental Home and Varnishing)**
  - Risk Stratification
- Maintenance of Certification –Part IV
  - Comprehensive Adolescent Preventive Care
  - Maternal Depression
  - **Oral Health**

Documentation: PORRT

NC Priority Oral Risk Assessment and Referral Tool - PORRT

Today's date: ___ ___ / ___ ___ / ___ ___

Child's MID# ___ ___ ___ -- ___ ___ -- ___ ___

Child's last name:

Birth date: ___ ___ / ___ ___ / ___ ___ (month / day / year)

Child's first name:

Child's middle name:

Parent/Guardian's relationship to child: ❑1 Mom ❑2 Dad ❑3 Grandparent ❑4 Other (specify)_____

PRACTICE NAME:

PROVIDER NAME:

A. Questions for Parent/Guardian

	Yes1	No2	Referral Recommendation
1. Do you brush your child's teeth at least once a day using toothpaste with fluoride?			If 3 or more risk factors (shaded boxes) are marked, refer to a Dentist.
2. Does your child drink fluoridated water?			
3. Does your child drink juice or sweetened drinks between meals or eat sugary snacks?			
4. Have you or anyone in your immediate family had dental problems?			
5. Does your child sleep with a bottle filled with drinks other than water?			

6. Is the child currently being seen by a dentist? ❑1 Yes ❑2 No

If yes, name of dentist:

Date of last appointment: ___ ___ / ___ ___ / ___ ___ (month / day / year)

B. Questions for Provider Based on Clinical Assessment

	Yes1	No2	If Yes, Refer to a
7. Does the child have any special health care needs?			Dentist
8. Does the child have cavities? (cavitated lesions)			Dentist
9. Does the child have visible plaque on the teeth?			Consider other risks
10. Does the child have enamel defects?			Dentist
11. Does the child have white spot lesions? (non-cavitated lesions)			Dentist
12. Does the child have any other oral conditions of concern?			Dentist

13. Please check procedures performed today: ❑1 Oral evaluation ❑1 Fluoride Varnish ❑1 Parent Education

14. Was the child referred to a dentist? ❑1 Yes ❑2 No

a. If YES, name of dentist:

Provider Signature:

C. This section is to be completed by the Dental Office and faxed back to the referring physician

1. Date of dental appointment ___ ___ / ___ ___ / ___ ___ (month / day / year)
2. Did the patient show up for dental appointment? ❑1 Yes ❑2 No
3. Did patient call to cancel the appointment? ❑1 Yes ❑2 No
   a. If yes, what reason was given?
4. Brief summary of dental findings:
5. Next dental appointment: Date: ___ ___ / ___ ___ / ___ ___ Time:

PORRT Section A
Questions for Parent/Guardian

A. Questions for Parent/Guardian			
	Yes$_1$	**No$_2$**	**Referral Recommendation**
1. Do you brush your child's teeth at least once a day using toothpaste with fluoride?			If 3 or more risk factors (shaded boxes) are marked, refer to a Dentist.
2. Does your child drink fluoridated water?			
3. Does your child drink juice or sweetened drinks between meals or eat sugary snacks?			
4. Have you or anyone in your immediate family had dental problems?			
5. Does your child sleep with a bottle filled with drinks other than water?			
6. Is the child currently being seen by a dentist? ❑$_1$ Yes ❑$_2$ No			
If yes, name of dentist:	Date of last appointment: __ __ / __ __ / __ __ (month / day / year)		

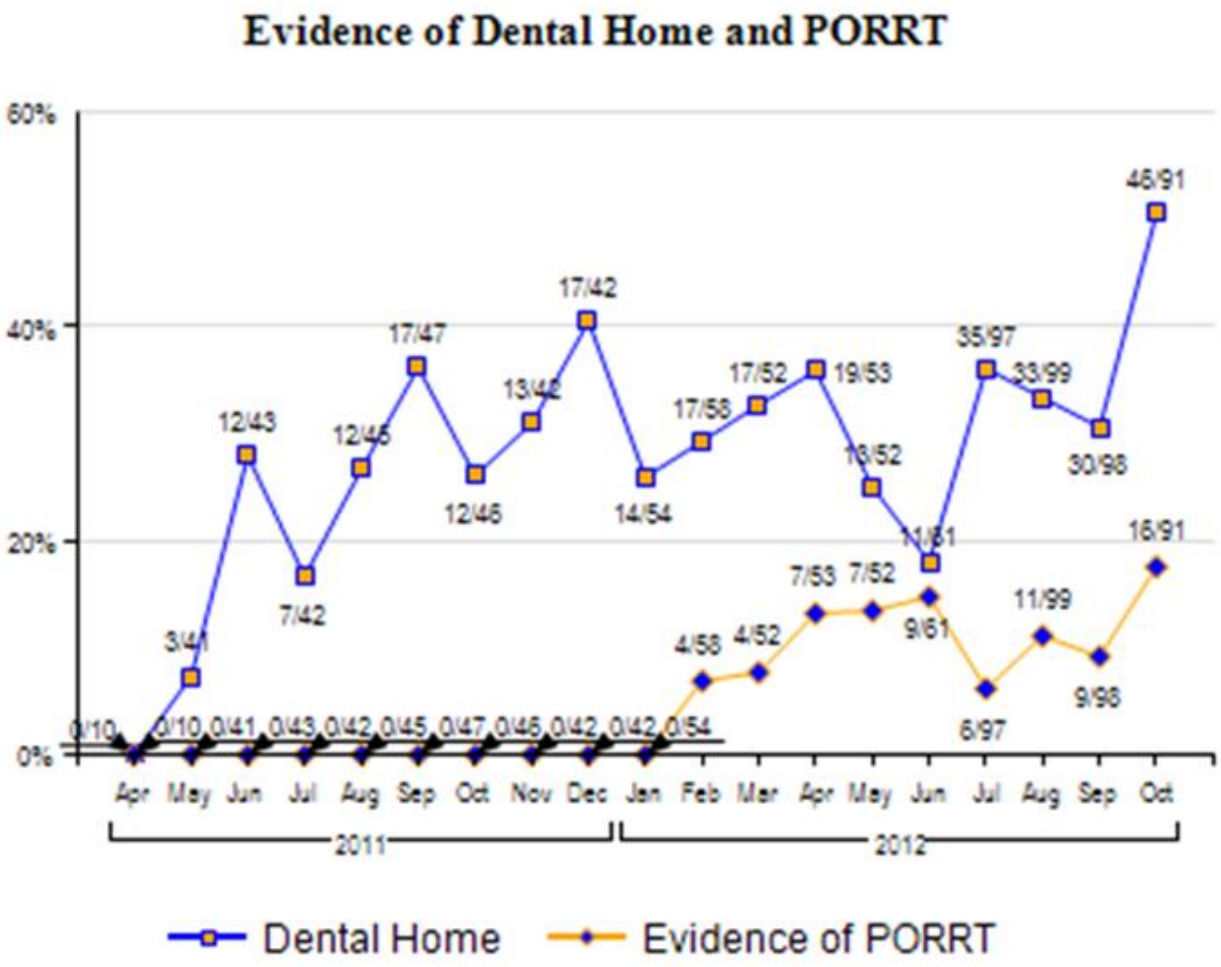
PORRT Section B
Questions for Provider Based on Clinical Assessment

B. Questions for Provider Based on Clinical Assessment			
	Yes$_1$	**No$_2$**	**If Yes, Refer to a**
1. Does the child have any special health care needs?			Dentist
2. Does the child have cavities? (cavitated lesions)			Dentist
3. Does the child have visible plaque on the teeth?			Consider other risks
4. Does the child have enamel defects?			Dentist
5. Does the child have white spot lesions? (non-cavitated lesions)			Dentist
6. Does the child have any other oral conditions of concern?			Dentist
7. Please check procedures performed today: ❑$_1$ Oral evaluation ❑$_1$ Fluoride Varnish ❑$_1$ Parent Education			
8. Was the child referred to a dentist? ❑$_1$ Yes ❑$_2$ No			
a. If YES, name of dentist:			
Provider Signature:			

PORRT Section C Referral

C. This section is to be completed by the Dental Office and faxed back to the referring physician
1. Date of dental appointment ___ ___ / ___ ___ / ___ ___ month day year
2. Did the patient show up for dental appointment? ❑1 Yes ❑2 No
3. Did patient call to cancel the appointment? ❑1 Yes ❑2 No
i) If yes, what reason was given?
4. Brief summary of dental findings:
Next dental appointment: Date: ___ ___ / ___ ___ / ___ ___ month day year Time: Carolina Dental Home March 2010

Two Year Olds

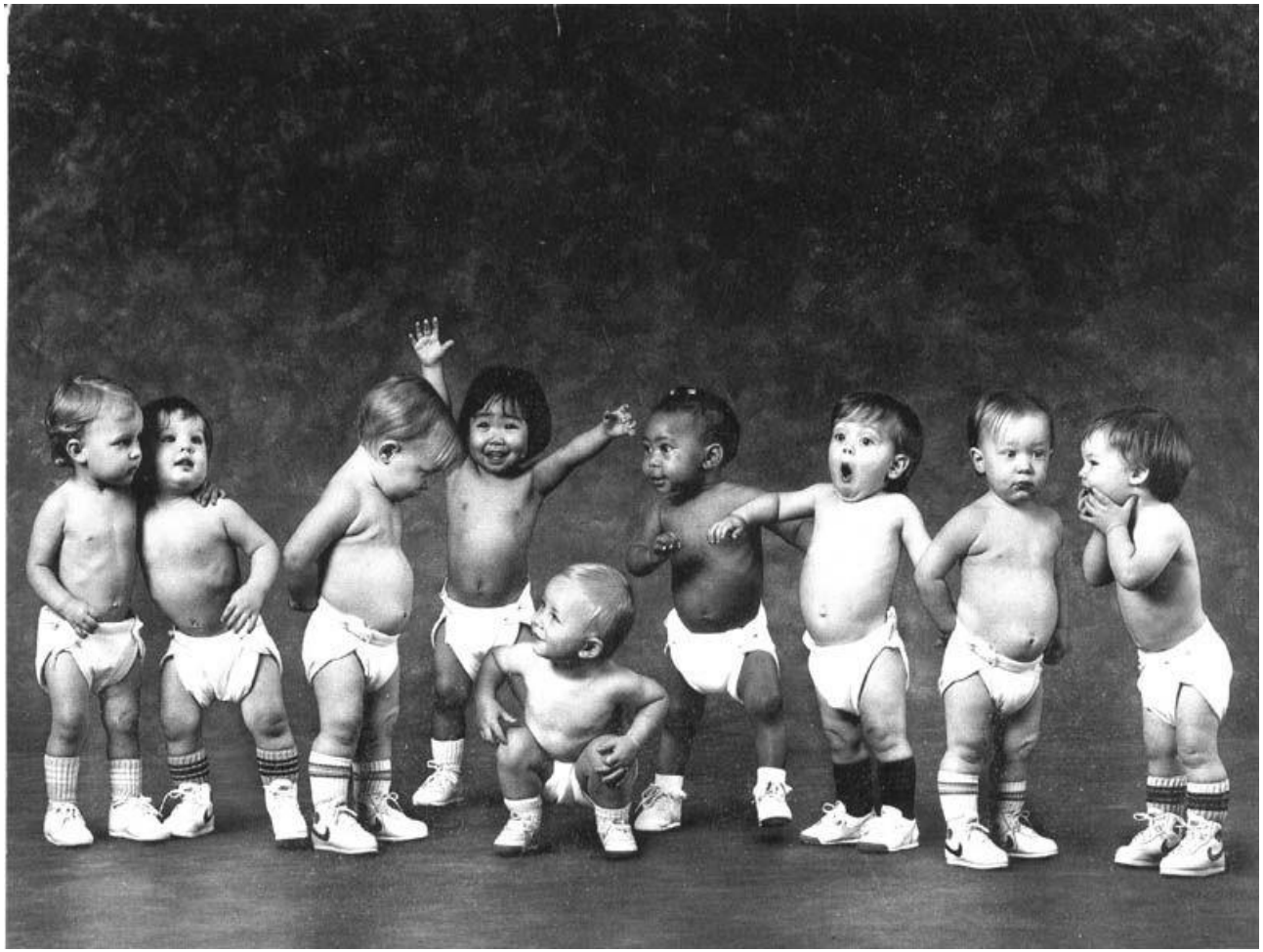


Our goal is to put the Mouth back in the Head and put the head back on the body

NC CATEGORY D – MODEL PEDIATRIC ELECTRONIC HEALTH RECORD GOALS:

- Industry-wide increase in understanding and knowledge of information technology's role in child health care.
- Improvement in the pediatric content and functionality of current and future EHR products.
- Child health care quality improvement.
- Evaluation of the effectiveness of the Model Children's EHR Format in accomplishing goals 1, 2 and 3.

Pediatric Electronic Health Record Evaluation

Quality Improvement Indicator Grid				
Quality Improvement Measure Category	**CCNC's QMAF Claims Data**	**CCNC's QMAF Chart Audit Data**	**CHIPRA C - Chart Extraction Data**	**CHIPRA D - CEHR Reporting**
Obesity Prevention	BMI V codes		BMI Percentile	BMI Percentile
			Evidence of Counseling	Evidence of Counseling
				Blood Pressure Percentiles
Oral Health	Annual Dental Visit		Evidence of a Dental Home	Evidence of a Dental Home
	Varnishing rates			Varnishing rates
			Oral Health Risk Screen & Counseling	Oral Health Risk Screen & Counseling
Developmental and Behavioral Health			Maternal Depression Screen	Maternal Depression Screen
	0-5 year old screen (ABCD & Autism)		2 year old (ABCD and Autism screens)	0-5 year old screen (ABCD & Autism)
	6-11 year old screen		6-11 year old screen	6-11 year old screen
	11-20 year old screens		11-20 year old screens	11-20 year old screens
			Screening score, results discussed, referral made & feedback documented	
Early, Periodic, Screening, Diagnosis and Treatment (EPSDT)	Well Child Visit - 15 months			Well Child Visit - 15 months
	Well Child Visit - 3 to 6 year olds			Well Child Visit - 3 to 6 year olds
	Well Child Visit - 7 to 11 year olds			Well Child Visit - 7 to 11 year olds
	Well Child Visit - Adolescent Annual Visit			Well Child Visit - Adolescent Annual Visit
	Vision - 3 to 10			Vision - 3 to 10
	Hearing - 4 to 10			Hearing - 4 to 10
				2 year old Immunizations
			Adolescent Immunizations	Adolescent Immunizations
Asthma		Cont. Care Visit with Assess. of Symptoms		Cont. Care Visit with Assess. of Symptoms
		Action Plan		Action Plan
		Assessment of Environmental Triggers		Assessment of Environmental Triggers
		Appropriate Pharmacological Therapy		Appropriate Pharmacological Therapy
	Beta Agonist Overuse			
	Suboptimal Control & Absence of Controller Therapy			
	Asthma ED Visits			
	Asthma Hospitalizations			

For these are all our children. We will all profit by or pay for whatever they become