

Chapter 3: Increasing Preventive Care Utilization

Recommendation 3.1: Increase Outreach and Education to Families of Young Children about the Importance of Oral Health Services

The Division of Medical Assistance (DMA) and the Oral Health Section of the Division of Public Health should:

- a) Educate agencies and organizations that interact with pregnant women and young children and their families about how to maintain good oral health for infants and young children, the importance of seeking dental services for children beginning at age 1, and to help link young children, particularly those at high-risk, to dental homes. Outreach efforts should include the following agencies and organizations:
 - 1) Programs serving young children and their parents including local Departments of Social Services, Community Care of North Carolina, local health departments, early care and education providers, Head Start, SmartStart, the North Carolina PTA, the faith community, and others.
 - 2) Programs serving pregnant women and their partners, including WIC and prenatal/birth education classes, offered through health departments, hospitals, local Departments of Social Services, and others.
 - 3) Health care professionals serving pregnant women and their partners and young children, including OB-GYNs, family physicians, pediatricians, certified nurse midwives, physician assistants, and nurse practitioners.
- b) DMA should develop a one page document that summarizes the major Medicaid and NC Health Choice dental benefits and information on how young children can receive oral care. DMA should partner with other organizations and agencies to distribute this information to families. Partnering organizations should include those listed above as well as schools, community based organizations, and others.

Recommendation 3.2: Support Dental Care Coordination by North Carolina Community Care Networks

The Division of Medical Assistance and the North Carolina Community Care Networks should examine whether an additional per member per month payment (pmpm) is needed to expand the capacity of Health Check Coordinators to help families with children enrolled in Medicaid or NC Health Choice understand the importance of oral health and connection to a dental home. The pmpm payment should be increased accordingly if additional resources are warranted.

Recommendation 3.3: Increase the Participation of Dentists in Medicaid and NC Health Choice

The North Carolina Dental Society (NCDS) should:

- a) Partner with the Division of Medical Assistance (DMA) to encourage more dentists to participate in Medicaid and NC Health Choice by:
 - 1) Providing information in the NCDS Gazette about the importance of treating patients enrolled in Medicaid and NC Health Choice.
 - 2) Highlighting dental champions that actively participate in Medicaid and NC Health Choice who can make the business case for participation.
 - 3) Identifying NCDS leaders who can encourage other dentists to participate in Medicaid and NC Health Choice.
- b) Partner with DMA to increase the willingness of general dentists to treat young patients. The NCDS can help by:
 - 1) Conducting focus groups or otherwise seeking information from dentists about barriers to treating young children.
 - 2) Identifying local dental champions that can encourage other general dentists in their area to treat young children enrolled in Medicaid and NC Health Choice.
 - 3) Creating a referral system of pediatric dentists willing to take referrals of children with more complex dental needs and/or more difficult behavioral problems.

- 4) **Encouraging dentists to reach out to pediatricians and family physicians in their community to encourage them to use the Priority Risk Assessment and Referral Tool, and to create referral networks into dental homes.**

Recommendation 3.4: Reduce Barriers to Participating in Medicaid and NC Health Choice

- a) **The Division of Medical Assistance (DMA) should encourage more dentists to participate in Medicaid by reducing administrative barriers, including conducting outreach to dentists to help them understand the enrollment, certification, and other administrative processes involved with Medicaid.**
- b) **The North Carolina General Assembly should modify Session Law 2011-399 to change the classification of dentists from moderate to low categorical risk providers.**
- c) **DMA should revise their policies so that solo incorporated dentists and group dental practices are not charged the federal application fee.**
- d) **DMA should study the likely impact on dental participation, before making any changes to the Medicaid and NC Health Choice payment structure for dentists, including, but not limited to, moving from fee-for-service to capitation. DMA should not take any steps that would adversely impact on participation.**

Chapter 4: Promoting and Increasing Sealant Utilization Strategies

Recommendation 4.1: Increase Reimbursement for Dental Sealants

The Division of Medical Assistance (DMA) should explore changes in Medicaid payment policies to increase reimbursement to the 75th percentile of a commercial dental benchmark for dental sealants. DMA should explore the possibility of increasing payments for sealants using a pay-for-performance model or other reimbursement strategy that is based, in part, on the number of children eligible for Medicaid or NC Health Choice ages 6 through 9 who receive a sealant on a permanent molar.

Recommendation 4.2: Allow Reapplication of Sealants When Medically Necessary

- a) **The North Carolina Dental Society should educate dentists about EPSDT and the ability to seek an exception from regular coverage policy to obtain reimbursement for the reapplication of sealants when medically necessary.**
- b) **The Division of Medical Assistance Physician Advisory Group should create new coverage policies for Medicaid and NC Health Choice to allow reapplication of sealants on the same tooth when medically appropriate.**

Recommendation 4.3: Increase Private Sector Efforts to Encourage Dentists to Provide Sealants for Medicaid and NC Health Choice Participants

- a) **The North Carolina Dental Society (NCDS) should promote the use of dental sealants and disseminate information about the efficacy of sealants by:**
 - 1) **Including periodic articles in the gazette and in their electronic communications about sealant research. These communications should also highlight dentists who have placed sealants on a high proportion of Medicaid and NC Health Choice children. These stories should highlight the use of dental hygienists and dental assistant 2s in placing sealants, and show how these practices can generate profits even with relatively low Medicaid reimbursement rates.**
 - 2) **Identifying dental opinion leaders who can help promote the use of sealants. This may include members of the NCDS Board of Directors or other dental opinion leaders who can help sway the opinions of general practitioners. These leaders can attend local dental society meetings and promote the use of dental sealants. The NCDS or local dental societies should offer Continuing Education (CE) credits to encourage dentists to attend these meetings.**
 - 3) **Creating a dental video, hosted on the NCDS website, about the science behind sealants and information about how to properly place sealants. NCDS should seek continuing education (CE) credits for the video so that dentists and dental hygienists could view the video as part of their CE requirements.**

- b) NCDS, in partnership with Old North State Dental Society and the North Carolina Dental Hygiene Association (NCDHA), should expand existing efforts to provide sealants to children through the Give Kids a Smile/ MOMs effort.**
- c) To assist NCDS in identifying dental champions, as well as communities where greater outreach and education is needed, the North Carolina Division of Medical Assistance should provide data to the NCDS about:**
 - 1) Pediatric and general dental practices that have placed sealants on a high percentage of their young (child) patients eligible Medicaid or NC Health Choice**
 - 2) Counties that have a very low percentage of children eligible for Medicaid or NC Health Choice who have received sealants**
 - 3) Other organizations, such as the North Carolina Area Health Education Centers and NCDHA, that provide continuing education for dental professionals, should increase their focus on sealants.**

Recommendation 4.4: Educate Primary Care Providers about Sealants

The Division of Medical Assistance, Oral Health Section of the Division of Public Health, North Carolina Dental Society, Old North State Dental Society, North Carolina Academy of Pediatric Dentists, North Carolina Pediatric Society, North Carolina Academy of Family Physicians, the North Carolina Medical Society, Old North State Medical Society, Area Health Education Centers, and North Carolina Community Care Network should expand or create continuing education opportunities for primary care professionals to educate them on sealants. To accomplish this, these organizations should:

- a) Develop a one page primer on sealants for primary care providers.**
- b) Conduct outreach to primary care providers who are involved in the Into the Mouths of Babes program (IMB) and other primary care professionals, to educate them about the importance of sealants, and encourage them to educate the parents or caretakers of the children in their practice about the importance of having sealants placed on their children's permanent molars.**
- c) Expand the role of the CHIPRA quality improvement specialists who are promoting oral health among CCNC practices to also promote the use of sealants.**

- d) **Encourage pediatric dentists to reach out to primary care providers to educate them about the importance of dental sealants.**
- e) **Develop one-page educational materials about dental sealants that can be given to parents in pediatric or family practices, and/or create posters that could be posted in exam rooms.**

Chapter 5: The Roll of Primary Care Providers

Recommendation 5.1: Encourage Primary Care Providers to Promote Oral Health

The Division of Medical Assistance (DMA) and the North Carolina Community Care Network (NCCCN), including the CHIPRA quality improvement specialists, should continue to work with primary care providers (PCPs) who treat children and pregnant women and their partners to help them further encourage families with children to obtain oral health services.

- a) **DMA and NCCCN should develop and disseminate guidelines that specify oral health expectations for primary care professionals. These guidelines should encourage PCPs to:**
 - 1) **Provide families with education and counseling about the importance of oral health, including preventive oral health visits for all children, and sealants for children starting with the emergence of molars.**
 - 2) **Help link children to a dental home beginning at age 1.**
 - 3) **If there are not sufficient dentists available in the community who see very young children, then :**
 - i) **Refer children at higher risk, as determined by the Priority Oral Health Risk Assessment and Referral Tool (PORRT) or similar tool, to a dentist at age 1;**
 - ii) **Manage children identified as lower risk , as determined by the PORRT or similar tool, through routine risk assessment, counseling, and application of varnish, and then refer them to a dental home no later than age three.**
 - iii) **Refer young children with significant oral health problems or behavioral health problems to pediatric dentists or other appropriately trained dentists (if available).**

- 4) For children ages 4 and older:**
 - i) Conduct an oral evaluation and oral health counseling, as part of a complete physical examination.**
 - ii) Assure a dental home. If the child does not have a dental home, refer to a dentist.**
 - iii) Prescribe fluoride supplementation when appropriate as specified by the US Preventive Services Task Force and the American Dental Association.**
- a) Support on-going efforts to expand outreach and education for primary care providers to encourage them to participate in the Into the Mouths of Babes program.**
- b) As part of the pregnancy medical home,**
 - 1) NCCCN should develop a care alert to trigger a dental visit during pregnancy.**
 - 2) OB-GYNs and family physicians should be educated about the importance of educating pregnant women and their partners about the connection between the caregivers' oral health and that of the child, as well as the importance of establishing a dental home.**

Recommendation 5.2: Create Systems for Greater Collaboration between Primary Care Providers and Dental Professionals

The Division of Medical Assistance, Oral Health Section of the Division of Public Health, North Carolina Community Care Network (NCCCN), North Carolina Dental Society, North Carolina Academy of Pediatric Dentists, Old North State Dental Society, North Carolina Pediatric Society, North Carolina Academy of Family Physicians, and North Carolina Area Health Education Centers Program, should create systems for greater collaboration between professionals. These organizations, and other appropriate partners, should work together to:

- a) Create a formal referral system, encouraging primary care providers to send a referral to the child's dental home, and encouraging dentists to send treatment records back to the PCP.**

- b) Explore ways to open up the NCCCN provider portal or other mechanisms to exchange clinical information such as shared electronic health records.**
- c) Encourage “mixers,” video webinars, or joint local meetings or educational opportunities to create opportunities for collaboration between dental professionals and medical professionals.**

Chapter 6: Crosscutting Recommendations

Recommendation 6.1: Maintain the Structure of the Oral Health Section and Increase Funding for Public Health Dental Hygienists

- a) The North Carolina General Assembly should maintain the structure of the Oral Health Section of the Division of Public Health (OHS), including dental hygienists, in order to meet the Centers for Medicaid and Medicare Services goals of increasing preventive dental services and increasing utilization of sealants among children ages 6 to 9.**
- b) The North Carolina General Assembly should increase funding to OHS, in order to hire additional dental hygienists who can provide preventive oral health services in schools, help link children with oral health problems to a dental home, participate in oral health surveillance activities, and otherwise promote oral health among children.**

Recommendation 6.2: Require Limited Service Dental Providers to Provide Comprehensive Dental Services

The Division of Medical Assistance and the Physician Advisory Group should examine current dental payment policies to support dental homes that provide continuity of care and comprehensive oral health services. Payment policies should ensure that dental providers who offer diagnostic and preventive services, but not comprehensive restorative care:

- a) Have referral systems to refer patients to dental homes that can offer comprehensive oral health services.**
- b) Transfer the appropriate diagnostic records, including oral health images, to the dental home in a timely manner.**

Recommendation 6.3: Pilot Private Dental Practice School-Based Programs

- a) **The North Carolina Dental Society, Oral Health Section of the Division of Public Health, and Division of Medical Assistance should seek funding to create school-based pilot programs to provide screenings, preventive services, and sealants. For this pilot:**
- 1) Dental practice would serve as the dental home.**
 - 2) Dental hygienists would need additional training and to be certified to provide reversible preventive procedures under general supervision (without having a dentist physically present at the schools or requiring prior exam from a dentist).**
 - 3) Dental hygienists and dental assistants employed by the dental office would provide the dental services in schools, and would be supervised, remotely by participating dentist.**
 - 4) Participating practices should work with appropriate partners, such as the oral health section, school nurses, and school-based and school-linked health centers, to help identify appropriate schools with high numbers of at-risk children, obtain parental consent, and create a system of care.**
 - 5) Participating practices and local health departments should work with local school nurses, and, if available, school-based and school-linked health centers, to promote services.**
 - 6) The model should be evaluated after three years. Evaluation should include an assessment of unmet treatment needs. If successful, and financially viable, the model should be expanded across the state, and should be tested for viability in other settings, such as head start, child care centers, primary care offices, etc.**
- b) **The North Carolina Board of Dental Examiners should allow dental hygienists and dental assistants to provide reversible preventive procedures under general supervision (without having a dentist physically present at the schools or requiring prior exam from a dentist) for this pilot.**

Recommendation 6.4: Reduce Barriers for Qualified Out-of-State Dentists

The North Carolina State Board of Dental Examiners (NCSBDE) is charged with regulating dentists in the public interest. Given the relative lack of dental professionals in North Carolina as compared to other states and the ongoing dental shortages in some areas of the state, the NCSBDE should consider opportunities to increase the supply of high quality providers practicing in North Carolina, with special attention to underserved areas and populations. Such opportunities could include, but are not limited, to the following:

- a) Reducing or eliminating the current five year's required practice in another state in order to qualify for a provisional license if the provider is willing to serve underserved populations for that portion of the five years that is waived.**
- b) Creating reciprocity arrangements with other states.**
- c) Accepting more regional dental examinations.**