

"Oral health for all"



February 18, 2015

Dear Quality Council of the State Innovation Model Initiative,

We are writing to discuss the proposed Quality Measures that address oral health.

Background

Young children, particularly in low-income families, continue to suffer high rates of tooth decay. Dental caries in children begins as soon as teeth erupt. Nationally, across all income groups, 17% of 2-4-year-old children have experienced tooth decay and among Connecticut Head Start children nearly 20% have experienced decay.

Rigorous research has shown that tooth decay can be prevented, slowed, or stopped most effectively by early (close to tooth eruption) and frequent applications of fluoride varnish. The United States Preventive Services Task Force (USPSTF) now recommends application of fluoride varnish starting at tooth eruption in primary care practices (Evidence Level B). Yet only 3% of children on Medicaid receive oral health services from their medical providers, despite having multiple well child visits. Very few children on Medicaid under age one have a dental visit.

These issues highlight the reasons for including oral health in the Advanced Medical Home and in quality measures. The Practice Transformation Task Force at last evening's meeting, voted to include oral health risk and disease screening and referral to a dental home as core areas of Emphasis. The obvious follow up to their actions is to provide quality measures for medical homes and resulting referrals within Quality Council recommendations. Significant opportunity is present to improve oral health and hence overall health by promoting low cost preventive strategies that need to be initiated in the primary care setting.

Existing Proposed Measure

At present the only oral health measure included in the proposed set of measures is:

Annual Dental visit:

The percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.

Shortcomings of this measure include:

- Lack of innovation - This measure is already reported in CMS 416 reports.
- Lack of opportunity for improvement – Approximately 70% of children of all ages eligible for EPSDT receive an annual preventive dental visit.
- Failure to focus where improvement can be achieved– Dental prevention starts too late. Only 37% of children under three years receive preventive care (2011 HUSKY A data) and the number is even lower for one-year-olds.
- Failure to focus on the most effective preventive strategies – fluoride varnish is seen as the most effective preventive measure in the younger child age groups. The catch-all term “preventive services” includes multiple services including application of fluoride.
- Failure to focus on the appropriate sources of care – this measure only examines care received in the dental office. Early prevention has to begin in the medical primary care office.

Proposed Measures

A focus on ensuring that our youngest children start preventive oral health care early is most likely to result in long-term changes in oral health. To that end we recommend the following National Quality Forum (NQF) measures be adopted:

NQF Measure 2419:

Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers Time-limit Endorsed

Description: Percentage of children receiving EPSDT examinations from a medical provider who also receive a fluoride varnish from the medical provider. Measure Type: Use of service.

Level of Analysis: Clinician: Group/Practice, Clinician: Individual, Facility, Health Plan, Population: National. Data Source: Administrative Claims.

Comment:

For Connecticut, focusing on 0-2-year-olds would be appropriate as this is the age of greatest impact.

NQF Measure 2528:

Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services—Endorsed

Description: Percentage of enrolled children aged 1-21 years who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year. Measure Type: Process. Level of Analysis: Health Plan, Integrated Delivery System.

Setting of Care: Ambulatory Care: Clinician Office/Clinic. Data Source: Administrative claims.

Comment:

This measure helps examine whether children are establishing a dental home and receiving preventive services. Given that the majority of children will have dental coverage and free preventive services through Medicaid or the Health Insurance Exchange, there should not be major impediments to establishment of preventive dental care. For Connecticut, given the high utilization of preventive dental services in older age groups, focusing on 0-2-year-olds would be appropriate.

Conclusions

Dental caries is the most common chronic disease in children and has impacts on behavioral, developmental, social and overall health. Incorporating oral health quality measures into SIM is critical to improve the overall health of children. With a focus on services that will help the outcomes for children, preventive care is imperative. Implementing fluoride varnish in the medical home is recommended by USPSTF, for prevention but also as reimbursable by Medicaid and private payers. Fluoride varnish application in the medical setting is a good lead to referral to a dental home, which is necessary for long-term oral health. In Connecticut, the vast majority of children now have dental insurance which covers 100% of preventive services, making this service accessible. Hence, counting the fluoride varnish applications in the dental setting helps us track referrals to dental homes. In Connecticut, the vast majority of children now have dental insurance which covers 100% of preventive services, making this service accessible.

If you have questions please do not hesitate to contact us.



Mary Moran Boudreau RDH
Executive Director
Connecticut Oral Health Initiative
175 Main Street
Hartford, CT 06106
860-246-2644 ext. 203
maryb@ctoralhealth.org



Joanna Douglass BDS, DDS
Associate Professor Pediatric Dentistry
UCONN School of Dental Medicine
and
Oral Health Consultant
Connecticut Health Foundation
860-712-7311
douglass@uchc.edu