Infant Oral Health Model in a Federally Funded Family Health Center Setting

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In 2007, Colorado's oral health initiative began with the generous support of many state foundations. This initiative gave itself the name-- Cavity Free at Three. A Cavity Free at Three (CF3) Technical Assistance Team was created to inform the initiative and involved important Colorado stakeholders including dentists, physicians, representatives for the state health department and funding foundations. This team developed the Cavity Free at Three Training. As a pediatrician invested in the oral health of my patients and as an oral health disparity researcher at the University of Colorado, I was asked to serve on the Cavity Free at Three Technical Assistance Team. In July 2009, Colorado Medicaid introduced payment to medical providers for the provision of basic preventive dental services on the premise that that all medical providers who want to provide these services attend a Cavity Free at Three Training. As a consequence, the CF3 Technical Assistance Team became busy providing the CF3 training across the state.

As both a pediatrician at Denver Health and a member of the CF3 Technical Assistance Team, I became Denver Health's Oral Health Champion and have integrated infant oral health into the DH system. Denver Health is an integrated, efficient, high quality Denver's largest safety-net health care system funded by the Bureau of Primary Health Care (Section 330) in the United States and serves as a model for other health care systems across the country. The mission of Denver Health (DH) is to deliver inpatient, emergent and primary care and public health services to Denver residents with a focus on the underserved. DH includes a 477-bed hospital, twelve federally qualified school based clinics, eight federally qualified family health centers, as well as the Denver Public Health Agency. The DH system provides services to almost 40% of Denver's children and a large proportion of the indigent, vulnerable and minority populations in the city and county of Denver. Among DH primary care patients, 88% are below 200% of the federal poverty level, over 35% are uninsured, and over 70% are racial and ethnic minorities. The pediatric clinics and school-based health centers had over 100,000 pediatric visits in 2009. Four of our family health centers have a co-located dental clinic.

Colorado Medicaid and SCHIP reimburse medical providers for oral health instruction (D0145) and fluoride varnish application (D1206) when it is provided at well child care visits to children up to age five. Medicaid does not provide direct reimbursement for these services to medical providers working in a federally funded health care system such as DH. As a federally funded health care system, DH receives a capitated reimbursement rate per member regardless of the content of rendered care. This capitated rate is regularly adjusted to account for an increase in cost of care provided to its members.

As a recipient of Section 330 funding, DH is required to monitor the quality of care it provides. In 2009, infant oral health became a quality improvement indicator with the goal of providing infant oral health to > 75% of DH pediatric patients less than 3 years of age by 2012. The provision of infant oral health includes any visit to a dental provider or the receipt of oral health instruction and fluoride varnish application by a medical provider at a well child care visit. To meet this goal, oral health was incorporated into all well child care visits. A procedure policy and standard work were developed to

facilitate the adoption of the model of care. All of DH's primary care pediatric providers (over 200 providers and support staff) received a ½ day Cavity Free at Three training consisting of infant oral health, perinatal oral health and a hands-on session with scheduled patients, as required by Medicaid. In order to not impact care delivery, these trainings were conducted over many different days.

The DH model of care begins at patient check in. The nurse/medical assistant identifies an eligible child as the child checks in. An eligible child includes a child (0 up to 5 years of age) who is attending a well child care visit who has either Medicaid or SCHIP. Because DH serves a large underserved population, the large majority of patients are insured by either Medicaid or SCHIP and eligible to receive the services. As the child is being checked in, the nurse/medical assistant gathers the history of ever having seen the dentist. This historical data is electronically entered onto the medical encounter form. If the child has ever received a dental visit within the DH system, the encounter form is automatically populated with the date of service. Because infant oral health is so closely matched with the Reach Out and Read (ROR) program and Ages and Stages Development Screening (well child visits from 6 mo-5 years of age), the nurse/medical assistant is trained to grab an oral health kit (child toothbrush, parent toothbrush, gauze, fluoride varnish, fluoridated toothpaste, education card), a ROR book, and the Ages and Stages questionnaire (ASQ) at all age appropriate well child care visits.

The medical provider provides the majority of preventive dental care at the well child care visit. As they take their history, a caries risk assessment is done. The risk questions generally are imbedded in the history and asked when appropriate, e.g. dietary habits are asked when diet is discussed, sleeping with a bottle is asked when discussing sleep, etc. Anticipatory guidance is provided along the way. The child's teeth are examined as part of the physical exam. Either during or at the end of the exam, fluoride varnish is applied to the teeth in the knee to knee position. Additional anticipatory guidance is provided. If the child is in need of a dental visit, a referral is made. Children who have special health care needs and/or rampant caries are referred to the pediatric dentist. All others are referred to a general dentist. The patient is given an oral health handout and a list of dental clinic phone numbers to call. If time allows, a caregiver goal setting tool is used with the parent which focuses on improving their oral health behaviors. The provider documents in the medical record the child's risk for developing caries, the specific risk factors, the provision of care (fluoride varnish application and oral health instruction (OHI)) and dental referral. Billing is completed.

The provision of oral health into well child care visits has been readily adopted by the DH providers. At the first family health center to receive the CF3 training, 91% of children < 3 years of age have either attended a dental visit or received the basic preventive dental services from a medical provider at a well child care visit. The other clinics are also quickly incorporating the care. A formal evaluation of the program is underway.

Next steps:

- A DH Quality Improvement Coach was just hired who will assist in adoption of the care in newly trained clinics.

- Conversations with DH's private insurance provider are underway with the hopes that they will provide infant oral health as a benefit to their members.
- Evaluation of the program includes both qualitative and quantitative methods.
- A new initiative is being formed aimed at increasing the number of Colorado dentists who will treat young children and children insured by Medicaid.