

Improving Fluoride Varnish Utilization through WIC Partnerships in Missouri

When a family enters a local agency offering Women, Infants, and Children (WIC) services, they expect certain benefits, typically nutrition assistance and breastfeeding support, but not oral health treatment. Although fluoride varnish (FV), a simple procedure proven to reduce tooth decay in children, can be administered by a non-dental professional in a matter of minutes, this service is rarely provided in a WIC setting in most states. Missouri is no exception. As of January 2017, only three of Missouri's 114 counties offered fluoride varnish application to WIC children, many of whom are Medicaid and/or Children's Health Insurance Program (CHIP) eligible. Since the service is eligible for Medicaid reimbursement, two oral health leaders in Missouri, John Dane, DDS, and Timothy Kling, MD, FACS, recognized WIC as a prime setting for fluoride varnish application to improve dental access. By doing so, they could increase the numbers of children who received fluoride varnish services without the child setting foot into a dentist's office.

Background and Overview

When a service is inexpensive and effective, there are significant opportunities to create fast and large-scale change within a community while expending a relatively small amount of resources expended. In the oral health field, fluoride varnish is one of these invaluable services. According to the Centers for Disease Control and Prevention (CDC), [evidence](#) for the efficacy of fluoride varnish in controlling dental caries in the permanent teeth of children, especially those at moderate and high-risk, is strong. Furthermore, fluoride varnish applied regularly has been [shown to reduce decay](#) in the primary teeth of young children by halting early active lesions in the enamel.

Administration of the varnish is recommended twice per year for this population. Application typically takes no longer than five minutes to complete. In addition to dentists and dental hygienists, the state of Missouri allows for nurses and physician assistants to apply the varnish under the standing order of a physician.

Given fluoride varnish's ability to decrease caries with few resources required, Missouri-based State Dental Director Dr. Dane and Associate Medical Director Dr. Kling, both recent fellows of the Center for Health Care Strategies [State Oral Health Leadership Institute](#), saw an opportunity to increase the application of FV in non-dental settings frequented by the Medicaid population. With Dr. Kling working within the state's Medicaid division, MO HealthNet, at the Department of Social Services and Dr. Dane co-located at MO HealthNet and the Department of Health and Senior Services, the pair

IN BRIEF

This case study is a product of the *State Oral Health Leadership Institute* (SOHLI), an initiative of the DentaQuest Foundation directed by the Center for Health Care Strategies that brings together state Medicaid dental program directors and state oral health program directors to advance shared goals. SOHLI is a professional development program that instills participating state pairs with leadership and policy knowledge with a strong focus on cross-departmental collaboration. John Dane, DDS, and Timothy Kling, MD, FACS, recent SOHLI fellows, partnered with WIC programs across Missouri to promote the application of fluoride varnish in non-dental settings in order to increase the utilization of this service by low-income children.

knew that they would need buy-in from their leadership in both departments and the commitment of a public health partner. They found partners in several WIC programs throughout the state and the state's Medicaid managed care plans.

In order to achieve their goal of increasing FV applications in a non-dental setting, Dr. Dane and Dr. Kling had to: (1) gain support from their leadership; (2) demonstrate the feasibility of their idea; (3) build relationships with local public health agencies (LPHAs); and (4) identify ways to sustain their efforts over time.

Following are the collaborative steps that the two state leaders took to increase FV applications in WIC locations:

1. Cementing Buy-in to Run Initial Demonstration

Their initial goal was to establish a demonstration pilot in Missouri to collect data on the feasibility of their approach to support broader implementation. By harnessing data from a one-day demonstration to support their proposal, they hoped local county public health agencies, in which WIC programs are housed, would jump on board. With this mindset, Dr. Dane and Dr. Kling began the process of building enthusiasm around the pilot.

Dr. Kling and Dr. Dane embraced the opportunity to speak with leadership in their respective departments. When asked about the key to securing buy-in, Dr. Dane stressed the importance of having an elevator pitch ready to go. "You don't get opportunities to talk to decision-makers very often, so you need to have something to talk about. What can you say about the program and where are you having an impact — it should be quick and short — 30 seconds to a minute long to stir some interest." Through their willingness to spend time sharing their ideas and learning about what it would take to make their idea work for their respective audiences, Dr. Dane and Dr. Kling were able to cement key relationships.

With enthusiasm building, the fellows sought a partner for a one-day demonstration. They worked with the Missouri School of Dentistry and Oral Health at the A.T. Still University in Kirksville, Missouri. Dental students posted within a local county health department were able to provide fluoride varnish to approximately 40 WIC children; over half were Medicaid and/or CHIP eligible. Through this small pilot, Dr. Dane and Dr. Kling were able to calculate that it was possible to receive enough reimbursement through fluoride varnish application to at least break even in equipment cost. With this data, the two state leaders secured WIC partnerships as well as funding to cover start-up costs.

2. Forging Relationships with County Health Department WIC Programs

Next, the fellows proceeded to build connections with LPHAs across the state. From their initial outreach, 10 WIC programs expressed interest in including fluoride varnish application as a part of their provided services, and three programs were already doing so. Despite initial interest from WIC partners, the fellows faced challenges to securing a commitment. The pair spent time with WIC programs to learn how to get the program off the ground in each LPHA. They were able to address various barriers, including:

- ***Working within Varying Structures of WIC***

WIC, a federal program, is administered by the Department of Health and Senior Services in Missouri. WIC services, however, reside within LPHAs. This layered organizational structure made it difficult in some cases to determine who had authority to make a commitment to WIC-administered FV services. The fellows found that although an office's WIC staff may be enthusiastic, the key decision-maker might be located elsewhere within the county's agency.

Another challenge faced was the ability of each LPHA's office to accommodate a space for individuals to apply fluoride varnish services. The FV application must be conducted in a separate space from the main office. Some of the offices, despite interest, simply did not have the space to house the program without significantly disrupting the flow of other services.

■ *Educating Clinics on Medicaid Policy*

Prior to conducting outreach, the fellows assumed all WIC agencies were utilizing or at least were familiar with Medicaid as a tool for reimbursing services. They found that this was not always the case. Before they could describe their fluoride varnish application proposal, they had to first educate potential partners on Medicaid financing and benefits. Out of this education came an unexpected benefit: agencies that had not leveraged Medicaid reimbursement for other already-dispensed benefits, such as vaccinations, learned how to become providers and bill for those services.

As of October 2018, the fellows have worked with three WIC programs to administer FV to their WIC children. Dr. Dane and Dr. Kling shared a starter packet of information with each participating LPHA. The packet included: (1) an information sheet for WIC beneficiaries describing fluoride varnish; (2) a tally sheet for WIC to record the number of children receiving FV and their insurance status; (3) a short fact sheet describing the objective and process for implementation; (4) a list of sources for fluoride varnish purchase; (5) sample tear-off sheets for parents or guardians to receive after the application of FV on their child; and (5) a sample letter for WIC to share with parents or guardians to receive permission to apply FV services (**exhibit 1**). The fellows have not yet received data on the use of FV in the three agencies but look forward to analyzing the data and are hopeful about seeing increased FV applications.

Exhibit 1. Sample WIC Letter

Dear Parent or Guardian,

A preventive oral health program is available through *(add your LPHA information)*. This program is offered to **all** children, including those who receive regular dental care.

A trained staff member will apply a thin coating of fluoride varnish to your child's teeth as a preventive measure against tooth decay. This thin coating of fluoride varnish can be applied **twice** during the year. Fluoride varnish has been proven safe and effective in preventing and reversing small areas of early tooth decay. This preventive program also includes a free toothbrush and oral health information.

This service does not replace a regular dental check-up which is recommended at least once a year.

To receive this fluoride varnish, you must provide consent.

Yes, I want my child to receive an application of fluoride varnish.

No, I do not want my child to participate in this program.

The second half of the sample letter includes space for parent/guardian signature and school/health history information.

3. Securing Funding to Ensure Sustainability

At the start of their efforts, a significant barrier the fellows faced was securing funding in order to ensure the start-up of each public health agency's FV program. After their one-day demonstration, they reached out to the state's managed care organizations (MCOs) for their financial support. Using their elevator pitch, they were able to convince all three of the state's MCOs to lend their financial support. This buy-in allowed the three local public health agencies to launch their WIC FV services.

Dr. Dane and Dr. Kling recognize the importance of securing additional funding in order to expand beyond the three LPHAs. The pair has sought out and received a grant through the Health Resources and Services Administration to expand the fluoride varnish program, including funding to hire dental hygienists. The fellows believe that the grant will allow them to fund 20 more counties to introduce FV application within their WIC programs.

While it may have started as a one-day demonstration, Dr. Dane and Dr. Kling's vision of expanding FV access continues to expand. With the levers they have in place to ensure sustainability, whether it be through grants, MCOs, or WIC efforts, their partnership has created great momentum to make oral health a sustainable priority in Missouri public health, Medicaid, and WIC offices across the state.

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