CHCS Center for Health Care Strategies, Inc.

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Advancing Oral Health through the Women, Infants, and Children Program: A New Hampshire Pilot Project

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IN BRIEF

The state of New Hampshire created a pilot project to integrate preventive oral health care for low-income women and children through local sites of the Women, Infants and Children (WIC) program. This profile details New Hampshire's experiences and offers considerations for state agencies, federal policymakers, and other interested stakeholders to explore alternative channels for reaching low-income populations with oral health care and education.

Inadequate access to oral health care is a significant concern for low-income children and their families, as it affects both oral and overall health. Although the nation's 32 million Medicaid-enrolled children are entitled to free, comprehensive dental screenings and care under the Early and Periodic Screening, Diagnostic and Treatment benefit, less than half of these children receive any dental service in a given year.[1] Children in Medicaid who have their first preventive dental visit by age one have lifetime dental costs that are nearly 40 percent less than those initiating care later.[2] Furthermore, ensuring that young mothers receive oral health care services and education increases the likelihood that their children will start good oral health habits at an earlier age.[3]

Through the federal Women, Infants and Children (WIC) program, low-income pregnant, breastfeeding, and postpartum women and their children up to age five are eligible to receive supplemental food, health care referrals as needed, nutrition education, and breastfeeding support, delivered at WIC sites.[4] Recognizing that WIC sites are a natural gathering place for low-income families, New Hampshire's Division of Public Health Services' (DPHS) Oral Health Program partnered with the state's Medicaid agency and WIC to make oral health care more accessible for pregnant women and children under age five.[5]

Consequences of inadequate access to oral health care

When families do not have access to oral health care, they run the risk of developing dental decay, which can lead to dental disease.

Untreated dental disease can result in:

- Pain;
- Inappropriate use of emergency departments;
- Increased risk for cardiovascular and respiratory diseases;
- Absences from school and work; and
- Increased future preventable service utilization and costs.

The State of New Hampshire developed its *Pay-for-Prevention* project as a participant of the *Medicaid Oral Health Learning Collaborative*. This collaborative, led by the Center for Health Care Strategies and supported by the DentaQuest Foundation, consists of seven states working to achieve the Centers for Medicare & Medicaid Services National Oral Health Initiative goals to increase preventive dental services for children enrolled in Medicaid or CHIP.[6] New Hampshire's project is designed to provide necessary preventive oral health care services for high-risk, low-income women and children. This profile outlines early results and considerations for other states and oral health stakeholders interested in pursuing the integration of oral health care with community-based services.

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Common barriers to oral health care access among low-income individuals include:

- Low rates of oral health care provider participation in Medicaid;
- Provider reluctance to treat young children and those with special health care needs;
- Lack of transportation to appointments;
- Low family awareness of Medicaid dental benefits;
- Low family awareness of preventive oral health care guidelines for visits to the dentist and healthy habits at home; and
- Linguistic and cultural barriers between families and providers.

Pay-for-Prevention Pilot Project

New Hampshire's WIC program serves almost 19,000 beneficiaries. At any given time, roughly 10 percent are pregnant, six percent are breastfeeding, and eight percent are postpartum; the remaining three quarters are infants and children.[7] The majority of the state's WIC clients are white, with only 10 percent in minority groups.[8]

In 2013, the New Hampshire DPHS Oral Health Program launched *Pay-for-Prevention,* a pilot project designed to improve the oral health of pregnant women and children by co-locating preventive oral health care services at WIC sites.[9] The project was one initiative of the New Hampshire Oral Health Program's a statewide effort to provide access to dental services for all residents. The pilot, which launched in spring 2014, is funded by the HNH Foundation, with co-funding from the Jessie B. Cox Charitable Trust Fund, Northeast Delta Dental Foundation, and the New Hampshire Charitable Trust Foundation. It offers preventive dental services at three WIC locations in the cities of Concord, Keene, and Pittsfield, which collectively serve approximately 14 percent of New Hampshire's WIC population.[10]

The pilot includes weekly "dental clinics" in Concord and Keene and a monthly clinic in Pittsfield (this pilot site closed down in October 2015). At each location, a certified public health dental hygienist under public health supervision provides comprehensive preventive oral health services, and a dental assistant supports clinical services, client management, and data collection. If a patient needs follow-up care, the dental clinics refer clients to local, Medicaid-enrolled dental providers who have entered into a Memorandum of Understanding with the project team. Dental hygienists and assistants at the WIC sites track follow-up treatment through invoices submitted by the participating dental practices. Medicaid pays the WIC organizations for covered preventive services for eligible clients and provided by the hygienists at the WIC sites. Pilot project grant funds pay for treatment for adults over age 21 that are not covered by Medicaid. Clients who do not complete follow-up services are encouraged to do so by both dental clinic and WIC staff.

The New Hampshire Medicaid Dental Program reimburses for dental sealants and fluoride varnish applied in the WIC locations, but does not cover any other oral health care services. Treatment for urgent or early dental needs[11] for pregnant women that are not covered by Medicaid — including pain, infection, abscesses, and badly decayed teeth — are paid by pilot grant funds. The pilot also covers the costs of oral assessments, oral health education, Interim Therapeutic Restoration,[12] and care coordination. In addition, the pilot covers wages and travel costs for the dental hygienists and assistants and also provides funds for supplies and iPads to record data for analysis and reporting.

The pilot project is committed to providing services to WIC beneficiaries for all racial and ethnic backgrounds. To help facilitate communication with non-English speakers, dental hygienists and assistants use the WIC language line, which offers translation services, helping to address any apprehension associated with receiving oral health care. Dental hygienists also received training in motivational interviewing — a strategy that helps patients focus on present and future oral health behaviors — to improve their interactions with WIC beneficiaries. This training has helped the hygienists raise their patients' awareness of the importance of preventive oral health care while addressing their doubt about the need to receive care.

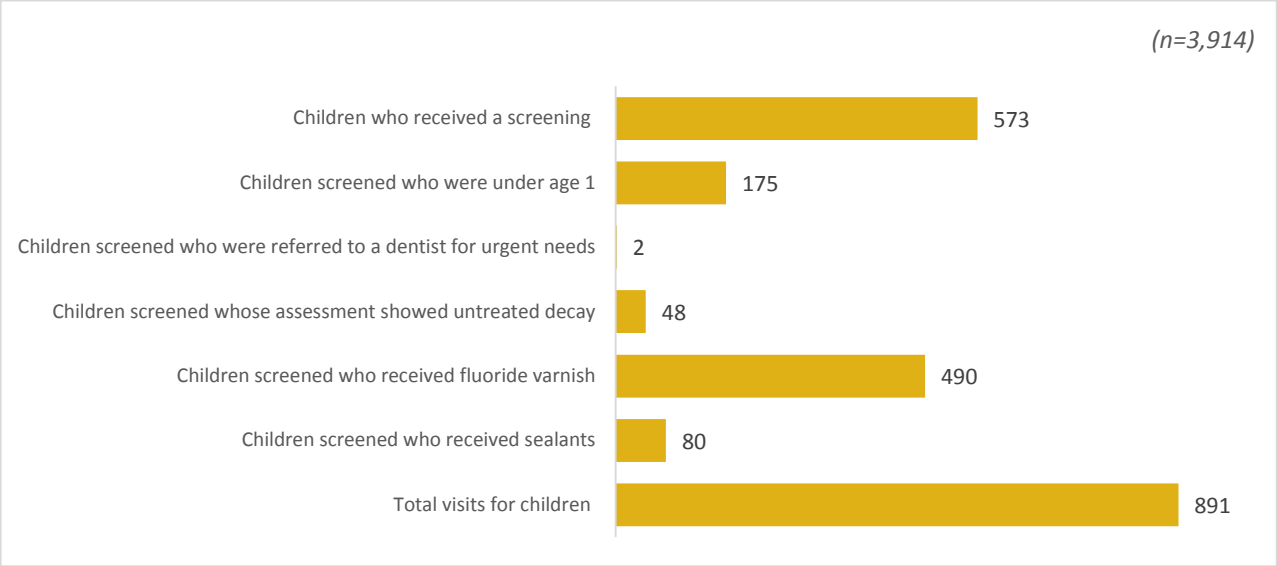
Evaluation and Preliminary Data

The *Pay-for-Prevention* project is using a robust evaluation to assess the potential sustainability of the model and determine whether changes should be made to the Medicaid dental reimbursement schedule to support continuation of the project. [13] The pilot collected several measures:

1. Number of WIC beneficiaries seen per day, per dental clinic site;
2. Baseline oral health of WIC beneficiaries including a medical history and completed dental chart;
3. Change in oral health at subsequent visits, including oral health behaviors (e.g., brushing frequency, use of fluoride toothpaste, sugar consumption, annual dental visits);
4. Type and number of preventive services delivered; and
5. Receipt of Medicaid reimbursement for preventive services provided.

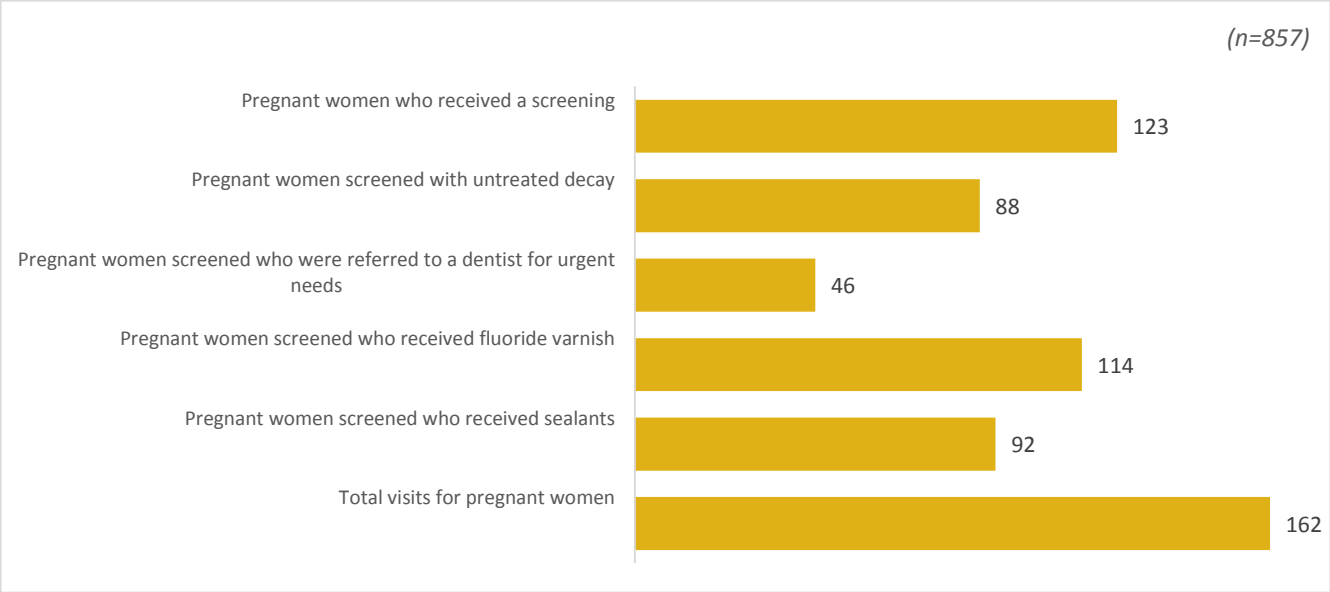
Preliminary data suggest promising results (see Exhibits 1 and 2). Among the approximately 3,900 children served by the three pilot locations, 573 children (14 percent) received an oral health screening; 175 (31 percent) of those children were under age one. Of those screened, 48 children (8 percent) had untreated decay, 490 (86 percent) received a fluoride varnish application, and 80 (14 percent) received a dental sealant.

Exhibit 1: WIC *Pay-for-Prevention* Initial Results – Children



A total of 857 pregnant women are served in the WIC program across all three pilot locations. Out of those women, 123 (14 percent) received an oral health screening. Of those screened, 88 (72 percent) showed untreated decay, and 46 (37 percent) were referred to a dentist for urgent needs. Out of the women who received an oral health screening, 114 (93 percent) received a fluoride varnish application, and 92 (75 percent) received sealants.

Exhibit 2: WIC *Pay-for-Prevention* Initial Results – Pregnant Women



Near the end of the pilot, DPHS surveyed WIC beneficiaries to get first-hand perspectives regarding the WIC dental clinic. Results showed that many women were not familiar with the clinic. Ironically, conducting the survey led to an immediate increase in the women using the clinics. As a result of the survey, efforts are underway to distribute educational materials to raise awareness of the importance of oral health care and the availability of the WIC-based dental clinic. Future evaluations will explore whether the pilot has improved access to dental care, improved beneficiary oral health, and reduced the cost of oral health care for Medicaid-enrolled women and children served by WIC.

Challenges and Solutions

When considering a similar program, states should consider that WIC beneficiaries frequently move in and out of WIC eligibility and are often somewhat transient. Second, most beneficiaries visit the WIC site on the same day of the week because of child care accommodations, work schedules, or routine, which can create barriers to accessing the services. For example, if a family visits WIC on Wednesdays, but the dental clinic is held on Tuesdays, they may not receive dental services. Unless the dental clinics are offered every day of the week, it is unlikely that 100 percent of WIC beneficiaries will be served.

Administrative Procedures

For consistency across the project, administrative procedures and data collection at each WIC location were standardized. DPHS enlisted the help of several experienced school-based dental hygienists to develop standardized data collection methods, reporting forms, and billing protocols.

Technology

Each participating WIC site used an iPad with customized software to collect the data and manage client records in real time. Initially, there was a steep learning curve related to the technology. The developer, New England Survey Systems, provided training. This technology has been so successful that school-based health centers in New Hampshire are looking at investing in the iPads and software to facilitate data gathering.

Capacity

The project addressed a variety of capacity issues. The first, and perhaps most crucial, was the identification of local Medicaid enrolled dental providers willing to enter into a Memorandum of Understanding and who were comfortable caring for infants and toddlers, and pregnant women. The DPHS Oral Health Program manager made appointments with dentists near each WIC location to recruit enrolled providers interested in participating. Four local dental providers in close proximity to the WIC sites were identified and entered into a Memorandum of Understanding to participate.

There was also uneven utilization among the sites. The Concord and Keene sites provided services to a significantly higher number of women and children in comparison to the Pittsfield site. As a result, the Concord dental clinic was held every Tuesday of the month; the Keene dental clinic was held three times per month; and the Pittsfield location, prior to being closed for low participation, provided dental services once a month.

Funding

The biggest challenge to the *Pay-for-Performance* project has been identifying a sustainable funding source after the pilot funding ends. Through additional foundation funding, the pilot is seeking to demonstrate the return on investment – to show the oral health of WIC beneficiaries improved as a result of the project. Showing this positive outcome will help build the case for revising the Medicaid reimbursement schedule to provide a more sustainable funding mechanism.

Lessons

Developing innovative programs cannot be done in a silo. The *Pay-for-Prevention* project required the collaborative, interagency efforts of WIC, Medicaid, and the DPHS — all part of the New Hampshire Department of Health and Human Services — to launch the dental clinics at the three WIC sites. WIC provided the clients and locations for the dental clinics, while Medicaid reimbursed for the applicable preventive services and DPHS provided administrative support. Likewise, providers collaborated with WIC staff to ensure that education and services were provided in a culturally competent way.

For many women who participated in the dental clinics, the familiar location and the recognition that their children would receive important preventive services helped to diffuse deep rooted fears of visiting the dentist. Clear oral health education and, for some women, WIC's translation services, helped them to know in advance what to expect. The oral health education also resulted in greater awareness among WIC administrators and staff and their buy-in to the pilot goals. Although not an original goal, the integration of the dental clinics in the WIC locations helped the WIC staff feel committed to the value of oral health services for WIC clients.

Next Steps

In December 2015, DPHS received two years of additional funding to continue the dental clinics at the Concord and Keene WIC sites. After much consideration, a joint decision by the dental hygienist, WIC administrator, and DPHS determined that the clinic at the Pittsfield site was not cost-effective, and that clients could be referred to Concord for dental services. Additional funding will be used to maintain the current program and to collect data for a longitudinal study to assess program impact. The goal of the *Pay-for-Prevention* project is to demonstrate that the services provided are cost-effective, sustainable through Medicaid dental reimbursement, and worthy of implementation for high-risk clients at WIC sites across the state.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

ABOUT THE MEDICAID ORAL HEALTH LEARNING COLLABORATIVE

The Centers for Medicaid & Medicaid Services launched the National Oral Health Initiative (OHI) to support state in improving children's oral health care access. The OHI called for states to develop an Oral Health Action Plan to increase by 10 percentage points the proportion of children enrolled in Medicaid or CHIP who receive a preventive dental services and increase by 10 percentage points the proportion of children ages six to nine enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth.

To help states meet these and other state-specific oral health care access goals, CHCS launched the Medicaid Oral Health Learning Collaborative, with support from the DentaQuest Foundation. Teams from seven states — Arizona, California, Minnesota, New Hampshire, Texas, Virginia, and Washington — participated , which includes peer-to-peer learning, as well as individual and group technical assistance from national experts in oral health quality-improvement. Teams were comprised of leadership from state Medicaid dental, quality improvement, and information technology departments. For more information, visit www.chcs.org.

ENDNOTES

[1] Centers for Medicare & Medicaid Services (June 2014). "Annual EPSDT Participation Report: Form CMS-416 (National), Fiscal Year 2013." Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html.

[2] M.F. Savage, J.Y. Lee, J.B. Kotch, and W.F. Vann. "Early preventive dental visits: effects on subsequent utilization and costs." *Pediatrics* 2004; 114:e418-23.

[3] American Academy of Pediatric Dentistry (Revised 2011). "Guideline on Perinatal Oral Health Care." Available at: http://www.aapd.org/media/Policies_Guidelines/G_PerinatalOralHealthCare.pdf.

[4] New Hampshire Department of Health and Human Services WIC eligibility criteria. Available at: http://www.dhhs.state.nh.us/dphs/nhp/wic/eligibility.htm.

[5] The Division of Public Health Services' (DPHS) Oral Health Program, Medicaid, and WIC Nutrition Program are all housed in the New Hampshire Department of Health and Human Services.

[6] For more information about the *Medicaid Oral Health Learning Collaborative* and the Centers for Medicare & Medicaid Services National Oral Health Initiative goals, visit: http://www.chcs.org/project/medicaid-oral-health-learning-collaborative/.

[7] Office of Policy Support Food and Nutrition Service, U.S. Department of Agriculture (December 2013). "WIC Participant and Program Characteristics 2012 Final Report." Available at: http://www.fns.usda.gov/sites/default/files/WICPC2012.pdf.

[8] Ibid.

[9] Funders include HNH Foundation (http://www.hnhfoundation.org), The Jessie B. Cox Charitable Trust Foundation (http://www.jbcoxtrust.org), Northeast Delta Dental Foundation (http://www.nedelta.com/Ffoundation), and the New Hampshire Charitable Foundation (http://www.nhcf.org).

[10] The three sites were chosen based upon participants' previously expressed willingness to receive preventive oral health care, size of the population served by WIC, and proximity to collaborating dental practitioners. The sites launched in April and May 2014; the Concord and Keene pilots are still operating, while the Pittsfield pilot ended in October 2015.

[11] In this context, early dental needs refers to an oral health need that may not be urgent or causing pain, but will become both those things in the next month or two.

[12] Interim Therapeutic Restoration refers to fluoride-releasing glass ionomer placed on teeth to prevent the progression of caries.

[13] The WIC database used to collect and synthesize data for the pilot project reports on the number of unduplicated participants by Federal Fiscal Year, State Fiscal Year, and Calendar Year. The assumption is that enrollment is consistent across months.