Cross Currents: Integration of Oral Health and Primary Care

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Presentation Outline
1. Medi-Cal Dental Program Overview
2. Medical-Dental Collaboration
3. DTI - Domain 4 Local Dental Pilot Programs
4. Fluoride Varnish
5. Case Management and Care Coordination
6. Questions
Medi-Cal Dental Program Overview

- Total Medi-Cal population – Approximately 13.6 million members*
- Total dental program budget – Approximately $2 billion based on the current State budget
- Two delivery systems: fee-for-service (FFS) (all 58 counties); dental managed care (DMC) (Sacramento – 75% DMC/25% FFS and Los Angeles Counties – 13% DMC/87% FFS)

*members who were enrolled in Medi-Cal for at least 90 continuous days in Calendar Year 2017.
Data as of June 2018.
**Data source, DHCS Data Warehouse as of June 2018. Count of SNCs who provided dental services in recent two years (June 2016 – May 2018).

Medi-Cal Dental Performance Measures – High Level

**Department of Health Care Services: Medi-Cal Dental Performance Measures - High Level**
Report Period: July 2016 to June 2017
Data Source: DHCS Data Warehouse
Query Date: 01/05/2018

### Actual Dental Visits

<table>
<thead>
<tr>
<th>Total</th>
<th>FFS</th>
<th>DMC</th>
<th>GMC</th>
<th>DMC</th>
<th>Prop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-29</td>
<td>1-29</td>
<td>3+</td>
<td>0-29</td>
<td>1-29</td>
</tr>
<tr>
<td>Num.</td>
<td>3,793,960</td>
<td>3,787,950</td>
<td>1,754,050</td>
<td>3,787,950</td>
<td>1,754,050</td>
</tr>
<tr>
<td>Dem.</td>
<td>0.71%</td>
<td>0.71%</td>
<td>1.95%</td>
<td>0.71%</td>
<td>0.71%</td>
</tr>
<tr>
<td>Misc.</td>
<td>44.7%</td>
<td>45.3%</td>
<td>48.9%</td>
<td>45.3%</td>
<td>48.9%</td>
</tr>
</tbody>
</table>

### Use of Preventive Services

<table>
<thead>
<tr>
<th>Total</th>
<th>FFS</th>
<th>DMC</th>
<th>GMC</th>
<th>GMC</th>
<th>Prop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-29</td>
<td>1-29</td>
<td>3+</td>
<td>0-29</td>
<td>1-29</td>
</tr>
<tr>
<td>Num.</td>
<td>1,690,239</td>
<td>1,690,239</td>
<td>797,329</td>
<td>1,690,239</td>
<td>797,329</td>
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<tr>
<td>Dem.</td>
<td>0.75%</td>
<td>0.75%</td>
<td>1.92%</td>
<td>0.75%</td>
<td>0.75%</td>
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<tr>
<td>Misc.</td>
<td>43.8%</td>
<td>43.6%</td>
<td>48.1%</td>
<td>43.6%</td>
<td>48.1%</td>
</tr>
</tbody>
</table>

### Use of Sealants

<table>
<thead>
<tr>
<th>Total</th>
<th>FFS</th>
<th>DMC</th>
<th>GMC</th>
<th>GMC</th>
<th>Prop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>5-14</td>
<td>15-14</td>
<td>15-14</td>
<td>15-14</td>
<td>15-14</td>
</tr>
<tr>
<td>Num.</td>
<td>238,648</td>
<td>188,916</td>
<td>122,841</td>
<td>122,841</td>
<td>122,841</td>
</tr>
<tr>
<td>Dem.</td>
<td>14.6%</td>
<td>3.6%</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Misc.</td>
<td>17.2%</td>
<td>9.6%</td>
<td>6.9%</td>
<td>6.9%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>
The California Dental Practice Act is confined to dentists and dental auxiliaries, and does not cover what other professionals may do, or integration with other types of medical practice.

Innovative delivery models, i.e. integration, does not need the approval of nor inclusion in the California Dental Practice Act.

http://www dbc ca gov/lawsregs/laws shtml

Health Workforce Pilot Projects Program (HWPP)

• The HWPP Program allows organizations to test, demonstrate, and evaluate new or expanded roles before changes in licensing laws are made by the legislature.

• For more information, visit: https://www oshpd ca gov/HWDD/HWP P.html
Children Now, a nonprofit advocacy organization dedicated to promoting children’s health and education in California, was awarded an Oral Health Initiative implementation grant for 2014 from the DentaQuest Foundation.

The grant supported Children Now’s implementation of a pilot project to strengthen medical and dental collaboration in Los Angeles County.

The goal was to increase preventive dental service utilization among children ages 1-6 who are currently enrolled in Medi-Cal and have not had a dental visit within the past 12 months.

Medical-Dental Collaboration vs. Statewide Medi-Cal Children

<table>
<thead>
<tr>
<th>Medical-Dental Collaboration Project Children</th>
<th>Statewide Medi-Cal Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Number of children who received medical exams</td>
</tr>
<tr>
<td>2 and under</td>
<td>6,872</td>
</tr>
<tr>
<td>3</td>
<td>19,140</td>
</tr>
<tr>
<td>4</td>
<td>7,901</td>
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<tr>
<td>5</td>
<td>4,754</td>
</tr>
<tr>
<td>6</td>
<td>3,170</td>
</tr>
</tbody>
</table>

1. Children age at the time of receiving medical exam
2. CPT code 99381, 99381, 99382, 99383, or 99383
3. Current Dental Terminology (CDT) D0100 to D9999 or CPT code 90003
4. Children age at the end of the measure period
5. Children who were enrolled in Medi-Cal for at least 90 continuous days in Calendar Year 2017. Data as of June 2018.
Local Dental Pilot Programs (LDPP)

Medical-dental collaboration and care coordination projects approved by DTI Domain 4 in 2017 include, but are not limited to:

- Alameda County
- Sacramento County
- University of CA Los Angeles
- Cal-State University Los Angeles.

Local Dental Pilot Programs Medical-Dental Collaboration

- Sacramento County’s LDPP involves a pilot to build Medical-Dental partnerships.
- Medical providers were trained to conduct a dental assessment and identify members in their practice who do not have a dental home and refer them to a dentist.
- Participating partners include:
  1. Children Now
  2. Sutter Amador Hospital & Amador Oral Health Task Force
  3. Medi-Cal Health Plans – River City Medical Group (future planning for Molina and Kaiser)
  4. DMC Providers
  5. DMC Dental Plans – Access, Liberty Dental and Health Net
- Children Now is providing implementation support for Medical-Dental collaboration.
The California Rural Indian Health Board (CRIHB) LDPP intends to leverage the integration of the oral health care coordinator into the primary care setting to help incorporate routine caries risk assessments.

The First 5 Riverside LDPP aims to integrate early preventive dental care.

Young children are seen earlier and more frequently by medical providers than by a dentist.

Low income young children are at highest risk for dental decay.

Medical providers are now placing fluoride varnish to prevent decay.

Research shows high efficacy of fluoride varnish*

*www.ncbi.nlm.nih.gov/pmc/articles/PMC2257982/?tool=pubmed
Fluoride varnish is a form of topical fluoride that is more effective in preventing tooth decay in very young children than other topical fluorides, and is:
1. more easily tolerated by young children and developmentally disabled persons;
2. less toxic; and
3. easier to use and faster to apply than other topical fluorides.

It requires no special dental equipment and minimal training to apply, e.g. a non-dental health care provider can easily apply it.

Fluoride Varnish - Medi-Cal

- Effective June 1, 2006, fluoride varnish application became a new benefit to all Medi-Cal enrolled children under age six, including children pre-enrolled through the Children Health Disability Prevention (CHDP) Gateway.
  - This information can be found in the Medi-Cal Bulletin: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07008.pdf
- Effective April 2, 2012, Procedure D1206 (Topical Fluoride Varnish) was added as a benefit to the Medi-Cal dental program with the implementation of CDT 11/12. (Denti-Cal Provider Bulletin Vol 28, Number 2)
- Fluoride varnish training is on the CHDP website: http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx
Fluoride Varnish - Who Can Apply?

- Medical Office Setting
  - Medical Doctor
  - Trained nurses and assistants under MD Rx*

- Community Setting**
  (School, health fair, or government program)
  - Any trained person
    - With signed parental permission
    - Under a doctor’s (or dentist’s) prescription
    - Following doctor’s (or dentist’s) protocol

- Dental Professionals
  - Medi-Cal dental provider
  - Registered Dental Hygienists in Alternate Practice


Fluoride Varnish - References

General Information
- [https://www.cdc.gov/fluoridation/basics/fluoride-products.html](https://www.cdc.gov/fluoridation/basics/fluoride-products.html)
- [https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.shtml](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.shtml)

National Effort

Effectiveness
- [www.ncbi.nlm.nih.gov/pmc/articles/PMC2257982/?tool=pubmed](www.ncbi.nlm.nih.gov/pmc/articles/PMC2257982/?tool=pubmed)

Risk Assessment Tool
- [https://brightfutures.aap.org/Bright%20Futures%20Documents/Oral%20Health%20Risk%20Assessment%20Tool.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/Oral%20Health%20Risk%20Assessment%20Tool.pdf)

Who Can Apply
- [http://www.cda.org/Portals/0/pdfs/ab667_topical_fluoride_faq.pdf](http://www.cda.org/Portals/0/pdfs/ab667_topical_fluoride_faq.pdf)

Parent Brochure
Case Management & Coordination of Care (DMC)

DHCS Contract, Exhibit A, Attachment 13:

- **Case Management Services** –
  Each member must be provided with case management services which includes the coordination of care of all medically necessary dental covered services delivered both within and outside the DMC plan’s network.

- **Members with Special Health Care Needs (SHCN)** –
  DMC plans are responsible for the identification, assessment, and development of treatment plans for members with SHCN. DMC plans must also coordinate with the medical managed care plan and/or other outside agencies.

Case Management & Coordination of Care (DMC) cont.

- **California Children’s Services (CCS)** –
  DMC plans are responsible for the identification and referral of children with CCS eligible conditions to the local CCS office. However, DMC plans must provide all medically necessary dental covered services until CCS eligibility is confirmed.

**All Plan Letter 18-007:**

- **Initial Screening Instruction letter** –
  DMC plans must conduct an initial screening of each member’s oral health needs within 90 calendar days of enrollment. DHCS established required use of an Oral Health Information Form to be implemented by August 13, 2018.
• Young children with early childhood caries or other acute or chronic health conditions that meet criteria established by the Contractor and DHCS may benefit from care coordination and case management services.

• Services to provide immediate treatment of current decay or other acute or chronic health conditions and to decrease the likelihood of their occurrence in the future may include, but are not limited to:
  – Education
  – Counseling
  – Specialized oral health care
  – Intervention strategies with children and their parents or legal guardians

• The goals of both care coordination and case management include:
  a) Keep the member as healthy as possible;
  b) Improve the member’s overall health;
  c) Identify or treat an illness or condition; and
  d) Help transition the member to be self-reliant in the future.

• The member’s dentist will also coordinate dental and medical (as necessary) care for patients who need it, and will refer patients who meet the criteria for case management, to the case management team.
  – Member Outreach: Case Management Systems has been developed to:
    • Record Case Referrals
    • Record Care Plans
    • Record Treatment Plans
    • Record and track Treatment Appointments
Questions?

• Medi-Cal Dental Services Division:
  email: dental@dhcs.ca.gov
  website: http://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx

• Dental Transformation Initiative:
  email: dti@dhcs.ca.gov
  website: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx