

The Children's Partnership

Investing in Children's Oral Health Early: Good for Children, Families, and Taxpayers

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State of Children's Oral Health and Access to Care in California

- Dental disease is the #1 chronic health problem nationally and in California
- Fewer than half (44.7%) of children enrolled in Medi-Cal had a dental visit in 2014
- Less than 28% of young children (ages 0-5) had a preventive visit in 2014
- California ranks in the bottom 12 states for providing dental care to children enrolled in Medicaid
- Nearly ¼ of California's children (ages 2-11) have never been to a dentist
- 71% of California children have tooth decay by third grade
- Nearly half—27—of California's counties had either no dental providers willing to accept new Medi-Cal patients or had an insufficient number of dental providers willing to accept new Medi-Cal patients

Shortage Getting Worse

- The number of children enrolled in Medi-Cal keeps growing
- There are 5.6 million children enrolled in Medi-Cal—more than HALF of all children in California
- Enrollment in Medi-Cal has grown by more than 4 million individuals (a 36% increase) between 2009 and 2014
- Approximately 170,000 newly eligible children will enroll in Medi-Cal starting in May 2016 (SB 75 expanding Medi-Cal to all income-eligible children, regardless of documentation status)
- Recent rate review, done as recommended by the state auditor, showed a 12.6% decrease in rendering providers and a 14.5% decrease in billing providers since 2008

Consequences of Poor Oral Health

- Harms overall health and well-being
- Impacts children's ability to learn and succeed in school
 - Children with poor oral health are more likely than their counterparts to miss school as a result of dental pain
 - Students with dental problems do poorer academically
- Financially burdens families with health care costs, missed work and school, transportation costs, and other costs
- Costs taxpayers
 - Nearly 1 in 5 of all children's health care dollars are spent on dental care
 - The average per-child cost of dental operating room treatments can range from \$5,500 to \$15,000
 - Lost school days means a loss in attendance-based school district funding
 - In 2007, there were over 83,000 emergency room visits for preventable dental problems in California at a cost of \$55 million

More Must be Done



- Audit/Little Hoover Commission
- Dental Director
- Legislation enacting the Virtual Dental Home
- Dental provisions in the Medi-Cal Waiver (Medi-Cal 2020); incentivizes providers to
 - Provide preventive services
 - Assess risk and address risk for children (ages 0-6)
 - Provide continuity of care

More Must be Done

- Implement comprehensive models of dental care delivery that:
 - Bring care to where children are
 - Make the best use of technology
 - Maximize the workforce
 - Provide culturally competent education and coaching to families
 - Pay for positive oral health outcomes



Models that Work: Virtual Dental Home (VDH)

- Uses dental hygienists/assistants, in partnership with supervising dentists, and telehealth to bring care to children and adults where patients are, such as schools, Head Start sites, and nursing homes
- Started as a Health Workforce Pilot Project
 - Improved access to high quality care
 - Fewer transportation issues
 - Flexible appointment scheduling
 - Reduced language barriers
 - Access to dental care for young children and individuals with behavior challenges or complex medical problems
 - Cost effective
- AB 1174 (Bocanegra, 2014) enacted scope changes in pilot and required Medi-Cal to pay for teledentistry

Models that Work: ABCD Program

- The Access to Baby and Child Dentistry (ABCD) program aims to ensure Washington's youngest children enrolled in Medicaid have access to dental care that promotes good, lifelong oral health habit, helping them avoid cavities, pain, and high-cost dental interventions later in life.
 - ABCD connects young children to dental providers and provides case management to address barriers families face in getting needed care for their children
 - Provides culturally-competent education and care
 - Dentists receive continuing education in early pediatric dental techniques and are certified
 - State pays enhanced dental fees to ABCD-certified dentists for selected procedures
 - State provides provides support to dental offices on training in billing and other issues

Models that Work: ABCD Program

- ABCD improved children's access to care and improved oral health, while decreasing costs
 - In the nearly two decades ABCD has been improving access to dental care for families, the number of young Medicaid children in Washington receiving dental care has more than tripled
 - Washington's 2010 Smile Survey shows that the rate of untreated decay among low-income preschoolers from 26% in 2005 to 13% in 2010
 - Prevention efforts save nearly \$525 per child over five years in projected treatment costs



Models that Work: Healthy Kids, Healthy Teeth—Alameda County

- Goal to increase access to dental care, reducing the incidence and severity of dental disease, and control costs of dental care among Medi-Cal children (ages 0-5)
 - Aggressive outreach to recruit families of 0-5-years-old children enrolled in Medi-Cal
 - Orient families to need for and getting dental care; address barriers to care; and provide case management
 - Recruit, train, and certify medical and dental providers on child management, caries risk assessment, family education, and use of preventive agents
 - Offer a modest financial incentive to medical and dental providers certified by the project who care for project enrollees

Models that Work: Healthy Kids, Healthy Teeth—Alameda County

■ Results

- Increased utilization: utilization for 0-5 years old enrolled in HKHT was 70%, compared with 28% utilization of services by 0-5 years old not enrolled in HKHT
- Reduced costs: HKHT participants seen early had lower total visit costs when summarizing the cost of care for their first four visits for care

■ Contributors to Success

- Family Support: community health outreach workers who reflect the population they serve are critical to engaging, educating, empowering, and supporting families in navigating their way to being successful
- Provider Support: training, technical support, communication, and increased provider rates for prevention and basic treatment services for young children

Models that Work: Making the Most of our Workforce

- Dental hygienists and assistants should work at the top of their education and skills (e.g. Virtual Dental Home), leaving the dentist to do more complex treatment
- Community health workers and home visitors play a role in educating families with young children
- Integrating dental care into primary care
 - The vast majority of children, especially young children, see their primary care provider on a routine basis for well-child care visits and other preventive services, such as immunizations
 - Providers can provide provides family oral health education, oral exams, fluoride varnish, and coordinated referrals



Next Step: Opportunities for Change

- Ensure we have accurate data on where the gaps are
- Monitor, assess success of, and recommend mid-course corrections related to Medi-Cal 2020 Waiver
- Medi-Cal 2020 Waiver Pilots
- AB 648 (Low): Provides one-time investment in Virtual Dental Home start-up (equipment, training, etc.) so that it can be spread statewide
- Statewide Oral Health Plan development and implementation led by new Dental Director
- Budget/legislative process
 - Invest in VDH
 - Invest in programs like ABCD
 - Invest in CHWs/home visitors
 - Pay for positive oral health outcomes (Pay for performance models)

Next Steps: Educate Families

- All children enrolled in Med-Cal or Covered California also have dental coverage
- Many families don't know that their children have dental coverage or how to get care for their children and don't know how to get care
- Education will be especially important for newly enrolled undocumented, immigrant children
- Fact sheets are available to help these families
 - Visit www.childrenspartnership.org/our-work/dental-health/ensure-families-understand-a-use-their-dental-coverage



Your Child Has Dental Coverage!
CALIFORNIA

If your child has health coverage through Medi-Cal or a Covered California health plan, he or she also has dental coverage and can go to the dentist for regular checkups and care.



Services Covered for Children (Covered California and Medi-Cal)

- Exams
- X-rays
- Cleanings
- Fillings
- Fluoride treatments
- Sealants
- Tooth extractions
- Root canals
- Emergency services
- Relief of pain and infection
- Medically necessary orthodontics

Covered California

When you signed your child up for a Covered California health plan, he or she was automatically enrolled in dental coverage. Contact your health plan to find a dentist or if you have questions about your dental care. For more information, visit www.coveredca.com or call (800) 300-1506.

Medi-Cal

The Medi-Cal Benefits Identification Card you received in the mail is also your child's dental coverage card. To find a dentist that accepts Medi-Cal, call (800) 322-6384, Monday through Friday, 8:00 a.m. to 5:00 p.m., or look online at www.denti-cal.ca.gov. Click on "Find a Medi-Cal Dentist."

Parents, Single Adults, and Pregnant Women

You may also be eligible for many dental benefits in Medi-Cal or Covered California. For information on Covered California, visit www.coveredca.com/individuals-and-families/getting-covered-dental-coverage. For information on Medi-Cal, visit www.denti-cal.ca.gov or call (800) 322-6384.



Children should start receiving preventive dental services as soon as their first tooth appears or by the time they turn 1.

 www.childrenspartnership.org
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For fact sheets about children's dental coverage in Los Angeles County and Sacramento County, visit www.childrenspartnership.org/dentalcoverage.

Contact Information

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Questions?

