



Reflecting the Data & Root Cause Analysis

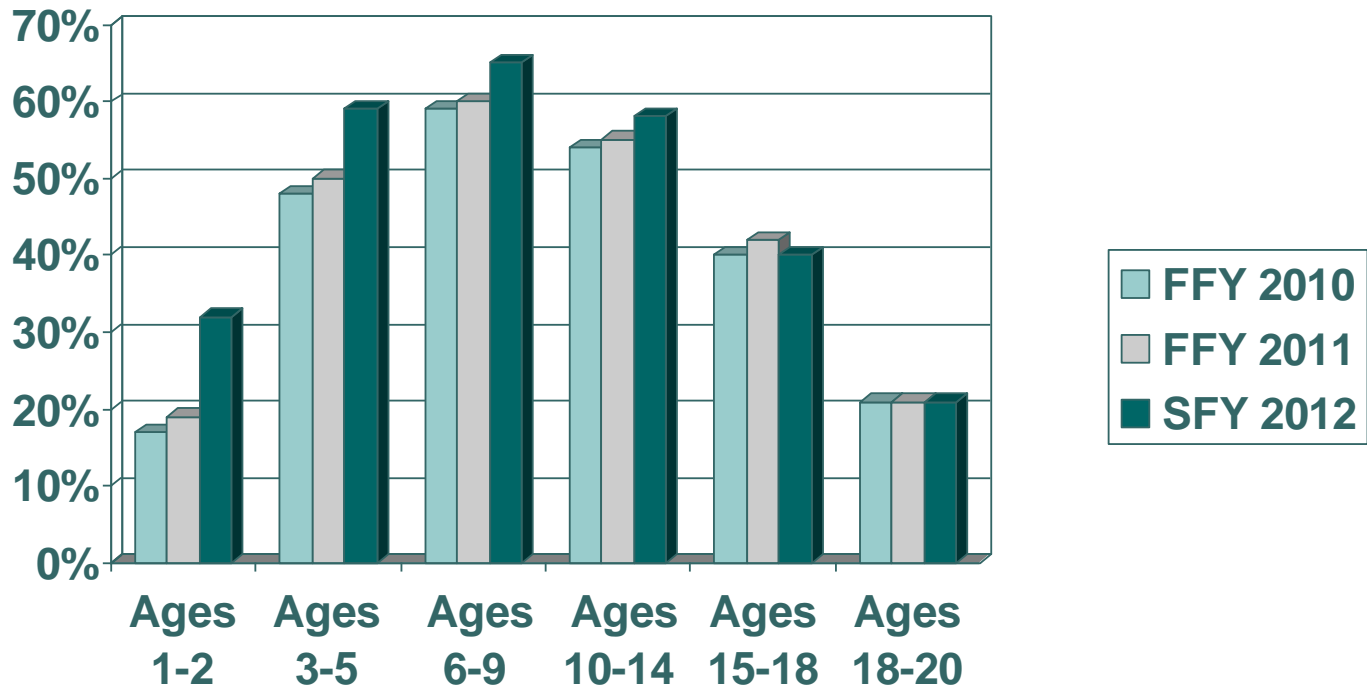
NCIOM Task Force on Children's Preventive Oral Health Services



Goal 1/ Preventive Services

- **Increasing the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period.**

% Medicaid Children Receiving Preventive Services 2010 - 2012





Preventive Services

- Approximately 1.2 million children receiving Medicaid.
- Approximately 45% receiving at least one preventive service \approx 540,000
- 10 percentage point increase \approx 120,000.
- Receipt of preventive services low among children 0-5. 475,000 recipients in this age range. Number of recipients relatively high (40% of children).
- Receipt of services also low among 15-20 year olds.

Top Ten Procedures Ranked by Program Expenditures-SFY 2011

Procedure	Actual NC Medicaid Rate 2011	NDAS Median 2011 (fee benchmark)	Current % of 2011 NDAS 50% Median	Total Expenditures SFY 2011
Two surface composite filling – posterior tooth	\$118.63	\$210.00	56%	\$31,170,633
One surface composite filling – posterior tooth	\$80.00	\$161.00	50%	\$24,619,094
Surgical extraction – erupted tooth	\$109.23	\$253.00	43%	\$15,255,383
Periodic oral evaluation	\$25.79	\$42.00	61%	\$14,515,1393
Extraction erupted tooth	\$63.54	\$155.00	41%	\$13,466,886
Three surface composite filling – posterior	\$144.28	\$262.00	55%	\$13,461,318
Periodic orthodontic maintenance visit	\$96.24	\$226.00	43%	\$13,337,996
Comprehensive oral evaluation – new patient	\$44.61	\$79.00	56%	\$12,828,651
Prophylaxis -- child	\$27.21	\$62.00	44%	\$12,634,342
Sealant per tooth	\$28.58	\$49.00	58%	\$11,189,476



Provider Participation

- About 50% of licensed dentists.
- Constant from 2009-11, despite rate cuts. Reliable source of income in distressed economy.



Dentists and Pediatric Oral Health

- Nationally, 28% of general dentists do not treat infants and toddlers ages 18 months to 3 years in their practices.
- County to county variation in NC is 25%-50%





Pediatric dentists

- 125 in NC in 2005! Up from 47 in 1999.
- Compared to 2934 in general practice.



Access: County Specific Trends

- Better than average: Alamance, Alexander, Polk, Wilkes.
- Worse than average: NE and western part of the state—e.g. Camden, Chowan, Clay, Currituck, Pasquotank, Perquimans, Swain.
- Many urban counties—Guilford, Durham, Orange, Buncombe are above average.
- All rural counties are not equal. Different strategies may be appropriate.



Goal 2/ Sealants

- o Increasing the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period.**

% NC Medicaid and Health Choice Children Receiving Sealants— 2010-11

- 17% of eligible Medicaid recipient ages 6-9 (continuously enrolled for 90 days or more) received at least one sealant in FFY 2011.
- Approximately 150,000 children with Medicaid age 6-9 or sealants to 25,000 children total.
- Absolute increase of 10%≈15,000.

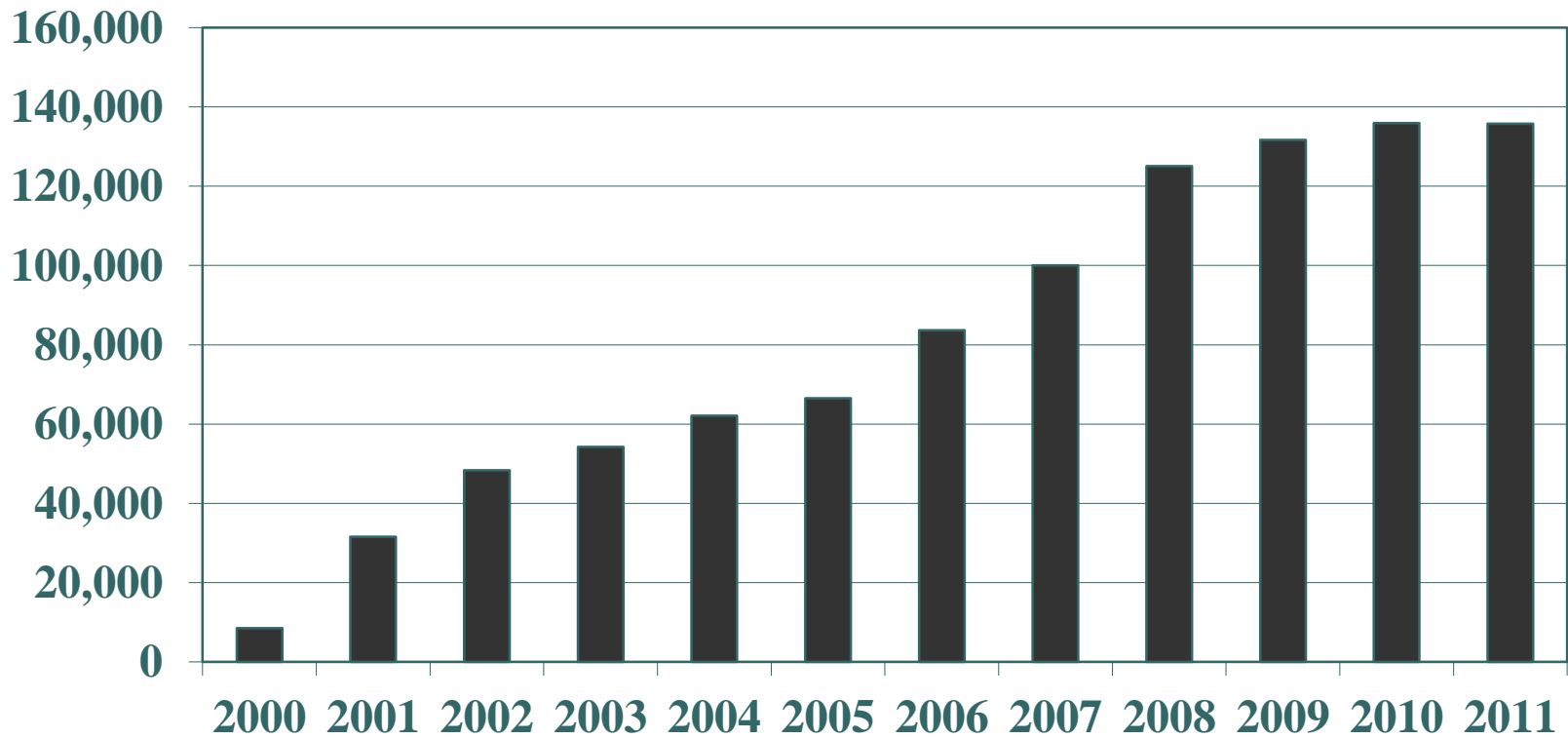


Goal 3/ improved oral health

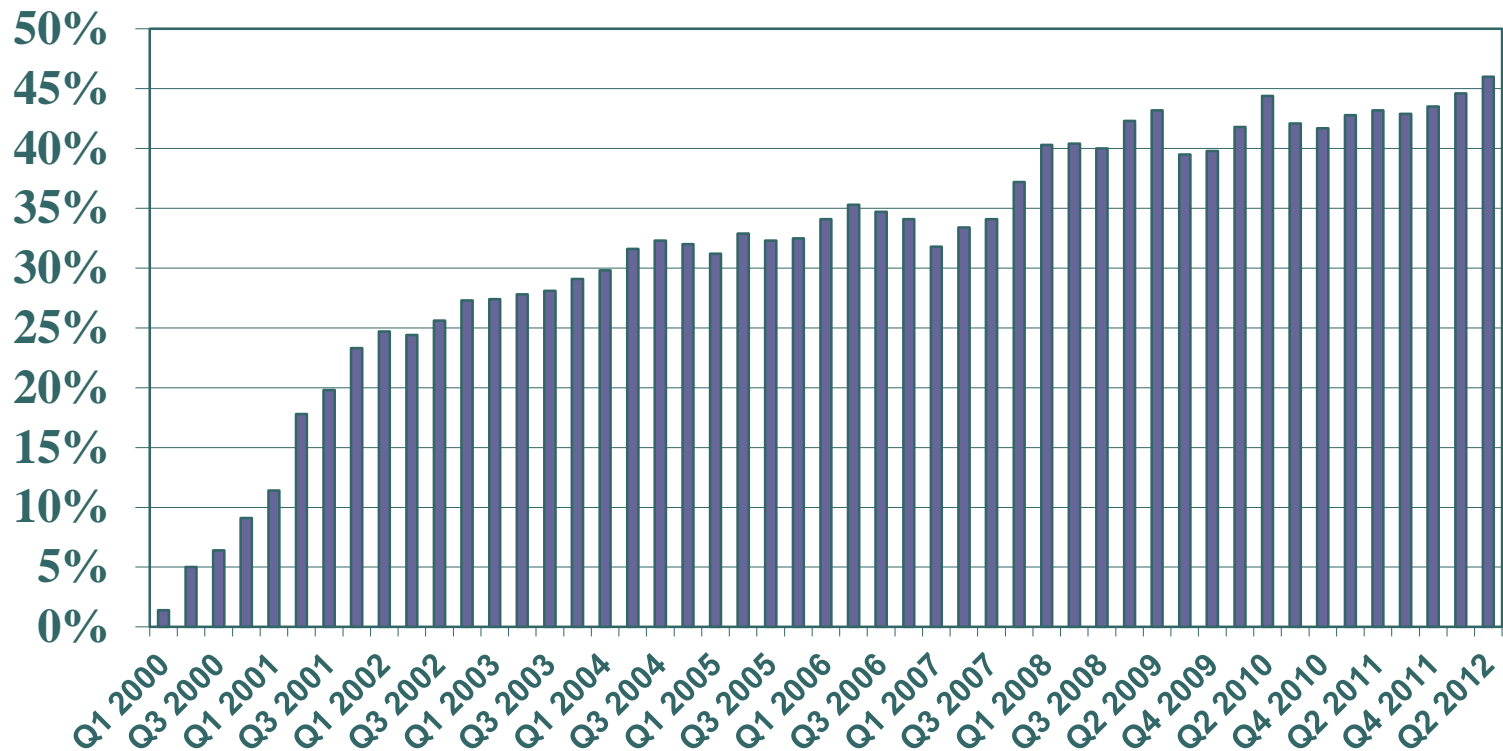
- o In addition to these goals set by CMS, the expanded North Carolina plan will include a goal to raise utilization of preventive oral health care at the county level, including in the medical environment, by 10 percentage points over a five-year period.**



Annual IMB Visits in NC Medical Offices



Percent of Health Check Screenings Receiving IMB *



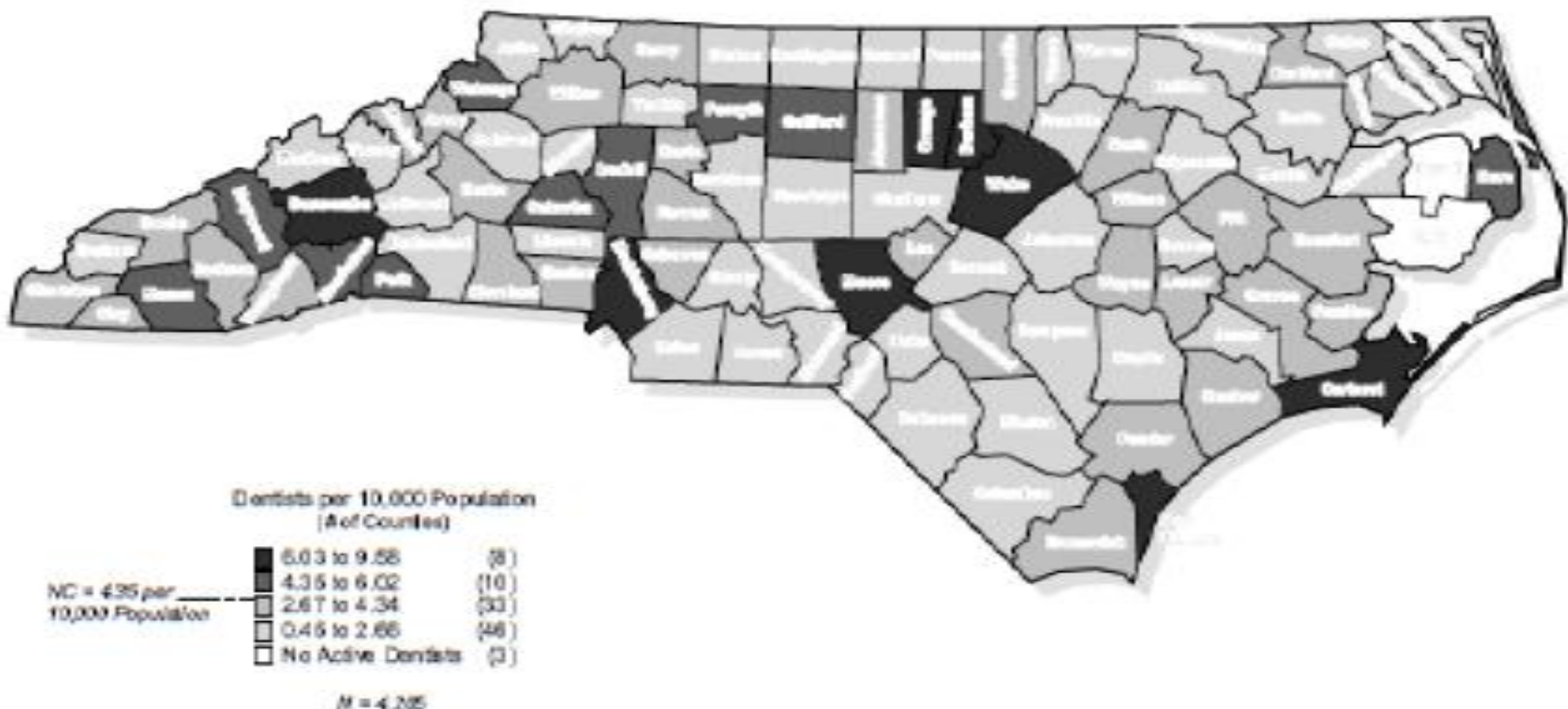
* For years 2000-2006 includes 1-2 yr olds only, for 2007 on includes 1-3 year olds.

IMB Program Evaluation

Series of evaluations show contributed to:

- Increase in access to preventive dental services
- Reduction in treatment services, particularly in early life
- Increase in dental use through referral, which attenuated treatment reductions observed in dental claims because of disease treatment
- Reduction in hospitalization

Dentists per 10,000 Population North Carolina, 2011

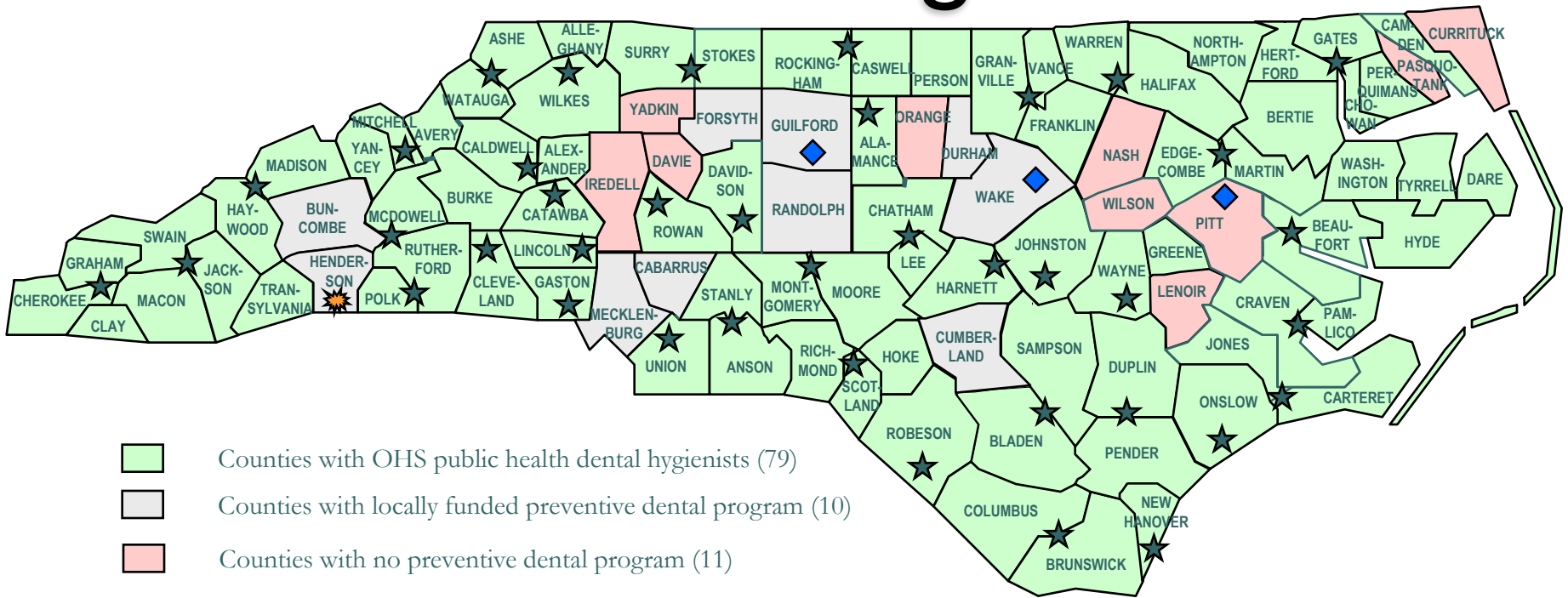


Note: Data include active, in-state dentists licensed in North Carolina as of October 31, 2011.

Source: North Carolina Health Professions Data System, with data derived from the North Carolina State Board of Dental Examiners, 2011.

Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

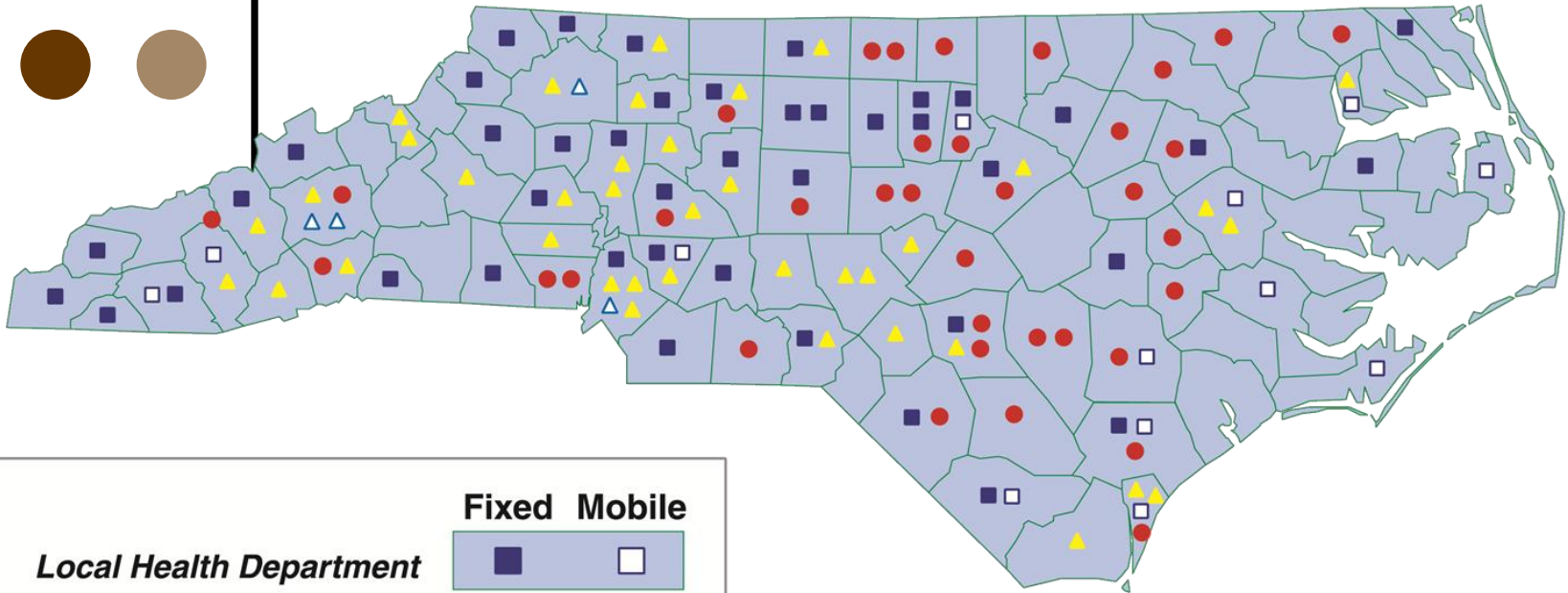
NC Dental Public Health Coverage



- Counties with OHS public health dental hygienists (79)
- Counties with locally funded preventive dental program (10)
- Counties with no preventive dental program (11)

- OHS public health dental hygienists (39)
- OHS public health dentist supervisors (3)
- Local hygienist under state supervision (1)

PH Dental Care Safety Net Facilities Now



	Fixed	Mobile
Local Health Department		
Community Health Center		
Other Non-Profit Facility		

Note: Symbols indicate the base county of a facility and not necessarily its specific geographic location or counties served.



Areas for focus

- Younger children
- Older children
- Provider supply and distribution
- Provider reimbursement
- Provider education
- Provider participation
- PCP participation in IMB



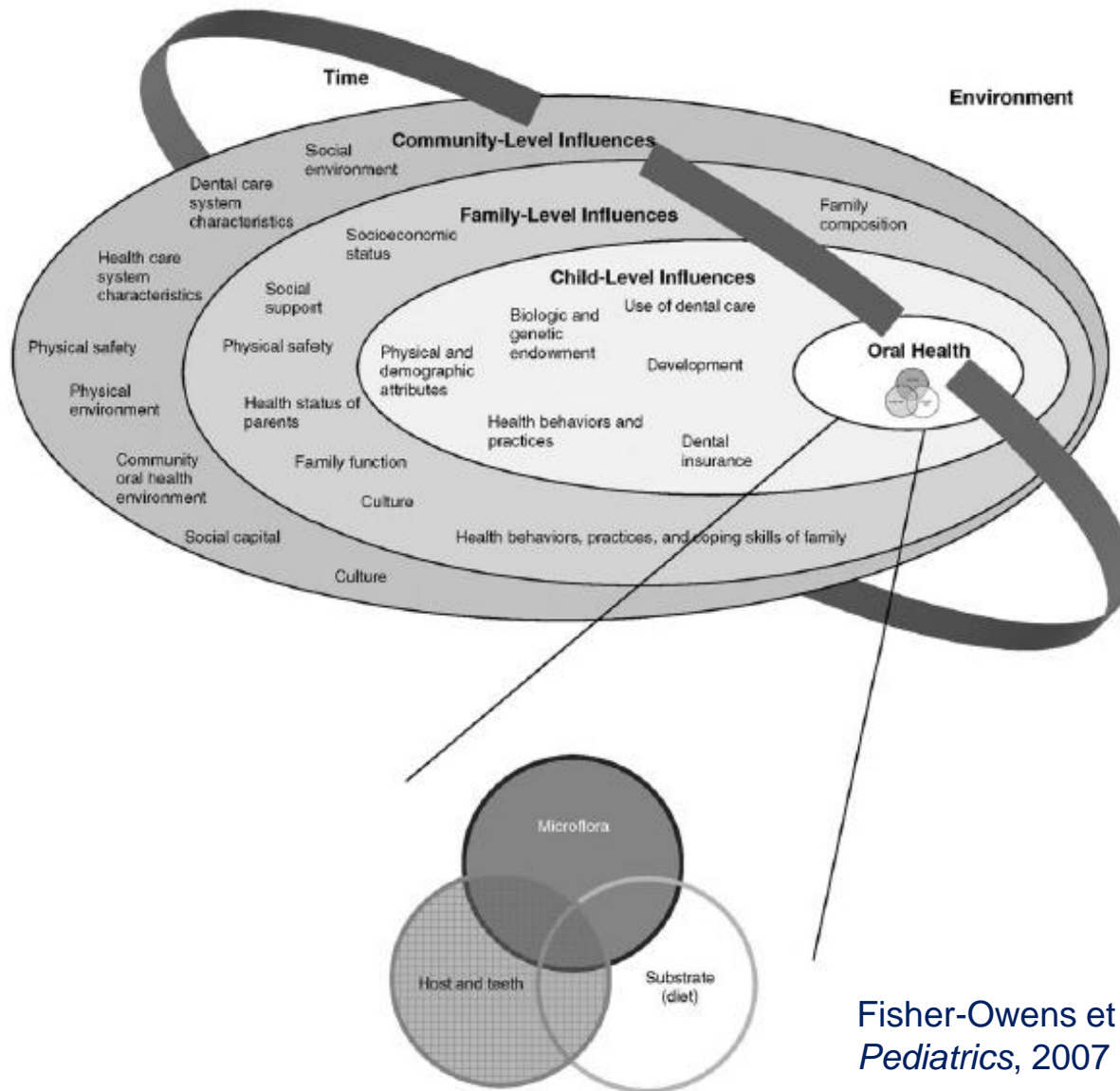
Areas of focus (continued)

- Parent education
- Public Health

● ● ● | **Root Cause Analysis**

- Purpose to identify the why of the problem.
- Start with the purpose or the 'what' that needs to change.
- Endless stream of why's to identify the cause of the problem.
- Understanding many layers of why can help identify levers for change.
- Ask why 3 to 7 times.

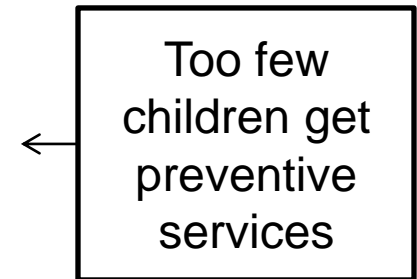
Oral health determinants



Fisher-Owens et al.,
Pediatrics, 2007



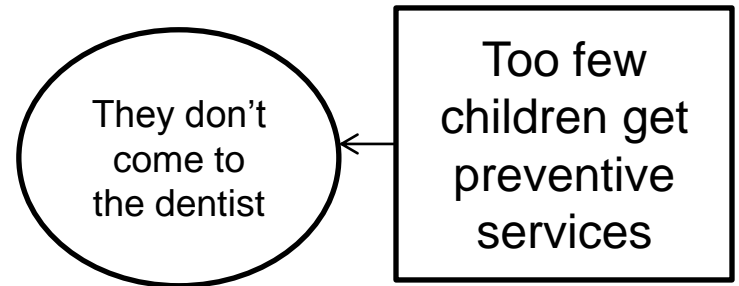
Start with the problem



← Too few children get preventive services

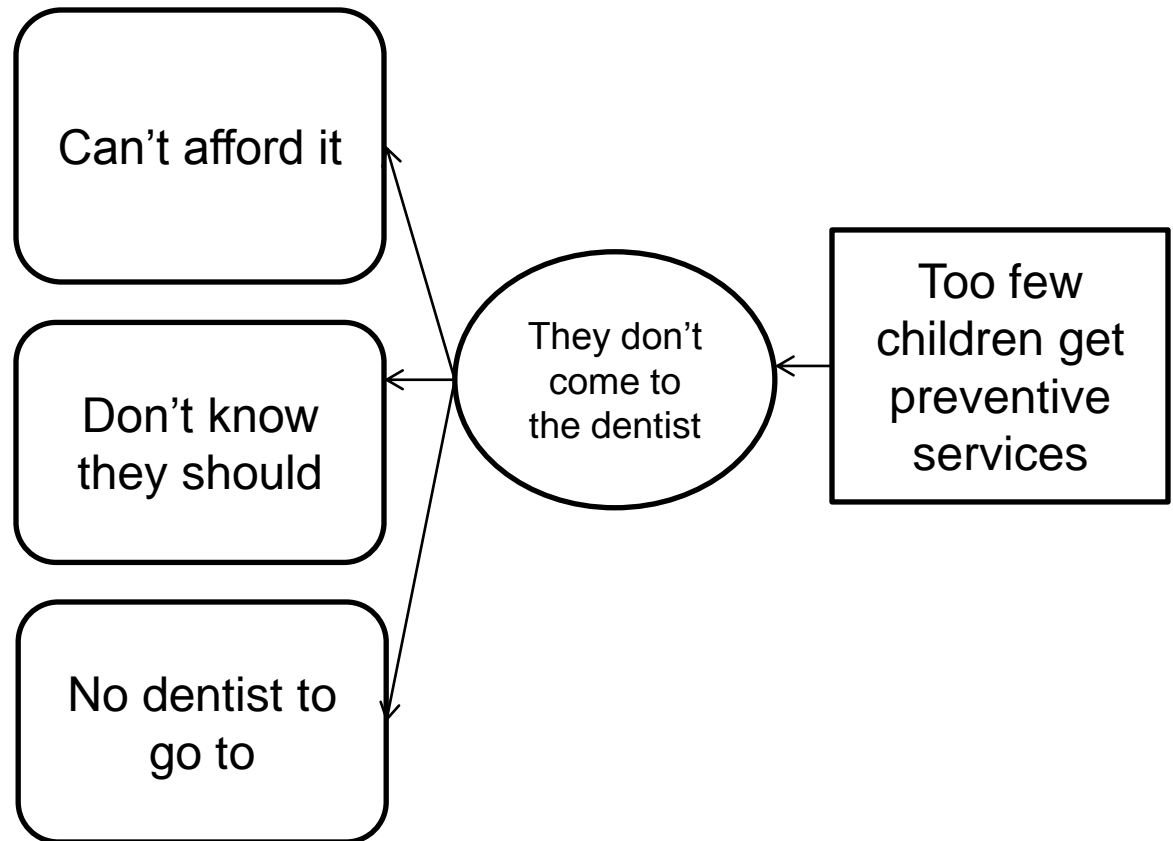


Ask why

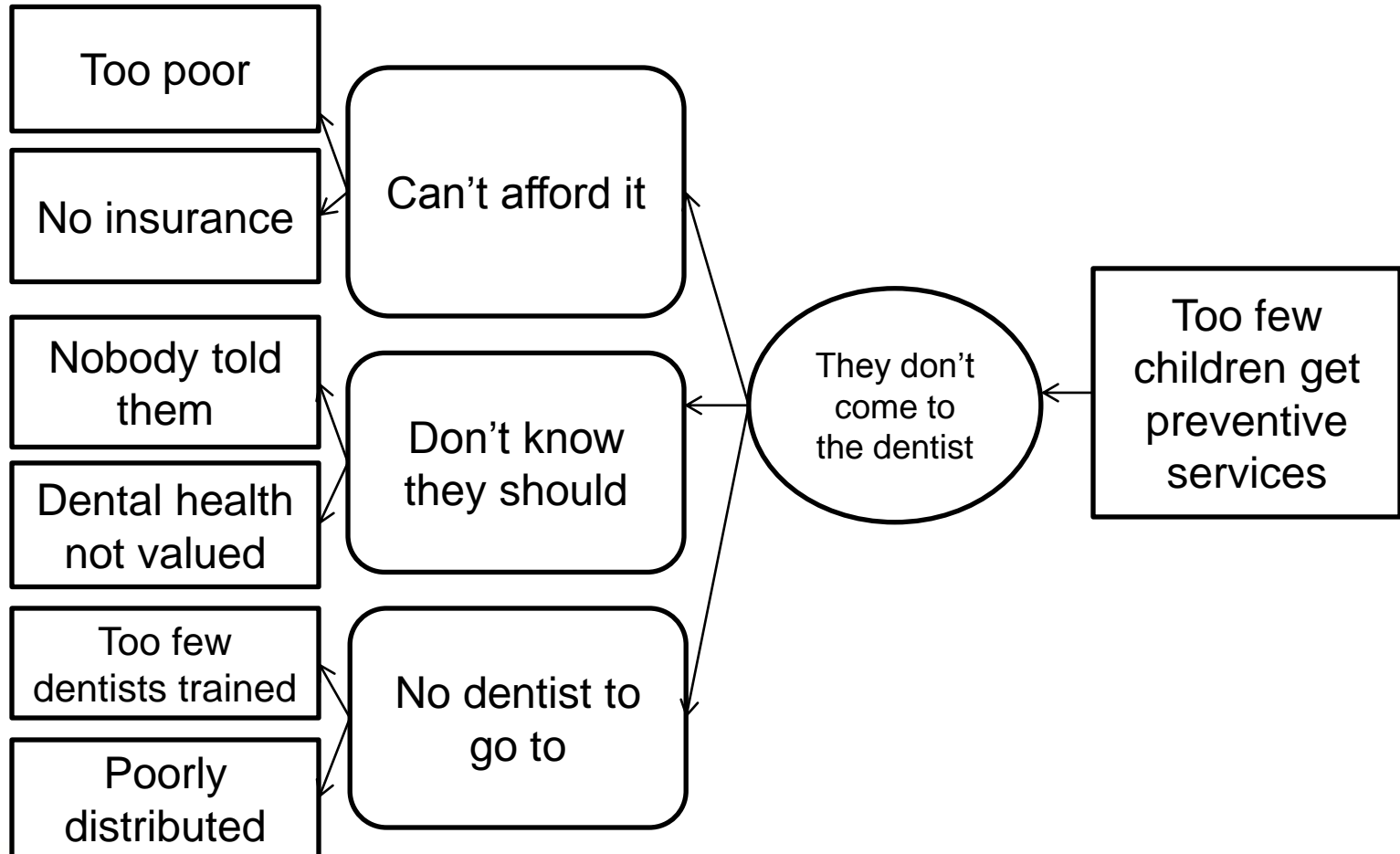




Ask why



Ask why





Home work

- Using the worksheets, conduct brainstorm root cause for all three ‘problems’ of the task force.
- **1) Increasing the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period.**
- **2) Increasing the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period.**
- **3) In addition to these goals set by CMS, the expanded North Carolina plan will include a goal to raise utilization of preventive oral health care at the county level, including in the medical environment, by 10 percentage points over a five-year period.**