



TASK FORCE ON CHILDREN'S PREVENTIVE ORAL HEALTH SERVICES
December 14, 2012
North Carolina Institute of Medicine, Morrisville
10:00-3:00 pm

Attendees

Members: Mark Casey (co-chair), Frank Courts (co-chair), Marian Earls (co-chair), Sam Bowman Fuhrmann, Chris Collins, Joseph Crocker, Rob Doherty, Susan Shumaker, Cameron Graham, Brian Harris, Sharon Nicholson Harrell, Rebecca King, Thomas Koinis, Jessica Lee, Jasper Lewis, Linda Moore, Alec Parker, Connie Parker, Rafael Rivera, Caroline Rodier, Gary Rozier, Michael Scholtz, Kim Smith, Linda Swarts, Tom Vitaglione

Steering Committee and NCIOM Staff: Kimberly Alexander-Bratcher, Krutika Amin, Katie Eyes, Anne Williams, Berkeley Yorkery, Adam Zolotor

Interested Persons: Shawn Henderson, Ginny Klarman, William Lawrence, Larry Myers

WELCOME AND INTRODUCTIONS

Mark Casey, DDS, MPH

Dental Director

Division of Medical Assistance

North Carolina Department of Health and Human Services

Frank Courts, DDS

Chair

Physicians Advisory Group Dental Committee

Marian Earls, MD

Lead Pediatric Consultant

Community Care of North Carolina

The co-chairs welcomed everyone to the first meeting of the task force.

OVERVIEW OF THE PROCESS

Kimberly Alexander-Bratcher, MPH

Project Director

North Carolina Institute of Medicine

Ms. Alexander-Bratcher welcomed the task force members gave an overview of the NCIOM, the task force process, the background leading up to the task force, and the charge to the task force. The Task Force on Children's Preventive Oral Health Services is a collaborative effort between the Blue Cross Blue Shield of North Carolina Foundation, the North Carolina Division of Medical Assistance (DMA), and the North Carolina Division of Public Health Oral Health

Section (OHS). The Task Force is charged to help DMA develop its required dental action plan to improve access to preventive oral health services for all children by:

- 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.
- 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.
- 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.

A copy of Ms. Alexander-Bratcher's presentation is available here: [Overview of the Task Force Process](#).

Selected Questions and Comments:

- Q: Can members invite individuals to attend who are not on the task force? A: All NCIOM task force meetings are open to the public and any interested persons. We do ask that both task force members and interested persons RSVP to Thalia Fuller to help plan for lunch.

THE STATE OF PEDIATRIC PUBLIC HEALTH DENTISTRY

Rebecca King, DDS, MPH

Section Chief

Oral Health Section

Division of Public Health

North Carolina Department of Health and Human Services

Dr. King gave a summary of the current state of pediatric public health dentistry to the task force. She gave an overview of dental public health workforce and program coverage of the state, noting that there are currently 11 counties in the state with no preventive dental programs. Dr. King also summarized some of the statewide trends in oral health status monitored by a series of epidemiological studies in children's dental health going back to about the 1960s. The 2003-2004 dental survey focused on how successfully decay prevention programs were reducing decay. Dr. King presented some of the trends shown by the surveys in tooth decay, as well as demographic information gathered by the survey regarding percent of children with dental insurance by type and race, and the value placed on oral health by race. Dr. King also presented some of the information collected through screening and referral of school-aged children in kindergarten and fifth grade. She gave an overview of access to dental care through the dental safety net and the public and private sources of dental care it comprises. And Dr. King gave an additional overview of common preventive dental procedures and the preventive programs going on in the state such as Give Kids a Smile, and Into the Mouths of Babes.

A copy of Dr. King's presentation is available here: [State of Pediatric Public Health Dentistry](#).

Selected Questions and Comments:

- Q: Where does cleaning fall in prevention? A: It is included as a preventive service. It will be included in Goal 1 of the Task Force.

THE STATE OF MEDICAID AND CHIP DENTAL SERVICES IN NORTH CAROLINA

Mark Casey, DDS, MPH

Dr. Casey introduced the Task Force to the North Carolina Medicaid and Health Choice Programs, outlined the demographics of the beneficiaries of both programs, and the types of dental services covered. NC Health Choice is the Children's Health Insurance Program (CHIP) which assists otherwise uninsured children ages 6 through 18 from low-income families. Dental coverage for children enrolled in Medicaid and Health Choice includes diagnostic, preventive, restorative, and endodontic services. Dr. Casey also discussed the NC Medicaid and NC Health Choice dental program budgets and performance measures, as well as utilization of preventive dental services at the county level. Performance measures used include provider participation, and beneficiary utilization measures. Dr. Casey concluded with an outline of the Centers for Medicare and Medicaid (CMS) oral health goals and potential strategies for improving access and utilization.

A copy of Dr. Casey's presentation is available here: [The State of Medicaid and CHIP Dental Services in North Carolina](#).

PRIMER ON PEDIATRIC ORAL HEALTH

Jessica Lee, DDS, MPH, PhD

Director and Professor

Department of Pediatric Dentistry

UNC School of Dentistry

Professor Department of Health Policy and Management

UNC Gillings School of Global Public Health

Dr. Lee outlined for the Task Force why pediatric oral health is important, what the prevention methods are and what we know about their effectiveness, and who the providers of pediatric oral health are. Dental caries is the most common chronic disease of children ages 5-17, has systemic effects, and is associated with a number of consequences including failure to thrive and time lost from school or work. Dr. Lee discussed a variety of prevention methods including maternal dental care, water fluoridation, sleep-time practices, fluoride varnish, and sealants.

A copy of Dr. Lee's presentation is available here: [Primer on Pediatric Oral Health](#).

Selected Questions and Comments:

- C: It can be difficult to convince some providers to provide a sealant rather than a composite given the payment structure.
- C: Physicians should be asking starting at age 1 and continuing through adolescence whether patients have a dental home.
- C: Though North Carolina has made great strides at increasing dentist distribution, it is still low, and eastern North Carolina (if separated as its own state) would have the poorest dentist to population ratio in the U.S.

DATA REFLECTION

Adam J. Zolotor, MD, DrPH

Vice President

North Carolina Institute of Medicine

Due to time constraints Dr. Zolotor's presentation of the data was postponed to the next meeting. However, he presented the Task Force with the root cause analysis exercise that they should think about in preparation for the conversation at the January 25, 2013 meeting.

A copy of Dr. Zolotor's presentation is available here: [Reflecting the Data & Root Cause Analysis](#). And a copy of the root cause analysis worksheet is available here: [Root Cause Worksheet](#).

NEXT STEPS

Future meetings of the Task Force will be held at the NCIOM and are scheduled as follows:

- Friday, January 25th, 10am-3pm
- Friday, February 22nd, 10am-3pm
- Friday, March 22nd, 10am-3pm
- Friday, April 26th, 10am-3pm
- Friday, May 31st, 10am-3pm