

**Health Priority: Access to Primary and Preventive Health Services  
Objective 4: Access to Oral Health Services (Logic Model)**

**Long Term (2010) Subcommittee Outcome Objective:**

By 2010, increase by 10 percent the proportion of each of the following populations who receive ongoing preventive and restorative oral health care: Medicaid/BadgerCare, uninsured, and underinsured populations.

**4a:** By 2010, 33 percent or more of Wisconsin’s Medicaid and BadgerCare enrollees will have received oral health services (preventive and/or restorative) from a dental provider in the past year.

**4b:** By 2010, 46 percent or more of Wisconsin’s residents who were uninsured throughout the previous year will have received oral health services from a dental provider in the past year.

**4c:** By 2010, 70 percent or more of Wisconsin’s residents who were uninsured for part of the previous year will have received oral health services from a dental provider in the past year.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p><b>Oral Health Services and Coverage</b> Individuals with oral disease: This effort will require advocacy by consumers.</p> <p>Families: Families with individuals with oral disease must advocate for change.</p> <p>Leadership: Policymakers, community leaders, government agencies, and professional health</p>	<p><b>Oral Health Services and Coverage</b> Establish oral health start-up/expansion grants to increase the capacity (facilities, equipment, providers) of community and school-based clinics to serve high-risk populations (e.g., youth, long-term care, disabled): Award start-up grants to organizations that demonstrate the ability to provide dental services effectively to Medical Assistance patients and the uninsured; award start-up grants to eligible community and school-based clinics to support their capacity to serve low income populations; award start-up grants to eligible health care</p>	<p><b>Oral Health Services and Coverage</b> Parents/Families: Education program regarding importance of oral health and advocacy for increased programming.</p> <p>High-risk populations: Targeting of limited resources to high-risk populations.</p> <p>Individuals with oral disease: Education and advocacy efforts.</p> <p>Faith communities: Advocacy for increased programming for at risk populations.</p>	<p><b>Oral Health Services and Coverage</b> By 2001, add question(s) to the ongoing Wisconsin Family Health Survey and data needs specific to this objective will be incorporated into Wisconsin Youth Oral Health Data Collection Plan.</p> <p>By 2002, increase funding for community water fluoridation by 100 percent.</p> <p>By 2002, request new dental Health Professional Shortage Area designations and receive a state response within eight weeks.</p> <p>By 2003, identify and</p>	<p><b>Oral Health Services and Coverage</b> By 2005, increase payment rates to 75 percent of median charges in Medical Assistance program.</p> <p>By 2005, establish bonus payments for dental Medical Assistance providers based on the volume of unduplicated recipients served in dental Health Professional Shortage Areas.</p> <p>By 2005, serve a number of patients in each type of preventive program increased by 25 percent.</p>	<p><b>Oral Health Services and Coverage</b> By 2010, increase payment rates at 85 percent of median charges in Medical Assistance program.</p> <p>By 2010, make available bonus payment of 30 percent to volume providers.</p> <p>By 2010, increase the baseline by 4 percent the population on central water supplies receiving fluoride.</p>

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<p>organizations must provide appropriate leadership.</p> <p>Coalitions: Both public and private groups must come together to work on improving the oral health status of Wisconsin residents.</p> <p>Service Delivery: Division of Health Care Financing, Division of Public Health, Department of Regulation and Licensing, Department of Public Instruction, Wisconsin Technical College System, Marquette University School of Dentistry, Medical College of Wisconsin, Wisconsin Primary Health Care Association, University of Wisconsin, schools</p>	<p>entities to provide care to residents of long-term care facilities.</p> <p>Initiate new and innovative care models using dental hygienists, assistants and other health professionals: Includes distance technology to facilitate oral diagnosis and prescription of services, early childhood caries prevention and health promotion training, perinatal screening and education programs, and oral health community assessments.</p> <p>Increase payment rates for Medical Assistance covered dental services.</p> <p>Create a more flexible licensure policy to encourage dentists to practice in the state:</p> <ul style="list-style-type: none"> <li>Licensure of foreign-trained dentists – allow graduates of dental colleges in other countries to take the examination and to be licensed as either a dentist or a dental hygienist.</li> <li>Licensure of U.S. trained dentists – allow license reciprocity for dentists and dental hygienists licensed in</li> </ul>	<p>Businesses: Education and advocacy for prevention programs that reduce insurance and treatment costs.</p> <p>Primary health care: Incorporate oral health into primary care.</p> <p>Policymakers: Pass legislation for increased resources and change in dental practice statutes.</p> <p>Professional groups: Support and advocacy for increased programming and changes in scope of practice.</p> <p>School professionals/school boards/teacher organizations: Support and advocacy for increased school-based programming.</p>	<p>analyze all counties likely to be eligible for dental Health Professional Shortage Areas. Request federal designation to be submitted for those that meet the Federal designation criteria.</p> <p>By 2003, place regulatory authorizations to allow implementation of new and innovative care models using dental hygienists, assistants, and other health professionals.</p> <p>By 2004, develop an evidence-based outreach and education program for underserved populations.</p> <p>By 2004, establish oral health start-up/expansion grants to increase the capacity (e.g., facilities, equipment, providers) of community and school-based clinics to serve high-risk populations (e.g., youth, long term care, and the disabled).</p> <p>By 2004, put in place regulatory authorizations for a more flexible dental</p>	<p>By 2005, increase funding for community water fluoridation by 200 percent from baseline.</p> <p>By 2006, implement 10 additional dental preventive programs (includes dental sealant, fluoride mouthrinse, fluoride supplement, and fluoride varnish programs).</p> <p>By 2006, implement 10 additional clinical treatment programs.</p>	

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<p>of nursing, public and private colleges and universities, Area Health Education Centers, Wisconsin Dental Examining Board, Wisconsin Dental Association, Centers for Disease Control and Prevention, Association of State and Territorial Dental Directors, local public health departments, the Legislature, professional health care organizations, Office of the Commissioner of Insurance, and the insurance industry.</p> <p>Legislative change: Specific to Medical assistance reimbursement, licensure, scope of practice, and prevention programs.</p>	<p>other states as long as there are no license restrictions or sanctions.</p> <p>Increase the number of oral health professionals that serve high-risk, underserved communities:</p> <ul style="list-style-type: none"> <li>▪ Expand the dental hygienist scope of practice to permit performing duties as defined in statute without prescription.</li> <li>▪ Expand duties allowed under delegation for dental assistants and registered dental hygienists.</li> <li>▪ Increase capacity to designate dental Health Professional Shortage Areas.</li> <li>▪ Reimburse retired dentists the cost of license fee and malpractice insurance in exchange for the dentist's provision of dental services at a community dental clinic.</li> <li>▪ Award start-up grants to teaching institutions and clinical training sites for projects that increase dental access for underserved populations and promote innovative clinical training of dental professionals; award teaching grants.</li> </ul>		<p>licensure policy to encourage additional dentists to practice in the state.</p> <p>By 2004, increase the number of oral health professionals that will serve high-risk, underserved communities by expanding the legal scope of practice of dental hygienists and expanding the legal delegation of dental care.</p> <p>By 2004, identify a benchmark plan for minimum services for health insurance coverage, including dental.</p> <p>By 2004, include selected oral health prevention services as Medical Assistance billable services for primary care providers within their scope of practice.</p>		

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<p>Funding: Increased funding required for Medical Assistance program, primary care clinics, and for prevention programs.</p> <p>Licensure and Public Policy: Division of Health Care Financing, Division of Public Health, Wisconsin Dental Association, legislators, insurance companies, and the Department of Regulation and Licensing.</p> <p>Data Capacity: Public Health System Partners, Division of Health Care Financing, Division of Public Health, Office of the Commissioner of Insurance, and the Legislature.</p>	<p>Identify a benchmark plan for minimum services for health insurance coverage that includes dental:</p> <ul style="list-style-type: none"> <li>▪ Consider federally mandated and optional services.</li> <li>▪ Consider BadgerCare levels.</li> <li>▪ Build on findings from Division of Health Care Financing/ Health Resources and Services Administration State Planning Grant.</li> <li>▪ Create/compile data on current levels of coverage by type of plan.</li> <li>▪ Identify gaps between existent plans and benchmark plan.</li> <li>▪ Determine priorities and fiscal note for closing identified gaps.</li> </ul> <p>Add selected oral health prevention services as Medical Assistance billable services for primary care providers within their scope of practice.</p> <p>Establish bonus dental Medical Assistance payments based on the volume of unduplicated recipients served in dental Health Professional Shortage Areas.</p>				

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<p>Outreach/Education: Division of Health Care Financing, Division of Public Health, Department of Public Instruction, local public health departments, and community-based organizations.</p> <ul style="list-style-type: none"> <li>• Resources</li> <li>• Medical assistance outreach/ Temporary Assistance for Needy Families</li> <li>• Funding</li> </ul> <p>Payment: Division of Health Care Financing, Legislature, Office of the Commissioner of Insurance, and the insurance industry.</p> <ul style="list-style-type: none"> <li>• Legislative change</li> <li>• Resources</li> <li>• Funding</li> </ul>	<p>Provide preventive care (includes dental sealant, fluoride mouthrinse, fluoride supplement, and fluoride varnish programs). Expand the use of evidence-based outreach and education programs to underserved groups: Education on oral health basics. This activity will expand and establish a continuum of care engaging medical and dental providers to provide outreach, prevention and early intervention oral health services. Provide additional funding for community water fluoridation (community-based preventive service). Obtain baseline data for objective: Department of Health and Family Services will add question(s) to the Bureau of Health Information Family Health Survey to measure the objective related to insurance coverage. Incorporate baseline data needs for this objective into the Wisconsin Youth Oral Health Data Collection Plan.</p>				

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<p><b>Workforce Linkages and Outcome Objectives Identified</b> Division of Health Care Financing, Division of Public Health, Department of Regulation and Licensing, Wisconsin Technical College System, Marquette University School of Dentistry, Medical College of Wisconsin, University of Wisconsin, schools of nursing, public and private colleges and universities, Area Health Education Centers, and professional health care organizations.</p> <p>Legislature, Department of Health and Family Services, Department of Public Instruction, and local public health departments.</p>	<p><b>Workforce Linkages and Outcome Objectives Identified</b> Develop a core preventive oral health curriculum for primary care health professionals including competencies in infant oral care, management of high-risk children, oral health assessments by primary care providers and interprofessional coordination. This should be taught in both mini-residencies and traditional health education settings.</p> <p>Increase the racial and ethnic diversity of dental professionals through recruitment, retention, and mentor programs.</p> <p>Strengthen public oral health infrastructure to support community level prevention programs through Region based DPH public health dental hygienists.</p> <p>Increase the number of oral health professionals and resources in low-income</p>	<p><b>Workforce Linkages and Outcome Objectives Identified</b></p>	<p><b>Workforce Linkages and Outcome Objectives Identified</b> By 2003, develop a core preventive oral health curriculum for primary care health professionals including competencies in infant oral care, management of high-risk children, oral health assessments by primary care providers, and interprofessional coordination.</p> <p>By 2004, implement core preventive oral health curriculums in medical and nursing schools.</p>	<p><b>Workforce Linkages and Outcome Objectives Identified</b> By 2005, strengthen public oral health infrastructure to support community level prevention programs through the employment of region based Division of Public Health public health dental hygienists.</p> <p>By 2006, increase the number of oral health professionals and resources in low-income communities through incentive program strategies.</p>	<p><b>Workforce Linkages and Outcome Objectives Identified</b> By 2010, graduates from dental and dental hygiene training programs will more closely reflect the cultural diversity of the state population (e.g., rural, racial/ethnic).</p> <p>By 2010, an increased percentage of dental and hygiene school graduates will report plans to work in dental Health Professional Shortage Areas.</p> <p>By 2010, an increased percentage of graduates from dental and dental hygiene training programs will have had learning experiences in underserved practice settings.</p>

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<p>Marquette University School of Dentistry, Wisconsin Technical College System, the Legislature, Division of Health Care Financing, Wisconsin Dental Examining Board, Wisconsin Dental Association, Area Health Education Centers, and public and private partners.</p> <p>Marquette University School of Dentistry, Wisconsin Technical College System, Division of Public Health, and Area Health Education Centers.</p>	<p>communities through incentive program strategies including: service-learning sites, loan repayment, low-interest loans for infrastructure, Medical Assistance reimbursement increases, tax credits, more flexible licensure policy to facilitate increased mobility of dentists to the state and reducing the administrative burden of Medical Assistance.</p>				