Health Priority: Access to Primary and Preventive Health Services
Objective 4: Access to Oral Health Services (Template)

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

Wisconsin Baseline	Wisconsin Sources and Year
22.5% of Medical Assistance/BadgerCare eligibles received any dental care in 2001 in Wisconsin.	Medicaid/BadgerCare claims, Wisconsin Department of Health and Family Services, Division of Health Care Financing (2001)
36% of the uninsured reported a dentist visit in the past year.	Family Health Survey, Wisconsin Department of Health and Family Services (2000)
60% of those with insurance for part of the year reported a dentist visit in the past year.	Family Health Survey, Wisconsin Department of Health and Family Services (2000)

Federal/National Baseline	Federal/National Sources and Year
20% of children and adolescents under age 19 years at or below 200% of the Federal poverty level received any preventive dental service in 1996.	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality (1996)

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
21 – Oral Health	Prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services.	21-8	Increase the proportion of children who have received dental sealants on their molar teeth.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
		21-10	Increase the proportion of children and adults who use the oral health care system each year.
		21-11	Increase the proportion of long-term care residents who use the oral health care system each year.
		21-12	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Definitions	
Term	**Definition**
Access	According to the Institute of Medicine, "The timely use of personal health services to achieve the best possible health outcomes." This definition includes both the use and effectiveness of health services. The concept of access also encompasses physical accessibility of facilities. IOM. *Medicare: A Strategy for Quality Assurance*. Vol. 1. Lohr, K.N., ed. Washington, DC: National Academy Press, 1998.
Dental caries/dental decay/tooth decay/cavities	An infectious disease that results in the loss of minerals on the tooth surface.
Dental sealants/sealants	Plastic coatings applied to the surfaces of teeth (primarily chewing surfaces) to protect the tooth surfaces from collecting food, debris, and bacteria that promote the development of dental decay
Preventive dentistry	Refers to the procedures in dental practice and health programs that prevent the occurrence of oral diseases.
Preventive care	Employs techniques and agents to avoid the onset of disease, to reverse the progress of the initial stages of disease, or to arrest the disease process before treatment becomes necessary.
Restorative care (secondary and tertiary prevention)	Employs routine treatment methods to stop a disease process and to restore tissues as near to normal as possible. Restorative care also includes measures necessary to replace lost tissues and to rehabilitate patients to the point that function is as near to normal as possible after the failure of secondary prevention.

Definitions	
Term	**Definition**
Oral health providers	Includes dentists and dental hygienists. Collaborating team members include but are not limited to: dental assistants, primary care providers, health educators, nurses, nutritionists, social workers, allied health workers, and other community outreach workers.
Underinsured	Those with insurance for part of the year as measured by the Department of Health and Family Services Family Health Survey.

Rationale:

- Basic insurance/health plans should include a defined set of primary and preventive physical, mental, and oral health care services.
- The terms uninsured and underinsured describe inadequate insurance coverage for oral health services.
- Oral health is an essential and integral component of health throughout life.
- Oral health includes much more than healthy teeth and gums (e.g., being free of chronic oral-facial pain conditions, oral and pharyngeal cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases and disorders that affect the craniofacial complex)
- Poor oral health and untreated oral diseases and conditions can have a significant negative impact on quality of life. Left untreated, the pain and infection caused by tooth decay can lead to problems in eating, speaking, and learning.
- Dental caries (tooth decay) is the single most common chronic disease of childhood.
- Dental caries is an infectious, transmissible disease in which bacterial byproducts (i.e., acids) dissolve the hard surfaces of teeth. The major source of the infection is thought to be via the primary caregiver.
- Safe and effective disease prevention measures exist that everyone can adopt to improve oral health and prevent disease. These measures include daily oral hygiene procedures and other lifestyle behaviors, community programs such as community water fluoridation and tobacco cessation programs, and provider-based interventions such as oral prophylaxis, the placement of dental sealants and examinations.
- There are profound and consequential oral health disparities within Wisconsin's population. Although there have been gains in oral health status for the population as a whole, they have not been evenly distributed across subpopulations. African Americans, Hispanics, and Native Americans generally have the poorest oral health of any racial and ethnic groups.
- Barriers to care include cost, lack of or inadequate dental insurance, discrimination, culture, fear, service capacity, knowledge, and inadequate workforce.
- The outcome output activities for this objective have been ranked by the Access to Primary and Preventive Health Services Subcommittee members, and are listed in rank order in the following section.

Oral Health Services and Coverage

Outcomes:

Short-term Outcome Objectives (2002-2004)

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.

- By 2002, increase funding for community water fluoridation by 100 percent.

By 2002, request new dental Health Professional Shortage Area designations and receive a state response within eight weeks.

- By 2003, identify and 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.
- By 2003, place regulatory authorizations to allow implementation of new and innovative care models using dental hygienists, assistants, and other health professionals.
- By 2004, develop an evidence-based outreach and education program for underserved populations.
- 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).
- By 2004, put in place regulatory authorizations for a more flexible dental licensure policy to encourage additional dentists to practice in the state.
- By 2004, increase in 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.
- By 2004, identify a benchmark plan for minimum services for health insurance coverage, including dental.
- By 2004, include selected oral health prevention services as Medical Assistance billable services for primary care providers within their scope of practice.

Medium-term Outcome Objectives (2005-2007)

- By 2005, increase payment rates to 75 percent of median charges in Medical Assistance program.
- By 2005, establish bonus payments for dental Medical Assistance providers based on the volume of unduplicated recipients served in dental Health Professional Shortage Areas.
- By 2005, serve a number of patients in each type of preventive program increased by 25 percent.
- By 2005, increase funding for community water fluoridation by 200 percent from baseline.
- By 2006, implement 10 additional dental preventive programs (includes dental sealant, fluoride mouthrinse, fluoride supplement, and fluoride varnish programs).
- By 2006, implement 10 additional clinical treatment programs.

Long-term Outcome Objectives (2008-2010)

- By 2010, increase payment rates at 85 percent of median charges in Medical Assistance program.
- By 2010, make available bonus payment of 30 percent to volume providers.
- By 2010, increase the baseline by 4 percent the population on central water supplies receiving fluoride.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Individuals with oral disease: This effort will require advocacy by consumers.
- Families: Families with individuals with oral disease must advocate for change.

- Leadership: Policymakers, community leaders, government agencies, and professional health organizations must provide appropriate leadership.
- Coalitions: Both public and private groups must come together to work on improving the oral health status of Wisconsin residents.
- 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 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.
- Legislative change: Specific to Medical assistance reimbursement, licensure, scope of practice, and prevention programs.
- Funding: Increased funding required for Medical Assistance program, primary care clinics, and for prevention programs.
- 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.
- Data Capacity: Public Health System Partners, Division of Health Care Financing, Division of Public Health, Office of the Commissioner of Insurance, and the Legislature.
- Outreach/Education: Division of Health Care Financing, Division of Public Health, Department of Public Instruction, local public health departments, and community-based organizations.
  - Resources
  - Medical assistance outreach/ Temporary Assistance for Needy Families
  - Funding
- Payment: Division of Health Care Financing, Legislature, Office of the Commissioner of Insurance, and the insurance industry.
  - Legislative change
  - Resources
  - Funding

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.)*

<u>Activities</u>:

- 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 entities to provide care to residents of long-term care facilities.

- 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.
- Increase payment rates for Medical Assistance covered dental services.
- Create a more flexible licensure policy to encourage dentists to practice in the state:
  - 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.
  - Licensure of U.S. trained dentists – allow license reciprocity for dentists and dental hygienists licensed in other states as long as there are no license restrictions or sanctions.
- Increase the number of oral health professionals that serve high-risk, underserved communities:
  - Expand the dental hygienist scope of practice to permit performing duties as defined in statute without prescription.
  - Expand duties allowed under delegation for dental assistants and registered dental hygienists.
  - Increase capacity to designate dental Health Professional Shortage Areas.
  - 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.
  - 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.
- Identify a benchmark plan for minimum services for health insurance coverage that includes dental:
  - Consider federally mandated and optional services.
  - Consider BadgerCare levels.
  - Build on findings from Division of Health Care Financing/ Health Resources and Services Administration State Planning Grant.
  - Create/compile data on current levels of coverage by type of plan.
  - Identify gaps between existent plans and benchmark plan.
  - Determine priorities and fiscal note for closing identified gaps.
- Add selected oral health prevention services as Medical Assistance billable services for primary care providers within their scope of practice.
- Establish bonus dental Medical Assistance payments based on the volume of unduplicated recipients served in dental Health Professional Shortage Areas.
- 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.

Participation/Reach

Parents/Families: Education program regarding importance of oral health and advocacy for increased programming.
- High risk populations: Targeting of limited resources to high risk populations.
- Individuals with oral disease: Education and advocacy efforts.
- Faith communities: Advocacy for increased programming for at risk populations.
- Businesses: Education and advocacy for prevention programs that reduce insurance and treatment costs.
- Primary health care: Incorporate oral health into primary care.
- Policymakers: Pass legislation for increased resources and change in dental practice statutes.
- Professional groups: Support and advocacy for increased programming and changes in scope of practice.
- School professionals/school boards/teacher organizations: Support and advocacy for increased school-based programming.

Workforce Linkages and Outcome Objectives Identified
Short-term Outcome Objectives (2002-2004)

- 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.
- By 2004, implement core preventive oral health curriculums in medical and nursing schools.

Medium-term Outcome Objectives (2005-2007)

- 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.
- By 2006, increase the number of oral health professionals and resources in low-income communities through incentive program strategies.

Long-term Outcome Objectives (2008-2010)

- 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).
- By 2010, an increased percentage of dental and hygiene school graduates will report plans to work in dental Health Professional Shortage Areas.

- By 2010, an increased percentage of graduates from dental and dental hygiene training programs will have had learning experiences in underserved practice settings.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

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.

Legislature, Department of Health and Family Services, Department of Public Instruction, and local public health departments.

- 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.
- Marquette University School of Dentistry, Wisconsin Technical College System, Division of Public Health, and Area Health Education Centers.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.*

Activities:

- 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.
- Increase the racial and ethnic diversity of dental professionals through recruitment, retention, and mentor programs.
- Strengthen public oral health infrastructure to support community level prevention programs through Region based DPH public health dental hygienists.
- Increase the number of oral health professionals and resources in low-income 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.

Evaluation and Measurement

Multiple resources are available to evaluate and measure progress toward achieving the goals of this objective. These include:

- Wisconsin Youth Oral Health Data Collection Plan
- Family Health Survey
- "Make Your Smile Count" Survey
- Wisconsin Community Water Fluoridation Census

- Medical Assistance dental utilization reports
- Oral Health America Scorecard
- Department of Health and Family Services Oral Health Scorecard
- National Oral Health Surveillance System

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Access to Primary and Preventive Health Services: Increase the Public Health System capacity to assure population access to preventive health services.

Access to Primary and Preventive Health Services: Reduce the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventive health care.

Sufficient and Competent Workforce: Workforce is key to improving access to preventive and restorative dental care due to issues of maldistribution, licensure, and delegation of duties.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Implement Wisconsin Youth Data Collection Plan, add additional questions regarding oral health to the Wisconsin Family Health Survey, participate in Oral Health America National Scorecard, and participate in National Oral Health Surveillance System.

Educate the public about current and emerging health issues: Significant in this area is the need to educate the public and policymakers regarding the access to oral health care crisis in Wisconsin. Emerging health issues include the use of fluoride varnishes and the prevention of early childhood caries. It is necessary to expand the use of evidence-based outreach and education programs to undeserved groups.

Promote community partnerships to identify and solve health problems: Most of the inputs for this objective require significant collaborations and partnerships. These collaborations can build on the successful "Healthy Smiles for Wisconsin" coalition.

Create policies and plans that support individual and community health efforts: Regulatory authorizations are necessary to allow implementation of new and innovative care models using dental hygienists, assistants and other health professionals. More flexible dental licensure policies are necessary to encourage additional dentists to practice in the state. Selected oral health prevention services need to be included as Medical Assistance billable services for primary care providers within their scope of practice.

Link people to needed health services: This links to the establishment of oral health start-up/expansion grants to increase capacity (facilities, equipment, and providers) of community and school-based clinics.

Assure a diverse, adequate, and competent workforce to support the public health system: This links to the development of a core preventive oral health curriculum for primary health professionals to include competencies in infant oral care, management of high-risk children, and oral health assessments by primary care providers. More flexible dental licensure policies are

necessary to encourage additional dentists to practice in the state. Graduates from dental and dental hygiene training programs will more closely reflect the cultural diversity of the state population.

Assure access to primary health care for all: This links to the establishment of oral health start-up/expansion grants to increase the capacity (e.g., facilities, equipment, providers) of community and school-based clinics.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote the health of all: The outputs focus on increasing access to preventive and restorative oral health care for the population as a whole and for sub-populations that are at high risk for oral diseases.

Eliminate health disparities: The outputs include public education and outreach, service delivery, and workforce activities that are targeted to sub-populations that currently have disparities in disease prevalence and access to oral health care (e.g., lower socioeconomic populations).

Transform Wisconsin's public health system: The objective and outputs address the role of the consumer, delivery system and health care providers, health professions training programs, and policy makers.

Key Interventions and/or Strategies Planned:

- Establish oral health start-up grants to increase the capacity of community and school-based clinics to serve high-risk populations.
- Implement new and innovative care models using dental hygienists, assistants, and other health professionals.
- Increase dental Medical Assistance reimbursement rates.
- Implement a more flexible dental licensure policy.
- Expand the utilization of oral health providers to increase access (e.g., expand dental hygienist scope of practice, expand delegation of care, use of retired providers).

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