Dental Care for Young Children in the HUSKY Program

Presentation for Council on Medical Assistance Program Oversight
February 19, 2016
Perinatal and Infant Oral Health Quality Improvement Project

• Project of the Connecticut Department of Social Services
• Funded by four-year grant awarded by HRSA (October 2013 – September 2017)
• Designed and operated by the Connecticut Dental Health Partnership
• Evaluation Lead: Connecticut Voices for Children
PIOHQIP Goals

• Provide coordinated approach to oral health needs of pregnant women and infants

• Promote perinatal and infant/toddler oral health and eliminate barriers and disparities

• Improve systems of oral health care through ongoing evaluation, including statewide data collection and analysis

• Leverage available fiscal and other resources to maintain the Intensive Community Outreach approach and evaluation of effectiveness
PIOHQIP Activities

• Conduct *Intensive Community Outreach* in towns with about 80% of HUSKY births

• Establish working relationships with OB/GYN offices, nurse-midwives, pediatric care offices and community agencies, such as WIC, Help Me Grow, Community Action Agencies.

• Reach out to pregnant women identified by Community Health Network CT

• Collaborate with other working groups, professional organizations, and other partners
Dental Care for Young Children in HUSKY A
Methods

• Identified children less than 3 who were continuously enrolled in HUSKY A

• Identified children who had preventive dental care and those with treatment

• Data are intended to supplement DSS’ CMS 416 EPSDT reporting with:
  – Differences associated with race/ethnicity
  – Differences associated with residence
Preventive and Treatment Dental Utilization by Children Under Age 3, 2009 - 2013

Percent of Children With at Least 1 Dental Visit

Preventive and Treatment Utilization

2009: 24.1% Preventive, 2.6% Treatment
2010: 32.3% Preventive, 3.3% Treatment
2011: 37.0% Preventive, 2.6% Treatment
2012: 38.2% Preventive, 2.1% Treatment
2013: 40.4% Preventive, 1.9% Treatment
Preventive Dental Utilization by Age for Children Under Age 3, 2009-2013

Percent of Children With at Least 1 Dental Visit

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%

Year:
- 2009
- 2010
- 2011
- 2012
- 2013

Chart Legend:
- 0
- 1
- 2

Source: Connecticut Voices for Children
Preventive Dental Utilization by Race/Ethnicity for Children Under Age 3, 2009-2013
Preventive and Treatment Dental Utilization by Health Reference Group for Children Under Age 3, 2013

Percent of Children with At Least 1 Dental Visit

- Urban Centers: Preventive 44.3%, Treatment 1.9%
- Manufacturing Centers: Preventive 43.6%, Treatment 2.3%
- Diverse Suburbs: Preventive 36.8%, Treatment 1.9%
- Wealthy Suburbs: Preventive 33.7%, Treatment 1.9%
- Mill Towns: Preventive 33.2%, Treatment 1.4%
- Rural Towns: Preventive 31.3%, Treatment 1.2%
Summary of Findings

Utilization of preventive services increased steadily from 24% (2009) to 40% (2013):

• Increased for both one- and two-year olds

• Increased for all cities and towns; however, rates were highest in urban centers and lowest in rural towns

• Increased for all racial/ethnic groups; however, differences between groups were evident and not consistent with differences for older children and adults
Oral Health Care for Young Children: Services Delivered by Pediatric Primary Care Providers
Connecticut’s ABC Program

• Dental codes added to Medicaid Physician Fee Schedule, effective November 2008

• Training conducted by UCHC School of Dental Medicine and CME partners

• After completing training and certification for ABC Program, pediatric care providers can bill Medicaid for:
  
  – Oral evaluation for patient under 3 and counseling with care giver (CDT code D0145; $25)

  – Topical fluoride varnish application for moderate to high caries risk patients (CDG code D1206; $10)
Methods

• Identified children up to age 6 who were ever enrolled in HUSKY A

• Identified children who had oral health evaluation (D0145) and topical therapeutic fluoride varnish application (D1206) delivered by pediatric primary care providers (non-dental)

• Adds to EPSDT CMS 416 reporting with the addition of data on provider participation
Young Children with Oral Health Evaluations Delivered by Pediatric Care Providers

Number of children with services

2008 2009 2010 2011 2012 2013

- 500 1,000 1,500 2,000 2,500 3,000

Age 1 and under Age 2 to 3 Age 4 to 6
Pediatric Care Provider Participation:
Two in 2008 → 48 in 2013

- Oral health evaluations per provider: Range: 1 - 797
- Topical fluoride applications per provider: Range: 1 - 527
Summary of Findings

• Increased number of children with oral health services from primary care providers

• Increased number of oral health services delivered

• Increased number of pediatric providers participated; however, not all trained providers deliver services and participation varies widely among those who provide oral health care
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