

Level of Implementation

- Statewide

Target Populations:

- Children enrolled in Virginia's **Smiles For Children** program - Specific target for ages 0-3 years
- Pregnant women enrolled in Medicaid or FAMIS (Family Access to Medical Insurance Security) MOMS

Improvement Goals

- Increase the application of fluoride varnish by non-dental providers in medical settings
- Increase percentage of pediatricians performing oral health exams and promote the establishment of early dental home
- Increase utilization of dental services among pregnant women enrolled in Medicaid or FAMIS MOMS

Essential Partners

- Dental providers in the **Smiles For Children** program
- Medical provider community
- Department of Medical Assistance (DMAS)
- DentaQuest
- Virginia Oral Health Coalition
- Virginia Department of Health
- Dental Advisory Committee
- Virginia Dental Association
- Managed Care Organizations
- Virginia Association of Healthcare Plans
- Community partners: child care agencies, Head Start, WIC, and medical providers



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DQA Quality Innovators Spotlight: *The Inside Story*

How did this project start?

In 2013, Virginia was one of seven states chosen to participate in an Oral Health Learning Collaborative (OHLIC) by the Center for Healthcare Strategies. The Virginia Department of Medical Assistance Services' (DMAS) involvement in the OHLIC maximized efforts with key partners to improve oral health outcomes. The Virginia OHLIC team was comprised of DMAS, the Virginia Oral Health Coalition (VaOHC), DentaQuest, and the Virginia Department of Health (VDH). A collaborative project plan with definitive objectives, timelines, roles and responsibilities was developed. Strong working relationships between the core Virginia OHLIC agencies – DMAS, VDH, VaOHC, and DentaQuest enabled this project. The participating agencies and staff had complementary strengths and assets. The VaOHC focused on stakeholder engagement. DMAS provided data and connection to the health plans. DentaQuest had the statewide reach and marketing of the dental benefit. VDH administers the Bright Smiles for Babies program which educates pediatric medical providers on how to apply and bill for fluoride varnish application. Support from other agencies for fluoride varnish application and oral health coverage for pregnant women was critical. Organizations included: Virginia Dental Association, Virginia Association of Health Plans, American College of Obstetrics and Gynecology, Dental Advisory Committee, Virginia Association of Family Physicians, Head Start. The Governor's **Healthy Virginia** initiative funding to implement the dental coverage for pregnant women made it possible to target pregnant women.

What were the key strategies to achieve the improvement goal?

The key strategies included:

- ❖ Training for medical and dental providers on the application of fluoride varnish and on dental coverage for pregnant women.
- ❖ Involvement of pediatricians and family practitioners as Oral Health Champions, working to promote "oral health is overall health."
- ❖ Engaging key partner groups to support the work of the Virginia OHLIC - e.g., Virginia Dental Association, Managed Care Organizations, Virginia's Dental Advisory Committee, Head Start.
- ❖ Implementation of Governor's *Healthy Virginia* initiative which added dental coverage for pregnant women enrolled in Medicaid and FAMIS MOMS.
- ❖ Collaboration with stakeholders and managed care organizations to increase knowledge of the **Smiles For Children** program and services.

What improvements were achieved?

Improvements included:

- ❖ 65% increase in the number of non-dental providers applying fluoride varnish to SFC enrollees under 3 years of age (386 non-dental providers in SFY2016 compared with 234 non-dental providers in SFY2014).
- ❖ 72% increase in enrollees under 3 years of age who received FV applications from non-dental providers (13,738 children under age 3 in SFY2016 compared to 8,000 in SFY2014).
- ❖ Healthcare Effectiveness Data and Information (HEDIS) 2016 measure of the percentage of children with at least one dental visit in the year was 64.88% for SFC members, well above the HEDIS National Medicaid average of 48.26%.
- ❖ As of SFY2016, 14,185 pregnant women enrolled in Medicaid or FAMIS MOMS received dental services through the Governor's *Healthy Virginia* initiative.

What were the main challenges that needed to be overcome?

- ❖ Educating and training for medical providers on the SFC program, and on the need for referrals of children to a dentist from medical providers.
- ❖ Streamlining systems for and access to data collection to improve data documentation and analysis.
- ❖ Increasing the understanding that good oral health is as an integral piece of good overall health.
- ❖ Accessing the right audiences to promote the importance of the medical-dental collaboration.
- ❖ Educating providers, medical and dental, on the importance and safety of providing oral health care during pregnancy. Many providers had been trained not to provide dental care to pregnant women.

Key Measures

- Increase in the number of non-medical providers billing for fluoride varnish
- Increase in the number of children receiving fluoride varnish
- Increase the number of referrals of pregnant women to dentists

Measurement Data Source

- DMAS claims and encounter data
- Virginia CMS-416 data
- Virginia HEDIS scores

More Information:

Smiles for Children Website:
http://www.dmas.virginia.gov/Content_pgs/dental-home.aspx

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What was the overall impact of the program?

The Virginia Oral Health Learning Collaborative was a statewide program. Governor Terry McAuliffe secured funding to implement the dental coverage for pregnant women. Costs for staffing of the Virginia OHLC were in-kind from the various partner agencies and organizations. There also were costs for printing of materials targeting pregnant women and training materials for provider education.

DQA OPINION: What would it take to spread this change?

This project demonstrates how a state Medicaid program can effectively engage other stakeholders — including other state agencies, oral health coalitions, managed care plans — to leverage resources and work collaboratively toward a common care goal. This program serves as a useful model for other state Medicaid programs to engage non-traditional partner organizations in oral health.

The opinions expressed in this section are those of the DQA's Implementation and Evaluation Committee based on their individual expertise and experiences.



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