



Policy Forum: Creating Sustainable Preventive Oral Health Programs in Schools

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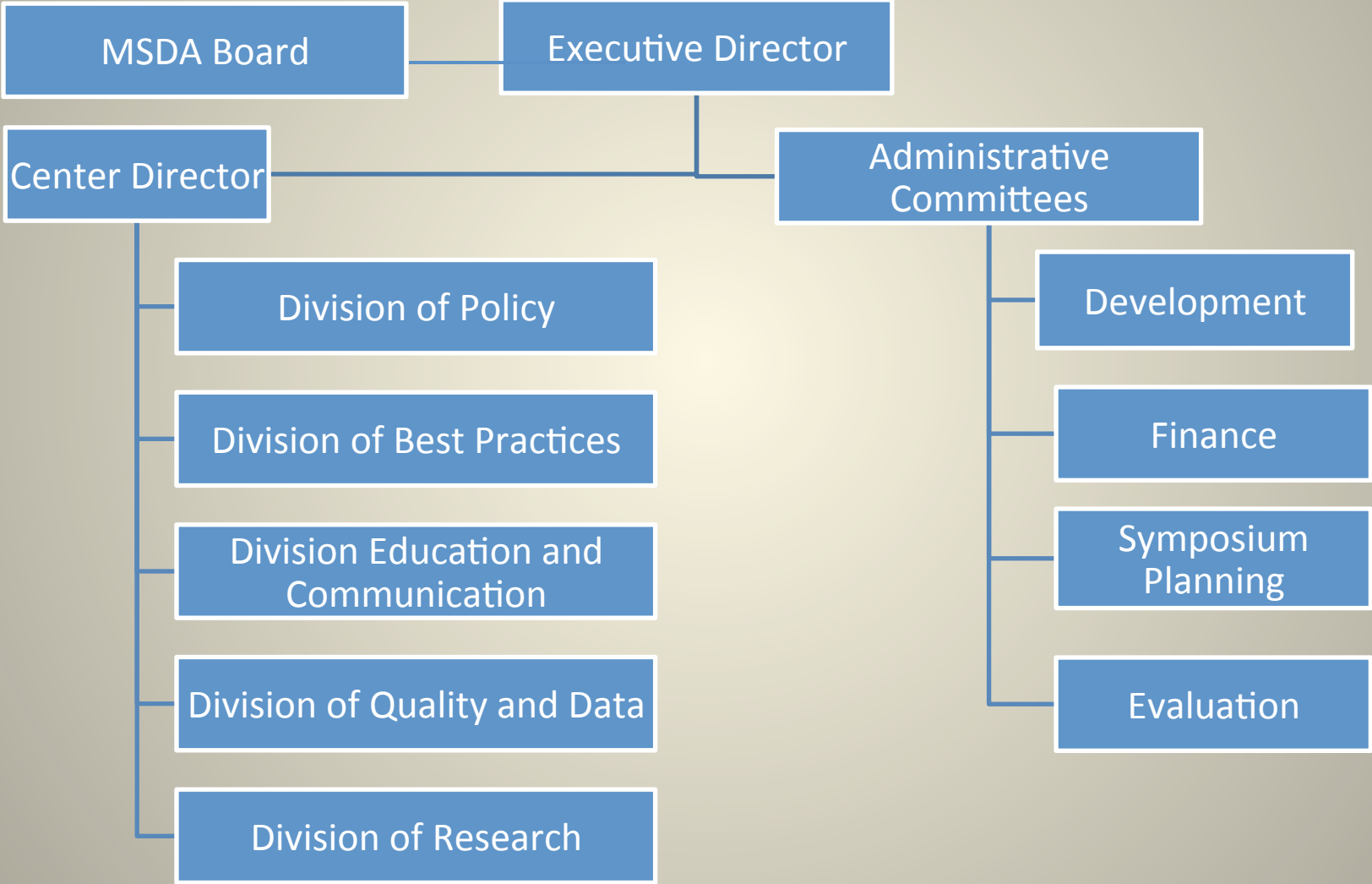
WHO WE ARE

- Directors, managers and staff of state Medicaid and Children's Health Insurance Program (CHIP) Oral Health Programs.
- Individuals and groups who collaborate or have an interest in Medicaid and CHIP Oral Health Programs and their beneficiaries.

MSDA

VISION: *All Medicaid and Children's Health Insurance Program beneficiaries receive quality oral health care services.*

MISSION: *To develop and promote evidence-based Medicaid/Children's Health Insurance Program oral health best practices and policies through innovative collaboration with a broad spectrum of stakeholders.*



Organization Infrastructure

INPUTS

WHAT WE INVEST



**MANPOWER
RESOURCES**

BOARD

STAFF

MEMBERS

COMMITTEES

ADVISORS

PARTNERS

COMMUNITY

ADVOCATES

ACTIVITIES

WHAT WE DO

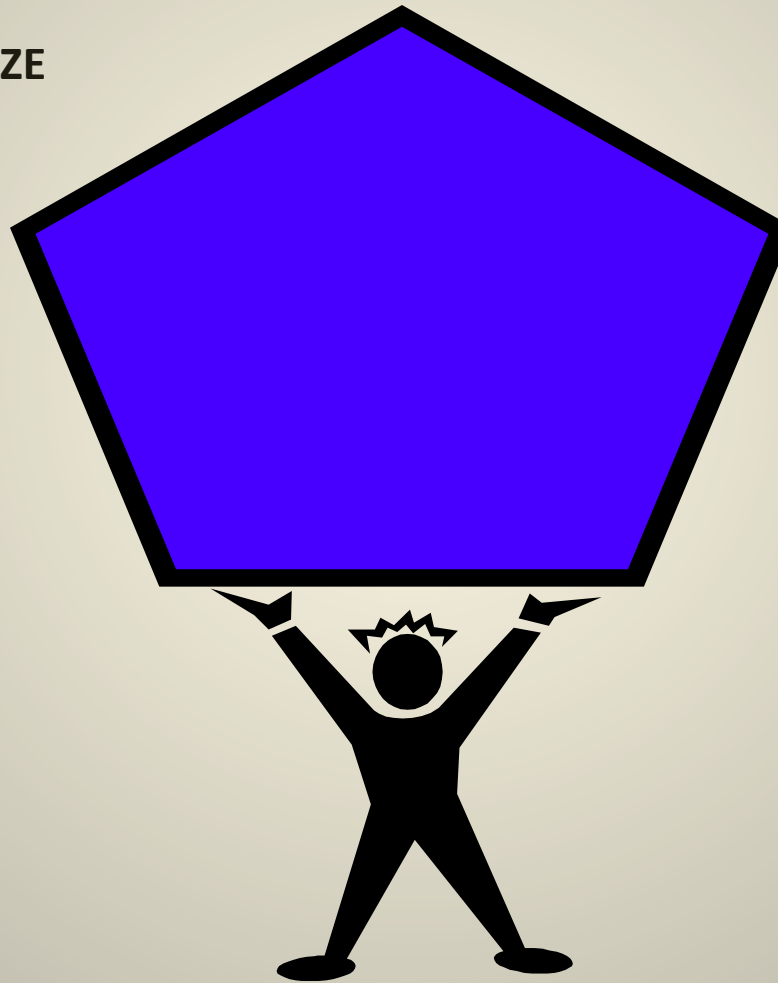
COLLECT AND ANALYZE
PROGRAM DATA

IDENTIFY AND PROMOTE
BEST PRACTICE MODELS

PROVIDE EDUCATION
AND TECHNICAL
ASSISTANCE

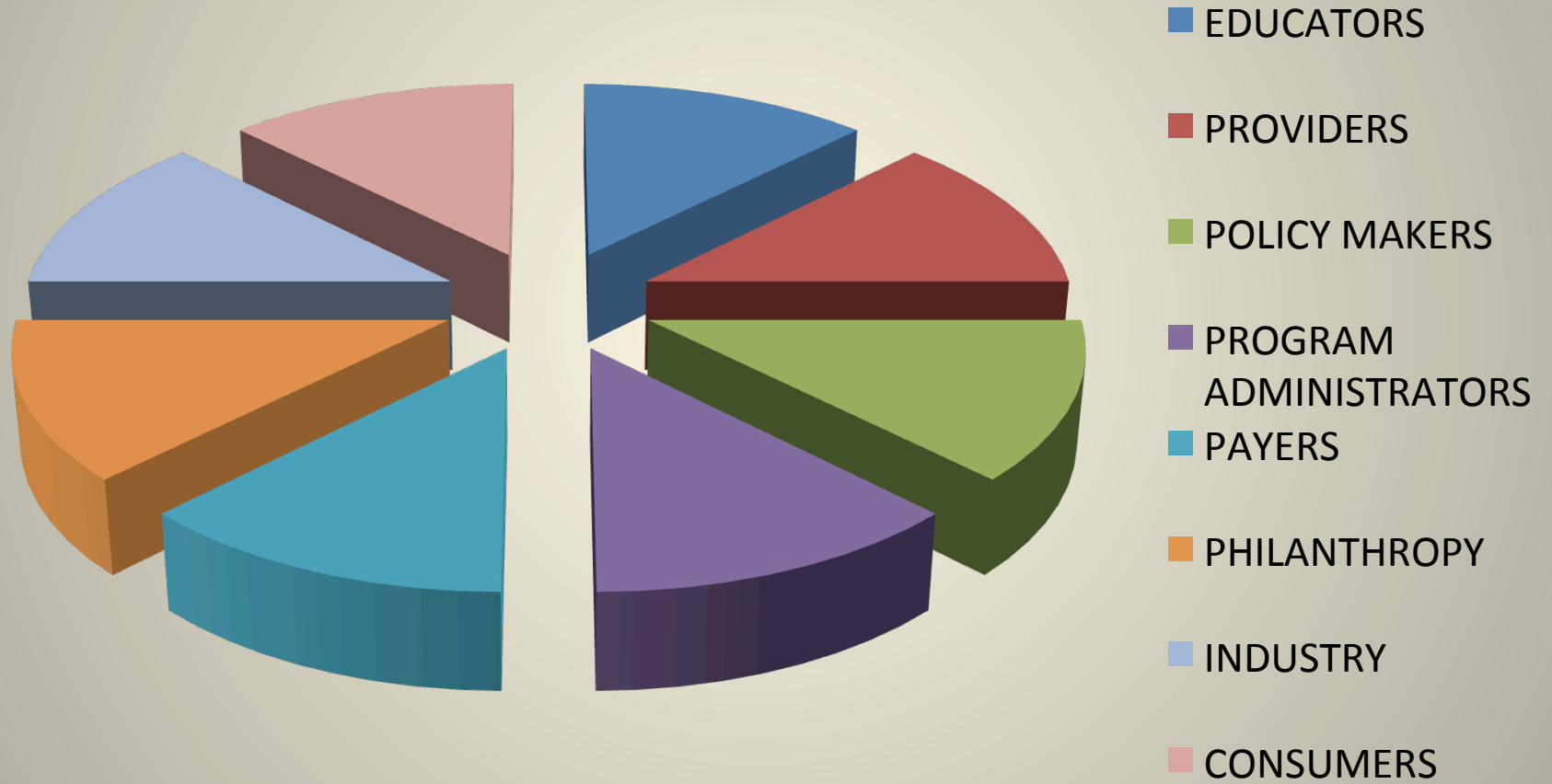
PROMOTE EVIDENCE
BASED POLICIES

FORM LINKAGES



OUTPUTS

WHO WE REACH



OUTPUTS

PRODUCTS AND ACCOMPLISHMENTS

- National Data Base of State Medicaid and CHIP Data
- Profile of State Medicaid and CHIP Dental Programs
- Federal Legislation and Program Updates
- PPACA Updates : MACPAC Reports
- Other key Information
- Library of State “Best Practice” models
- Policy Briefs and White Papers
- Linkages to policies, guidelines and resources
- Archived educational seminars and webinars
- Symposium Resources



OUTCOMES

SHORT TERM

- Achieved knowledge, competency, and skill
- Accessibility of current federal and state information
- Increased interest and awareness in Medicaid and CHIP dental programs
- Increased awareness of medical-dental systems integration
- Increased knowledge, understanding and skill related to *oral health, evidenced based care, Medicaid, CHIP, data, policies and financing*

OUTCOMES

INTERMEDIATE

- Increase use of measures and informatics to assess program quality
- Increased # states implementing “Best Practice” strategies
- Increased integration of medical-dental systems of care
- Evidence-based program policies
- Increased strategic financing of evidence based services
- Quality and cost appropriate oral health services
- Increased access to quality care
- Higher utilization rates

IMPACT

IMPROVED
HEALTHCARE SYSTEM



IMPROVED ORAL HEALTH
FOR MEDICAID AND CHIP
BENEFICIARIES



Are current efforts to redesign health care – patient-centered medical homes and accountable care organizations – having any positive influence on the integration of oral health care within primary care?

It's too early to say. The integration of oral health into primary health care has been taking place for nearly a decade. Progress is slow. Medicaid payment systems in some states account for such services, which offer promise. With Health Care Reform before us, and incentive dollars more readily available through the ACA and CMMI, we may well learn how to integrate oral health services more effectively; but for now, it is still too early to tell.

How (and at what pace) are national workforce development initiatives reshaping the oral health care landscape?

Public health advocates and state oral health programs have been advocating for the expansion of the oral health workforce for some time. These efforts range from the expansion of current scope of services of already established professional disciplines to the development of new workforce types. While many of these efforts have demonstrated promise, the collective impact of these efforts has proven to be less than expected. One of the issues that need to be addressed is the alignment of professional licensure and scope of services, with public and private benefit payment policies. We often see barriers in states where expanded duties provide hygienists or therapists with the ability to provide services, yet payment policies have not been aligned and approved. This is a problem. For example, in one state, the state oral health program worked with the Board of Registration in Dentistry to expand scope of practice for hygienists, but the Medicaid agency would not recognize the discipline as a “Medicaid provider”. Advocates, providers, policy makers must consider strategies and policies that address the *full scope of the delivery system*, not just "expansion of duties" when considering strategies that impact access and workforce.

What is the view of schools as a nontraditional setting for oral health care?

NA

What are the most important achievements in Medicaid finance that will make school-based (and community-based) oral health prevention more sustainable?

Medicaid programs have made great strides in advancing policies to support and pay for oral health services provided in school-based settings. However, more can be done. School-based settings offer so much more than merely a venue for preventive services. Consider that the health system in this country basically has two main components: the health care delivery system and the public health system. Each system has its own function, but is designed to support the other. If the intent of the oral health care delivery system is to provide comprehensive oral health care services to all children; then theoretically, the Public Health system should support it by serving as the safety-net. This means 1) identifying those individuals and or population groups who experience disparities in disease and access to care; 2) restoring health when needed; and 3) restoring access to comprehensive health care--that is, getting them back into the delivery system. Referrals aren't enough. And school-based sealant programs, while effective by some measures, aren't enough. We need to raise the bar and do more. One of the ways school-based health can help, is by stepping up the process, bringing it to the next level, which may be creating full access sites within the school-based environment, or linking children more effectively to full access oral health care delivery sites. The SBHC model is an example of this model whereby SBHCs, serve as satellites for CHCs.

Medicaid and CHIP programs are becoming more aware and supportive of school-based health care, including preventive services. These agencies recognize the health value and cost effectiveness of prevention. However, they also see first hand the levels of disease that must be addressed and as such, have to balance policies to support both.

On the other hand, SBH programs need to have solid business plans in place that provide for the billing of services to both public and private payers. Only through billing mechanisms can we expect that such programs will truly be fully sustainable.

What can advocates do at a local level to advance best practices in their state and community?

Advocates can push for the alignment of policies between programs and agencies that support workforce development and access to comprehensive oral health care services.

Advocates can encourage local providers to accept and integrate Medicaid and CHIP eligible children into their practices.

PRESENTER DISCLOSURES

No relationships to disclose

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