Healthy Teeth Healthy Communities: Alameda County’s Systems Approach to the Dental Transformation Initiative

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UCSF DPH Seminar
State leaves poor kids short of dental care

Low rates mean few providers serve neediest children

By Victoria Colliver

California's dental program for low-income children is leaving many of the kids it is intended to serve at high risk of developing lifelong dental diseases because it has failed to provide adequate services, a state audit released Thursday has found.

The 92-page report described a system that serves fewer than half the children enrolled in the program, attributing that mainly to a lack of dentists willing to accept the rates the state is willing to pay them for their services. Those rates, which haven't increased since 2000, were cut by 10 percent last year.

Problems with the program, known as Dental-Cal, have persisted for years, but health advocates worry that the migration last year of more than 865,000 kids into Medi-Cal from the state's Healthy Families program under the federal health law continues on D4.

Dr. Tony Mock gives Jenine Smith a dental checkup. Low-income children are at high risk of dental problems.
Little Hoover Commission Report:

“Fixing Denti-Cal”
April 2016

WWW.LHC.CA.GOV
Key Findings of Little Hoover Commission Report:
why Medi-Cal’s Dental Program was failing

Dental Provider Factors
- Low reimbursement
- Too few settings – lack of dentists who take Medi-Cal patients
- Difficulty finding providers for kids under 5
- Administrative-financial burden

Patient/Client Factors
- Little outreach or care coordination
- High no show rate
- Low health literacy
- Language/culture
- Long wait for appointments
- Long distances
- Psycho-social barriers
- Administrative-financial burden

System Factors
- Administrative issues
- Financial issues
- Data collection/utilization
- Public-private collaboration
- Dental-medical-behavioral collaboration
Access to Care

Provider Factors

Client/Patient Factors

System Factors

ALAMEDA DTI - HEALTHY TEETH HEALTHY COMMUNITIES
DTI, LDPP, and HTHC

Dental Transformation Initiative (DTI) – federal grant to state of CA

Awarded to 15 Counties called Local Dental Pilot Program (LDPP)

Alameda County  LDPP = Healthy Teeth Healthy Communities (HTHC)
✓ Pilot, April 2017 – December 2020, $19.7 million

✓ 1st time Alameda County investing in such a big, complex initiative
  • 17 partner agencies
    o 14 has community health workers (27 CDCCs)
    o 9 Federally Qualified Health Centers (FQHCs)
      o academia, community based organization, community health center
  • 21 partner private dental offices
HTHC Goals

*Increase Preventive Services*
Increase in utilization of preventive services by children/youth 0-20 yrs.

*Increase Continuity of Care/Follow-up*
Increase no. of children/youth continuously enrolled in Medi-Cal Dental Program who receive services from a dentist in 2-, 3-, 4- consecutive year periods.

*Increase Access to Care*
Increase the no. of dentists who provide preventive services to children/youth 0-20 yrs.
The HTHC Model

Create Community Dental Care Coordinator (CDCC) Workforce

Create Network of Dentists/Providers Serving Children

Evaluation

Administration

Database - CCMS

Alameda County Healthy Teeth Healthy Communities

Increased Preventive Care & Continuity of Care
Create Community Dental Care Coordinator (CDCC) Workforce (i.e. address the patient factors)

✓ 27 culturally-linguistically diverse CDCCs – hired, trained

✓ Educate families with children/youth
  ◦ Importance of dental health and dental care in children/youth
  ◦ Becoming a successful dental care consumer
  ◦ Participate in Medi-Cal Dental Program

✓ Assist families in scheduling & keeping dental appointments

✓ Establish a working relationship with dental providers

✓ Collect data from clients
Create CDCC Workforce (continued)

27 CDCCs from 14 local community partners in Alameda County connect children and youth to dentists through outreach and in-reach efforts throughout the year.
Create CDCC Workforce (cont...)

CDCCs provide dental hygiene supplies, health education, and support with making appointments to families.
(Lili & Nandita of Alameda County Office of Dental Health, August 2018)

CDCCs provide resources to families at health fairs and other events throughout Alameda County.
(Chris & Becky of Tiburcio Vasquez Health Center, June 2019)
Create Network of Dentists/Providers Serving Children: Community of Practice (COP)
(i.e. address the provider factors)

✓ Training & mentorship by pediatric dental specialists from UCSF
  ✓ No cost CE: 16 units/yr

✓ Financial incentives from the County
  ✓ Payment for Family Oral Health Education (0-5 year olds, $20/visit, 2x/yr)
  ✓ Payment for dental encounter forms ($10/child/yr)

✓ Guidance on maximizing Medi-Cal revenue

✓ Technical assistance on application for State & local program participation

✓ CDCC’s support to decrease no show rates
Create Network of Dentists (continued)

✓ sensitive to equitable access to care

✓ knowledgeable of patient barriers to care

✓ skilled in preventive dentistry & disease management

✓ motivational interviewing
Create Dentist Network: Continuing Education Courses

Participants at the September 15, 2018, CE course.

Participants complete a worksheet exercise at the September 15, 2018 CE course.
Dr. Ponnala, Dental Director, Tiburcio Vasquez Health Center, at the June 15, 2019 CE course.

Prof. Ray Stewart guides COP members while they practice the fabrication of chair-side band & loop spacers during a hands on CE, June 15, 2019 at UCSF.
**Topics Covered in CEs**

- Building success through motivational interviewing: gaining patient and family participation in preventive practices and dental care.
- The science and practice of early childhood oral health care, using the CAMBRA principles.
- Prevention treatment strategies: atraumatic restorative treatment/interim therapeutic restorations/silver diamine fluoride.
- Diagnosis and treatment planning: when to refer.
- Helping children accept dental care: a practical approach to increase cooperation.
- Hands on training: how to practice more efficiently and with more profitability.
Address System Factors

- Create online database/CCMS - real time data collection, data entry, and monitoring and evaluation of kept and failed dental appointments and services rendered
- Collaboration between public & private dental provider service locations
- Collaboration between dental, medical, and behavioral providers
- Supporting un-insured and under-insured clients through County’s Healthy Smiles program
## HTHC Partners

<table>
<thead>
<tr>
<th>Partners with CDCCs/Care Coordination</th>
<th>Other Partners</th>
<th>Private dentist partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-FQHC</strong></td>
<td>UCSF (CE &amp; mentorship)</td>
<td>(1) Fremont: Smile Zone Family Dental</td>
</tr>
<tr>
<td>Center for Healthy Schools &amp; Communities</td>
<td>Oral Health Solutions (database developer)</td>
<td>(1) Albany</td>
</tr>
<tr>
<td>East Bay Agency for Children</td>
<td>Alameda Health Consortium (represent FQHC partners)</td>
<td>(1) Union city</td>
</tr>
<tr>
<td>First 5 Alameda County (Community Based Organization)</td>
<td>Center for Oral Health (consultant/CDA)</td>
<td>(1) Livermore</td>
</tr>
<tr>
<td>Roots Community Health Center (Community Based Organization)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FQHC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alameda Health System/ Eastmont Wellness Center</td>
<td></td>
<td>(2) Hayward</td>
</tr>
<tr>
<td>Asian Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axis Community Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Clínica de La Raza</td>
<td></td>
<td></td>
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<tr>
<td>LifeLong Medical Care</td>
<td></td>
<td></td>
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<tr>
<td>Native American Health Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiburcio Vasquez Health Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tri-City Health Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Oakland Health</td>
<td></td>
<td></td>
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</tbody>
</table>
Distribution of HTHC Dentists
Data Source: CCMS, Jan 2018 - Jun 2019

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Dentists in Nine FQHCs (27 Service Locations)</th>
<th>Private Dentists (18 Service Locations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>130</td>
<td>102</td>
<td>28</td>
</tr>
</tbody>
</table>
No. of Dental Service Locations Seeing Medi-Cal Children
Source: CCMS, Jan 2018- Jun 2019

* 2018 Total does not reflect sum of each quarter, as service locations vary from month to month. 2018 Total represents the number of unique service locations for the year.
### HTHC Clients
(Jan 2018 – Jun 2019)

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of children/youth seen by dentist</td>
<td>6,907</td>
</tr>
<tr>
<td>No. of appointments made</td>
<td>16,482</td>
</tr>
<tr>
<td>Show rate</td>
<td>81%</td>
</tr>
<tr>
<td>No. of families contacted</td>
<td>25,893</td>
</tr>
</tbody>
</table>
HTHC Clients by Age
Data Source: CCMS, Jan 2018 - Jun 2019

N = 6,907
HTHC Clients by Race/Ethnicity
Data Source: CCMS Jan 2018 - Jun 2019

Hispanic/Latino 56.8% (3,920)
Asian/Pacific Islander 18.3% (1,267)
Black 11.5% (792)
Other 6% (414)
White 3.5% (240)
AI/AN 1.7% (116)
Mixed Race 2% (141)
Missing 0.2% (17)

N= 6,907
HTHC Clients by Primary Language
Data Source: CCMS, Jan 2018 - Jun 2019

- English 38.7% (2617)
- Spanish 47.2% (3263)
- Cantonese 6.7% (466)
- Other 6.9% (474)
- Missing 0.5% (33)

N = 6,907
No. of First Appointments
Source: CCMS, Jan 2018- Jun 2019

<table>
<thead>
<tr>
<th>Time Period</th>
<th>All HTHC</th>
<th>Health Centers</th>
<th>Non Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1’18</td>
<td>666</td>
<td>532</td>
<td>114</td>
</tr>
<tr>
<td>Q2’18</td>
<td>911</td>
<td>797</td>
<td>437</td>
</tr>
<tr>
<td>Q3’18</td>
<td>1348</td>
<td>1214</td>
<td>417</td>
</tr>
<tr>
<td>Q4’18</td>
<td>1173</td>
<td>729</td>
<td>444</td>
</tr>
<tr>
<td>Q1’19</td>
<td>1146</td>
<td>786</td>
<td>360</td>
</tr>
<tr>
<td>Q2’19</td>
<td>1360</td>
<td>[VALUE]</td>
<td>440</td>
</tr>
</tbody>
</table>

HTHC Target
2018 Total: 4,401
2019 Q1+Q2: 2,506
Total: 6,907
No Show Rate for First Appointments (Actuals)
Source: CCMS, Jan 2018- Jun 2019

Example calculation: Q1'18 HC: 53/552 = 10%
No. of Families Provided FOHE by Private Providers
Source: CCMS, Jan 2018- Jun 2019
What Next?

Sustainability:
- care coordination
- support/train dentists – CEs, mentorship
- local data collection system

Unclear about investment in California:
- dental off in next waiver (CalAIM) application
- State Plan Amendment unclear about dental
Extra Slides
## 40% Medi-Cal Reimbursement Fee Increases

<table>
<thead>
<tr>
<th>Description</th>
<th>Old Payment</th>
<th>New payment based on Prop 56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgam 1 surface</td>
<td>$39.00</td>
<td>$54.00</td>
</tr>
<tr>
<td>Prefabricated Stainless Steel Crown – deciduous</td>
<td>$75.00</td>
<td>$105.00</td>
</tr>
<tr>
<td>Extraction – deciduous tooth</td>
<td>$41.00</td>
<td>$57.40</td>
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</tbody>
</table>
**Medi-Cal Incentive Payments**

Increase in Preventive Services Over Baseline

Example: Bundling prophy, fluoride, 1 sealant =

From $70 → $122.50 plus 40%

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Code Description</th>
<th>Frequency limitations per year</th>
<th>Current SMA</th>
<th>1% - 1.99%</th>
<th>2% or more</th>
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</thead>
<tbody>
<tr>
<td>D 1120</td>
<td>Prophylaxis</td>
<td>2(once every 6 months)</td>
<td>$30.00</td>
<td>$11.25</td>
<td>$22.50</td>
</tr>
<tr>
<td>D 1206</td>
<td>Topical fluoride varnish application of fluoride varnish – child 0-5</td>
<td>2(once every 6 months)</td>
<td>$18.00</td>
<td>$6.75</td>
<td>$13.50</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant-per tooth</td>
<td>8 per year(once every 1 tooth per 36 months)</td>
<td>$22.00</td>
<td>$8.25</td>
<td>$16.50</td>
</tr>
</tbody>
</table>
## Medi-Cal Incentive for Continuity of Care

Recall Appointment Bonus Payments

<table>
<thead>
<tr>
<th>Year</th>
<th>Payment</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$40.00</td>
</tr>
<tr>
<td>2</td>
<td>$50.00</td>
</tr>
<tr>
<td>3</td>
<td>$60.00</td>
</tr>
<tr>
<td>4</td>
<td>$70.00</td>
</tr>
<tr>
<td>5</td>
<td>$80.00</td>
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</table>

5 Year Total = $300.00 per child