Dental Health Foundation is now ...

Center for Oral Health
Dental Services at WIC: A Primer for Community Health Centers

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Executive Director
Center for Oral Health (COH)
(formerly Dental Health Foundation)
Presentation Outline

• About COH
• About WIC
• Implementation of a dental program at WIC
• Benefits of a CHC starting a dental program at WIC
• Examples of successful program
• Pitfalls to avoid
Center for Oral Health: Collaboration Innovation Advocacy

• Changed our name from the Dental Health Foundation in September, 2010.
• 25 year old 501(C)3 located in Oakland, CA.
• Formerly served only California.
• Vision:
  – “Oral Health For All”
Mission:

• Works through community partnerships to promote oral health for all by:
  o Providing leadership in advocacy, education and public policy development
  o Promoting community-based prevention
  o Integrating oral health into total health
  o Improving access to & quality of services
What COH is known for

- Founded to help fluoridate California
- Co-manages the statewide oral health coalition-Oral Health Access Council (OHAC) with the California Primary Care Association
- Managed the statewide oral health surveillance projects (1993-4; 2005-6)
- Issues policy reports, briefings and advocates for oral health services and program
What COH is known for

- Children’s Programs:
  - School-based Dental Program (SBDP)
  - Mommy It Hurts to Chew! An Assessment of Children’s Oral Health in California
  - First Smiles Education and Training Project
  - Children’s Dental Program: A Continuum of Care
  - WIC: Early Entry to Dental Care
Rationale

• Dental disease is almost entirely preventable if care starts by age one and if parents understand and practice health promoting behaviors.

• Unfortunately, infants and toddlers from low-income families rarely have access to a dentist.
  – In California, less than 1% of Medicaid children under 1 see a dentist.
• Finding dentists to accept low-income infants and toddlers and overcoming all the barriers for getting the families to these appointments is impractical and expensive.

• SOLUTION:
  – BRING DENTAL SERVICES TO PARENTS WITH INFANTS AND TODDLERS
Providing Dental Services at WIC

- HRSA TOHSS grant in 2007
- 2 Pilot Sites, 6 additional sites
- Purpose
  - Increase the number of at-risk one-year-olds who receive preventive dental services and access early dental care
  - Increase caregiver knowledge about early preventive care
  - Develop and implement systems that will enable WIC to serve as the entry point for dental care
Other COH WIC Dental Projects

• Southern California WIC project (funded by Kaiser S. Calif. 2009-2010)
  – Services in six communities
  – Provided by public health departments, RDHAPS, independent clinics, Indian Health Services; and FQHCs

• Los Angeles WIC project (funded by First 5 LA 2010-2012)
  – Services provided by 7 FQHCs in WICs throughout LA County
About WIC
Who Does WIC Serve?

Low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five who are at nutritional risk.
Where is WIC?

• 50 States
• District of Columbia
• Puerto Rico
• U.S. Virgin Islands
• Guam
• American Samoa
• Northern Mariana Islands
• 34 Indian Tribal Organizations
WIC Participation

• During the final quarter of FY 2009, the number of women, infants and children receiving monthly WIC benefits reached 9.3 million.

• One half of infants born in the United States are enrolled in the WIC program.

• Most children served by WIC are income eligible for Medicaid.
Average Monthly Participation Fiscal Year 2009

- 2.0 million infants
- 4.0 million children (1-4 years of age)
- 2.0 million women
WIC’s Goal

Improve the health of women and children by providing:

• Supplemental nutritious foods
• Nutrition education and counseling
• Breastfeeding promotion and support
• Referrals to health and social services
Nutritious Foods

• Monthly “food package” provides foods designed to meet the nutrition needs of each of WIC’s participant categories

• Recently revised to better align with U.S. Dietary Guidelines for Americans and AAP infant/toddler feeding guidelines

• Participants receive vouchers redeemable for specific items at local grocery stores
WIC is often the first contact with the health care system for many low-income women and children.
WIC and Oral Health

• The WIC Program’s role in preventing oral health problems in women, infants, and children is through its education and referral programs.

• WIC local agencies provide nutrition education and counseling on healthy diets based on assessment of client needs.

  – Often includes nutrition counseling to parents and guardians of infants and children on proper care of the gums and teeth at home and feeding practices that reduce the risk of developing early childhood caries.
Many WIC local agencies have improved the links between participants and the local dental community through referral and networking.
Referrals and Networking

• To improve its goal to improve the health of women and children, WIC agencies work to improve the linkage between clients and health care providers, including dentists, through referrals and networking.

• Referral of children to health and social services is an important component of WIC programs.
Examples of WIC Referrals

- Prenatal/well-child care services
- Immunization services
- Public assistance programs:
  - TANF
  - Medicaid (including EPSDT)
  - Food Stamps
- State Children’s Health Insurance Program
- Alcohol, tobacco, and other drug abuse counseling
- Dental services
- Child support services
- Family planning
Benefits of Providing Dental Service to WIC

• Provide most up-to-date information on “how to” protect child’s oral health.
• Does not interfere with provision of WIC services.
• Helps cover the oral health portion of WIC curriculum.
• Links patients to dental care services.
• Added bonus to normal WIC services.
Benefits to WIC participants

• Often first oral health visit for child
• Non-threatening environment - *Quick visit*
• Parent/caregiver oral health education – *prevention* focus
• Preventive treatment
• Connection with a dentist – *relationship*
• Referral or appointment for on-going care
• Consistent WIC outreach
Steps to Dental Days at WIC

I. Collaborative Planning
II. Promotion
III. Parent Education
IV. Clinical Encounter
V. Referral to Clinic
Key Points for Collaboration

- Share understanding of the goals, objectives, organization, policies, legislative mandates, funding, and practices of each program.

- Develop plan for parent education
  - Ensure oral health education is consistent with WIC messaging

- Seek practical solutions to issues such as staffing, space, time management, and verifying insurance.

- Develop formal agreements.

- Understand value of each program.
Collaborative Planning

• Understand the variations of WIC operations and accommodate the culture in that WIC site
  o Average number of clients seen/month
  o Client Flow
  o Frequency of WIC visit
  o Whether or not appointments are scheduled
  o How parents check in for visits
  o How education is conducted
Collaborative Planning

• Explain your space/equipment requirements
  o Two chairs for knee to knee exam
  o Table for supplies
  o Garbage can
  o Waiting room space
  o Toys/books to keep children entertained
Collaborative Planning

• Develop a regular schedule, based on mutual needs
• How will clients get flagged for treatment
• How will program be marketed to clients
• Determine flow
  o How do clients get routed to dental provider
  o Who helps clients complete permission forms, etc
  o How will education be conducted
    • Classes or 1-1 education
  o How will referrals for flow-up care take place
Promotion

- Flyers at WIC site
- Bookmarks
- Appointment reminders
- PSAs
Staff Requirements For CHC

- 1 Clinician (Dentist in FQHC; Hygienist for fee for service)
  - Clinical assessment
  - Fluoride varnish
  - Prophy
  - Anticipatory guidance
  - Goal setting
- 1 administrative person/RDA
  - Assist parents in completing forms
  - Parent education
  - Referrals
  - Data entry
  - In busy WICs third person recommended
Required Supplies

• Fluoride Varnish
• Gauze squares
• Gloves
• Jr or infant toothbrushes
• Forms
• Laptop computer for referrals
• Hand sanitizer
• Paper towels/table covers
Forms

• Parent Permission Form
• Screening/Assessment Form
• WIC attendance sheet
• Parent Evaluation form (optional)
• Handouts
  – Brochures
  – Goal setting form
  – Referral sheets
Setting up for the day

• Supplies
• Paperwork
  – Permission, dental assessment results, attendance forms, evaluation forms, resources
• Toys/educational materials
Dental components: Steps for infant oral care

- Caregiver education
- Risk assessment
- Dental exam/assessment
- Fluoride varnish application
- Toothbrush prophy
- Anticipatory Guidance
- Referral to Clinic for Dental Home and Follow-Up Care
What Happens at WIC Dental Days:

1. Intake/ Education
   - Establish rapport
   - Dental Services promoted
   - Consent forms completed
   - Parent education/1-1 or class
   - Insurance information collected

2. Clinician Encounter
   - Oral health interview (Risk assessment)
   - Hygiene Instruction
   - Toothbrush prophylaxis
   - Oral assessment
   - Findings recorded
   - Fluoride varnish
   - Anticipatory guidance
   - Goal setting

3. Referral
   - Determine need for follow-up care
   - Referral into clinic
FQHC Reimbursement for WIC-Dental Services (Core Rate)

- Face-to-face visit with a licensed dentist at WIC site
- Patient (child) receives the following services:
  - oral health screening;
  - oral health education provided to parent/caregiver
  - application of preventive fluoride treatment
- All children are referred to one dental clinics as a “dental home” for on-going preventive care /treatment services.
Billing

- D9430 – Office Visit (Not Billable)

- D9430 & D1206 Office Visit / Fluoride Varnish (Billable at Core Rate)
Benefits for a CHC

• Healthy People Objectives
• Captive audience with frequent visits – prenatal to five years.
• Caregiver present with child. Parent interest in protecting child’s oral health
• Perfect location for non-threatening first dental care experience – relationship development.
Benefits for a CHC

- Fast paced provision of preventive dental care treatment – 12 to 20 visits per half day.
- Few instruments required.
- Recruit new patients into your clinic, many with no or limited dental decay. Follow-up, preventive care visits.
- Many participants have Medi-Cal, Healthy Families, etc.
Things to consider

• Dentist must provide services for billing
  – Time out of the clinic
• Staff not accustomed to working outside a dental office
• System for collecting billing information
• System for scheduling follow-up visits
• Need to determine cost/benefit ratio
San Ysidro Health Center Model
San Ysidro Health Center Services

- Primary Care (9 sites)
- Dental (5 sites)
- Mental Health (2 sites)
- Medical/Dental Outreach
- School-Linked Services (2 sites)
- WIC Nutrition Services (5 sites)
- HIV/AIDS (3 sites)
A Snap Shot of San Ysidro Health Center WIC

• Captive audience - 16,000 participants: 3,447 Women & 10,748 children

• Parent/caregiver is present at the delivery of care

• Must participate in health education/promotion classes to receive benefits

• Nutrition and oral health are two areas covered in the educational curriculum

• Participants have WIC benefits from pregnancy until their children reach age 6

• 2009 WIC survey: 20% of participants were, or thought they might be, pregnant (582/2,780)

• Children & caregivers have a high rate of health care coverage

• Participants visit WIC numerous times over a five year + period of time

• Caregivers are receptive to health care guidance and messages
SYHC’s Care Model

• Health Center’s emphasis on integration and care coordination goals;
• High volume case-finding strategies;
• Leadership by Dental Director/cooperation by WIC Program;
• Effective screening, referral and recall strategies;
• Active participation by mothers/caregivers;
• Primary care dentists key to care coordination activities.
FQHC Reimbursement for WIC-Dental Services

• In 2008, SYHC screened 3,324 children at WIC sites, of which:
  ▫ 38% (1,266/3,324) had Medi-Cal;
  ▫ 1.8% (62/3,324) had Healthy Families (California’s S-CHIP)
  ▫ 60% (1,966/3,324) of parents stated they did not have dental coverage at the time of the visit.

• Goal for 2009, 70% of visits will be billable.
Referrals

- Appointments from WIC to dental clinic scheduled for interested parents.

- Clinic information provided to those not ready to commit or that have a dentist for their child already.
Public Health Department Model
Alameda County Health Department
Alameda, CA
Alameda County Public Health Department

• Dental Services and WIC in same department
• Collaboration started 4 years ago with education
• Dental visits started July 2008
Alameda County WIC Program

- **Clients:** 19,200 clients, 3 full time sites, 1 satellite

- **Staff:** 47 (37 FTEs) 4 Senior Nutritionists, 6 Nutritionists, 16 Nutrition Assistants, 10 Breastfeeding Peer Counselors, 9 Clerks

- **Poverty:** 68% of families very low income, 63% receive Medi-Cal

- **Ethnicity:** Hispanic: 52%, Black: 26%, Asian: 10%, White: 7%

- **Languages:**
  - **Clients** - English: 60%, Spanish: 34%, Asian: <4%
  - **Staff** - Spanish: 44%, Asian Languages: 14%
## WIC Dental Services (1 day/week)
July 1, 2008 – March 31, 2010

<table>
<thead>
<tr>
<th>No. of children</th>
<th>9-15 mos</th>
<th>16 mos- 5 years</th>
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| Caregivers who attended Oral Health Education Class | **1547** |
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## Financial Sustainability

<table>
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<tr>
<th>Role</th>
<th>Funding Sources</th>
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<tbody>
<tr>
<td>Dental hygienist</td>
<td>foundation grant and Medi-Cal fee for service (@$35/child)</td>
</tr>
<tr>
<td>Case manager</td>
<td>First 5-Alameda County</td>
</tr>
<tr>
<td>Program manager</td>
<td>MCH-federal/local (FFP)</td>
</tr>
<tr>
<td>Admin. support</td>
<td>MCH-federal/local (FFP)</td>
</tr>
<tr>
<td>Nutrition assts. &amp; admin. staff</td>
<td>WIC grant</td>
</tr>
<tr>
<td>Dental treatment</td>
<td>Medi-Cal and Tobacco Master Settlement Agreement for uninsured</td>
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COH provides participants in Project with:

- **Guidebook with template materials**
  - Forms
  - Marketing materials
  - Educational curriculum

- **Twice yearly collaborative meetings**
  - Share materials, best practices, findings

- **Onsite and phone technical assistance**
  - Program start-up
  - Quality improvement

- **Software to track results**
- **Evaluation**
Lessons Learned

• Dedicate time for planning and partnership
• Promote to staff as well as clients
• Allow for flexible schedules and models
• Build in WIC and dental staff training on ECC
• Assure provider capacity for ongoing care
• Designate lead management and line staff
Other things to consider

• Add WIC to Scope of Project for an FQHC
• Have appropriate MOUs and Business Associate Agreements
• Work with Medicaid Office to ensure ability to bill core rate
• Work with WIC to maximize patients who are enrolled in Medicaid and bring their card with them.
Healthy Teeth Toolkit
A Tracking and Evaluation Tool for Community Based Oral Health
What Is HTT?

• Developed for monitoring the effectiveness of DHF programs in WIC centers and schools.
• Current function:
  – Manages information about Children
    • For the delivery of preventive dental services
    • To help case management workers assist families in obtaining restorative dental care
• Web-based application
  – www.healthyteethtoolkit.com
  – All you need is a browser & an account
Preventive Dental Services

• Oral Health Screening
• Fluoride Application
• Sealant Application
• Cleaning
• Oral Health Education
• Risk Assessment
Case Management

• Inbound referrals
  – Document how a child comes to the program

• Client contact records
  – Document a contact with client: Who, what, when
  – Document progress through protocol steps

• Case load administration
  – See case load by case workers
  – Re-assign cases for balance
Information Structure

• 4 categories of client records used to organize and present information
  – Child Records (personal and family)
  – Service Records (delivered dental services)
  – Case Records (logs of contacts with child)
  – Appointment log (with 3rd party providers)
Typically 1 Case Record with multiple Contact Records

Potentially many Service and Appointment Records over time
User Interface

1. Search for the records of interest

2. Select the type of records to view

3. Select an action for a record
Child Record

Basic Contact Info
Current/Past Schools
Referral History
Custom Profile Info

Many dropdown lists are customizable
General Service Info
Services:
- Screening
- Fluoride
- Sealant
- Cleaning
- Education

Template for easy entry of multiple records
Other Features:

3\textsuperscript{rd} Party Provider List

- Contact info
- Business Profile
- License (billing) info
- Coupled to Appointments, Services
Other Features:
Reports

- Advanced Search (query)
- Built-in reports
- Export (Excel) of select data
Report Example

Built-in WIC Report
Other Features: Reminders

- Single/Recurring
- Archives
- Reminders to other users
Customizable

- Customized data-entry selection lists
- Add fields to Child Record
- 3rd Party Provider List
Future of the HTT

• Received a Small Business Innovation Research (SBIR) grant to determine how the HTT could be used effectively by a variety of users to demonstrate the long term benefits of providing early prevention and care.

• Potential users
  – Public Health
  – Community-based oral health programs
  – Community Health Centers
  – Researchers
For More Information Contact:

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(510) 663-3727