



MARYLAND
Healthy Smiles
DENTAL PROGRAM

Maryland Healthy Smiles Dental Program: Pregnant Women and Oral Health

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Overview

- Maryland Healthy Smiles Dental Program
- Perinatal and Infant Oral Health Quality Improvement Program
- Pregnant Women: New Initiatives for Access to Dental Care
 - MHS and PIOQHI Collaboration



Maryland Healthy Smiles (MHS): Background



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- July 1, 2009 dental services are carved out of Managed Care Organization (MCO) service package
 - Managed by a Dental Benefits Administrator (DBA)
 - Scion Dental, Inc. is the MHS DBA as of January 1, 2016
- Children, Pregnant Women and REM enrollees are covered for dental services
 - Former foster care children under age 26 will be covered for dental services beginning January 1, 2017
- Each MHS participant under the age of 21 has a Dental Home with their dental provider



MHS: Services



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- Regular checkups
- Teeth cleanings
- Fluoride treatments to help prevent cavities
- X-rays to check unhealthy teeth
- Fillings to treat cavities
- Root canals to treat unhealthy teeth
- Crowns to cover damaged teeth
- Extractions to pull out unhealthy teeth
- Anesthesia to stop pain during treatment
- Denture adjustments

- If special services are needed, a general dentist will refer to a specialist for needed care



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MHS: Current Enrollment



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Current MHS Enrollment <i>(as of July 27, 2016)</i>	
Coverage Group	Members
REM Adult	1,094
REM Children	3,258
Pregnant Women (21+)*	8,130
Children Under 21	610,162
Total	622,644

* Includes only women currently enrolled in P02 & P11 coverage groups



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Percentage of Pregnant Women 21+ Receiving Dental Services Enrolled in Medicaid for at Least 90 Days

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2009	17,402	4,931	28.3%
CY 2010	19,837	5,875	29.6%
CY 2011	20,572	6,689	32.5%
CY 2012	21,708	6,537	30.1%
CY 2013	22,286	6,113	27.4%
CY 2014	25,408	6,858	27.0%

Pregnant women were identified using the following methods:

- (1) Enrollment in Medical Care Program coverage group P02 or P11 in the CY MMIS eligibility files;
- (2) Kick payments for live births in the CY capitation rate dataset;
- (3) Payment for an individual in a Sixth Omnibus Budget Reconciliation Act rate cell for pregnant women; and
- (4) Delivery CPT codes.

The study population for CYs 2009-2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.



Why has Utilization of Dental Services Decreased?

- Increase in membership due to Medicaid expansion in 2014
- Pregnant women are harder to identify because they are continuously enrolled
- Although percentage of pregnant women receiving services has decreased, the total number of pregnant women receiving services has increased





SCION
DENTAL, INC
A SKYGEN USA COMPANY

- Scion Dental, Inc. is the MHS DBA as of January 1, 2016
- Headquarters located in Wisconsin
- Office dedicated to MHS located in Baltimore, MD
 - Staff
 - Michael Kilduff, Project Director
 - Stephen Johnson, Member Outreach Coordinator
 - Monique Moore, Member Outreach Coordinator
 - Kathleen Cheatham, Provider Relations Field Representative
 - Jeanne Burke, Provider Relations Field Representative



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Perinatal and Infant Oral Health Quality Improvement Program (PIOHQI)

- Located in DHMH's Office of Oral Health
- HRSA grant-funded (16 states): 2015-2019
- There are associations between preterm births and periodontal disease. Since **the risk of dental care is minimal and the benefits may be large**, oral health should be part of basic OB counseling and pregnant women should not avoid dental care during pregnancy
- There is a need to inform pregnant women **that dental care is safe, important, and covered by Medicaid during pregnancy**



PIOHQA Goal

- PIOHQA's goal is to reduce the prevalence of oral disease in pregnant women and infants through improved access to high quality oral health care
 - By September 2019, increase the number of women who have received oral health care, defined as prophylaxis, during pregnancy by 15% over the state baseline (i.e. 20% in 2014 to 23% in 2019)



PIOHQI: Identified Barriers to Accessing Dental Services for Pregnant Women

- Lack of understanding that oral health is important during pregnancy
- Belief that poor oral health is normal during pregnancy
- Safety concerns
- Unaware that dental care is covered during pregnancy
- Unsure of where to go
- Transportation issues
- Fear
- Other



PIOHQI: Initiatives for Pregnant Women

- Identify Maryland's gaps in oral health during pregnancy
- Identify resources related to oral health and pregnancy
- Understand that oral health care is safe, important, and covered during pregnancy
- Understand when and how to access oral health care services during pregnancy (and for the future infant)
- Recognize the impact of maternal oral health on the future oral health of the child



Working Together: Focus on Pregnant Women and Access to Dental Care

- MHS New Initiatives
- PIOQHI Initiatives
- Collaboration



Long-Term Goals

- Establish partnerships with statewide organizations to improve knowledge and utilization of dental services for all Marylanders especially pregnant women and Medicaid recipients
- Improve awareness and attitudes about the importance of oral health for both pregnant women and their children (among pregnant women & HealthCare Providers)
- Improve oral health and increase utilization of oral health services for pregnant women and infants at high-risk for oral disease



MHS: Dental Home for Pregnant Women



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- Pregnant women who have primary care dental providers are more likely to schedule preventive appointments
 - Studies show that preventive dental services may reduce systemic infections related to pre-term pregnancies
 - More likely to develop positive relationships with the dentist
 - More likely to learn first-hand about the benefits of good oral health
 - More likely to bring in their children for care
- Pregnant women will be assigned a Dental Home for the first time
 - Identify pregnant women and connect them to a provider



MHS: Phone Calls for Access



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- Automated educational phone messages are directed to Pregnant Women via Medicaid enrollment information
 - Preventive services, safety, and good oral health reminders
 - Information on choosing a dentist and scheduling appointments via Member Services Line/Member Portal
 - Minimum of two (2) calls within first week of identification
- Follow up on missed appointments or other non-compliant behaviors reported by providers
 - Individual calls are performed by member outreach team to those out of compliance
 - Reasons for non-compliance are noted to help identify strategies for making dental visits



MHS: Identification of Pregnant Women



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- Improved identification
 - Reports from MHBE & MMIS to identify pregnant women
 - MCO Prenatal Case Management Program
 - Local Health Departments (ACCU) working with MCOs to ensure they are advising pregnant women of their dental benefits and how to access care through Scion.
- Provider reported pregnancies



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MHS: Outreach to Pregnant Women



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- Improved outreach & education to pregnant women
 - Encouraging pregnant women to utilize dental benefits
 - English/Spanish educational pieces for distribution
 - Promoting dental health with partner organizations: FQHCs, Planned Parenthood, Head Start, MSDA
 - Host & attend health related events throughout Maryland to promote oral health



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MHS: New Collateral



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Pregnancy and Dental Care

What to expect when you're expecting.

Morning sickness

Frequent morning sickness can cause an increase in tooth decay. That is why good oral hygiene habits are important during pregnancy.

Gingivitis

Changes in your hormones can cause Gingivitis. Gingivitis is a swelling of the gums that can cause bleeding while brushing and flossing. If left untreated, it can lead to more serious gum diseases later. Your dentist will help you control this and keep the gums safe and healthy during pregnancy and beyond.

Pregnancy tumors

Pregnancy tumors are growths that appear on the gums in the second trimester. These tumors are a common symptom of pregnancy. They are a swelling that happens between your teeth, and it is related to an increase in plaque. These tumors usually go away when your baby is born. If the swelling continues after you have your baby, talk to your dentist.



How to keep a healthy smile during pregnancy

1. Brush your teeth 2 times a day with fluoride toothpaste.
2. Floss between your teeth daily, 2 times a day if possible.
3. Eat a balanced diet.
4. Visit your dentist regularly for a professional cleaning and check-up.

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Caring for Baby Teeth

Keep Baby Teeth Healthy

1. Clean your baby's gums with a clean cloth after each feeding, starting at birth.
2. When baby teeth appear, begin brushing them twice per day with a very small amount of fluoride toothpaste.
3. NEVER put your baby to bed with a bottle.
4. Lift your baby's lip once a month to check for early cavities—look for white lines near the gum.
5. NEVER dip a pacifier in honey, syrup, or sugar.
6. NEVER use your saliva to clean pacifiers, bottles, or sippy cup lids. It can transfer harmful bacteria that can cause tooth decay and gum disease in your baby.
7. Always encourage your child to drink tap water.
8. Limit juices to meal times.
9. Supervise your child's brushing until he/she is 6-7 years old.



Baby Bottle Tooth Decay

WHAT CAUSES TOOTH DECAY?

Frequent exposure to sugary drinks such as milk, formula, or fruit juice for long periods of time can cause tooth decay. With proper dental hygiene and a few beverage guidelines, you can prevent baby bottle tooth decay in your child.

IT'S IMPORTANT

Your child's baby teeth are important. Even though they are temporary, your child needs strong and healthy baby teeth to talk, chew food, and help adult teeth grow in correctly. Children should see a dentist starting at age 1 and then every 6 months.

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DENTAL SEALANTS



What are they?

Dental sealants act as a shield against cavities and decay. They are a dental material that is painted on the teeth and hardened with a light. Sealants are usually applied to the back teeth that we chew with because decay and cavities develop most there. Sealants are painless and last for several years. But, good oral hygiene habits and a balanced diet are still the best defense for a healthy smile.

Why are they important?

Dental sealants protect teeth from cavities and decay. They especially help in areas that are hard to reach with a toothbrush. Sealants guard these areas of the teeth by "sealing out" plaque and food. Because children are more likely to develop tooth decay, sealants are recommended at an early age.



Protect.

Guard.

Seal.

Ask your dentist about sealants today!

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PIOHQI: Oral Health Literacy/ Media Campaign

- “Healthy Teeth, Healthy Kids” Campaign (www.healthyteethhealthykids.org)
- NEW brochure on oral health during pregnancy
 - Three key messages (important, safe, covered)
 - Translate into Spanish
- Spanish language radio campaign
 - Target group: Latinas of childbearing age
 - Pre and post campaign survey
- Media coverage
- Develop an infant oral health care video to be used by home visitors/CHW and others



PIOHQI: Training and Integration

- Local Health Departments: ACCUs
 - Statewide presentation: June 2016
- OB/GYN providers
 - FQHCs: Chase Brexton and Choptank
- Dental providers
 - Ava Roberts Annual Seminar: August 2016
- Home visitors: Healthy Families America
 - Baltimore City, Somerset, Harford
 - Statewide presentation: September 2016
- Dental hygiene students
 - Community College of Baltimore County:
 - September 2016



MHS / PIOHQI Collaboration

- Monthly meetings
 - Networking with colleagues in Public Health, WIC, Maternal and Child Health, FQHCs, LHDs and others
- Data sharing on utilization of services
 - Pregnant women
 - Children
 - Age groups
 - Locations
- Develop collateral for outreach



MHS / PIOQHI Collaboration: Future Projects

- Perinatal and infant oral health messaging
- Presenting at community outreach events (WIC, MSDA, Head Start/Early Head Start, etc.)
- Developing perinatal/infant oral health guidelines for Maryland's medical and dental providers
 - Standards of care
- Using data to better understand utilization trends
 - Where are pregnant women receiving dental care?
 - What is the frequency with which they access care?
 - What type of services are most commonly utilized by pregnant women?
 - What forms of outreach influence access?

