

## **A RECOMMENDED MODEL ORAL HEALTH DELIVERY SYSTEM**

**presented to the  
Joint Select Committee on Dental Access  
by the  
Washington State Oral Health Coalition  
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A successful oral health delivery system has two interrelated components. The first component addresses the oral health needs of a community, and the second component addresses the oral health needs of the individual. Traditional oral health delivery models tend to focus on the needs of the individual, and ignoring the broader focus activities that will result in improved oral health for all members of the community;

### **I. Community or Population Based Activities**

A population based activity is one that affects all members of a community. Typically these activities focuses on the prevention of dental disease and/or developing the community infrastructure to address community issues.

#### **Recommendations:**

- A. Continue the current level of Medicaid funding for children's dental services.
- B. Continue Medicaid dental benefits for adult care.
- C. Create an Office of Oral Health within the Department of Oral Health. Add staffing and funding to the Department of Health to support local health jurisdictions and tribal health jurisdictions for oral health activities:
  1. create a five year State of Washington Oral Health Plan
  2. fund expansion of oral health programs in all local health jurisdictions
  3. facilitate core public health functions of assessment, policy development and assurance, administration, prevention, access and quality
  4. create and facilitate local oral health coalitions
  5. develop oral health education and promotional materials in settings such as schools, WIC, Head Start, etc.
  6. fund expansion of school based sealant projects.
  8. authorize the development of a plan for using dental hygienists,

particularly within public health settings, to prevent dental disease and to increase access to care.

- D. Require that all eligible public water systems (serving over 1000 people) be fluoridated.
- E. Include dental benefits through the Basic Health Plan (BHP).
- F. Attract sufficient dental providers to meet the community needs. To achieve this recommendation we must:
  - 1. enhance education of dentists, dental hygienists and dental assistants:
    - a. continue and expand educational loan repayment/forgiveness program for dentists and dental hygienists
    - b. develop statewide televised University of Washington Continuing Education to teach and encourage appropriate treatment of young children
    - c. ensure that professional curriculums focus on the provision of the most effective preventive technologies in treating children and low income populations and working as partners within community based oral health coalitions
    - d. ensure that professional curriculums train all practitioners to recognize the progressive states of dental disease and know what interventions are appropriate at each stage.
    - e. enhance the presence of University of Washington School of dentistry and other professional schools in rural and underserved communities in Eastern Washington through residency programs and other means.
    - f. ensure that professional schools recruit students from rural and tribal communities, and minority and Indian populations that after graduation will be willing to locate in rural areas or in communities with provider shortages and
    - g. ensure that dental assistants are assured statewide comparable standardized education and formal certification.
  - 2. review licensing barriers to establishing practices in Washington State

3. enhance productivity of public health, Indian Health Services, tribal clinics, and community health systems through introduction of more efficient management techniques and
  4. fund capital improvements for private providers and community health centers to cover costs of locating in an underserved area.
- G. Support the development of community based oral health coalitions to involve the community in developing local solutions to local problems.
- H. Establish community and tribal based dental care coordination and appropriate referral systems to:
1. increase numbers of local providers accepting Medicaid clients and to link clients with providers.
  2. ensure that dental resources are targeted to the patients with greatest need and at highest risk
  3. assist the patients at highest risk in accessing services and following treatment plans.
  4. provide a linkage between dental providers and other practitioners and agencies working with the family
  5. coordinate problem resolution on an individual and system wide basis
  6. provide community outreach so that high risk children are identified early and prevention programs implemented and
  7. ensure that ongoing care coordination occurs for high risk patients
- I. Follow the Public Health Improvement Plan to develop a comprehensive oral health assessment and tracking system to coordinate oral health and disease prevalence data from:
1. Department of Health
  2. Department of Social and Health Services:
    - a. Medical Assistance Administration
    - b. Aging and Adult Services
    - c. Department of Children and Family Services
    - d. Division of Developmental Disabilities

3. Health Care Authority
  4. Indian Health Services, Tribes and urban Indian health programs
  5. University of Washington
  6. other insurance carriers
  7. other federal, state or local sources
- J. Coordinate oral health-related and capital funding opportunities and program development among public agencies to include:
1. Department of Health
    - a. Office of Community and Family Health
    - b. Office of Community and Rural Health
  2. Department of Social and Health Services:
    - a. Medical Assistance Administration
    - b. Aging and Adult Services
    - c. Department of Children and Family Services
    - d. Division of Developmental Disabilities
    - e. Community Services Offices
  3. Health Care Authority
  4. Office of the Superintendent of Public Instruction and Tribal schools
  5. Department of Community, Trade and Economic Development
  6. Health Resources and Services Administration (HRSA)
    - a. U.S. Public Health Services
    - b. Indian Health Services and Tribes
    - c. Migrant Health Services
- K. Require that all children entering school have an oral health evaluation, referral and necessary treatment.

- L. Increase oral health promotion/education activities to explain the dental disease process and how an individual can ensure and maintain good oral health through self care and non-invasive procedures:
1. in existing social service systems such as Community Service Offices, Health Departments, First Steps, WIC, Head Start/ECEAP, Tribal-based programs etc.
  2. in pediatric medical visits (EPSDT exams) and dental visits
  3. in K-12 public, private and Tribal school health programs
  4. in appropriate languages targeted towards minority populations and non-parental (grandparents) care providers
  5. through media campaigns and
  6. ensure that funding for health promotion includes a focus on related oral health issues.
- M. Obtain legislative support to determine best preventive oral health models:
1. enhance research capacity.
  2. establish and test a variety of access and prevention models, such as the ABCD project in Spokane.
  3. establish additional delivery sites in schools, Head Start, WICs etc. for preventive treatments such as fluoride varnishes, and sealants
- N. Increase use of mid-level practitioners by requesting legislation to change dental hygienist ratio to more than two per dentist.
- O. Develop a plan for using dental hygienists particularly within public health settings to prevent dental disease and increase access
- P. Encourage dental hygienists and dental assistants to practice to the fullest extent of their professional capacity

## II. Strategy for Individual Disease Prevention

These activities might target an individual or group of individuals (all children under the age of four years, for instance) for specific early interventions. Individual based disease control activities at the minimum should include a triage system to identify children in families at highest risk of dental disease and a system that would ensure that the high risk children are matched to dental providers.

### Recommendations:

- A. Ensure that Medicaid eligible pregnant women receive outreach and linkage to:
  - 1. an oral health risk assessment
  - 2. assignment of an oral health risk status indicator
  - 3. education about the disease process and how to achieve and maintain oral health for herself and for her children
  - 4. primary prevention and treatment of dental disease as appropriate
  - 5. topical fluoride and fluoride prescription as appropriate
  - 6. on-going care coordination and monitoring if high risk
  
- B. Ensure that Medicaid eligible infants and toddlers receive:
  - 1. triage and appropriate referral based on mother's risk category
  - 2. fluoride prescription as appropriate
  - 3. topical fluoride as appropriate
  - 4. sealants of primary teeth as appropriate
  - 5. referral and access to a family dentist
  - 6. on-going care coordination and monitoring if high risk
  
- C. Ensure that Medicaid eligible children receive:
  - 1. triage for personal risk category
  - 2. fluoride prescription as appropriate
  - 3. topical fluoride as appropriate
  - 4. sealants of permanent teeth as appropriate
  - 5. referral and access to a family dentist
  - 6. education about the dental disease process and how to achieve and maintain oral health
  - 7. on-going care coordination and monitoring if high risk
  - 8. treatment of dental disease

### III. Strategy for Individual Based Restoration

These activities target specific individuals with dental decay for needed restorative treatments. Treatments typically would be given in a dentist's office, but may require hospitalization for the more high risk children. Included under this section would be orthodontics, currently limited by Medical Assistance Administration to Medicaid eligible children with cleft palates and other craniofacial syndromes, or those with extremely severe malformations.

#### Recommendations:

All children should receive appropriate dental treatment including:

- A. early intervention (example: scoop and fill glass ionomer fillings).
- B. basic restorative (example: composite or resin fillings).
- C. advanced restorative (examples: crowns, extractions, space maintenance).  
May require hospitalization.
- D. orthodontics, based on medical necessity as stated above.