CCO Webinar: Certification Program for School Dental Sealant Programs and the Dental Sealant Metric

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Thank you for joining us today – we really appreciate it!

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Housekeeping

- The webinar recording and presentation slides will be uploaded to the OHA website in about a week.
  Link: [http://www.healthoregon.org/sealantcert](http://www.healthoregon.org/sealantcert)

- There will be stopping points after each topic. Questions may be asked during the pauses or at the end of the webinar.

- Please type your questions at any time into the chat/questions feature.

- Audio Test
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Dental Sealants

- 90% of dental caries (cavities) occur in the pits and fissures on the chewing surfaces of the back permanent molars.
- Sealants are a clear or white plastic coating that flows into these areas, effectively sealing out decay-causing bacteria.

Before After

Dental Sealants

Before

After
Rationale for School Dental Sealant Programs

- School programs can increase access to services among vulnerable children.
- School programs can reduce racial and ethnic disparities.
- School sealant programs decrease caries (cavities) by 50%.
- School programs can link students with treatment services in the community and facilitate enrollment in public insurance programs.
- Evidence supports recommendations to provide sealants to children even if follow-up cannot be ensured.

We go where the children are…
Portable Set-Up in the Schools
Health Equity Intervention

- U.S. Community Preventive Services Task Force – a panel of independent health experts – recommends school sealant programs, citing “strong evidence of effectiveness” in reducing tooth decay among school-aged children.

- Benefits of school sealant programs “exceed their costs when implemented in schools that have a large number of students at high risk for cavities.”

- “Implementing a school sealant delivery program led to a 26% increase in the number of students who received sealants. Greater increases were seen among students from low-income families.”

• Efficacy of sealants in school-age children: 81% reduction in caries at 2-year follow-up
  (High quality systematic review; Ahovuo-Saloranta et al., 2013; search period 1946-2012; 34 included studies)

• Efficacy of sealants delivered through school programs (a one-time intervention): 50% reduction in caries at 4 year follow-up
  (Only studies with control groups were included)
Any Questions So Far?
Dental Sealant Metric
Metrics and Scoring Committee

- 2012 Senate Bill 1580 established the Committee
- Nine members serve two-year terms. Must include:
  - 3 members at large
  - 3 members with expertise in health outcome measures
  - 3 representatives of CCOs
- Committee uses public process to identify objective outcome and quality measures and benchmarks.
Metrics Align with National Quality Measures

The National Quality Forum (NQF) endorsed the measures put forth by the Dental Quality Alliance (DQA).

DQA Clinical Quality Measures (CQMs):
1. Continuity of care for children age 2-20 years
2. Sealants for children age 6-9 years

Oregon Metrics and Scoring Committee metrics*:
1. Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth.
2. Mental, physical, and dental health assessments within 60 days for children in DHS custody.

* Eligible for incentive payments
Notes About CCO Sealant Incentive Measure (1/2)

- OHA’s *incentive* measure is based on the DQA measure of sealants for children at elevated caries risk.
  - However, OHA has modified it to enable CCO-level reporting, and to accommodate gap in risk assessment data (for incentive measure).
- The DQA measure requires dental services be provided by dental providers (identified with National Uniform Claim Committee [NUCC] maintained provider taxonomy codes).
  - However, the OHA CCO incentive measure doesn’t include this requirement (it aligns with Early and Periodic Screening Diagnostic and Treatment Report [EPSDT] Form CMS-416).
- Denied claims are *included* in the measure calculations.
Unduplicated number of children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (CDT code D1351)

Total unduplicated number of individuals ages 6-9 and 10-14 years of age as of December 31st of the measurement year.

- OHA measures and reports each age range separately, but the rates are combined for comparison to the benchmark.
- Sealants can be placed by any dental professional for whom placing a sealant is within their scope of practice.
- 2018 benchmark was increased to 22.9% (2016 CCO 75th percentile).
Dental sealants for children ages 6-14 in 2015 and 2016, by CCO.

- Umpqua Health Alliance: 11.3% (2015), 17.3% (2016) – Benchmark: 20.0%
- PacificSource - Central: 12.6% (2015), 17.1% (2016)
- PacificSource - Gorge: 13.3% (2015), 17.7% (2016)
- Western Oregon Advanced Health: 13.3% (2015), 22.6% (2016)
- Cascade Health Alliance: 14.4% (2015), 17.5% (2016)
- Eastern Oregon: 14.4% (2015), 18.6% (2016)
- Trillium: 16.1% (2015), 22.5% (2016)
- Intercommunity Health Network: 16.8% (2015), 20.2% (2016)
- Columbia Pacific: 16.1% (2015), 19.3% (2016)
- Health Share of Oregon: 16.8% (2015), 20.9% (2016)
- Willamette Valley Community Health: 18.8% (2015), 21.3% (2016)
- FamilyCare: 18.3% (2015), 20.8% (2016)
- AllCare Health Plan: 19.5% (2015), 21.1% (2016)
- Yamhill Community Care: 19.5% (2015), 23.3% (2016)
- Jackson Care Connect: 19.7% (2015), 23.8% (2016)
- PrimaryHealth of Josephine County: 22.8% (2015), 24.3% (2016)

Metric: Improve by 3% every year to receive incentives – up to the goal of 20% (increased to 22.9% for 2018).
Sealants 6-9 year olds & 10-14 year olds

Dental sealants for children ages 6-9, statewide.
Data source: Administrative (billing) claims
Benchmark source: Metrics and Scoring Committee consensus

Dental sealants for children ages 10-14, statewide.
Data source: Administrative (billing) claims
Benchmark source: Metrics and Scoring Committee consensus
Any Questions So Far?
Certification Program for Local School Dental Sealant Programs
Senate Bill 660 passed during the 2015 legislative session requiring every Local School Dental Sealant Program to be certified by OHA before dental sealants can be provided in a school setting beginning for the 2016-17 school year.

Funding for SB 660 was tied to another bill – SB 606
- 1 FTE Coordinator for both the Dental Pilot Projects Program and Certification Program
- 0.5 FTE Research Analyst

In reality, Certification Program is being managed by other staff within their capacity and using internal resources.
SB 660 Mandatory Certification

• A Rules Advisory Committee (RAC) assisted in drafting the rules.

• Final Administrative Rules, OAR 333-028, were effective January 29, 2016.

• Final Amended Administrative Rules, OAR 333-028-0320, were effective November 18, 2016.
  – Minor clarifications to certification requirements (4) and (6)

• Official language can be found online at: http://www.healthoregon.org/sealantcert
Summary of Certification Requirements

• Coordinating representative must attend the one-time certification training provided by the OHA Oral Health Program.
  – If there is a personnel change, then the new coordinator must take the training.
  – Certification trainings will be offered throughout the year as needed.

• Annual clinical training must been provided to all providers rendering care within their scope of practice in a school setting.
  – Local sealant program may create their own training; or
  – Attend the OHA training offered every August.
“(3) Before initially contacting any school to offer services, a Local School Dental Sealant Program must contact the Coordinated Care Organizations (CCOs) operating in the community. In consultation with the Program, the CCO will determine which Local School Dental Sealant Program is best able to provide services. A CCO must contact the Program before any decision is made. This collaboration will ensure access and minimize the duplication of services. Priorities should be given to the most cost-effective dental sealant delivery model that meets certification requirements. Existing relationships with schools and providers should be considered when multiple delivery models meet requirements. The Program will provide the CCOs with a list of school dental sealant programs and the schools they serve from the Certification Application and Renewal Certification Application forms.”
Summary of Certification Requirements

• Programs must contact CCOs operating in the community before they initially contact any school to offer services.
  – Ensures CCOs know that programs exist and are planning to provide services in their area.
  – OHA will provide CCOs with a list of schools being served and targeted based on the application form.
  – OHA will contact affected CCOs if more than one program wants to target the same school.
  – In consultation with OHA, CCOs will determine what program can target and serve that school.
Summary of Certification Requirements

• Ensure Medicaid encounters for dental sealants are entered into the Medicaid system.
  – This requires a contract with a CCO and/or DCO.
  – Programs do not need to worry about fee-for-service clients.

• Elementary and middle schools with 40% or greater FRL must be targeted first.

• Dental sealant services, at a minimum, must be offered to all students regardless of insurance status, race, ethnicity or socio-economic status.
Summary of Certification Requirements

• Services must be offered, at a minimum, to elementary school students in 1st and 2nd grades or 2nd and 3rd grades.

• Services must be offered, at a minimum, to middle school students in 6th and 7th grades or 7th and 8th grades.

• A plan to increase parental/guardian permission return rates must be developed and implemented.

• Dental equipment must be used on school grounds during school hours.
Summary of Certification Requirements

- Parent/guardian permission forms must include a medical history.
- Providers must use the four-handed technique to apply sealants in elementary schools.
- Providers must use the two-handed technique using an Isolite or equivalent OHA approved device or the four-handed technique to apply sealants in middle schools.
- Resin-based sealants must be applied.
Summary of Certification Requirements

• Comply with all scope of practice laws as determined by the Oregon Board of Dentistry.

• Comply with Oregon Board of Dentistry oral health screening guidelines.

• Comply with infection control guidelines established in OAR 818-012-0040.

• Comply with HIPAA and FERPA requirements.

• Classroom time must be respected, and demands placed on school staff must be limited.
Summary of Certification Requirements

• Retention checks must be conducted at one year for quality assurance.

• Annual data report must be submitted to OHA.
  – Aggregate-level data for each school
  – Must be submitted before applying for renewal certification

• Certification logo must be included on all parent permission forms and formal written communication to schools, or the schools are provided with an official letter by OHA regarding the program’s certification status.
Any Questions So Far?
Certification Process

• Programs apply for Initial Certification or Renewal Certification online at:
  http://www.healthoregon.org/sealantcert
  – Each local school dental sealant program must apply.
  – Aggregate-level data report must be submitted before applying for renewal certification.

• An application will either be deemed:
  ▪ Certified
  ▪ Provisionally Certified
  ▪ Denied
Provisionally Certified

• Designation is allowed for programs that submit a waiver and are out of compliance on these rules only:
  – Medicaid encounters for dental sealants are entered into the Medicaid system.
  – A plan to increase parental/guardian permission return rates must be developed and implemented.
  – Retention checks must be conducted at one year for quality assurance.

• All other rules are required for certification.

No exceptions!
Provisionally Certified

- Waiver must include these items:
  - Explanation of non-compliant requirements
  - Plan for corrective action
  - Date for meeting compliance
- A program can still operate in a school under provisional certification.
- OHA will provide the program with a provisional certification letter that explains to the school specifically why the program is not fully certified.
Renewal Certification

• Programs must apply for renewal certification no later than July 15th of each year. OHA is being flexible with this.

• The data report must be submitted before applying.
  – Annual Data Report Template is currently online.

• Schools served during the 2016-17 school year have been transferred over to the “recertification application form”.

• Everyone is starting over with requested schools.
During the Certification Year

- Programs must continually maintain their lists of schools being served and requested:
  - Serving = the program has received a commitment from the school to provide services during the school year.
  - Requesting = the program would like to target the school. A school has not been contacted, and no commitment from the school has been received.

- OHA expects data to be submitted for every school listed as being served.
Requested Schools

- OHA will notify a program if another program(s) has requested the same school.
  - OHA will consult with the CCOs in the area to determine what program can target and serve that school.
- OHA will provide a program with approval to contact a school on their requested list.
- The program will switch a school from being “requested” to “served”.

Verification Process

• A representative sample of schools will be reviewed each certification year.

• Some items will be verified before a site visit is conducted.

• Site visit at a school:
  – Our goal is not to interfere with the delivery of services.

• Site Visit Tool template is currently online.
Any Questions So Far?
Current Status
Oregon School Sealant Programs

• 2006: Only 3 out of 36 counties had school sealant programs (Multnomah, Jackson, Curry counties)
  – Elementary schools only; ≥ 50% FRL
  – 26% of eligible schools served

• 2017: All 36 counties have school sealant programs
  – Elementary and middle schools; ≥ 40% FRL
  – 88.34% of elementary and 69.55% of middle grades served
2006-2017: Eligible Elem Schools Served
2015-17: Eligible Elem/Middle Grades Served

Note: Some schools have both elementary and middle grades, so total elementary/middle grades do not equal number of eligible schools.

* 2015-16 data are estimates, as programs were not required to submit data. Some schools listed as “served” were discovered to be unserved.
Certification Program 2016-17 School Year

21 certified programs operated in Oregon’s 36 counties

~ 651 total schools served**
  - Elementary school grades 1, 2 & 3 served: 502
  - Middle school grades 6, 7 & 8 served: 218

~ 49,818 children screened for dental sealants

~ 21,764 children received at least one dental sealant

~ 72,431 dental sealants placed

** Note that some schools have both elementary and middle grades, so total elementary/middle grades do not equal total number of schools served.
Lessons Learned

- It is time intensive to manage the Certification Program, so please be patient with us!
- OHA technology is limited, so the application form may be cumbersome for some programs.
- New programs continue to pop-up.
- It is a very competitive environment.
- When a conflict arises around a school, it is not an easy situation.
  - Not black and white while trying to reach a determination.
Glass Ionomer Rules Advisory Committee

- OHA convened a small group of technical experts on May 15, 2017 to assist in better understanding the clinical protocols and potential quality measures for using glass ionomer sealants.

- Rules Advisory Committee (RAC) will meet in October & November 2017 to look at amending the rules.
  - Meetings in Portland from 9 AM – 11 AM: October 5, October 19 and November 2
  - Accepting applications through September 21, 2017
  - Download and complete the application form online at: www.healthoregon.org/sealantcert
Any Last Questions?

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