

Perinatal Oral Health and
Title V National Performance Measure 13
A Closer Look at the Rationale, Adoption, and Strategies from
Both National and State Perspectives

National Oral Health Conference

April 26, 2017

Albuquerque, New Mexico

Speakers

Katrina Holt, M.P.H., M.S., R.D., FAND

Director

National Maternal and Child Oral Health Resource Center

Emily Norrix, M.P.H.

Perinatal Oral Health Consultant

Oral Health Program

Michigan Department of Health and Human Services

Marty Milkovic, M.S.W.

Co-Director

Connecticut Dental Health Partnership

Perinatal Oral Health and
Title V National Performance Measure 13
A National Perspective

Katrina Holt

National Maternal and Child Oral Health Resource Center

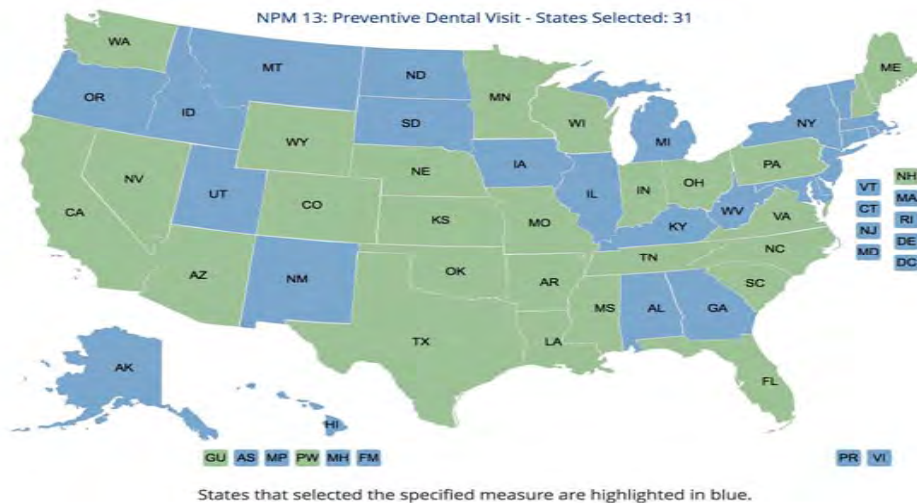


Title V MCH Services Block Grant Program

- ❑ Enacted in 1935, as part of the Social Security Act
- ❑ Foundation for ensuring the health of the nation's MCH population
- ❑ Provides funding to state MCH programs
- ❑ Many state oral health programs receive funding or work closely with state MCH programs



National Performance Measure (NPM) 13



NPMs: States chose 8 out of 15 national performance measures. Thirty-one states and jurisdictions have chosen the national performance measure 13A&B:

NPM13A: Percent of women who had a dental visit during pregnancy.

NPM13B: Percent of children and adolescents ages 1–17 who had a preventive dental visit in the last year.

NPM13A: Common Themes Among Strategies

Education

- Increase awareness of oral health
- Promote value of good oral health as it relates to overall health and well-being
- Increase oral health literacy

Training

- Promote training opportunities for oral health professionals on safety and importance of oral health care for pregnant women
- Promote training opportunities for non-oral-health professionals focusing on improving oral health



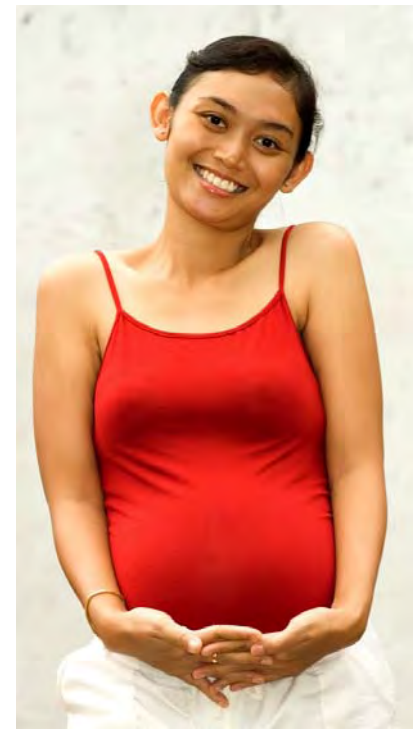
NPM13A: Common Themes Among Strategies

Access to Care

- Promote oral health screenings by non-oral-health professionals and referrals for dental visits
- Work with financing systems
- Promote availability of care

Data Collection

- Initiate or improve oral health data collection about pregnant women



Title V State Action Plans

**Health Resources and Services Administration
Maternal & Child Health, State Action Plan Table**

<https://mchb.tvisdata.hrsa.gov/Home/StateActionPlan>

Katrina Holt

**National Maternal and Child Oral Health
Resource Center**

E-mail: kholt@georgetown.edu



Perinatal Oral Health

The Michigan Experience



Perinatal Oral Health and Title V National Performance Measure

NPM 13A

National Oral Health Conference

April 26th, 2017

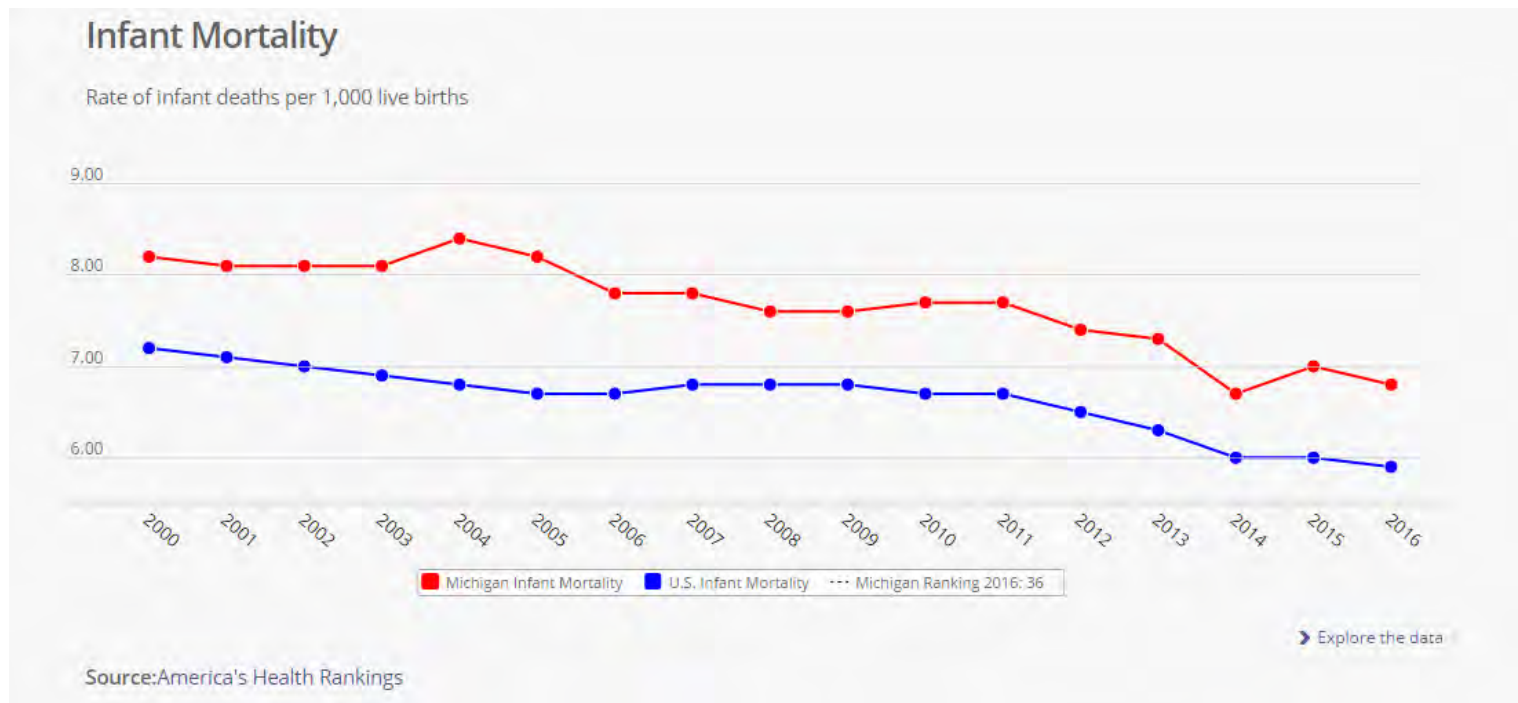
The Michigan Story: Focus on Infant Mortality

Keeping babies alive is one of Michigan's highest priorities.

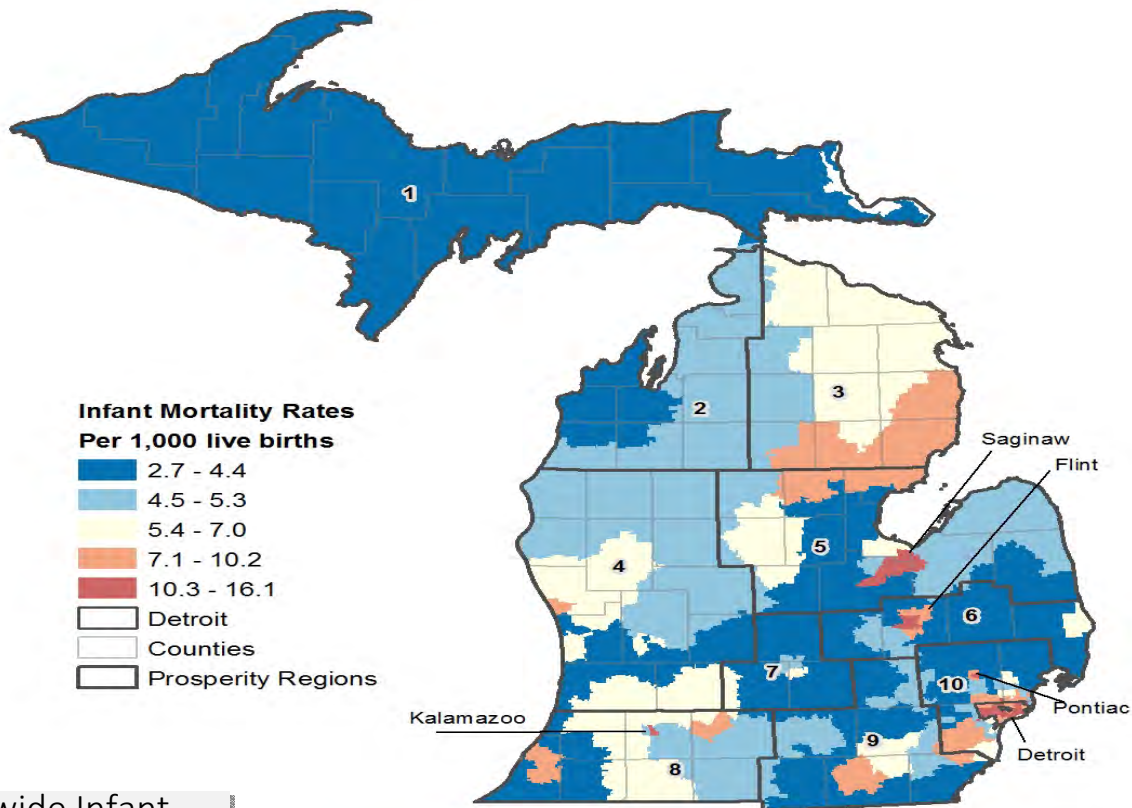
Initiated by Governor Snyder in 2011, the Infant Mortality Reduction Plan endeavors to tackle this priority in a number of ways.

As of 2016, Michigan's projected rate has decreased to 6.8 deaths per 1,000 live births.

The Michigan Story: Focus on Infant Mortality



Retrieved from Mi Dashboard. <https://midashboard.michigan.gov/stat/goals/ubhh-8jdr/b3fa-upvd/pgq3-dehy/view>. 1/26/2017.



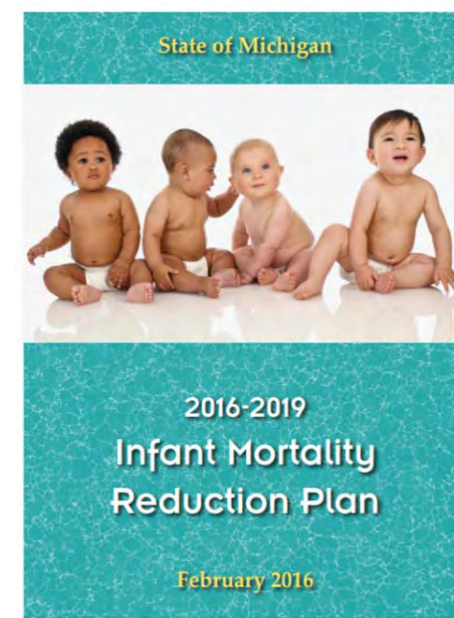
Statewide Infant Mortality: Geographic Distribution

	No. Zones	No. Deaths	No. Births	% Black	% Medicaid
2.7 - 4.4	27	719	199163	5.5	34.2
4.5 - 5.3	23	636	130452	10.3	43.2
5.4 - 7.0	22	627	104458	11.4	52.0
7.1 - 10.2	25	739	88478	38.6	54.6
10.3 - 16.1	17	639	49570	79.6	54.9
Total	114	3360	572121	19.2	44.5

Source: Vital Statistics Birth & Linked Infant Death Cohort (2009-2013) Map created by Sue C. Grady, PhD, MPH Geography, Michigan State University


The Michigan Story: Infant Mortality

1. Achieve health equity and eliminate racial and ethnic disparities by addressing social determinants of health in all infant mortality goals and strategies.
2. Implement a perinatal care system
3. Reduce premature births and low birth weight
4. Support increasing the number of infants who are born healthy and continue to thrive
5. Reduce sleep related infant deaths and disparities
6. Expand home-visiting and other support programs to promote healthy women and children
- 7. Support a better health status of women and girls**
8. Reduce Unintended Pregnancies
9. Promote behavioral health services and other programs to support vulnerable women and infants



The Michigan Story: Infant Mortality and Perinatal Oral Health


The inclusion of perinatal oral health in this plan has....

- Given oral health a place at the table and prevented the program from being an after thought**
 - Allowed the program to easily connect with the OBGYN community**
 - Developed partnerships across the state**
 - Facilitated interprofessional learning and pilot projects between the medical and dental communities**
- 

The Michigan Story: Choosing NPM 13

Through the five-year needs assessment process, the state priority need that was selected for the cross cutting/life course domain was **“Increase access to and utilization of evidence-based oral health practices and services”**

NPM 13 was selected to address:

- A) The percent of women who had a dental visit during pregnancy
 - B) The percent of children, ages 1-17, who had a preventive dental visit in the past year.
- 

The Michigan Story: Choosing NPM 13


- In Michigan, 68 counties (out of 83 counties in total) have a full, partial or facility Health Provider Shortage Area (HPSA) designation, with 12 out of 83 counties having less than five dentists. 2 counties in MI have no dentists.
- Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2012-2014 tell us:
 - 54.6% of pregnant women report seeing a dentist during pregnancy
 - 20.6% of pregnant women report that during pregnancy they "needed to see a dentist for a problem"

*Michigan Department of Health and Human Services (MDHHS). Michigan Pregnancy Risk Assessment Monitoring System Data. Lansing, MI: MDHHS, Lifecourse Epidemiology and Genomics Division, Maternal Child Health Epidemiology Section; [2016].

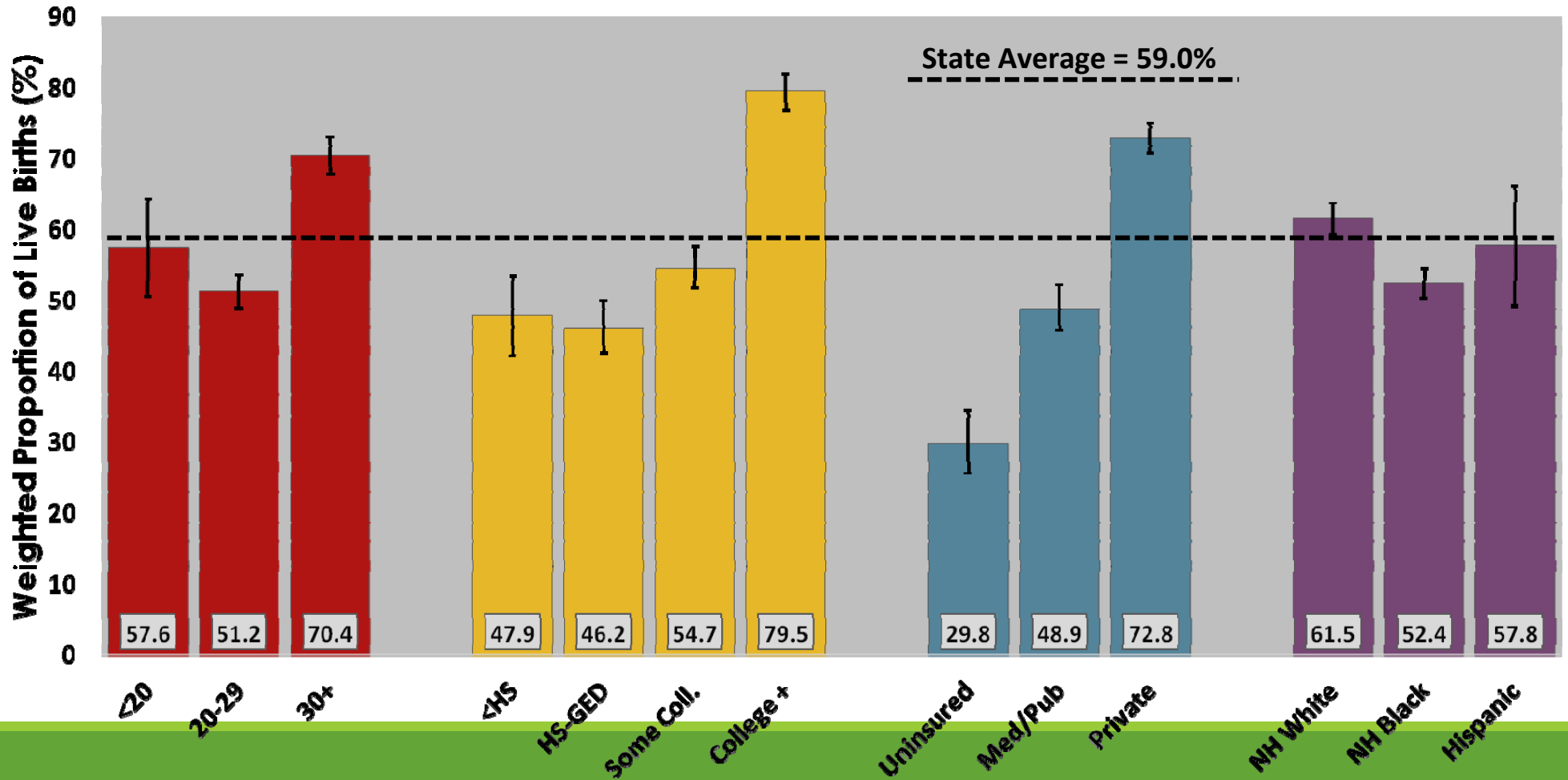
The Michigan Story: Choosing NPM 13

- **Children in Michigan face a similar struggle with only 37% of Medicaid-eligible children receiving dental services.**
- **Children under age 5 are the least likely to have visited a dentist**

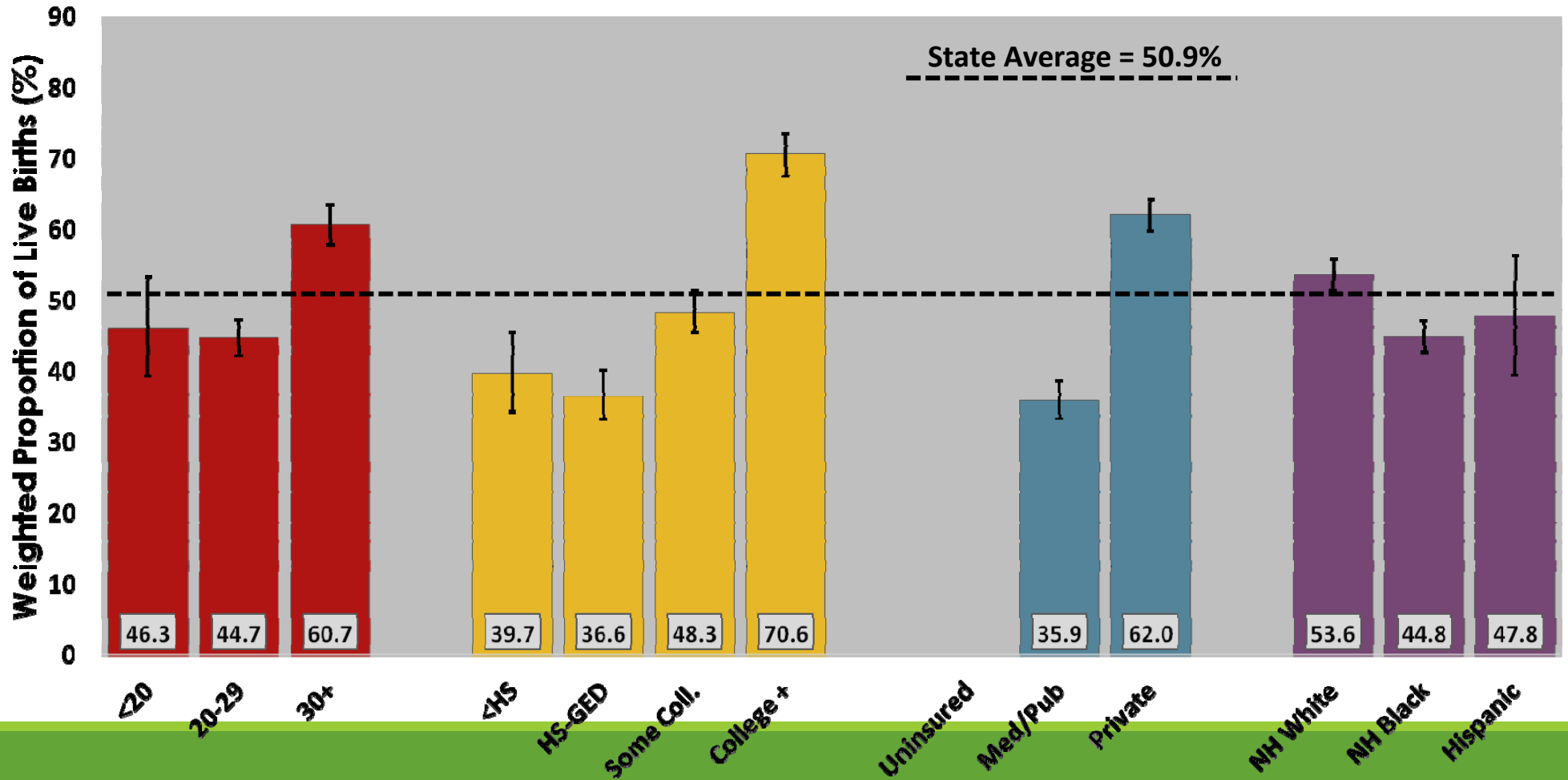
*Michigan Department of Health and Human Services (MDHHS). Michigan Pregnancy Risk Assessment Monitoring System Data. Lansing, MI: MDHHS, Lifecourse Epidemiology and Genomics Division, Maternal Child Health Epidemiology Section; [2016].



Teeth Cleaned 12 Months Before Pregnancy = YES by Maternal Demographics; Michigan PRAMS 2012 - 2014



Teeth Cleaned During Pregnancy = YES by Maternal Demographics; Michigan PRAMS 2012 - 2014



Observations from MI PRAMS (2012-2014)

- **Many women are not getting their teeth cleaned before or during pregnancy**
- **The proportion of women getting their teeth cleaned before pregnancy decreases during pregnancy**
 - 59.0% before pregnancy
 - 50.9% during pregnancy
- **Past behavior helps describe future behavior**
 - Among mothers who had their teeth cleaned before pregnancy, most (75.5%) also had their teeth cleaned during pregnancy
 - Among mothers who did NOT have their teeth cleaned before pregnancy, only 15.4% went on to have their teeth cleaned during pregnancy
- **Insurance is not always a barrier**
 - Most women (76.0%) report having dental insurance during pregnancy
 - More non-Hispanic black mothers (79.1%) report dental insurance during pregnancy than non-Hispanic white mothers (76.6%)
 - Over half of mothers (60.3%) who did not have a cleaning during pregnancy had dental insurance

The Michigan Story: Perinatal Oral Health

- Launched January 2013
- Housed under Michigan's Infant Mortality Reduction Plan
- Goal: Develop Comprehensive Perinatal Oral Health System for State of Michigan
- Perinatal-“*Period of time beginning before conception and continuing through the first year of life*”

(March of Dimes, TIOP II, 1993)



Perinatal Oral Health Action Plan

5 Objectives

1. Develop and Promote Evidence-Based Perinatal Oral Health Guidelines
2. Integrate Oral Health into the Health Home for Women and Infants
3. Develop Interdisciplinary Professional Education to Improve Perinatal Oral Health
4. Increase Public Awareness of the Importance of Oral Health to the Overall Health of Pregnant Women and Infants
5. Ensure a Financing System to Support Perinatal Oral Health




The Michigan Story: Perinatal Oral Health

With the support of numerous statewide partners, an advisory committee, the Infant Mortality Steering Committee and other program staff, the Perinatal Oral Health Program is working to implement this action plan and coordinate efforts with NPM 13a.



The Michigan Story: Choosing NPM 13a Objectives

- By 2020, develop a state plan for improving oral health with a focus on pregnant women, infants, children and youth, including CYSHCN.
 - By 2020, increase by 10 percent the number of medical and dental providers trained to treat, screen and refer pregnant women and infants to oral health care services.
 - By 2020, increase by 10 percent the number of pregnant women and infants receiving oral health care services.
- 

The Michigan Story: Perinatal Oral Health

Addressing Objectives: Developing a State Plan

State Oral Health Plan Vision

By 2020, all Michiganders will have the knowledge, support, and care they need to achieve optimal oral health.



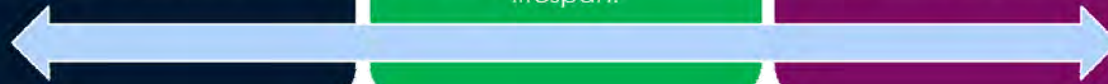
Goal 1: By September 30, 2020, increase access to oral health care among underserved and/or hard to reach populations.



Goal 2: By September 30, 2020, enhance professional integration between oral health providers, medical providers and social service providers across the lifespan.



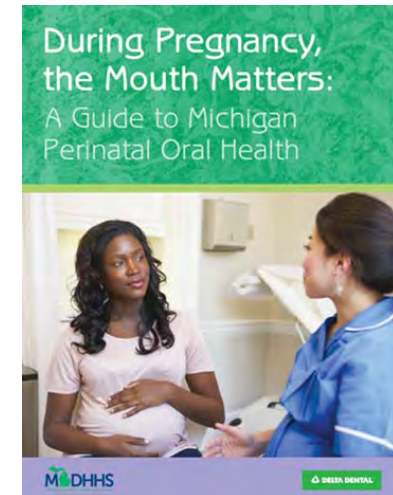
Goal 3: By September 30, 2020, increase knowledge and awareness of the importance of oral health to overall health among health professionals, policy makers and consumers.



The Michigan Story: Perinatal Oral Health

Addressing Objectives: Increase the number of health professionals trained to treat pregnant women and infants

- **Curriculum Evaluation Project**
 - Partnering with Michigan AHEC's to evaluate OBGYN Residency, Dental, and Nursing curriculum regarding perinatal oral health, NAS, health literacy and health equity.
- **Perinatal Oral Health Guidelines**
 - Distributed via hardcopy and electronically statewide and into Ohio.
- **Trainings with health professionals**
 - Statewide trainings at schools, MIHP programs, conferences, webinars etc.



The Michigan Story: Perinatal Oral Health

Addressing Objectives: Increase the number of health professionals trained to treat pregnant women and infants

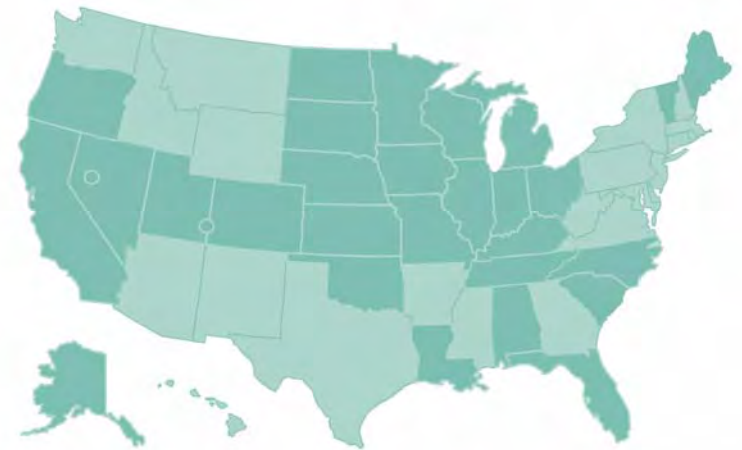
- **IPE development**
 - Double O 3T project
- **Journal Publication**
 - American Journal of Perinatology
 - Michigan Dental Association
- **Promotion via conferences and lectures, communication materials, and media**

The Michigan Story: Perinatal Oral Health

Addressings: Increase the number of pregnant women and infants receiving services

Perinatal Oral Health Module

- Developed in partnership with Dr. Robert Bensley and wichealth.org- available now!
- Educational module for WIC clients
- Contains information for both pregnant women and mother's of young children.
- Clients develop their own action plan depending on their current belief's and actions. (responsive design)
- Available to **all states who utilize Wichealth.org for FREE!**
- Provides statistics on users and module completion, to allow for evaluation.




The Michigan Story: Perinatal Oral Health

Addressing Objective E: Increase the number of pregnant women and infants receiving services


- **Centering Pregnancy and Oral Health**
 - Adding in additional oral health education to women partaking in group care
- **Perinatal Protocol developed in Northwestern MI**
 - Prioritization of Pregnant women in local dental clinics



The Michigan Story: Lessons Learned

- **Multiple champions make all the difference. Public Health, OBGYN, Dental.....to start!**
 - **Helping tertiary partners recognize that insurance coverage doesn't equal access to care**
 - **Continual lack of awareness and prioritization in medical and dental communities as well as within the general public**
- 

The Michigan Story: 2017 Priorities

- Find ways to enhance dental participation with this initiative.
 - Target private and commercial practices, both dental and OBGYN
 - Evaluate local programs and overcome a lack of data infrastructure
 - Ensure a financing system for Perinatal Oral Health
- 

The Michigan Story: Evaluation

Where do we stand? A few basic numbers..

Health Professionals Trained by MDHHS

In 2015: ~325

In 2016: ~636

Guidelines Distributed

2016: 1200+ hard copies.

Preliminary Medicaid Data: Baseline established!




Contact information

Emily Norrix, MPH

Perinatal Oral Health Consultant

norrix@Michigan.gov

517-241-0593





Perinatal Oral Health The Connecticut Experience

Perinatal Oral Health & Title V

National Performance Measure 13

National Oral Health Conference April 26, 2017



About CTDHP

The Connecticut Dental Health Partnership (CTDHP)

- The Dental Plan for HUSKY Health (Medicaid/CHP)
- Administered by BeneCare Dental Plans
- An Administrative Service Organization (ASO)
 - Model different than Managed Care or Fee-for-Service
 - Administers the program for the State, performance Measures
 - Does not assume risk for care provided, more transparency
- Serves nearly 1 in 3 of CT Children, Largest Dental Program in the State
- Focused on Perinatal Women since 2009





HRSA PIOHQI Project

Perinatal & Infant Oral Health Quality Improvement (PIOHQI) Project

Reduce the Prevalence of Oral Disease in Pregnant Women and Infants through Improved Access to High-quality Oral Health Care

- **Three Pilot States (2013-2017)**
Connecticut, New York, West Virginia
- **Eight Expansion States (2015–2019)**
California, Colorado, Maine, Maryland, New Mexico, Rhode Island, Virginia, Wisconsin
- **Five Expansion States (2016–2019)**
Arizona, Massachusetts, Minnesota, South Carolina, Texas



PIOHQI National Learning Network

Since 2014, the National Learning Network has worked closely to develop specific goals toward perinatal oral health and implement a quality improvement strategy to achieve these goals.



Team:

- Children's Dental Health Project (**CDHP**) - Lead
 - Association of Maternal and Child Health Programs (**AMCHP**)
 - Association of State and Territorial Dental Directors (**ASTDD**)
 - National Improvement Partnership Network (**NIPN**)
-

The Importance of Good Oral Health

- Pregnant women more susceptible to OH issues
- Pain and suffering, infection
- Moms usually transmit oral bacteria to their child
- Poor OH moderately associated with low birth weights and preterm delivery
- Dental disease is almost 100% PREVENTABLE
- Yet perinatal women usually have low dental utilization



Possible Barriers to Care

- Dental Network
 - Access, Availability, Capacity, Capability
- Dental Provider
 - Lack of training, fear of malpractice
- OB/GYN Provider
 - Low priority in a busy schedule
- Community Based
 - Low appreciation of the importance of oral health
- Client
 - Personal and cultural barriers



Washington State Focus Groups (2012)



- Pregnant women are concerned about receiving dental care because they **fear** (procedures) ... may harm their unborn babies.
- Many Medicaid-enrolled pregnant women **don't know they have dental coverage.**
- Pregnant women **do not understand the link** between a mother's oral health and her baby's oral health. Conveying information about the transmission of cavity-causing bacterial from mother to child is difficult.

- OB/GYNs are pregnant women's **most trusted** information source.
- Pregnant women want **simple, informative messages** that ... educate them about the importance of prenatal oral health ... assure them that dental care is safe; and ... tell them to go to the dentist.
- For maximum impact, it is important to **deliver messages in multiple places**, including OBs offices, dental offices, online, through community organizations, child care centers, etc.

Source: Washington Dental Service Foundation; Prenatal Oral Health: Focus Groups with Pregnant Women Focus Group Report; Research Conducted March and April 2012; Sarah Borgida, sborgida@deltadentalwa.com

Connecticut Survey & Focus Groups (2014)

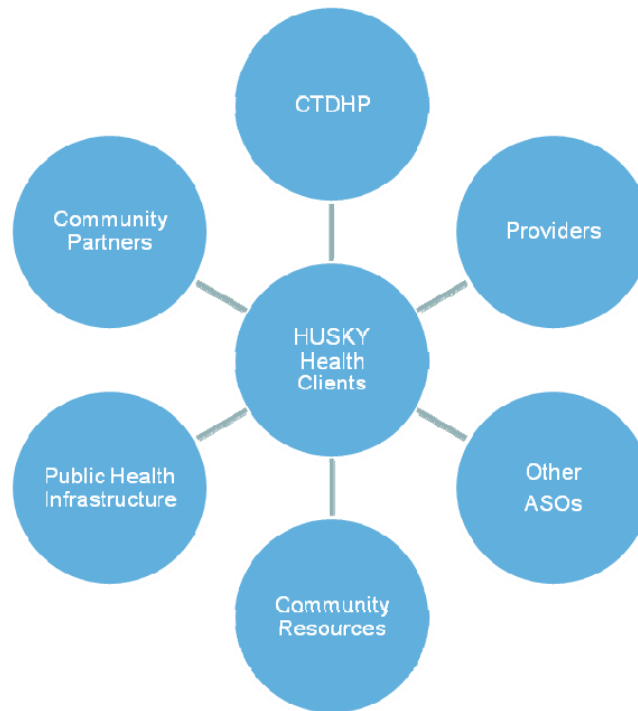


- **Anxiety** due to previous poor experiences, **trust** of dentist important
- **Busy schedules** that prohibit patients from scheduling appointments
- Getting families to utilize the **same Dentist**
- Patients **misperceive how frequently they visit the dentist**, however they are aware of the proper intervals for regular utilization.

Source: Connecticut Dental Health Partnership; Healthcare Dental Member Needs Assessment; Report of Findings; market research conducted by greatblue; submitted November 2014; Marty Milkovic, marty.milkovic@ctdhp.com

- In general, respondents **understood the effect of dental health on their overall health**, but some of the details were lacking.
- While good dental hygiene habits clearly pass from generation to generation, personal continuation of those habits **tapers off** once the children leave the household.
- **Transportation** a barrier
- Communication of **coverage standards** a barrier
- **More positive perception** of their own dental hygiene **than what may be reality**

CTDHP Approach



Client Centered Approach

- One provider network
- One fee schedule
- One set of benefits
- One set of administrative rules
- One contact point

Attributes of Success

- Strong Provider Network
- Robust Call Center
- Extensive Community Outreach
- Active Targeted Outreach
- Relationship Building

Relationships are the Key



- The Barriers

- Bureaucratic Inertia, Silos, Passive Resistance/Procrastination, Competiveness

- Building Relationships

- Respect, Find Points of Commonality, Responsiveness, Be There, Support

Connecticut Approach, Results

Initial Work on Physical Access Barriers

- Dental Network
 - About 900 dentists who will see pregnant women
 - Ratio of about 15 pregnant women per dentist
 - Over 99% have a dentist nearby
 - Comprehensive Benefits
- Dental Providers
 - Very few treatment limitations

Current Work on Motivational Barriers

- OB/GYN's
- Community
- Client

Connecticut Pregnancy Risk Assessment Monitoring System (PRAMS)

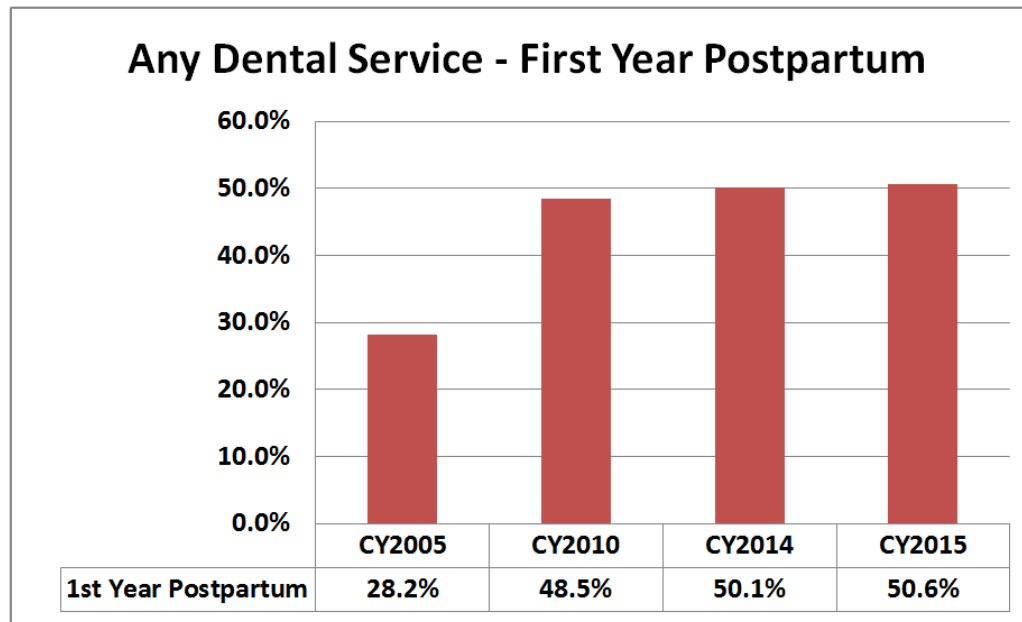


Medicaid Clients 2013

- Received dental cleaning in 12 months prior to pregnancy - **66.5%**
- Received dental cleaning prior to or during pregnancy - **74.5%**

Using PRAMS Data for Evaluation of Connecticut's Perinatal and Infant Oral Health Quality Improvement Project, February 2016, MaryAlice Lee, Ph.D., Senior Policy Fellow, Connecticut Voices for Children

Connecticut 'Hard' Claims Data



2005 & 2010: Dental Care for New Mothers in HUSKY A; Baseline for Perinatal and Infant Oral Health Quality Improvement Project; October 1, 2014; Mary Alice Lee, Senior Policy Fellow, Connecticut Voices for Children
2014 & 2015: CTDHP Internal Report



Marty Milkovic
Director of Care Coordination & Outreach
marty.milkovic@ctdhp.com
860-507-2302