



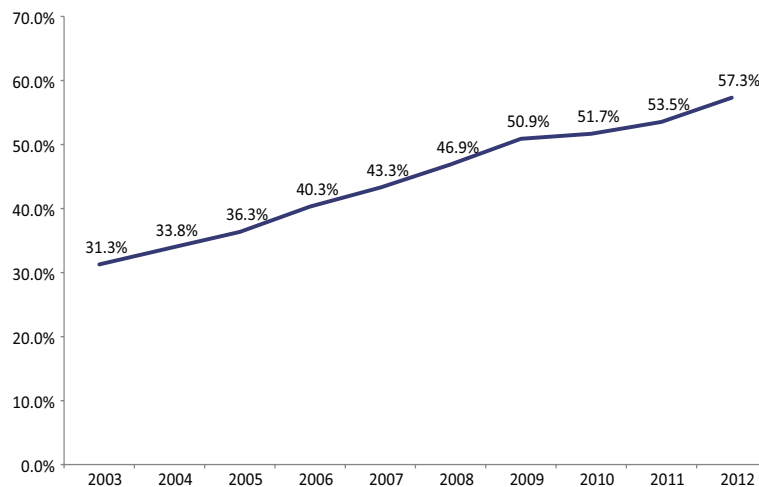
UPDATE

July 2013 | Oral Health

HNC 2020 Objective	Baseline	Current	Target
Increase the percentage of children aged 1–5 years enrolled in Medicaid who received any dental service during the previous 12 months	46.9% (2008)	57.3% (2012)	56.4%

Increasing the percentage of children aged 1–5 years enrolled in Medicaid who receive any dental service during the previous 12 months is one of the three objectives under the “Oral Health” focus area of Healthy North Carolina 2020. According to the annual Early and Periodic Screenings, Diagnostic and Treatment Services participation reports, North Carolina’s percentage for federal fiscal year 2011–2012 was 57.3 percent (Figure 1), which means that the state has exceeded the 2020 target for this objective — 56.4 percent.

Figure 1: Percent of Children Aged 1–5 Years Enrolled in Medicaid Who Received Any Dental Service During the Previous 12 Months, 2003–2012



Data Source: N.C. Division of Medical Assistance. Annual Early and Periodic Screenings, Diagnostic and Treatment Services Participation Reports.

Efforts to reduce tooth decay in North Carolina’s youngest high risk children are showing results thanks to the strong partnership of our medical, dental and public health communities. Tooth decay is the most common disease of childhood — five times more common than asthma.¹ It is a chronic disease and does not heal itself. Children who have cavities in their baby teeth are more likely to have cavities in their permanent teeth.

Because the number of young children with dental disease was increasing and access to care limited, North Carolina developed a medical model called “Into the Mouths of Babes” in 2000. Medical providers implemented this preventive program as part of primary care to include oral evaluation, parent counseling, fluoride varnish application and dental referral as needed for Medicaid insured children up to 3 years of age. In 2012, approximately 45 percent of Medicaid-eligible children 1–3 years old received oral preventive care as part of the “Into the Mouths of Babes” program. Evaluation by the UNC Gillings School of Global Public Health showed that children receiving at least four oral preventive procedures before 3 years of age have fewer cavity-related treatments by a dentist.² The recent decrease in the tooth decay of North Carolina kindergarteners documented by the Oral Health Section’s standardized kindergarten assessment system is also associated with benefits of the “Into the Mouths of Babes” program.³

Even though dentists’ participation in Medicaid almost tripled by 2009,⁴ North Carolina is still unable to fully implement professional guidelines recommending that all children have a dental home by 1 year of age as proposed by both the

American Dental Association and the American Academy of Pediatrics. Dental workforce shortage areas remain, particularly for infants and toddlers. In an effort to address this “missing link” in the “Into the Mouths of Babes” preventive program, the Carolina Dental Home Project initiated collaboration of dentists and pediatricians in a three-county area to ensure that the highest risk children had a dental home as early as possible. This was achieved through development and use of a Priority Oral Health Risk Assessment and Referral Tool (PORRT), including risk-based referral guidelines. Pediatricians used the PORRT as part of the “Into the Mouths of Babes” oral preventive procedure to identify the children at highest risk for tooth decay, and then referred those children to either the local pediatric dentist or one of the area general dentists who agreed to serve as the dental home. Key in this success was training for the general dentists on how to provide preventive care for young children, as well as the support and leadership of the local pediatric dentist, who agreed to serve as the “safety net” by providing treatment for any child the general dentist wished to refer to him. In the Carolina Dental Home Project approximately 20 percent of children receiving the “Into the Mouths of Babes” procedure and PORRT assessment were determined to be at moderate or high risk for tooth decay and needing referral to a dental home. The remaining children received oral preventive care in the medical home until they were able to establish a dental home, preferably by age 3. The Carolina Dental Home Project was funded by a grant from the Health Resources and Services Administration through the N.C. Oral Health Section with assistance from the UNC Gillings School of Public Health and the UNC School of Dentistry.

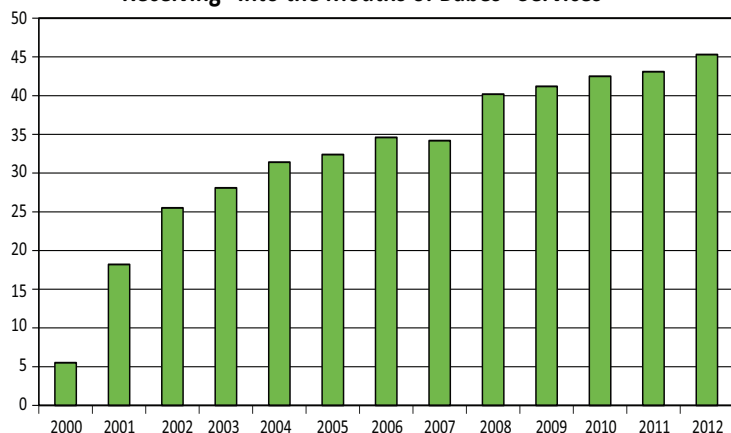
1. A Report of the Surgeon General, 2000.
2. Pahel et al. *Pediatrics*. 2011:e682-9.
3. Rozier. *NC Med J*. 2012; 73(2):100-07.
4. *North Carolina Dental Society Gazette*, Fall 2012.

SPOTLIGHT: “Connecting the Docs” with Community Care of North Carolina (CCNC)

The CCNC Children’s Healthcare Insurance Program Reauthorization Act Quality Demonstration Project is providing an opportunity for further training and testing of the Priority Oral Health Risk Assessment and Referral Tool (PORRT) guidelines developed in the Carolina Dental Home Project. In January 2013, 14 CCNC Quality Improvement Specialists attended a “train the trainer” session on using a newly developed “Connecting the Docs” Oral Health Toolkit and are working directly with the medical practices in their network. With the support of the N.C. Oral Health Section Dental Varnish Project Coordinator, Quality Improvement Specialists staff now train medical providers and their staff on improving the rates of children receiving “Into the Mouths of Babes” services, integrating PORRT into the work flow and increasing the number of young children with a dental home. PORRT forms will be collected and analyzed to determine guideline adoption, quality and appropriateness of dental referrals by the UNC Gillings School of Global Public Health.

The strong collaboration of organizations and agencies involved in efforts to reduce early childhood tooth decay in North Carolina includes, but is not limited to, the UNC Gillings School of Global Public Health, the UNC School of Dentistry, the N.C. Division of Medical Assistance, the N.C. Academy of Family Physicians, the N.C. Pediatric Society, the N.C. Oral Health Section, Community Care of North Carolina, Early Head Start, East Coast Migrant Head Start, the N.C. Dental Society and the N.C. Partnership for Children.

Figure 2. Percent of Annual Health Check Screenings Receiving “Into the Mouths of Babes” Services*



*For years 2000–2006 includes 1–2 year olds only, for 2007 on includes 1–3 year olds.