



Two is Too Late



Guidance • Support • Prevention • Protection

J. Steve Arthur, DDS, MPH

Director, Office of Oral Health
Vermont Department of Health

March 6, 2012



The New York Times

Key facts



- In FY 2009, **421 children ages 0-5**, were hospitalized to treat Early Childhood Caries (ECC)
 - Average cost \$6,500 for total cost of **\$2.7 million**
 - 351 (82%) of the 421 were Medicaid - **\$2.2 million**
- In the same year, an additional nearly **\$1.0 million** of Medicaid expenditures were for children ages 0-5 for routine restorative care in dental offices - fillings, stainless steel crowns and extractions. **Kids under age 5!**

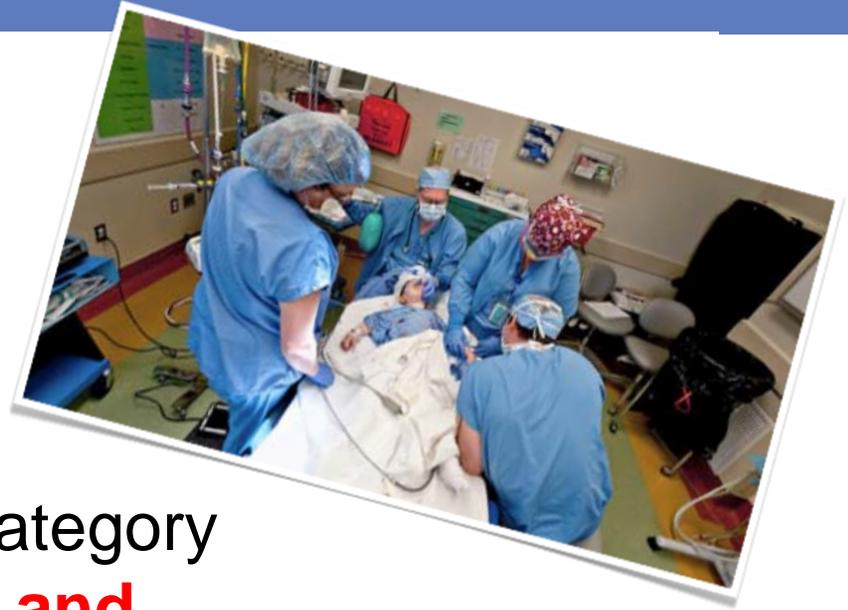
The Problem



**Early Childhood
Caries**

The Problem

- Most children **under age 3** still do not see a dentist.
- Untreated cavities in the 0-5 age category are **highly correlated to low SES and race/ethnicity**.
- Children ages 0-5 affected by dental decay are often set-up for a lifetime of oral health problems.

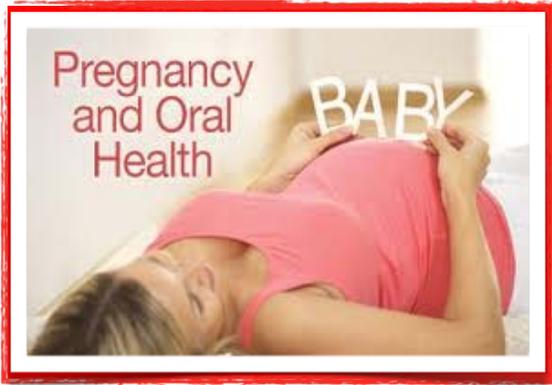




The Dental Black Hole

**pregnant women &
children under 3
&
on Medicaid
or Dr. Dynasaur**

Go where the kids are!



Pregnancy / Obgyn



Pediatricians / Family docs



Dental Hygienists



Dentists

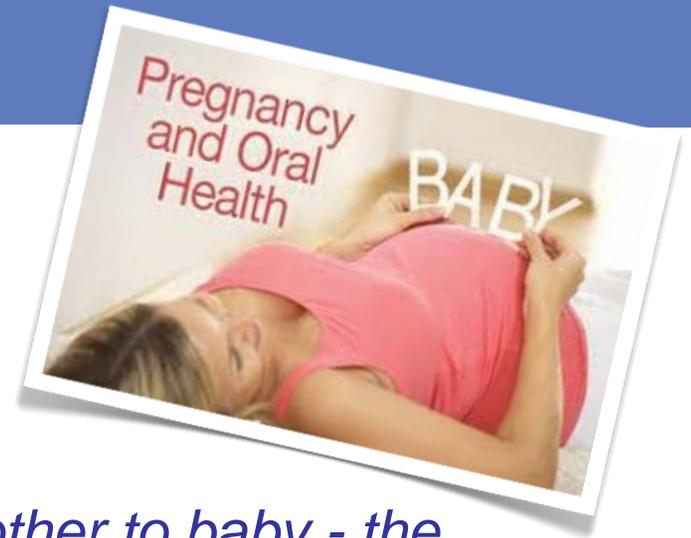
Why is the Prenatal Period so important?

■ Dental Decay is infectious

- *Strep Mutans bacteria can be passed from mother to baby - the earlier the child's mouth is "colonized," the higher the risk of decay.*

■ Oral health is consequential to the mother's own health

- *Dental decay and gum infections can lead to increased levels of inflammation ... with consequences.*
 - *Pregnancy gingivitis*
 - *Hypertension*
 - *Diabetes*
 - *Possible pre-term and low birth weight deliveries*





At first prenatal visit with OBGYN

Do you have bleeding gums, toothache, cavities, loose teeth, teeth that do not look right or other problems in your mouth?

YES

- Refer patient to a dentist.
- Stress the importance of a timely visit (within one month).
- Assist in accessing dental care as needed.

NO

- Ask: Have you had a dental visit in the last 6 months?

YES

- Encourage the pregnant woman to keep the next appointment.
- Reassure that dental care during pregnancy is safe and essential for her and the fetus.

NO

- Encourage the pregnant woman to make a dental appointment as soon as possible.

Assessing the relationship between children's oral health status and that of their mothers

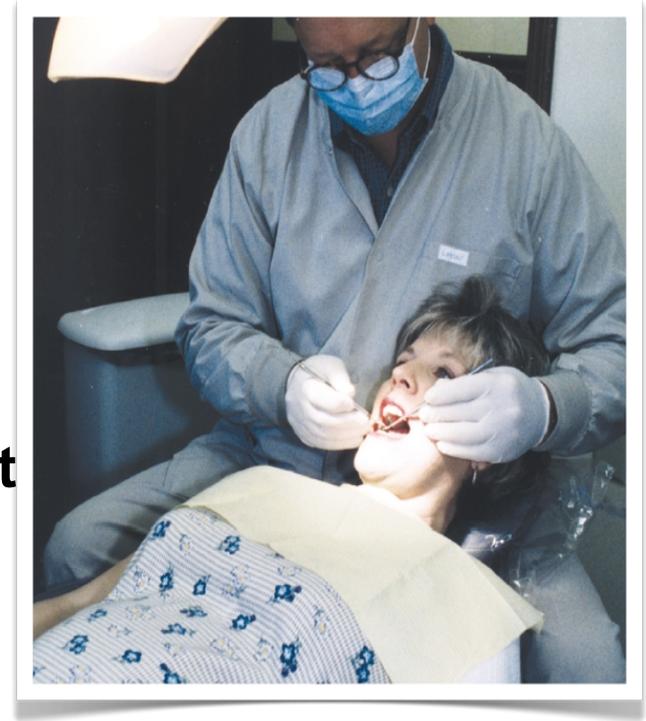
Bruce A. Dye, DDS, MPH; Clemencia M. Vargas, DDS, PhD; Jessica J. Lee, DDS; Laurence Magder, PhD, MPH; Norman Tinanoff, DDS, MS



- Children of mothers with cavities were **THREE times** more likely to have more cavities than those with mothers who have no cavities.
- Children of mothers with high tooth loss were **> THREE times** as likely to have cavities compared to those children with mothers who have no tooth loss.
- **Conclusions. Mothers' oral health status is a strong predictor of the oral health status of their children.**

Vermont gives new Moms something to Smile about!

- **H.781 - recently passed the legislature**
 - *All new and expecting Moms enrolled in Dr. Dynasaur/Medicaid will receive full dental benefits.*
- **Removes old \$495 cap on dental care**
- **Mom is eligible for these benefits throughout her pregnancy and for 60 days postpartum.**
- **Dental Care is safe during pregnancy and should not be put off.**



The baton pass



Obgyns take the baton...



OB/GYN Doctor

Pediatricians take the baton...



Tooth tutor in WIC or Head Start takes the baton...



Until the child has a dental home... that's when we stop passing the baton.



Go where the kids are!



Pregnancy / Obgyn



Pediatricians / Family physicians



Dental Hygienists



Dentists

Pediatricians & Primary Care Physicians



- Good News
 - University Pediatrics project with Lisa Barnes
- Physicians can bill Medicaid for OHRA's and Fluoride varnish
- Some good statistics! UPeds from Jan 2010 - June 2011
 - 796 children had OHRAs in that 18 month period
 - 99% of children have either private (18%) or Medicaid (81%) insurance
 - 68% have had subsequent visits to a dental office



Another baton pass



The Dentists



Pregnancy / Obgyn



Pediatricians / Family physicians



Dental Hygienists



Dentists



The Dentists

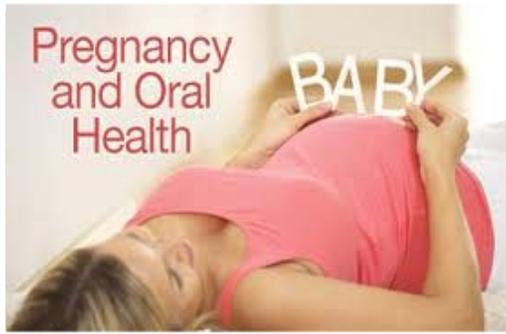
- **The Good news**
 - About 80% VT dentists participate in Medicaid ... at some level
 - All pediatric dentists will see very young patients (< 3)... and some general dentists
 - Most Federally Qualified Health Centers (FQHCs) will see very young children



The Dentists

- **The not-so-good news**
 - The majority of general dentists still do not see patients under age 3
 - Far too many children have difficult access to oral health care - they have Medicaid, but access is problematic
 - Many, **even with insurance**, never go to the dentist - cultural issues, transportation, fear. They don't know it is important!
 - Only 50% of all children eligible for Medicaid actually see a dentist each year

The Dental Hygienist - the key to EARLY PREVENTION



Pregnancy / Obgyn



Dental Hygienists



Pediatricians / Family physicians



Dentists

Public Health Dental Hygienists

(so much potential!)



- **Children 0-5 ... WIC and Head Start**
 - Dental hygienists in district offices
 - *One 0.5 FTE contract hygienist in Newport, VT - Taryn Hunt*
 - *Our own Linda Greaves is now 1/2 time in Morrisville*
 - Hygienists in all 7 Head Start programs (3 of 7 include Early HS)
 - *Currently financed with Delta Dental support - year 2 of 3*
- **Children 6-12 ... Tooth Tutors - Elementary Schools**
 - Currently 38 hygienists working 1 day/week in 130 schools

Hygienists in 12 District Health Offices

- **Education** of all District Health office staff.
- **WIC Clinics** – pregnant mothers and children 0-5
- **Communication** with local dentists, hygienists, obgyns, pediatricians & family physicians.
- **Working relationships** with Head Start, childcare facilities and schools
- **Communication** with other dental organizations - FQHCs, school based clinics, free clinics)
- **Member of Community Health Team**





Can we afford this?

- Current Medicaid dental expenditures for children ages 0-5 - **approx. \$3 million**
- 12 half-time hygienists - **cost approx. \$360,000**
- Saving or preventing only **55 hospitalizations (16%** of 351) would recoup the \$360,000.
- Hundreds of children under age 5 would have less pain and suffering.
- This is a significant preventive targeted approach, reaching a specific low SES population - WIC - pregnant women and children under age 5.

so.... again, can we afford this?

Can we afford
not to do this?



Cost of prevention-\$5.00 vs. \$6,500 dental
rehab in Operating Room



Does early intervention work?

North Carolina study using 1500 primary care physicians delivering preventive oral health services including oral health risk assessments and fluoride varnish shows:

- *30 fold increase in access to preventive services for Medicaid patients*
- **40-50% decreased need for dental treatments at age 3**
- *Increased (not decreased as feared) visits to dentist in 0-3 age group*

Most recent research - 2012

A Simulation Model for

Designing Effective Interventions in Early Childhood Caries

Gary B. Hirsch, SM; Burton L. Edelstein, DDS, MPH; Marcy Frosh, JD; Theresa Anselmo, MPH, BSDH, RDH

- Interventions targeting the **youngest children (0-3)** exerted the greatest benefit in reducing early childhood tooth decay.
- Interventions targeting the **highest-risk children** provide the greatest return on investment.
- All interventions produced **substantial reductions** in subsequent dental repair cost.

Shift the Emphasis of Care

- In the US health care system there is not enough focus on and use of **preventative medicine and chronic disease management**, which improve health outcomes and curb escalating health costs
- Studies have shown that prevention can:
 - prevent chronic diseases (such as dental decay - most chronic disease of childhood)
- Chronic disease management can:
 - prevent avoidable Emergency Dept visits, improve outcomes, prevent the need for invasive surgeries on kids 2-5 years of age

Two is Too Late!



This is a HEALTH problem - not just a “dental” problem - ALL are critical to the solution

- OBGYNs
- Pediatricians and family physicians
- Community Health Workers (WIC and Head Start)
- Dental hygienists
- Dentists

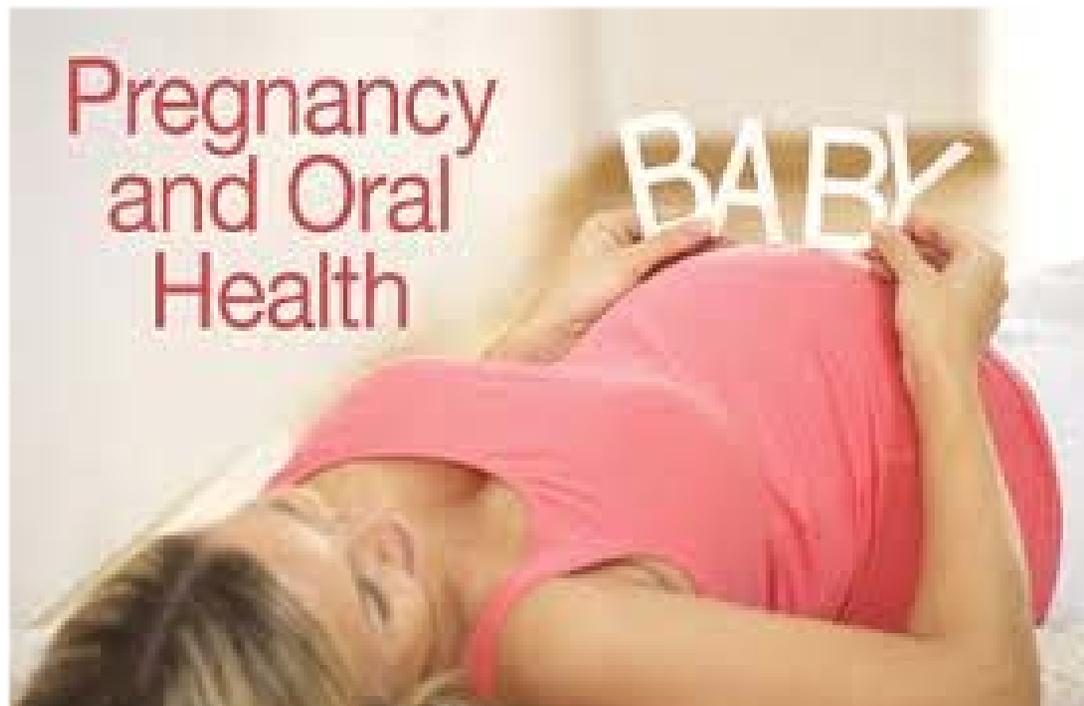




Not this!

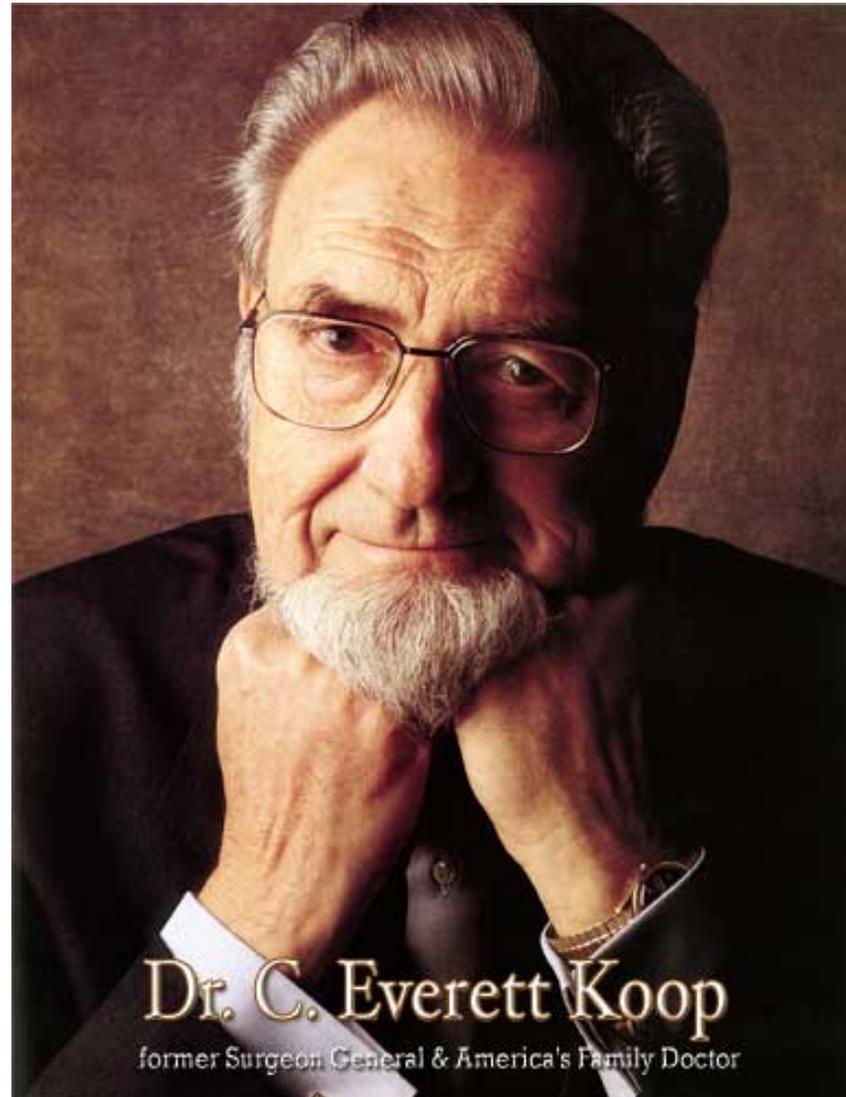


The New York Times
March 6, 2012



Click to [play](#) video

“**YOU’RE
NOT HEALTHY**
without good
oral health.”



Key take-away messages this morning...

- We have a **dental black hole** - and we have a way to help fix it!
- It's about **prevention! Early prevention!**
- It's about **targeted measures**, focusing on the 20% who have 80% of the problems.
- It's about working in our **local communities**.
- It's about integrating **oral health and health**.

It Can Be Done!

***Dental Disease
is Virtually***

***100%
Preventable***





Two or three things in closing..

- District offices
- Thanks to all of you who are helping
- Challenges ahead

Thank you.... questions?

