Fluoride Varnish Mini Summit
May 16, 2008
Topeka, Kansas

EXECUTIVE SUMMARY

Purpose: (1) to gather together those working to improve children's oral health by expanding the delivery of dental disease prevention services, specifically the application of fluoride varnish, and

(2) to take stock of progress made since 2002 in Kansas and elsewhere and to identify ideas for making further progress toward the vision of good oral health for children in Kansas.

Attendance: 66 people came from all over the state representing the following roles:

13 community clinics
7 dentists
9 hygienists
1 pediatrician
6 KDHE
2 KHPA
2 Head Start/child care
2 senior services
1 local public health
2 MCO (managed care organizations)
4 private insurance: Delta Dental
2 university
1 state association – dental
1 state association – medical
1 civic organization
2 state association – advocacy
6 philanthropy

Findings: Dr. Kathy Weno explained the history of this oral health initiative which started in 2002 with a delegation going on a site visit to North Carolina where that state had begun a program called "Into The Mouth of Babes". This was focused on preventing oral disease in very young children by integrating dental disease prevention services into the well child exams done by medical doctors (pediatricians and family medicine).

The Kansas Department of Health and Education (KDHE) has implemented a program. Four Outreach Coordinators have traveled the state to promote the use of fluoride varnish by doctors' offices, community clinics, local public health departments and school nurses. Maggie Smet explained their activities, successes and barriers encountered. Dr. Paul Kittle, pediatric dentist, provided an in-depth presentation about the dental disease

process in young children and the impact that fluoride varnish can have. In Kansas, 50% of 3rd Grade children have tooth decay.

Tracy Garland, former President and CEO of Washington Dental Service Foundation, explained the results achieved in Washington State with the 0-3 age child population. The constituency for oral health was broadened to include business, labor, medical, public health, education and child advocacy – in addition to dental interests. This required dental experts to "let go" of their issue and let non dental voices speak out. This changed the perception of the importance of the issue in the eyes of elected officials and others concerned with policy work. The ABCD Program was started to incentivize dentist to deliver care to very young children on Medicaid. ABCD in Washington includes: specialized training, fee enhancements and case management services. The broadened constituency and dentists helping with the early child population preceded efforts to engage the medical community.

State health policy was put in place calling for delivery of dental disease preventive services as part of the well child check. Reimbursement for medical providers was expanded to include codes**: D0120** (periodic oral evaluation), **D9999** (family oral health education) and **D1203** (fluoride application). Medical providers and staff are trained by either dentists or doctors; trained providers receive the "ABCD" enhanced fees for the above procedures.

In Washington, the goal is for all 0–3 age children to receive a dental risk assessment/evaluation, anticipatory guidance and application of fluoride varnish. A pilot project involving a large MCO (Group Health Cooperative), private dental insurance (Delta Dental) and State Medicaid is in progress. Provider education systems, practice management systems, insurance eligibility and billing systems are all being modified to include oral health as part of the standard of well child care.

New information about activity in Kansas that was brought to the attention of the attendees included the fact that The Dental Hygiene School in Colby was ending their students applying fluoride varnish in Boys and Girls Clubs. Also, the work of the REACH Foundation in early childhood centers was mentioned.

Ms. Garland explained that the concept of having medical providers deliver dental disease prevention services has spread. Currently, several state Medicaid programs reimburse non-dental providers for the application of fluoride varnish. The Medicaid Directors in Massachusetts and Rhode Island certify medical providers for reimbursement based on the use of the Society of Teachers of Family Medicine (STFM) on-line curriculum.

Conclusions: Small group discussions produced the following thoughts:

The Good News…

1) KDHE has invested resources in this effort
2) KHPA currently reimburses non-dental providers for applying fluoride varnish: dentists 3 times per year, medical providers 3 times per year
3) Kansas Academy of Pediatricians has provided an online training program for its members
4) Local health departments are big advocates
5) Some medical providers report that this is good timing because they are already addressing the importance of not snacking or grazing as part of their anti-obesity guidance to parents. They report that having staff apply fluoride varnish is easy and cost effective and they appreciate being reimbursed.

Some Problems are….

1) Other doctors report being angry at dentists for not doing their share with young children and that they are too busy and/or that the reimbursement is too low.
2) KHPA requires local public health departments, Indian Health Service clinics, FQHC's and Intermediate Care Facilities to apply for a dental provider number and to use the ADA claim form. This is an administrative burden and results in taking away one application that a dentist might apply.
3) Some local health departments are discouraged by local dentists from applying for a dental provider number.
4) Rural health and community clinics have no financial incentive to do the fluoride varnish applications due to the encounter fee structure.
5) Providers are not reimbursed for talking with parents about their role in disease prevention (brushing, no grazing, etc.). The opportunity for prevention in the doctor's office is limited to only one strategy: the application of fluoride varnish.
6) School activities do not engage the parent in the prevention process.
7) Affecting provider behavior requires continual effort. It can be done but requires a long term commitment.

Participants' Suggestions:

1) The Kansas effort should be expanded to reach more medical providers, the media, the Kansas Board of Education, nurses, physician assistants, private insurers, school administrators, pregnant moms, nursing homes, KU Medical School. Early learning advocates, and medical office practice managers.
2) Policy work on obesity by other groups should be broadened to include oral health.
3) Medical education residency programs for pediatricians, training programs for ARNPs, and osteopathic medical providers should include oral health. Family Medicine Residency programs already have this requirement.
4) Private insurers should be approached for data on the percentage of 0–3 age children who receive dental service and the dollars spent on dental claims for restorative work done on children age 0–18.
5) Private insurers should be encouraged to cover young children and to reimburse medical providers for applying fluoride varnish.
6) Information about dental treatment resources should be identified and given to medical doctors so that they know where to refer children who need treatment.
7) The issue should be reframed. Different language should be used that is more consumer friendly than "varnish". This does not sound like something that should go in the mouth!
8) There should be a national media campaign to create consumer awareness and a demand for preventive services.
9) Doctors' offices should ask their patients: "Have you taken your child to the dentist yet?"
10) Parents and grandparents should be taught that high fruit juice consumption in early childhood leads to high soda consumption in youth. School meals should not include juice.
11) As a way to promote dentists being receptive to seeing young children, education should be provided to families on what is expected when at a dental appointment.
12) Dental offices should be encouraged to see young children for fluoride varnish applications on Fridays (when the office is often closed for regular business).
13) Data collection formats should be standardized so that KDHE can track data.

Powerpoint Presentations by Dr. Paul Kittle and Dr. Kathy Weno from the fluoride varnish min-summit are available at the website of the Health Ministry Fund: www.healthfund.org. Links to those resources are currently featured on the Home page.