





RHODE ISLAND ORAL HEALTH PLAN, 2017–2021



# State of Rhode Island and Providence Plantations Office of the Lieutenant Governor

## Daniel J. McKee Lieutenant Governor

Dear Rhode Islanders,

Since the creation of the Rhode Island Oral Health Commission in 2000, it has sought to improve the oral health of all Rhode Islanders. The members of this Commission represents a diverse group of interested partners ranging from non-profit organizations, foundations, private practices, community health centers, insurers, educational institutions, state governmental agencies and many other oral health advocates. We acknowledge and thank them for their commitment, dedication and contributions to the mission and vision of the Commission.

We also acknowledge and thank the Rhode Island Department of Health for continually providing current accurate data, report-writing, and administrative support to the Commission. Thank you to the Commission's Steering Committee and Workgroup Chairs who are an active, vibrant, energetic group of committed shareholders collaborating together in providing guidance and leadership to the Commission. Together, they facilitate the advancement of the Rhode Island Oral Health Plan by ensuring forward movement towards the Commission's goals on all fronts.

The Rhode Island Oral Health Plan 2017-2021 lays the foundation for continued advocacy on behalf of children, adult, elders and all others who seek basic oral health care with emphasis on:

- Improving Access to Oral Health Care Services
- > Integrating Medical and Dental Healthcare
- Increasing Oral Health Literacy
- Sustaining and Developing the Oral Health Workforce
- Informing Oral Health Policy and Advocacy

The accomplishments and successes of the Commission are evident in the smiles of Rhode Islanders and we are proud in advancing the shared mission of optimal oral health for all Rhode Islanders.

Sincerely,

Daniel J. McKee

Lieutenant Governor

Co-Chair

Rhode Island Oral Health Commission

Marie Jones-Bridges, CDA, RDH, BS Private Practice Dental Hygienist

Marie Jones-Bridges

Elected Co-Chair

Rhode Island Oral Health Commission



To Our Oral Health Partners:

I am pleased to present the 2017-2021 Rhode Island Strategic Oral Health Plan, developed by the Rhode Island Oral Health Commission in collaboration with the Rhode Island Department of Health. As a result of our partnership with the Rhode Island Oral Health Commission, this Plan incorporates the insights of a diverse group of community partners and oral health professionals throughout Rhode Island.

Tooth decay and poor oral health remain a prime contributor to the overall disease burden throughout the United States. According to the Centers for Disease Control and Prevention, approximately one third of all US adults have untreated tooth decay, and 20% of children age 5-11 years have at least one untreated decayed tooth. This presents a major opportunity for public health stakeholders because tooth decay is a preventable condition. It can be addressed by strategically targeting barriers to dental care and partnering with public and private resources to educate Rhode Islanders about the importance of good oral hygiene practices as our daily routines.

No single agency or organization alone can improve the oral health status of all Rhode Islanders. This Plan is meant to be a guide for the oral health community, to coordinate and complement ongoing efforts, and to move toward better oral health outcomes for all. We are committed to implementing and refining this Plan while identifying and utilizing innovative solutions to help us achieve our goals.

We welcome your continued input. To receive more information or to learn how you can get involved, contact the Rhode Island Oral Health Commission Communications Coordinator, Veronica Rosa-DaFonseca, at v.rosadafonseca@health.ri.gov

For more information about the Oral Health Program, visit RIDOH's website at www.health.ri.gov/oralhealth

Sincerely,

Nicole Alexander-Scott, MD, MPH

Director of Health, Rhode Island Department of Health

## RHODE ISLAND ORAL HEALTH COMMISSION

The Rhode Island Oral Health Commission (RIOHC) provides a forum through which statewide efforts are coordinated to achieve optimal oral health and improve access to dental providers for all Rhode Island residents. The RIOHC was formally established in 2010 as a coalition of stakeholders; many RIOHC members were involved previously in the Special Senate Commission to "Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Healthcare for All Rhode Island Residents", with an initial report in 1998, and concluded in 2007. The 2017-2021 Oral Health Plan is the result of many devoted volunteer individuals working with the RIOHC and other organizations to increase the number of qualified dental professionals available to Rhode Island residents. The Commission and its members look forward to new and ongoing opportunities expanding on efforts to further improve the oral health environment in Rhode Island.

#### **MISSION:**

The RIOHC is a voluntary organization representing oral health interests throughout Rhode Island. The RIOHC provides leadership to:

- Formulate and promote sound oral health policy,
- Increase awareness of oral health issues, and
- Assist in promotion of initiatives for the prevention and control of oral diseases.

#### **VISION:**

The vision of the RIOHC is to promote lifelong optimum oral health and health equity through:

- Primary prevention at the family, community, and healthcare professional levels;
- Accessible, comprehensive and culturally competent community-based oral healthcare provided through a variety of financing mechanisms;
- Educational opportunities throughout life that will allow individuals to make better decisions for their health; and
- Informed and compassionate policy decisions at all levels of government.

#### **GUIDING PRINCIPLES:**

In support of the organization's mission and the 2017-2021 Rhode Island Oral Health Plan, the RIOHC believes in the following principles:

- Universal access to oral healthcare:
- Promotion of oral health services that are community-based, preventive and culturally appropriate;



- Creating partnerships with public, private, and community-based stakeholders, decision-makers, and the public regarding oral health issues;
- Clear and open communication with all stakeholders to facilitate mutual goals and objectives;
- Both the right and responsibility of individuals to participate in decisions affecting their own oral health;
- Encouraging creative approaches to address oral health issues;
- Advocating for and promoting oral health intervention strategies which are based upon sound scientific principles;
- Recognizing the value and strength of the current dental delivery system; and
- Accomplishing our mission through teamwork and continuous improvement.

## **EXECUTIVE SUMMARY**

It has been 17 years since Oral Health in America: A Report of the Surgeon General followed by the National Call to Action to Promote Oral Health was published, yet many of the barriers to quality oral healthcare identified in these reports still exist in Rhode Island and across the nation. While access to treatment and reimbursement remain major issues, it is important to recognize that most tooth decay and oral diseases are preventable. In a time when accountable healthcare spending remains a high priority for all policy makers, evidence-based and best practices indicate that preventive oral healthcare provides a positive return on investment. To have a lasting impact on the oral health and overall well-being of all Rhode Islanders, it is essential to have a coordinated healthcare system that incorporates both preventive and restorative oral health services along with other health care services.

Although substantial progress has been made toward improving oral health during the past several years, barriers to quality oral health services remain throughout Rhode Island. Dental decay remains a common and widespread chronic disease in Rhode Island children, while 31% of non-elderly adults reported having at least one tooth extracted due to dental caries or periodontal disease. Disadvantaged populations, such as minorities, those with low income, and those living with special needs, continue to show a higher rate of untreated dental decay and/or tooth loss.1 Open dialogue between stakeholders who acknowledge innovative methods to implement best practices and address long-standing oral health diseases will generate solutions to eliminate these disparities that are both achievable and sustainable in the long-term.

The Rhode Island Oral Health Commission (RIOHC), in collaboration with the Rhode Island Department of Health and numerous stakeholders, has developed this Rhode Island Oral Health Plan, 2017-2021 (the Plan), the fourth five-year plan since 2001. With publication of the Plan, the RIOHC outlines a strategic course of action that builds upon past successes and focuses on increasing positive outcomes for all Rhode Islanders. Guided by the recommendations and objectives presented in the Plan, the RIOHC will build on these past successes and leverage any available resources into positive policy action that results in better access to oral healthcare/services. The RIOHC recognizes its members and partnering organizations, who continue to provide on-going guidance through open communication and promote progress toward common goals for improving the oral health of Rhode Island residents.

The RIOHC welcomes you to review the Plan in its entirety and incorporate its goals into your strategic plan over the next five years.

#### **GOALS:**

Past accomplishments and recent data were reviewed to identify the Plan's current priority goal areas. The goals depart marginally from those identified in previous plans; however, the RIOHC has re-focused the current Plan to target areas of concern. Progress in these targeted areas will further efforts to improve oral health, reduce the burden of oral disease, and eliminate oral health disparities among all Rhode Island residents.

Goal 1: Improve Access to Oral Healthcare Services: Identify and remove barriers between Rhode Island residents and oral health services;

- Goal 2: Inform and Support Productive Oral Health Policy Decisions: Assure adequate and appropriate information that supports evidence-based interventions and/or policies is available for policymakers;
- Goal 3: Integrate the Dental and Medical Care Systems: Promote a holistic approach that incorporates both dental and medical systems to improve the overall health of Rhode Island residents:
- Goal 4: Increase the Oral Health Literacy of Rhode Island Residents: Provide appropriate resources and education for Rhode Island residents to increase their ability to make informed decisions regarding their oral health; and
- Goal 5: Sustain the Oral Health Workforce: Assure an adequate and effective oral health workforce in Rhode Island.

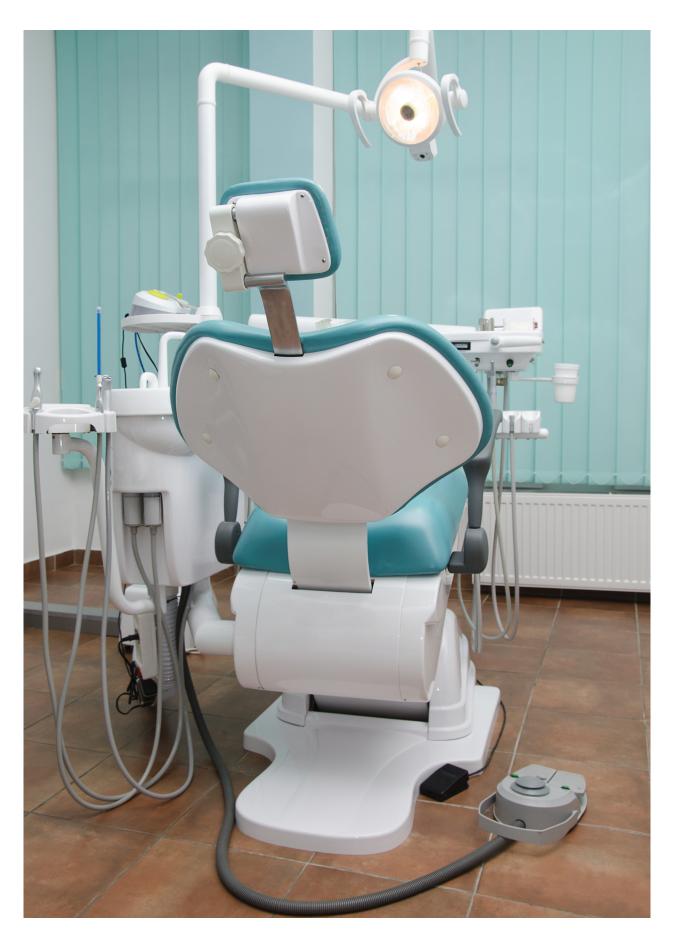
# HOW TO READ THIS PLAN: RECOMMENDATIONS, OBJECTIVES, ACTIVITIES, AND STRATEGIES

The RIOHC developed the Plan based on input from dedicated workgroups that recommended state-specific approaches for reaching each of the five goals. The Plan's Logic Model (see page 46) displays how these goal areas will help Rhode Island reach its desired outcomes for oral health. The recommendations listed are broad statements identifying an overall target as a part of a Goal and do not include specific measurements; however, partners are encouraged to identify methods for measuring and evaluating their work. Where possible, workgroups also identified Specific, Measurable, Action-oriented, Realistic, and Time-bound (SMART) objectives to support the recommendations. Objectives may have associated Activities, which act as a potential course of action to achieve an objective. If the workgroup was unable to develop a SMART Objective to address an area of need, a Strategy was identified and listed at the end of the applicable Recommendation section. During the course of the five years, the RIOHC will review and work to develop measurable Objectives to enhance accountability, prioritize activities, and annually re-evaluate and highlight progress in reaching oral health goals.

#### **POTENTIAL PARTNERS**

To achieve the goals, recommendations, and objectives outlined in this plan, the RIOHC has identified potential partners, which include, but are not limited to:

AARP • Advocacy Groups • AETNA •- American Academy of Pediatric Dentistry • American College of Obstetricians & Gynecologists • American Network of Oral Health Coalitions • Blue Cross & Blue Shield • Brown University • Campaign for Dental Health • Care New England • CareLink/Wisdom Tooth • Child Birth Hospitals • Community College of Rhode Island • Community Organizations • Delta Dental of Rhode Island • Elected Officials • Executive Office of Health & Human Services • Federally Qualified Health Centers • General Assembly Champions • Johnson & Wales University • Lifespan • Local School Districts • Long Term Care Coordinating Council • Medical Assistance Managed Care Insurers • MetLife • Neighborhood Health Plan of Rhode Island • New England Colleges & Universities • New England Dental Schools • Office of the Health Insurance Commissioner • Oral Health America • Oral Health Professional Volunteer Programs • Providence College • Public & Private Health Insurers • Rhode Island Academy of Family Physicians • Rhode Island Chamber of Commerce • Rhode Island Chapter of the American Academy of Pediatrics • Rhode Island College • Rhode Island Dental Assistants' Association • Rhode Island Dental Association • Rhode Island Dental Hygienists' Association • Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals • Rhode Island Department of Education • Rhode Island Department of Health • Rhode Island Department of Human Services • Rhode Island Health Care Association • Rhode Island Health Center Association • Rhode Island Hospital, Samuels Sinclair Dental Center • Rhode Island KIDS COUNT • Rhode Island Medical Society • Rhode Island Mission of Mercy • Rhode Island Oral Health Foundation • Rhode Island Prematurity Taskforce • Rhode Island Public Water Facilities • Salve Regina University • School-Based Dental Programs • St. Joseph Health Services Pediatric & Family Dental Center • Tobacco Cessation Organizations • Tufts Health Plan • United Healthcare • University of Rhode Island



# BURDEN OF ORAL DISEASES AMONG RHODE ISLANDERS

## **TOOTH DECAY (DENTAL CARIES), PAIN/SORENESS AND TOOTH LOSS**

Following decades of sustained community efforts, including water fluoridation, and educational interventions, many children and adults are free of tooth decay. However, tooth decay is still the single most common and widespread chronic childhood disease within the United States. Consequences of untreated tooth decay in children and adults include pain and disability; poor physical development; increased treatment costs, hospitalizations, and emergency department visits; loss of school or work days; decreased ability to concentrate, learn and work; impaired self-confidence; diminished overall quality of life; and in severe cases, even death.

Unfortunately, dental decay also affects very young children. Among Rhode Island's children enrolled in Head Start programs, a third had decay experience (treated and/or untreated) in their primary (baby) teeth and most of these children did not receive the dental care they need. Half of Rhode Island children, by 8-9 years of age, have experienced decay.<sup>1</sup>

Significant oral health disparities also exist in Rhode Island by race/ethnicity and socioeconomic status. Children of racial and ethnic backgrounds (reported as Black/African American, Hispanic, or other race/ethnicity) and children in high risk schools (schools with more than 50% of students eligible for the free or reduced price school meals (FRSM) program) are more likely than their peers to have untreated tooth decay. Rampant decay, defined as more than six teeth that have experienced decay, is twice as prevalent among these subgroups of Rhode Island children.<sup>2</sup>

According to the statewide adolescent health survey, 44% of Rhode Island middle and high school students reported they experienced pain or soreness in their teeth or mouth at least one time during the past year. A significant proportion (17%) of adolescent students also reported they were self-conscious or embarrassed because of their teeth or mouth in the past year.<sup>3</sup>

Most tooth loss is related to tooth decay and/or periodontal (gum) disease. In 2014, among older adults age 65+ years, 37% had lost 6 or more teeth, and 14% had lost all natural teeth. Despite an overall trend towards reduced edentulism (tooth loss) in the RI adult population, not all groups have benefited to the same extent. Compared to their counterparts, tooth loss is more common among adults of racial and ethnic populations, than those with less education, and those with physical disability.<sup>4</sup>

## **DISPARITIES IN UTILIZING DENTAL CARE AMONG RHODE ISLANDERS**

As previously described, oral health disparities are significant in Rhode Island. Individuals in lower-income families, racial and ethnic populations or who have special care needs have a higher prevalence of oral disease than the overall population. Limited or infrequent access to dental care contributes to poor oral health.

A current snapshot of dental care utilization among diverse Rhode Island populations includes the following:

- Adults with diabetes have a higher prevalence and more severe forms of periodontal (gum) disease. Periodic dental visits, which are recommended for diabetes management and care, provide opportunities for managing the related oral health complications (gum disease, prevention and early detection and treatment of periodontal disease). However, in Rhode Island, adults with diabetes reported receiving dental care at a lower rate than adults without diabetic conditions.<sup>5</sup>
- People with disabilities need treatment for dental decay and periodontal disease more frequently than the general population. Rhode Island adults with disabilities reported lower utilization of dental services, which suggests existence of potential barriers in obtaining dental services needed to maintain oral health.<sup>6</sup>
- Current smokers in Rhode Island were less likely to have had a recent dental visit than those who self-reported as non-smokers. Smoking increases the risk for periodontal diseases and other soft tissue lesions in the mouth. Regular dental cleanings and oral health check-ups are important for smokers to prevent and detect periodontal disease and screen for indications of oral cancer.<sup>7</sup>
- All pregnant women should receive oral healthcare, including exams, cleanings, x-rays with shielding and other necessary treatments. However, oral healthcare was not as frequently discussed with pregnant women as other perinatal care issues, such as appropriate medications, breastfeeding, maternal depression, weight gain, HIV testing, alcohol consumption and smoking. Approximately four out of ten (42%) Rhode Island women self-reported that they had not received preventive dental care (teeth cleaning) during their pregnancy.8
- Children and adults eligible for Medicaid in Rhode Island face obstacles obtaining dental care to maintain oral health, despite more children and adults having comprehensive Medicaid dental coverage through the Affordable Care Act (ACA) Medicaid Expansion, which was implemented in January 2014. Most children enrolled in Medicaid do not receive preventive dental services until they reach school age. In 2015, only 16% of infants and toddlers (age 2 years and under), 46% of preschool age children (age 3–5 years)<sup>9</sup>, and 20% of adults received at least one preventive visit.<sup>10</sup>
- Uninsured adults in Rhode Island are more likely not to obtain recommended and needed dental care. Many adults do not have dental insurance (23% of adults age 18-64 years and 54% of adults age 65 years and older).¹¹ Reasons for lack of dental insurance include unemployment, lack of dental coverage offered by employer and/or offered, but not required, by employer, in addition to other potential reasons. Additionally, Medicare dental benefits only include dental services for hospitalized patients with limited specific conditions and do not include routine dental care for non-hospitalized older adults.

# **GOALS**

## GOAL 1 Improve Access to Oral Healthcare Services: Identify and remove barriers between RI residents and oral health services.

Access to regular, preventive dental care has been shown to decrease both the occurrence of oral diseases and the complex and costly dental procedures that result. Despite this knowledge, the likelihood of receiving regular dental care is often determined by the availability of services, the value placed on oral health by the individual and the existence of dental insurance coverage. Medicare, for example, does not cover routine dental services, but, rather, provides coverage only for hospitalized elderly patients with very limited medical conditions. Additionally, data shows that Rhode Islanders across the lifespan who do not have dental insurance are less likely to have routine dental visits and, therefore, are at increased risk for poor oral health. Despite making significant improvements in the last several years to advance access to oral health care services in Rhode Island, approximately a quarter (23%) of Rhode Island adults age 18-64 and more than half of adults age 65 and older still do not have any dental insurance coverage.<sup>12</sup>

Rhode Island has implemented successful prevention based programs to improve access to evidence-based dental practices. Among school-aged children, evidence suggests that school-based and school-linked dental programs effectively increase utilization of dental services among children and can serve to improve awareness of dental disease among parents and caregivers. However, more effort is needed to reach a broader segment of Rhode Island's underserved population. Additionally, RI currently benefits from having close to 80% of the population receiving fluoridated water.<sup>13</sup> Sustaining this level of coverage will require an emphasis on communicating fluoride's efficacy and safety as a broad-based public health measure to reduce dental caries. To this end, it is critical that Rhode Island sustains the quality of its water fluoridation protocols and systems by reaching out to communities and offering support in practice and engineering gained through the Centers for Disease Control and Prevention (CDC) training.

FIGURE 1. SEAL RI! SERVED PUBLIC ELEMENTARY SCHOOLS

	FRSM %	OF SCHOOLS PARTICIPATING	% (OF ALL RI SCHOOLS)
2013-14	< 50%	13	13%
(4 programs)	≥ 50%	27	36%
	Total	40	23%
2014-15	< 50%	12	11%
(5 programs)	≥ 50%	35	50%
	Total	47	26%
2015-16	< 50%	16	13%
(5 programs)	≥ 50%	57	75%
	Total	73	37%

#### WHAT WE HAVE DONE:

In 2015, the RI Department of Health (RIDOH) published the *Oral Health of RI Children* report with results from the statewide oral health survey of third grade children enrolled in Rhode Island's public elementary schools. The report revealed that approximately 37% of children have a dental sealant on at least one permanent molar (Figure 1). This falls short of the goal of 50% as outlined in Rhode Island's previous State Oral Health Plan. In addition, the report showed no statistically significant change in dental sealant prevalence among children over the six school year period between 2007/2008 to 2013/2014.<sup>14</sup>

## **WITHIN THE PAST FIVE YEARS:**

- Due to Medicaid expansion and adjustments in poverty level qualifications, more individuals have gained access to dental services. Attributed to the Medicaid expansion, 73,426 more adults under age 65 were enrolled in Rhode Island's Medicaid program as of January 31, 2017, a 78% increase from 2013 enrollment.<sup>15</sup>
- Rhode Island dental safety net facilities have increased their capacity to provide care to more patients through increased numbers of providers and operatories.

#### WHERE WE ARE GOING:

Early and regular preventive dental care has a significant positive effect on dental-related expenditures. The benefits of the dental home are significant and intuitive, although not yet substantiated by research. These benefits include an increased emphasis on prevention and disease management, customizing care to meet individual needs, and better health outcomes at lower costs.

#### **Recommendation 1.1:**

Develop and implement a statewide public health initiative that encourages all Rhode Islanders to receive necessary preventive and treatment services at their primary dental home.

#### **OBJECTIVE 1.1A:**

BY 2021, INCLUDE COLLECTION OF THE FOLLOWING INFORMATION INTO THE EXISTING DENTAL SAFETY NET REPORT: AVERAGE TIME TO APPOINTMENT, NORMAL BUSINESS HOURS AND BEYOND, EMERGENCY SITUATION INSTRUCTIONS, AND TYPES OF DENTAL SERVICES PROVIDED, DEVELOP AND DISSEMINATE AN UPDATED DENTAL SAFETY NET LIST WITH THE NEW INFORMATION.

Potential Data Source: RI Dental Safety Net Report.

## **OBJECTIVE 1.1B:**

BY 2021, INCLUDE PRIVATE DENTAL CLAIMS DATA WITHIN THE ALL-PAYER CLAIMS DATABASE.

Potential Data Source: Rhode Island All-Payer Claims Database.

## **OBJECTIVE 1.1C:**

BY 2021, 100% OF ALL NEW DENTAL OFFICES/CLINICS WILL BE COMPLIANT WITH THE AMERICAN FOR DISABILITIES ACT (ADA) PRIOR TO BEING ALLOWED TO OPEN FOR BUSINESS.

Potential Data Source: RI Department of Labor and Training Data.

#### **OBJECTIVE 1.1D:**

BY 2021, WORK WITH THE RI DENTAL ASSOCIATION AND OTHER PROFESSIONAL ORGANIZATIONS TO PROVIDE A MINIMUM OF FIVE (5) CONTINUING EDUCATION COURSES (IDEALLY ONE PER YEAR) FOCUSED ON PROVIDING DENTAL SERVICES FOR INDIVIDUALS WITH SPECIAL HEALTHCARE NEEDS.

Potential Data Source: RI Dental Association, RI Dental Hygienists' Association & RI Dental Assistants Association schedules of continuing education.

#### **OBJECTIVE 1.1E:**

BY 2021, INCREASE THE PERCENTAGE OF PREGNANT WOMEN ENROLLED IN THE RHODE ISLAND MEDICAID DENTAL SERVICES PROGRAMS WHO VISIT AN ORAL HEALTH PROFESSIONAL DURING PREGNANCY BY 20% FROM BASELINE. (BASELINE TBD)

Potential Data Source: RIDOH/Medicaid Data Warehouse & Pregnancy Risk Assessment Monitoring System (PRAMS)

## **Activities for Objective 1.1E:**

- Determine baseline.
- Coordinate with the RIDOH Perinatal and Infant Oral Health Quality Improvement (PIOHQI) project.
- Work with dental professionals to increase access.

## **OBJECTIVE 1.1F:**

BY 2021, INCREASE THE PERCENTAGE OF CHILDREN UNDER AGE 2 YEARS ENROLLED IN THE RHODE ISLAND MEDICAID DENTAL SERVICES PROGRAM WHO VISIT AN ORAL HEALTH PROFESSIONAL BY 20% FROM BASELINE. (BASELINE TBD)

Potential Data Source: RIDOH/Medicaid Data Warehouse

## **Activities for Objective 1.1F:**

- Determine baseline.
- Review administrative utilization data to determine baseline measure of access by age one.
- Implement a campaign that focuses on early dental visits (TeethFirst!)
- Annually review administrative utilization data to determine changes in access by age one.
- Coordinate with the PIOHQI project.
- Work with dental professionals to increase access.

#### **OBJECTIVE 1.1G:**

BY 2021, INCREASE THE USE OF DENTAL SEALANTS BY 10% FROM BASELINE FOR CHILDREN ENROLLED IN THE RHODE ISLAND MEDICAID DENTAL SERVICES PROGRAM.

Potential data source: most current Basic Screening Survey (BSS); Medicaid encounter Data and/or RI's CMS Form 416 Report.

## **Activities for Objective 1.1G**

- Provide an informational pamphlet and educational tools for parents regarding safe and non-invasive nature of dental sealants that includes data on their effectiveness.
- Advocate with dental insurers, including Medicaid to lift restrictions (frequency & age) on sealants to allow dental providers to maintain sealant protection for children.
- Outreach and incentivize dentists to place more dental sealants using clinically accepted protocols and techniques.

#### **OBJECTIVE 1.1H:**

BY 2021, INCREASE THE USE OF COVERED SUPPORT SERVICES, SUCH AS TRANSPORTATION, TRANSLATION (WRITTEN), INTERPRETATION (SPOKEN), ETC., FOR INDIVIDUALS ENROLLED IN THE RI MEDICAID DENTAL SERVICES PROGRAM BY 10%.

Potential Data Sources: RI Medicaid Utilization Data, RI

#### **Activities for Objective 1.1H**

- Educate dental provider office staff on how to access covered support services for patients enrolled in the Rhode Island Medicaid Dental Services Program.
- Disseminate pertinent information on services/benefits covered upon insurance enrollment and periodically thereafter.

Given that untreated oral disease complicates medical conditions such as diabetes and heart disease and may be associated with pre-term low-birth weight babies; Given that oral disease can jeopardize the health of Medicaid-eligible elderly and the disabled, affecting the health and well-being of those living in nursing homes; Given that preventive and routine dental services save overall health care dollars by avoiding costly visits to the emergency room, maintaining and/or expanding dental benefits for RI's most vulnerable populations covered by Medicaid is the focus of the following Recommendation and subsequent Objectives.

#### **Recommendation 1.2:**

Annually preserve and expand the dental benefits and scope of covered services for all populations eligible for Medical Assistance Programs.

#### **OBJECTIVE 1.2A**

BY 2019, USE OUTCOME AND COST-EFFECTIVENESS DATA TO EXPAND THE RITE SMILES PROGRAM ENROLLMENT TO INCLUDE ALL ELIGIBLE CHILDREN UP TO AGE 21. (TARGET CHILDREN ARE THOSE MEETING THE RHODE ISLAND MEDICAID ELIGIBILITY CRITERIA, E.G. CHILDREN WITH SPECIAL HEALTHCARE NEEDS)

Potential data source: RI Medicaid Enrollment and Expenditure Data

## **OBJECTIVE 1.2B**

BY 2021, THE RIOHC WILL WORK TO SUPPORT THE BROAD REFORM EFFORTS OF THE RHODE ISLAND MEDICAID ADULT DENTAL BENEFITS BY THE RHODE ISLAND MEDICAID AGENCY IN TWO SPECIFIC WAYS:

- 1. Promote an integrated system of care for adults that includes oral health.
- 2. Include preventive services as the cornerstone of the reformed system of care.

## **Activities for Objective 1.2B**

- Promote an adult managed care dental benefit model.
- Through 2021, and thereafter, provide data to support the retention of Medical Assistance dental benefits for pregnant women.
- Collect relevant data, including the impact of the increased safety net participation on dental-related emergency department visits.
- Provide ongoing education to members of the legislature and other state

#### **OBJECTIVE 1.2C**

BY THE END OF 2021, THE RI OHC WILL ACTIVELY SUPPORT AND ADVOCATE FOR THE INCLUSION OF MEDICAID REIMBURSEMENT TO DENTAL PROVIDERS FOR THE COMPLETION OF ORAL HEALTH RISK ASSESSMENTS FOR MEDICAID BENEFICIARIES.

#### **OBJECTIVE 1.2D**

BY THE END OF, 2021, INCREASE THE USE OF COVERED SUPPORT SERVICES LIKE CASE MANAGEMENT, RISK ASSESSMENT, ETC. FOR MEDICAID ENROLLEES BY 20%.

Potential Data Source: RI Medicaid Utilization Data

## **Activities for Objective 1.2D**

- Increase the capacity of Medicaid providers to see more patients
- Continue training dental providers to provide case management services in the dental office through the Rhode Island Workforce Enhancement Grant activities.
- Pilot a billing protocol for the four new Dental Case Management CDT codes to test for utilization and cost effectiveness.
- Develop policies to improve coordination between the Rhode Island Executive Office of Health and Human Services and federally qualified health centers.
- Encourage programs that value prevention and disease management (to reduce disease burden), are science and evidence-based, and invest in strategies with strong potential for long-term savings through preventive care

The Surgeon General has declared dental caries in childhood to be the most common chronic disease, yet it is also the most preventable. With that in mind, increased efforts in expanding the school-based programs would provide opportunities for diagnosis and introduce preventive measures to help reduce this chronic disease and the costs associated with it.

## **Recommendation 1.3:**

Enhance access to dental services for children through Rhode Island's school system.

OBJECTIVE 1.3A: BY DECEMBER 2019, ENSURE THAT 100% OF ALL SCHOOL DISTRICTS ARE COMPLYING WITH THE DENTAL SCREENING REQUIREMENTS AS INDICATED IN THE RULES AND REGULATIONS FOR SCHOOL HEALTH PROGRAMS (R16-21-SCHO).

Potential Data Source: Annual School and District Report Cards (RIDOH).

OBJECTIVE 1.3B: BY 2021, INCREASE PARTICIPATION BY 10% IN EXISTING SCHOOL-BASED/ SCHOOL-LINKED PROGRAMS FOR ALL ELEMENTARY SCHOOLS WITH ≥50% OF ENROLLED STUDENTS ELIGIBLE FOR FREE OR REDUCED SCHOOL MEALS.

Potential Data Source: RI Department of Health.

#### **Activities for Objective 1.3B**

- Provide technical assistance for school-based/school-linked dental programs.
- Continue convening RIOHC Dental Safety Net Workgroup as a forum for school-based/school-linked dental programs to share best practices.
- Track participating schools annually.

#### **OBJECTIVE 1.3C:**

BY 2021, EXPAND THE CURRENT SCHOOL-BASED/SCHOOL-LINKED DENTAL PROGRAMS TO INCLUDE DELIVERY OF TOPICAL FLUORIDE, ORAL HYGIENE EDUCATION AND THE EFFECT OF NUTRITION ON ORAL HYGIENE IN ELEMENTARY SCHOOLS WITH ≥ 50% OF ENROLLED STUDENTS ELIGIBLE FOR FREE OR REDUCED SCHOOL MEALS.

Potential Data Source: RI Department of Health.

#### **OBJECTIVE 1.3D:**

BY 2021, INCREASE THE USE OF DENTAL SEALANTS FOR MEDICAID-ENROLLED CHILDREN BY TEN (10) PERCENTAGE POINTS.

Potential Data Source: Basic Screening Survey (BSS); Medicaid encounter Data and/or RI's CMS Form 416 Report.

## **Activities for Objective 1.3D**

- Develop and disseminate educational information (that includes data and efficacy) to parents regarding safety and non-invasive nature of dental sealants.
- Promote appropriate timelines for dental sealant replacement that are consistent with evidence-based sealant practice with dental insurers, including the RIte Smiles Program, to maintain continuous dental sealant protection for children.
- Outreach to and incentivize dentists to place more dental sealants using clinically accepted protocols and techniques.

Adding fluoride to community water has proven to be the most cost efficient and effective way to incorporate fluoride consumption. Efforts should be made to expand fluoridation in communities with emphasis on education around the health benefits to the community. It is also imperative that insurance recipients understand the scope of their benefits and where they can access care to utilize these benefits.

## **Recommendation 1.4:**

Improve access to oral disease prevention measures and activities in Rhode Island.

#### **OBJECTIVE 1.4A:**

BY 2021, INCREASE THE NUMBER OF DENTAL PROVIDERS WHO ACCEPT THE RHODE ISLAND MEDICAL ASSISTANCE PROGRAM BY 10%.

Potential Data Source: RI Executive Office of Health and Human Services.

### **OBJECTIVE 1.4B:**

BY 2019, CREATE AN ONLINE RHODE ISLAND DENTAL SAFETY NET LIST THAT IS UPDATED ANNUALLY.

Potential Data Source: RIOHC webpage and RI Department of Health website

**Activities for Objective 1.4B (if applicable)** 

Annual tracking will occur.

#### **OBJECTIVE 1.4C:**

BY 2020, WORK WITH RHODE ISLAND'S OFFICE OF THE HEALTH INSURANCE COMMISSIONER TO REQUIRE INCLUSION OF PREVENTIVE DENTAL SERVICES IN BASE COMMERCIAL PLAN COVERAGE FOR THE FOLLOWING SERVICES:

- Minimum of two prophylactic cleanings/year;
- Dental sealants;
- Caries risk assessment:
- Radiographs as recommended by ADA guidelines;
- Fluoride treatments; and
- Oral cancer screening.

Potential Data Source: RI Office of the Health Insurance Commissioner

## **OBJECTIVE 1.4D:**

BY 2018 AND ONGOING, SUSTAIN AND ASSURE THE QUALITY OF COMMUNITY WATER FLUORIDATION IN RHODE ISLAND THROUGH MONTHLY REVIEW AND INPUT OF WATER FLUORIDATION DATA FROM RHODE ISLAND'S FLUORIDATING PUBLIC WATER SYSTEMS.

Potential Data Source: Water Fluoridation Reporting System (CDC/RIDOH).

## **OBJECTIVE 1.4E:**

BY 2018, ESTABLISH A PILOT EDUCATION CAMPAIGN ON THE BENEFITS OF FLUORIDATED WATER THROUGH PRIMARY CARE PROVIDERS AND HEALTH CURRICULA IN SCHOOLS.

Potential Data Source: RI Department of Health

## **Activities for Objective 14E:**

- Create a multilingual educational brochure on the benefits of water fluoridation.
- Implement a pilot educational initiative.

#### **OBJECTIVE 1.4F:**

BY 2018 AND THROUGH 2021, RIOHC WILL ANNUALLY REVIEW PRIORITIES AND ESTABLISH WORKGROUPS TO ADDRESS SPECIFIC ISSUES AS DEEMED NECESSARY.

Potential Data Source: Rhode Island Oral Health Commission

#### Goal 2:

Inform and Support Productive Oral Health Policy Decisions: Assure adequate and appropriate information regarding evidence-based interventions and/or policies is available for policymakers.

Policy efforts assure that oral health disparities are addressed on both short and long term bases, meeting the needs of all Rhode Islanders throughout the life course. Collaboration between oral health professionals, insurers, legislators, state departments, federal agencies and key stakeholders is necessary to prioritize oral healthcare and its relationship with overall health. Sound, evidence-based data is necessary to support appropriate and educated decisions by policy makers. Oral health must be included continuously in statewide policy efforts to assure increased access to comprehensive and integrated healthcare for all Rhode Islanders in a cost effective manner.

#### WHAT WE HAVE DONE:

Rhode Island continues to monitor and provide support for health policies across the country that will initiate and/or support improved delivery of and access to oral healthcare for all. The following advancements were accomplished during the past five years:

- In 2015, passage of the Public Health Dental Hygienist Bill-RIGL5-31.1-39 provides for current scope of dental hygiene practice under general supervision to be utilized in alternative settings outside private dental offices. The public health dental hygienist (PHDH) must have a collaborative agreement with a licensed dentist and/or an agreement with a local or state government agency or institution. PHDHs will be able to receive direct Medicaid reimbursement for services provided. Additional practice settings may include, but are not limited to, the homebound, nursing homes, community health centers, and school-based programs.
- In 2013, the scope of work for registered dental hygienists was amended to include administration of nitrous oxide under direct supervision.
- In 2014, provision for Dental Anesthesia Assistant National Certification Examination (DAANCE)-certified maxillofacial surgery assistants was implemented.
- In 2014, the Rules and Regulations for School Health Programs were amended to require that all school dental screening results are provided to the RIDOH Oral Health Program on an annual basis.

#### WHERE WE ARE GOING:

#### **Recommendation 2.1**

Establish a method by which consumers would be informed of oral health legislative issues.

#### **OBJECTIVE 2.1A:**

BY 2018, ANNUALLY CREATE AND PROVIDE UPDATES ON PENDING ORAL HEALTH LEGISLATION ON THE RIOHC WEBSITE.

#### **Activities for Objective 2.1A:**

- List oral health related bills on RIOHC website, with links to bill tracker
- Ensure issues relevant to key stakeholders are posted and reviewed.

#### **Recommendation 2.2:**

Support improvements in Medical Assistance reimbursements for all dental providers and promote use of Medical Assistance dental benefits by all program participants.

#### **OBJECTIVE 2.2A:**

BY 2021, EXPAND RITE SMILES PROGRAM ENROLLMENT TO INCLUDE ALL ELIGIBLE CHILDREN UP TO AGE 21 USING OUTCOME AND COST-EFFECTIVENESS DATA. (TARGET CHILDREN ARE THOSE MEETING THE RI MEDICAID ELIGIBILITY CRITERIA)

Potential Data Source: RI Medicaid Enrollment and Expenditure Data.

#### **OBJECTIVE 2.2B:**

BY 2021, THE RIOHC WILL PROVIDE WRITTEN SUPPORT OR TESTIMONY REGARDING THE BENEFITS OF REFORM TO THE RHODE ISLAND MEDICAID DENTAL SERVICES PROGRAM IN TWO SPECIFIC WAYS, AS OPPORTUNITIES ARE IDENTIFIED BY THE STEERING COMMITTEE:

- 1. Promotion of an integrated system of care for adults that includes oral health.
- 2. Inclusion of preventive services as the cornerstone of the reformed system of care.

Potential Data Source: RI Medicaid Enrollment and Expenditure Data.

#### **Activities for Objective 2.2B**

- Promote an adult managed care dental benefit model.
- Through 2021 and thereafter, provide data to support continued inclusion of the Medicaid Dental Assistance Program benefits for pregnant women.
- Collect relevant data to monitor the effect of increased dental safety net capacity on decreased dentalrelated emergency department visits.

## **OBJECTIVE 2.2C:**

BY 2021, THE RIOHC WILL PROVIDE WRITTEN SUPPORT OR TESTIMONY REGARDING THE BENEFITS OF INCLUSION OF AND REIMBURSEMENT FOR ORAL HEALTH RISK ASSESSMENTS BY HEALTHCARE PROVIDERS FOR MEDICAID BENEFICIARIES AS OPPORTUNITIES ARE IDENTIFIED BY THE STEERING COMMITTEE.

Potential Data Source: RI Medicaid Enrollment and Expenditure Data.

#### **Activities for Objective 2.2C:**

- Support policies that allow medical providers to be reimbursed for oral health risk assessments.
- Support policies that allow dental providers to recognize oral health risk assessments as a criteria for reimbursement.

#### **OBJECTIVE 2.2D:**

THROUGH 2021, THE RIOHC WILL COLLABORATE WITH KEY STAKEHOLDERS TO PROVIDE MEMBERS OF THE RHODE ISLAND LEGISLATURE A MINIMUM OF ONE EDUCATIONAL PRODUCT PER YEAR REGARDING THE IMPACT OF ORAL HEALTH ON TOTAL OVERALL WELLBEING.

Potential Data Source: RI Oral Health Commission files

## **Activities for Objective 2.2D:**

• Refer emerging research to state policymakers as it pertains to the socioeconomic costs of inadequate Medicaid adult dental benefits.

## **OBJECTIVE 2.2E:**

BY 2021, INCREASE ALL MEDICAID DENTAL SERVICES PROGRAM REIMBURSEMENT RATES TO WITHIN 80% OF COMMERCIAL RATES FOR ALL DENTAL PROVIDER TYPES.

Potential Data Source: Rhode Island Medicaid Program and other relevant commercial insurance data.

## **OBJECTIVE 2.2F:**

BY 2021, INCREASE THE USE OF COVERED DENTAL CASE MANAGEMENT SERVICES, SUCH AS ADDRESSING APPOINTMENT BARRIERS, CARE COORDINATION, MOTIVATIONAL INTERVIEWING AND PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY FOR MEDICAID ENROLLEES BY 20%.

Potential Data Source: RI Medicaid Enrollment and Expenditure Data

#### **Activities for Objective 2.2F:**

- Offer case management training programs to dental providers.
- Encourage dental offices to apply for matching funds through the RI Governor's Workforce Board Incumbent Worker Training Grants to train staff on provision of case management services.

http://www.gwb.ri.gov/grants.htm

#### **OBJECTIVE 2.2G:**

BY 2021, ALL PRIVATE AND PUBLIC RHODE ISLAND DENTAL INSURERS WILL APPROVE REIMBURSEMENT OF FIVE (5) NEW SPECIFIC CURRENT DENTAL TERMINOLOGY (CDT) CODES.

Potential Data Source: Annual RIOHC State Plan Evaluation Report

## **Activities for Objective 2.2G:**

- Pilot a billing protocol for the four new Dental Case Management CDT codes to test for utilization and cost effectiveness.
- Recommend inclusion of courses that outline utilization of new CDT codes in continuing education programs offered by Rhode Island oral health professional associations,
- Educate and encourage submission of all relevant CDT Codes to insurers by dental providers, regardless of whether codes are being reimbursed at the current time.
- Analyze data and outcomes of Medicaid pilot projects.
- Educate dental providers and support implementation of case management for Medical Assistance program participants at dental practices.

## **Recommendation 2.3:**

Monitor Rhode Island's oral health environment and strengthen RIOHC partnerships across all health professions.

#### **OBJECTIVE 2. 3A:**

BY 2018 AND ANNUALLY THEREAFTER, EXTEND INVITATIONS TO 10 NON-DENTAL HEALTH PROFESSIONALS TO THE ANNUAL RHODE ISLAND ORAL HEALTH SUMMIT AND QUARTERLY MEETINGS.

Potential Data Source: RI Oral Health Summit Attendee List.

## **Activities for Objective 2.3A:**

- Create an engaging invitation that outlines RIOHC's mission, vision and goals and highlights the benefits of participating in the RIOHC and associated meetings.
- Distribute invitations and evaluate participation of non-dental health professionals after each quarterly meeting.

#### **OBJECTIVE 2.3B:**

BY 2018 AND ANNUALLY THEREAFTER, RIOHC MEMBERS WILL PARTICIPATE IN THREE (3) NEW OPPORTUNITIES PROVIDED BY OTHER HEALTHCARE ORGANIZATIONS AND GROUPS TO FURTHER PROMOTE THE IMPORTANCE OF ORAL HEALTH AMONG NON-DENTAL COMMUNITY GROUPS.

Potential Data Source: Annual State Oral Health Plan Progress Report.

## **Activities for Objective 2.4B:**

- Receive input from RIOHC members at quarterly meetings.
- Annually identify five (5) new opportunities for RIOHC members to attend and represent the RIOHC.
- Determine RIOHC representation to attend each event/opportunity, and have representative(s) report back to the RIOHC Steering Committee.

## **OBJECTIVE 2.3C:**

THROUGH 2021, CONVENE RIOHC WORKGROUPS AS DEEMED NECESSARY BY THE STEERING COMMITTEE.

## **Activities for Objective 2.3C:**

- Evaluate current workgroup membership and identify underrepresented professionals; work to include representation of these professionals.
- Explore utilization of Community Dental Health Coordinators in Rhode Island.
- Explore integration of an oral health track for Community Health Worker certification.
- Explore how changes in scope of practice for dental providers can contribute to viability and sustainability of Rhode Island dental practices.

## **RELATED RECOMMENDATIONS, OBJECTIVES, STRATEGIES:**

#### **Recommendation 1.1:**

Develop and implement a statewide public health initiative that encourages all Rhode Islanders to receive necessary preventive and treatment services at their primary dental home.

#### **OBJECTIVE 3.1A:**

BY 2021, A MINIMUM OF 70% OF RHODE ISLAND HEALTHCARE MEDICAL EDUCATIONAL PROGRAMS (MD, PA, RN, CNA, ETC.) WILL INCLUDE AN ORAL HEALTH COMPONENT THAT CONSISTS OF NO LESS THAN 4 HOURS OF DIDACTIC INSTRUCTION.

## **OBJECTIVE 3.1B:**

BY 2021, THE RIOHC AND/OR ITS PARTNERS WILL PROVIDE FIVE ORAL HEALTH CONTINUING EDUCATION (CE) OPPORTUNITIES TO NON-DENTAL HEALTHCARE PROVIDERS.



## Goal 3:

Integrate the Dental and Medical Care Systems: Promote a holistic approach that incorporates both dental and medical systems to improve the overall health of Rhode Islanders.

Medical and dental care in the United States have developed as separate healthcare professions, with separate professional educational schools and separate funding streams.

Medical and dental insurance are often separate insurance products and dental insurance functions differently from medical insurance. Although medical and dental care are assessed and paid for separately, efforts to integrate medical and dental care have begun to assist providers, patients, and insurers to understand that oral health is essential for optimal overall health.

In 2011, the RIOHC Safety Net Workgroup conducted an initial survey of integration efforts within patient-centered medical and dental homes.<sup>16</sup> Since then, research and data supporting integration has increased and the case for integration is growing.

#### RELATIONSHIP BETWEEN ORAL AND PHYSICAL HEALTH

In 2000, the Surgeon General's landmark report "Oral Health in America" emphasized that oral health is integral to overall health, and advised that oral health and general health should not be treated as separate entities. This inextricable link between oral health and physical health signals the need for increased coordination of care between oral health and primary care providers.<sup>17</sup>

## **CASE STUDIES**

Oral disease has been associated with chronic disease. For example, periodontal disease is associated with certain chronic conditions, including diabetes, heart disease and asthma. Over the last several years, studies from health insurers have described health savings for patients with chronic diseases who access routine preventive dental care.

Aetna reports that patients with diabetes receiving dental and medical benefits through the Aetna Dental Medical Integration program:

- (1) received more preventive care;
- (2) used fewer basic and major services;
- (3) had fewer hospital admissions;
- (4) had better control of diabetes; and
- (5) had lower claims costs.18

Similarly, the United Healthcare Medical-Dental Integration Study found:

Total medical costs were considerably lower for individuals with chronic medical conditions who received periodontal treatment or cleanings within the timeframe of this study even when considering the costs of additional dental treatments. Net savings were realized, irrespective of medical compliance. However, savings were substantially greater (\$1,849) for non-medically compliant individuals than they were for individuals who were compliant with their medical condition (\$264). Savings for individuals receiving preventive dental care were observed across all chronic medical disease categories in this study. Conversely,

members receiving extractions, root canals, restorative treatments and no preventive or periodontal treatment had the highest healthcare spend, demonstrating a potential link between the lack of a preventive dental pattern and overall medical costs.<sup>19</sup>

The Colorado Medicaid Dental Integration Program integrated registered dental hygienists into pediatric medical offices. They found that "[c]o-locating RDHs into medical practices is feasible and an innovative model to provide preventive oral health services to disadvantaged children."<sup>20</sup>

# RESOURCES FOR MEDICAL AND DENTAL PROVIDERS CONSIDERING IMPLEMENTATION

To aid medical and dental providers who are seeking to integrate their care into a patient-centered model, the RIOHC has identified two resources from national organizations that include helpful information to implement integration.

(1) National Network for Oral Health Access: http://www.nnoha.org/resources/clinical-excellence/integrate-care/;

and

(2) DentaQuest Foundation, "Oral Health Integration in the Patient-Centered Medical Home": http://dentaquestfoundation.org/sites/default/files/resources/Oral%20Health%20 Integration%20in%20the%20Patient-Centered%20Medical%20Home,%202012.pdf

#### WHAT WE HAVE DONE:

Integrating the medical and dental care systems is an emerging area of focus for Rhode Island and only recently has garnered more strategic efforts from stakeholders. A successful and ongoing example has been the Rhode Island TeethFirst! initiative, which supports early childhood dental visits and includes a component of outreach to prenatal and pediatric healthcare providers. **TeethFirstRl.org** provides extensive resources for physicians regarding services that can be provided in the medical office, such as: oral health risk assessments, fluoride varnish, and referrals to dental providers. By offering valuable information in an easily accessible format, Teeth-First! facilitates the process of encouraging referrals between medical and dental providers.

Another project targeting medical and dental integration is the Perinatal & Infant Oral Health Quality Improvement (PIOHQI) program at the RIDOH. The goal of the PIOHQI program is to reduce the prevalence of oral disease in pregnant women and infants through improved access to quality oral healthcare by facilitating collaboration between medical and dental professionals.

This Plan will seek to build on previous efforts and utilize available resources to fulfill the recommendations and objectives listed in the next section.

#### WHERE WE ARE GOING:

## **Recommendation 3.1:**

Enhance the integration of medicine and dentistry to improve the overall health status of Rhode Island residents.

#### **OBJECTIVE 3.1A:**

BY 2021, A MINIMUM OF 70% OF RHODE ISLAND HEALTHCARE MEDICAL EDUCATIONAL PROGRAMS (MD, PA, RN, CNA, ETC.) WILL INCLUDE AN ORAL HEALTH COMPONENT THAT CONSISTS OF A MINIMUM OF 2 HOURS INSTRUCTION TIME.

Potential Data Source: Annual RIOHC State Plan Progress Report

#### **Activities for Objective 3.1A**

- Work with educational programs in Rhode Island to include oral health as a topic of education for all healthcare professionals.
- Conduct a baseline survey among healthcare educational programs to determine current oral health curricula inclusion and content.
- Provide support to educational programs seeking to incorporate oral health into their curricula.

## **OBJECTIVE 3.1B:**

BY 2021, THE RIOHC AND/OR ITS PARTNERS WILL PROVIDE FIVE ORAL HEALTH CONTINUING EDUCATION (CE) OPPORTUNITIES TO NON-DENTAL HEALTHCARE PROVIDERS.

Potential Data Source: Annual RIOHC State Plan Progress Report

## **Activities for Objective 3.1B**

- Ensure widespread notification of courses in advance of class offering.
- Coordinate with health professional associations to identify CE courses that include an oral health component and are certified/accepted.
- Encourage medical providers to promote dental homes to patients. Provide medical providers with lists of local dental providers in the immediate area of their practice.

## **OBJECTIVE 3.1C:**

BY 2021, CONDUCT 5 EVENTS DESIGNED TO IMPLEMENT OR IMPROVE RELATIONSHIPS BETWEEN PRENATAL MEDICAL PROVIDERS AND DENTAL PROVIDERS.

Potential Data Source: RIDOH PIOHQI project

## **Activities for Objective 3.1C:**

- Collaborate with non-dental healthcare providers to provide dental referrals.
- Coordinate with the RIDOH PIOHQI project.
- Facilitate collaborative meetings between medical and dental providers at the community level to increase partnerships through mutually beneficial cross-referrals.

#### **OBJECTIVE 3.1D**

BY 2021, PROMOTE INCLUSION OF THE IMPORTANCE OF AGE ONE DENTAL VISITS AND OTHER RELEVANT ORAL HEALTH AT 20 COMMUNITY EVENTS.

Potential Data Source: RIDOH/Medicaid Data Warehouse

## **Activities for Objective 3.1D**

- Develop contacts with key organizers of community events
- Reach out to the area Community Health Centers to be included in their regular events.
- Work with school systems to be represented at resource fairs.
- Engage with the City of Providence to participate in events like the Summer Food Service Program.

#### **OBJECTIVE 3.1E:**

# BY 2021, INCREASE THE PERCENT OF PEDIATRIC AND FAMILY MEDICINE PRACTICES OFFERING FLUORIDE VARNISH TO CHILDREN BY 5%.

Potential Data Source: Medicaid Claims Data, HealthFacts RI

## **Activities for Objective 3.1E:**

- Conduct ongoing fluoride varnish educational opportunities for non-dental healthcare providers.
- Work with available community education activities to bring curriculum and/or information on fluoride varnish to medical practices.
- Collaborate/educate non-dental healthcare providers on the utilization of public health dental hygienists in fluoride varnish application.

#### **OBJECTIVE 3.1F:**

BY 2021, PROVIDE AT LEAST ONE CE COURSE REGARDING THE INTEGRATION OF CHRONIC DISEASE SCREENINGS INTO DENTAL PRACTICES.

Potential Data Source: Rhode Island Dental Association, Rhode Island Dental Hygienists' Association, Rhode Island Dental Assistants Association

## **Activities for Objective 3.1F:**

- Educate dental providers on effective integration of chronic disease screening.
- Create a referral process from dentists to primary care physicians.

#### **OBJECTIVE 3.1G:**

BY 2021, THE RIOHC SHALL INCLUDE AT LEAST THREE (3) MEDICAL HEALTHCARE REPRESENTATIVES AND AT LEAST THREE (3) REPRESENTATIVES FROM STAKEHOLDERS WHO DO NOT HAVE A MEDICAL OR A DENTAL BACKGROUND.

Potential Data Source: RI Oral Health Commission Membership List.

## **Activities for Objective 3.1G:**

- Recruit non-dental health professionals.
- Recruit non-medical/dental professionals from community and/or state organizations.
- Maintain attendance of these representative members at quarterly RIOHC meetings through 2021 and ongoing.

#### **STRATEGIES FOR RECOMMENDATION 3.1**

 Work towards patient-centered health homes that focus on complete inclusion of medical and dental healthcare.

#### **Recommendation 3.2:**

Increase integration of oral health and overall health in multidisciplinary statewide health initiatives.

#### **OBJECTIVE 3.2A:**

BY 2021, INCREASE THE NUMBER OF DENTAL OFFICES THAT IMPLEMENT PROTOCOL TO ASSESS ALL PATIENTS FOR TOBACCO USE AND MAKE REFERRALS TO CESSATION SERVICES BY 25.

Data Source: RIOHC Annual Progress Report

## **Activities for Objective 3.2A:**

- Create model tobacco use assessment and referral protocol to implement in office clinical workflow.
- Create material to support protocol implementation.
- Train dental offices on implementation of model protocol.
- Provide technical assistance to maintain model protocol in office clinical workflow.

## **OBJECTIVE 3.2B:**

BY 2021, INCREASE THE NUMBER OF DENTAL PROFESSIONALS WHO COMPLETE THE BASIC SKILLS FOR WORKING WITH SMOKERS COURSE BY 15.

Potential Data Source: University of Massachusetts Medical School Tobacco Treatment Specialist (TTS) Training and Certification Program

## **Activities for Objective 3.2B**

- Collaborate with tobacco cessation stakeholder groups to support tobacco use assessment and referral to cessation services by dental health professionals.
- Increase consistent tobacco use assessment and referral to tobacco cessation services by dental providers
- Promote accredited tobacco treatment training courses to interested dental providers
- Encourage all public health dental hygienists to complete Basic Skills in Working with Smokers accredited tobacco specialist training course.

## **OBJECTIVE 3.2C:**

BY 2021, INCREASE FROM 0% TO 15% THE PERCENT OF SMOKERS WITH MEDICAID DENTAL BENEFITS WHO RECEIVED TOBACCO CESSATION COUNSELING SERVICES FROM A DENTAL PROFESSIONAL.

Potential Data Source: Medicaid Claims Data

## **Activities for Objective 3.2C:**

- Analyze all available data sources to create a baseline rate.
- Expand scope of objective and related data collection to all patients with commercial dental insurance when dental insurance claims data is incorporated into the All Payer Claims Database.

#### **OBJECTIVE 3.2D:**

BY 2021, THE RIOHC WILL PROVIDE WRITTEN SUPPORT AND/OR TESTIMONY REGARDING THE BENEFITS OF INCLUSION OF DENTAL SERVICES DATA IN CURRENT CARE AS OPPORTUNITIES ARE IDENTIFIED BY THE STEERING COMMITTEE.

Potential Data Source: CurrentCare RI

## **Activities for Objective 3.2D:**

- Identify and engage stakeholders and relevant personnel within Current Care and corresponding State organizations.
- Provide education for policymakers regarding the benefits of inclusion of dental services in Current Care.
- Provide education for dental providers regarding the benefits of utilization of the Current Care system.

### **OBJECTIVE 3.2E:**

THROUGH 2021, THE RIOHC WILL PROVIDE WRITTEN SUPPORT OR TESTIMONY REGARDING THE BENEFITS OF INCLUSION OF COMMERCIAL AND MEDICAID DENTAL CLAIMS DATA IN THE HEALTHFACTS RI DATABASE, RHODE ISLAND'S ALL PAYER CLAIMS DATABASE, AS OPPORTUNITIES ARE IDENTIFIED BY THE STEERING COMMITTEE.

Potential Data Source: HealthFacts RI.

## **Activities for Objective 3.2E:**

• Provide testimony and education for policymakers and other relevant stakeholders regarding the benefits of inclusion of dental claims data in HealthFacts RI.

#### **OBJECTIVE 3.2F:**

THROUGH 2021, THE RIOHC WILL PROVIDE WRITTEN SUPPORT OR TESTIMONY REGARDING THE BENEFITS OF INCLUSION AND IMPLEMENTATION OF A PEDIATRIC DENTAL COMPONENT IN RHODE ISLAND'S CENTRALIZED CHILD HEALTH DATABASE (RI KIDSNET) AS OPPORTUNITIES ARE IDENTIFIED BY THE STEERING COMMITTEE.

Potential Data Source: RI KIDSNET.

#### **Activities for Objective 3.2F:**

- Identify funding sources for necessary technical updates/upgrades to incorporate dental data.
- At minimum, collect data on dates of dental visits and receipt of dental sealants.

## **OBJECTIVE 3.2G:**

BY 2021, PROVIDE TECHNICAL ASSISTANCE TO FIVE (5) PILOT DENTAL PRACTICES TO ENCOURAGE AND SUPPORT COOPERATION OF DENTAL PRACTICES IN UTILIZATION OF RI KIDSNET'S DENTAL INFORMATION PAGE.

Potential Data Source: RI KIDSNET.

#### **Activities for Objective 3.2G:**

- Provide education to dental providers on the benefits of a centralized database.
- Provide technical assistance and/or resources (as available) to dental provider offices to facilitate use of the database.

#### **OBJECTIVE 3.2H:**

BY 2021, EDUCATE A MINIMUM OF 50 DENTISTS REGARDING THE UTILIZATION OF MEDICAL BILLING CODES FOR MEDICALLY-RELATED PROCEDURES.

## **Activities for Objective 3.2H:**

- Design or identify existing curricula concerning medical billing code utilization for dental providers.
- Disseminate relevant educational materials in the most efficient manner possible (continuing education courses, mass e-mails, mass mailings, etc.).

## **RELATED RECOMMENDATIONS, OBJECTIVES, STRATEGIES:**

## **Recommendation 2.3**

Monitor Rhode Island's oral health environment and strengthen RIOHC partnerships across all health professions.

#### **OBJECTIVE 2.4A:**

BY 2018 AND ANNUALLY THEREAFTER, EXTEND INVITATIONS TO 10 NON-DENTAL HEALTH PROFESSIONALS TO THE ANNUAL RI ORAL HEALTH SUMMIT AND QUARTERLY MEETINGS.

### **OBJECTIVE 2.4B:**

BY 2018 AND ANNUALLY THEREAFTER, RIOHC MEMBERS WILL PARTICIPATE IN THREE (3) NEW OPPORTUNITIES PROVIDED BY OTHER HEALTHCARE ORGANIZATIONS AND GROUPS TO FURTHER PROMOTE THE IMPORTANCE OF ORAL HEALTH AMONG NON-DENTAL COMMUNITY GROUPS.



## Goal 4:

Increase the Oral Health Literacy of Rhode Island Residents: Provide appropriate resources and education to Rhode Island residents to increase their ability to make informed decisions regarding their oral health.

Oral health literacy is "the degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make appropriate health decisions". It is dependent upon the knowledge of both consumers and providers. Patients who have limited, inaccurate, or no knowledge about the mouth, teeth, body, and causes of disease may not understand the relationship between prevention, treatment, and health outcomes. Rhode Islanders with no or low health literacy may not recognize how to prevent oral disease and/or when they should seek oral healthcare for themselves or their family members. Additionally, oral health providers who understand the benefits of and actively provide oral health literacy education - including the importance of oral health and the impact of oral health on overall health - for their patients will improve the ability of patients to make appropriate decisions related to oral health.

Health literacy affects our ability to:

- Understand dental/medical concepts;
- Share personal health information with our providers;
- Participate in our own healthcare and that of our children;
- Navigate the healthcare system, including finding the right dental insurance, determine which services are covered by our dental insurance, locating providers and services, and completing forms; and
- Take preventive and treatment action to improve our oral health.

These abilities impact health outcomes, healthcare costs, quality of care, and quality of life.<sup>22</sup>

To address this area, Goal 4 delves into objectives and recommendations that are intended to raise Rhode Island resident's oral health literacy status and allow all Rhode Islanders to make informed decisions about oral health.

#### WHAT WE HAVE DONE:

The role and importance of oral health literacy has been evolving over the past decade. However, as in other states, there are currently no surveys or other ways to determine the oral health literacy of Rhode Islanders. Recent and current projects to promote oral health literacy in Rhode Island have included:

- In 2012, the National Ad Council launched the "2x2 campaign" to promote twice daily tooth brushing. Occasional TV and billboard ads for this campaign have been present in Rhode Island since that time.
- In summer 2012, the TeethFirst! initiative of the Rhode Island Oral Health Commission and led by the Rhode Island KIDS COUNT was launched. TeethFirst! is a communications campaign aimed at promoting early dental visits. The campaign encourages parents and families to take their children for early dental visits, describes what to expect during dental visits, explains dental coverage, and informs them about how to find a dentist. RI KIDS COUNT shares TeethFirst! resources with oral health providers at all levels, primary care providers, and staff at community organizations that serve families about the importance of oral health care and about how to refer parents and families to a dental home.

#### WHERE WE ARE GOING:

#### **Recommendation 4.1:**

Increase Rhode Islanders' knowledge of the importance of oral health as a part of overall health.

#### **OBJECTIVE 4.1A:**

BY 2021, IMPLEMENT AND EVALUATE ONE ORAL HEALTH LITERACY CAMPAIGN PER YEAR TO INCREASE KNOWLEDGE OF ORAL HEALTH PREVENTION AND CARE.

Activities for Objective 4.1A include targeting one of the following audiences or topics:

#### Audiences:

- Professional audiences such as school nurse teachers, child care providers, healthcare providers, elder care staff:
- Parents & families, families with special healthcare needs, and individuals; or
- Others as identified by stakeholders

## Topics:

- Importance of oral health as a part of overall health,
- Value of preventive dental visits,
- How to use dental insurance to access dental services,
- The value of dental sealants,
- The value and availability of school-based sealant programs, or
- Others as identified by stakeholders.

Potential Data Source: Annual RIOHC State Plan Evaluation Summary

OBJECTIVE 4.1B: BY 2021, CONDUCT THREE INITIATIVES DESIGNED TO INCREASE AWARENESS AND KNOWLEDGE OF THE IMPORTANCE OF PRENATAL, MATERNAL AND INFANT ORAL HEALTH AMONG ORAL HEALTH AND MEDICAL PROFESSIONALS.

Potential Data Source: Baseline and Follow-up Survey.

## **Activities for Objective 4.1B:**

- Develop and administer a baseline survey to determine awareness and knowledge of the importance of prenatal, maternal, and infant oral health among oral health and medical professionals.
- Enhance capability of medical professionals (including prenatal providers and pediatricians) to talk about oral health and provide information on oral health referrals through the communication of professional guidelines and professional development.
- Incorporate oral health into obstetric training at Women and Infants Hospital.
- Incorporate oral health into all medical professional training programs in RI, specifically pediatricians, general practice doctors, nurse-midwives, geriatric physicians, etc.
- Provide guidelines and professional development for dental providers to build skills related to inclusion of pregnant patients and young children in their patient populations.
- Assess outcome measures to determine effectiveness of projects listed above and their impact on receipt of dental services by pregnant patients and young children (i.e., Medicaid Claims Data).

#### **OBJECTIVE 4.1C:**

# BY 2021, CONDUCT THREE INITIATIVES DESIGNED FOR MEDICAL PROVIDERS AND FAMILY RESOURCE PROVIDERS

Potential Data Source: PIOHQI Project

## **Activities for Objective 4.1C**

- Create a presentation and present to medical providers and family resource providers on the importance of oral health for pregnant women and infants.
- Include oral health information in intake packets at midwife and obstetric practices.
- Include oral health information in patient discharge packets at the state's largest birthing hospitals.

#### **OBJECTIVE 4.1D:**

BY 2021, CONDUCT AN INITIATIVE DESIGNED TO INCREASE AWARENESS AND KNOWLEDGE OF THE IMPORTANCE OF EARLY CHILDHOOD ORAL HEALTH AMONG PARENTS AND CAREGIVERS.

Potential Data Source: Annual RIOHC State Plan Progress Report

#### **Activities for Objective 4.1D:**

- Continue to implement a campaign that focuses on early dental visits (TeethFirst!).
- Create oral healthcare messages and communications for dental providers, non-dental healthcare providers, community organizations, and families about the value of early dental visits and how to find a dentist.

Recommendation 4.2: Ensure access to appropriate resources for Rhode Islanders making decisions concerning their oral health insurance coverage and/or preventive procedures.

## **OBJECTIVE 4.2A:**

BY 2021, ALL RHODE ISLAND INSURERS WILL DISSEMINATE EDUCATIONAL MATERIALS DEMONSTRATING THE VALUE OF DENTAL COVERAGE AND HOW TO MAKE AN INFORMED DECISION WHEN PURCHASING AND USING THEIR DENTAL COVERAGE.

Potential Data Source: HealthSource RI

## **Activities for Objective 4.2A:**

- Create necessary educational materials on dental coverage in RI.
- Identify and use proper distribution channels to make educational materials available to public.
- Disseminate pertinent information on services/benefits covered upon insurance enrollment and periodically thereafter.

#### **OBJECTIVE 4.2B:**

BY 2021, REVISE HEALTHSOURCE RI'S EXPLANATION OF CONSUMER ESSENTIAL HEALTH BENEFITS IN THE SHOP (SMALL BUSINESS HEALTH OPTIONS PROGRAM) TO CLEARLY IDENTIFY WHETHER A PEDIATRIC DENTAL BENEFIT IS INCLUDED IN EACH MEDICAL BENEFIT PLAN.

Potential Data Source: HealthSource RI.

#### **OBJECTIVE 4.2C:**

BY 2021, INCORPORATE THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTHCARE (THE NATIONAL CLAS STANDARDS) INTO ALL NEW PUBLIC-FACING LITERATURE ON ORAL HEALTH.

Potential Data Source: Annual RIOHC State Plan Progress Report

## **Activities for Objective 4.2C:**

• Utilize the RIDOH CLAS standards checklist to review all new public-facing literature on oral health.

#### **OBJECTIVE 4.2D:**

BY 2021, CREATE AND DISTRIBUTE THREE EDUCATIONAL PRODUCTS DESIGNED TO IMPROVE ORAL HEALTH LITERACY FOR RHODE ISLAND RESIDENTS THAT LACK DENTAL INSURANCE.

Potential Data Source: Annual RIOHC State Plan Progress Report

## **Activities for Objective 4.2D**

Educational products should:

- Increase knowledge of how to access care at venues such as community health centers, the Rhode Island Mission of Mercy or other similar locations, and
- Promote interventions designed to increase access to oral health services for people without dental insurance.



## Goal 5:

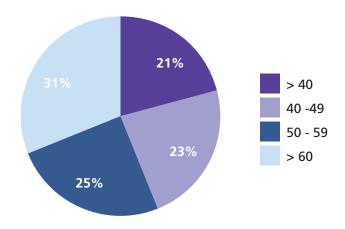
# Sustain the Oral Health Workforce: Assure an adequate and effective oral health workforce in Rhode Island.

The oral health workforce, both in Rhode Island and across the United States, fails to meet the population's basic oral health needs.<sup>23</sup> In order to meet those needs and provide quality evidence-based dental care for all Rhode Islanders, it is necessary to expand the skill and diversity of Rhode Island's dental workforce. To achieve this goal, innovative and sustainable solutions will be required that address multi-faceted challenges. Some of these challenges include, but are not limited to, the current reimbursement structure, regulatory barriers that restrict the consideration of alternative practice models, and coordination of care between medical and dental providers to address the paradigm shift from a treatment based modality to one of disease prevention.

Increased access to appropriate oral healthcare providers also will assist in improving Rhode Island's ability to meet residents' needs. Expanding the dental team by incentivizing, encouraging and supporting dentists, dental specialists and qualified dental auxiliaries will assure a sufficient workforce to coordinate public health activities for the underserved, thus alleviating a tendency towards provider frustration and burnout.

A needs assessment can assist to identify the types of providers necessary to improve oral health outcomes and eliminate disparities in Rhode Island. Currently, approximately 97% of Rhode Island dentists are in private practice, while 3% are employed in community health centers and hospital-based dental clinics. Additionally, the dentist population in Rhode Island and across the United States is aging (see Figure 2 below). Initiatives addressing recruitment of new dentists are necessary to maintain and improve access to consistent preventive and restorative services for Rhode Island residents. Workforce trends should be continuously monitored to document the number of qualified providers and guide the development of responsive, flexible workforce strategies between private and public health activities to improve access to oral healthcare services for underserved populations.

FIGURE 2. LICENSED DENTISTS BY AGE, RHODE ISLAND 2016<sup>24</sup>



#### THE DENTAL TEAM

The dental team is comprised of general and specialist dentists, dental hygienists, public health dental hygienists, dental assistants, surgical dental assistants and laboratory technicians. These individuals work in private practice, hospitals, community health centers and clinics. They also provide services in the community via health outreach programs.

#### **DENTISTS**

In 2015, 572 dentists were licensed in Rhode Island, or 54 dentists per 100,000 Rhode Island residents. Rhode Island's dentist to population ratio is lower than the national average (61:100,000) and, compared with neighboring New England states, Rhode Island's ratio is the second lowest following Maine. Additionally, the dentist ratio has shown a decreasing trend (p<.05) for the last 15 years, while national and most of the other New England states' ratios have increased.<sup>25</sup>

Other factors, in addition to the decreasing dentist to population ratio, affect appropriate access to dental services in Rhode Island. Dentists are not evenly distributed across the state, nor do they uniformly participate with all commercial or Medicaid insurance programs, and increased shortages are expected over the next decade because more than half of actively practicing Rhode Island dentists are approaching retirement age (50+ years) (see Figure 2 opposite page).

#### **REGISTERED DENTAL HYGIENISTS**

In 2015, 1,059 registered dental hygienists were licensed under "general supervision" in Rhode Island. General supervision requires a dentist to diagnose patients' oral health conditions and define their treatment plans, and authorizes the dental hygienist to implement the treatment plans at the dentists' practice, in the presence or absence of the dentist.

To expand the settings in which registered dental hygienists may provide preventive treatment (within the current scope and level of supervision described above), the Governor of Rhode Island signed the Public Health Dental Hygienist (PHDH) bill in 2015. These alternative settings include, but are not limited to, schools, nursing homes, hospitals, community health centers, and mobile and portable dental health programs. A written collaborative agreement is required between the PHDH and a dentist or community, local or state agency. This should assist in improving access to preventive oral healthcare services, particularly for vulnerable populations who are not able to access traditional dental practices due to geographical, cultural, financial or other barriers.

#### **DENTAL ASSISTANTS**

Rhode Island does not license dental assistants. Legislation passed in 2013 that required the creation of a dental assistant registry to assess the number and education level of dental assistants, but the registry has not yet been created. Currently, courses related to basic dental fundamentals are not required for employment as a dental assistant. Knowledge of the number and average education level of dental assistants working in Rhode Island would guide development of standardized minimal education requirements for all dental allied auxiliaries to assure safety for both patients and dental staff.

#### **LABORATORY TECHNICIANS**

There are an estimated 90 dental laboratory technicians in Rhode Island, yet little is known about the workforce challenges they currently face. Technicians must abide by CDC recommendations for infection control; however, it is not known if training of technicians takes place beyond apprenticeships.

## WHAT WE HAVE DONE:

Although Rhode Island does not have a dental school, several educational opportunities established since 2000 have increased the number of locally educated, culturally competent oral health providers. Current opportunities include:

- Five residency programs: St. Joseph Health Center offers post-graduate residencies in Pediatric Dentistry, Advanced Education in General Dentistry, and Dental Public Health; the Providence VA Medical Center offers an Advanced Education in General Dentistry residency; and Rhode Island Hospital offers a General Practice Residency program.
- Mini-residency (two-day) programs educate oral health professionals statewide in areas of pediatric, special needs, geriatric and adolescent dentistry; case management for vulnerable adults; and culturally and linguistically appropriate services (CLAS) standards.
- Community College of Rhode Island continues to serve as the primary CODA-approved educational program for dental assistants and dental hygienists in the state and is positioned to provide required continuing education for PHDHs.
- The RIDOH administers loan forgiveness programs for graduating dentists and dental hygienists who are employed in qualifying hospitals and community health centers in Rhode Island.
- Community College of Rhode Island, Lincoln Tech and Diman Regional Technical High School offer dental hygiene and dental assisting students (as applicable) clinical rotations at community health centers, hospitals, the Providence VA Medical Center, and private dental offices in Rhode Island.
- Dental students from Tufts, Boston University, and University of New England obtain community experience during rotations in Rhode Island.
- Rhode Island continues to partner with the University of Connecticut and the University of New England to provide priority admission into their dental schools for Rhode Islanders. The University of Connecticut also offers in-state tuition to Rhode Island residents.
- Rhode Island Dental Association (RIDA) members provide presentations at dental schools and offer information about Rhode Island practice opportunities.
- Mission of Mercy, Donated Dental Services, Give Kids a Smile, Special Olympics, Dentistry from the Heart Day and other Rhode Island programs are opportunities for oral healthcare providers and non-clinical volunteers to work together to provide care for people in need of oral health services. These efforts unify the workforce and demonstrate oral health professionals' commitment to providing care to Rhode Islanders in need.
- Realizing that the average student loan debt for new dental graduates is over \$200,000, the American Dental Association waives first year membership fees for recent graduates and offers reduced fees for the next several years. They also provide loan restructuring support and advice on professional development.
- The Public Health Dental Hygienist was approved by the RI General Assembly in 2015, and is currently awaiting finalization of the associated Rules and Regulations.
- Oral health professionals working at dental safety net sites increased by 17.7% between 2011 and 2013 (150.8 FTEs and 177.4 FTEs, respectively).<sup>26</sup>

#### WHERE WE ARE GOING:

## **Recommendation 5.1:**

Support and foster the oral health professional workforce environment.

#### **OBJECTIVE 5.1A:**

# BY 2021, 5% OF ALL RHODE ISLAND REGISTERED DENTAL HYGIENISTS WILL BE LICENSED AS PUBLIC HEALTH DENTAL HYGIENISTS.

Data Source: RI Department of Health Professional Licensing Data.

# **Activities for Objective 5.1A:**

- Facilitate collaboration between dentists and Public Health Dental Hygienists to satisfy collaborative agreement requirements.
- Aid in establishing a direct Medicaid reimbursement model for Public Health Dental Hygienists.
- Establish a tracking method for active Public Health Dental Hygienists.
- Support practicing Public Health Dental Hygienists by continuously identifying existing and emerging areas of service and education.

#### **OBJECTIVE 5.1B:**

# THROUGH 2021, CONTINUE TO MAINTAIN AND SUSTAIN THE STATE ORAL HEALTH PROGRAM.

Data Source: RI Department of Health Program Directory.

## **Activities for Objective 5.1B:**

- Provide written support or testimony regarding the benefits of an adequately staffed State Oral Health Program.
- Provide information on the importance of a State Oral Health Program to relevant stakeholders (elected officials, other State offices, etc.).

# **Recommendation 5.2:**

Assess gaps in the Rhode Island oral health workforce.

#### **OBJECTIVE 5.2A:**

BY 2017 AND 2020, RESPECTIVELY, UPDATE THE RHODE ISLAND DENTAL SAFETY NET REPORT, WHICH MEASURES THE CURRENT NUMBER OF DENTAL SAFETY NET STAFF AND CAPACITY, AND DISTRIBUTE THE REPORT TO ALL RELEVANT STAKEHOLDERS.

Data Source: Dental Safety Net Survey & Report.

#### **Activities for Objective 5.2A:**

• Engage all Rhode Island Dental Safety Net providers to ensure accurate information is included in each report.

# **OBJECTIVE 5.2B:**

BY 2018, IMPLEMENT A MECHANISM BY WHICH CONTACT INFORMATION FOR ALL RHODE ISLAND DENTAL ASSISTANTS IS COLLECTED AND STORED.

Data Source: Annual RIOHC State Plan Evaluation Report.

# **Activities for Objective 5.2B:**

- Support the development of necessary infrastructure.
- Inform all oral health associations and educational institutions of the new mechanism and work with them to support its use among the dental professional community in Rhode Island.
- Support ongoing assessment of the dental assistant workforce.

#### **OBJECTIVE 5.2C:**

THROUGH 2021, CONTINUE TO CONDUCT THE DENTAL HEALTH PROFESSIONAL SHORTAGE AREA (OR SIMILAR) SURVEY EVERY 2 YEARS. THIS SURVEY IDENTIFIES AREA OF UNDERSERVED POPULATIONS, CURRENT DENTAL HEALTH PROFESSIONAL SHORTAGES, AND OTHER ORAL HEALTH WORKFORCE NEEDS IN RHODE ISLAND.

Data Source: Dental Health Professional Shortage Area (DHPSA) survey & results.

# **Activities for Objective 5.2C:**

Support the inclusion of dental professionals in all appropriate state-wide workforce surveys.

# **OBJECTIVE 5.2D:**

THROUGH 2021, BIANNUALLY MONITOR RIDOH LICENSURE DATA FOR CHANGES IN THE DENTAL PROFESSIONAL WORKFORCE.

Data Source: RI Department of Health Professional Licensure Lists.

# **Activities for Objective 5.2D:**

- Explore licensure standards and promising practice models from other states for their potential to reinforce the oral health workforce in Rhode Island.
- Conduct biannual reviews of each dental profession and evaluate for increases/decreases in total numbers.

### **Recommendation 5.3:**

Recruit practitioners into the Rhode Island oral health professional workforce.

# **OBJECTIVE 5.3A:**

BY 2021, INCREASE THE TOTAL NUMBER OF LICENSED DENTISTS IN RHODE ISLAND BY 60, FROM 673 TO 733.

Data Source: RI Department of Health Professional Licensure Lists.

# **Activities for Objective 5.3A:**

- Maintain state and federal loan repayment programs as incentives for new dentists.
- Investigate the feasibility of tax incentives for new practices in underserved rural and urban communities.
- Study and develop ways to increase commercial insurance rates to align with neighboring states.
- Collaborate with State Medicaid program in efforts to promote rates more competitive with commercial insurance rates.
- Facilitate new externship opportunities for students at New England dental schools to encourage practice in Rhode Island.
- Continue identification of funding opportunities to support expansion of all dental provider sites and development of a web portal to communicate open positions to potential job seekers.
- Promote fair licensure fees that both encourage entry and are in line with neighboring states.
- Develop incentives for retiring or retired specialists to provide part-time care in community settings and serve as mentors for entry level dentists.

#### **OBJECTIVE 5.3B:**

# THROUGH 2021, INCREASE THE TOTAL NUMBER OF LICENSED DENTAL SPECIALISTS BY FIVE (5) PER YEAR.

Data Source: RI Department of Health Professional Licensure Lists.

# **Activities for Objective 5.3B:**

- Identify and promote programs that recruit and retain recent dental school graduates and those finishing residency programs.
- Maintain state and federal loan repayment programs as incentives for new dentists.
- Investigate the feasibility of developing further incentive programs like: tax incentives, licensure fee waiver or reduced licensure fee, support of liability coverage for volunteer dentists in safety net sites.
- Study and develop ways to increase commercial insurance reimbursement rates so they are more in line with neighboring states.
- Work in collaboration with the Executive Office of Health & Human Services/Medicaid to change the fee structure of reimbursement so that it is competitive with commercial insurance rates
- Facilitate new externship opportunities for students in New England dental schools to entice them to practice in Rhode Island.
- Continue identification of funding opportunities to support expansion of all dental provider sites and development of a web portal to communicate open positions to potential job seekers.
- Decrease initial application and renewal costs for licensure to practice dentistry in Rhode Island.
- Collaborate with and encourage community health centers to provide additional clinical rotation opportunities, to both dental students and public health hygienists
- Develop incentives for retiring or retired specialists to provide part-time care in community settings and serve as mentors for entry level dentists.

# **Strategies for Recommendation 5.3:**

Investigate dental laboratory services training and education in Rhode Island.

- Activities:
- Include a dental lab technician in commission activities and guidance.
- Work with local dental laboratory technicians to obtain a greater understanding of the environment, including training, and industry challenges.

# **Recommendation 5.4:**

Retain dental professionals in Rhode Island's oral health workforce.

#### **OBJECTIVE 5.4A:**

THROUGH 2021, CONTINUE THE STATE LOAN REPAYMENT PROGRAM TO INCENTIVIZE DENTAL HEALTH PROFESSIONALS TO REMAIN IN RHODE ISLAND.

Potential Data Source: RI Office of Primary Care & Rural Health at RIDOH.

## **Activities for Objective 5.4A:**

- Support and provide education regarding the benefits of inclusion of the State Loan Repayment Program into the Rhode Island State Budget.
- Explore other loan repayment avenues for recently graduated dental health professionals practicing in Rhode
- Support tax breaks for Rhode Island companies/organizations that provide loan repayment for their employees.

#### **OBJECTIVE 5.4B:**

BY 2021, INTERVIEW A MINIMUM OF TEN (10) DENTISTS WHO DID NOT RENEW THEIR RHODE ISLAND DENTAL LICENSE OR HAVE REQUESTED INACTIVE STATUS.

Potential Data Source: RI Department of Health.

# **Activities for Objective 5.4B:**

- Collaborate with the RIDOH Health Profession Licensure program to identify non-renewing and inactive dentists.
- Evaluate exit interview results, produce a report and provide highlighted findings to RIOHC.

# **Strategies for Recommendation 5.4:**

Research partnerships that improve reimbursement to dental specialists who provide services for underserved populations.

#### **Activities:**

- Explore private sector funding dental opportunities.
- Increase the number of dental specialists that apply for and receive loan forgiveness in Rhode Island.

Research models of part-time employment for semi-retired/retiring dentists to work in community settings and serve as mentors for recent graduates.

#### **Recommendation 5.5:**

Increase the number of Rhode Islanders that attend dental school and return to practice in Rhode Island,

#### **OBJECTIVE 5.5A:**

THROUGH 2021, IDENTIFY BASELINE AND INCREASE PARTNERSHIPS WITH HIGH SCHOOL GUIDANCE COUNSELORS BY 5%.

Potential Data Source: Self Report from organizations.

## **OBJECTIVE 5.5B:**

THROUGH 2021, DEVELOP AFFILIATION AGREEMENTS AND/OR PARTNERSHIPS WITH AT LEAST TWO ADDITIONAL NEW ENGLAND DENTAL SCHOOLS TO CREATE ENROLLMENT SLOTS FOR AT LEAST ONE RHODE ISLAND RESIDENT PER AFFILIATED DENTAL SCHOOL.

Potential Data Source: University of New England and University of Connecticut.

## **Activity for Objective 5.5B**

Investigate affiliations with other New England dental schools.

### **OBJECTIVE 5.5C:**

BY 2021, ADD THREE (3) CLINICAL ROTATION SITES IN RHODE ISLAND THAT HAVE AFFILIATION AGREEMENTS WITH NEW ENGLAND DENTAL SCHOOLS.

Potential Data Sources: Annual RIOHC State Plan Evaluation Report.

# **Activities for Objective 5.5C:**

- Develop baseline of existing clinical rotation sites.
- Provide opportunities and encourage Rhode Island dental offices and New England dental schools to establish formal relationships.



# **Strategies for Recommendation 5.5:**

Identify baseline and increase number of Rhode Island middle and high schools, and youth organizations that promote oral health careers.

# **Activities:**

- Work with guidance counselors to incorporate dental careers as possible career paths for students.
- Utilize existing mentor groups and expand upon them as possible.

Identify baseline and increase number of Rhode Island college students that apply to dental school. Activities:

- Develop mentorship program to assist students in the application process and in understanding financial options.
- Establish with stakeholders and local universities a shadowing "exchange" that includes community and hospital settings.

Recommendation 5.6: Expand dental educational opportunities in Rhode Island.

# **OBJECTIVE 5.6A:**

THROUGH 2021, ANNUALLY MONITOR THE NUMBER OF FACULTY, FACULTY VACANCIES AND RESIDENTS AT RHODE ISLAND DENTAL RESIDENCY PROGRAMS.

Potential Data Source: RI Dental Residency Programs & RI Oral Health State Plan Evaluation Report at annual RI Oral Health Summit.

# **Activities for Objective 5.6A:**

- Recruit qualified faculty, focusing on specialty disciplines.
- Report number of faculty, faculty vacancies, and residents as part of annual Oral Health State Plan evaluation.
- Provide letters of support to assure funding at Rhode Island residency programs.

#### **OBJECTIVE 5.6B:**

CONTINUE TO CONVENE THE ANNUAL RHODE ISLAND DENTISTRY MINI-RESIDENCY PROGRAM TO EDUCATE THE ORAL HEALTH WORKFORCE ON CURRENT BEST PRACTICES FOR PROVISION OF SERVICES FOR UNDERSERVED POPULATIONS.

Potential Data Source: RI Oral Health Program at RIDOH.

## **Activities for Objective 5.6B:**

- Identify relevant topics for each Mini-Residency and recruit appropriate presenters.
- Incorporate Continuing Education (CE) that focuses on serving populations with special healthcare needs.

# **OBJECTIVE 5.6C:**

BY 2021, INCREASE THE NUMBER OF FULL TIME ORAL SURGEONS EMPLOYED BY RHODE ISLAND FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) BY A MINIMUM OF .2 FTE OR 8 HOURS PER WEEK OR 32 HOURS PER MONTH IN EACH FQHC.

# **Activities for Objective 5.6C:**

- Convene meetings between relevant stakeholders to facilitate planning of oral surgery residency program.
- Identify and solicit funding from both public and private sources.
- Provide/promote/foster active introductions between RI-licensed oral surgeons and Dental Directors at Rhode Island FQHCs.

### **OBJECTIVE 5.6D:**

BY 2021, INCREASE THE NUMBER OF HYGIENISTS WITH AN ADVANCED DEGREE BY FIVE (5) PER YEAR.

Potential Data Source: Self-report survey.

#### **Activities for Objective 5.6D:**

- Conduct survey; identify baseline.
- Investigate Master's degree program track for registered dental hygienists.

# **OBJECTIVE 5.6E:**

BY 2021, INCREASE THE NUMBER OF GRADUATING DENTAL HYGIENISTS AND DENTAL ASSISTANTS THAT ARE EMPLOYED IN COMMUNITY HEALTH CENTERS BY 10%.

#### **Activities for Objective 5.6E**

• Collaborate and encourage community health centers to provide additional clinical rotation opportunities for both dental assisting and dental hygiene students.

# **GLOSSARY OF ACRONYMS & TERMS**

ACA: Affordable Care Act

**Caries Risk Assessment:** a methodology by which clinicians identify the cause of caries by assessing the presence of risk factors for each individual

**CDC:** Centers for Disease Control

**CDT:** Current Dental Terminology

**CHC:** Community Health Center, are private, non-profit organizations that directly or indirectly (through contracts and cooperative agreements) provide primary health services and relates services to residents of a defined geographic areas that is medically underserved many of which are also FQHCs.

**CLAS Standards:** Culturally and Linguistically Appropriate Services in Health and Healthcare.

**CODA:** Commission on Dental Accreditation.

**Current Care:** A free service developed by the Rhode Island healthcare community, it is based on a secure electronic network that gives authorized medical professionals access to their enrolled patients; most up to date protected health information from multiple sources in one place. See **www.currentcareri.org** for more information.

**Dental Caries:** Tooth decay and/or dental cavities.

**Dental Safety Net:** Dental providers who organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients. In Rhode Island, this is comprised of a network of several community health centers that have dental clinics and staff as part of their organization.

**Dental Sealants:** Thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect these teeth from tooth decay by keeping germs and food particles out of the grooves.

Edentulism: Tooth loss

**EOHHS:** Rhode Island Executive Office of Health & Human Services

**Health centers:** Community based and patient-directed organizations that deliver comprehensive, culturally competent high quality primary health care services

**HealthFacts RI:** Rhode Island's All-Payer Claims database, a data set that houses medical insurance claims across private insurance providers as well as state-sponsored insurance plans.

**HealthSource RI:** Rhode Island's ACA-mandated health/dental insurance exchange, where RI individuals and/ or families can enroll in medical/dental insurance plans.

**Incidence:** The number of individuals who develop a specific disease or experience a specific health-related event during a particular time period.

**Fluoride Varnish:** a highly concentrated form of fluoride that is applied to the tooth surface by a healthcare professional to aid in the prevention of dental caries.

FQHC: Federally Qualified Health Center; see also CHC.

**FRSM:** Free/Reduced School Meals: Children from households that meet federal income guidelines are eligible for free or reduced-price school meals services.

FTE: Full Time Employee

**Medicaid:** A public insurance program available to low-income individuals and families who meet federal and state eligibility guidelines.

**Medicare:** a public health insurance program for people age 65+ years, people younger than age 65 with certain disabilities, and all people with End-Stage Renal Disease.

Periodontal: relating to the gums of the oral cavity

PHDH: Public Health Dental Hygienist

**PIOHQI:** Perinatal and Infant Oral Health Quality Improvement Project, located within the Oral Health Program at the RI Department of Health.

The Plan: The 2017-2021 State Oral Health Plan

**Prevalence:** The total number of individuals in a population who have a disease or health condition at a specific period of time.

Primary Teeth: Baby teeth

**Dental Safety Net List:** List of all Rhode Island Dental Safety Net Providers (Community Health Centers with dental clinics, Hospital-Based Dental Clinics, Dental Hygiene Clinic, and Mobile Dental Programs). Find it here: **www.health.ri.gov/lists/DentalSafetyNetProvidersList.pdf** 

**DHPSA:** Dental Health Professional Shortage Area

**OB/GYN:** Obstetrician/Gynecologist

**Oral Health Literacy:** The degree to which individuals have the capacity to obtain, process, and understand basic oral health information and services needed to make appropriate health decisions.

**RI Medicaid Dental Service Program:** State assistance program to bring dental services to participants enrolled in Medicaid through a Managed Care program for children, RIte Smiles, and a Fee-For-Service program for adults.

**SHOP:** Small Business Health Options Program, program available to small employers through HealthSource RI that allows employers to choose a medical/dental insurance plan to offer their employees.

**SMART:** Specific, Measurable, Action-oriented, Realistic, and Time-bound, a method by which to evaluate effectiveness of objectives and strategies within a given plan.

**RIDA:** Rhode Island Dental Association

**RIDOH:** Rhode Island Department of Health

**RI KIDSNET:** Rhode Island's centralized child health database.

**RIOHC:** Rhode Island Oral Health Commission

**TeethFirst:** A Rhode Island-specific communications campaign focused on promoting early dental visits for very young children in RI. For more information please visit: **www.teethfirstri.org** 

# **Rhode Island Oral Health Plan: Logic Model:**

The Rhode Island Oral Health Plan, 2017–2021 Logic Model showcases how the five priority goal areas and existing infrastructure will help Rhode Island reach its desired outcome for oral health: Optimal Oral Health for All Rhode Islanders.

#### **INPUTS**

**RI Oral Health Commission Co-chairs & Steering Committee Ad-hoc Workgroups Monthly Steering Committee** Meeting **Quarterly RIOHC Meeting Annual Oral Health Summit** RI Department of Health leadership & administrative/communication support **RIOHC** webpage Documentation (meeting agenda, minutes, reports etc.) By-laws **Progress/Outcome evaluation** Diverse & broad-based membership

## **External Partners**

Member commitment

**RI Medicaid Agency RI Department of Education RI Healthy Collaborative Coalition RI Dental Association** RI Dental Hygienists' Association **RI Dental Assistants' Association RI Health Center Association RI Dental Safety Net providers RI KIDS COUNT** Community College of RI **WIC programs** Early Head Start/Head Start Nursing home mobile dental programs Third party payers Oral health champions/advocates CDC **HRSA DentaQuest Foundation** Third party payers **RI Legislators** 

#### **Data**

State Oral Health Plan Environmental assessment report RI Oral Health Surveillance System

#### Other

CDC TA and grant support

#### **GOALS**

Goal #1: Improve Access to Oral Healthcare Services: Identify and remove barriers between RI residents and oral health services:

Goal #2: Inform and Support Productive Oral Health Policy Decisions: Assure adequate and appropriate information that supports evidence-based interventions and/or policies is available for policymakers;

Goal #3: Integrate the Dental and Medical Care Systems: Promote a holistic approach that incorporates both dental and medical systems to improve the overall health of RI residents;

Goal #4: Increase the Oral Health Literacy of Rhode Island Residents: Provide appropriate resources and education for Rhode Island residents to increase their ability to make informed decisions regarding their oral health; and

Goal #5: Sustain the Oral Health Workforce: Assure an adequate and effective oral health workforce in Rhode Island.

#### **OUTCOMES**

#### **Proximal**

- Fewer barriers between RI residents and oral health services.
- Evidence-based science is utilized to make policy decisions that increase the quality and quantity of oral health care services available to RI residents.
- 3. Increased cross referrals between medical and dental providers to address all facets of overall health.
- Basic oral health literacy for all RI residents, increasing their ability to make knowledgeable decisions regarding their oral health.
- An expanded oral health workforce that is effective in meeting the oral health service needs of RI residents.

#### **Distal**

- 1. Reduced disparities in oral health outcomes in RI
- 2. Progress toward Health People 2021 Oral Health Objectives.
- Greater access to preventive and restorative dental procedures for all Rhode Islanders.

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# Gina M. Raimondo

Governor

# **Eric Beane**

Secretary, Executive Office of Health and Human Services

# Nicole Alexander-Scott, MD, MPH

Director of Health