

I-Smile

The Systematic Dental Home

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I-Smile Background

IowaCare (HF 841) Dental Mandate:

By July 1, 2008 every Medicaid recipient who is a child 12 years of age or less must have a designated dental home.



The “Dental Home”

American Academy of Pediatric Dentistry

- Provides oral health education and anticipatory guidance
- Provides access to primary prevention oral health care services
- Provides access to secondary prevention and interceptive oral health care services
- Provides referral access to secondary and advanced interceptive emergency dental services



Dental home obstacles

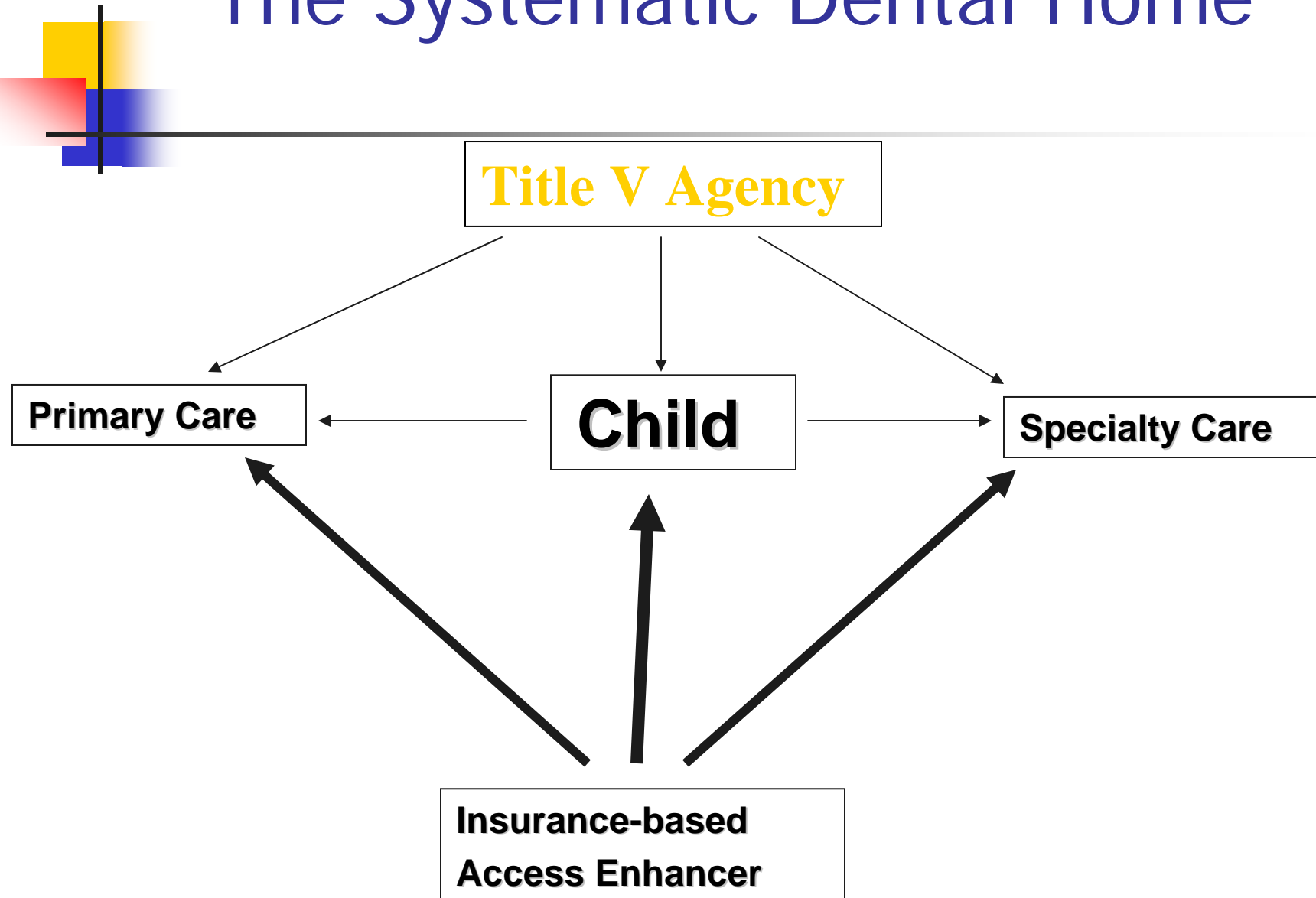
- Decreasing and aging oral health workforce
- Increasing health profession shortages
- Mal-distribution of available dental providers
- Too costly limiting access to late interceptive disease treatment
- Extremely limited available secondary, special needs, and emergency care dental providers and facilities



Realistic AAPD Dental Home

- Focus is on the child, rather than on the providers of care
- Systems integration approach to oral health care management

The Systematic Dental Home





Current Early Childhood Dental Care Access

- **Dental visit potential increases with age of child:**
 - **Ages 4-5 three time greater than 3-4;**
 - **Ages 3-4 ten times more likely than 2-3;**
 - **Ages 3-4 twenty times more likely than between ages 1-2.**
 - **Ages 3-4 twelve times more likely than 12 months or younger.**



Benefit of Early Prevention in the first 5 years

- 1st dental visit
 - Before age one
 - Age 1-2
 - Age 3-4
 - Age 4-5
- Treatment costs
 - \$262
 - \$339
 - \$449
 - \$546



I-Smile Proposal

- **Improve the dental support system for families**
- Improve the dental Medicaid program
- Implement recruitment and retention strategies for underserved areas
- Integrate dental services into rural and critical access hospitals



Improving the dental support system for families

- Strengthen the dental infrastructure of Title V child health agencies.
 - Hire dental hygienist as oral health coordinator
 - Purchase dental and/or office equipment
- Increase training of primary care workforce (dental and medical) to address the needs of pediatric populations.
- Enhance partnerships with WIC, Head Start, migrant and community health centers, hospitals.



Title V Agency

- Establish a dental hygienist as lead **Oral Health Coordinator** at all Title V child health agencies.
 - Prevention
 - Care coordination
 - Education/training
 - Linkage with healthcare providers and community partners



Oral Health Coordinator

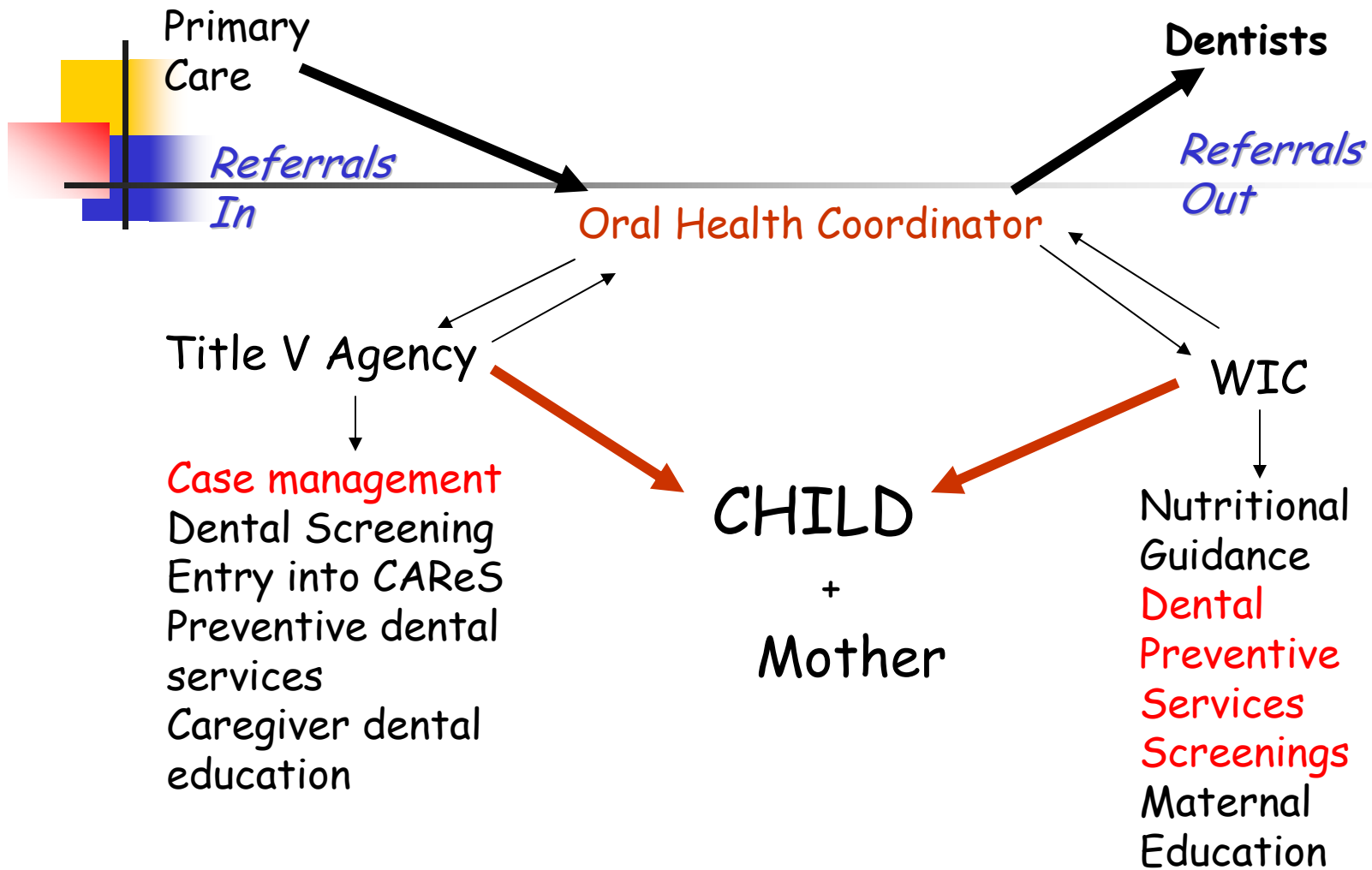
- Prioritize dental treatment needs and facilitate distribution of children among all local dental offices.
- Provide oral health education and guidance to parents and caregivers.
- Provide prevention services to children.



Oral Health Care Coordinator

- Decrease cancelled and/or “no show” scheduled appointments.
- Provide a single contact point for dental providers to report patient compliance issues.
- Arrange transportation and translation services if needed.

Linkages





Title V Agency

- Portable dental equipment and/or upgrades to office equipment may be purchased...
 - To enhance preventive services and improve data tracking systems
 - Based on Title V agency needs assessment and program plan



I-Smile Anticipated Outcomes

- Integrated dental service delivery system
- Early identification of disease risk
- Enhanced prevention services
- Improved care coordination and data tracking
- Strengthened parental involvement
- Ultimately, at-risk children who are currently excluded from the dental care system will be reached and will have a dental home.



I-Smile Funding

- Approximately \$800,000 for FY 2007
 - Combination of ABCD funds plus state and federal DHS matching funds
- Proposal includes sufficient funding to sustain program throughout 5-year cycle.



I-Smile Update

- Title V child health (CH) contractors will serve as the point of contact for local I-Smile projects.
- Twenty-three CH contractors submitted plans in 2006 for I-Smile implementation and will receive funding from IDPH through the end of June 2007 to begin local projects.



I-Smile Update

- Each CH agency oral health coordinator will be responsible for completing an **I-Smile strategic plan**. The coordinators will be seeking input from oral health partners within their service areas to develop plans based on local needs and assets.



Outcome Measures

- Assign annual outcome measures using:
 - Medicaid provider participation rates
 - Oral health access coding
 - Periodicity data
 - Insurance plan vendor claim's data
 - Iowa school entry screening/exam mandate



Iowa Medicaid's I-Smile Plan

- http://www.ime.state.ia.us/Reports_Publications/RFP/RFP07019.html

- QUESTIONS?