

Children's Oral Health Performance Improvement Project



Final Report

Arizona Health Care Cost Containment System

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Prepared by the Division of Health Care Management
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Performance Improvement Project (PIP) Summary

Implemented: 2003

Rationale: Tooth decay is one of the most common chronic diseases among children, causing pain; infection; tooth loss; difficulty speaking, chewing and swallowing; missed school days; other health problems due to poor nutrition, and loss of self-esteem.

According to the Arizona Department of Health Services (ADHS) Office of Oral Health, the rate of tooth decay increases markedly from age 2 to age 8. In 2003, nearly 40 percent of Arizona children in the third grade had untreated tooth decay.

Purpose: To increase the rate of annual dental visits among children enrolled in the Arizona Health Care Cost Containment System (AHCCCS), focusing on members 3 through 8 years of age.

Long-range Goal: 57 percent of all members younger than 21 years of age will have at least one dental visit per year, based on a Healthy People 2010 objective

Methodology: Using standardized methodology from the National Committee for Quality Assurance (NCQA), AHCCCS measured annual dental visits among members ages 3 through 8 who were continuously enrolled during the measurement period with an Acute-care Contractor under Medicaid or KidsCare or in the Department of Economic Security's Division of Developmental Disabilities (DES/DDD). Data for the project were collected from AHCCCS administrative data.

Arizona Long Term Care System (ALTCS) Contractors also were included in the PIP; but because of the small population of physically disabled children enrolled with these health plans, AHCCCS included members 3 through 20.

A baseline measurement was conducted in 2003 (measurement period CYE 2002); interventions were implemented after these results were shared with Contractors. Remeasurements were conducted annually beginning in 2005, and Contractors were expected to demonstrate significant improvement from their baseline rates and sustain improvements for at least one year in order to complete the PIP.

Results: All Acute-care Contractors and DES/DDD achieved significant and sustained improvements in their rates of annual dental visits, with all but one of these health plans showing double-digit increases from the baseline measurement to the final measurement, conducted in 2008. The Contractor that showed the smallest increase was only included in the last two measurements because it did not become an AHCCCS Contractor until CYE 2005, and thus, had fewer years to achieve improvement.

All ALTCS Contractors except one had populations less than 30 members, and valid comparisons could not be made between measurement periods to determine whether statistically significant improvement was achieved by individual health plans. However, it appears modest improvement was made overall. The PIP was closed for ALTCS Contractors after the second remeasurement.

The following tables show baseline and final rates for all Contractors:

**Annual Dental Visits, Members Ages 3 through 8 Years Enrolled with Acute-care Contractors
(Medicaid and KidsCare), Final Remeasurement (CYE 2007) compared with Baseline**

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Change From Baseline
AZ Physicians IPA	34,996	22,995	65.7%	31.4%
	28,021	14,019	50.0%	
Care 1st Health Plan*	3,659	2,270	62.0%	9.2%
	2,738	1,555	56.8%	
DES/CMDP	1,525	1,103	72.3%	17.8%
	722	443	61.4%	
Health Choice AZ	15,524	10,337	66.6%	31.6%
	7,254	3,673	50.6%	
Maricopa Health Plan	5,443	3,262	59.9%	18.4%
	5,048	2,553	50.6%	
Mercy Care Plan	34,458	22,650	65.7%	19.9%
	20,346	11,144	54.8%	
Phoenix Health Plan/CC	15,043	9,843	65.4%	18.5%
	8,972	4,951	55.2%	
Pima Health Plan	3,413	2,126	62.3%	18.7%
	1,151	604	52.5%	
University Family Care	1,263	855	67.7%	33.3%
	2,196	1,115	50.8%	
TOTAL	115,324	75,441	65.4%	25.3%
	73,710	38,502	52.2%	

Shaded rows are results for the baseline measurement period, Oct. 1, 2001, through Sept. 30, 2002

*Baseline data for Care1st are for the measurement period of Oct. 1, 2005, through Sept. 30, 2006

**Annual Dental Visits, Members Ages 3 through 8 Years Enrolled in DES/DDD,
Final Remeasurement (CYE 2005) compared with Baseline**

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Baseline
DES/DDD	3,679	1,467	39.9%	29.1%
	2,918	903	30.9%	

Shaded rows are results for the baseline measurement period, Oct. 1, 2001, through Sept. 30, 2002

**Annual Dental Visits, Physically Disabled Members Ages 3 through 20 Years Enrolled in ALTCS,
Final Remeasurement (CYE 2005) compared with Baseline**

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Baseline
Evercare Select	65	16	24.6%	43.9%
	41	7	17.1%	
Maricopa LTC Plan	6	0	0.0%	-100.0%
	5	1	20.0%	
Mercy Care LTC	10	5	50.0%	0.0%
	4	2	50.0%	
Pima HS LTC	9	0	0.0%	-100.0%
	7	2	28.6%	
Pinal/Gila LTC	4	1	25.0%	49.7%
	6	1	16.7%	
Yavapai County LTC	22	11	50.0%	9.9%
	11	5	45.5%	
TOTAL	116	33	28.4%	16.9%
	74	18	24.3%	

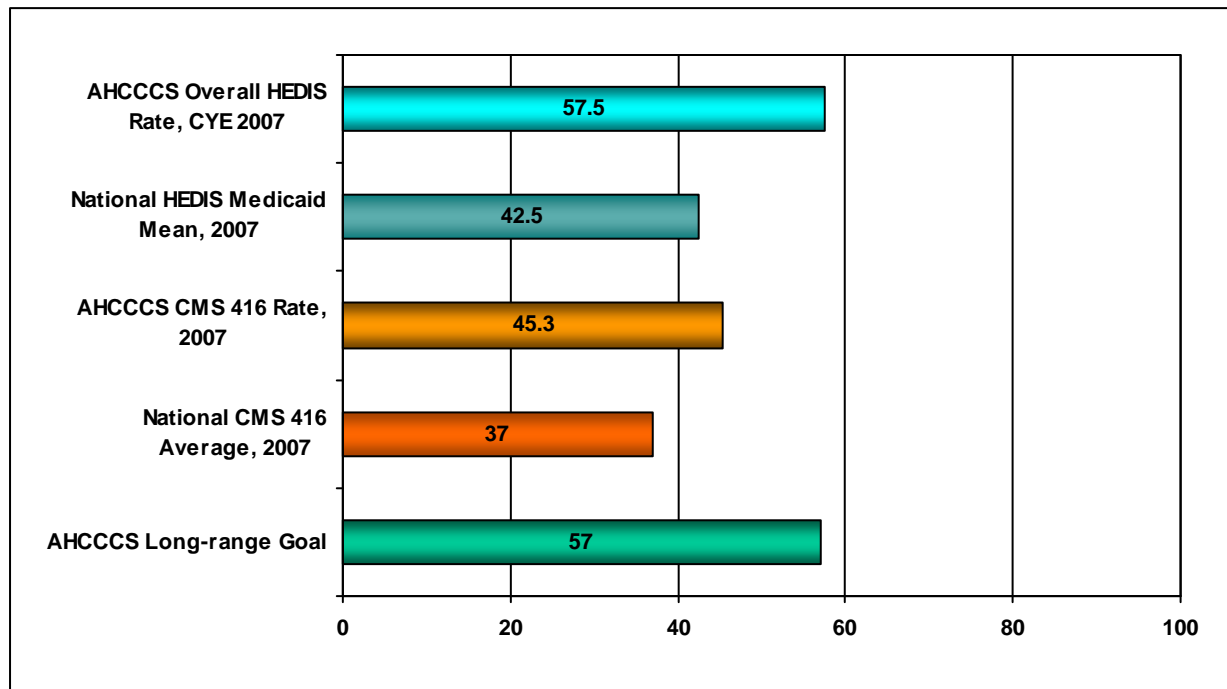
Note: Cochise Health Systems is not included because it had no members who met the HEDIS enrollment criteria

Shaded rows are results for the baseline measurement period, Oct. 1, 2001, through Sept. 30, 2002

National Benchmarks: When compared with national data for annual dental visits by children enrolled in Medicaid, AHCCCS rates for all children are well above average. For example, the HEDIS annual dental visits mean for children 3 through 20 among Medicaid health plans in 2007 was 42.5 percent, while the AHCCCS rate was 57.5 percent.

Another national measure of dental visits among children enrolled in Medicaid is the Centers for Medicare and Medicaid Services (CMS) annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Report. Known as the CMS 416 report, these data include all Medicaid children and adolescents, regardless of their length of enrollment during the year or whether they are enrolled with managed care plans or in a fee-for-service program. CMS 416 data for children ages 3 through 20 showed a national aggregate rate of 37 percent in 2007, while the AHCCCS rate for CYE 2007 was 45.3 percent.

**Annual Dental Visits, Ages 3 through 20, by AHCCCS-enrolled Children
Compared with National Averages and AHCCCS Goal**



Conclusion: Under this PIP, Contractors maintained a consistent focus on improving performance and utilized a broad range of interventions. AHCCCS continues to measure rates of annual dental visits among children and adolescents by age group for Acute-care Contractors and DES/DDD, as well as by regular reports and on-site reviews for all Contractors.

**Arizona Health Care Cost Containment System (AHCCCS)
2003 ACUTE-CARE PERFORMANCE IMPROVEMENT PROJECT (PIP):
Children's Oral Health (Dental Visits) Final Report**

Final Measurement Period: October 1, 2006, through September 30, 2007

Background

Tooth decay is a common chronic disease among children, causing pain, infection and tooth loss if left untreated.^{1,2} Tooth decay can lead to difficulty speaking, chewing and swallowing; missed school days, other health problems due to poor nutrition; and loss of self-esteem. Poor oral health has been related to decreased school performance because children experiencing pain from dental disease miss school or are unable to concentrate.³ Additionally, connections are emerging between the condition of the mouth and diabetes, heart disease, and adverse pregnancy outcomes.⁴

In the most extreme cases, untreated tooth decay can lead to death, as in the case of a 12-year-old Maryland boy. In 2007, the boy died after bacteria from an abscessed tooth spread to his brain.

According to the Arizona Department of Health Services (ADHS) Office of Oral Health, the rate of tooth decay increases markedly from age 2 to age 8.⁵ ADHS also has reported that, in 2003, nearly 40 percent of Arizona children in the third grade had untreated tooth decay.⁴

AHCCCS and Healthy People Goals

AHCCCS has established long-range goals, or benchmarks, for Contractors to achieve in ensuring annual dental visits among children and adolescents, based on an objective set by the U.S. Department of Health and Human Services (DHHS) in *Healthy People 2010*. The Healthy People objective is to increase the proportion of low-income children and adolescents who receive preventive dental services each year to at least 57 percent. Likewise, AHCCCS has established a benchmark of 57 percent for annual dental visits by members from 3 through 20 years of age for Acute-care Contractors.

Purpose

The Children's Oral Health Performance Improvement Project (PIP) was implemented by AHCCCS in 2003 to increase the rate of annual dental visits among AHCCCS-enrolled children, in order to meet or exceed AHCCCS and Healthy People 2010 goals. At the time, the rate of children ages 3 through 8 who were enrolled in AHCCCS for all or most of a year and had a dental visit during the past year was approximately 50 percent.

While all children and adolescents from age 1 through 21 should have at least one annual dental visit, the project specifically focused on children 3 through 8 years old, as this is a critical time in a child's life to prevent tooth decay through regular dental care and parental guidance.

Methodology

Using methodology developed by the National Committee for Quality Assurance (NCQA) for the Healthcare Effectiveness Data and Information Set (HEDIS), AHCCCS measured annual dental visits among members ages 3 through 8 who were continuously enrolled during the measurement period with an Acute-care Contractor under Medicaid or KidsCare (the state Children's Health Insurance Program or SCHIP). Data for the project were collected from AHCCCS administrative data (i.e., records of claims paid by Contractors, known as encounters).

A baseline measurement was conducted in 2003, based on the measurement period of CYE 2002. Remeasurements were conducted annually beginning in CYE 2005 to determine whether Contractors achieved statistically significant improvement in their rates of annual dental visits. Acute-care Contractor performance was based on their rates of Medicaid and KidsCare members combined. Contractors serving developmentally and physically disabled or elderly members through the Arizona Long Term Care System (ALTCS) also were included in the PIP. If Contractors demonstrated significant improvement, they were required to sustain the improvement for at least one year in order to complete the PIP.

The complete methodology and technical specifications for measuring performance may be found at <http://www.azahcccs.gov/reporting/quality/PIPs>, under Performance Improvement Projects, Children's Oral Health Visits – 2003.

Results and Analysis

First Remeasurement

A total of 90,491 Acute-care members ages 3 through 8 years old who were enrolled in AHCCCS under Medicaid or KidsCare were included for the first remeasurement for the PIP (Table 1). Overall, 57.7 percent (52,254) of those members had at least one dental visit during the remeasurement period, meeting AHCCCS and Healthy People goals, and representing a significant increase over the baseline rate of 52.2 percent ($p < .001$).

Among the 3,511 members ages 3 through 8 years old who were enrolled with the Arizona Department of Economic Security's Division of Developmental Disabilities (DDD), 37.8 percent (1,326) had at least one dental visit during the remeasurement period (Table 2). This was a significant increase over the baseline rate of 30.9 percent ($p < .001$).

Because most ALTCS Contractors have small numbers of physically disabled children enrolled with them, the population for these Contractors included children and adolescents from 3 through 20 years of age. Among the 104 physically disabled ALTCS members included in the first remeasurement, 26.9 percent (28) had a dental visit during the remeasurement period (Table 3). The change from the baseline rate of 24.3 percent was not significant ($p = .696$).

Table 1. Annual Dental Visits, Members Ages 3 through 8 Years Enrolled under Medicaid and KidsCare, by Contractor, Remeasurement Period: Oct. 1, 2003, to Sept. 30, 2004

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Change From Previous Period	Statistical Significance
AZ Physicians IPA	32,583	18,190	55.8%	11.6%	p<.001
	28,021	14,019	50.0%		
DES/CMDP	1,075	656	61.0%	-0.5%	p=.887
	722	443	61.4%		
Health Choice AZ	10,763	6,753	62.7%	23.9%	p<.001
	7,254	3,673	50.6%		
Maricopa Health Plan	5,544	2,335	42.1%	-16.7%	p<.001
	5,048	2,553	50.6%		
Mercy Care	23,695	14,213	60.0%	9.5%	p<.001
	20,346	11,144	54.8%		
Phoenix Health Plan/CC	12,846	7,764	60.4%	9.5%	p<.001
	8,972	4,951	55.2%		
Pima Health System	2,034	1,216	59.8%	13.9%	p<.001
	1,151	604	52.5%		
University Family Care	1,951	1,127	57.8%	13.8%	p<.001
	2,196	1,115	50.8%		
TOTAL	90,491	52,254	57.7%	10.5%	p<.001
	73,710	38,502	52.2%		

Shaded rows are totals and percentages from the baseline measurement period, Oct. 1, 2001, through Sept. 30, 2002

Table 2. Annual Dental Visits, Developmentally Disabled Members Ages 3 through 8 Years Enrolled in DDD, Remeasurement Period: Oct. 1, 2003, to Sept. 30, 2004

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Previous Year	Statistical Significant Change From Previous Year
DES/DDD	3,511	1,326	37.8%	22.0%	p<.001
	2,918	903	30.9%		

Shaded row is total and percentage from the baseline measurement period, Oct. 1, 2001, through Sept. 30, 2002

Table 3. Annual Dental Visits, Physically Disabled Members Ages 3 through 8 Years Enrolled in ALTCS, by Contractor, Remeasurement Period: Oct. 1, 2003, to Sept. 30, 2004

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Previous Period
Evercare Select	65	13	20.0%	17.1%
	41	7	17.1%	
Maricopa LTC Plan	4	0	0.0%	-100.0%
	5	1	20.0%	
Mercy Care LTC	6	2	33.3%	-33.3%
	4	2	50.0%	
Pima HS LTC	7	1	14.3%	-50.0%
	7	2	28.6%	
Pinal/Gila LTC	5	3	60.0%	260.0%
	6	1	16.7%	
Yavapai County LTC	17	9	52.9%	16.5%
	11	5	45.5%	
TOTAL	104	28	26.9%	10.7%
	74	18	24.3%	

* Includes ventilator-dependent members

Note: Cochise Health Systems is not included because no members meeting the enrollment criteria were selected for this Contractor

Shaded rows are totals and percentages from the baseline measurement period, Oct. 1, 2001, through Sept. 30, 2002

Second Remeasurement

The second remeasurement of performance was conducted in 2006. Overall, 60.9 percent of Acute-care members had at least one dental visit during the remeasurement period (Table 4), a significant increase over the previous rate of 57.7 percent ($p < .001$). Based on this measurement, all but two Acute-care Contractors, Health Choice Arizona and Maricopa Health Plan, completed the PIP by showing significant and sustained improvement and/or achieving and sustaining the AHCCCS and Healthy People 2010 goal of 57 percent.

Among DDD members, 39.9 percent had an annual dental visit (Table 5). While the change was not statistically significant, the improvement achieved by DDD in the first remeasurement was sustained ($p = .067$), and the Contractor completed the PIP.

Among the 116 physically disabled members enrolled with ALTCS Contractors, 28.4 percent had an annual dental visits. The change from the previous rate of 26.9 percent was not statistically significant ($p = .801$). Because all ALTCS Contractors except one had populations less than 30 members, valid comparisons could not be made between measurement periods for individual health plans, and AHCCCS was unable to determine whether significant improvement was achieved. However, it appears that, overall, modest improvement was made from the baseline measurement. The PIP was closed for ALTCS Contractors after the second remeasurement.

Table 4. Annual Dental Visits, Members Ages 3 through 8 Years Enrolled under Medicaid and KidsCare, by Contractor, Remeasurement Period: Oct. 1, 2004, to Sept. 30, 2005

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Previous Year	Statistical Significant Change From Previous Year
AZ Physicians IPA	36,153	21,865	60.5%	8.3%	p<.001
	32,583	18,190	55.8%		
DES/CMDP	1,599	1,135	71.0%	16.3%	p<.001
	1,075	656	61.0%		
Health Choice AZ	14,077	8,228	58.4%	-6.8%	p<.001
	10,763	6,753	62.7%		
Maricopa Health Plan	5,860	3,509	59.9%	42.2%	p<.001
	5,544	2,335	42.1%		
Mercy Care	30,243	18,688	61.8%	3.0%	p<.001
	23,695	14,213	60.0%		
Phoenix Health Plan/CC	14,991	9,191	61.3%	1.4%	p=.138
	12,846	7,764	60.4%		
Pima Health System	2,862	1,747	61.0%	2.1%	p=.375
	2,034	1,216	59.8%		
University Family Care	1,771	1,103	62.3%	7.8%	p=.005
	1,951	1,127	57.8%		
TOTAL	107,556	65,466	60.9%	5.4%	p<.001
	90,491	52,254	57.7%		

Shaded rows are results for the first remeasurement period, Oct. 1, 2003, through Sept. 30, 2004

Table 5. Annual Dental Visits, Developmentally Disabled Members Ages 3 through 8 Years Enrolled in DDD, Remeasurement Period: Oct. 1, 2004, to Sept. 30, 2005

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Previous Year	Statistical Significant Change From Previous Year
DDD	3,679	1,467	39.9%	5.6%	p=.067
	3,511	1,326	37.8%		

Shaded rows are results for the first remeasurement period, Oct. 1, 2003, through Sept. 30, 2004

Third Remeasurement

In 2007, another remeasurement of performance was conducted to evaluate whether the two remaining Contractors had demonstrated statistically significant improvement under this PIP and/or sustained the improvement (Table 6). Maricopa Health Plan sustained its previous improvement, at 59.1 percent, and completed the PIP.

Health Choice, which had achieved significant improvement from the baseline to first remeasurement and then experienced a decline in its rate in the second remeasurement, showed another improvement. In the third remeasurement, Health Choice's rate increased to 59.6 percent from 58.4 percent ($p < .045$).

Overall, the rate of dental visits among Acute-care members further improved in the third remeasurement, to 62.4 percent, compared with 60.9 percent in the previous measurement ($p < .001$).

Table 6. Annual Dental Visits, Members Ages 3 through 8 Years Enrolled under Medicaid and KidsCare, by Contractor, Remeasurement Period: Oct. 1, 2005, to Sept. 30, 2006

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Previous Year	Statistical Significant Change From Previous Year
AZ Physicians IPA	34,471	21,878	63.5%	4.9%	p<.001
	36,153	21,865	60.5%		
Care 1st	2,738	1,555	56.8%	N/A	N/A
	n/a	n/a	n/a		
DES/CMDP	1,728	1,224	70.8%	-0.2%	p=.925
	1,599	1,135	71.0%		
Health Choice AZ	14,401	8,586	59.6%	2.0%	p=.045
	14,077	8,228	58.4%		
Maricopa Health Plan	5,486	3,244	59.1%	-1.2%	p=.417
	5,860	3,509	59.9%		
Mercy Care	31,522	20,217	64.1%	3.8%	p<.001
	30,243	18,688	61.8%		
Phoenix Health Plan/CC	14,411	8,925	61.9%	1.0%	p=.273
	14,991	9,191	61.3%		
Pima Health System	3,034	1,638	54.0%	-11.6%	p<.001
	2,862	1,747	61.0%		
University Family Care	1,484	949	63.9%	2.7%	p=.326
	1,771	1,103	62.3%		
TOTAL	109,275	68,216	62.4%	2.6%	p<.001
	107,556	65,466	60.9%		

Shaded rows are totals and percentages from the previous measurement period, Oct. 1, 2004, through Sept. 30, 2005

Final Remeasurement

Another measurement of this PIP was conducted in 2008 to determine if Health Choice had sustained improvement from the previous measurement (Table 7). The remaining Contractor not only sustained its performance, but further improved its rate, to 66.6 percent from 59.6 percent in the previous measurement ($p<.001$). With these results, the PIP was completed by all Contractors.

The overall rate also improved again in the final remeasurement, to 65.4 percent from 62.4 percent ($p<.001$).

Table 7. Annual Dental Visits, Members Ages 3 through 8 Years Enrolled under Medicaid and KidsCare, by Contractor, Final Remeasurement Period: Oct. 1, 2006, to Sept. 30, 2007

Contractor	Number of Members	Number with One or More Dental Visits	Percent with One or More Dental Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	34,996	22,995	65.7%	3.5%	$p<.001$
	34,471	21,878	63.5%		
Care 1st	3,659	2,270	62.0%	3.3%	$p<.001$
	2,738	1,555	56.8%		
DES/CMDP	1,525	1,103	72.3%	2.1%	$p=.346$
	1,728	1,224	70.8%		
Health Choice AZ	15,524	10,337	66.6%	11.7%	$p<.001$
	14,401	8,586	59.6%		
Maricopa Health Plan	5,443	3,262	59.9%	1.3%	$p=.396$
	5,486	3,244	59.1%		
Mercy Care Plan	34,458	22,650	65.7%	2.5%	$p<.001$
	31,522	20,217	64.1%		
Phoenix Health Plan/CC	15,043	9,843	65.4%	5.7%	$p<.001$
	14,411	8,925	61.9%		
Pima Health System	3,413	2,126	62.3%	15.4%	$p<.001$
	3,034	1,638	54.0%		
University Family Care	1,263	855	67.7%	5.9%	$p=.039$
	1,484	949	63.9%		
TOTAL	115,324	75,441	65.4%	4.8%	$p<.001$
	109,275	68,216	62.4%		

Shaded rows are totals and percentages from the previous measurement period, Oct. 1, 2005, through Sept. 30, 2006

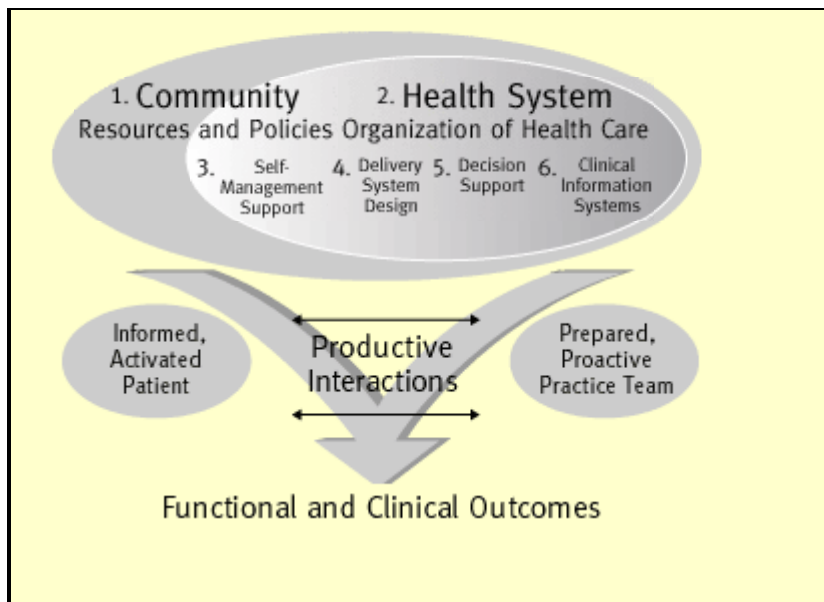
Discussion

In the five years of the PIP, the rate of annual dental visits among Medicaid and KidsCare members 3 through 8 years old increased from 52.2 percent (measurement period CYE 2002) to 65.4 percent (measurement period CYE 2007), or a relative increase of 25.3 percent.

All Acute-care Contractors and the Division of Developmental Disabilities showed significant and sustained increases in their rates of annual dental visits under the project. In addition, all Acute-care Contractors' rates exceed the Healthy People 2010 goal of 57 percent.

To assist Contractors in improving performance, the AHCCCS Clinical Quality Management Unit synthesized research and literature on oral health initiatives from a variety of sources. The Chronic Care Model, developed by Wagner, et al, of the MacColl Institute for Healthcare Innovation at Group Health Cooperative, was adapted for use in organizing various interventions for improving oral health. The model identifies essential elements of a health care system that encourage high-quality care, and are likely to result in healthier patients, more satisfied providers, and cost savings.⁶ By using this model, AHCCCS and its contracted health plans could identify gaps in quality-improvement strategies and address those areas.

The Chronic Care Model



will it
for

Wagner EH. Chronic disease management: What take to improve care chronic illness?

Effective Clinical Practice 1998;1:2-4. Copyright ACP-ASIM Journals and Books. Reprinted with permission.

Under this PIP, Contractors maintained a consistent focus on improving performance and utilized a broad range of interventions, including:

- Collaboration with other organizations such as Head Start, ADHS Office of Oral Health, etc.
- Member surveys to identify opportunities for improvement
- Dental appointment “no-show” logs and increased outreach or case management if needed
- Capturing dental referral data from tracking forms for primary care visits and following up with members’ families to ensure they made appointments with a dentist
- Recruiting additional dental providers to their networks
- Provider profiling and pay-for-performance strategies
- Incorporating medical and/or dental chart audits into the performance monitoring process

Interventions are organized according to the Chronic Care Model and presented in Appendix A.

AHCCCS continues to work with Contractors and other stakeholders to ensure adequate provider capacity and utilization of services. In 2004, it hired a Dental Director to work with health plans, the ADHS OOH, the Arizona Dental Association and other stakeholders to continue collaborative efforts to ensure high-quality dental services are provided to AHCCCS members. AHCCCS has continued to review and update its dental periodicity schedule, which is incorporated into contracts with health plans to ensure children and adolescents receive oral health care at necessary intervals.

Conclusion

With the most recent measurement conducted by AHCCCS in 2008, this PIP is complete. The project was successful in driving a significant improvement in the rate of children receiving annual dental visits. AHCCCS will continue to monitor rates of annual dental visits among children and adolescents by age group, using HEDIS specifications, for Acute-Care Contractors and DDD, as well as by regular monitoring reports and on-site reviews for all health plans. Acute-care Contractors and DDD must meet Minimum Performance Standards for children's annual dental visits, as required by their contracts.

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⁵ Arizona Department of Health Services. Arizona oral health update. Phoenix, AZ: Office of Oral Health. May 2000.

⁶ Improving Chronic Illness Care website. Overview of the Chronic Care Model. Available at <http://improvingchroniccare.org/change/model/components.html>.

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Appendix A

Contractor Interventions to Improve Rates of Annual Dental Visits by Children

The following table includes interventions that one or more AHCCCS Contractors used to ensure children's access to oral health services and improve rates of annual dental visits during this PIP. The Chronic Care Model, developed by Wagner, et al, was adapted for use in organizing these interventions. The model identifies essential elements of a health care system that encourage high-quality care, and help ensure increased use of or access to services.¹

Community Linkages	Health System	Self-Management Support	Delivery System Design	Decision Support	Clinical Information Systems
<p>Tie in outreach efforts with related activities/events; e.g., National Children's Dental Health Month, community health fairs</p> <p>Collaborate with programs such as Head Start and WIC to assist in reaching members; educate these programs about oral health issues and AHCCCS-covered services</p> <p>Utilize resources of the Arizona Department of Health Office of Oral Health (OOH) for provider and/or member education</p>	<p>Utilize "pay-for-performance" strategies to reward PCPs and/or dentists who met specific benchmarks for dental services</p> <p>Utilize Health Plan staff dedicated to dental outreach and assisting families/members in making and keeping appointments</p>	<p>Mail annual reminders to parents about dental visit; send follow-up reminders to members who do not subsequently receive services</p> <p>Reinforce education through newsletters, telephone hold messages, etc.) to members/parents/caregivers about:</p> <ul style="list-style-type: none"> • the importance of good oral health and its relationship to overall health • the positive outcomes of preventive dental care • importance of keeping scheduled appointments 	<p>Work with programs that provide services in schools (ADHS, Healthy Kids Dental) and coordinated to follow up on member needs</p> <p>Provide case management services to children in foster care or those with special health care needs/disabilities</p> <p>Recruit additional dental providers to improve access</p>	<p>Educate Primary Care Providers (physicians, PAs, NPs) and office/clinic staff about:</p> <ul style="list-style-type: none"> • early detection of dental disease • EPSDT requirements/referral for treatment or preventive visits <p>advising parents about the importance of regular dental care</p> <p>Survey parents/caregivers or case managers on reasons dental care was not obtained and develop or enhance activities to address those reasons</p>	<p>Routinely monitor dental performance measure/utilization rates:</p> <ul style="list-style-type: none"> • overall • by county/ • geographic area • by provider group <p>Utilize tracking systems to identify members with no dental services or those who missed appointments and attempt to contact and schedule or reschedule an appointment and arrange for transportation if needed</p>

Community Linkages	Health System	Self-Management Support	Delivery System Design	Decision Support	Clinical Information Systems
<p>Collaborate with the Arizona School of Dentistry and Oral Health to provide services and enhance training of dental professionals, especially in the care of special populations (e.g., individuals with disabilities)</p> <p>Use Health Plan staff and/or dental providers to make presentations in schools; provide educational materials and other items, such as toothbrushes, to take home</p>		<p>Offer incentives to members to encourage them to seek dental care</p> <p>Follow up with members who miss appointments and arrange for transportation when necessary</p> <p>Make or collaborate with organizations that make home visits to reinforce education about oral health and the importance of regular dental care</p>		<p>Utilize dental consultants to review utilization patterns, practice guidelines and/or treatment plans for specific members</p> <p>Capture dental referral data from EPSDT Tracking Forms for follow up to ensure that appointment was completed</p>	<p>Incorporate medical and/or dental chart audits into the performance monitoring processes</p> <p>Develop provider utilization profiles and send feedback to providers on visit rates or lists of specific members in need of services</p>

¹ Improving Chronic Illness Care. Overview of the Chronic Care Model. Available at: <http://www.improvingchroniccare.org/change/model/components.html>