THE ACCESS TO BABY AND CHILD DENTISTRY PROGRAM

Access to Baby and Child Dentistry, or ABCD, focuses on expanding access to dental services in Washington state by providing preventive and restorative dental care to Medicaid-eligible children from birth through age 5, with the emphasis on enrollment by age one. It is based on the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work.

With ABCD, communities across Washington draw on the expertise and resources of dentists, educators, public health and community agencies, Washington state's Medicaid (Apple Health) and WIC programs and philanthropic leaders to better inform parents and increase the number of dental offices prepared and willing to care for their children.

ORIGINS OF THE PROGRAM: THE PROBLEMS ABCD WAS INTENDED TO ADDRESS

In 1994, when the University of Washington collected data on the oral health of the state's children, it became clear there was a large number of children with unmet dental needs and a shortage of pediatric dentists to treat this population, especially low-income children. At that time, fewer than one in four of the state's Medicaid-insured children under age six were seeing a dentist during the year.

The situation was particular dour in Spokane. The Spokane District Dental Society, the UW School of Dentistry, Washington's Medicaid Program (now known as the Health Care Authority or HCA) and others convened to identify ways to tackle the problem. They started by identifying the barriers to care and then systematically deciding how to eliminate or reduce those obstacles. There was recognition that early treatment, by the children's first birthday, was necessary for prevention. The traditional timeline of a first dental visit by age 3 or 4 was too late – the cavity process was well underway by then. Establishing good oral habits early in life could mean better oral health for a lifetime. Their goals were to engage more dental offices in serving young low-income children and connect with families and motivate them to bring their young children for care. The barriers they identified and the program design they developed to address them included:

Barrier: The Medicaid reimbursement rates were too low for most general dentists to serve enrolled children.

Solution: Financial incentives for providers. To encourage participation, the state's Medicaid Program made the decision to increase ("enhance") reimbursement to ABCD-certified dentists for selected preventive and restorative procedures provided to eligible children, birth up to age six. The increased reimbursement ranged from 40 to 42 percent of "usual and customary rates" (UCR) to about 70 percent of UCR. These add-ons represented 9 to 60 percent increases in the Medicaid payment rates for ABCD-participating dentists. In 2014, ABCD certified providers received $6 million in enhanced reimbursement through a state/federal 50:50 match.

Barrier: Most general dentists had not received training in dental school on the best way to serve very young children and did not feel they had the skills required.
Solution: The University Of Washington School Of Dentistry developed and delivered in group settings training on serving young children. The School of Dentistry assumed the responsibility for delivery of the training, "certifying" dentists who completed the training and communicating to the state Medicaid Program their eligibility to receive the "enhanced" reimbursement fees.

Barrier: It was difficult for the state to entice dentists to participate in the Medicaid Program.
Solution: The local dental society encouraged participation and "champions" undertook "peer to peer" recruiting.

Barrier: The families are not aware that their young children need care and often wait until they have visible decay and/or are in pain. They also may not have had experience with accessing regular dental care.
Solution: Establish an ABCD Coordinator (usually at the local health department) whose responsibility is to work with all of the community-based organizations that have regular contact with low income families and can carry the message of early dental visits and refer them to the ABCD Coordinator for connection to a participating dentist. The ABCD program has been embedded in many local Head Start, Early Head Start, and Women, Infant and Children (WIC) Nutrition programs, which enroll and orient their clients, and at the same time, help achieve the agency's client oral health objectives. The Coordinator also talks through the flow of a visit and establishes norms for the visit.

Barrier: Families do not have the information they need to understand how to prevent cavities and establish good home care.
Solution: Many of the community-based organization are trained to provide this education and in some cases the ABCD Coordinator educates the family. ABCD Dentists are also paid for Family Oral Health Education, an add-on available only to ABCD dental providers. The cost of this add-on in 2014 was $2.8 million.

Barrier: Billing and other Medicaid administrative requirements are time consuming and difficult for dental offices.
Solution: The state provides billing and other assistance needed by providers and the ABCD Coordinator was charged with identifying the need for this assistance and

helping offices access this service. The Coordinator also keeps in contact with participating dentists in their county to troubleshoot any problem they are having and makes sure they know their efforts are appreciated.

Barrier: High no show rate.
Solution: In their program orientation, enrolled families are coached about the need for early and preventive dental care and dental office etiquette, including the need to keep appointments. The local programs work with ABCD families who have difficulty keeping dental appointments, assuring that obstacles to care, such as lack of transportation and language barriers, are addressed. The resulting no-show rate continues to be lower than in non-ABCD practices.

STATEWIDE ADOPTION. In 1995, the Access to Baby and Child Dentistry (ABCD) program described above was established in Spokane County as a collaborative effort between public and private sector partners. The School of Dentistry was engaged by the state to evaluate the program. The resulting published research established that the program was cost-effective, increased participation by dentists, and resulted in a higher percentage of young Medicaid insured children receiving early care. Using data and evidence of progress and celebrating progress was a factor in encouraging providers to participate, attracting support and funding and motivating local programs.

ABCD began spreading across the state in 1999, when the Washington Dental Service (WDS) Foundation identified the Spokane County ABCD Program as an innovative approach to combat early childhood dental decay. The Foundation offered three-year start-up grants and technical assistance to counties to launch a program.

To ensure sustainability after the start-up period, careful attention was paid to engaging all of the required resources (the health department, the local dental society, an initial cadre of participating dentists, a coalition that would guide and promote the program, and the backing of community leaders). Gaining support from local dentists and dental societies was key to beginning the local process. Recruiting general dentists to the ABCD Program began with the support and assistance of the *local dental society*, which sponsored an initial ABCD informational meeting between local dentists and ABCD state dental leadership and subsequently promoted the program to the membership.

Public and private health and human services leaders in the county or region would then team up with these dentists and WDS Foundation's state-level ABCD staff to plan for and troubleshoot the program rollout. Each county was encouraged to tailor the program to fit its needs, culture, and circumstances. As a result, not all local programs look exactly alike and may differ in the organizations designated to execute the program and the community-based organizations that participate. The Foundation worked with each county for several months and the county was "invited" to apply for a grant when all of the success factors were in place.

From 1999 to 2014, when the final grant was awarded, the WDS Foundation invested $3.18 million in local ABCD Program start-ups. These grants typically paid for case management and community outreach costs.

SUSTAINABILITY. Careful execution in each county is at least partially responsible for successful sustainability in all 39 counties, including King County the state's largest metropolitan area. Sustainability after the 3-year grant period has been possible thanks to:

- Local health departments' willingness to use a portion of their state grants from the Department of Health to fund their piece of the program (outreach to families, coordination). When the recession and the state budget reductions wiped out these grants, $800,000 was included in the Medicaid Programs budget for annual contracts with local program to fund this work. This funding and continued support for the program, despite budget pressures, was due to ongoing education of legislative leaders about the need for early intervention and the success of the ABCD Program.
- Ongoing promotion of the program with Legislators and other community leaders by the state level partners.
- Private donors and local fundraising, including dental society funding.
- Local United Way and local foundation funding.

OVER THE YEARS AS THE PROGRAM GREW it was necessary to make improvements/adjustments, including:

- Designation of a local pediatric dentist (or a general dentist in areas without a pediatric specialist) as the county's "ABCD dental champion." This Champion (a volunteer) has "affiliate facility status" at the School of Dentistry and is charged with recruiting, training and mentoring other dentists in coordination with the local ABCD Coordinator. This Champion is often the referral resource for complex cases that a general dentist would feel needed more expertise. Having this resource available is often a factor in whether a general dentist will participate. The School of Dentistry calibrates the Dental Champions in delivery of the ABCD Curriculum to providers across Washington and provides continuing education and support to the Champions, including an annual gathering of Champions.

- Recognizing that the program required the coordinated efforts of many state-level partners, a state leadership group was established and meets once a year to set strategic direction, assure program integrity, gauge program effectiveness, address sustainability issues and keep partners informed and engaged.

- Through a no-cost contract with the Health Care Authority designation of the WDS Foundation as the Managing Partner, providing ongoing technical assistance, as well as support to the 30 local programs and dental Champions and the state leadership group. The Managing Partner brings

together all ABCD county-based Coordinators to problem solve together and identify improvements to the program three times a year. The WDS Foundation also has a data sharing agreement for de-identified dental billing data with the Health Care Authority and provides ongoing assessment of progress toward the program's goals. The Foundation funds an ABCD Managing Director and the analytics as their annual contribution (approximately $200,000).

- In 2008, the WDS Foundation secured legislative approval for including primary care medical providers in the ABCD Program and reimbursing them at the enhanced rate for delivering oral health preventive services during well-child checks. Services delivered in the medical setting include screening, risk assessment, family education, fluoride varnish and referral to a dentist if needed. The engagement of these medical providers has been an important referral resource for the ABCD Program. The availability of dental care for low-income children provided by the ABCD Program was an important factor in recruiting primary care medical providers to provide oral health services. Without easy access to dental care few physicians would have been interested in participating. The link between the ABCD Program and the physicians is established through participation of the ABCD Coordinator in the physician trainings in their county. More than 45 percent of Washington's practicing pediatricians and family practice physicians have been trained and "certified" as of 2015 by Washington Dental Service Foundation.

ACTIVE PUBLIC/PRIVATE PARTNERSHIP

Dental Training

More than 2000 dentists have been certified in the ABCD Program's focus on early pediatric dental techniques and preventive services by the School of Dentistry's pediatric dentistry staff between 1999 and 2015. In the training, which provides continuing dental education credit, the dentist and his/her team learn and practice the knee-to-knee examination procedure as a better method than using a dental chair for examining very young children.

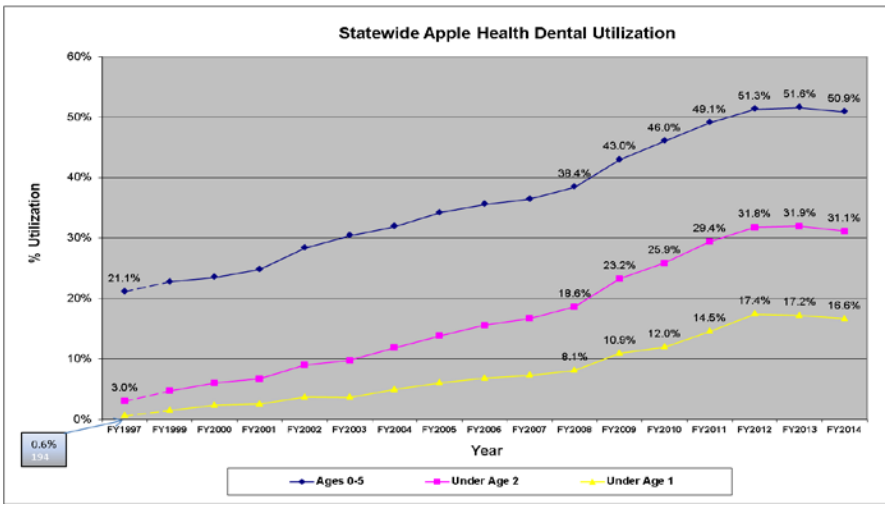
Beginning in 2016, ABCD dentists will be trained in the use of Interim Therapeutic Restorations (ITR), a modified technique in which a handpiece is used, caries removal is obtained in full or in part, retention is obtained, and a glass ionomer restoration is placed which can be expected to be retained for a year or even much longer. The procedure helps dentists avoid treatment under anesthesia and manage early childhood caries progression until the child is old enough to cooperate for routine care in the dental chair.

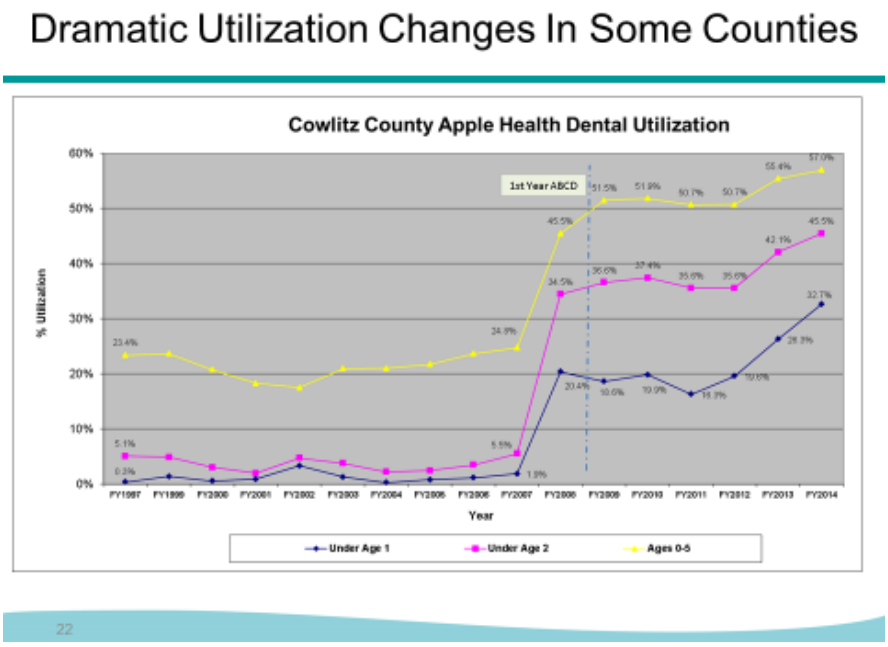
Dental front office staff receives training in communication and follow-up with the client families and the billing staff learns how to work with the Medicaid program. By scheduling patients appropriately and effectively using the auxiliary staff to deliver the oral health education, a productive and cost-effective program can be implemented. The training is also designed to overcome the common concern that billing Medicaid is difficult or cumbersome. Training also educates dentists and office staff in building relationships with Medicaid insured patients. Research shows that front-office staff in participating ABCD dental practices generally hold more positive attitudes about Medicaid-insured patients than do their counterparts in non-ABCD practices. Educating these gatekeepers about working with Medicaid clients is important to program success.

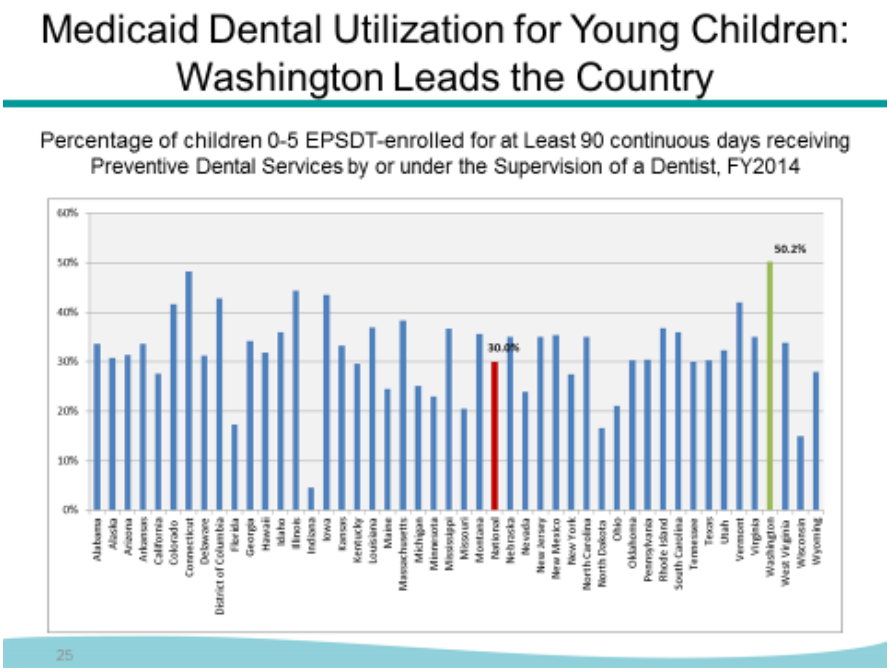
Flexibility is a hallmark of the program; each participating private practice accepts ABCD clients at a caseload level determined by the practice and at the same time, clients have freedom of choice in selecting a dental provider. Education and support encourages private practice dentists to increase their commitment to expanding dental access in the community. The emphasis on non-traumatic techniques and oral health education encourages families to seek and accept regular dental care.

"Working with families referred to us by ABCD has been unbelievably gratifying. We have been fortunate to treat wonderful children whose parents or caregivers truly appreciate and value our services."
Eve Rutherford, DDS, Snohomish County, Washington ABCD Dental Champion Emeritus

OUTCOMES TO DATE.







- Medicaid utilization rates for Washington children have increased substantially. ABCD has almost quadrupled the number of young Medicaid children in Washington who are receiving dental care -- from 40,000 to almost 165,000 – and utilization has increased from 21% to 50.9% in the last 16 years. This increase is attributable to the ABCD Program as well as efforts to bring attention to the benefits of early intervention through the Baby Teeth Matter Media Campaign, attention to the oral health of pregnant women through a variety of strategies, the work with Federally Qualified Health Centers to focus on young children, and the engagement of primary care medical providers in oral health.
- The program is also making progress in increasing the number of children who receive care before their 2nd birthday, the best time for early intervention and consistent with the best practice goal of seeing all children for preventive services by their 1st birthday. In 2013, more than 38,000 children under age 2 (31.8 percent of eligible children) received dental services. When the program was initiated in 1997, only 3 percent of eligible infants and toddlers received dental care.

Other outcomes:

- ABCD patients are more likely to seek care before oral health problems arise.
- Providers who have received ABCD training and participate in the program are more comfortable seeing young children and have a highly favorable view of the program.
- Peer-reviewed national publications have demonstrated that early prevention can substantially reduce future dental care costs and that ABCD is cost-effective method of improving oral health status of Medicaid-insured young children. Early intervention saves money for families, taxpayers and employers.
- The Smile Survey, the every five year assessment of children's oral health om Washington state, found that untreated decay was cut in half between 2005 and

2010, from 26% of low-income young children with untreated decay to 13%. Young children who are free of dental pain are more ready to learn.

Attachments:

- **Sample Procedures and Reimbursement Fees**
- **Research/Program Evaluation**
- **National and Local Recognition**
- **Similar Programs in Other States**

SAMPLE PROCEDURES AND FEES AS OF AUGUST 2015

Procedure	**Frequency Allowable**	**Non-ABCD Maximum Allowable 8/2015**	**ABCD Maximum Allowable 8/2015**
Comprehensive (initial) Oral Evaluation	One per client, per dentist, as needed	$33.64	$40.38
Periodic Oral evaluation (recall) (six months must elapse since initial comprehensive exam)	Billable up to two per client, per year, per provider. Only one allowable per visit.	$21.73	$29.46
Family oral health education	Billiable two x in a 12 month period *per child*, but only billable once per day *per family*	NOT COVERED (ABCD ONLY)	$27.58
Topical fluoride varnish application	Three x in a 12 month period, ages 0-5	$13.25	$23.41
Glass ionomer restoration	Only for primary teeth, ages 0-5	Paid as one-surface resin-based composite restoration	Paid as one-surface resin-based composite restoration
Amalgam – 1 surface, primary	1x per 2 years for same surface of same tooth or with written justification *(See Billing Instructions for more detail)*	$49.97	$63.61
Amalgam – 2 surfaces, primary	"	$61.97	$69.97
Amalgam – 3 surfaces, primary	"	$85.87	$69.96

RESEARCH AND PROGRAM EVALUATION

Finding:	**Source:**
Strong support from policy makers tribute to results and efficient public/private financing model: ABCD is "a proven strategy that can help policy makers prevent…(negative oral health) consequences and deliver a strong return on taxpayers' investment."	**PEW Issue Brief May 2010**
More children receive services in counties with ABCD	**Pediatrics July 2009**
ABCD increased access	**Health Affairs Spring 2008**
Children in an ABCD county had better oral health Cost of program/child substantially less than cost of	**Journal of America Dental Association**

one filling	**(JADA) September 2005**
ABCD increased access	**Public Health Reports 2000**
Evaluation of program described – success in increasing access	**Journal of Public Health August 2005**
ABCD increases dental participation, access to care and dental willingness to survey young children	**Journal of Public Health Dentistry Winter 2002**

NATIONAL AND STATE RECOGNITION

Pew Center on the States recognized the ABCD program as a "proven strategy that can help policy makers prevent these consequences and deliver a strong return on taxpayers' investment. (2010)
Children's Defense Fund recognized ABCD as an effective program to address children's health disparities in a Children's Defense Fund report. (2006)
The **W.K. Kellogg Foundation** named the ABCD program as one of three innovative oral health models nationally. The study examined community-based activities across the country intended to improve the oral health of vulnerable populations. (2005)
Oral Health America gave ABCD an "A" grade in its 2005 report titled "A for Effort". By receiving an "A" grade for ABCD, Washington is one of eight states earning top grades for improving oral health. (2005)
The **Association of State and Territorial Dental Directors** (ASTDD) selected ABCD as one of their "best state practices." Thirty-nine states submitted 116 descriptions of successful dental public health practices to the ASTDD Best Practices Project. (2004)
The **Washington Health Foundation** gave ABCD the "Heroes of Health Care" award for collaboration. (2003)
The **American Academy of Pediatric Dentistry** named ABCD a "best practice". The Academy, under a three-year HRSA grant, sought programs that use resources efficiently and are culturally competent, replicable, integrated and sustainable. (2001)

SIMILAR PROGRAMS IN OTHER STATES

State	Program	Tactics
California: Alameda County http://www.acphd.org/healthy-kids.aspx	Healthy Kids, Healthy Teeth Program (Medi-Cal)	• Increase access to dental care for children 0-5 • Reduce early childhood cavities • Reduce costs of dental care for these children • Provider training to increase the number of dentists comfortable and willing to treat young children.

		• Physician training in preventive procedures • Enrolled families receive a referral for their child to a participating dentist
Connecticut http://www.huskyhealth.com/hh/site/default.asp	Healthcare for Uninsured Kids and Youth (HUSKY) program	Medicaid Reimbursement rates increased
Georgia http://dph.georgia.gov/oral-health	Take 5 Campaign	• All Georgia dentists to register as Medicaid providers • Request that each take on five or more new Medicaid patients into each practice
Iowa http://www.ismiledentalhome.iowa.gov/	ABCD-like Program I-Smile™ Dental Home Initiative	• Work with dentists (private practice, FQHCS) to provide a dental home to low-income children (through age 21) • Improve the dental Medicaid program • Recruit, train and retain dentists in underserved areas • Care coordination for at-risk families • Incorporate dental clinics within rural hospitals Improve the dental support system for families
Montana http://www.brightsmilesmontana.com	Bright Smiles	• Establish dental home by age one • Increase # of children <5 receiving preventive services
South Carolina http://www.insurekidsnow.gov/state/SouthCarolina/	Medicaid Dental Program	• Raise dentist reimbursement rates • Develop outreach programs to increase participation • Ease administrative barriers • Reduce waiting period streamlining authorization process • Train General Dentists to treat children

South Dakota http://dss.sd.gov/medicaid/	Adaptation of ABCD Program	• Early intervention by age 1 • Reduce barriers to care for most vulnerable population • Promote positive dental experience • Parent education • Enhanced Medicaid reimbursement rates
Tennessee https://www.tn.gov/tenncare/topic/tenncare-kids-dental-services	TennCare Dental Program	• Increased dentist reimbursement rates • Outreach programs developed to increase participation • Administrative barriers eased
Virginia http://www.coverva.org/programs_smiles.cfm	Smiles for Children Est. 2006	• Enroll children with Medicaid and CHIP public health insurance • Reimbursement rates increased by 30% • Administrative processes streamlined