



WEST VIRGINIA ORAL HEALTH IMPROVEMENT ACT 2018 ANNUAL REPORT

December 2018

West Virginia Oral Health Improvement Act 2018 Annual Report

Introduction

The mission of the West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH), Oral Health Program (OHP) is to promote and improve the oral health of all West Virginians. Led by the State Dental Director Jason Roush, DDS, the OHP functions to: 1) provide the leadership and consultation necessary to enable oral health education and promotion; and 2) improve accessibility to and quality of oral healthcare for all West Virginians. The major components of the OHP include adult services, oral disease prevention and dental workforce. The OHP is currently staffed with seven positions, other than the State Dental Director, all positions are funded through federal grant awards.

The West Virginia Oral Health Improvement Act (§16-41-1) has facilitated a tremendous amount of growth over the last seven years. Through state funding and receipt of five federal grant awards, the OHP is achieving success and recognition both statewide and nationally. One of the strengths of the OHP is its focus on continuous quality improvement. For example, the collaborative efforts of medical and dental providers enable fluoride varnish services in non-dental settings to thrive and thus promote optimal oral health of the infant/early childhood population in West Virginia. Efforts have been well supported by collaborating with multiple partners who share the same goal of improving oral health throughout the state. Other efforts included policy changes within both WV Medicaid and the WV Children's Health Insurance Program (WVCHIP).

Summary of Accomplishments in FY2018

- Dr. Jason Roush was selected as president for the Association of State and Territorial Dental Directors (ASTDD).
- West Virginia University (WVU) School of Dentistry began offering Certified Tobacco Treatment Specialist (CTTS) Training Program courses.
- In collaboration with the West Virginia Department of Education (WVDE), OHP recommended dental examinations for public school children as part of a comprehensive approach to student well-being.
- More than 1,400 clients were referred to the Pre-Employment Project, and more than 900 clients received both vision and dental services. Out of 918 applications received, a total of 816 clients were approved to receive dentures and/or partials through the Donated Denture Project.
- Expanded and enhanced school-based dental services, now available in over 40 counties.
- Eleven grants were awarded through the OHP's Health Resources and Services Administration (HRSA) grant to enhance and expand access to preventive services in dental health professional shortage areas to support rural dental workforce throughout the state.
- In collaboration with the Mountains of Hope Cancer Coalition, facilitated two continuing education courses to oral health providers to increase awareness of oral cancer.

- OHP staff received awards from the West Virginia Immunization Network for ongoing efforts to improve vaccination rates of West Virginians.
- WV Medicaid and WV CHIP began reimbursing for Silver Diamine Fluoride (SDF), a medicament used to arrest dental caries.
- The OHP was awarded a five-year grant from the Center for Disease Control and Prevention (CDC) totaling \$1,850,000.
- OHP staff members partnered with the National Maternal Child Health Workforce Development Center to present in Phoenix, Arizona, regarding medical/dental collaborative efforts to include fluoride varnish in non-dental settings throughout West Virginia.



Monongalia County Health Department received funding from the West Virginia Oral Health Program HRSA Workforce grant to expand services in dental shortage areas. Pictured above left to right: Dr. Dan Carrier, DDS; Samuel Chico III, Chair of Monongalia County Board of Health; Dr. Jason Roush, DDS, WV State Dental Director; Dr. Lee Smith, Executive Director of Monongalia County Health Department and County Health Officer participated in the floss cutting ceremony.

**Number of employees, both full and part time, who devote time to the
West Virginia Oral Health Program**

State-funded employees	
Title/position	Full-time employee (FTE)
State Dental Director	.75
Oral Health Coordinator, Marshall County, WV	0.125
Community Oral Health Team Lead, Marshall University	0.18
Data Manager, Marshall University	0.08
Total (N=4)	1.135 FTE

Federally-funded employees	
Title/position	Full-time employee (FTE)
State Dental Director	.25
Program Manager	1.0
Adult Services Supervisor	1.0
Adult Services Specialist	1.0
Adult Services Assistant	1.0
Prevention Coordinator	1.0
Outreach Worker	1.0
Workforce Coordinator	1.0
Dentist	0.5
Administrative Services Assistant	0.5
Total (N=11)	8.25 FTE

Estimated number of citizens served by the West Virginia Oral Health Program annually

Project	Estimated # of citizens served (FY2018)	
Fluoride Mouth Rinse Project Target population: Students in grades K – 6	0 ¹	
Fluoride Varnish Project² Target population: Children ages 0 – 6	Dental Providers (D1206)	1,850
	Medical Providers (99188)	480
Fluoride Water Testing Target population: Children ages 0 – 12	90	
School-based Oral Health Services Target population: Students in grades K – 12	6,641	
Donated Dental Project Target population: Low-income adults 65+ or ≤ 64 and receiving SSI	816	
Pre-Employment Project Target population: TANF-eligible adults re-entering the workforce	1,450	
General Oral Health Education Target population: WV Citizens (children and adults)	4,500	
Estimated total served	15,827	

¹ Source: 2017/18 Oral Health Program Access Database: "Classroom Fluoride Treatment" Report. The decrease in student participation is due to inability to purchase supplies in FY2018 (no vendors provided quotations to multiple requests for quotations).

² Source: DHHR, Bureau for Medical Services Data Report for FY2018 (July 1, 2017 – June 30, 2018).

Any fees or revenue generated by the program or commission

Since 2012, the West Virginia Oral Health Program has been awarded federal grants totaling \$7,128,000.

Whether any of these programs or commissions are required by federal law

Oral health and dental services are required within the compliment of services required by the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit [Section 1905(r) of the Social Security Act]. The West Virginia Oral Health Program works in collaboration with and supports the WV HealthCheck Program (state EPSDT Program) within DHHR's Office of Maternal, Child and Family Health.

Whether any of the services offered by these programs and commissions are duplicated in state government or offered by private entities or associations

To the best of the Program's knowledge, no services offered by the West Virginia Oral Health Program are duplicated in state government or offered by private entities or associations without support of the state program.

Whether these services could be privatized

At this time, the Program does not believe these services could be privatized:

- Federally-awarded funding requires application from and oversight by a state dental director in conjunction with a state oral health program within the state health department.
- Without the Oral Health Program and state dental director, West Virginia would forfeit the opportunity for grant-funded initiatives dealing with oral health from the Centers for Disease Control and Prevention (CDC) and/or the Health Resources and Services Administration (HRSA).

Accomplishments of the West Virginia Oral Health Program (2010-Present)

Through adoption of the West Virginia Oral Health Improvement Act (§16-41-1), the West Virginia Oral Health Program has accomplished the following:

- Hired first full-time state dental director (Jason Roush, DDS – 2010 to present).
- Developed the first ever state oral health plan (2010-2015).
- Received funding from the DentaQuest Foundation to support hiring of an oral health epidemiologist and develop oral health surveillance (2011).
- Developed a regional model for oral health coordination (2011), which supports education, training and the following nationally-recognized oral health surveillance system in accordance with the basic screening survey (BSS) from the Association of State and Territorial Dental Directors (ASTDD):
 - Perinatal (nationally, West Virginia was the first state to ever complete BSS for this population – 2014);
 - Pre-K;
 - 3rd Grade;
 - Adult;
 - Older adult/senior; and
 - Dental workforce (dentist and dental hygienists).
- Partnered with West Virginia Oral Health Coalition and other strategic partners to develop language and support adoption of expanded scope of practice for dental hygienists with public health permits (2011).

- Developed the first ever state burden document for oral health (2014).
- Developed a second oral health state plan (2016-2020).
- Jason Roush, DDS selected as President-elect (2018-2019) of American Association of State and Territorial Dental Directors (ASTDD).
- Established the first Certified Tobacco Treatment Specialist (CTTS) Training Program in West Virginia in collaboration with the West Virginia University (WVU) School of Dentistry and Office of Interprofessional Education. This accreditation from the Council for Tobacco Treatment Training Programs (CTTTP; Madison, WI) makes the WVU School of Dentistry one of only 18 education and health institutions, only two of which are schools of dentistry, that can implement this program. This application exemplifies a true partnership to enhance medical and dental collaboration in current and future healthcare professionals and emphasizes joint efforts to address chronic disease and risk factors.

Through work with the 2012-2015 and 2015-2018 HRSA Dental Workforce grants:

- Retained 18 graduates to provide service in dental health professional shortage areas (dHPSAs). These 18 dental professionals now provide service to up to 90,000 citizens (based on dHPSA ratio of 1 dentist:5000 patients), greatly improving access to dental care in rural areas of the state. In 2011, only 12.5% of WVU School of Dentistry graduates chose to practice in the state. Graduate retention rates since 2012 have averaged between 45-50%.
- Partnered with the West Virginia Higher Education Policy Commission to create sustainability through loan reimbursement to new dental school graduates. To date, five additional dental professionals are working in West Virginia as a result of this loan reimbursement, providing service to a potential 25,000 additional citizens.
- Partnered with the Center for Rural Health Development to fund 30 projects to expand dental services in rural areas of West Virginia where there is a shortage of dental providers.

SUCCESS STORY

“The HRSA grant funding provided through the DHHR’s Oral Health Program has allowed us to set up a new operatory by modifying an unused room in our building. The new operatory is handicap accessible. We expanded the doorways to allow easier access for wheelchairs and stretchers. The room is spacious, allowing for movement of the wheelchairs and stretchers as well as the caretakers that bring the patients to the appointments. In addition to the new operatory, our office could purchase a new digital panoramic x-ray machine, upgrading from our old film system. The new machine provides a clearer image, allowing for better diagnosis. This also allows us to print or email x-rays as needed for referrals and insurance purposes. The new panoramic x-ray machine is also installed in a more convenient area in our office allowing easier access for all patients.”

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Through work with the 2013-2018 CDC Oral Disease Prevention grant:

- As part of a comprehensive approach to overall student health, partnered with the West Virginia Board of Education to create and support Policy 2423, which recommends and documents dental examinations for students at school entry and grades 2, 7 and 12.
- Partnered with the WVDE and the WVSIS to develop an oral health service module to create a centralized reporting location for Policy 2423 dental examination data.
- Partnered with WVDE and Marshall University to develop an oral health curriculum (Pre-K – 12th grade) that aligns with WVDE educational content standards and objectives (CSOs) for use by classroom instructors.
- Supported efforts in 24 counties to provide school-based dental services to children ages 6-9, including evidence-based dental sealants.

SUCCESS STORY

“Sponsored by the Mid-Ohio Valley Health Department (MOVHD), Wood County Oral Disease Prevention Program is one of the many West Virginia projects to receive support from numerous federal, state and local agencies, and individuals with a focus on children’s oral health.

During the 2017—18 school year, MOVHD offered oral health services in 25 schools and one head start program in Wood County. With parental consent, students without a dental home, or those who had not seen a dentist in the past 12 months, received preventive oral health services including cleaning, fluoride treatments and sealants.

One-on-one oral hygiene instruction and oral health supplies were provided to each of the program participants.”

Mid-Ohio Valley Health Department

Through work with the 2013-2017 HRSA Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Project grant:

- Completed the first ever perinatal BSS in the nation.
- Supported the West Virginia Oral Health Coalition, which established as a 501(c)3 in January 2016.
- Educated managed care organizations (MCOs) about the importance of perinatal oral health services to encourage development of benefits or incentives (value adds). Since June 2015, three MCOs (Coventry, The Health Plan, West Virginia Family Health Plan) have added incentives for pregnant women to receive dental checkups and cleanings during pregnancy.
- Worked within the Office of Maternal, Child and Family Health’s home visitation programs to train staff and include oral health education in offerings to families, as well as working with Division of Perinatal and Women’s Health to improve quality of completion and collection of the Pregnancy Risk Screening Instrument (PRSI) with prenatal care providers.
- Worked toward completion of a perinatal and infant oral health strategic plan with Medicaid and the State’s MCOs to address education and service needs of high-risk populations.

Existing Barriers and Recommendations Addressing Removal of Barriers

Despite the growth, reach and impact of the OHP and its current projects, the program still faces ongoing barriers to recommended preventive oral healthcare and much-needed restorative dental services. These barriers can be summarized within three major areas: integration, children's services and adult services.

Integration

Existing barriers

- Limited success at increasing oral health expertise among state partners.

Recommendations

- Integrate oral health into all programs within the DHHR and BPH pursuant to the provisions in §16-41-3 for administration by the Commissioner of the Bureau for Public Health and State Dental Director.

Access – Children's Services

Existing barriers

- More than 80% of West Virginia children have some form of dental insurance, but utilization rates for high-risk populations (Medicaid-eligible) are below 50%.
 - Both medical and dental healthcare providers are not regularly promoting the recommended age 1 dental visit.
 - Fluoride varnish services are not reimbursed consistently among insurers when provided by pediatric healthcare providers.
 - Despite ongoing efforts to the contrary, dental providers are reluctant to establish a dental home and/or provide service to children under the age of 3.

Recommendations

- Enhance education for both medical and dental healthcare providers to establish dental homes, provide bi-directional referrals and provide oral health services for children ages 0 to 3.
- Create a standard operating procedure for reimbursement of fluoride varnish services among insurers.

Access – Adult Services

Existing barriers

- There is a lack of coverage for preventive and restorative oral health services for adults.
 - Adults do not prioritize oral health for their children when not prioritized for themselves, despite coverage for children's oral health services.

Recommendation

- In collaboration with DHHR's Bureau for Medical Services and Medicaid MCOs, create an adult preventive and restorative oral health service pilot project consistent with oral disease prevention priorities.