



If you are unable to attend one of the CHARTING THE COURSE: Developing the Roadmap to Advance Oral Health in New Hampshire meetings but would like to inform the Coalition of activities and services provided by your organization that align with strategies and objectives identified in the **2015 New Hampshire Oral Health Plan**, you may identify these activities on page 9 & 10 of this document and send the form to the Coalition by mail or email to [info@nhoralhealth.org](mailto:info@nhoralhealth.org).

## Priority Area: 1 Access to Oral Health Care

### NH Oral Health Plan

#### **Objective 1.1: Increase the number of Medicaid enrolled patients receiving a dental service by 5% by 2020**

- 1.1.1 "Facilitate education and communication between Medicaid and providers to reduce administrative burdens, including integrating oral health into the current Medicaid Advisory Committee, Office of Medicaid Business and Policy"
- 1.1.2 Expand and enhance care coordination and navigation models for oral health services.
- 1.1.3 "Develop interdisciplinary training to educate providers, re: the Medicaid program, process, and reimbursement."
- 1.1.4 "Through a baseline survey and national research, explore methods for increasing Medicaid dental provider services in underserved areas and populations."
- 1.1.5 "Assist those covered by publicly or privately funded oral health insurance to understand their benefits and to use them."

#### **Objective 1.2: Identify areas of highest need to facilitate targeted dental Medicaid provider recruitment.**

- 1.2.1 "Increase providers in specific areas of need (e.g., population and/or geography) to achieve an overall increase in number of active providers."
- 1.2.2 "Advocate and promote increased state and national loan repayment for dentists and hygienists who agree to work in underserved areas"

#### **DentaQuest 2020 Goals**

1. Eradicate dental disease in children
2. Incorporate oral health into the primary education system
3. Include an adult dental benefit in publicly funded health coverage
4. Build a comprehensive national oral health measurement system
5. Integrate oral health into person-centered healthcare
6. Improve the public perception of the value of oral health to overall health

#### **The NH Communication Plan**

*Identified funding, transportation and reimbursement as barriers to access to oral health care. Year 1*

- Establishing roles and responsibilities for statewide oral health communications activities and leadership.

- 1.2.3 "Advocate and promote policy changes/legislation that improve access to care for low-income populations."

***Objective 1.3: Increase the percent of adults living in Coos, Carroll, Sullivan and Cheshire Counties who have visited the dentist or dental clinic within the past year to at least 70%.***

- 1.3.1 "Enhance existing dental provider infrastructure to encourage participation (e.g., increased reimbursements, enhanced reimbursement strategy for dental professionals who serve underserved populations, enhanced loan repayment programs)."
- 1.3.2 "Strengthen partnerships with oral health professional training programs and educational institutions to increase practice opportunities in dental health professional shortage areas."
- 1.3.3 "Pursue the use of dental externs and residents by establishing training programs at safety net facilities."
- 1.3.4 Increase the number of dental safety net facilities.
- 1.3.5 Educate providers on Culturally and Linguistically Appropriate Services (CLAS) Standards.
- 1.3.6 Promote oral health programs at all FQHCs in the state.
- 1.3.7 "Explore opportunities to integrate oral health exams into existing health screens (i.e., for entering school, camp, day care, sports, etc.)."
- 1.3.8 "Explore opportunities for increased use of teledentistry, mobile and portable programs, and other approaches to providing access to hard-to-reach populations"
- 1.3.9 "Explore and promote community-based collaborations among public, nonprofit, and private entities to address oral health access needs."

***Objective 1.4: Increase the number of schools served by a school-based oral health program by 10 by 2020. (2.1 DentaQuest 2020)***

- 1.4.1 "Increase the number of school-based programs delivering education, hygiene, sealants, fluoride varnish, and referral."
- 1.4.2 Develop education materials and parental permission slips in plain and appropriate language.
- 1.4.3 Explore the possibility of including basic restorative services in school-based programs.
- 1.4.4 Identify and use innovative service delivery models, including (i.e., teledentistry and mobile clinics)
- 1.4.5 Incorporate school nurses into the planning and implementation of school-based services.
- 1.4.6 Identify new sources of funding for augmented and sustainable school-based services.

- Developing educational material regarding Medicaid coverage for providers to reduce administrative burdens to increase the number of Medicaid clients receiving care.
- Working with partners to develop an oral health message campaign including a social marketing campaign, focused on legislators and decision makers.

**Year 2**

- Developing marketing plans for target audience –Recommendation: legislators, decision makers, and Medicaid and government officials.
- Evaluation of oral health message campaign focused on legislators and decision makers.

**Ongoing**

- Develop and present at least five oral health presentations on Oral Health Models at state, regional and national conferences that align with the Oral Health Plan's mission and purpose.
- Promoting the benefit of oral health programs to clients of Community Health Centers. (OHP 1.3.6)
- Researching the cost drivers for Medicaid (in NH and/or nationally) related to oral health.

**Objective 1.5: Increase the use and number of allied oral health professionals where there is need by 2020.**

- 1.5.1 "Support further implementation of EFDA (Expanded Function Dental Assistant) and CPHDH (Certified Public Health Dental Hygienist), including training program for EFDA, establishing reimbursement mechanisms, and targeting deployment to underserved areas."
- 1.5.2 Ensure that all allied oral health professionals are practicing to the top of their license.
- 1.5.3 Explore additional allied oral health professionals in adherence with CODA standards.
- 1.5.4 "Develop curricula for medical, dental, and dental hygiene students that address current access to care issues and teaches them about dental public health and programs that help serve underserved populations."
- 1.5.5 Initiate pilot programs utilizing CPHDHs further into underserved areas.
- 1.5.6 Assess the efficiency, effectiveness, and impact of CPHDH and the EFDA.
- 1.5.7 "Expand the number of WIC programs that incorporate oral health preventive and restorative services."

**Objective 1.6: Develop and implement an advocacy strategy for the legislature to expand the Medicaid dental benefit to include adult preventative and restorative services. (3.1 & 3.2 DentaQuest 2020)**

- 1.6.1 "Articulate and disseminate potential cost-savings and other benefits of adult access to oral health services (e.g., medical cost savings, ER use, relationship of oral health to overall health, quality of life, productivity)."
- 1.6.2 "Review other states' benefit designs to develop and advocate for a model benefit design for New Hampshire."
- 1.6.3 Collaborate with multiple stakeholders to advance the strategy.

## **Priority Area: 2**

### **Oral Health Care Prevention & Timely Intervention**

#### **including Community Water Fluoridation**

#### **NH Oral Health Plan**

**Objective 2.1: Establish a baseline to understand the current oral health infrastructure in terms of the number of NH programs providing evidence-based and promising practices services that prevent and control dental disease.**

- 2.1.1 "Conduct a Baseline Survey, through the NH Oral Health Coalition, to establish a baseline of oral health services provided in non-traditional, community-based settings that will be updated regularly."
- 2.1.2 "Utilize the Baseline Survey data to identify efficient and effective programs that address oral health services, workforce, funding, reimbursement, and partnerships."

#### **The NH Communication Plan**

*Identified funding, lack of awareness (education), workforce, and reimbursement as barriers to Oral Health Care Prevention & Timely Intervention.*

##### **Year 1**

- Raise awareness around the importance of HPV vaccinations and oral cancer.

##### **Year 2**

- Work with partners to develop an oral health marketing plan targeted at parents of

- 2.1.3 "Identify model programs for replication of best practices associated with oral health service delivery, workforce, funding, reimbursement, and partnerships."
- 2.1.4 Identify evidence-based interventions and promising practices that prevent and control dental disease across all age groups.
- 2.1.5 Integrate oral health into existing public health infrastructure.
- 2.1.6 Increase the number of Community Dental Centers linked to a school-based dental program.
- 2.1.7 "Increase the number of oral health indicators collected, analyzed, and disseminated as part of NH oral health surveillance system modeled after CSTE framework (Council of State and Territorial Epidemiologists) from eight to 12." (DQ 4.1 - A national and state-based oral health measurement system is in place)
- 2.1.8 "Collaborate with oral health partners to identify and evaluate evolving workforce models with a focus on clinical service delivery, management practices and their ability to address the oral health needs of NH residents."

**Objective 2.2: Increase the number medical practices providing fluoride varnish applications.**

- 2.2.1 "Ensure integration of risk assessment, anticipatory guidance, fluoride varnish application, and dental referral into medically based EPSDT services by supporting and facilitating the implementation of training, reimbursement, and provider/consumer acceptance of services"
- 2.2.2 "Identify and disseminate information on the availability of provider training programs such as Smiles for Life, Bright Futures, CAMBRA (Caries Management by Risk Assessment), and other applicable programs."
- 2.2.3 "Engage the NH Department of Education and local education leaders in the implementation and maintenance of efficient and effective school-based and school-linked services."
- 2.2.4 "Use the Baseline Survey to identify and address the most significant gaps in fluoride varnish application in the medical setting."

**Objective 2.3: Increase the percentage of NH children living in Merrimack, Hillsborough, and Coos Counties who receive dental sealants to at least 60% by 2020.**

- 2.3.1 "Increase public and provider awareness of the effectiveness and availability of sealants to prevent and abate dental caries."
- 2.3.2 "Analyze the current community and office delivery system of sealants, identifying what currently works well (e.g., linking children with a dental home, application of sealants in dental offices) and where gaps exist."
- 2.3.3 Advocate for universal school-based sealant program.

children in the first tooth to five years range have dental coverage to maximize their prevention benefits, including testing the "Healthy Teeth/Happy Babies Campaign."

**Ongoing:**

- Work with dentists, oral health providers and the NH Tobacco Prevention and Control Program (TPCP) to develop oral health training around 2 As and R (Ask, Assist and Refer).
- Develop and present at least five oral health presentations on Oral Health Models at state, regional and national conferences that align with the Oral Health Plan's mission and purpose.
- Promoting the benefit of oral health programs to clients of Community Health Centers.
- Researching the cost drivers for Medicaid (in NH and/or nationally) related to oral health.

***Objective 2.4: Expand dental provider types allowed to bill Medicaid and private insurers for services; and covered services by Medicaid by 2020.***

- 2.4.1 "Advocate to the NH Department of Health and Human Services Medicaid Oral Health Program staff and private insurers for a fee schedule for promising practice and evidence-based benefits and interventions for high-risk populations (including services currently provided but lacking a reimbursement schedule or payment mechanism)"
- 2.4.2 "Advocate for the provision and related payment for bundled preventive services that include oral health screening and education, care coordination, sealants, fluoride varnish, ITRs and referrals for high-risk populations."
- 2.4.3 "Explore and develop alternate provider/practice models for delivery of efficient and effective services where providers work to full scope practice, with emphasis on vulnerable populations."
- 2.4.4 "Monitor new value-based payment models that relate to improved health outcomes not procedure and provider type, (e.g., Pay for Performance)."
- 2.4.5 "Educate providers, program managers, and oral health business owners and managers on accurate, allowable use of Medicaid billing, coding, and processes."

***Objective 2.5: Increase the percent of NH residents served by a fluoridated public water system by at least 15% by 2020.***

- 2.5.1 Promote awareness of the benefits of community water fluoridation to optimal levels.
- 2.5.2 Advocate for the adoption of community water fluoridation.
- 2.5.3 "Ensure adequate infrastructure within the New Hampshire Department of Health and Human Services to support community water fluoridation and well water testing."
- 2.5.4 "Identify key leaders, personnel, and resources that will be actively engaged in the fluoridation program."
- 2.5.5 "Continue statewide fluoride monitoring and surveillance to track fluoride concentration in each of the fluoridated public water systems and support the Centers for Disease Control and Prevention's national fluoridation database."

***Objective 2.6: Develop and communicate a protocol around fluoride supplementation for oral health and primary health care providers by 2020.***

- 2.6.1 "Assess knowledge and awareness of fluoride supplementation prescription practices among oral health and primary care providers."
- 2.6.2 "Develop a process for communication between and among oral health and primary care providers regarding fluoride supplementation."

***Objective 2.7: Support activities to increase early detection and promote prevention of oral and pharyngeal cancer in NH by 2020.***

- 2.7.1 "Ensure that tobacco control, substance abuse prevention, and comprehensive cancer programs address oral and pharyngeal cancer"
- 2.7.2 "Educate and work with oral health and primary care providers to increase knowledge and to integrate programs for the identification and prevention of disease."
- 2.7.3 "Promote routine screening for oral and pharyngeal cancer by oral health and primary care providers."
- 2.7.4 "Promote tobacco and alcohol prevention and education programs via coordination among oral and primary care health providers; school nurses and health educators; and tobacco and alcohol prevention programs."

- 2.7.5 "Maintain continuing education on tobacco and alcohol prevention for oral health and primary care providers so that they can provide patients with the necessary information to help break their addiction."
- 2.8.1 Promote the use of facemasks and mouth guards in all school and extracurricular sports programs.
- 2.8.2 "Educate coaches, parents, students, and extracurricular sports staff on the importance of oral and facial injury prevention."
- 2.9.1 "Convene and facilitate an interdisciplinary team of health and communication stakeholders to create, implement, and evaluate a communication plan that utilizes an evidence-based communications framework."

**Objective 2.8: Reduce the incidence of oral and facial injuries by 2020.**

- 2.8.1: Promote the use of facemasks and mouth guards in all school and extracurricular sports programs.
- 2.8.2: Educate coaches, parents, students, and extracurricular sports staff on the importance of oral and facial injury prevention.

**Objective 2.9: Develop and implement an oral health communication plan that addresses prevention and control of dental disease by 2020.**

- 2.9.1: Convene and facilitate an interdisciplinary team of health and communication stakeholders to create, implement, and evaluate a communication plan that utilizes an evidence-based communications framework.

## Priority Area: 3

### Integration of Oral Health with Health Care

#### NH Oral Health Plan

**Objective 3.1: Establish a baseline to integrate fluoride varnish, risk-assessment, anticipatory guidance, and referrals into 10 primary care practice well-child visits by 2020.**

- 3.1.1 Explore models for how to implement integration in the most cost effective way
- 3.1.2 "Implement training on oral health screenings, anticipatory guidance, dental home referrals, and fluoride delivery."
- 3.1.3 Implement pay-for-performance program in WIC settings by bundling in Medicaid.
- 3.1.4 Identify oral health metrics in place and identify gaps in data in FQHCs and hospitals.
- 3.1.5 "Create or use existing health education tools at appropriate literacy and cultural competency as well as follow-up for patients (e.g., [www.philipsoralhealthcare.com/en\\_us/care](http://www.philipsoralhealthcare.com/en_us/care))"

#### The NH Communication Plan

*Identified funding, lack of awareness (education), and lack of communication between dental & medical providers as barriers to Oral Health Care Prevention & Timely Intervention.*

#### Year 2

- Research and understand how to promote integrated medical health into a dental practice.
- Research and understand how to promote integrated oral health into a medical home and integrate preventative medicine in dental practices to create a shared investment in whole health for the patient.

**Objective 3.2: Create a model for an oral health and medical information sharing system by 2020.**

- 3.2.1 "Identify best practices for referral tracking systems (medical-dental, both ways) that are being currently used locally or nationally"
- 3.2.2 Select a community to pilot referral tracking system.

**Objective 3.3: Decrease ER utilization by 20% for non-traumatic dental services by 2020 and develop models for referral protocol for emergency rooms by 2018.**

- 3.3.1 "Establish baseline data on the number of hospital emergency departments that treat/refer for definitive oral health services."
- 3.3.2 "Explore emergency room diversion programs by working with community partners (see ADA prototypes)."
- 3.3.3 Quantify the financial impact of emergency room use for non-traumatic oral health issues.
- 3.3.4 "Encourage NH hospitals and NH community health centers to play a major role in supporting the oral health safety net."
- 3.3.5 "Assess the efficiency, effectiveness, and impact of the NH Certified Public Health Dental Hygienist (CPHDH) and the Expanded Function Dental Auxiliary (EFDA)."
- 3.3.6 "Advocate for comprehensive adult dental benefits through NH Medicaid and increased reimbursement for all Medicaid covered procedures, including in the ED."
- 3.3.7 Advocate for Medicare coverage of oral health and dental services, including in EDs.
- 3.3.8 Identify in-state and national models for addressing oral health in the emergency hospital setting
- 3.3.9 Promote and integrate hospital decision-makers into the oral health stakeholder network.

**Objective 3.4: Increase the number of individuals from identified high risk populations who are receiving services at FQHCs, which provide integrated dental care either directly or through paid referral by 2020. Populations include, but are not limited to, people with disabilities, homeless, those with HIV, elderly, veterans, and mentally ill.**

- 3.4.1 "Increase the utilization of hygienists in community-based settings that serve a range of vulnerable populations."
- 3.4.2 "Educate and engage primary care providers treating patients in a range of settings that serve vulnerable populations to increase the availability of preventive and comprehensive oral health services."
- 3.4.3 "Educate and engage primary care providers treating patients in a range of settings that serve vulnerable populations to increase the availability of preventive and comprehensive oral health services."
- 3.4.4 "Examine oral health status data on select vulnerable populations to determine gaps in oral health and primary care health settings."

**The NH Communication Plan**

**Ongoing:**

- Work with dentists, oral health providers and the NH Tobacco Prevention and Control Program (TPCP) to develop oral health training around 2 As and R (Ask, Assist and Refer).
- Develop and present at least five oral health presentations on Oral Health Models at state, regional and national conferences that align with the Oral Health Plan's mission and purpose.
- Promoting the benefit of oral health programs to clients of Community Health Centers.
- Researching the cost drivers for Medicaid (in NH and/or nationally) related to oral health.



3.4.5 "Advocate for funding for programs, agencies, and organizations that provide, and could provide, oral health services to high-risk, underserved, and vulnerable populations."

3.4.6 "Identify and support local, regional, and statewide work force solutions that will address vulnerable population oral health needs."

***Objective 3.5: Provide at least 20 training programs to a minimum of 100 health professionals in all NH health settings who receive training via an evidence-based oral health curriculum by 2020.***

3.5.1 "Identify and implement evidence-based oral health curriculum in education and healthcare settings (i.e., Smiles for Life) both in-person and on-line."

3.5.2 Explore and offer incentives for providers to take advantage of the training (e.g., CEU's).

***Objective 3.6: Encourage the integration of oral health care modules into current and future health profession educational curricula in New Hampshire by 2020.***

3.6.1 Assess current modules for oral health integration.

3.6.2 Develop and distribute educational materials to institutions.





## Oral Health Strategic Leaders & Early Adopters

Review the objectives 1.1 through 3.6 printed in blue italics. List any of your programs, projects or services current or planned that meet the objective. For instance, if your organization utilizes care coordinators that assist clients in enrolling in Medicaid; you would list Objective 1.1 with a brief description of your service.

### Participant

### Organization

Priority #		Current Projects or Services Provided
EXAMPLE: Objective 1.1		Care Coordinator assists patients eligible for Medicaid to complete the application.

