

**A Medicaid Quality
Collaborative to Improve
Oral Health in Young Kids**

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New Jersey Smiles: An Overview

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Introducing CHCS

CHCS Mission

To improve health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

- **Our Priorities**

- ▶ Improving Quality and Reducing Racial and Ethnic Disparities
- ▶ Integrating Care for People with Complex and Special Needs
- ▶ Building Medicaid Leadership and Capacity



Introducing CHCS

CHCS Mission

- **Our Strategy**

- ▶ CHCS Quality Framework uses data to drive health quality improvements
- ▶ Data driven - consistent and periodic measurement
 - Needs assessment
 - Defined improvement goals
 - Improvement process measures, and
 - Evaluation of outcomes or impact measures
- ▶ Multi-stakeholder approach



Workshop Overview

- **Childhood Caries: A Chronic Disease**
- **Overview of the Center for Health Care Strategies (CHCS) and the Quality Improvement Collaborative**
- **Improvement Goals and Change Package**
- **Pilot Outcomes**
- **Describing the Initiative**
- **Setting Oral Health Priorities in Your State**
- **Q & A**



Childhood Caries – A Chronic Disease

High Rates of Tooth Decay in Young Children

- **Avoidable with regular preventive dental visits:**
 - ▶ Very low rates of oral health service
 - Preventive services, small cost – big return on investment
 - ▶ High rates of untreated early childhood dental caries
 - One in five children in the US go without dental care each year
 - Only one in four children on Medicaid receive an annual dental visit
 - Poor dental health has consequences
 - Early growth and development
 - School readiness and performance
 - Overall health



Childhood Caries – A Chronic Disease

High Rates of Tooth Decay in Young Children

- **Limited Access:**
 - ▶ Distressed communities have highest rates of untreated disease and less access to providers;
 - ▶ Unmet needs drive expensive care (ER visits, operating procedures, inpatient stays); and
 - ▶ Social consequences of poverty impede access.



Childhood Caries: A Chronic Disease

High Rates of Tooth Decay in Young Children

- **Obstacles to Oral Health Care:**
 - ▶ Supply and uneven distribution of dentists;
 - ▶ Under-financing / low reimbursement rates;
 - ▶ Lack of coordination among general health care (medical) providers and oral health (dental) providers; and
 - ▶ Lack of consumer awareness regarding the importance of oral health.



CHCS Quality Improvement Strategies

- **NJ Smiles Multi-Stakeholder Collaboration**
 - ▶ NJ FamilyCare health plans/dental benefit managers
 - ▶ State Medicaid agency
 - ▶ Dental and medical providers
 - ▶ Dental school/Head Start/community leaders
- **Blend of QI Activities and Systems Changes**
 - ▶ Provider interventions include both dentists and PCPs;
 - ▶ HMO partnership with Early Head Start/Head Start (EHS/HS);
 - Ensure “dental homes”
 - ▶ Reimbursement from all HMOs for limited and comprehensive dental exams;
 - ▶ EHS/HS and NJ FamilyCare/Medicaid enrollment; and
 - ▶ Publish a state dental periodicity schedule.



“Stars” Line Up for Children’s Oral Health

Parallel National Focus on Children’s Oral Health:

- AAP Oral Health Initiative
 - ▶ Pediatric oral health assessment
- National Head Start Dental Home Initiative
- Oral health advocates emphasize the place of oral health in overall health care reform
- Head Start Performance Standards – require a dental home for every child.



NJ Smiles: Rationale and Goals

- **Rationale:**

- ▶ Early preventive dental visits affect subsequent utilization and cost of dental services
- ▶ Childhood dental disease has consequences beyond decayed teeth
 - Detrimental to health status, educational status, and social status

- **Goals:**

- ▶ Increase the number of preschool Medicaid children with an annual dental visit in targeted cities
- ▶ Create “dental homes” for Head Start children in Newark and Paterson, NJ



Develop and Document QI Methods

- **NJ Smiles Change Package**
 - ▶ Regional and “high-touch” cities
 - ▶ Promoting integration of medical and oral health by high-opportunity providers
 - ▶ Partnership with NJ EHS/HS sites
- **NJ Smiles Measurement Package**
 - ▶ Improve rates of annual dental visits
 - “HEDIS-like” – more inclusive age ranges
 - ▶ Increase number of dental providers seeing young children



NJ Smiles: Change Package

CHCS Center for Health Care Strategies, Inc.

New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Kids Intervention Change Package

The overall goal of the *New Jersey Smiles Quality Improvement Collaborative* is to increase the number of children ages 0-5 who have received an annual dental visit by 4-6 % (depending on age cohort) above the plans' baseline rate in 15 months. The matrix below provides an overview of the proposed framework for achieving that goal.

| Health Plans | Medicaid Pre-School Children with Evidence of No Prior Dental Care | High-Opportunity Providers Working with Five MCOs | Other Community Partners |
|---|---|--|---|
| MCO – Identification and Stratification | <ul style="list-style-type: none"> Improve access to annual dental exam and preventive care: <ul style="list-style-type: none"> All eligible children enrolled in the MCO ages 0-5 with no annual dental visit in 2007 Stratify by the following age groups, 0-24 months, 2-3 years, 4-5 years, and 0-5 years | <ul style="list-style-type: none"> High-volume general and pediatric dentists in six NJ cities Newly recruited Medicaid general and pediatric dental providers to join the NJ Dental Corp and serve as “safety net” providers High-volume PCPs (all primary care providers: pediatricians, family practice physicians, advanced practice nurses) in six NJ cities | <ul style="list-style-type: none"> Identify six promising communities in 3 NJ regions Collaborate with Early Head Start and Head Start sites (EHS/HS) to identify high-opportunity sites DHMAS will develop cross plan provider tables |
| Regional Intervention – Atlantic City, Camden, Lakewood, New Brunswick, Newark, and Paterson | | | |
| MCO – Outreach and Intervention | <ul style="list-style-type: none"> Provide culturally appropriate outreach to high-risk families Create dental provider directory of available network dentists to support referral process Provide primary care provider detail lists that identify children lacking preventive dental care Support and secure access to follow-up care through case management team Support monthly meetings between EHS/HS personnel and MCO dental directors | <ul style="list-style-type: none"> Train PCPs: <ul style="list-style-type: none"> To conduct risk assessment/generate referrals and provide anticipatory guidance for oral health Recruit and train general and pediatric dental providers to care for young children Create CEU credit opportunities for PCPs and general dentists | <ul style="list-style-type: none"> Review health plan rate structure for dental providers UMDNJ to provide CEU opportunities |
| High Touch Intervention – Paterson and Newark | | | |
| MCO – Outreach and Intervention | <ul style="list-style-type: none"> Perform dental screenings on site for EHS/HS children Provide reimbursement for dental screenings and fluoride varnish at the EHS/HS site Conduct family scan to assess EHS/HS “siblings” for dental care needs | <ul style="list-style-type: none"> Institute the NJ Dental Corps to serve as “safety net” providers and increase access to dental care for EHS/HS children Provide an MCO dental home for EHS/HS children Refer children in need of emergent care to “safety net” clinics | <ul style="list-style-type: none"> UMDNJ dental students provide on site oral health educational support to EHS/HS sites EHS/HS staff family visits to support and secure access to dental care |



Accomplishments and Outcomes

Outcome Data

- Review of HMO administrative data from calendar years 2007 and 2008
 - ▶ Based on HEDIS specifications
 - ▶ Utilization measures don't document the "quality" of the dental service
- Improvements tested with the Chi Square statistic
- Visit rates, though improved, still show room for improvement



Accomplishments and Outcomes

Methods/Data Orientation

- Target population, children 0-5 years, six New Jersey cities
- Children's ages were determined on the last day of the measurement period
- Under two years includes children 1 year, 11 months, 30 days
- HMO encounter data



Outcomes: Increases in Annual Dental Visit, by Age

Children in Medicaid Managed Care with an Annual Dental Visit, in Six Targeted Cities

| Child's Age | CY 2007 | CY 2008 | Percent Improvement | Significance |
|--------------------------|--------------|--------------|---------------------|----------------------|
| 0 - 23.99 months | 4.4% | 10.9% | 146% | p.<.001*** |
| 24 - 35.99 months | 16.0% | 29.5% | 84% | p.<.001*** |
| 36 - 47.99 months | 35.2% | 43.2% | 23% | p.<.001*** |
| 48 - 71.99 months | 47.5% | 54.4% | 15% | p.<.001*** |
| 0 - 71.99 months | 31.0% | 37.0% | 19% | p.<.001*** |

*Consecutively enrolled in the HMO for 12 months

***Significant = p < .001



Outcomes:

Increased Annual Dental Visit, By Age

Improvements in Dental Visits by Age

- Percent improvement ranged from 12% to 59%, depending on age group
- All improvements were statistically significant
- Youngest children had the greatest gains



Outcomes: Increases in Annual Dental Visit, by City

Children* in Medicaid Managed Care with an Annual Dental Visit, by Target City

| Target City | CY 2007 | CY 2008 | Percent Improvement | Significance |
|----------------------|--------------|--------------|---------------------|----------------------|
| Atlantic City | 31.2% | 34.9% | 12% | p.<.001*** |
| Camden | 25.5% | 28.8% | 13% | p.<.001*** |
| Lakewood | 36.3% | 45.5% | 25% | p.<.001*** |
| New Brunswick | 29.9% | 33.9% | 13% | p.<.001*** |
| Newark | 29.9% | 36.4% | 22% | p.<.001*** |
| Paterson | 32.4% | 39.2% | 21% | p.<.001*** |

*Consecutively enrolled in the HMO for 12 months

***Significant = $p < .001$



Outcomes:

Increased Annual Dental Visit, 6 Targeted Cities

Improvements in Dental Visits by City

- Overall improvement rates for each city were significant.
- City improvement rates ranged from 11% to 20%.
- Greatest gains were in Lakewood, Newark, and Paterson.



Outcomes: Increases in Annual Dental Visit, by HMO

Outcomes within HMOs

- All plans showed statistically significant improvements for children 0-5
- The gains of the smallest plans, Health Net and UHP, are marked by small samples
- Variation in health plan market share in target cities



Outcomes: High-Touch Target Cities

- High-touch cities offer a window to our work with the EHS/HS communities.
- Coordination plagued by delays within Head Start sites.
- Some providers reported that they did not submit claims for Head Start children.
- Largest gains seen in 0-3 year olds.
- Expect to see different picture in the 2009 data.



High Touch Outcomes: Increases Annual Dental Visit, by Age

Children* in Medicaid Managed Care with an Annual Dental Visit, in Newark, NJ

| Child's Age | CY 2007 | CY 2008 | Percent Improvement | Significance |
|-------------------|---------|---------|---------------------|--------------|
| 0 - 23.99 months | 4.7% | 12.5% | 166% | p.<.001*** |
| 24 - 35.99 months | 18.3% | 30.2% | 65% | p.<.001*** |
| 36 - 47.99 months | 34.2% | 42.5% | 24% | p.<.001*** |
| 48 - 71.99 months | 40.7% | 48.2% | 18% | p.<.001*** |
| 0 - 71.99 months | 29.9% | 36.4% | 22% | p.<.001*** |

*Consecutively enrolled in the HMO for 12 months

***Significant = $p < .001$



Outcomes: High-Touch Target Cities

Newark, NJ Head Start Partners

- EHS/HS data collected systematically
- Incentive – Federal Audit
- New, ambitious, pediatric dental provider
- Ensured dental homes for 96% of the children



High Touch Outcomes: Increases Annual Dental Visit, by Age

Children* in Medicaid Managed Care with an Annual Dental Visit, in Paterson, NJ

| Child's Age | CY 2007 | CY 2008 | Percent Improvement | Significance |
|-------------------|---------|---------|---------------------|--------------|
| 0 - 23.99 months | 3.3% | 5.5% | 67% | p.<.001*** |
| 24 - 35.99 months | 14.5% | 24.7% | 70% | p.<.001*** |
| 36 - 47.99 months | 39.1% | 40.7% | 5% | NS |
| 48 - 71.99 months | 49.6% | 60.3% | 22% | p.<.001*** |
| 0 - 71.99 months | 32.4% | 39.2% | 21% | p.<.001*** |

*Consecutively enrolled in the HMO for 12 months

***Significant = p < .001



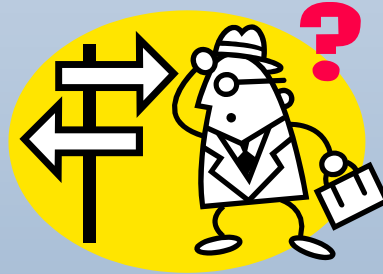
Outcomes: High-Touch Target Cities

Lessons from Paterson

- Paterson data helps us see where to target efforts
 - ▶ Significant improvements, but not at the magnitude of Newark for 2-3 year olds and 4-5 year olds.
 - ▶ Unlike Newark, the youngest children show little improvement.
 - ▶ How can we more effectively reach young children and their families in Paterson?

Accomplishments and Outcomes

How did we do it?





A Coordinated and Complementary Strategy

Clinical and Systems Approach:

- **Best Clinical Practices Include:**
 - ▶ Integrate oral health and primary care;
 - ▶ Highlight EPSDT requirements and guidelines;
 - ▶ Recommend oral health exams for children by age 1;
 - ▶ Ensure dental homes for all children ages 0-5; and
 - ▶ Support HMO partnerships with child serving agencies.

- **Systems Changes Include:**
 - ▶ Reimburse for both limited and comprehensive dental exams;
 - ▶ Facilitate sharing of NJ FamilyCare/Medicaid enrollment information with EHS/HS grantees; and
 - ▶ Publish the NJ Medicaid Dental Periodicity Table.



Best Clinical Practice: Engaging Community Providers

Providers – Pediatric Primary Care Providers (PCPs) and Dentists

- Updated Oral Health Guidelines
 - ▶ New and improved periodicity for first dental visit
 - AAP, AAPD, Bright Futures
- Changing provider behaviors
 - ▶ Challenges
 - ▶ Tools
 - ▶ Engaging reluctant general dentists
 - Appointments for children under age 3
 - Dentist survey



Best Clinical Practice: Engaging Community Providers

Engaging Dental Providers

- Target dental providers
 - ▶ Communal data
 - ▶ “High-opportunity” dentists
- Appointments for children under age 3
- Community dental scan
 - ▶ Who works with young children?
 - ▶ Who wants specialty care “back-up”?



Best Clinical Practice: Engaging Community Providers

Engaging PCPs

- Communicating the link between EPSDT and oral health
- Identifying children with oral health problems, using standard Oral Health Assessments
- Communicating the importance of dental referrals for young children
- Providing NJ Smiles dental referral tools, including the “*NJ Smiles* Directory of Dental Providers for Children”



Community Provider Intervention

PCP Oral Health Assessment



A Medicaid Quality Collaborative to Improve Oral Health in Kids:
Integrating Oral Health Care with Overall Health

PEDIATRIC CARE PROVIDER ORAL HEALTH ASSESSMENT

| | |
|--|--|
| NAME: | DENTAL HOME: |
| DOB: | |
| PATIENT ID: | |
| DATE OF SERVICE: | |
| Using the CAT chart, patient interview responses, and oral evaluation, check the risk level that is appropriate. | |
| Child's Dental Caries Risk Level | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |

| Oral Hygiene Habits Reported by Caregiver | Yes | No | Notes |
|---|-----|----|------------------|
| Child complains of oral pain or has history of tooth decay | | | |
| Siblings complain of oral pain or have history of tooth decay | | | |
| Parent complains of oral pain or has tooth decay | | | |
| Frequent (>4 times) use of bottle or sip cup (not water) daily | | | |
| Sleeps with bottle (not water) | | | |
| Frequent (>2 times) intake of candy, dried fruit, soda, juice, snack foods, sugary cereal daily | | | |
| Teeth cleaned with fluoridated toothpaste | | | # /DAY: BY WHOM: |
| Daily vitamin with fluoride | | | |
| Regular use of liquid medicine | | | |
| Oral Evaluation | Yes | No | Notes |
| Visible white spots (demineralization) | | | |
| Visible decay/cavities | | | |
| Visible plaque/red, swollen gums | | | |
| Action Taken | Yes | No | Notes |
| Oral health education | | | |
| Oral hygiene education | | | |
| Nutrition education | | | |
| Dental referral for dental home (within 90 days) | | | |
| Dental referral for routine care & dental home (within 60 days) | | | |
| Dental referral for urgent care & dental home (within 30 days) | | | |

Signature of provider: _____ Print name: _____



Community Provider Intervention

PCP Oral Health Assessment



A Medicaid Quality Collaborative to Improve Oral Health in Kids:
Integrating Oral Health Care with Overall Health

American Academy of Pediatric Dentistry Caries Risk Assessment Tool (CAT*)



| | Low risk | Moderate risk | High risk |
|--------------------------------------|--|---|--|
| Clinical Conditions | <ul style="list-style-type: none"> No caries No enamel demineralization No visible plaque No gingivitis | <ul style="list-style-type: none"> Cariou teeth in past 24 months 1 area of enamel demineralization (enamel Caries "white spots lesions") Gingivitis | <ul style="list-style-type: none"> Cariou teeth in the past 12 months More than 1 area of enamel demineralization (enamel caries, "white spot lesions") Visible plaque on anterior front teeth Radiographic enamel caries High titers of mutans streptococci Wearing dental or orthodontic appliances Enamel hypoplasia |
| Environmental Characteristics | <ul style="list-style-type: none"> Optimal systemic topical fluoride exposure Consumption of simple sugars or foods strongly associated with caries initiation primarily at mealtimes High caregiver socioeconomic status Regular use of dental care in an established dental home | <ul style="list-style-type: none"> Suboptimal systemic fluoride exposure with optimal topical exposure Occasional (1-2) between-meal exposures to simple sugars or foods strongly associated with caries Mid-level caregiver socioeconomic status (i.e., eligible for school lunch program or SCHIP) Irregular use of dental services | <ul style="list-style-type: none"> Suboptimal topical fluoride exposure Frequent (i.e. 3 or more) between-meal exposures to simple sugars or foods strongly associated with caries Low-level caregiver socioeconomic status (i.e. Eligible for Medicaid) No usual source of dental care Active caries present in the mother |
| General Health Conditions | | | <ul style="list-style-type: none"> Children with special health care needs Conditions impairing saliva composition/flow |

*AAPD, Council on Clinical Affairs, www.aapd.org



Community Provider Intervention

NJ Smiles Dental Referral Form

| | |
|---|---|
|  <p>Make a dental appointment for your child today!</p> <p>Dental Referral Contacts - Name and Number</p> |  <p>Make a dental appointment for your child today!</p> <p>Dental Referral Contacts - Name and Number</p> |
| <p>Dental Referral Contacts - Name and Number</p> | <p>Dental Referral Contacts - Name and Number</p> |
| <p>Check Child's HMO</p> <p>HMO Member Services will help make a dental appointment.</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>AmeriChoice</u> 1-800-943-4647 <input type="checkbox"/> AMERIGROUP 1-800-720-5352 <input type="checkbox"/> Health Net of NJ 1-800-441-5741 <input type="checkbox"/> Horizon NJ Health 1-877-465-4325 <input type="checkbox"/> University Health Plans 1-800-564-6847 <input type="checkbox"/> Non HMO Medicaid Straight Medicaid 1-800-356-1561 | <p>Check Child's HMO</p> <p>HMO Member Services will help make a dental appointment.</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>AmeriChoice</u> 1-800-943-4647 <input type="checkbox"/> AMERIGROUP 1-800-720-5352 <input type="checkbox"/> Health Net of NJ 1-800-441-5741 <input type="checkbox"/> Horizon NJ Health 1-877-465-4325 <input type="checkbox"/> University Health Plans 1-800-564-6847 <input type="checkbox"/> Non HMO Medicaid Straight Medicaid 1-800-356-1561 |



Community Provider Intervention

Process of Provider Outreach

- Mailings
 - ▶ Shared across all five HMOs
- Follow-up calls
 - ▶ Plan medical directors
- Face-to-face visits
 - ▶ Provider Relations representatives
- Feedback from providers
 - ▶ Eager to support NJ Smiles



Directory of Dental Providers for Children

Development of Dental Provider Directory

- Data collection from plans
 - ▶ Include claims data for children under age 5
 - ▶ Ensure provider participation is current
 - ▶ Ensure provider data is office address, not billing address
- Standardize provider data
 - ▶ Identify individual to “clean” consolidated data
 - ▶ Indicate provider/health plan participation



Directory of Dental Providers for Children

Dental Provider Directory for Children

- Collaborative effort among all health plans
- Regional directory Fall 2008
- Statewide directory Fall 2009
- HMO commitment – Annual update and distribution
 - ▶ NJ FamilyCare contract amendment



Directory of Dental Providers for Children

Mailings to PCPs

“...On the front lines of care for children at risk of dental caries, you can play an active role in reducing disease prevalence by providing a complete EPSDT screening, educating parents and caregivers about oral health care, and providing age-appropriate dental referrals. To support you in this effort, we have enclosed the following:

- ▶ A provider guide to oral health risk assessment in the primary care setting;
- ▶ A list of strategies to help PCPs recognize and prevent dental caries; and
- ▶ The “*NJ Smiles* Directory of Dental Providers for Children.”



Directory of Dental Providers for Children

Stakeholder Feedback

- “Everyone was pleased with what we are trying to accomplish and grateful for the dental directory - especially the referral form with all of the HMOs’ contact information.” (PCP)
- “Love the Dental Directory!” (Head Start Staff)
 - ▶ Real help making connections to dental providers



Best Clinical Practice: Early Head Start/Head Start Partners

A Dental Home for Every EHS/HS Child

- Federal performance standards require that every child:
 - ▶ Have a dental visit within 90 days of enrollment;
 - ▶ Have a “dental home”; and
 - ▶ Follows the state EPSDT schedule.



Best Clinical Practice: Early Head Start/Head Start Partners

EHS/HS Challenges

- ▶ Sites did not systematically track the provision of health care services;
- ▶ Sites have difficulty locating dentists who accept Medicaid and to work with pregnant women and children under age 5;
- ▶ Sites have difficulty educating families about the importance of oral health; and
- ▶ Family workers could not determine if a parent was currently enrolled in NJ FamilyCare/Medicaid, nor identify his/her HMO.



Best Clinical Practice: Early Head Start/Head Start Partners

Solutions for EHS/HS

- *NJ Smiles* distributed the NJ Dental Provider Directory for Young Children
- *NJ Smiles* developed a toolkit to educate Head Start staff regarding:
 - ▶ NJ FamilyCare/Medicaid enrollment processes
 - ▶ Partnering strategically with Medicaid HMOs
 - ▶ Importance of a dental home and good oral hygiene
 - ▶ Tools for tracking data (dental home placements and treatment)
 - ▶ Educating families and children



Best Clinical Practice: Early Head Start/Head Start Partners

Using the *NJ Smiles* EHS/HS Toolkit

- Family liaison worker is the key staff member ensuring a dental home for EHS/HS children
 - ▶ Pre-service training very important
 - ▶ Staff development days
 - ▶ Plan to use participants from the *NJ Smiles* resource team
 - Train the social workers and family workers
 - ▶ Invaluable resource for EHS/HS staff, with health plan contact information: Saves staff time and energy!
 - ▶ Sharing strategies and resources with EHS/HS programs



System Changes Promote Improvements

NJ Smiles System Approach Included:

- Reimbursement from all HMOs for limited and comprehensive dental exams;
- EHS/HS Grantee access to NJ FamilyCare/Medicaid enrollment data; and
- The publication of the NJ FamilyCare/ Medicaid Dental Periodicity Table



System Changes Promote Improvements NJ FamilyCare/Medicaid Dental Periodicity

Recommendation Highlights

- Oral evaluation as early as one year of age
- Fluoride varnish up to 4 times through age 6
- Prophylaxis with fluoride twice yearly
- Services more frequently for CSHCN
- Sealants on permanent molars and premolars
- Oral hygiene instructions to children begin at age 2



Improving Oral Health Outcomes for Children

Moving Forward Strategically

- Opportunities to improve access in your region
 - ▶ How do you build state leadership?
 - ▶ What are your resource allocations?
 - ▶ How will you recruit diverse stakeholders?
- Step #1: Reach consensus about priorities
- Workshop Activity: Develop a plan for change



Improving Oral Health Outcomes for Children

Moving Forward Strategically

- Workshop Activity: Develop a plan for change
 - ▶ Set the priorities
 - ▶ Development concensus



NJ Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Young Kids

NJ Smiles: Unfinished Business

- Goal: Changing a system to prioritize prevention.
 - ▶ What are the steps health plans can take?



Improving Oral Health Outcomes for Children

Suggestions

Prevention/Management of dental disease through:

- ▶ Primary care physician involvement
 - Oral health evaluation and fluoride varnish application
- ▶ Dentist involvement – dental home
- ▶ Member/community involvement
 - Nutrition and preventive measures
- ▶ Health plan involvement
 - Government
 - Advocate
- ▶ Political involvement
 - Fluoridation - statewide
 - Develop a role for a New Jersey Dental Director



Improving Oral Health Outcomes for Children

Resources

- Children's Dental Health Project (CDHP)
 - ▶ www.cdhp.org/
 - ▶ The Policy Tool Guidebook
- AAPD – Head Start Dental Home Initiative
 - ▶ www.aapd.org/headstart/
- National Maternal and Child Oral Health Resource Center, Georgetown University
 - ▶ www.mchoralhealth.org/
- CHCS - *NJ Smiles*
 - ▶ www.chcs.org



NJ Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Young Kids

We are grateful to the Robert Wood Johnson Foundation (2007 – 2009) for recognizing the importance of this work and supporting this multi-stakeholder quality collaborative.

CHCS also thanks the NJ Smiles Collaborative Partners:

- *AmeriChoice*
- *AMERIGROUP*
- *Health Net*
- *Horizon NJ Health*
- *University Health Plans*
- *Doral Dental*
- *Healthplex, Inc.*
- *New Jersey Dental School, UMDNJ*
- *New Jersey Early Head Start/Head Start Programs*
- *NJ FamilyCare/Medicaid*