



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Jim Justice
Governor

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Bill J. Crouch
Cabinet Secretary

January 12, 2018

The Honorable Mitch Carmichael, President
West Virginia Senate
State Capitol Complex
Building 1, Room 229M
Charleston, West Virginia 25305

The Honorable Tim Armstead, Speaker
West Virginia House of Delegates
State Capitol Complex
Building 1, Room 228M
Charleston, West Virginia 25305

Dear President Carmichael and Speaker Armstead:

As required by West Virginia Code §16-41-6, regarding the Oral Health Improvement Act, please find enclosed the 2017 Annual Report. This report is provided by the West Virginia Department of Health and Human Resources through the Office of Maternal, Child and Family Health.

If additional information is needed, you may contact Christina Mullins, Director, Office of Maternal, Child and Family Health, at (304) 356-4392 or e-mail at Christina.R.Mullins@wv.gov.

Sincerely,


Bill J. Crouch
Cabinet Secretary

BJC:tm

Enclosure

cc: Rahul Gupta, MD, MPH, FACP
Anne Williams
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Lee Cassis
Legislative Library



WEST VIRGINIA ORAL HEALTH IMPROVEMENT ACT 2017 ANNUAL REPORT

December 2017

West Virginia Oral Health Improvement Act 2017 Annual Report

Program Overview

The West Virginia Oral Health Program (OHP) is housed within the Division of Infant, Child and Adolescent Health under the West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health. 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. A Program Director provides daily administrative oversight to the ongoing projects within the OHP, which include the following major areas: adult services, oral disease prevention and dental workforce. The OHP is currently staffed with 12 positions including that of the State Dental Director, which is the only fully funded state position. All other positions are funded through federal grant awards totaling \$5.278 million since fiscal year (FY) 2012.

The West Virginia Oral Health Improvement Act (§16-41-1) has facilitated a tremendous amount of growth over the last six years. Through state funding and receipt of four federal grant awards, the OHP is achieving success and recognition both statewide and nationally. One of the strengths of the OHP is a focus on continuous quality improvement. One example of this oral health quality improvement has resulted in the expansion of oral health services for Medicaid-eligible pregnant women, a high-risk target population of the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Project. Through the dedicated efforts of this project, three Medicaid managed care organizations (MCOs) now offer dental cleanings to pregnant women to encourage preventive care in the dental healthcare setting and to avoid increased costs and utilization of emergency room services for oral healthcare.

Summary of Accomplishments in FY2017

- Establishing a Certified Tobacco Treatment Specialist (CTTS) Training Program at the West Virginia University (WVU) School of Dentistry;
- Collaborating with the West Virginia Department of Education (WVDE) and West Virginia State Immunization Information System (WVSIIS) to implement West Virginia Board of Education (WVBE) Policy 2423, recommending dental examinations for public school children as part of a comprehensive approach to student well-being;
- Providing dental and vision services to eligible West Virginians. More than 1,400 clients were referred to the Pre-Employment Project during the 2017 fiscal year, and more than 830 clients received both vision and dental services. Out of 542 applications received (12% increase from 2016), a total of 492 clients were approved to receive dentures and/or partials through the Donated Denture Project (13% increase);
- Expanding and enhancing school-based dental services, now available in over 40 counties statewide; and
- Supporting rural dental workforce throughout the state through eight grant awards to enhance and expand access to preventive services in dental health professional shortage areas.

**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	1.0
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)	1.385 FTE

Federally-funded employees	
Title/position	Full-time employee (FTE)
Program Director	1.0
Program Secretary	1.0
Adult Services Supervisor	1.0
Adult Services Specialist	1.0
Adult Services Specialist	0.5
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)	9.5 FTE

Total cost in state dollars to operate the West Virginia Oral Health Program

Major Project	Resource allocation (FY2018)	Amount
Children's Dentistry	<ul style="list-style-type: none"> • \$196,871 = Personnel (salary/fringe/benefits) • \$90,000 = Fluoride projects and oral health educational supplies • \$154,082 = Grants (\$11,000 allocated for oral health coordination at Marshall County Health Department) • \$30,756 = Office administration and supplies (rent, utilities, computer services, postal, printing/binding, etc.) 	\$471,709
Donated Dental	<ul style="list-style-type: none"> • Reimbursement for denture lab fees 	\$179,700
		TOTAL \$651,409
<i>5.2% decrease in state dollars from FY2017</i>		

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

Project	Estimated # of citizens served (FY2017)	
Fluoride Mouth Rinse Project Target population: Students in grades K – 6	6,000 ¹	
Fluoride Varnish Project² Target population: Children ages 0 – 6	Dental Providers (D1206)	1,775
	Medical Providers (99188)	60
Fluoride Water Testing Target population: Children ages 0 – 12	150	
School-based Oral Health Services Target population: Students in grades K – 12	8,000	
Donated Dental Project Target population: Low-income adults 65+ or ≤ 64 and receiving SSI	500	
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)	2,200	
Estimated total served		20,135

Any fees or revenue generated by the program or commission

Since 2012, the West Virginia Oral Health Program has been awarded four federal grants totaling \$5,278,000.

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

Oral health and dental services are required within the compliment of services of 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 the Office of Maternal, Child and Family Health.

¹ Source: 2016/17 Oral Health Program Access Database: “Classroom Fluoride Treatment” Report. Approximately 69% decrease in student participation due to inability to purchase supplies in FY2017 (no vendors provided quotations to multiple requests for quotations (RFQs)).

² Source: DHHR, Bureau for Medical Services Data Report for FY2017 (July 1, 2016 – June 30, 2017). Estimate is of available data as of 11/22/2017. Managed care organization (MCO) data is incomplete; estimated to be available after December 21, 2017. First year of available data for medical fluoride varnish services, as code 99188 was effective December 1, 2016.

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 basic screening survey (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).
- 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 Inter-professional 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. Dr. Susan Morgan

(pictured far left) will lead the program, which is expected to begin providing certified tobacco treatment specialist training beginning in FY2018.



Source: WVU Today, “WVU School of Dentistry to lead fight against oral cancer and tobacco addiction,” 10/6/2017. <https://wvutoday.wvu.edu/stories/2017/10/05/wvu-school-of-dentistry-to-lead-fight-against-oral-cancer-and-tobacco-addiction>

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 28 projects to expand dental services in rural areas of West Virginia where there is a shortage of dental providers.

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

- As part of a comprehensive approach to overall student health, the Program 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 WVSIIIS 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.

- Currently supports efforts in 15 counties (Calhoun, Greenbrier, Hancock, Harrison, Jackson, Kanawha, McDowell, Mercer, Randolph, Roane, Wirt and Wood) to provide school-based dental services to children ages 6-9, including evidence-based dental sealants.

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 ads). 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.
- Working 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.
- Working 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 our 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 oral health expertise among state partners.

Recommendations

- Establish a memorandum of understanding (MOU) with DHHR's Bureau for Medical Services and Medicaid MCOs to implement coordination strategies.
- 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.

- Fluoride varnish services are not covered for children above age of 3 who participate in WV Children Health Insurance Program (WVCHIP).
- Dental providers are reluctant to establish a dental home and/or provide service to children under the age of 3.

Recommendations

- Expand 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.
- Expand WVCHIP reimbursement for fluoride varnish services to children ages 0 to 5 in alignment with recommendations of the United States Preventive Task Force and the American Academy of Pediatricians – *Bright Future Guidelines*.

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.