

Integrating Oral Health info Pediatric Primary Care to Reduce Caries in Rural Oregon

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Eastern Oregon Coordinated Care Organization

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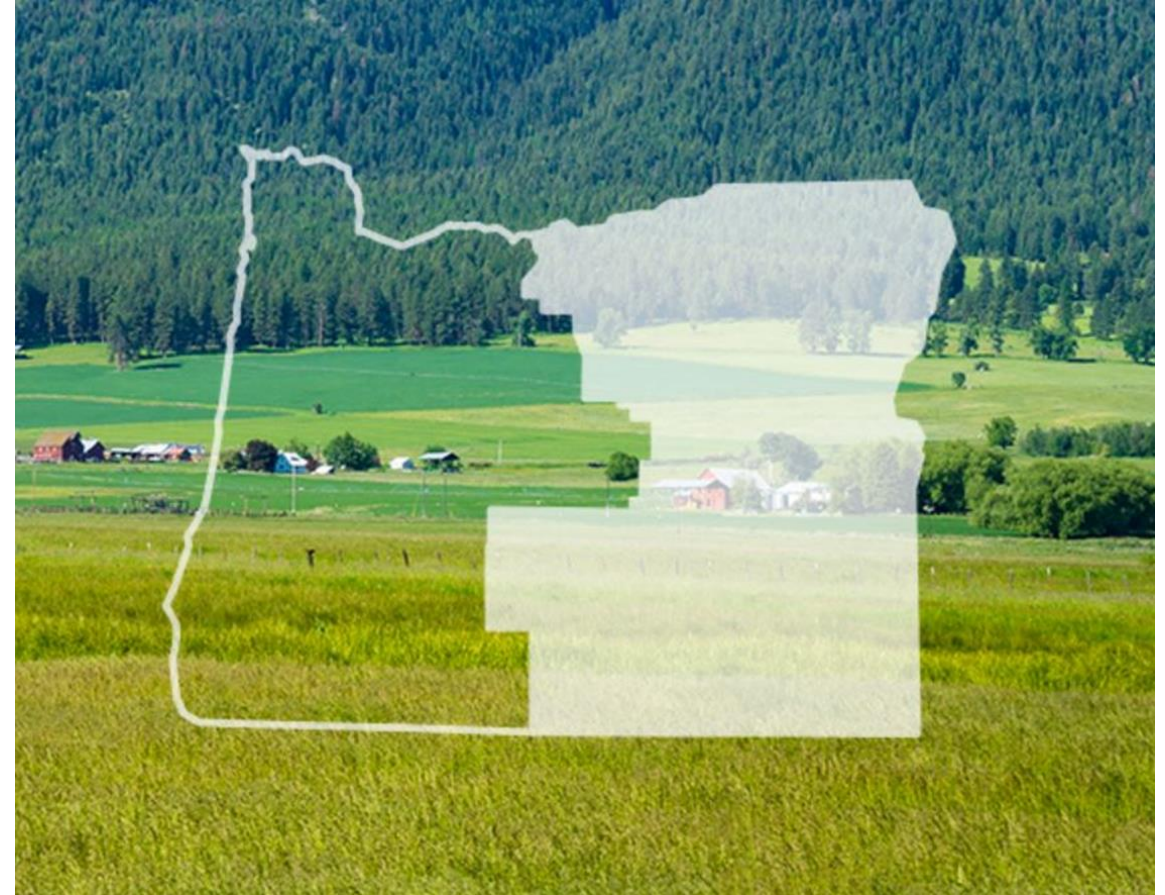
Learning Objectives

After this session, attendees should be able to:

1. Understand the gap in rural pediatric oral care
2. See how integration works in practice
3. Learn from EOCCO's results
4. Gain tools for replication

Agenda

- 🦷 Intro to EOCCO
- 🦷 The Problem
- 🦷 Why Early Childhood Caries Matter
- 🦷 Intro to Oral Health Trainings
- 🦷 Training Design & Implementation
- 🦷 Results & Impact (2023–2025)
- 🦷 Data Highlights
- 🦷 Lessons Learned
- 🦷 How to Replicate the Model
- 🦷 Conclusion & Call to Action
- 🦷 Q&A



EOCCO Counties



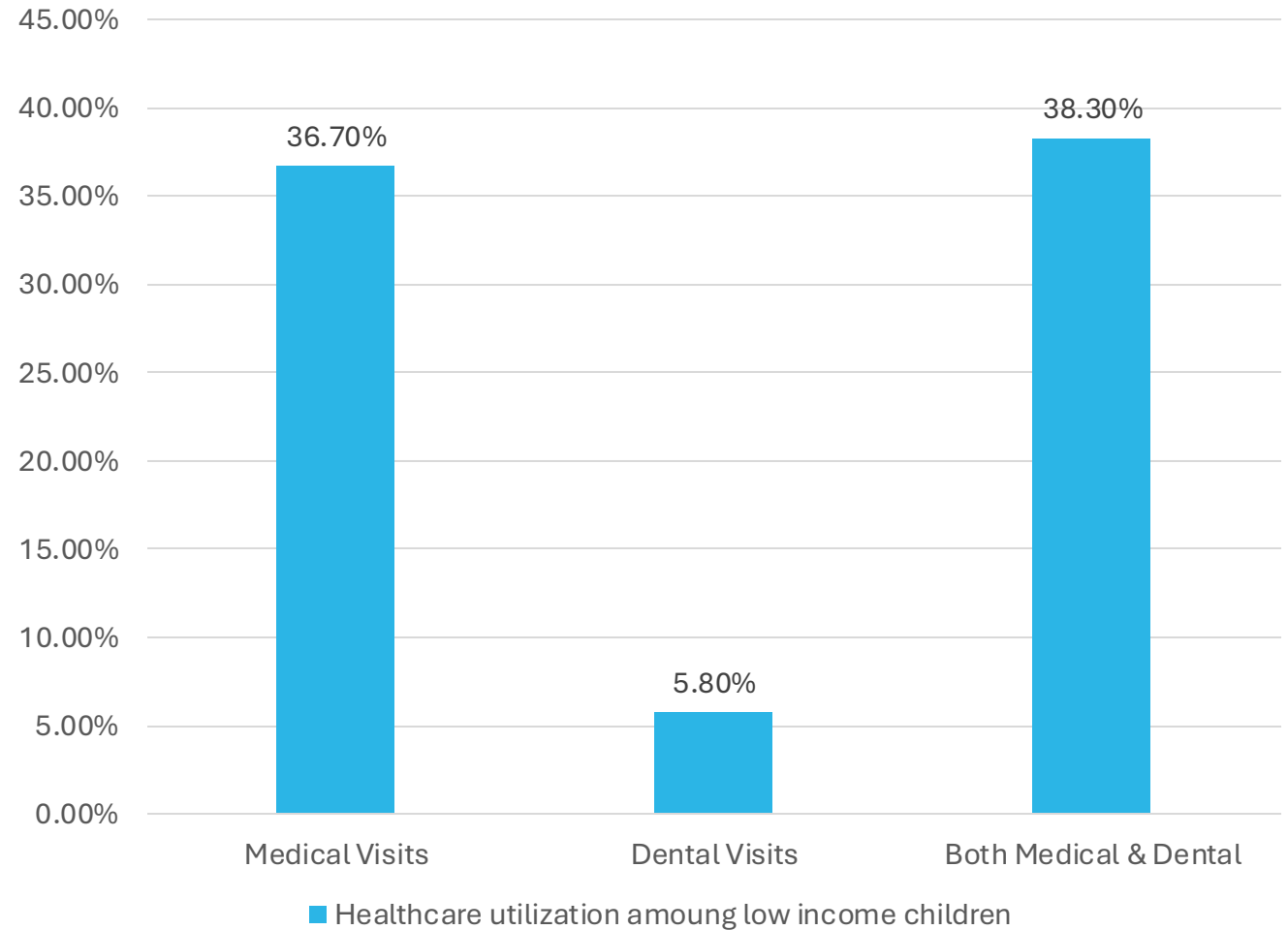


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The Problem: Disconnect Between Medical & Dental

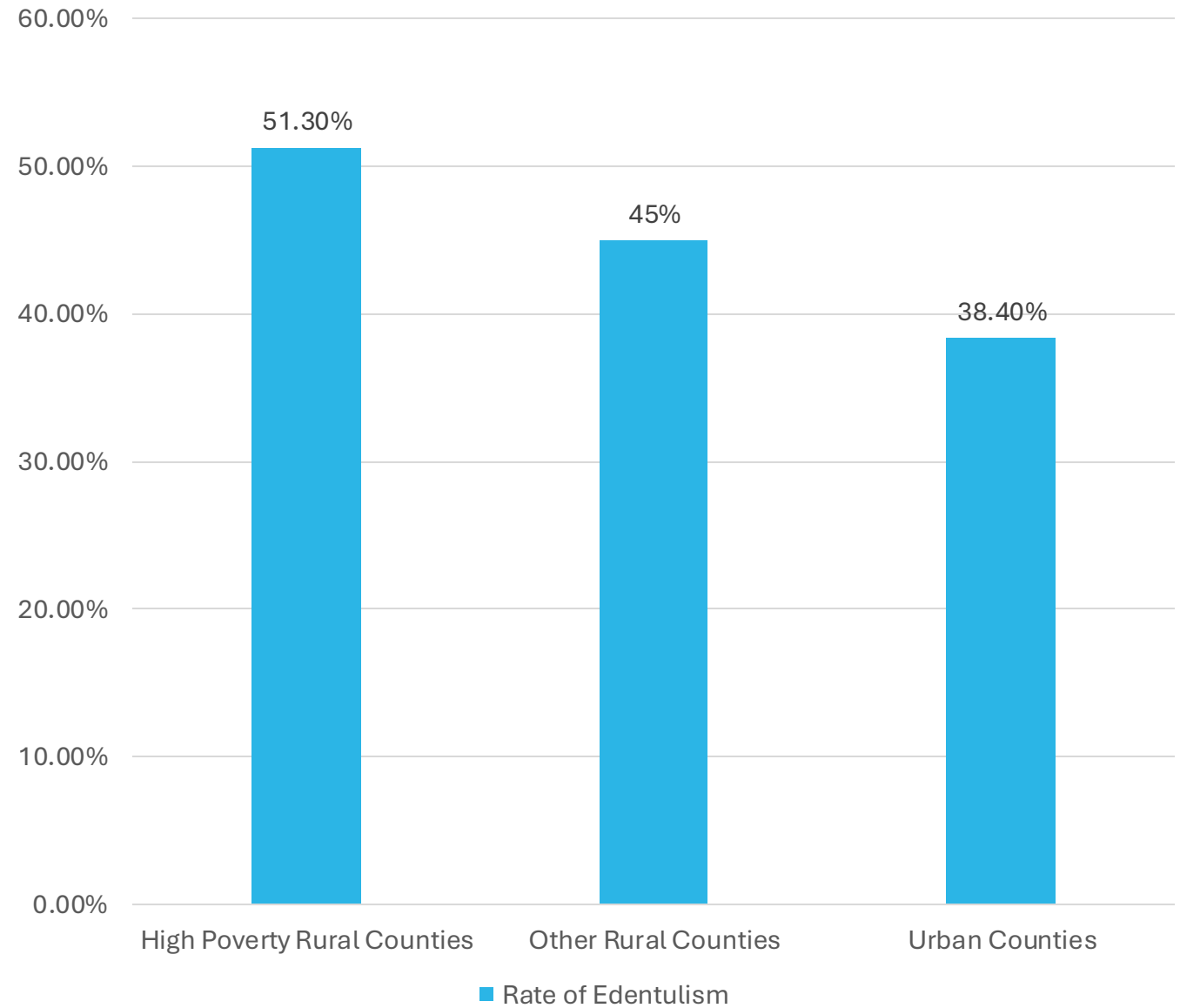
Healthcare utilization types among low-income children

- A Frontiers study (2017–2019) suggests medical visits are more common than dental only visits among children overall, including low-income groups
- Pediatricians are often the first — and sometimes only — healthcare professionals to see young children regularly.
- Without proper training or integrated systems, they're not always equipped to prevent or catch dental issues early.



Rate of Edentulism

- **Edentulism:** The process of having had several teeth extracted
- A 2013 report shows rural counties have higher percentages of people with partial edentulism when compared to urban counties
- SDoH indicators remain strong predictors of edentulism.



Edentulism VS Caries Data?



Dental most commonly utilizes CDT codes, which identify the service(s) provided, not the diagnosis of the patient.



In other words, dental practices primarily report procedures and services, NOT diagnosis.



Dental will only code a cavity diagnosis when dental services are related to a medical condition.



For example, a dentist might use an ICD-10-CM code to indicate the presence of cavities when submitting a claim to a medical insurance plan for a related procedure.

Barriers to receiving dental care in Eastern Oregon



Traveling long distances



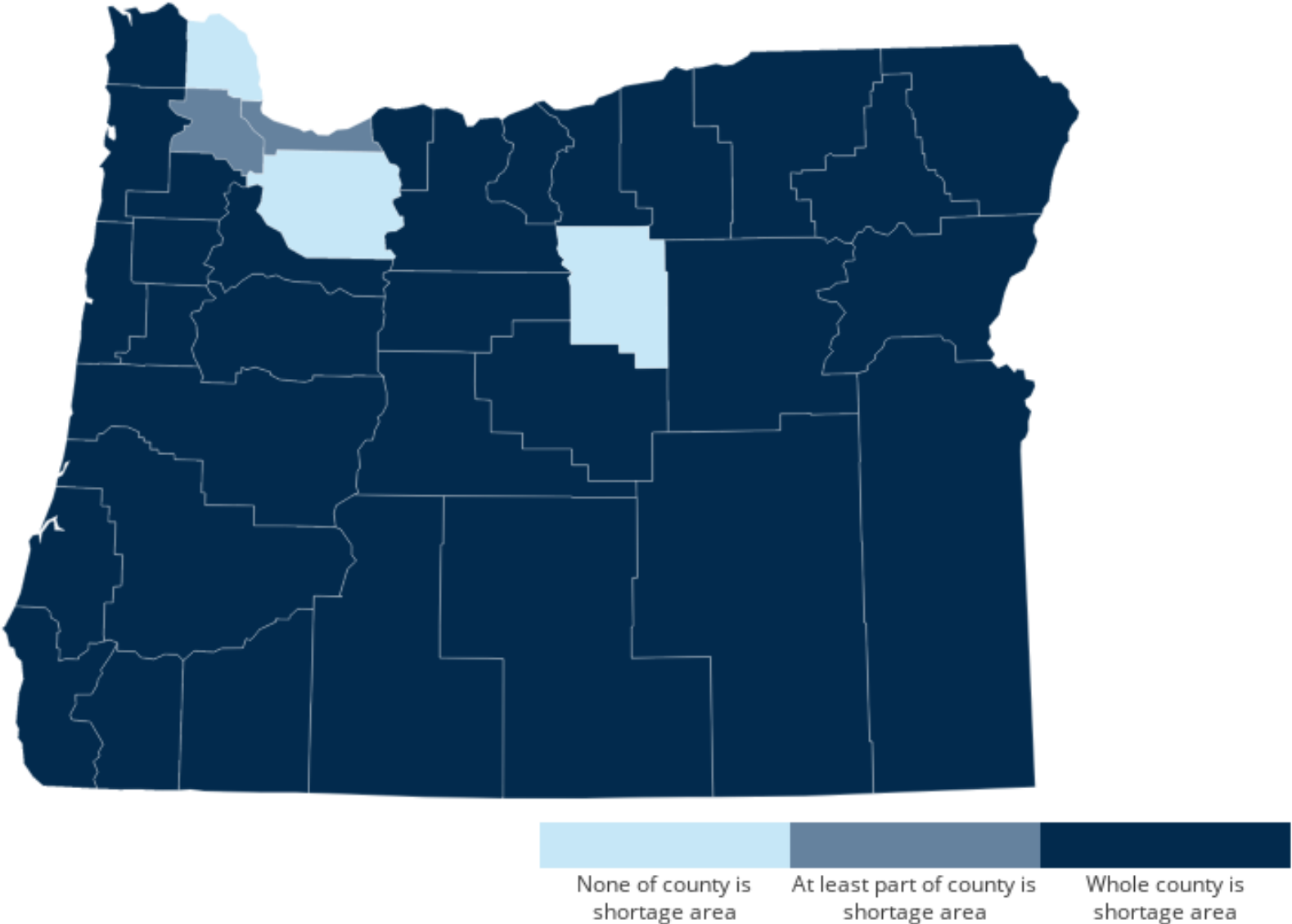
Provider shortages



Insurance limitations



Health Professional Shortage Areas: Dental Care, by County, July 2025 - Oregon





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Why Early Childhood Caries (ECC) Matter

What is Early Childhood Caries (ECC)

- Extreme pain/no pain at all
- Spread of infection and possible cellulitis
- Low grade fever
- Crooked bite (malocclusion)
- Extensive and costly dental treatment
- Inability to concentrate
- Impaired language development
- High risk of developing tooth decay in permanent teeth – chronic condition



Why medical intervention?

- ✧ The first signs of caries are often clinical
- ✧ Providers have frequent contact with infants and children.
- ✧ They can help prevent or reduce the risk of tooth decay.
- ✧ They can provide appropriate referrals to a dentist for early intervention and/or treatment.
- ✧ They can educate parents on oral health practices
- ✧ The American Academy of Pediatrics recommends pediatricians provide assessments and fluoride varnish for young patients





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Introduction to Oral Health Trainings

First Tooth

1 – 2-hour training (CME Eligible)

Focus Areas:
Oral health integration,
early childhood health,
Billing education



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Advantage Dental+

EOCCO & Advantage Dental Presents
A Lunch & Learn on:
First Tooth Training & Certification

Eligible for CME Category II: 1 Hour
Tuesday, October 15th, 2024
12-1PM PT

Join us for a virtual learning and certification opportunity on First Tooth, including information on oral health education, applying fluoride varnish, and billing EOCCO for services.

REGISTER HERE

Click the link above, or enter this URL into your browser to register:
<https://tinyurl.com/First-Tooth>



Questions? Email: EOCCOmetrics@modahealth.com

2023-2025 Program Stats



12 trainings held



77 individuals trained






14 types of staff trained



21 PCP clinics with trained staff

Goals of the training

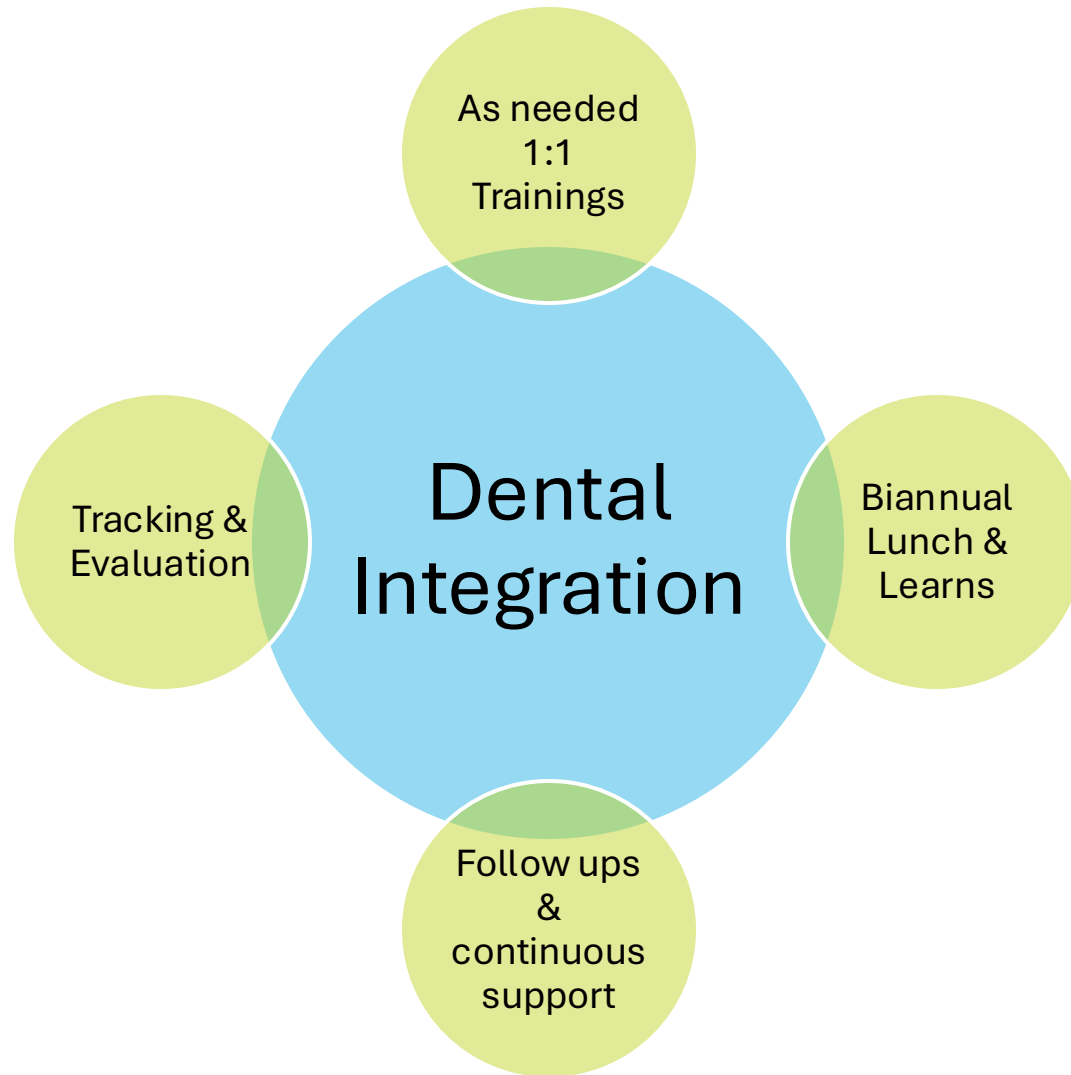
-  Reduce early childhood caries rates in Oregon by training pediatric providers to implement preventive oral health services for children.
-  Provide the resources for pediatric providers to: assess child oral health, educate parents of their patients, provide preventive fluoride varnish, and make effective referrals to dental care.
-  Provide billing education for medical providers for clinics to get reimbursed for their services

Materials Provided

- ✓ “First Tooth” Brochures and Posters
- ✓ Education tools
- ✓ Fluoride Starter toolkit
- ✓ Workflow Integration Guide
- ✓ Billing education

www.orohe.org/first-tooth/

Training Program: Design & Implementation



The screenshot shows a web form titled "First Tooth Certification Evaluation" with the EOCCO logo at the top. The form includes a thank you message and a "Demographics" section with the following fields:

- Date of training ***: A date input field with a calendar icon and placeholder text "mm/dd/yyyy".
- What is your name? ***: A text input field.
- What is your professional title? ***: A list of radio button options:
 - ☐ Caregiver
 - ☐ Caregiver Supervisor
 - ☐ CNA
 - ☐ Doctor
 - ☐ Nurse Practitioner
 - ☐ Medical Assistant/Medical Aide
 - ☐ Physician Assistant
 - ☐ Receptionist
 - ☐ Registered Nurse
 - ☐ Other

Training Incentives

- 🦷 1 Hour Continuing medical Education (CME) Category II
- 🦷 Supports the Preventative Dental Quality Metric
- 🦷 Supports the community
- 🦷 Workforce development: Increases provider knowledge base



Certificate of Completion
Continuing Medical Education
CME Category II: 1 Hour

I attended a "First Tooth" training addressing early childhood oral health preventive services.

The training included the following topics:

- The prevalence and impact of oral disease
- Oral health screening and risk assessment
- Providing oral health education and anticipatory guidance to parents/caregivers
- Applying fluoride varnish
- Referring children to dental care and
- Collaborating care with dental providers

Name: _____

Date: _____

Location: Virtual

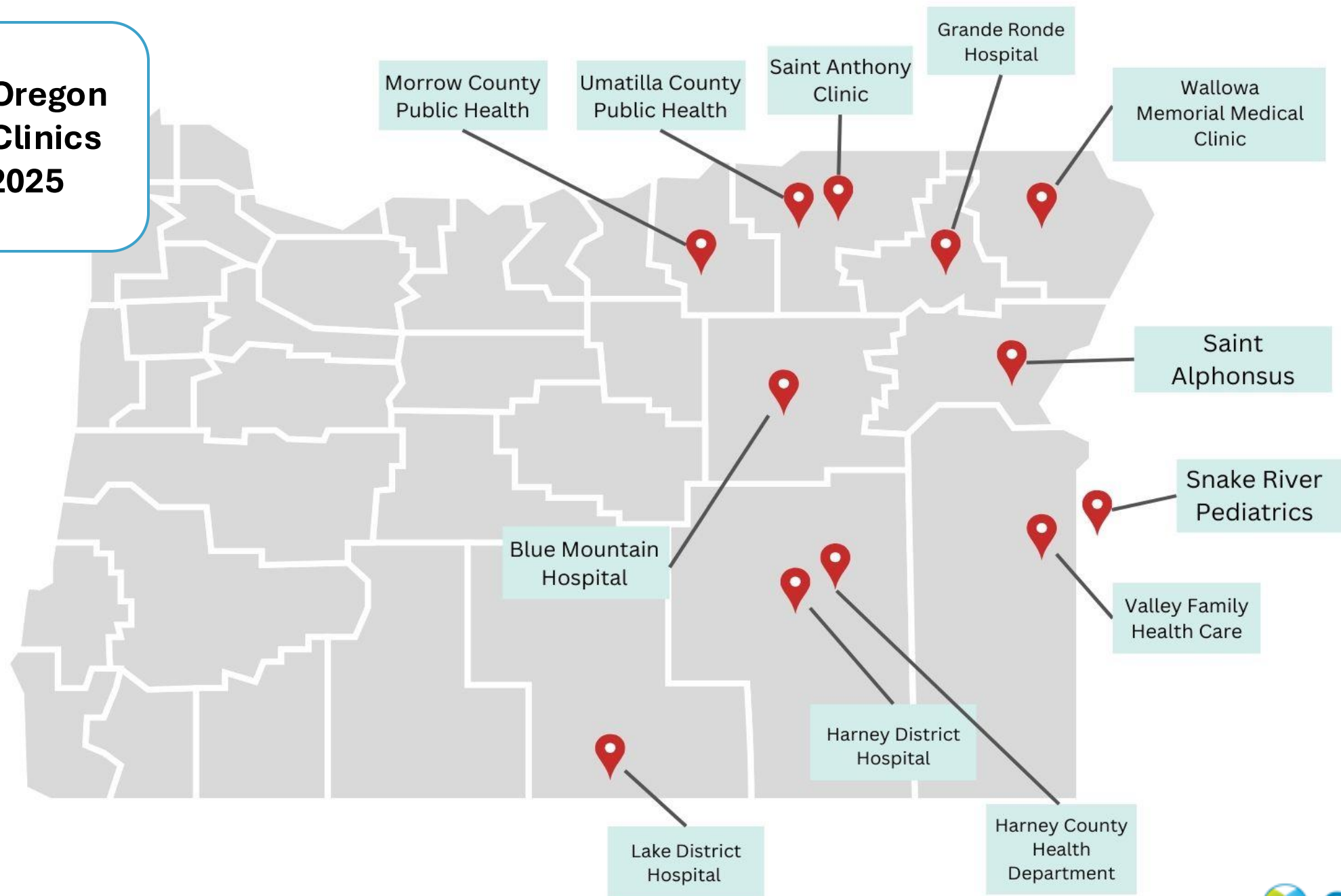
 EPDH
Trainer Signature



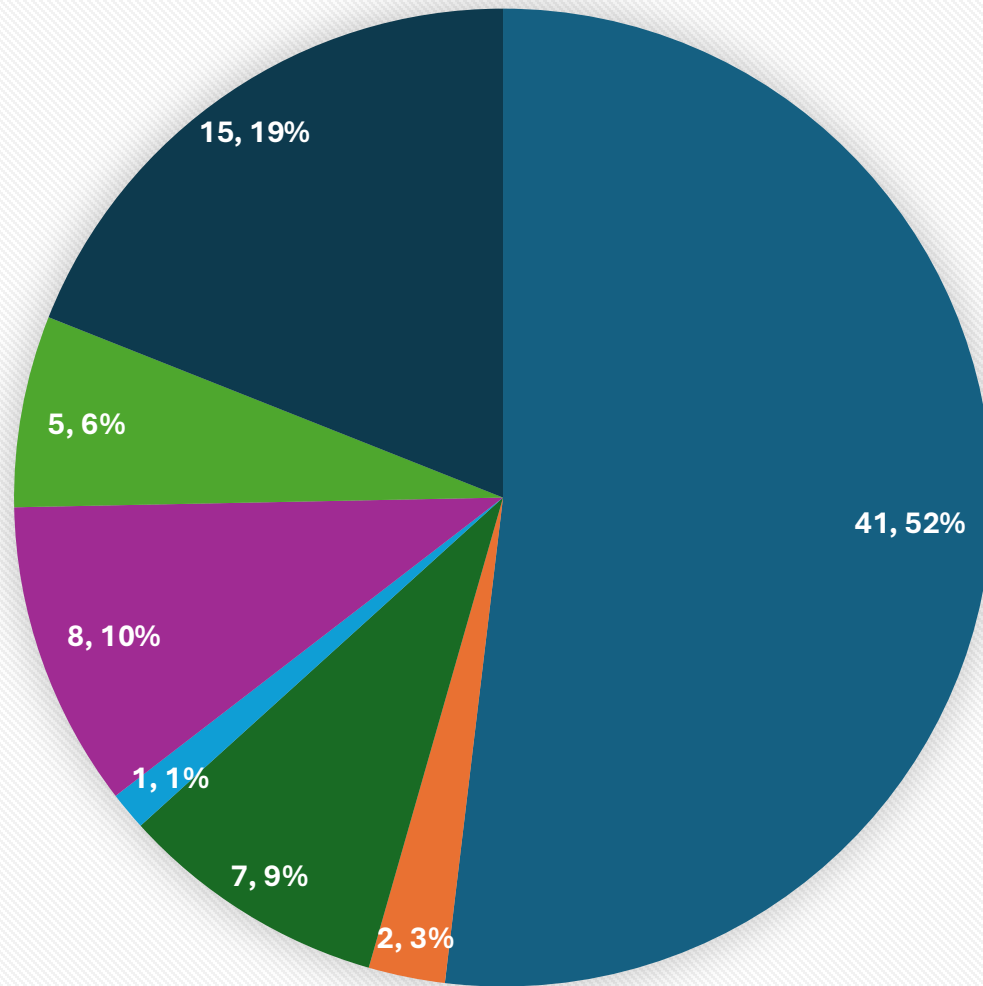
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Training Outcomes & Impact

**Eastern Oregon
Trained Clinics
2024-2025**



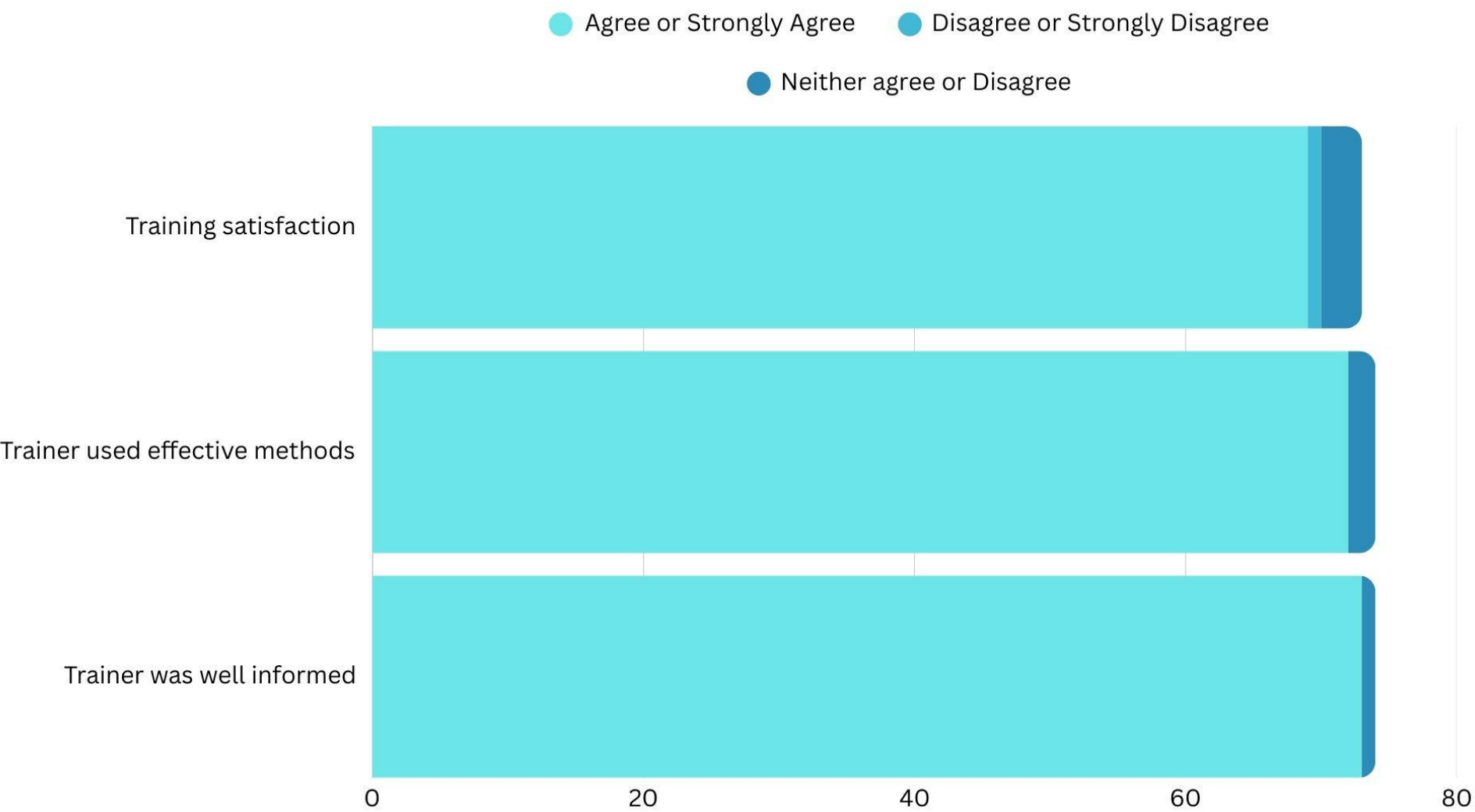
Types of Staff



■ Medical Assistant	■ Doctor / MD	■ Nurse Practitioner
■ Certified Nurse Assistance	■ Registered Nurse	■ Physicians Assistant
■ Other		

- **41** Medical Assistant's / Medical Scribe's
- **2** Doctor's
- **7** Nurse Practitioner's
- **1** CNA
- **8** Registered Nurses
- **5** Physicians Assistant's
- **15** Other
 - CHW or Office Manager

Evaluation Results: Training Satisfaction



Evaluation Results: How can the training be improved



Training Environment

Hands on, in-person trainings wanted

Interpersonal Training

Interested in resources on how to talk to parents (MI training opportunity?)



Administrative Barriers

Concerns about length of training (some mentioned it being too long)

Evaluation Results: Training highlights

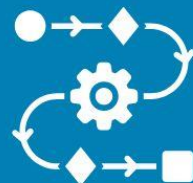


Oral Health Training

Most enjoyed learning about causes of caries & caries stages

Workflow integration

Found workflow implementation useful



Flouride Resources

Interest in how to apply fluoride / best positions

Impact: Quality Metrics

Preventative Dental Services ages 1-14:

The percentage of patients ages 1-5 and 6-14 who receive preventive dental services during the measurement year

Data Source: Billing Claims

Measure impact:

- Clinic funding
- Grant funding
- Program funding
- LCHP funding
- Population health



Impact: 99188 Billing

- **99188 CPT Code Definition:** The application of topical fluoride varnish by a physician or other qualified health care professional
- 99188 CPT code is a high impact code for medical clinics, it **allows clinics to gain autonomy over the preventative dental inventive measure.**
- Important CPT code for areas that have dental provider shortages – **allows preventative dental treatment within the medical clinic**

99188 CPT Billing Usage to EOCCO Over Time

2022	2023	2024	YTD 2025 (through 7/31)
1392 individual claims billed to EOCCO	1813 individual claims billed to EOCCO	2245 individual claims billed to EOCCO *first lunch & learn*	1280 individual claims billed to EOCCO

61.28% Increase

Key Takeaways and Project Impact



What's going well

- Program addresses needs and resource gaps in communities
- Preventing chronic conditions and ensuring children and parents receive oral health education
- Alleviates burden of dental provider shortage
- STAKEHOLDER EVALUATION
 - Seeing real results
 - Clinics are implementing these trainings
 - CMEs are very popular

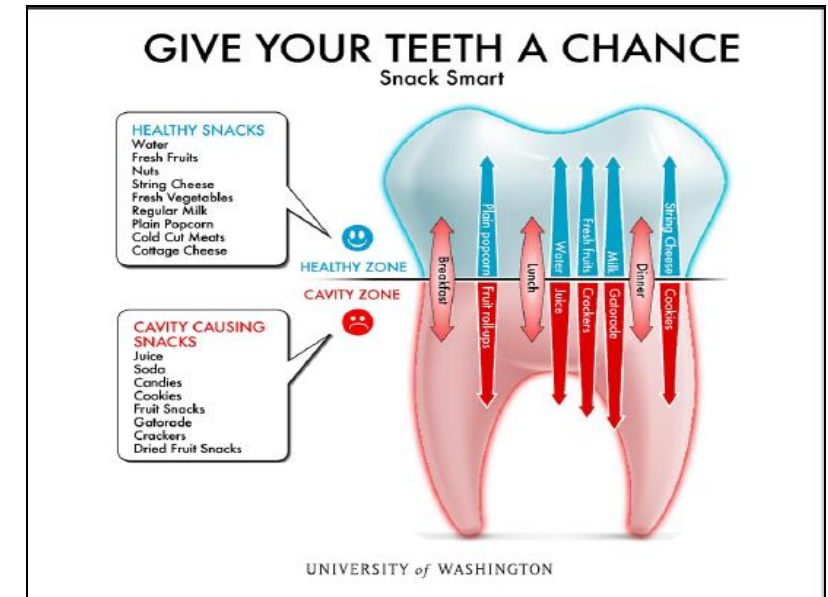


Challenges Faced:

- Staff turnover
- Time constraints
- Virtual culture
- Changes in funding



Photo: Nick George / The Chronicle



Upcoming Priorities



Increased focus on in person trainings



Ensuring accurate tracking and reporting



*Increased focus on upstream projects
(i.e. providing in-house CME)*

Replicating the Model

Prepare for the *next steps*



Build Your Team

Identify your key partnerships
needed: Dental clinic, medical
staff, DCO, CCO



Set a Deadline

Organize regular trainings based off
turnover rates and educational needs to
integrate first tooth workflow into your
well child visits



State Your Why

Remind yourself why your project
matters to you with a meaningful mantra
or mission statement that gets you
excited to take action.

Clinical Focus: Planning for Workflow Integration

- ⌘ Determine who will deliver the services.
- ⌘ Decide when the services will be delivered.
- ⌘ Identify an oral health champion.
- ⌘ Create a plan for fluoride varnish and materials.
- ⌘ Decide who will coordinate dental referrals.
- ⌘ Establish process for chart documentation.
- ⌘ Create process for eligibility and billing.



SAMPLE WORKFLOW

5-Step Process

1

A child presents for their annual well-child visit

2

Attending provider conducts oral health evaluation and fluoride varnish treatment

3

Attending provider educates parent on oral health for children

4

Attending provider charts any irregularities / documents any oral health services and findings

5

Provider refers to dental if needed & bills 99188 for services

Considerations from other clinics

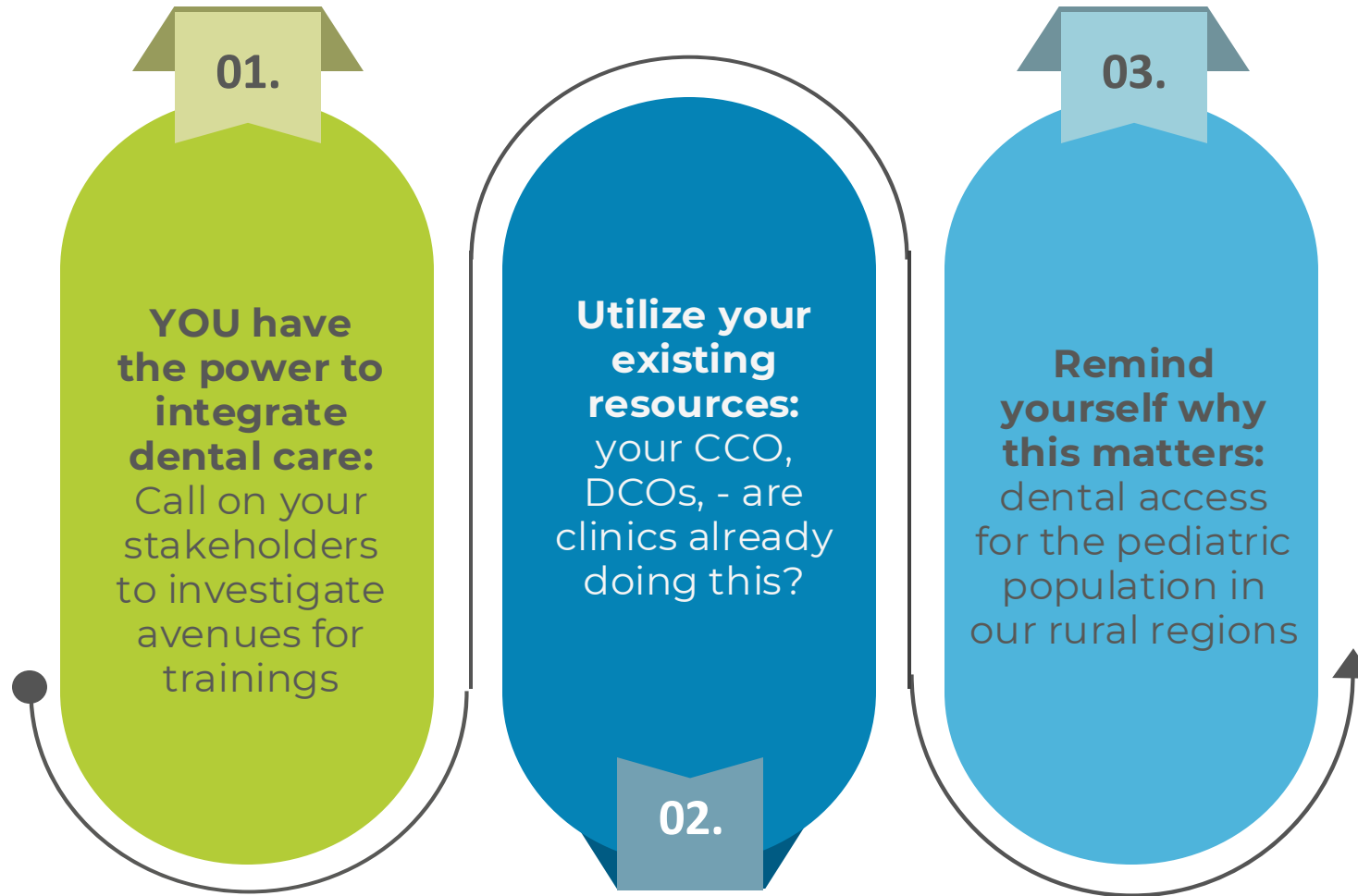
- Create a list for outreach
- Prioritize appointment slots for children who have not received fluoride varnish yet
- Develop partnerships or referral pathways with local dental clinics
- Collaborate with your CCO or private insurance contractor

Oral Health Assessment—Birth to 3 Years of Age				
Mother/caregiver's oral health Does mother have a dentist? Yes No		Existing dental home? Yes No		
		<input type="checkbox"/> caries <input type="checkbox"/> staining <input type="checkbox"/> plaque <input type="checkbox"/> demineralization <input type="checkbox"/> night feeding <input type="checkbox"/> frequent snacking/juice intake (sippy cup) <input type="checkbox"/> special needs <input type="checkbox"/> SES		
Outcome	Education	Fluoride	Referral	Completed

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Conclusion & Call to Action



Need more information?

- Sofia Aiello

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- Quality and Incentive Measures:

- EOCCOmetrics@modahealth.com

- EOCCO.com/providers/incentivemeasures

- EOCCO.com/providers/education

- Billing and Provider Relations: EOCCOproviderinquiry@modahealth.com

Questions?



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Thank You!