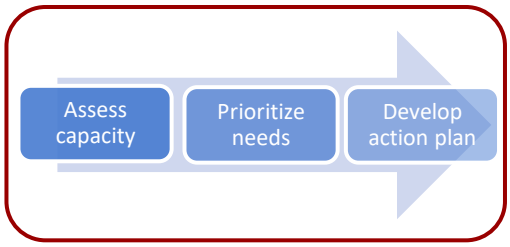
Consortium for Oral Health Systems Integration and Improvement

ASTDD | DQA | OHRC

Capacity Inventory for Integrating Oral Health Care and Primary Care for Pregnant Women

Tool

This tool was developed to assist states[a] in their efforts to improve their capacity to integrate oral health care and primary care for pregnant women. The purpose of the tool is to help state oral health program staff assess systems-level capacity factors and prioritize needs. See the companion brief for more information about the tool's development.



Staff can use the tool to consider factors that facilitate integration of oral health care and primary care for pregnant women and to look for opportunities to improve integration. The highest-priority areas can then be addressed in an action plan. Technical assistance during this process is available from the Consortium for Oral Health Systems Integration and Improvement.

Instructions

Review all systems-level capacity factors on the following pages. Factors are organized into these categories:

- Collaborative relationships
- Data and surveillance
- Health professional education and training
- Oral health care for pregnant women as a state priority
- Workforce
- Medicaid
- Public outreach and education
- Oral health scope of practice for primary care providers and team members
- Medicaid payment for primary care providers

Categories and factors do not stand alone and may need to be considered in combination with other factors and partners. Consider (with partners, as necessary) whether improvements are needed, and categorize factors using the priority matrix below.

1. In the first column, rate each factor on a scale from 0 to 5, where 0 means that it is not in place, and 5 means that the factor is fully in place.

[a] "States" refers to 50 states, the District of Columbia, and U.S. jurisdictions.

- If the factor isn't relevant to your state or if you are unsure or don't know, skip the rating column and enter information in the "Notes" column that might be helpful to you in a later review.

2. In the "Notes" column, add your reactions and ideas for improvement. Add any other notes that are relevant (e.g., resources needed).
3. In the "Priority for Action" column, indicate whether you are working on the factor or when you might work on it by marking "Next," "Later," or "Not at all."

The following terms are used in the inventory.

- *Dental provider*: dentist, dental hygienist, dental therapist, dental assistant
- *Primary care provider*: physician, physician assistant, nurse practitioner, certified nurse midwife
- *Primary care team member*: registered nurse, licensed practical nurse, medical assistant
- *Community health worker*: community navigator, promotora, health coach, community health advisor, community health aid, outreach worker

This tool was developed by the Consortium for Oral Health Systems Integration and Improvement led by the National Maternal and Child Oral Health Resource Center working in partnership with the Association of State and Territorial Dental Directors and the Dental Quality Alliance with pilot testing by state teams participating in the Integrating Oral Health Care and Primary Care Learning Collaborative. The tool was informed by the *Capacity Assessment for State Title V (CAST-5)* developed by the Association of Maternal and Child Health Programs and the John Hopkins University Women's and Children's Health Policy Center (https://amchp.org/resources/capacity-assessment-for-state-title-v-cast-5/) and the environmental scan developed by the Networks for Oral Health Integration Within the Maternal and Child Health Safety Net project (www.mchoralhealth.org/projects/nohi.php).

State:

Organization:

Contact name and e-mail address:

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
Collaborative Relationship Factors						
Champions exist that support the integration of oral health care and primary care for pregnant women in your state.						
Partnerships, communication channels, and other types of interactions and collaborations related to oral health for pregnant women are cultivated with:						
• State agencies and/or programs (chronic disease, home visiting, Medicaid, Title V)						
• Safety net settings (community health centers, hospitals, health departments, public health clinics, or other facilities serving pregnant women)						
• Community-based organizations						
• State and local policymakers						
• Non-governmental advocates, funders, and organizations (oral health coalition, primary care association, philanthropy, faith-based and cultural groups, advocacy organizations)						
• State and national entities (professional associations, universities, media)						
• Other, please specify:						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
Data and Surveillance Factors						
State oral health program has access to staff or partners with data expertise (e.g., epidemiologist, data scientist, statistician).						
Oral health is included in a statewide information technology system to support health care data collection and retrieval by health care providers and social program staff (e.g., health information exchange). *Examples* California: Software development merging data on clients with community-based programs and funding to connect and coordinate services: https://uniteus.com/solutions California: *Mapping Dental Deserts: Oral Health Equity in Los Angeles County* publichealth.lacounty.gov/ohp/docs/LAC%20Dental%20Deserts%20One%20Pager%202021.pdf Maryland: State Designated Health Information Exchange (physician offices, hospitals, federally qualified health centers, local health departments) www.crisphealth.org South Carolina: *Interactive Maps and Geospatial Data* (not oral health specifically) https://sc-department-of-health-and-environmental-control-gis-sc-dhec.hub.arcgis.com						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
State repositories or registry systems collect and house oral health data.						
Oral health data about pregnant women is publicly available (via state data dashboards, reports, registries, websites).						
State oral health surveillance plan addresses oral health care for pregnant women.						
State is engaged in activities (projects, evaluation, and/or research) focused on integrating oral health care and primary care for pregnant women.						
State oral health program can access oral health data about pregnant women and women of childbearing age from the following sources:						
• Basic Screening Survey (BSS) for pregnant women (see publichealth.nc.gov/oralhealth/docs/POH-Data-Brief-1-21.pdf)						
• Behavioral Risk Factor Surveillance System (The oral health module is a rotating core that is included in the BRFSS questionnaire in even-number years. See www.mchoralhealth.org/cohsii/indicators/files/indicator-summary-w4.pdf)						
• Medicaid						
• Pregnancy Risk Assessment Monitoring System (PRAMS)						
• Other, please specify:						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
Health Professional Education and Training Factors						
State promotes continuing education about oral health care for pregnant women for **dental providers**.						
State promotes **continuing education** about oral health care for pregnant women for **primary care providers** (e.g., physicians, physician assistants, nurse practitioners, certified nurse midwives)						
State promotes **continuing education** about oral health care for pregnant women for **primary care team members** (e.g., registered nurses, licensed practical nurses, medical assistants)						
Dental provider education programs (e.g., dental hygiene programs, dental schools, dental residency programs) include content on oral health care for pregnant women.						
Primary care provider education programs include content on oral health care for pregnant women.						
State has developed, adapted, adopted, or endorsed guidelines for oral health care for pregnant women (see www.mchoralhealth.org/highlights/pregnancy-guidelines.php).						

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Oral Health Care for Pregnant Women as a State Priority						
State oral health plan includes integration of oral health care and primary care for pregnant women. *Example* 2020-2030 Minnesota State Oral Health Plan www.health.state.mn.us/people/oralhealth/docs/stateplan2020.pdf						
Oral health is represented at state MCH program meetings about selecting national performance measures (NPMs) and developing action plans.						
State MCH program selected the Title V NPM for oral health care for pregnant women (NPM 13.1) (see www.mchoralhealth.org/titlevbg/index.php#states) or developed a state performance measure for oral health for pregnant women.						
State health improvement plan includes integration of oral health care and primary care for pregnant women.						
State has state and/or federal funding (e.g., Title V MCH Services Block Grant) for efforts to integrate oral health care and primary care for pregnant women.						

Capacity Factors	Is it in place?	Notes	Priority for Action			
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State has philanthropic funding for efforts to integrate oral health care and primary care for pregnant women.						
Workforce Factors						
Dental hygienists are **permitted to practice** in prenatal care settings under their scope of practice in your state (see www.adha.org/resources-docs/Dental_Hygiene_in_Medical_Settings.pdf).						
Dental hygienists are **permitted to directly bill Medicaid** and receive reimbursement for oral health services in your state (see www.adha.org/reimbursement).						
Dental therapy is permitted in your state (see oralhealthworkforce.org/authorization-status-of-dental-therapists-by-state/).						
A **certification program for community health workers** exists in your state (see www.nashp.org/state-community-health-worker-models).						
• If yes, does the **program for community health workers** include oral health.						
Community health workers are addressing oral health in your state (e.g., oral health education).						
Medicaid Factors						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
There is an extensive **Medicaid dental benefit for pregnant women** in your state (see www.nashp.org/state-medicaid-coverage-of-dental-services-for-general-adult-and-pregnant-populations).						
There is an expeditious process for enrolling pregnant women in Medicaid in your state.						
There is a **Medicaid dental benefit for postpartum women** in your state.		*If there is a postpartum benefit, what is the duration?* *How does the benefit compare in scope to the benefit for pregnant women?*				
State has **value-based care (VBC) payment models** for oral health care for pregnant women. (According to the Centers for Medicare & Medicaid Services, VBC payment models reward health care providers with incentive payments for the quality of care they provide to beneficiaries.)		*If VBC models exist, please describe.*				
Community health workers are reimbursed by Medicaid in your state (see www.nashp.org/state-community-health-worker-models).						
Medicaid dental reimbursement rates for dental providers for care provided to pregnant women are comparable to commercial rates in your state (see www.ada.org/-/media/project/ada-organization/ada/ada-						

Capacity Factors	Is it in place?	Notes	Priority for Action			
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org/files/resources/research/hpi/hpigraphic_1021_1.pdf).						
Medicaid program **incentivizes pregnant women** to obtain oral health care in your state (e.g., $25 to pregnant woman for completion of care).						
Medicaid program has a **system or process for identifying pregnant women** and connecting them to a dentist (Medicaid new enrollment, Medicaid claims data, pregnancy risk assessment) in your state. *Examples* Maryland: *Maryland Perinatal Risk Assessment Form* www.carefirstchpmd.com/wp-content/uploads/2016/09/MARYLAND-PRENATAL-RISK-ASSESSMENT-FORM.pdf West Virginia: *West Virginia Prenatal Risk Screening Instrument* www.wvdhhr.org/mcfh/wv_prentalriskscreeninginstrument2016.pdf						
Public Outreach and Education Factors						
Integration of oral health care and primary care for pregnant women is included in statewide or regional public awareness campaigns in your state.						

Capacity Factors	Is it in place?	Notes	Priority for Action			
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There is a current and accessible directory of dental providers who participate in Medicaid and deliver care to pregnant women in your state.						
Oral health education and/or preventive care are incorporated into ancillary support services with state-wide reach; for example, in the programs listed below.						
• Early Head Start program						
• Healthy Start program						
• Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)						
• Other, please specify:						
Educational materials or other resources about integration of oral health care and primary care for pregnant women are provided to/shared with partners.						

Oral Health Scope of Practice for Primary Care Providers and Team Members

Which of the following primary care providers and team members are **permitted** under their scope of practice to provide the following oral health services for pregnant women in your state (can be by delegation)?

	Risk assessment			Oral health screening			Fluoride varnish		
	Yes	No	By delegation	Yes	No	By delegation	Yes	No	By delegation
Certified Nurse Midwives									
Registered Nurses									
Licensed Practical Nurses									
Medical Assistants									

Are there opportunities to improve scope of practice for any of the providers or team members listed above? If yes, describe them below.

Medicaid Payment for Primary Care Providers

For oral health services provided to pregnant women, can primary care providers directly bill Medicaid and receive reimbursement (fee-for-service)?

	Risk assessment		Oral health screening		Fluoride varnish		Oral health education		Case management	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Physicians										
Physician Assistants										
Nurse Practitioners										
Certified Nurse Midwives										

Are there opportunities to improve direct Medicaid billing and reimbursement for any of the providers listed above? If yes, describe them below.

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National Maternal and Child Oral Health Resource Center
Georgetown University
E-mail: OHRCinfo@georgetown.edu