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THE PEW CENTER ON THE STATES

Washington's ABCD Program

Improving Dental Care for Medicaid-Insured Children

Initiated in 1994, the state of Washington's Access to Baby and Child Dentistry (ABCD) program successfully brings together stakeholders across the oral health field to confront the causes of dental disease among Medicaid-eligible children under age six.

ABCD's founders recognized that many children suffer preventable tooth decay because of two significant problems: a lack of dentists trained to treat them and a lack of awareness among some parents that dental checkups should begin no later than a child's first birthday.[1]

With ABCD, communities draw on the expertise and resources of dentists, educators, public health agencies, Medicaid representatives and philanthropic leaders to better inform parents and increase the number of dental offices prepared and willing to care for their children. The program works to

- enroll Medicaid-eligible children by age one;
- educate their families and caregivers about dental hygiene and eating habits;
- provide outreach and case management to connect families with dental offices;
- train dentists in the best care practices for young children; and
- create referral networks of pediatric dentists for children with more difficult treatment needs.

The Unmet Need

Dental care is the greatest unmet need for health services among children.[2] An estimated 17 million children in the United States—one in five between the ages of 1 and 18—go without a dental visit each year.[3]

The costs of dental disease are severe: impaired nutrition and health, lost school time, worsened job prospects and sometimes even death.

This report highlights one proven strategy that can help policy makers prevent these consequences and deliver a strong return on taxpayers' investment.

To learn about other innovative practices, please visit www.pewcenteronthestates.org/dental.

In this Brief:

After one year, children enrolled in the ABCD program were three times more likely to have seen a dentist than their non-enrolled Medicaid-insured peers.

The remarkable benefits of this comprehensive approach were clear from the first trial in Spokane, Washington. After one year, 37 percent of children enrolled in ABCD had seen a dentist, while only 12 percent of their non-enrolled Medicaid-insured peers had. Children in ABCD averaged 2.4 dental visits per year—indicating they were on a path of regular, preventive dental care—while their peers averaged less than one visit per year.[4] Motivated by this evidence and aided by an innovative public-private funding and technical assistance partnership, three-quarters of Washington's counties have adopted the ABCD model (see Exhibit 1),[5] and the gains in access to care continue. The number of Medicaid-insured children under age six who received annual dental care more than doubled between 1997 and 2008, from 40,000 to 107,000.[6]

"If you get it right at the beginning of a child's life, you get it right," explains Laura Smith of the Washington Dental Service (WDS) Foundation, which provides start-up grants for new programs and houses ABCD's central administration under a state contract. "We believe that if you can keep them from getting those first few cavities, they're going to have better health the rest of their lives."[7]

Finding a Solution

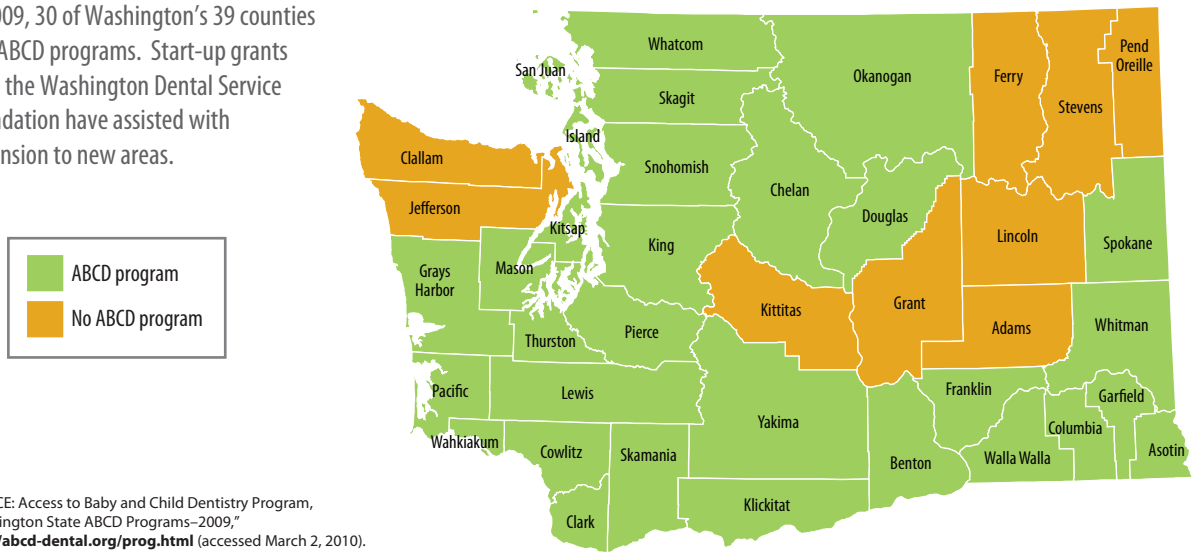
The idea for ABCD was hatched in early 1994, when Dr. Peter Milgrom and Dr. Peter Domoto, both professors of dentistry at the University of Washington, collected data on children's dental health across the state.

"The data told us what we already knew: there were huge numbers of children with unmet dental needs—holes in teeth that hadn't been filled," says Domoto. "We concluded that access to care was a significant problem."[8]

However, Washington did not have enough pediatric dentists to treat this population, especially low-income children. In 1997, fewer than one in four of the state's Medicaid-insured children under age six were seeing a dentist each year.[9] Domoto, Milgrom, the Spokane District Dental Society and others decided to confront

Exhibit 1 COUNTIES WITH ABCD PROGRAMS – 2009

In 2009, 30 of Washington's 39 counties had ABCD programs. Start-up grants from the Washington Dental Service Foundation have assisted with expansion to new areas.



SOURCE: Access to Baby and Child Dentistry Program, "Washington State ABCD Programs–2009," **http://abcd-dental.org/prog.html** (accessed March 2, 2010).

this problem head-on. In short, they wanted more dental offices to serve young children. Achieving this goal, they determined, required the coordinated efforts of many partners, including dentists and dental societies, local health district offices, the state Medicaid office and the university. The first test of this collaborative method was a pilot program, launched in Spokane in 1995.

The trial run was a success, but the program did not begin spreading across the state until 1999, when the Washington Dental Service (WDS) Foundation began seeking innovative approaches for combating early childhood dental decay in the central Washington counties of Franklin and Yakima.[10] The foundation learned about ABCD and contributed resources to implement it in these counties.

"We saw it was a promising model," says Dianne Riter, a program manager with the WDS Foundation. "As we funded those counties, we saw it was something that worked and so we continued to expand."[11]

Backed by community leaders and financial support from the WDS Foundation, other private donors and local, state and federal sources, the ABCD model has been established in 30 of Washington's 39 counties, including King County, the state's largest metropolitan area.[12]

How ABCD Works

ABCD programs are created voluntarily in counties where leaders are able to gather commitments from the broad set of partners needed to make the project effective. The support of local dentists or dental societies is key. As ABCD managing director Kathy O'Meara-Wyman describes it, "The spark comes from interested dentists saying, 'I'm willing to knock on doors and talk to some of my peers.'"[13]

Next, an array of public health leaders in the county team up with statewide ABCD staff at the WDS Foundation to plan for and troubleshoot the roll-out of the program. Importantly, a local pediatric dentist (or general dentist in areas without a pediatric specialist) is selected as the county's "ABCD dental champion," charged with recruiting, training and mentoring other dentists.

"The success of the program depends on a combination of ingredients and willing partners—agencies willing to support the program, families who understand the need for dental care and how to provide it to their children and dentists willing to provide the care," O'Meara-Wyman says. "We are more of a support, a guide."[14]

> ABCD is a collaborative effort of Washington Dental Service Foundation, the University of Washington School of Dentistry, the Department of Social and Health Services, the Department of Health, the Washington State Dental Association, local dental societies and local health jurisdictions.

Technical assistance and a three-year start-up grant from the foundation allow each county to build a strong program before it needs to be financially sustained by the local health department. Since it became involved in 1999, the WDS Foundation has invested $2.5 million in start-up grants, which works out to about $26,000 per year per county.[15] Grants typically pay for case management and community outreach costs. Both are crucial, especially in the early phase, when parents, nurses, doctors and social service agencies in the community must be made aware of the ABCD program's availability. Participating dentists must be identified and educated on both appropriate

treatment practices and serving young children cost-effectively in their offices. Meanwhile, families must be enrolled and reminded to keep appointments and schedule follow-up visits.

Clearing Medicaid Barriers for Dentists

A cornerstone of ABCD's success is the enhanced Medicaid fees the state pays dentists for certain preventive and restorative procedures performed for children under age six. These higher reimbursement rates encourage both general and pediatric dentists to participate in the program. For many practices, Medicaid fees that are set well below retail prices make the sometimes difficult task of treating young children even less attractive.

"Anyone who would be seeing these patients would be losing money" were it not for the higher rates, explains Dr. Remy Eussen, Clark County's ABCD dental champion. With ABCD's better fees, dentists may make money treating Medicaid-insured children, though not a lot, Eussen is quick to note.[16]

ABCD managers also try to alleviate a common concern that billing Medicaid is hard or cumbersome. Washington's Medicaid agency, the Department of Social and Health Services, answers all dental office calls regarding ABCD to guarantee that reimbursement questions are resolved in hours, not days.[17] In Spokane County, when ABCD first debuted, the Department even helped provide for a part-time Medicaid billing expert who worked for the local dental society.[18] Going further, the department offers training for participating dental practices on ABCD-related billing procedures and on building relationships with patients using Medicaid insurance. Dental office staff sometimes act as "gatekeepers," according to Milgrom.[19] Misconceptions that people on Medicaid have poor hygiene, routinely break appointments or are disruptive or more difficult to treat can factor in decisions to refuse these patients. Research shows that front-office workers in participating ABCD dental practices generally hold more positive attitudes about Medicaid-insured patients than do their counterparts in non-ABCD practices.[20]

Preparing Dentists to Confidently Care for Young Children

Financial incentives, a smooth billing system and an office-wide willingness to take Medicaid patients merely clear the way for ABCD to address the core problem: most dentists are not prepared to work with young patients. That is where the University of Washington School of Dentistry steps in. Professors Domoto and Milgrom created the first comprehensive teaching syllabus for ABCD, and dental school faculty continue to help participating dentists learn appropriate treatment practices for children under six.

The training sessions are hands-on, giving dentists real experience with children in order to dispel normal fears and nervousness. Upset and tearful children can rattle even the most technically capable professionals. Instructors even arrange for crying babies to be present.[21] Dentists also learn how to advise parents about their child's nutrition and oral health.

"We had to reintroduce the idea that it is safe for the dentists to treat young babies," says Domoto. "One of the most difficult things we could do in just one day was to make them comfortable with babies crying."[22]

When Dr. Joel Berg succeeded Domoto and Milgrom as head of the ABCD dentist education component in 2003, he organized the first network of county dental champions, in part to broaden the reach of training efforts. In his words, the change was needed for "converting a mom-and-pop system into a business."[23] Champions now take the lead role in coaching their local colleagues on proper dental care for children, increasing the convenience of trainings and minimizing travel time and costs for university faculty. An annual professional development day for the champions updates them on the curriculum and the best methods for instructing other dentists.

Connecting Families with Dental Providers

Local health departments are an instrumental hub in the ABCD model. They typically administer the program within the county, coordinate community dental screenings and outreach events, arrange dentists' training and, most importantly, provide case management for the parents of children who need ABCD's services. Beyond explaining to parents the importance of early childhood dental care, department staff often must connect patients with the dentists who are best suited for their unique needs. This means considering what hours each dental office is open, what languages the staff speak, how close the dentist is to the patient's home and even the bus routes that link the two.

ABCD's family education component emphasizes the importance of healthy dental habits at home (eating right, brushing teeth) and parents' hands-on role in their child's dental care. The need for professional care and guidance on scheduling and keeping appointments and follow-up visits are covered as well. Melody Scheer runs Clark County's ABCD program and knows how difficult it is for families to get to the dentist.

"It is not that hard to pitch the program to most people. They are excited to find a dentist who has been trained to work with young children. It is easier to enroll them, but the follow-through is harder," Scheer explains. "So many of them really don't understand why young children need to go to the dentist. I remind them that their molars need to be in their mouths until they are 11 or 12 years old. The other thing we try to talk to them about is that if you get your baby in by its first birthday, you have a dental home set up; if you ever have an emergency, you don't have to go to the phone book."[24]

Scheer's office establishes connections early—even reaching out to pregnant women—and maintains an ongoing relationship between dental visits, including

Pope's Kids Place—How Partnerships Can Work for Communities

Although ABCD program administration by the local health department works in most counties, state leaders have learned that these agencies do not always have the concentrated resources to focus on dental care for children, especially in rural areas. Officials in three counties have addressed this challenge by contracting with other organizations for program management, and have demonstrated that this kind of partnership can yield equally stunning results.

The arrangement between Lewis County's health department and Pope's Kids Place—a nonprofit medical and dental clinic and outreach center for medically fragile children—exemplifies the community-oriented approach that makes ABCD so successful. Pope's Kids Place runs the local ABCD program and provides dental care to many of the enrolled children in the county. It also recruits other dentists into the program and refers new patients to them.

Sherry Elder, who supervised both the ABCD and Pope's Kids Place dental program, explains the advantages of the contracted services in Lewis County: "It enables us to do a little bit more, to spend a little more time than the staff at the health department could, because they have other job duties to do. We are able to do more outreach and case management."[25]

Lewis County citizens have benefited greatly from the steps local leaders took to ensure they had the right administrative capacity for the program. The county once was one of the worst performers in the state on the percentage of Medicaid-insured children receiving dental care. But in 2005, only three years after starting its ABCD program, the county ranked among the best on that measure statewide. The results are most astonishing for children under age two, who are often the hardest to serve. In 1997, less than 1 percent of these youngest Medicaid-eligible children received a dental visit. The proportion getting a dental visit jumped to more than 25 percent in 2005, well above the next highest county.[26]

"Some of the worst cases I've ever seen were when we first got started," Dr. Isaac Pope, founder of Pope's Kids Place, reminisces. "I don't see many of those anymore."[27]

small touches such as sending postcards on each child's birthday as a reminder to schedule follow-up visits. ABCD programs also engage Head Start, Early Head Start and Women, Infants and Children nutrition programs as partners who can assist with the identification and education of families eligible for ABCD services.

Efforts to integrate dental care with other health services received a boost in 2008, when ABCD began training and reimbursing primary care medical professionals (pediatricians and family physicians) for preventive oral health services.[28] By engaging doctors to provide dental health screenings, risk assessments, family education and fluoride varnish treatments during well-child checkups, Washington's policy makers aim to increase the number of infants and toddlers receiving preventive services. Participating medical providers get connected to dental referral resources so that children at risk for cavities can be fast-tracked to an ABCD dentist.

Balancing Consistent Quality and Local Flexibility

ABCD staff have learned that what works well in King County—with more than 100,000 children under five and about 1,700 dentists—might not work in rural Lewis County, which has fewer children, only 20 dentists and not a single pediatric dentist.[29] Maintaining a balance between local considerations and the desire for consistent results across the state raises coordination problems.

"You need to figure out where the program is going to sit," WDS Foundation's Laura Smith says when advising other states considering the ABCD model. "It could reside in the Medicaid program itself; they could fund a person to make sure this all works. The Department of Health is another place it could reside."[30]

Washington's Medicaid administration chose to contract with the WDS Foundation for core management functions. The state does not pay the foundation for these services; rather, the significance of the contract is that it institutionalizes the program.[31] WDS Foundation's O'Meara-Wyman, in her role as ABCD's managing director, brings vital knowledge, experience and perspective to this challenge. She ensures that a county is prepared to handle the demands of the program before it launches, then she participates as a member of each local program's steering committee. Centralized leadership helps ABCD-member counties learn from others' successes and mistakes, mitigates coordination problems and saves on administrative costs, especially for goods and services that are not county-specific, such as the translation of educational materials into different languages.

Despite all its advantages, central leadership cannot engender local enthusiasm for the program. As Washington's advocates have learned, the real trick is creating a strong institution to ground the program at the state level without losing the local champions and county-level leadership that make ABCD so successful.

Results

By a number of measures, ABCD has greatly improved access to dental care for Washington's youngest Medicaid-insured children. The proportion of children under age six on Medicaid who were accessing dental care rose from 23 percent in 1999 to 39 percent in 2008 (see Exhibit 2).[32] A similarly dramatic increase was seen for children under age two, with 19 percent getting a dental visit in 2008, up from 5 percent in 1999.[33] Importantly, the number of children visiting the dentist before their second birthday has more than quadrupled.[34]

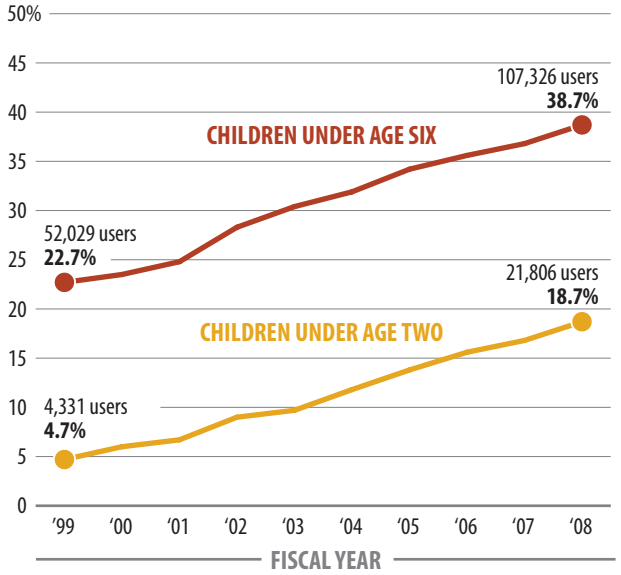
Surveys of families with Medicaid-enrolled children and dentists show positive attitude changes connected to ABCD participation. Parents in the program were more likely to have tried making a dental appointment and less likely to say their children were fearful of the dentist.[35] ABCD-trained dentists—numbering more than 1,000 statewide—are three times more likely than other dentists to say they are comfortable seeing children under a year old.[36]

ABCD even benefits children who are not enrolled. An evaluation revealed that in the second year the program

Exhibit 2

MORE CHILDREN USING MEDICAID DENTAL SERVICES

Statewide, the number of Medicaid-insured young children receiving dental care rose dramatically as more counties adopted the ABCD model.



SOURCES: Access to Baby and Child Dentistry Program, "Medicaid Utilization: Children Under Age Six," (2009) **http://abcd-dental.org/pdf/medicaid_utilization.pdf** (accessed March 2, 2010) and "Medicaid Utilization: Children Under Age Two," (2009) **http://abcd-dental.org/pdf/medicaid_utilization_2.pdf** (accessed March 2, 2010).

operated in Stevens County, non-enrolled children on Medicaid increased their use of dental care to a level comparable to that of ABCD enrollees. The program's effectiveness in spreading oral health awareness widely among families and dentists in the community was cited by researchers as the likely cause.[37]

The additional investment that state policy makers and taxpayers make to generate these solid benefits is modest, even with ABCD's enhanced Medicaid rates for dentists. One comparison of counties with and without the program showed that the state spent $13.50 more per Medicaid-insured child per year in counties with the program.[38] The $13.50 difference is less than one-quarter of the cost the state's Medicaid program pays to restore a tooth with a cavity,[39] not to mention the many thousands of dollars saved each time ABCD's mix of education and prevention saves a child from cavities that develop into infections or surgical extractions, requiring emergency-room visits and operating-room services.

Conclusion

ABCD's decade-long success in improving children's dental health is a reflection of the sustained commitments and investments made by the program's broad base of supporters. Though Washington faced a fiscal year 2010 budget shortfall of $6.2 billion—more than a quarter of the state's general fund[40]—ABCD continues to receive strong support from policy makers. The program's resilience is a tribute to its solid results and efficient public-private financing model. These factors are tremendously important but certainly not exclusive to Washington, and other states would be smart to consider a similar approach.

Children with sound dental care behaviors are better able to grow and learn and carry their improved oral and overall health with them through life, according MaryAnne Lindeblad, director of the Division of Healthcare Services with the state's Department of Social and Health Services.

"That is the argument for kids' health care: it is an investment," says Lindeblad. "If you are mapping your future as a state, you have to pay attention to the kids."[41]

Programs such as ABCD may have the potential to spread during an economic downturn, when dental practices could see a drop in patient visits. Participating in ABCD may appeal to more dentists in this climate by offering them the training and community connections to reach a new patient population.

"I actually think that now is an enormously good time to take the next step," says Milgrom. "In a time of recession—when the dentists are not as busy—is a good time to make progress."[42]

The Pew Children's Dental Campaign works to promote policies that will help millions of children maintain healthy teeth, get the care they need and come to school ready to learn.

Acknowledgments

We give special thanks to the Washington Dental Service Foundation and the ABCD program founders, local administrators, dentists and other supporters who shared their stories, data and insights for this report.

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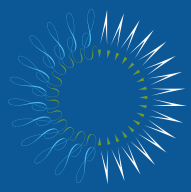

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