



# OrOHC K-12

9-10-2021 Quarterly meeting

## K-12 Committee

**Date:** Friday, Sept. 10, 2021

**Time:** 10:00 am - 12:00 noon

**Location:**

<https://us02web.zoom.us/j/84191452630?pwd=Sm5mdWRkRzEyWjIGTSt3TTZLUjR2dz09>



### Agenda

10:00-10:10	Welcome, introductions	Laurie Johnson
10:10-10:20	Continuing business <ul style="list-style-type: none"><li>- Review of minutes</li><li>- Dashboard</li><li>- Website/Facebook</li></ul>	Laurie
10:20-10:40	Update on COVID-19 status/research	Laurie
10:40-11:00	Update on organizations related to K-12 (Healthy Teeth/Bright Futures Coalition; Dental Quality Alliance; CareQuest; Medicare, ASTDD, Medicaid)	Laurie
11:00-11:10	OHA update	Karen Phillips
11:10-11:20	Status of SB 111: Medicaid billing by schools for health care	Laurie
11:20-11:40	Review of the new survey and discussion	Laurie
11:40	Value of today's meeting Date of next meeting: Friday, Dec. 3 Adjourn	Laurie

# Agenda

Introductions

Dashboard review

Facebook page introduced <https://www.facebook.com/Healthy-Teeth-for-a-Lifetime-103720055147942>

Website review <https://healthyteeth.us/>

Power Point (available at [https://healthyteeth.us/wp-content/uploads/2020/12/2021-6-4\\_OrOHC-K-12-PowerPoint.pdf](https://healthyteeth.us/wp-content/uploads/2020/12/2021-6-4_OrOHC-K-12-PowerPoint.pdf))

**Oregon Community Foundation (OCF) update:** The pediatric coalition changed its name to “Healthy Teeth, Bright Futures (HTBF).” With the passage of [HB 2969](#) - the Oral Health Education/School Program Sustainability bill - the HTBF Coalition moved ahead to form a K-12 Workgroup to engage the Oregon Department of Education and the Oregon Health Authority in establishing a curriculum for oral health. Trina McClure-Gwaltney (Healthy Kids Outreach Program Manager, Mercy Foundation) is serving as an integral part of that workgroup, with Tom Holt and Molly Yeend leading the effort.

Laurie provided a **snapshot of COVID-19** pertaining to elementary students and adolescents, and availability of vaccinations – a snapshot due to the ever-changing landscape.

There was considerable discussion about the **Medicaid report**, 2010 to 2019, concerning sealants received by 6–14-year-olds. Percentage of eligible served has grown incrementally from 12.8% (16,801) served in 2010 to 18.9% (34,987) served in 2019. Note, the number of *eligible* increased from 131,251 to 185,448 – an increase of 54,197. Eligible peaked in 2015 to 208,825 after Medicaid expansion. That year, percentage receiving sealants dipped slightly, but rebounded impressively as programs stepped up to the plate to meet the increased need. The graphic is in the Power Point.

Laurie presented (in Power Point):

- How **Medicaid** is changing their measuring of “sealants received”
- The status of value-based care (**Oregon’s Value-based Payment Compact**)
- Activities of the **Dental Quality Alliance**
- Mission of **CareQuest** – taking services to the people

Karen Phillips provided an update on OHA activities.

Kimberly Bartholomew, Beaverton School District, District Nurse discussed her experiences in the school setting.

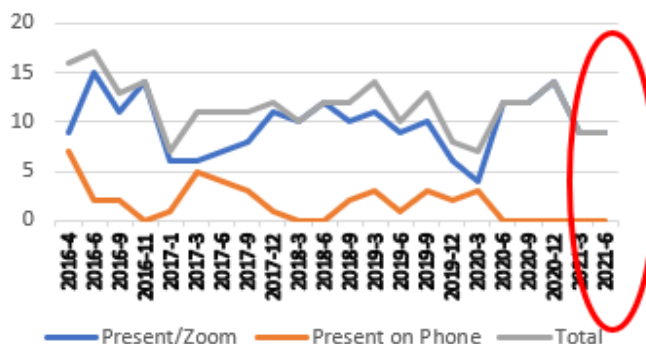
Linda Mann presented the process of bringing HB 2627 (hygienists providing interim therapeutic restorations) to a successful conclusion (governor’s signature).

Laurie facilitated a discussion of the committee’s most recent survey. All surveys available at <https://healthyteeth.us/k-12-committee/>

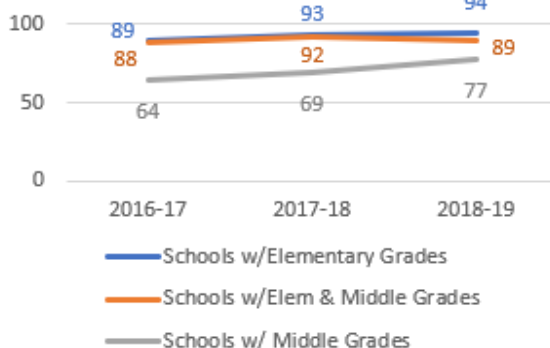
Meeting adjourned at 11:50 am.

# Minutes

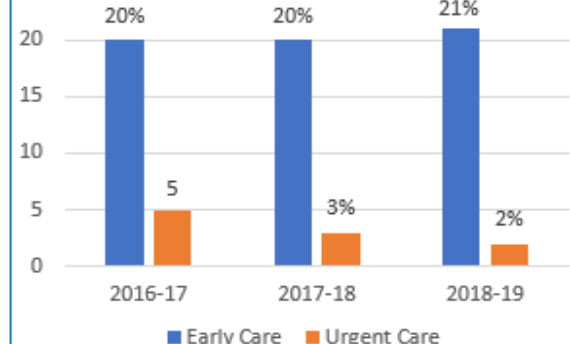
Attendance OrOHC K-12 Committee Meetings  
(3 - 4 meetings/year, Year-Month)



Percentage of Eligible Schools w/ School Dental Sealant Programs



Percentage of Children at Eligible Schools in Oregon Referred for Early/Urgent Care



Certified School Dental Sealant Program Results

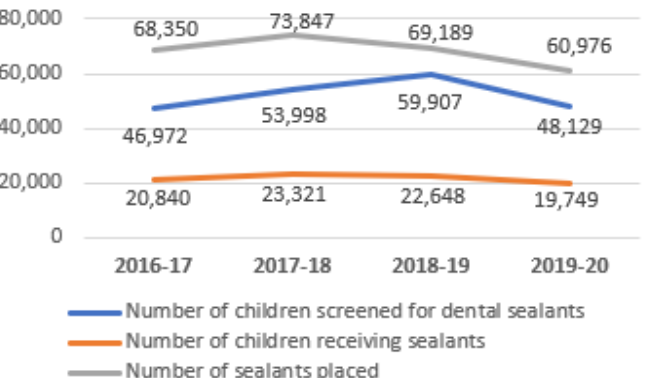


Table 5: Oral Health of Oregon Children in First, Second, and Third Grades

Smile Survey Year	Healthy People (HP)							
	2002	2007	2012	2017	2020 Objectives for 6 to 9 year olds		2030 Objectives for 3 to 19 year olds	
					Baseline	Objective	Baseline	Objective
Caries Experience (primary or permanent)	57%	64%	52%	49%	54.4%	49.0%	48.4%	42.9%
Caries Experience (permanent)	12%	17%	10%	5%				
Untreated caries	24%	36%	20%	19%	28.8%	25.9%	13.4%	10.2%
Rampant Decay	16%	20%	14%	5%				
Children with sealants	32%	30%	38%	42%	25.5%	28.1%	37.0%	42.5%
Number of children screened	3,956	3,865	5,258	8,008				

Definitions:  
 Caries experience: cavities that are untreated or have received treatment  
 Untreated caries: cavities that have not received appropriate treatment  
 Rampant decay: Seven or more teeth with treated or untreated decay  
 Children with sealants: one or more permanent molars with a sealant

School Based Health Centers	2015-16	2016-17	2017-18	2018-19	2019-20
Number of SBHCs in Oregon	76	78	76	79	79
Number with a dental provider	14	14	16	16	11
Number of visits for dental	1,718	2,332	2,476	1,941	2,100
% of visits for dental	1%	1%	2%	2%	2%
Clients receiving sealants	*	*	107	319	353
Fluoride varnish provided	*	*	**	**	*
Restorative provided	*	*	**	**	*

Oregon Health Authority. Oregon School-based Health Centers. Retrieved from <http://www.healthoregon.org/sbhc>

\* No data available \*\*Need data

2,076 visits pre-COVID; 24 visits during COVID

Committee Projects

Current:

- Sharing COVID mitigation strategies
- Website (<https://healthyteeth.us>) – gathering input/comments
- Facebook page “Healthy Teeth for a Lifetime” – gathering Followers

Completed:

- Surveys of sealant programs’ summer plans/fall plans (surveys available on website, under “K-12 Committee”)
- Oral Health Toolkit for School Based Health Centers
- Gap Analysis Survey for School Dental Sealant Programs

# Website & Facebook

- ▶ Website: <https://healthyteeth.us/>
  - ❖ Meeting agendas, minutes, Power Points, Surveys, relevant news are posted on Website under “K-12 Committee” tab.
- ▶ Facebook Page:  
<https://www.facebook.com/Healthy-Teeth-for-a-Lifetime-103720055147942>
  - ❖ Legislative outcomes video posted on facebook



# COVID: Pediatric Cases

- ▶ Since the pandemic began, children represented 15.1% of total cumulated cases. For the week ending September 2, children were 26.8% of reported weekly COVID-19 cases.
- ▶ As of September 2, over 5 million children have tested positive for COVID-19 since the onset of the pandemic.
- ▶ About 252,000 cases were added the past week, the largest number of child cases in a week since the pandemic began. After declining in early summer, child cases have increased exponentially, with over 750,000 cases added between August 5 and September 2 – an increase of 15% to total number of cases.

American Academy of Pediatrics (Sept. 7, 2021)



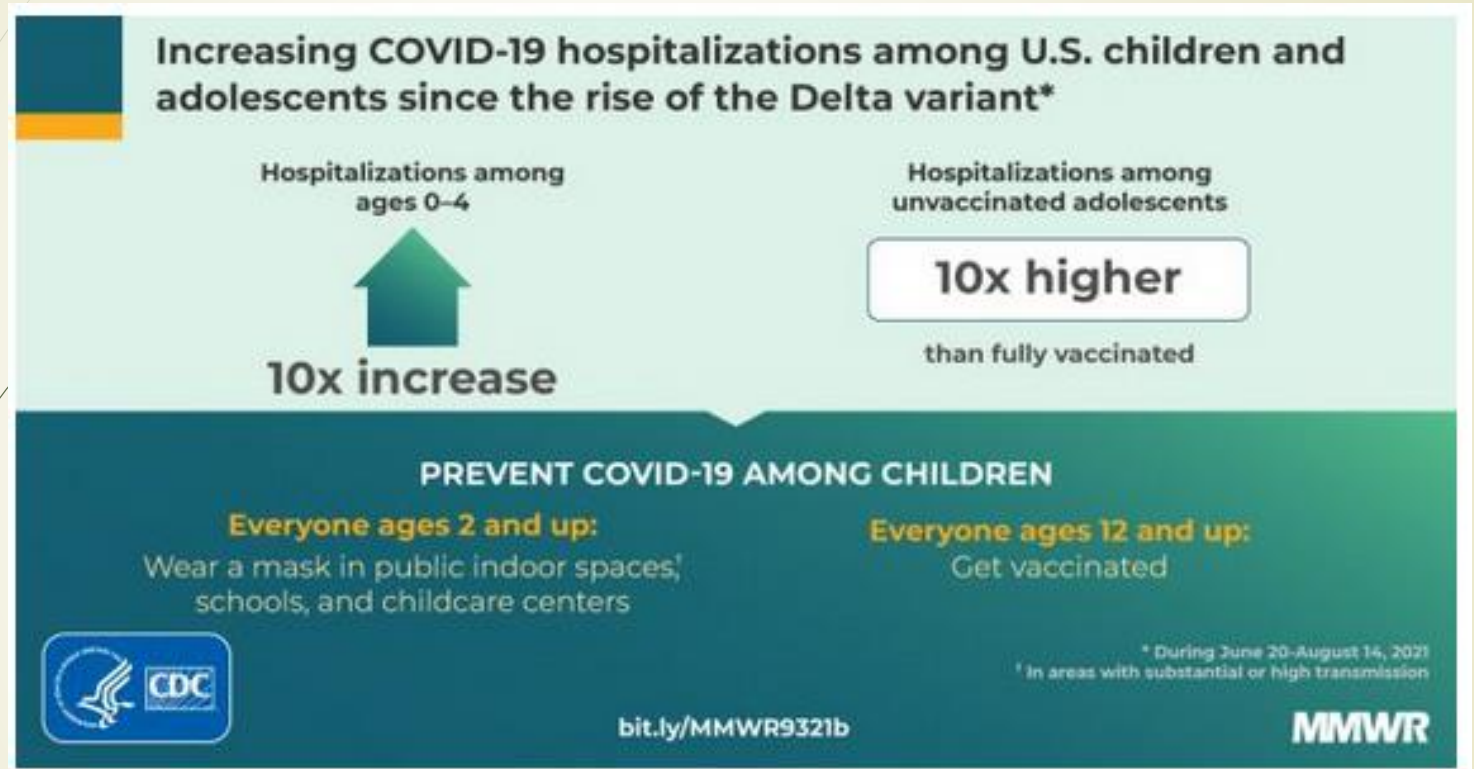
# COVID: Pediatric Hospitalizations

- From **March 1, 2020–August 14, 2021**, hospitalization rates per 100,000 children were highest among children aged 0–4 years (69.2 per 100,000) and adolescents aged 12–17 years (63.7) and lowest among children aged 5–11 years (24.0).
- **August 2021:** The weekly hospitalization rate for children aged 0-4 years was nearly 10 times that of the week ending **June 2021**.
- **June 20–July 31, 2021:** Hospitalization rates were 10 times higher among unvaccinated adolescents than among fully vaccinated.
- **Fauci, August 24, 2021:** “Vaccine for 5-12-year-olds expected in late fall or early winter and for younger children soon thereafter.”

**September 7, 2021:** “We’ve got to get the school system masked, in addition to surrounding the children with vaccinated people.”

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7036e2.htm>

# COVID-19: CDC graphic





# Variants of Concern

## Currently designated Variants of Concern:

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Additional amino acid changes monitored*	Earliest documented samples	Date of designation
Alpha	B.1.1.7 #	GRY	20I (V1)	+S:484K +S:452R	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H (V2)	+S:L18F	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J (V3)	+S:681H	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2 <sup>§</sup>	G/478K.V1	21A	+S:417N	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021

# Variants of Interest

## Currently designated Variants of Interest:

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Eta	B.1.525	G/484K.V3	21D	Multiple countries, Dec-2020	17-Mar-2021
Iota	B.1.526	GH/253G.V1	21F	United States of America, Nov-2020	24-Mar-2021
Kappa	B.1.617.1	G/452R.V3	21B	India, Oct-2020	4-Apr-2021
Lambda	C.37	GR/452Q.V1	21G	Peru, Dec-2020	14-Jun-2021
Mu	B.1.621	GH	21H	Colombia, Jan-2021	30-Aug-2021



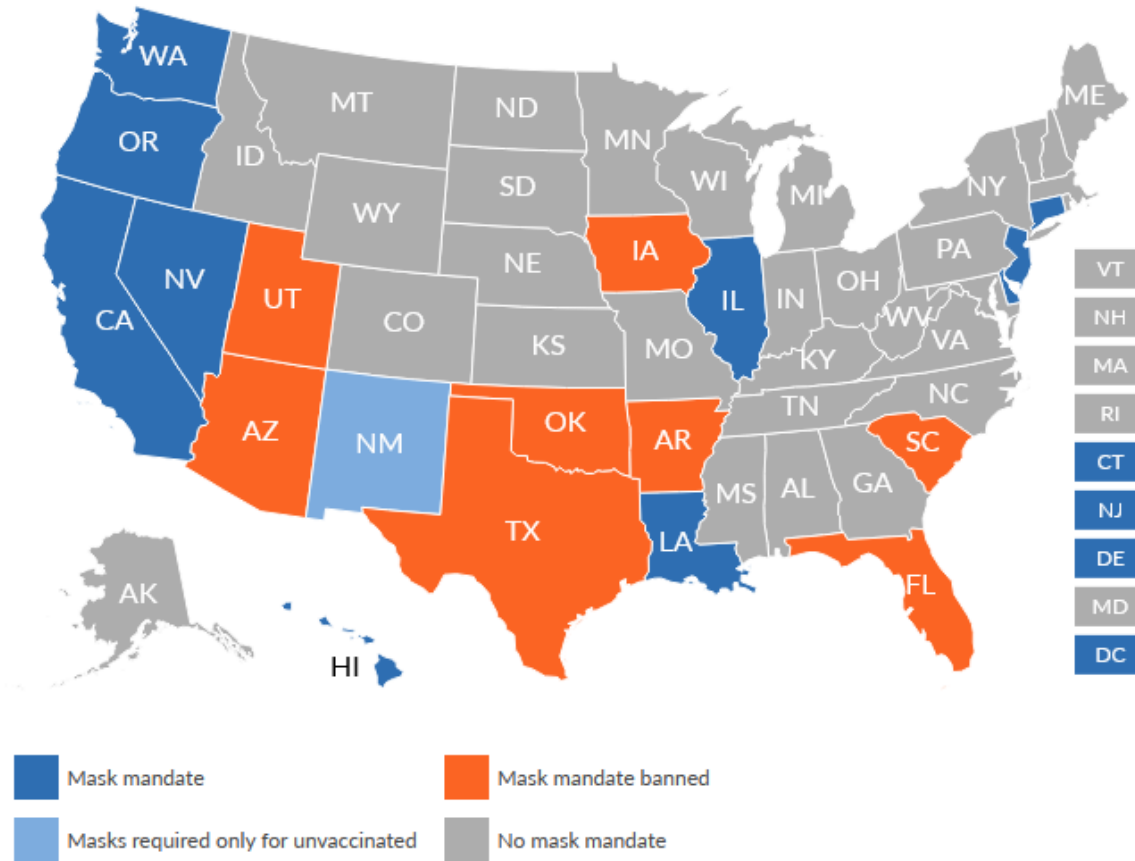
# Video about variants

- ▶ Mu, Delta, Lambda: What We Know So Far About the Most Recent COVID Variants (September 7, 2021)

<https://www.nbcchicago.com/news/coronavirus/mu-delta-lambda-what-we-know-so-far-about-the-most-recent-covid-variants/2606891/>

# School mask policies


## School Mask Policies



Pew, August 10, 2021



# Report on the Oregon Community Foundation (OCF)

- ▶ “Healthy Teeth, Bright Futures” (HTBF) Coalition
  - ▶ HTBF K-12 workgroup is developing oral health curriculum
    - ❖ Consulting with Oregon Department of Education and the Oregon Health Authority
    - ❖ Consulting with Trina McClure-Gwaltney from HKOP/Mercy Foundation to ensure curriculum considers the successful education models already in place.
- 



# Dental Quality Alliance

## Comparison of Retired and Current Sealant Measures

Version	<b>RETIRED</b> <b>Sealants for Children (6–9 or 10–14)</b> <b>at Elevated Risk</b> <b>CLAIMS-BASED PROGRAM /PLAN</b> <b>LEVEL MEASURE</b>	<b>CURRENT</b> <b>Sealant Receipt on Permanent 1<sup>st</sup> and</b> <b>2<sup>nd</sup> Molars (by age 10 or by age 15)</b> <b>CLAIMS-BASED PROGRAM/PLAN LEVEL</b> <b>MEASURE</b>
Status	<b>Retired, effective January 1, 2020</b> (specifications are no longer updated; previous versions may be used at the program's discretion)	<b>Approved for use, effective January 1, 2020</b>
Purpose	Assesses the number of children with at least one sealant placed in the reporting year.	Assesses the number of children in the program who ever received sealants (regardless of caries risk).
	Encourages the provision of sealants to children inferred to be at elevated risk.	Population-based measure that promotes sealing all molars by specified age for the enrolled population.

Effective January 1, 2022

[https://www.ada.org/~media/ADA/DQA/2022\\_DQA\\_Pediatric\\_Measures\\_User\\_Guide.pdf?la=en](https://www.ada.org/~media/ADA/DQA/2022_DQA_Pediatric_Measures_User_Guide.pdf?la=en)

# CareQuest

- Provider and Public Perceptions of Silver Diamine Fluoride (Graphic)

<https://www.carequest.org/system/files/CareQuest-Institute-SDF-Acceptance.pdf>



- And many webinars and courses, several with CEUs.



# Medicare

- ▶ Senate Budget Committee has approved a \$3.5 trillion *human infrastructure* bill and has encouraged the Senate Finance Committee to pass legislation to include a dental, vision, and hearing benefit in Medicare, Part B.
- ▶ Running into resistance from powerful health industry lobbies.
- ▶ Cost could surpass the cost of other health priorities under discussion, like expansion of in-home care.
- ▶ Groups including the American Dental Association are trying to influence the outcome, telling Congress to offer a more generous benefit, but only to individuals earning less than 300 percent of the federal poverty line.
- ▶ An insurance industry source said Congress' deliberations are “freaking out” companies who worry that seniors will drop their private plans en masse and migrate to traditional Medicare.

<https://www.politico.com/news/2021/08/27/health-lobbies-democrats-medicare-506977>



# ASTDD Website

## School and Adolescent Oral Health (SAOH) Committee

In June 2020, ASTDD disseminated a survey, supported by the CareQuest Institute for Oral Health, to the oral health program directors in all U.S. states and territories to learn their plans for implementing SBOHPs during the 2020-2021 school year.

[Summary Report](#) from June 2020 survey and September 2020 interviews

### Shared Resources

- ▶ [Alternate Activities for School-based Programs](#)
- ▶ [Communications/Messaging](#)
- ▶ [Consent Forms](#)
- ▶ [Guidelines for Providing Services](#)
- ▶ [Letters/E-mails/Contacts](#)
- ▶ [Teledentistry/Legislation/Advocacy](#)

<https://www.astdd.org/school-and-adolescent-oral-health-committee/>



# Oregon Medicaid

- ▶ In response to the COVID-19 emergency, the Oregon Health Authority (OHA) released to the CCOs early payments of the Quality Incentive Program (“quality pool”) 2019 payments.
- ▶ Oregon’s 1115 Medicaid waiver is an agreement with the federal government which provides the state flexibility to pursue innovative Medicaid reforms. Current Medicaid waiver expires at the end of June 2022.
- ▶ Medicaid tracks oral health data for:
  - ❖ Preventive Dental Services
  - ❖ Dental Treatment Services
  - ❖ Sealant on a Permanent Molar Tooth
  - ❖ Receiving Dental Diagnostic Services
  - ❖ Services Provided by a Non-Dentist Provider


Medicaid: EPSDT (Early and Periodic Screening, Diagnostic, and Treatment)





# OHA Update

➤ Karen Phillips



# Medicaid billing for school health services



8-23-2017

## ▶ Oregon Schools Leaving Millions in Federal Medicaid Dollars on the Table

A pilot project will help nine schools apply for federal funding to cover the healthcare costs of children in special education. Other states have used this funding stream to put a nurse in every school, and even small states like Montana bring in many times more money than Oregon.

Montana is a quarter the size of Oregon (1 million vs. 4 million population), but Montana received **\$35.7 million** in federal money compared to Oregon (**\$3.3 million**) to help pay for school nurses, speech pathologists and other health professionals needed to ensure kids are ready to learn.



# 2017: Senate Bill 111 passed

- ▶ Directs Department of Education to assist school districts and education service districts in funding school nursing services.
- ▶ Oregon Laws Chapter 688:
  - ❖ SECTION 1. (2) The Department of Education shall [provide] “assistance to school nurses with practices related to Medicaid billing and efficiencies...”
  - ❖ SECTION 2...the Department of Education shall ensure that at least nine initial districts are accepted [in a pilot project].
  - ❖ No later than October 1, 2020 – a report shall be delivered - outcomes and cost benefits to school districts and education service districts.



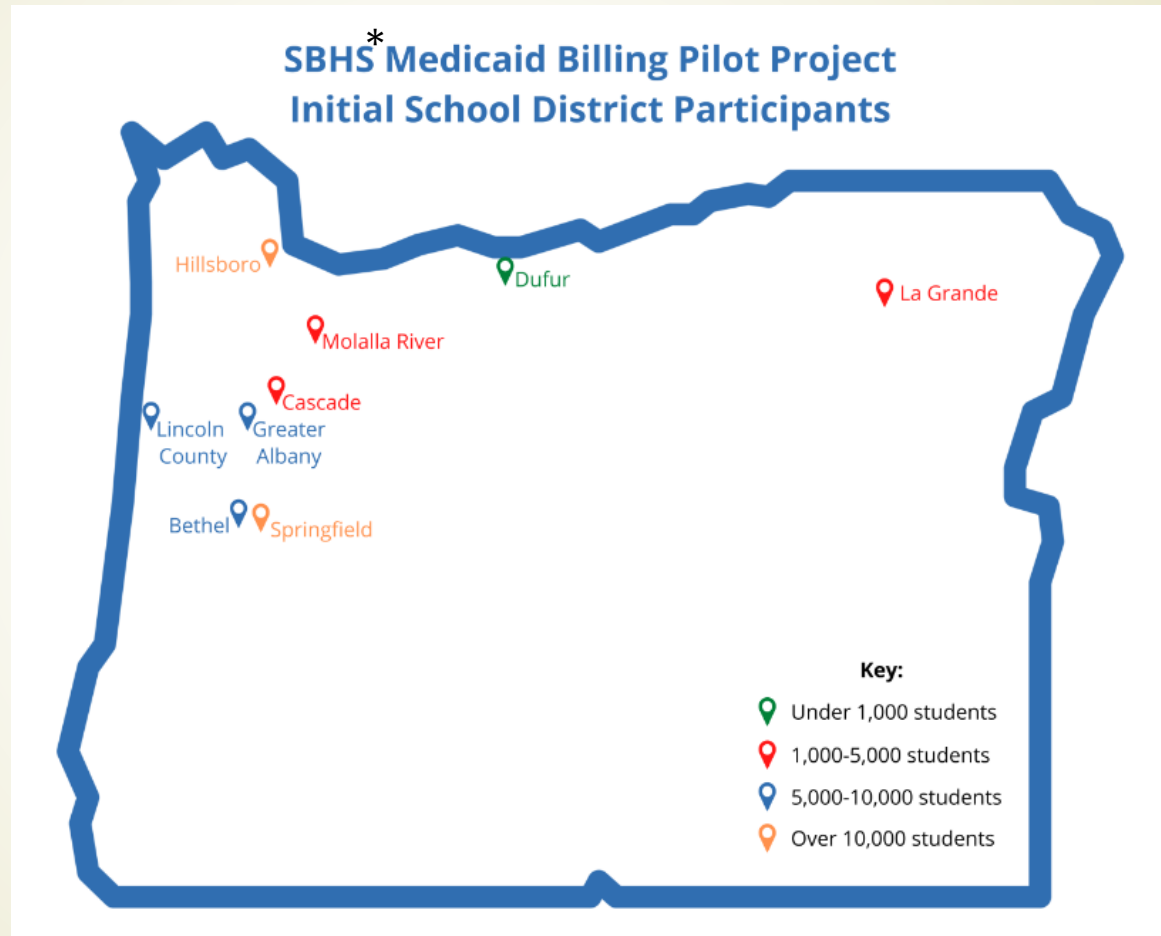
# SB 111 Report

- ▶ Senate Bill 111: School Medicaid Pilot Project: A Report to the Oregon Legislature, October 1, 2020

SB111 *introduced* the ODE to K-12 school Medicaid billing. Through this pilot project, the ODE and the OHA developed, implemented, and co-facilitated training and professional development opportunities including district-specific training, an annual statewide SBHS Medicaid training, [and] training for licensed health services staff...

School staff were required to invest significant resources and work collectively to integrate systems and ensure accurate and timely transmission of data and corresponding submission of Medicaid claims. This resulted in staff frustration, increased staff workload, and delayed initial billing.

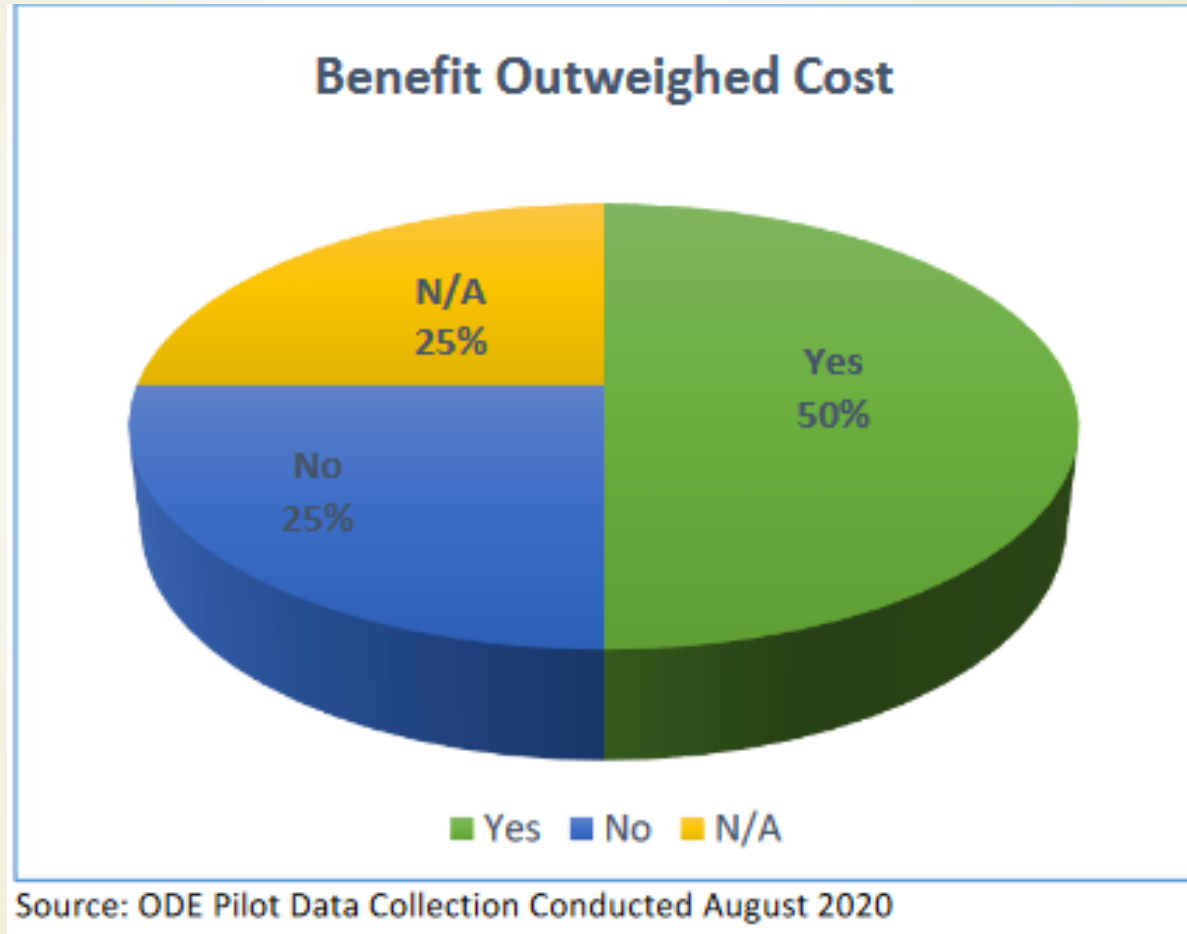
# Pilot participants



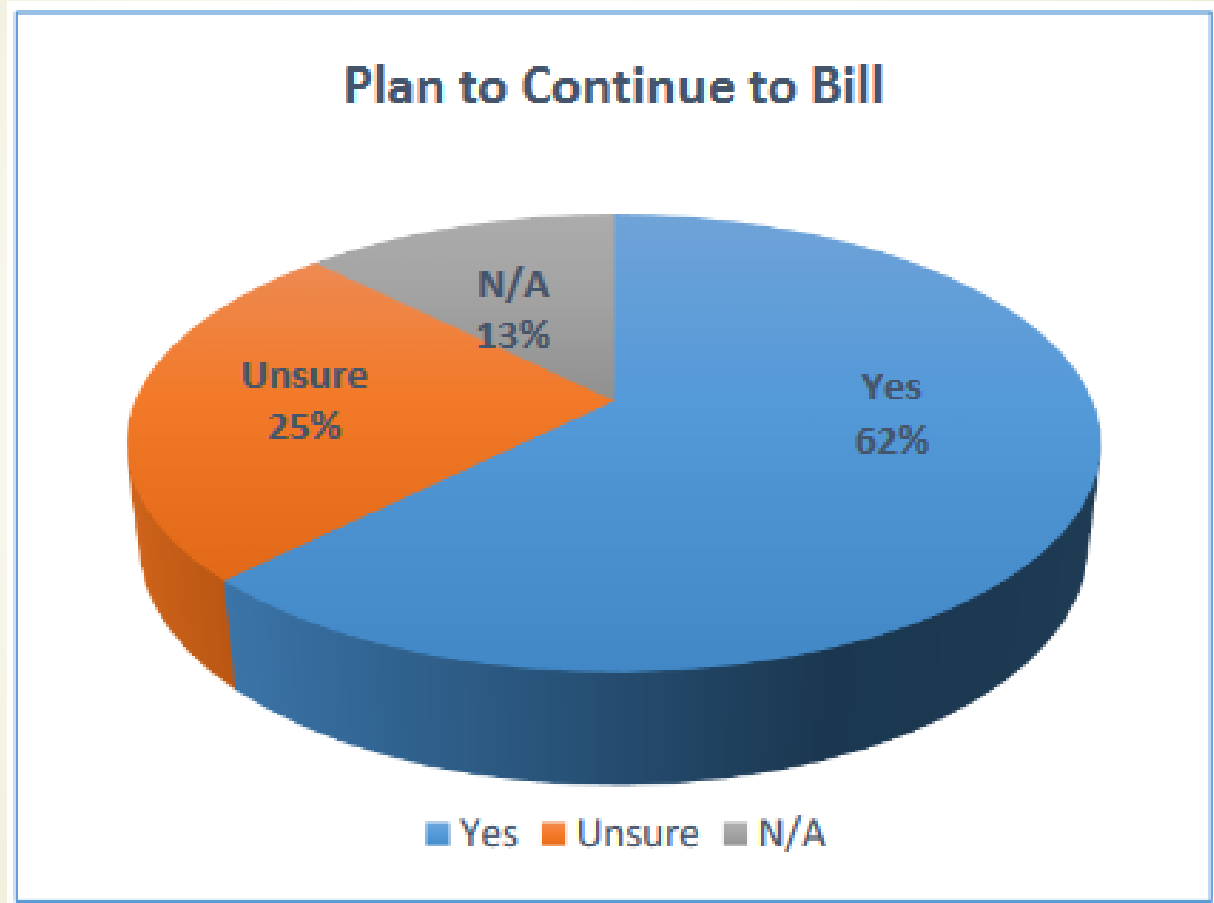
\*The SBHS (School-Based Health Care Services) program is an optional Medicaid match program with 50/30/20 federal/local/state match funding structure.



# Outcomes of Pilot



# Outcomes of Pilot





# Currently, limited...

- ▶ Only IDEA [Individuals with Disabilities Education Act] services are qualified for billing to SBHS Medicaid and receive federal reimbursement in the K-12 setting.
- ▶ However, the OHA, in partnership with the ODE, is in the process of expanding the Oregon SBHS Medicaid program *to include non-IDEA services*.
- ▶ A school district may bill Medicaid for health services provided to a student via telehealth when all requirements are met.

\*The SBHS (School-Based Health Care Services) program is an optional Medicaid match program with 50/30/20 federal/local/state match funding structure.



# Hopes for the future...

- ▶ There will be adequate IT infrastructure to bill appropriately for health care provided in the schools.
  - ❖ Medicaid could be billed
  - ❖ Private insurances could be billed
- ▶ CCOs, the State, and other dental professionals (or organizations) could be compensated appropriately for services – services could be attributed to the right sources (i.e., some sealant services are provided by CCOs for free to children who have health insurance).
- ▶ Or should we be talking about value-based care, rather than “services?” – i.e., achieving a healthy student population?



# Survey Discussion

