

“Oral health for all”



August 5, 2016

SIM Program Management Office
450 Capitol Avenue
Hartford, CT 06106

Dear Dr. Schaefer and the SIM Committees,

Thank you for the opportunity to address the Connecticut Healthcare Innovation Plan's Report of the Quality Council on A Multi-player Quality Measure Set for Improving Connecticut's Healthcare Quality.

As I have submitted comments and presented at the Quality Council meetings, I will not take up time here to emphasize the impact of oral health on the lives of the residents of Connecticut, of which these actions in the report will affect.

In light of the evidence that oral health as a vital aspect of overall health, oral health care requires inclusion on health measures alongside prevention of cancers, obesity, diabetes and behavioral health.

I commend the Committee and SIM Steering Committee for including Item 6: "Oral Evaluation, Dental Services (Medicaid only) in the "Reporting Only" Measure Set", NQF 2517. This measures the percentage of children under 21 year so rare who receive a comprehensive or periodic evaluation within the reporting year and is endorsed by the National Quality Forum with the Steward being the American Dental Association on behalf of the Dental Quality Alliance. This procedure is completed in the dental home, but increasing awareness and referral to the dental home by the health homes is critical to maintain or improve the health of the children. It had been listed on your report for Medicaid only. As this is the only place we can receive quality data at this time, it is most appropriate. In the future, when this data is more available from the commercial payers, it should be expanded to all children.

It is imperative that an oral health measurement be included that measures actions taken in the health home. In the past, I supported along with some of the members of the Quality Control and Steering Committee, the inclusion of **Item 12: "Oral Health: Primary Caries Prevention," NQF formerly-endorsed 1419.** The measure tracks the extent to which the PCMP or clinic applies fluoride varnish as part of the EPSDT examinations and the increase from year to year. **I recommend that this measurement be moved from Developmental to the Core Measure Set, as it can be tracked for Medicaid patients and by commercial insurers.** As

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can be seen in following charts compiled by the Connecticut Dental Health Partnership, there are more Medicaid practitioners trained and applying that training in practice within the state. It will be a short time before the data on Code 99188 will be available from commercial insurers to continue the tracking in for all.

I will continue to be resource of information and promotion of oral health as an integral part of oral health. Please do not hesitate to contact me to continue this discussion.

Regards,

A handwritten signature in black ink that reads "Mary Moran Boudreau". The signature is written in a cursive, flowing style.

Mary Moran Boudreau
Executive Director

Access To Baby Care (ABC) Fluoride Varnish Program

This report monitors primary care provider billing in the Access to Baby Care Fluoride Varnish Program for children less than four years of age.
Code: D1206, D1208, D0145 and 99188.

	Clients	D1206	D1208	99188	Total FV	D0145	Offices	Providers
2010	63	32	0	0	32	66	11	12
2011	113	66	0	0	66	117	14	16
2012	4,229	1,993	0	0	1,993	4,310	33	88
2013	5,686	2,854	48	0	2,902	5,682	39	152
2014	8,874	5,348	100	0	5,448	8,813	44	209
2015	13,001	8,287	74	399	8,760	12,943	53	257

