

Case Management Outreach Model

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The North Dakota Dental Association, in collaboration with partners in North Dakota, presents this concept paper which will address the DentaQuest 2020 goal; “Eradicate dental disease in children.” As a small, rural state we face unique challenges in trying to assure access and reduce disparities in oral health. North Dakota is a national leader in many areas of oral health. Despite this, there are areas of the state where barriers to care still exist. These barriers include poverty, geography, lack of oral health education, language or cultural barriers, fear of dental care, and the belief that access to a dentist is only necessary when there is pain. **Case Management**, whereby families and patients are educated, motivated and referred for definitive treatment in a dental home has shown to be an effective way to reduce barriers to care for Medicaid and other high risk patients.

Case Management is a collaborative process of assessment, planning, facilitation and care coordination to meet an individual’s and family’s comprehensive health needs through communication and linkage to available resources. A comprehensive approach to effective case management strategies should encompass; motivational interviewing, health literacy activities, care coordination, community outreach, education, and appointment scheduling. In this pilot study, ND would like to prove that case management is a cost effective service that has the potential to reduce dental costs significantly, improve oral health and decrease decay. Engaging communities, families and care providers, providing early risk assessment and access to optimal levels of fluoride in the water and professionally applied fluoride will all be an important factor in the program. If this program proves successful in meeting the goals of preventing dental disease in children and linking high-risk patients to dental homes, Medicaid programs and other third-party reimbursement sources will be better able to make evidence-based decisions regarding reimbursement for preventative services. If the model proves to be successful in reducing costs, it is hoped that the fee-for service reimbursement model for outreach preventive

services and case management will then be institutionalized into the private practice delivery system and will then be sustainable. This could have significant cost-savings implications nationally for Medicaid and other third party payers.

We hope to partner with the North Dakota Oral Health Program in the implementation and administration of the five-year pilot project. The study will include many other partners and will create an interconnected network of national, state and community-based change agents. The pilot study will initially contract with a rural and urban dental office, and a Federally Qualified Health Center, to provide oral health assessments, fluoride varnish, sealants and case management for high risk children. The ultimate goal is to find dental homes and reduce dental disease in low income children.

The implementation partners will work with DentaQuest to develop metrics to measure the impact on policy, funding, care and community. Year 2014-2015 evaluation metrics will include identification of partners, project leadership, convening monthly meetings, identification of the access barriers/challenges, and identification of the plan components and completion of the plan. Outcomes measures will be developed for future years to measure the impact.

Needed Resources

1. Legislative directive to the ND Department of Human Services to develop oral health assessment and case management service codes to allow for Medicaid reimbursement in community settings
2. State support for match grants for funding of implementation phase of model