2014

Inside I-Smile™

Annual Report on Children's Oral Health in Iowa

Background

The I-Smile™ Dental Home Initiative is a statewide program working toward access to oral health care for Iowa children. In collaboration with the Department of Human Services, the program is administered by the Iowa Department of Public Health (IDPH) through contracts with 22 public or private non-profit organizations covering all 99 counties.

The heart of the program continues to be the community-based I-Smile™ coordinators who are accomplishing the I-Smile™ strategies of:

- Developing relationships and partnerships;
- Creating dental referral networks;
- Offering and providing trainings for health care providers;
- Providing and ensuring care coordination for at-risk families; and
- Ensuring gap-filling preventive dental services are provided in public health settings.

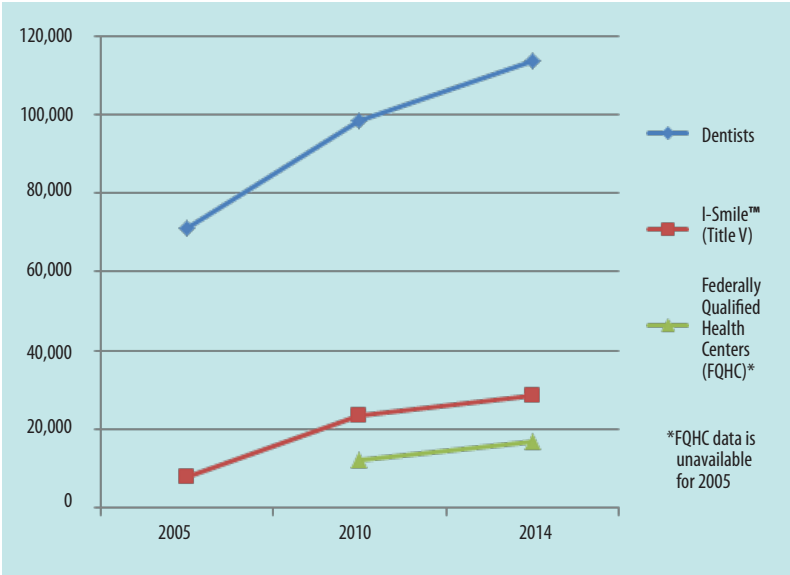
Results

More Children are Receiving Dental Services

I-Smile™ maintains its positive impact on the number of low-income children who receive dental services, whether from dentists or from dental hygienists and nurses in public health settings.

In state fiscal year 2014 (July 1, 2013 – June 30, 2014), over 113,400 Medicaid-enrolled (ME) children birth through 12 years of age were seen by a dentist, a 59 percent increase compared to 2005. Nearly four times as many ME children ages 0-5 received a preventive service in a public health setting through the I-Smile™ (Title V) program in 2014 than in 2005.

Figure 1: Number of Medicaid-enrolled children who received dental services (2005, 2010, and 2014)



More Dentists are Seeing Medicaid-Enrolled Children

In 2014, 149 more dentists billed Medicaid for care provided to Medicaid-enrolled (ME) children than in 2005. The dentists who see ME children are also providing more care. More than twice as many dentists billed Medicaid for more than $10,000 in services in 2014 than in 2005.

Figure 2: Number of Enrolled Dentists and Amount Billed to Medicaid (2005, 2014)

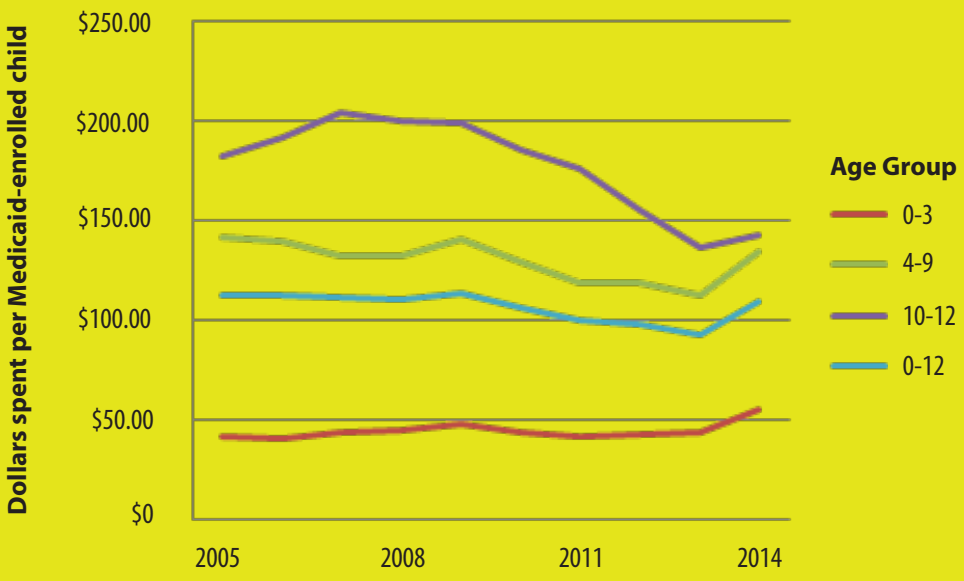
	Total Number of Dentists Enrolled with Medicaid	Amount Billed		
		$0	$1 - $9,999	≥ $10,000
Year 2005	1,613	595	775	243
Year 2014	2,100	933	657	510
Change	**+487**	**+338**	**-118**	**+267**

Average Cost per Medicaid-Enrolled Child is Decreasing

Looking at the average costs per year per Medicaid-enrolled (ME) child, the increases in preventive services over the years appear to be having a positive impact on the oral health of children. In particular, the average cost per ME child age 10-12 has declined since 2005, although more are being seen by dentists.

The lower costs per 10-12 year old may be due to a decreasing need for restorative care. The preventive services provided by the I-Smile™ (Title V) programs for children ages 0-5 may be having longitudinal impact, decreasing treatment costs for older children and keeping children healthier overall.

Figure 3: Average Dollars Spent per Medicaid-Enrolled Child per Year



Challenges Remain

Improvement is still needed regarding the number of children younger than 3 who see a dentist. There have been small improvements since 2005, but many children are still not seen until after they turn 3 years of age. Just 18 percent of ME children ages 0-2 saw a dentist in 2014.

Other states have successfully filled this gap by having medical providers provide preventive care for children younger than 3; Iowa has not had similar success. However, the state's I-Smile™ (Title V) system has taken on the bulk of the gap-filling prevention for these children. I-Smile™ coordinators work to assure that low-income children in that age group receive preventive services in WIC (Supplemental Nutrition Program for Women, Infants, and Children) clinics and other locations. In 2014, nearly 11,100 Medicaid-enrolled children younger than 3 received preventive care in one of these settings.

I-Smile™ coordinators will continue to offer training and provide current recommendations to medical and dental office staff, as well as promoting the age 1 dental visit with families and community partners.

Discussion

The coordinated care model used within I-Smile™ and the ability of I-Smile™ coordinators to inform and educate local partners and the public about the importance of oral health is succeeding. As the nation's health care system rapidly changes and organizations are working together to identify how to achieve the Triple Aim (improving population health, assuring quality care, and lowering costs), I-Smile™ results demonstrate the program's ability to impact the health of children and lower health care costs.

More children are on Medicaid – 49 percent more in 2014 than in 2005. And they are better served than before – 59 percent more receiving care from dentists and over three and a half times as many receiving care in public health settings through I-Smile™ (Title V). At the same time, the average cost to Medicaid per enrolled child has gone down, particularly for children ages 10-12. The work being done within private dental offices as well as within the public health system demonstrates the benefit of Iowa's conceptual dental home, which incorporates different provider types and different settings to assure that children receive the oral health care that they need.

As Accountable Care Organizations (ACO) emerge, IDPH will consider how to link the I-Smile™ model and its strategies within ACO planning and implementation. This will be particularly critical as we learn more about the impact of the health insurance marketplace and whether Iowans' opt to purchase dental insurance, the effect and results of the innovative Dental Wellness Plan for Iowa's expanded adult Medicaid population, and hospital emergency department use for dental issues. The I-Smile™ initiative is well aligned to play a part in a healthier Iowa.

Children ages 0-5 getting a service from an I-Smile™ (Title V) agency:

↑265%

Increase between 2005 and 2014

Average cost per Medicaid-enrolled child ages 10-12

↓27%

Decrease between 2005 and 2014

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Table 1: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from dentists

	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2014	2005	2014	2005	2014	2005	2014	2005	2014
Number of children receiving a service	4,901	11,532	21,832	32,814	26,994	43,212	17,466	25,859	71,193	113,417
Total enrolled	48,573	64,524	40,396	61,170	43,981	72,179	30,726	45,731	163,676	243,604
Increase in number	6,631		10,982		16,218		8,393		42,224	
Percent increase	**135%**		**50%**		**60%**		**48%**		**59%**	

Table 2: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from I-Smile™ (Title V) dental hygienists and nurses

	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2014	2005	2014	2005	2014	2005	2014	2005	2014
Number of children receiving a service	3,104	11,086	3,246	12,108	1,010	4,102	503	1,323	7,863	28,619
Total enrolled	48,573	64,524	40,396	61,170	43,981	72,179	30,726	45,731	163,676	243,604
Increase in number	7,982		8,862		3,092		820		20,756	
Percent increase	**257%**		**273%**		**306%**		**163%**		**264%**	