Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Financing

Kansans have a way to pay for high-quality, affordable dental services. Dental parity and consumer understanding of insurance policies are essential elements of success.

Objective 1: Comprehensive dental benefits are available to low-income Kansans through an expansion of KanCare benefits. *(OHK, KDA, KDHA)*

Strategies:

1-a. Develop a cost-benefit analysis.
1-b. Educate and build support among public officials and private payers, using data and stories to communicate need.
1-c. Advocate for increased Medicaid reimbursement rates for general dentistry and specialists.
1-d. Enhance the ECP workforce to include but not be limited to the ability to bill directly for services in public and private systems.
1-e. Promote the full use of available preventive benefits under KanCare.

Lead organizations are shown in italics after each objective:

OHK	Oral Health Kansas
KDHE	Kansas Department of Health and Environment
KDA	Kansas Dental Association
KDHA	Kansas Dental Hygienists' Association
KAMU	Kansas Association for the Medically Underserved
KDP	Kansas Dental Project
UMKC SOD	University of Missouri-Kansas City School of Dentistry

Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Financing

Kansans have a way to pay for high-quality, affordable dental services. Dental parity and consumer understanding of insurance policies are essential elements of success.

Objective 2: Pediatric dental benefits—one of 10 essential health benefits which must be included in all insurance plans sold for children—should be a clear and affordable part of the coverage families purchase on the *insureks.org* website. *(OHK, KAMU)*

Strategies:
2-a. Educate insureks.gov navigators and consumers.
2-b. Work with Kansas Insurance Department on policies.

Objective 3: The rate of KanCare children who receive preventive dental services and the rate of children ages 6 to 9 who receive a dental sealant on a permanent molar tooth are each increased by 10 percentage points. *(KDHE)*

Strategies:
3-a. Educate KanCare parents/principal parties on why dental visits are essential.
3-b. Provide incentives for parents and providers.

Objective 4: Emergency Room (ER) visits for non-traumatic dental pain are reduced. *(KDHE, OHK)*

Strategies:
4-a. Facilitate delivery of more appropriate emergency dental services.
4-b. Educate patients on options available within the community.
4-c. Add dentists within urgent care facilities.
4-d. Improve collection of data on emergency room use for dental pain.

Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Systems Collaboration

Oral health care is integrated into already established medical programs.

Objective 1: Oral health questions are incorporated into assessment tools used with target populations (e.g., young children, older adults, people with disabilities).

Strategies:

1-a. Identify assessment tools for target populations.
1-b. Develop and validate oral health questions to be incorporated.
1-c. Research and advocate for reimbursement methodology.

Objective 2: Guidelines and regulations pertaining to oral health education among child care, foster care and home visitors are in place. *(KDHE)*

Strategies:

2-a. Assess the current guidelines and make recommendations for change in policy regulations and/or statute.
2-b. Conduct a public input process.
2-c. Identify barriers to implementation.
2-d. Standardize oral health integration in statutes and regulations.
2-e. Increase collaboration among state agencies (i.e., KDHE's Bureau of Oral Health and Bureau of Family Health, Kansas Department of Aging and Disabilities, Health Occupation Credentialing).

Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Systems Collaboration

Oral health care is integrated into already established medical programs.

Objective 3: Dental providers are educated on the benefits of using electronic dental records (EDRs). *(KDA)*

Strategies:

3-a. Survey all private and public dental health providers to determine what system they are currently using for records.

3-b. Identify resources for public health dentistry providers to connect the EDR to Health Information Organizations (HIOs).

3-c. Educate HIOs as to how EDRs can benefit the provider and patient.

3-d. Connect with the Kansas Health Information technology services to determine the best interface between dental practice management systems and health information exchanges.

Objective 4: New models for delivery of oral health services, including hospitals, local health departments and community partnerships are implemented. *(OHK)*

Strategies:

4-a. Explore what other states are doing that is successful and evidence-based.

4-b. Develop a pilot to show the effectiveness of the models.

4-c. Engage stakeholders in exploring potentially effective models, such as dental services in critical access hospitals.

Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Oral Health Literacy

Kansas has a targeted, measurable oral health information campaign designed to reach populations at high risk for oral disease.

Objective 1: Essential oral health messages and effective media for high-risk populations are identified. *(KDA, KDHE)*

Strategies:

1-a. Determine the most effective messages and methods of reaching high-risk groups.

1-b. Establish alliances with state agencies and other organizations to implement coordinated, consistent oral health messages.

1-c. Develop an evaluation plan to determine the effectiveness of oral health education.

Objective 2: Resources are in place to deliver general public education on oral health. *(OHK, KDA)*

Strategies:

2-a. Develop and implement a funding plan for oral health information campaign.

2-b. Identify and engage key partners.

Objective 3: An evidence-based oral health curriculum is developed for Kansas schools. *(KDHE, KDA, KDHA)*

Strategies:

3-a. Evaluate existing curriculum models for use in Kansas.

3-b. Engage key education partners in developing an implementation plan.

3-c. Pilot a program in select, diverse schools across the state.

3-d. Identify funding sources to implement the curriculum.

Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Workforce

Kansas' professional dental workforce is adequate to meet the oral health needs of its citizens.

This includes having enough professionals to cover the state's designated Health Professional Shortage Areas, and care for vulnerable populations in all parts of the state. This workforce must have adequate access to education in order to meet Kansas' needs.

Objective 1: Legislation will be passed in 2015 to allow Registered Dental Practitioners (RDPs) to practice in Kansas. *(KDP, KDHA)*

Strategies:

1-a. Identify champion dentists.
1-b. Educate policymakers on the safety and benefits of RDPs and highlight research showing they are cost-effective.
1-c. Mine data on mid-level providers from other states and countries.
1-d. Continue to build a coalition of supporters.
1-e. Implement public awareness campaign about RDP's potential.
1-f. Inform dentists about benefits to use of RDPs.

Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Workforce

Kansas' professional dental workforce is adequate to meet the oral health needs of its citizens.

This includes having enough professionals to cover the state's designated Health Professional Shortage Areas, and care for vulnerable populations in all parts of the state. This workforce must have adequate access to education in order to meet Kansas' needs.

Objective 2: Innovative models of recruitment and retention to build a stronger workforce are in place. *(UMKC School of Dentistry, KDA)*

Strategies:

2-a. Build relationships with pre-dental and dental students to educate them about Kansas practice options.
2-b. Encourage return to rural/underserved communities (i.e., "Grow Your Own")
2-c. Work with current and potential employers on recruitment and retention..
2-d. Educate and gain commitment of communities and economic development entities on future recruitment and retention of providers.
2-e. Promote legislation to purchase ten seats at regional dental schools for Kansas students, with the stipulation that the students practice dentistry in Kansas for four years following graduation.

Objective 3: The number of dental school slots for underserved and rural areas is increased. *(KDHE, KDA)*

Strategies:

3-a. Tie state and other funding sources to rural practice.
3-b. Mirror the Kansas Medical Student Loan Repayment Program.

Kansas Oral Health Plan

FINANCING | SYSTEMS COLLABORATION | ORAL HEALTH LITERACY | WORKFORCE

Workforce

Kansas' professional dental workforce is adequate to meet the oral health needs of its citizens.

This includes having enough professionals to cover the state's designated Health Professional Shortage Areas, and care for vulnerable populations in all parts of the state. This workforce must have adequate access to education in order to meet Kansas' needs.

Objective 4: Oral health services are increased in dental deserts or to vulnerable populations through outreach teams and/or virtual dentistry. *(KDA, KAMU, KDHA)*

Strategies:

4-a. Research models and assess capacity for teledentistry.
4-b. Create a model(s) appropriate for Kansas needs.
4-c. Draft legislation, with engagement of the Dental Board and KDA.
4-d. Research and advocate for reimbursement methodology.