

# Wisconsin Maternal and Child Health— Improving Oral Health Integration Demonstration Project

The Wisconsin Maternal and Child Health—Improving Oral Health Integration Demonstration Project (Wisconsin project) is one of eight Maternal and Child Health—Improving Oral Health Integration projects funded by the Maternal and Child Health Bureau to advance the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to infants, children, adolescents, and pregnant women, including those with special health care needs, who are at risk for poor oral health.

The Wisconsin project team is implementing a two-tier, state- and local-level approach to improve access to oral health care for their target population—children ages 1 to 21 and pregnant women who receive care in participating community health centers (CHCs) and a hospital with a rural health clinic.

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## Partners

The Wisconsin project is led by the Children’s Health Alliance of Wisconsin, part of Children’s Wisconsin, and the Medical College of Wisconsin. An alliance of key stakeholders provides guidance and recommendations to the project team and includes the Wisconsin Department of Health Services, Oral Health Program; the Wisconsin Dental Hygienists’ Association; the Wisconsin Primary Health Care Association; the Wisconsin Academy of Family Physicians; the Wisconsin Dental Association; the Wisconsin Oral Health Coalition; and the Wisconsin Chapter of the American Academy of Pediatrics.



## State-Level Approach

The project team’s state-level approach aims to advance three core functions (policy and practice; outreach and education; and data, analysis, and evaluation) to promote integrated POHC for the target population.

## Core Function Activities

### Policy and Practice

The project team and staff from the Wisconsin Department of Health Services, Oral Health Program, completed an environmental scan to gain knowledge about factors that could impact the integration of oral health care into primary care for the target population



in Wisconsin. The scan included questions focused on medical providers' and dental providers' scope of practice, Medicaid billing and payment, and policies and regulations. Selected findings include:

- Advanced practice, registered, and licensed practical nurses and certified or registered medical assistants can perform a caries risk assessment, apply fluoride varnish, and apply silver diamine fluoride through delegation in Wisconsin.
- Dental hygienists can provide direct-access care in medical settings in Wisconsin.
- Physicians and physician assistants can bill and be reimbursed through Medicaid for applying fluoride varnish to children's teeth from birth to age 21 in Wisconsin.
- In January 2022, Medicaid reimbursement rates increased across the state, and since then, four counties have seen higher rates of procedures to address oral disease in children and emergency oral health problems in adults.

The project team and staff from the Wisconsin Department of Health Services, Oral Health Program, along with other Alliance members, used the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Children: Tool* to identify policy and practice improvement opportunities. Alliance members selected two policy and practice strategies to address during the 4-year project period to improve access to oral health care for the target population:

- Educating dental and medical providers about the 2017 Wisconsin Act 20 that expanded where dental hygienists can work (without a dentist present)

to include medical offices, nonprofit agencies, and other public health and charitable settings.

- Collaborating with Wisconsin Medicaid to remove reimbursement barriers limiting the implementation of medical-dental integration in a rural health clinic.

## Education and Outreach

The project team aims to improve oral health literacy among health care providers and staff in health care organizations in Wisconsin. The team adapted tools developed by the Networks for Oral Health Integration (NOHI) Within the MCH Safety Net project to assess oral health literacy knowledge gaps among health care providers and staff. The team will develop a state oral health literacy plan to address identified knowledge gaps.

## Data, Analysis, and Evaluation

The project team aims to enhance the state oral health surveillance system to improve monitoring disparities in oral health status and burden of oral disease among the maternal and child health population, particularly the target population. To accomplish this goal, the team is partnering with the Wisconsin Department of Health Services, Oral Health Program, to work with the Wisconsin Division of Medicaid Services and conduct Medicaid claims data analyses to assess:





- The percentage of enrolled persons with live birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation during pregnancy.
- The percentage of enrolled children who have ever received sealants on permanent first molar teeth by the 10th birthdate.
- The percentage of enrolled children who have ever received sealants on permanent second molar teeth by the 15th birthdate.

## Local-Level Approach

The project team is working with two CHCs and a hospital with a rural health clinic to integrate POHC into primary care. The team is planning to add three or four additional primary care sites each year in the remaining project years. The team's local-level approach incorporates activities in three core function areas: policy and practice; outreach and education; and data, analysis, and evaluation.

### Core Function Activities

#### Policy and Practice

The project team is encouraging sites to incorporate a dental hygienist as a full-time member of the medical team who will provide POHC during a well-child or prenatal visit. The team meets regularly with each site

to support the implementation of the dental hygiene model of care and to monitor progress. The team also convenes a learning collaborative (LC) with all participating sites to encourage them to share experiences with one another and make improvements. LC discussion topics have included workflow and documentation, data collection and reporting, and hiring practices.

#### Education and Outreach

The project team is conducting an analysis of oral health knowledge and skills gaps among medical providers and staff as well as among families of children ages 1 to 21 and pregnant women at participating sites. The gaps analysis tool was adapted from NOHI resources. Results will inform site-specific provider and staff training and programming for LC meetings. The oral health trainings will be developed and implemented using the Extension for Community Healthcare Outcomes (ECHO) model for collaborative learning. Results will also guide the development of anticipatory guidance and educational materials for families with children ages 1 to 21 and for pregnant women.

#### Data, Analysis, and Evaluation

A health information technologist is working with participating sites to optimize their electronic health records and processes for documenting POHC. The



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project team and technologist will develop a plan to collect clinic data across primary care sites. The team will create data visualizations for sharing collected data with each site to guide coaching, monitor and track project progress, and identify areas for improvement.

## Early Successes/Lessons Learned

- Collaborated with stakeholders and health care providers, including contracting with a health information technologist to provide clinics with technical assistance on metrics.
- Conducted meetings with the evaluation team to guide progress on data and evaluation components.

## Early Challenges

- Timelines for implementation with clinics changed throughout the first year.
- There were delays in Medicaid reimbursement for oral health care provided in rural health care clinics.
- There were delays in implementing gaps-analysis surveys due to institutional review board timelines.