

AGENDA ITEM: 5
DATE OF MEETING: October 23, 2014

**California Department of Health Care
Services (DHCS) Request for Funding to
Support Dental Outreach**

California Department of Health Care Services Pediatric Dental Outreach Proposal

First 5 California Commission Meeting

Date: October 23, 2014



Introduction

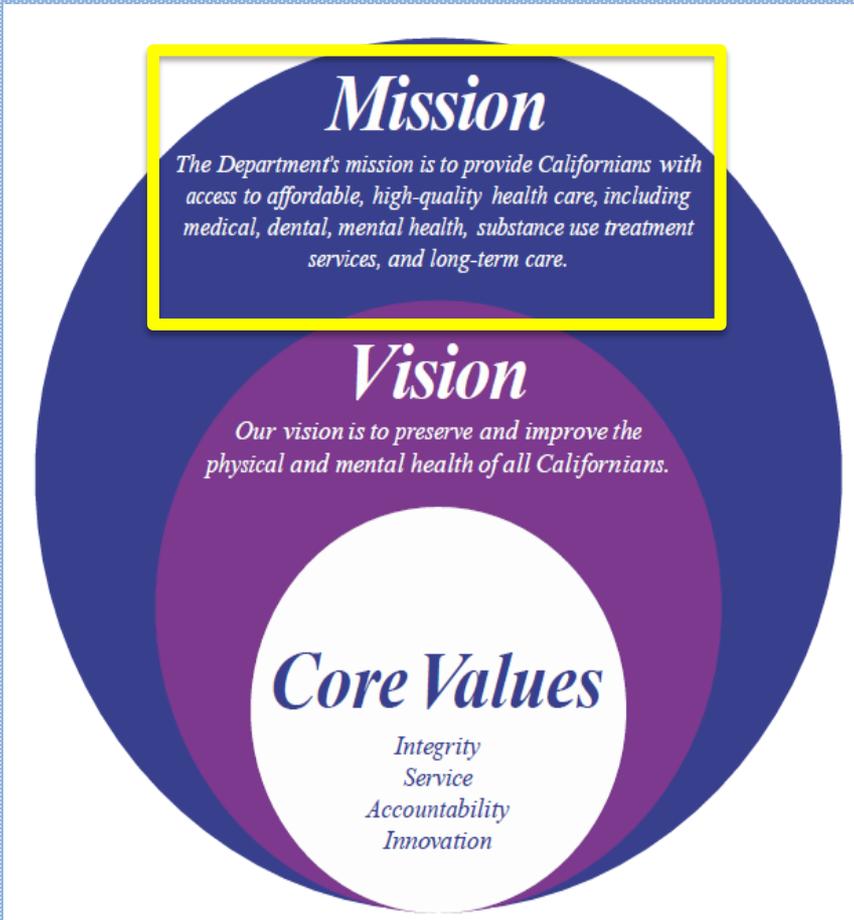
- Current oral health guidelines specify that children should have regular dental checkups on their first birthday or with their first tooth
- By kindergarten, over 50% of children in California have already experienced dental decay
- Regular dental visits can help catch early signs of cavities and stop new cavities from forming
- Through a multi-prong approach to raise awareness of the importance of pediatric oral health care, Department of Health Care Services (DHCS) proposes a collaborative effort with First 5 California Commission (First 5) to execute the following Pediatric Dental Outreach initiative



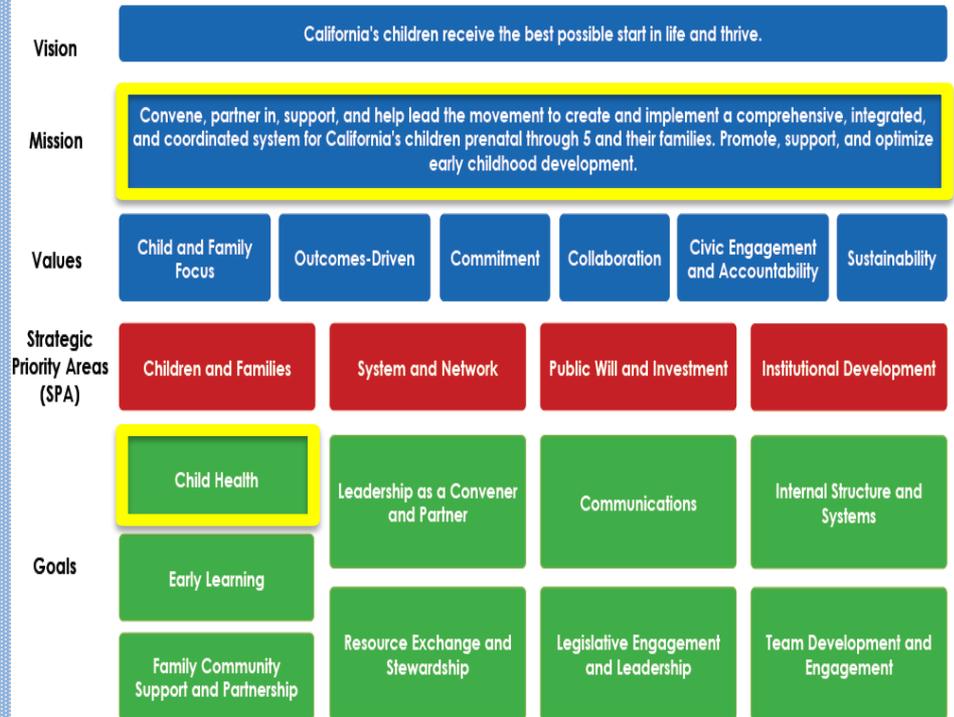
Source:

http://www.childrennow.org/index.php/learn/oral_health/

Mission, Vision, and Goals



I. Strategic Plan At-a-Glance



DHCS and First 5 Goals



DHCS Commitments, Strategies, Actions

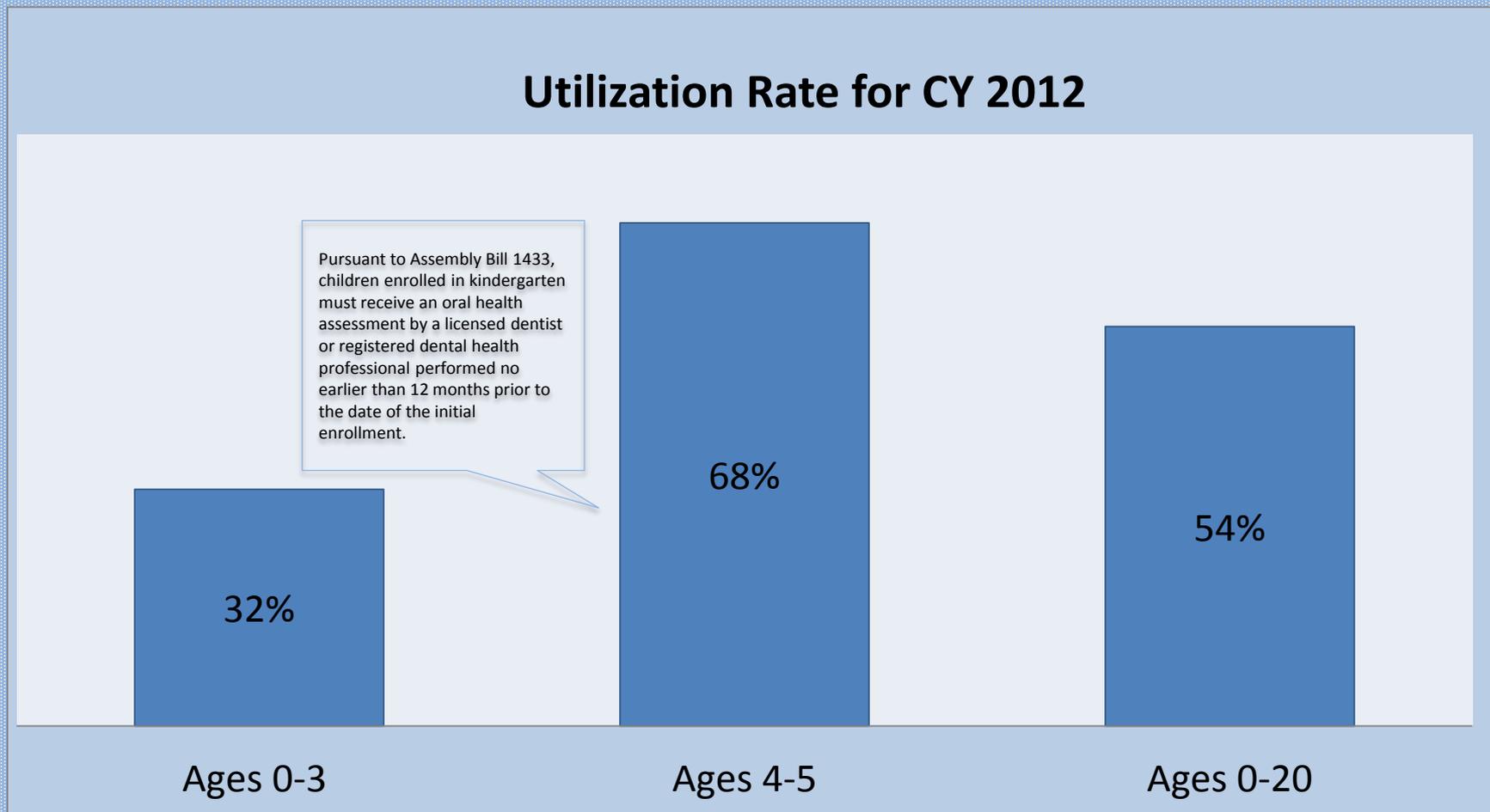
- Commitment 1: Improve the consumer experience so individuals can easily access high quality health care when they need it, where they need it, and at all stages of life
- Strategies 1.1.2: Enhance outreach and education
- Actions 1.1.2.3: Engage in culturally-appropriate outreach and education

First 5 California Strategic Objectives

- Goal 1.1 Child Health: Children prenatal through age 5 and their families access the full spectrum of health and behavioral health services needed to enhance their well-being
- Objective 1.1.1: Identify gaps in and improve access to the full spectrum of health care services (developmental, behavioral, oral, vision, and physical) for all young children
- Activities: Collaborate with partners to develop and implement strategies, including advocacy and incentives to address priority issues

Targeting Ages 0-3

Among children receiving Medi-Cal dental services, ages 0-3 have the lowest utilization rate.



Source:

Department of Health Care Services Medi-Cal Dental Services Division – Utilization Rate CY 2012 is for Fee For Service Only
CY 2012 Dental Managed Care Utilization Rate for Ages 0-3: 18.6 % (Los Angeles Managed Care) and 30.6% (Sacramento Dental Managed Care)

First Tooth or First Birthday

- The American Dental Association recommends that a child be seen by a dentist as soon as his or her first tooth erupts, but at least no later than the first birthday
- The first visit to the dentist for the child's oral health can serve many benefits:
 - Detect dental disease including Baby Bottle Tooth Decay
 - Identify any adverse habits such as thumb-sucking
 - Demonstrate proper cleaning technique for brushing a baby's teeth
 - Discuss diet and fluoride needs
 - Recommend oral care products
 - Build a strong foundation for oral care and form a rapport for continuous dental visits



Source:

http://www.ada.org/sections/professionalResources/pdfs/patient_11.pdf

Pediatric Dental Outreach Strategies

Pediatric Dental Outreach Strategies

- Direct Mail – Targeting Parents of Medi-Cal Beneficiaries Ages 0-3
 - Demographic partitioning of Medi-Cal beneficiary list to identify:
 - Language(s) spoken at home
 - Children ages 0-3
 - Of the children ages 0-3, those that have not visited the dentist in the past 12 months
 - An insert of a brochure to grab the attention of the reader and provide useful information regarding the importance of pediatric oral health care
 - A follow-up call from telephone support customer service representative to answer any questions and/or assist with scheduling a dental appointment with a Medi-Cal provider
- Build Strategic Partnerships
 - To support the direct mail, DHCS and First 5 would establish new partnerships and leverage existing partnerships with stakeholder organizations that share the goal of improving the oral health of California’s Medi-Cal youth
 - Foster stronger relationships by staying in communication, discover ways to reach the crossover similar target segments, and discuss events DHCS can participate in

Direct Mail

Direct Mail Success

- **State Department Success with Direct Mail:** “In 2013, Arkansas Department of Health Services sent 132,000 one-page letters to uninsured, low income people offering free health insurance through their Medicaid program and received over 55,000 responses (over 40%) of their population wanting to join. This outreach effort also identified more than 2,500 kids who were eligible for traditional Medicaid but were not currently enrolled.”
- **Back to the Basics: Why Direct Mail Is Not Dead:** “Social media and web marketing may have their names in lights at the present, causing the focus to shift to digital marketing. However, that doesn't make it the best option for every audience. Market Scan found that the figure for available emails is around 20 percent of postal addresses, meaning that by avoiding direct mail you could be missing 80 percent of your target market.”



Source:

<http://www.motherjones.com/mojo/2013/10/arkansas-snail-mail-health-care-campaign-gets-overwhelming-response>

http://www.huffingtonpost.com/barbara-morris/back-to-the-basics-why-di_b_3659032.html#

Direct Mail Success

- **Direct Mail Predicted to Increase:** “According to a survey, five marketing sections saw increased use over the course of the 2012 fiscal year - web sites, practice brochures, patient newsletters, newsletters to referring practitioners, and lunch-and-learns. The key categories are the practice brochures and the newsletters to patients and referring practitioners. These options do not use the internet - instead, they arrive in direct mail. The fact that these strategies actually increased in 2012 disproves any claim that physical mailings are on their way out and these same practices are expected to continue increasing in 2013.”
- **Physician marketing: Can direct mail still deliver?:** “A 2012 study by the Direct Marketing Association, whose members include direct mail, phone and electronic marketers, found that direct mail has a response rate much greater than that of email: a 4.4% response rate for direct mail compared with 0.12% for email.”



Source:

<http://www.patientnews.com/content/dental-marketing-survey-reveals-effectiveness-direct-mailing-and-patient-newsletter>

<http://www.amednews.com/article/20130708/business/130709934/4/>

Direct Mail – Parents of Medi-Cal Beneficiaries

- By increasing awareness on early intervention for preventable problems and educating parents on the importance of oral health and regular dental visits, parents can become more proactive in the child's oral health
- DHCS will target parents of Medi-Cal beneficiaries ages 0-3 that have not visited a dentist in the past 12 months with messaging to the parents that dental health begins with the child's first tooth or first birthday
- Direct mail piece will include an official letter from DHCS, recent statistics on pediatric oral care, frequently asked questions, a form to fill out for a direct response, and a brochure with useful information as a call to action for the parent
- As an additional touchpoint, the recipient of the direct mailer will receive a phone call from telephone support customer service representative to answer any questions and/or assist with scheduling a dental appointment with a Medi-Cal provider

Content of the Direct Mail Letter

An official letter with the DHCS logo

Contact information for further help/discussions

Educational tools and recent statistics about the importance of oral health

Brochure with graphics and an easy to read reminder as a call to action for the parents to take their child to the dentist

Print in multiple languages for targeting non-English speaking households

Execution of an Effective Direct Mail Campaign:



A targeted mailing list of households that are current Medi-Cal beneficiaries (500,000+ beneficiaries)



Content is key with any messaging. It must be relevant, useful, attention-grabbing, and easy to read



Key takeaway with a call to action – First Tooth or First Birthday



Support of the direct mail with other touch points through strategic partnerships



Monitoring and measurement of outreach results

Threshold Languages for Communication

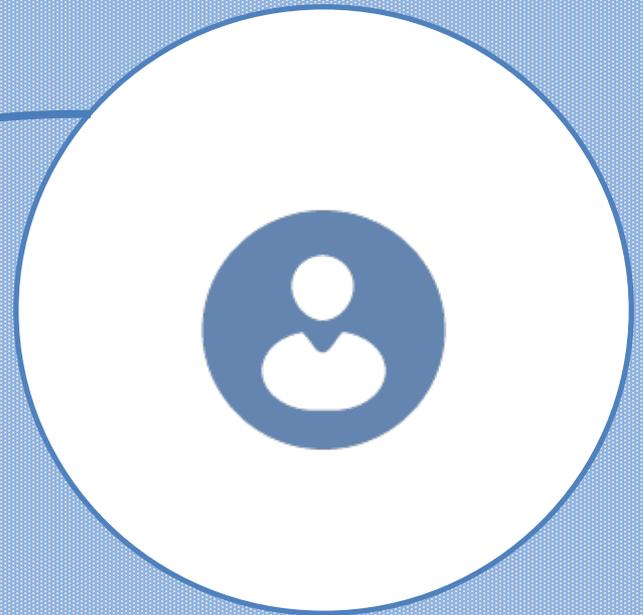
- Arabic
- Armenian
- Cambodian
- Chinese
- English
- Farsi
- Hmong
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese



Strategic Partnerships

Build Stronger Strategic Partnerships

- Foster communication and interaction with organizations to reach similar target audiences/beneficiaries

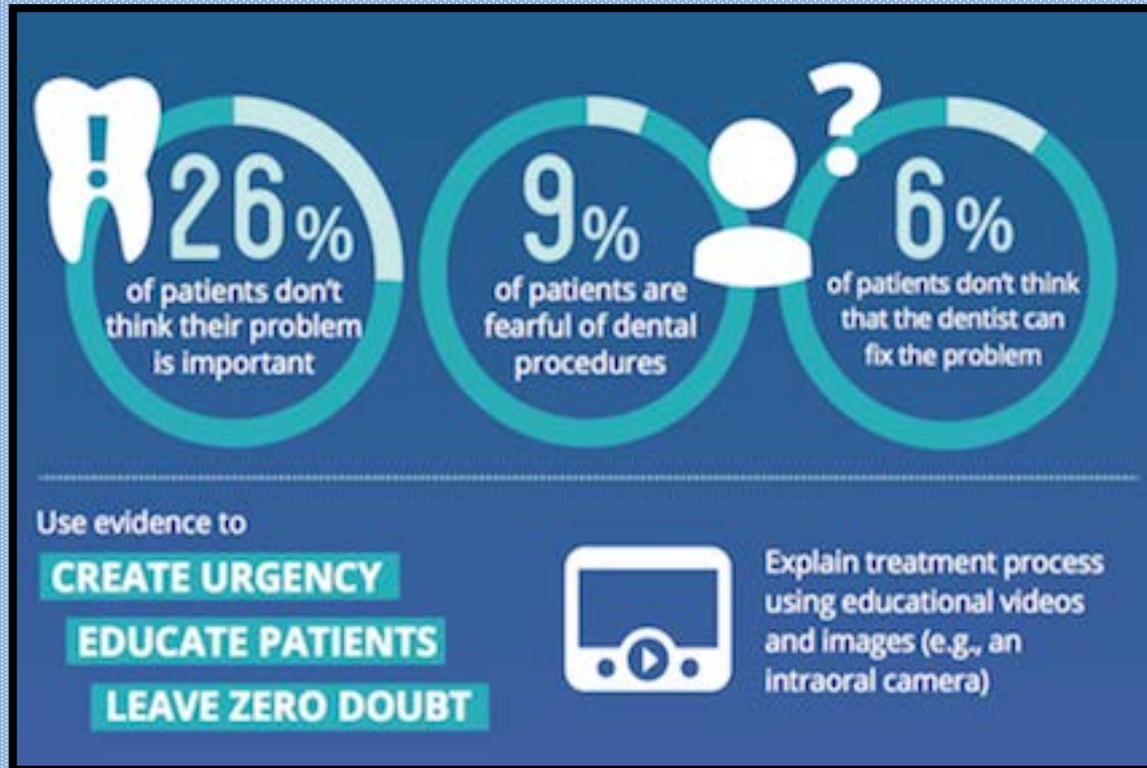


Share of Information Through Partnerships

- Build strategic partnerships with agencies that would be valuable allies in our educational outreach efforts
 - By mirroring best practices and lessons learned from other DHCS divisions, Medi-Cal Dental Services Division (MDSO) can leverage relationships at the county level to encourage the awareness of the importance of oral health
 - Leverage existing relationships on the medical side to include information to OBGYNs, Pediatricians, and Health Educators on oral health care
- Open communication lines to other state agencies, nonprofit organizations, shelters, free clinics, and charitable organizations detailing the importance of oral health
- Develop an infographic (an informative and impactful visual image such as a chart or diagram used to represent information) for strategic partners to share with their clients and to post in areas of high traffic for exposure to beneficiaries and their communities



Example of Infographic



Costs

Program Expenditures for Beneficiaries Ages 0-3

- FY 2012-13 costs based on claims data for beneficiaries ages 0-3:

Item	Beneficiaries	Services Paid
Medi-Cal Dental Benefits (Ages 0-3)	235,926	\$60,120,160

Pediatric Dental Outreach Costs

- FY 2014-15 costs associated for this proposal:

Item	Cost
Administrative Fees (ACSL, Postage/Mailing, Printing)	\$812,000
Increased Medi-Cal Dental Benefits	\$16,655,000
Total	\$17,467,000

Funds	Federal Funds	State Funds
	\$9,369,000	\$8,098,000



For additional questions, please contact:

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