Mobile Dental Services At Community Health Center, Inc.

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Dental Director, Community Health Center, Inc
October 23, 2010
Objectives

• Provide an overview of CHC, Inc
• Provide an overview for the development of a mobile dental program
• Discuss challenges of program administration
• Discuss the growth of the mobile program, results from restorative pilot, and future plans
• Discussion of achievements and lessons learned
CHC Model of Primary Care

- Patient-centered healthcare home
- Customer Service—timely and efficient care
- Data driven; outcome focused
- Expanded hours—elevings, weekends
- Integration of medical/behavioral/dental services
- Research, Development, Innovation
- Electronic Health Records
- Training the next generation of healthcare providers
Patients come from almost every town to see our clinicians

173 Community and School Based Sites
Patients who consider CHC their health care home: 100,000
Health care visits: 300,000

Patients by Practice
- Medical Care: 66,969
- Dental Care: 44,485
- Mental Health Care: 7,916

Top Chronic Diseases
- Cardiovascular Disease: 7,270
- Asthma: 4,514
- Diabetes: 5,475
CHC Inc. as a percentage of all FQHC Encounters in Connecticut

Patients choose CHC Clinicians
1 out of 4 visits in Connecticut are with a CHC provider

<table>
<thead>
<tr>
<th>Year</th>
<th>Encounters</th>
<th>State</th>
<th>CHC Inc.</th>
<th>CHCI Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>1,123,197</td>
<td>284,159</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>1,009,908</td>
<td>230,685</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>918,426</td>
<td>217,994</td>
<td>24%</td>
<td></td>
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</tbody>
</table>
Vision:

Building a world-class primary care delivery system for Connecticut

- Customer service
- Advanced access
- Innovations/technology
- Data-driven operations
- R&D
- Transformational care
- Training
Innovations at CHC

- Advanced Access Scheduling: just in time delivery of care
- “Wherever You Are” (W.Y.A.): delivering care in schools, shelters and the community
- FQHC based residency training program for Nurse Practitioners
- Planned Care/Chronic care model: integrating prevention & treatment
- Fully integrated services, fully integrated electronic health record, (Medical, Behavioral Health, OB) including patient portal and Health Information Exchange
- Mobile dentistry: Delivering Dentistry in schools statewide
• Provide an overview of CHC, Inc
• **Provide an overview for the development of a mobile dental program**
  • Discuss challenges of program administration
  • Discuss the growth of the mobile program, results from restorative pilot, and future plans
  • Discussion of achievements and lessons learned
Connecticut has met the Healthy People 2010 objectives for both decay experience and untreated decay but must make substantial progress to meet the objective for preventive dental sealants.
The Connecticut Health Foundation identifies the improvement of oral health care for HUSKY-insured children as a priority.

- In 2002, the NBOHC forms and receives 5-year funding.
- Connecticut Health Foundation goals:
  - Double the number of children
  - Provide a seamless, integrated system of care
  - Develop financially sustainable projects

- 2003: Southeastern CT Oral Health Collaborative funded by CT Health Foundation for 5 years; CHC New London participates.
- 2004: In-School Dental program forms in Norwich schools.
August 2005: Portable dental equipment purchased; pilot program at YWCA preschool summer program

School Year 05-06 – pilot in 4 New Britain elementary schools

School Year 07-08 – 3rd yr at elementary schools in NB, plan to visit each school twice, restorative care at NBHS, middle school expansion and Plainville

2007: begin restorative care at NBHS

2007 - present: NB program expands to 2 surrounding towns and now provides services at all NB schools

2004-2010: Program grows to 176 community sites throughout the state

May 2009: First Mobile restorative pilot in Enfield elementary schools

2006-2010: Expansion in other towns CHC provided care, to total of 143 community site in 2010

2010: Waiting for BOE approval to begin restorative care at elementary and middle schools in NB

2010: Approval and commencement of New London in school restorative care

2010 Goal for Connecticut Health Foundation: incorporation of oral health at every point of service delivery, establishment of dental home, increase utilization of services

... and continued to grow
Challenges

- Provide an overview of CHC, Inc
- Provide an overview for the development of a mobile dental program
- **Discuss challenges of program administration**
- Discuss the growth of the mobile program, results from restorative pilot, and future plans
- Discussion of achievements and lessons learned
Innovation: Developing a seamless, integrated system of care

Mobile Dental Program
System of Care Components

- Care Coordination and Referral
- Safety-Net and Private Providers: Dental Services
- Advocacy and Sustainability
- Outreach and Marketing
- Replication Model
- Restorative Treatment
- In-School Mobile Dental Hygiene Program
- Data Collection and Data Coordination
- Oral Health Education
In School Dental Program Activities

Enrollment of Students
- Outreach to schools, teachers, and nurses
- Attendance at PTO meetings, faculty meetings, community events
- Communicate with Access to Care and School Based Health Centers
- Coordinate completion of enrollment forms including annual update of dental health history with interested parents/guardians
- Identify uninsured families and refer to Access to Care

Scheduling/Coordination of Services
- Develop and update annual school site schedule
- Coordinate daily schedules for students with school personnel
- Coordinate equipment delivery to school sites
- Coordinate service delivery (chart/form preparation and delivery to hygienist)
- Troubleshoot service delivery situations

Preventive In School Dental Services
Exam, cleaning, x-rays, fluoride, sealants, and education by hygienist

Dental Treatment Services
Fillings, extractions, root canals, crowns, etc. by dentist at dental clinic or at private dentist

Follow-up and Scheduling of Treatment
- Contact parent/guardian to schedule treatment appointment at fixed site dental clinic
- Coordinate priority cases for immediate treatment
- Coordinate referrals to private dentists for special cases (root canals, oral surgery, etc.)
- Track completion of needed treatment in school database

Reporting Program Outcomes
- Summarize student data from each school
- Develop annual School Results grid for individual schools and school district
- Distribute School Results to principals, superintendent, and community partners

Tracking Program Outcomes
- Coordinate collection of charts and encounter forms from hygienist
- Coordinate charging of services with dental receptionists
- Enter student visit data and additional services needed in database
External Components of Mobile Program

• Initial School Board and Community Stakeholder Contacts
• Coordination with Superintendent, Principals, Teachers, and School Nurses
• Community Outreach by the Program Coordinator: Attend Open Houses, Health Fairs, PTO Meetings
• Willing participants: Schools, Private doctors, FQHC, Hospitals, WIC/ Head Start
• Locate seed money: Charitable association, Federal Expansion grants
• Memorandum of Agreement
Internal Program components:
Statewide Program = Statewide Administration

- Management team
  - Program manager
  - Dental director
  - Lead Hygienist
    - Training
    - Orientation
    - Monthly visits and audits
- Centralized annual training for RDH and care coordinators
  - Review sealant technique
  - New technology roll out: digital radiography
  - Review of policies and procedures
  - Review/distribution of log book
  - Annual competency staff check off
  - Equipment maintenance
- Equipment and transportation arrangements
Initial start up cost $30,000
- Equipment is approximately $23,000
- Instrument purchase $1,400
- Consumable supplies $5,600
- Maintenance consumables $1,500
- Digital radiography not included*
• Provide an overview of CHC, Inc
• Provide an overview for the development of a mobile dental program
• Discuss challenges of program administration
• **Discuss the growth of the mobile program, results from restorative pilot, and future plans**
• Discussion of achievements and lessons learned
Mobile Dental Cycle of Care

1. Establish connections to schools
2. Prevention, Radiographs and Oral Health Education for everyone
3. Identify patients who need sealants and place them
4. Children with no evidence of decay referred for dentist exam annually
5. Follow up with parents for completion of identified disease
6. Maintain patients within recall system when mobile team returns in 6 months.
• Enfield
• New Britain
• Plainville
• Middletown
• Portland
• Clinton
• Westbrook
• Stamford
• Norwalk
• New London
• North Stonington
• Stonington
• Waterford

Services Provided by the Mobile Dental Program in CT

<table>
<thead>
<tr>
<th>Year</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/2007</td>
<td>2545</td>
</tr>
<tr>
<td>2007/2008</td>
<td>4800</td>
</tr>
<tr>
<td>2008/2009</td>
<td>8021</td>
</tr>
<tr>
<td>2009/2010 half year</td>
<td>5406</td>
</tr>
<tr>
<td>2009/2010 full year</td>
<td>10812</td>
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</tbody>
</table>
School Based Mobile Procedure in FY 2010

Total # of Procedures

- Enfield Mobile Dental: 2080
- Meriden Mobile Dental: 2522
- Middletown Mobile Dental: 2904
- New Britain Mobile Dental: 4629
- New London Mobile Dental: 3580
- Norwalk Mobile Dental: 5000
- New Britain SBHC Dental: 2222
- Stamford Mobile Dental: 937
## START SMILING PROGRAM
New Britain Individual School Results
School Year 2006 - 2007

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School enrollment</td>
<td>472</td>
<td>680</td>
<td>291</td>
<td>598</td>
<td>599</td>
<td>464</td>
<td>537</td>
<td>664</td>
<td>670</td>
<td>547</td>
<td>5522</td>
</tr>
<tr>
<td># of Visits</td>
<td>62</td>
<td>69</td>
<td>95</td>
<td>30</td>
<td>32</td>
<td>74</td>
<td>35</td>
<td>133</td>
<td>96</td>
<td>40</td>
<td>666</td>
</tr>
<tr>
<td># of Children Seen</td>
<td>43</td>
<td>53</td>
<td>42</td>
<td>26</td>
<td>25</td>
<td>57</td>
<td>29</td>
<td>123</td>
<td>82</td>
<td>40</td>
<td>520</td>
</tr>
<tr>
<td>% of Children Seen</td>
<td>9%</td>
<td>9%</td>
<td>14%</td>
<td>5%</td>
<td>4%</td>
<td>13%</td>
<td>5%</td>
<td>19%</td>
<td>12%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>(of school enrollment)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># with Decay</td>
<td>21 (49 teeth)</td>
<td>15 (39 teeth)</td>
<td>10 (37 teeth)</td>
<td>8 (16 teeth)</td>
<td>7 (51 teeth)</td>
<td>17 (37 teeth)</td>
<td>3 (12 teeth)</td>
<td>66 (230 teeth)</td>
<td>24 (64 teeth)</td>
<td>12 (42 teeth)</td>
<td>183</td>
</tr>
<tr>
<td>% with Decay</td>
<td>49%</td>
<td>28%</td>
<td>24%</td>
<td>31%</td>
<td>28%</td>
<td>30%</td>
<td>10%</td>
<td>54%</td>
<td>29%</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>(of children seen)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># receiving Sealants</td>
<td>19 (70)</td>
<td>10 (34)</td>
<td>15 (47)</td>
<td>4 (14)</td>
<td>3 (6)</td>
<td>10 (33)</td>
<td>5 (19)</td>
<td>3 (8)</td>
<td>14 (44)</td>
<td>0</td>
<td>83</td>
</tr>
<tr>
<td>% HUSKY</td>
<td>84%</td>
<td>91%</td>
<td>98%</td>
<td>96%</td>
<td>86%</td>
<td>82%</td>
<td>83%</td>
<td>95%</td>
<td>77%</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>% Private Insurance</td>
<td>5%</td>
<td>5%</td>
<td>0</td>
<td>0</td>
<td>5%</td>
<td>0</td>
<td>7%</td>
<td>1%</td>
<td>5%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>% Uninsured</td>
<td>11%</td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
<td>9%</td>
<td>18%</td>
<td>10%</td>
<td>4%</td>
<td>18%</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

Prevention, Radiographs and Oral Health Education for everyone
Identify patients who need sealants and place them
NB Mobile Hygiene 2009-2010

New Britain Elementary Schools

Prevention, Radiographs and Oral Health Education for everyone
Identify patients who need sealants and place them

- Chamberlain Elementary
- Dilleo Elementary
- Gaffney Elementary
- Headstart
- Holmes Elementary
- Jefferson Elementary
- Lincoln Elementary
- Northend Elementary
- Smalley Elementary
- Smith Elementary
- Vance Elementary

0 20 40 60 80 100 120 140 160 180 200

Patients Visits
New Britain Patient Growth

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
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</thead>
<tbody>
<tr>
<td>2006/2007</td>
<td>504</td>
</tr>
<tr>
<td>2007/2008</td>
<td>794</td>
</tr>
<tr>
<td>2008/2009</td>
<td>856</td>
</tr>
<tr>
<td>2009/2010</td>
<td>1080</td>
</tr>
</tbody>
</table>
New Britain Patients vs. Visits

- **Patients**: 504, 794, 856, 1080, 647, 1052, 1105, 1147
- **Visits**: 647, 1052, 1105, 1147

Year:
- 2006/2007
- 2007/2008
- 2008/2009
- 2009/2010
### New Britain Program Growth 2006-2010

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Patients</strong></td>
<td>504</td>
<td>794</td>
<td>856</td>
<td>1080</td>
<td>114%</td>
</tr>
<tr>
<td><strong>Visits</strong></td>
<td>647</td>
<td>1052</td>
<td>1105</td>
<td>1147</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Cleanings</strong></td>
<td>504</td>
<td>868</td>
<td>866</td>
<td>1199</td>
<td>138%</td>
</tr>
<tr>
<td><strong>Sealants</strong></td>
<td>78</td>
<td>184</td>
<td>284</td>
<td>311</td>
<td>299%</td>
</tr>
<tr>
<td><strong>Fluoride</strong></td>
<td>507</td>
<td>867</td>
<td>862</td>
<td>1206</td>
<td>138%</td>
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</tbody>
</table>
Identify patients who need sealants and place them.

Prevention, Radiographs and Oral Health Education for everyone.

NB Procedure Totals

**Cleanings**

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings</td>
<td>0</td>
<td>50</td>
<td>100</td>
<td>200</td>
</tr>
</tbody>
</table>

**Sealants**

<table>
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<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Sealants</td>
<td>0</td>
<td>50</td>
<td>100</td>
<td>200</td>
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</tbody>
</table>
Norwalk Patient Procedure Totals

Prevention, Radiographs and Oral Health Education for everyone

Identify patients who need sealants and place them

Sealants
Cleanings
Fluoride

<table>
<thead>
<tr>
<th>Year</th>
<th>Sealants</th>
<th>Cleanings</th>
<th>Fluoride</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/2008</td>
<td>43</td>
<td>366</td>
<td>388</td>
</tr>
<tr>
<td>2008/2009</td>
<td>186</td>
<td>1360</td>
<td>1352</td>
</tr>
<tr>
<td>2009/2010</td>
<td>264</td>
<td>1913</td>
<td>1893</td>
</tr>
</tbody>
</table>
New London Mobile Dental Procedure Counts

Prevention, Radiographs and Oral Health Education for everyone

Identify patients who need sealants and place them

Sealants
Flouride
Cleanings

Identify patients who need sealants and place them

<table>
<thead>
<tr>
<th>Year</th>
<th>Sealants</th>
<th>Flouride</th>
<th>Cleanings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/2007</td>
<td>150</td>
<td>528</td>
<td>531</td>
</tr>
<tr>
<td>2007/2008</td>
<td>209</td>
<td>896</td>
<td>904</td>
</tr>
<tr>
<td>2008/2009</td>
<td>208</td>
<td>1191</td>
<td>1194</td>
</tr>
<tr>
<td>2009/2010</td>
<td>204</td>
<td>1372</td>
<td>1355</td>
</tr>
</tbody>
</table>
In 5 yrs…

- reduction in active decay (33% to 25%)
- increase in sealants (17% to 24%)

Is this working?

Tunxis Community College
Hygiene Findings

Tunxis Community College
Dental Hygiene Program

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td># screened</td>
<td>729</td>
<td>725</td>
<td>768</td>
<td>762</td>
<td>759</td>
</tr>
<tr>
<td>% students with sealants</td>
<td>17</td>
<td>17</td>
<td>18</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>% students with untreated decay</td>
<td>34</td>
<td>33</td>
<td>31</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>School with most sealed students</td>
<td>Diloreto 31%</td>
<td>Smalley 22%</td>
<td>Holmes 25%</td>
<td>Northend 43%</td>
<td>Northend 31%</td>
</tr>
<tr>
<td>School with most students with active decay</td>
<td>Chamberlain 49%</td>
<td>Jefferson 43%</td>
<td>Vance 39%</td>
<td>Lincoln 41%</td>
<td>Chamberlain 37%</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td># screened</td>
<td>762</td>
<td>752</td>
<td>746</td>
<td>732</td>
<td>792</td>
</tr>
<tr>
<td>% students with sealants</td>
<td>33</td>
<td>33</td>
<td>29</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>% students with untreated decay</td>
<td>33</td>
<td>31</td>
<td>35</td>
<td>35</td>
<td>25</td>
</tr>
<tr>
<td>School with most sealed students</td>
<td>N. End 44%</td>
<td>Jefferson 44%</td>
<td>Holmes 37%</td>
<td>Gaffney 39%</td>
<td>Jefferson 45%</td>
</tr>
<tr>
<td>School with most students with active decay</td>
<td>Smalley 56%</td>
<td>Jefferson 46%</td>
<td>Lincoln 42%</td>
<td>Gaffney 44%</td>
<td>Smalley 33%</td>
</tr>
</tbody>
</table>
Mobile hygiene team places 70% of CHC’s sealants

Data tracking by each RDH in each school starting in school yr 2010-11

- Identify need for sealants
- Identify reason sealants not warranted
- Track number of sealants placed
- Track reason why could not place sealants
- Track decay in permanent molars
Deeper look into sealants

Patients assessed for sealants

<table>
<thead>
<tr>
<th># patients</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>150</td>
<td>76</td>
</tr>
</tbody>
</table>

Reasons sealants not needed

<table>
<thead>
<tr>
<th>Reason</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Sealants</td>
<td>103</td>
</tr>
<tr>
<td>Restored</td>
<td>15</td>
</tr>
<tr>
<td>Decayed</td>
<td>9</td>
</tr>
<tr>
<td>Partially Erupted</td>
<td>9</td>
</tr>
</tbody>
</table>
Deeper look into sealants

Two week data collection at schools

• 226 children seen
• 34% (76) of children required sealants
  • 68% (103) already had sealants
  • 22% (33) were restored, decayed or unerupted
• 92% of those children who needed sealants received them within the stay of the hygienist at the mobile site
• 8% (6 children) did not receive sealants

• 236 sealants needed to be placed
• 92% (217) sealants were placed
Completing the Loop with Restorative Care: Most Difficult Step

Deliver services directly at mobile site

- Ideal follow through
  ~30% children need to see a dentist
  Recommend annual dentist t exam
  Majority of care can be completed on site
  Ability to track progress on complete TTX plans
  Removes barrier of transportation and decreased N/S

Refer for restorative treatment to established dental home at FQHC

- Care coordinator play essential role
- Difficulty with contact with patients
- Contact information out of date
- Transportation and N/S issues

Collaboration with private or outside providers to complete care

- Least ability to track outcomes
- Difficulty with tracking show rate and treatment completion

Follow up with parents for completion of identified disease

Ideal follow through
~30% children need to see a dentist
Recommend annual dentist t exam
Majority of care can be completed on site
Ability to track progress on complete TTX plans
Removes barrier of transportation and decreased N/S
Completing the Loop with Restorative Care: Most Difficult Step

- NBHS 2007 pilot
  - 64 visits in 8 restorative session in NBHS
  - Currently standard 5 hrs/week during school year

- Enfield 2009 restorative treatment in 7 out of 13 elementary schools
  - 101 restorative visits in 25 treatment days
  - 3 exo’s, 14 sealants, 258 Exams
  - 303 patients seen by pediatric dentist
Restorative Treatment at NBHS
08-09 school yr

# Procedures

- Sedative filling: 1
- Resin-based composite - two surface: 36
- Resin-based composite - one surface: 48
- Resin, 4+ surface: 2
- Resin, 3 surface anterior: 3
- Resin, 1 surface, anterior: 4
- Palliative Treatment: 2
- Extraction, erupted tooth or...: 1
- Amalgam-two surface: 2
- Amalgam-one surface: 1

Follow up with parents for completion of identified disease
Restorative Care Pilot 5/09

All procedure codes billed by pediatric dentist (23 tx days)

- Enfield Dental Mobile: 774
- Meriden Dental Mobile: 201
- New Britain Dental: 287
- New Britain Dental Mobile: 95

Total # of restorative procedure code billed by pediatric dentist (23 tx days)

- Enfield Dental Mobile: 78
- Meriden Dental Mobile: 23
- New Britain Dental: 53
- New Britain Dental Mobile: 8

Follow up with parents for completion of identified disease
Referral for Restorative TX to dental home at FQHC

- Central Case management database
  - RDH completes internal forms for referral needs
  - Centrally logged and tracked
- Dedicated central and local staff to facilitate appointments for children
- Start of school yr 2010, over 1300 children seen
  - 431 (33% need treatment) previously open cases (in the middle of treatment or on recall)
  - 276 cases have been newly opened (new area of decay)
  - 115 have been resolved within a 4 week period of school service
- To be replaced once EDR fully functional using treatment planning module
Patient Retention within the program
New patient Acquisition into program

• Each year care coordinators visits schools
• New MOA signed with schools
• Discussion of any changes and data presentation on past years results
• Enrollment forms mailed home prior to start of school year to all children *
• Required updates to medical histories obtained
• Recall cards sent home for established patients to remind of scheduled visit and days of care delivery
Lessons Learned

• Provide an overview of CHC, Inc
• Provide an overview for the development of a mobile dental program
• Discuss challenges of program administration
• Discuss the growth of the mobile program, results from restorative pilot, and future plans
• Discussion of achievements and lessons learned
Mobile Delivery: A Model That Works

- Outreach to families
- Service delivery in community settings
- Community partnerships
- Care coordination
- Strong leadership
- Adequate providers
- Money
- Tracking system
  - Access DB used currently
  - Soon integrated Dental HER
- Ability to complete the full scope of dental care
Problem: Fragmented Care
Solution: Dental Care Coordination

- culturally, linguistically competent for the community
- educates families about oral health
- links the education community (schools) to health care
- links children to hygiene, restorative care, and specialty care (for on-site restorative care is the key connector between parents and dentist)
- completes/tracks referrals and treatment completion rates to and from community providers
- ensures that children attend scheduled appointments (either on site or off-site)
- Helps families navigate the dental care ‘system’
• **Hygiene Team**
  • 1 Hygienist
  • 1 Care Coordinator
  • Program Director/Manager
• **Restorative Team**
  • Restorative Dentist
  • 1 Dental Assistant
• **Portable Equipment** (additional supplies for restorative care)
• **Temporary School Space**
• **Arrangements for restorative treatment after preventative**
• **Recall system for following school year**
• **Method of tracking outcomes**
  • Treatment plan completion
  • Sealants completion
  • Referrals executed
Enrollment Forms (multiple language in a simple form)
Triplicate form for parent notification
Licensing of the mobile unit, state dependent
Log books for JCAHO, OSHA, DPH compliance, operational manual for cart
Equipment maintenance and a universal operational manual (Fl varnish clogs the suction)
Regular Staff Meetings to monitor productivity/Issues
System for equipment transportation (schedule, van and storage space when not in use)
  - Creative locations during school break to maximize the use of equipment and RDH time
  - Watch for issues at Schools: Fire Drills, Lock Downs, Medical Emergencies
  - System for medical information tracking as it relates to dental visit
Challenges

- Funding and self sustainability
- Completing the loop with restorative care
- Patient contract information updates
- Maintain utilization of services
- Multiple providers for same patient, coordination of between public and private treatment sites
- Tracking of results, EDR on its way
- Ensuring consistency among locations
Lessons Learned

- Central administrative structure
- Organized trainings, manuals, meetings
- Frequent “check-in” calls
- Regular visits to ensure quality and adherence to established policies
- Deliberate and frequent communication with school representative
- Fast action to complete care
- Support from local dental societies
- Establish data collection tools early
- Standard communication between care coordination and clinic front desk staff
Comments or Questions?
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