Health Center School-Based Dental Programs Survey

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Objectives

• Describe State of FQHC Run School-Based Dental Programs

• Discuss Delivery Models

• Identify Funds Used to Cover Program Costs

• Examine Future of School-Based Dental Programs
Session Outline

- Survey Background & Objectives
- Survey Methods & Results
- Health Center Voices
- Conclusions
Background

- Increase in FQHC Inquiries
- ACA Support for School-Based Health Centers
- Strategy to Reach Vulnerable Populations
Health Center School-Based Dental Programs

- Little Is Known
- 2011 UDS data: 280/1,128 (25%) Health Centers Provide Services in Schools
- National Association of School-Based Health Centers Survey: FQHCs Run 33% of School Clinics
Survey Goals

- Determine Status of FQHC-Run SBHCs
- Identify Delivery Models
- Describe Operations
- Assess Future of SBHCs
Methods

• Identify FQHCs with SBHC Programs
• Develop and Pretest Survey Instrument
• Distribute Survey Online and Analyze Data
• Hold Tele-Conference Focus Group Discussion with Selected Respondents
  – 2 sessions; each about 8 participants
  – 1.5 hours/session
Survey Results
Sample

- 280 FQHCs with SBHC Programs
- 62 Completed Surveys (22%)
- 29 States
  - California 7 HC
  - New York 6 HC
- 76% Provide Medical and Dental Care
Program Size

Schools
- Average 12
- 64% 10 or fewer
- One FQHC 60

Children
- Average 1,900
- 61% 1,000 or fewer
- Two FQHCs 9,000+
Months/Days Operation

Months
- 57% 9/10 months
- 38% 11/12 months

Days

N
FQHCs

Days

NNOHA
National Network for Oral Health Access
## Delivery Models

<table>
<thead>
<tr>
<th>Model</th>
<th>% FQHCs</th>
</tr>
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<tbody>
<tr>
<td>Portable</td>
<td>47%</td>
</tr>
<tr>
<td>Fixed Clinics</td>
<td>34</td>
</tr>
<tr>
<td>Mobile Vans</td>
<td>8</td>
</tr>
<tr>
<td>Multiple</td>
<td>12</td>
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## SBHC Services

<table>
<thead>
<tr>
<th>Dental Service</th>
<th>% FQHCs Provide</th>
</tr>
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<tbody>
<tr>
<td>Education</td>
<td>95%</td>
</tr>
<tr>
<td>RDH Screen Exam</td>
<td>53</td>
</tr>
<tr>
<td>DDS Exam</td>
<td>81</td>
</tr>
<tr>
<td>RDH Exam</td>
<td>27</td>
</tr>
<tr>
<td>Radiographs</td>
<td>64</td>
</tr>
<tr>
<td>Prophysis</td>
<td>79</td>
</tr>
<tr>
<td>Sealants</td>
<td>81</td>
</tr>
<tr>
<td>Fluoride Varnish</td>
<td>89</td>
</tr>
<tr>
<td>General Care</td>
<td>53</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>14</td>
</tr>
</tbody>
</table>
# Payers

<table>
<thead>
<tr>
<th>Payer</th>
<th>Average Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/CHIP</td>
<td>82%</td>
</tr>
<tr>
<td>Other Public</td>
<td>5</td>
</tr>
<tr>
<td>330 Grant</td>
<td>8</td>
</tr>
<tr>
<td>Private Insure</td>
<td>9</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>2</td>
</tr>
<tr>
<td>Foundations</td>
<td>3</td>
</tr>
</tbody>
</table>

- Almost all bill for services
- Receive PPS encounter rate
Focus Group Highlights
Findings

• Many HCs take over existing school-based dental programs
• Capital expenses for new/replacement equipment mainly from grants
• Co-located medical/dental programs have excellent relations
Common Successes

- Multiple strategies to obtain consent for services
- If open year-round, different ways keep busy
- Creative systems for clinical record keeping and billing
Common Challenges

• Low enrollment (25% to 50%) of eligible children
• Modest success FQHC referrals for dentist care
• Lack of local dentist support in many locations
Choptank Community Health System, Inc. (CCHS)
School-based Dental Program

Scott Wolpin, DMD
Immediate Past Chief Dental Officer
Scope of Care

• We provide preventive dental services in 33 public schools in our 3 county service area

• We provide school-based dental services to over 3,400 patients per year

• On average, we treat 10 children per provider, per day in the schools.
Logistics

- Majority of services provided with portable equipment in temporary space
- Oral health education, RDH screening exams, prophys, sealants, fluoride varnish provided by a cadre of part-time public health dental hygienists 1.85 RDH FTE
- During the summer months provide preventive services to migrant children
Referrals

- If child not a Choptank patient, clinical visit report sent child’s family dentist
- CCHS dental patients directly scheduled through PMS EHR (Intergy)
- Case management services are available and used to assure children, especially high risk, attend definitive care
- After school hours emergency coverage is provided by on call dentist
Finances

- Bill for all services provided
- Receive cost based reimbursement rate for Medicaid insured children
- Program is self-sustaining, viable
- Use Dentrix to document clinical care, but use super-bills to post the encounters because we do not have a truly integrated health record
Demographics

Talbot County
- older, more educated, wealthier

Dorchester County
- less educated, more persons living < poverty, more African-American patients

Caroline County
- younger, less educated, more persons living < poverty, more Hispanic patients
School Grade of Patients

% Children from each grade group

- Elementary (grades K-5) 70%
- Middle School (grades 6-8) 20%
- High School (grades 9-12) 10%
Payer Mix

% Children from each age group

- Medicaid/Child Health Insurance Plan: 55%
- Private Insurance: 15%
- Patient Fees: 10%
- FQWHC 330 Grant: 5%
- Other federal/state government program: 5%

National Network for Oral Health Access

Community Health System, Inc.
State Data: Caries Experience, Untreated Disease and Dental Sealants

Caries Experience
- 2001: 42.4
- 2005: 41.9
- 2011: 49

Untreated Disease
- 2001: 25.9
- 2005: 29.7
- 2011: 17.1

Dental Sealants
- 2001: 23.7
- 2005: 42.4
- 2011: 40.4

HP 2020 Target
- Caries Experience: 28.1
What We Have Learned...

- Our data shows we are improving the oral health status (reduced level of untreated decay) for school aged children in all three counties.
- Our school-based program is increasing the proportion of children with sealants over time and achieving the Healthy People 2020 target.
- An increased number of children now have a dental home and/or are receiving preventive oral health services.
And ...

- 25% of the children have untreated dental disease, of these a small percentage have the majority of all disease.
- Enrollment in school-based programs is an individual, location dependent experience; i.e. some Head Start programs are champions of oral health, others do not appear to value it.
- Enrollment is lowest in high schools.
- There is a lot more work to be done! For example, what is the oral health status of the other 60% of children who do not enroll in our program?
Strategies for Success

• Our program has demonstrated sustainability. It has been in existence since 2001 – long track record of success
• Oral health services have expanded through collaboration, local partnerships each year
• Our program is efficient since oral health prevention programs reduce health care costs by avoiding restorative treatment costs
• Parents with special needs children like the program because preventive services are given in an environment where their child is comfortable
Deamonte Driver, age 12
Died February 25, 2007

As a result of collaborative efforts since, in Maryland, the utilization rate among low-income children more than quadrupled, from 11% in 2000 to 48% in 2010.
Future

• The program is supported by the school administrators, is self sufficient and has expanded rapidly over the last few years. The hope to bring restorative and surgical care to the service sites is on our horizon.
Access Community Health Centers
Madison, Wisconsin

Errin Pfeifer, D.M.D.
Chief Dental Officer
Celebrate Smiles Program Description

• 22 schools for the 2013-14 school year
• Estimate we will see approx. 2600 children
• Portable equipment used
• Grades 4K through 5th
• Program currently runs on school calendar
• Offer preventive and restorative care
### Brian’s Rating Scale for Determining a Child’s Dental Needs

<table>
<thead>
<tr>
<th>Number Rating:</th>
<th>Child’s Dental Needs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No decay, treatment complete after screening, sealants and/or fluoride.</td>
</tr>
<tr>
<td>2</td>
<td>Minor decay- not in imminent danger of causing an abscess or space loss in a child's mouth. Child will be referred to Access for follow-up treatment.</td>
</tr>
<tr>
<td>2 ½</td>
<td>Minor decay, decay present in adult teeth or on baby teeth that may spread to adjacent adult teeth.</td>
</tr>
<tr>
<td>3</td>
<td>Decay that does not necessarily require urgent treatment, but may cause problems in the future.</td>
</tr>
<tr>
<td>4</td>
<td>Urgent need- abscesses or large decay present on adult teeth or children in pain.</td>
</tr>
<tr>
<td>5</td>
<td>Referrals to Access or the Pedodontist- children with teeth that may need root canals or adult tooth extractions. This is also for children with cooperation issues.</td>
</tr>
</tbody>
</table>

***Completion of ‘4’s and ‘3’s are common, if this care is not completed at the time of service the child will be referred to Access.***
Starting Our Program

• Existing small, volunteer only program
• Coordinator of this program asked ACHC to staff the dentist position
• Maintains the same partners (AFCH, RMHC, MMSD, PHD)
• Program is funded by billing for services and grant writing/fundraising
Clinical Protocols

- Active consent process
- Currently using paper charts and digital x-rays
- Next school year we should be all electronic
- For any work not finished on site the children are referred back to one of our fixed locations
- After hours coverage is part of our clinical call schedule
Finances

- Revenue generated by billing for services
- Receive FQHC rate
- Billing is done manually
- 70% coverage, 30% no dental insurance
- Program is budget neutral with fundraising/grant writing
Environment

- Celebrate Smiles is heavily supported by both the MMSD and Access
- Biggest advocates are school nurses, principals, administrators, Access leadership
- Most concern comes from some private practice dentists
- Strong relationship with pediatric dentists in town
Strategies for Success

• Strong support from your CHC administration
• Strong support from the school districts
• Staff committed to the model of care and the kids
• Behind the scenes work! It can be labor intensive to do well
Challenges

- Paperwork and the transition to electronic records in the schools
- Sterilization
- Competition from a new local preventive program making inroads into county schools
Future

• We plan to be in 40 schools using two teams in the 2014-15 school year including more outlying county schools

• The popularity of this program and others like it seem to be growing exponentially

• With support from the appropriate parties, we can go far!
Whitefoord Inc.

Whitefoord Elementary School
Coan Middle School
Maynard Jackson High School
Crim High School

Karyl C. Patten, DDS, MPH
Dental Director
Assistant Professor Emory University
School Based Description

- Number of schools: 4
- Number of children: 1,323
- Type of program: Fixed Clinic
- Grades served: Pre-school through HS
- Open: Year round
- Services: Full scope of service
How the Program Started….

the Vision

In 1995, **Dr. George Brumley** and his former student, **Dr. Veda Johnson**, established Whitefoord Inc. to address the health and educational needs of children and families of the Whitefoord Elementary School District in southeast Atlanta.
Partners

- United Way of Metro Atlanta
- Best Buy Foundation
- Bright From the Start
- Fulton County “Fresh”
- Health Resources and Service Administration
- Georgia Department of Health and Human Services
- The Georgia Association For Primary Health Care
- Zeist Foundation
- National Association for the Education of Young Children
- Georgia State University
- School-Based Health Alliance
- Emory University
- Chris Kids
- Atlanta Public School
- National Association of Community Health Centers
- Atlanta Speech School
Funding Capital Equipment and/or Clinic Build-out Expenses

**School Grants**

**Federal Grants-HRSA 95%**

**In-kind Donations-(architect, desks, etc.)**
Clinic Protocols

- Consent process
  - School registration, screening, PTA
- Clinical chart documentation process
  - Open Dental (eClinical Works)
- Referral process
  - FQHC and private providers
- After/non-school hours emergency process
  - Grady Hospital
- Collaboration with school-based
  - Primary care clinic-on site
Finances

- Bill for services
  Billing company
- Receive FQHC rate
  YES
- Billing documentation procedure Payer mix?
  Private insurance, sliding fee, Medicaid-95%
- School-based program financial status
  Revenue neutral
Environment

- How strong is the political and administrative support for the SBHC program within your FQHC and in the schools: **Strong**
- Who are the advocates: **APS, Emory, Eastlake neighborhood, dental and hygiene schools**
- Distracters: **Movement of APS**
- What is the relationship of your SBHC program with local dentists? **Referral sources, have letters of support**
- Dental Clinic on site
Strategies for Success

• Open year round
• Families like to come because ALL their medical needs are met
• Continuity of care is strategic
• People trust us because we care and it shows
Challenges

• Consent forms

• Contact numbers

• Combining medical and dental in electronic health record

• Clinical space development

• APS undergoing changes
Future

• Redesigning work space for oral health patients
• Continue to develop and enhance student training
• Embracing ACA…enrolling new patients in clinic to making Whitefoord their patient centered medical home. Engage current stakeholders while cultivating new stakeholders and collaborative!
Whitefoord Elementary Clinic
Trauma
Esteem
Patient Centered Medical Home
Student Training
THANK YOU

• http://whitefoord.org
Conclusions

- HC school-based dental programs in many states
- Focus on screening, prevention, referral
- Portable equipment model dominant
- Main revenues from public insurance
- Strong support from schools, communities
- FQHCs expanding their school based Programs