The Seal is the Deal
Introductions

Speakers
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Partners
- Washington Association of Community and Migrant Health Centers
- Washington Dental Hygienists’ Association
- Washington State Department of Health

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- Arcora Foundation
Disclosures

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The viewpoints expressed in this presentation are our own and may not represent those of some of the organizations we are affiliated with.
We’d like to talk to you about SBSPs

The need for addressing oral health of school age children

Evidence behind sealants and school based sealant programs

Opportunities for and barriers to increasing delivery of sealants

Current state of school based programs in FQHCs – what’s working, challenges and solutions, and program finances
Our goals for today

1. Gain your support for school based sealant programs (SBSPs) by:
   - Motivating you to talk with your colleagues, local school nurses, teachers, and school leaders about the benefits of school based programs.
   - Motivating you to consider operating a SBSP

2. Discuss what you need to start a program
Why Sealants
Third Grade Caries Experience

Latest data
Percentage of students with Caries Experience (treated or untreated tooth decay)
Breakdown: Grade – Third Grade

Source: Centers for Disease Control and Prevention - https://nccd.cdc.gov/oralhealthdata/
Sealants are Effective

- **CDC Evidence**: Dental sealants prevent 80% of cavities in the back teeth, where 9 in 10 cavities occur.
- Can arrest progression of early lesions.
- **Sealants are most cost-effective** when provided to children who are at highest risk for tooth decay.
- **Medicaid savings of $6 / tooth sealed** (CDC).
- Lifetime cost to maintain a tooth once restoration is placed can exceed $2000 (Delta Dental Plans).
School Based Programs are Effective

Federal Task Force on Community Prevention Services

“school based and school linked delivery programs are strongly recommend on the basis of strong evidence of effectiveness in reducing caries on occlusal surfaces of posterior teeth among children”
SBSPs are more than just sealants

School-based sealant programs are as much about sealants as they are about identifying high-risk kids, getting them oral health instruction, fluoride and a routine dental provider.
Why in school? Bringing care to children

> Children spend the majority of their time in schools

> **Data** on the Free/Reduced meal program allows us to find the at-risk children

> Bringing care to children eliminates some barriers to care

> Less time out of classroom: 30 min vs up to 2-6 hours

> Fits with parents’ schedules/needs (pain appointments get scheduled but preventive appointments can be missed)
There are 88 FQHCs with dental clinics in Washington – yet we found only ~1/3 have SBSPs
We surveyed and met with FQHC dental directors in WA and we learned...

> Most FQHC Dental Teams have only modest knowledge and awareness of SBSPs

> Many felt these programs are only “somewhat effective”
Why FQHCs have SBSPs: alignment with mission, opportunity to build clientele and need

Alignment with mission: 5
Opportunity to build clientele: 4
Overwhelming need in community: 4
Sustainable business model: 3
Raises awareness in community about your clinic: 3
Grant opportunity to provide services in schools: 3
School requested services: 2
Why don’t other FQHCs provide SBSPs?

> Survey said...

- Focus on adults
- Overwhelmed with adult demand
- Question the quality of sealant placement
- Other groups provide this care
- Prefer children to come to our dental center
- Don’t have the providers, equipment, funding
- Logistical challenges (school schedules, other issues)
There was interest in more information

> **The need for SBSPs:** importance, effectiveness and impact of SBSPs

> **Logistics:** working with schools, consent forms, equipment

> **Finances:** reimbursement, costs

“...how would we set it up and make it work financially?”

“Who do I contact at the school districts to get it started? What type of agreements are needed?”
Getting Started

1. Gaining Program Support
2. Staffing
3. Selecting Supplies & Equipment
4. Funding
5. Developing Forms & Managing Data
6. Preparing to Launch
7. Implementing the Program
8. Referral & Follow-Up
9. Program Evaluation
Moving from Good to Great
National Sealant Work Group

Report of the Sealant Work Group
Recommendations & Products

children's dental health project
## Outcomes

<table>
<thead>
<tr>
<th>We Did</th>
<th>We Did Not</th>
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<tr>
<td>&gt; Make recommendations for improving SBSPs</td>
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<tr>
<td>&gt; Develop and provide tools for improving communication, efficiency, reporting, data collection and overall effectiveness of SBSPs</td>
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<tr>
<td>&gt; Make very specific clinical recommendations</td>
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<td>&gt; Provide recommendations for the initial start of up SBSPs</td>
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<td>&gt; Duplicate the work of others (i.e. Seal America and other panels)</td>
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Sealant Work Group Priorities

Promoting evidence-based and promising practices

Addressing MA and regulatory hurdles

Communication with families and school staff

Collecting and analyzing data
Promoting EB and Promising Practices

> Recommendations regarding consistency

> Promoting high quality programs who use evidence based and promising practices

> Equipping programs to be successful
Communication with families & staff

- Building stronger relationships with schools and families
- Sharing outcomes and expectations
- Templates for success

Promoting evidence-based and promising practices
Addressing MA and regulatory hurdles
Collecting and analyzing data
Communication with families and school staff
## A Worksheet: Creating a Communications Plan for a School-Based Sealant Program

<table>
<thead>
<tr>
<th>Audience</th>
<th>Communication vehicles (Emails, text messages, flyers, meetings, newsletters, etc.)</th>
<th>Messages to communicate to each audience</th>
<th>Frequency of each communication vehicle</th>
<th>Person(s) responsible for each communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents and Other Caregivers</td>
<td></td>
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<tr>
<td>Community Organizations (social service agencies, faith-based, etc.)</td>
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</tbody>
</table>
Collecting and analyzing data

> What to collect

> How to analyze it

> Formulating a story

> Spreading the message
Collecting and analyzing data

Dental sealants prevent tooth decay, improve learning and save money

Dental sealants are plastic coatings that are brushed onto children’s teeth. These coatings dry quickly and create a shield that protects the enamel of teeth. Experts recommend sealants to prevent cavities.

Check the numbers!

485
The number of dental fillings that our school-based dental sealant program prevents for every 1,000 children served.

75
A dental visit takes a child out of class for up to 75 minutes more than if preventive services are provided at her school.

3x
Children with poor oral health are nearly 3 times more likely to miss school than their peers with better oral health.

6%
Type in a caption to explain the data point that is above. This text is here for positioning only. Add an endnote number.

The Anytown school sealant program is making a big impact:

This is where you would insert the text that summarizes the impact of your school sealant program. Collecting and analyzing the data elements that are in Recommendation 10 (Sealant Work Group report) will enable you to calculate the total number of cavities averted by your program. That data point and others (such as the total number of children served) could be shared in this section of the infographic.

The next section of text would be a little smaller. Consider inserting a photo or some other graphic here or below the text. In the lower right-hand corner of the infographic, there is room for your organization to insert its logo.
Addressing MA and regulatory hurdles

> Policy implications

> Increased program efficiency
  > Practitioner based
  > Economic based

> Level the playing field

- Promoting evidence-based and promising practices
- Communication with families and school staff
- Collecting and analyzing data

Addressing MA and regulatory hurdles
What Is an NPI Number and Why Should You Get One?

Information for Dental Hygienists in School-Based Sealant Programs

What Is an NPI Number?
A National Provider Identifier (NPI) is a unique 10-digit identification number, assigned at no cost to health care professionals in the U.S. by the Centers for Medicare & Medicaid Services (CMS) through the National Plan and Provider Enumeration System (NPPES). Having an NPI is the first step for a health care professional to contract with their state Medicaid agency. Once contracted, they may submit for reimbursement of health care services they provided to Medicaid/Medicare enrollees. According to the NPPES website, “The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information.”

I’m a dental hygienist and my state does not recognize dental hygienists as Medicaid contracted providers. So is there any point in requesting an NPI?
Yes. More states have changed their policies in recent years to allow dental hygienists to bill Medicaid directly for covered oral health services. Obtaining an NPI number now means you will be ready once your state becomes part of this trend. (If you move to another state, your NPI number moves with you and remains the same.) If more dental hygienists secure NPIs in your state it could help to build momentum for your state Medicaid agency to update its policies. Allowing dental hygienists to bill directly for services will strengthen the efficiency of school-based sealant programs.

How do I obtain an NPI?
The first step is to create an account by following the instructions on the NPPES website. Then, request an NPI by completing the online application created by the NPPES.

What is a taxonomy code?
A taxonomy code classifies health care providers by the type of services they provide and their area of specialization. When applying for an NPI from NPPES, a health care provider must select the Healthcare Provider Taxonomy Code or code description that best describes the health care provider’s type, classification, and specialization. This code or
To access the report and its resources:

www.cdhp.org/sealants
Large variety in SBSP models

> Larger entities:
  - Federally Qualified Health Center with Dental Centers and SBSPs
  - Privately owned companies
  - Not for profit organizations

> Smaller entities:
  - Solo RDH or 2-3 RDH (Part time, Full time), some with CDAs
  - Team of dentists, RDHs and or CDAs
  - Dental offices or community clinics that rotate staff out into the community
  - Volunteer programs

All these programs work, have different provider models, yet they share motivations, success stories and face similar challenges.
Unity Care NW an FQHC in northern WA, provides affordable primary care and preventive medical, dental, behavioral health, and pharmacy services for children and adults.

- School-based oral health program started in 1996, expanded in 2014
- Care provided in school: preventive services: oral assessment, cleaning, fluoride, sealants, and referral for restorative needs to the clinic.
- Visit 1 is with the dentist for the initial exam
- Visit 2 and 3 are managed by the dental hygienists supported by dental assistants, for cleaning fluoride varnish, sealants
- 2 vans
### Unity Care NW Financial Model

<table>
<thead>
<tr>
<th>Revenue</th>
<th>“We are paid fee for services only when fluoride or sealants are done alone. If they are done with a screening or prophy then we are paid an encounter rate”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses</td>
<td>Major costs (of the MDP) that are part of the overall FQHC operation</td>
</tr>
<tr>
<td></td>
<td>• Providers</td>
</tr>
<tr>
<td></td>
<td>• Staff</td>
</tr>
<tr>
<td></td>
<td>• Equipment</td>
</tr>
<tr>
<td></td>
<td>• Operating expenses</td>
</tr>
<tr>
<td></td>
<td>• Supplies</td>
</tr>
</tbody>
</table>

“...we just consider the MDP program to be another dental clinic operating out of the same budget...”
Yakima Valley Farmworkers Clinic

- Operating since **2012**
- Elementary and middle schools (with some high schools)
- Provide services for ~**6,000 kids**
- Usually see 100-120 kids per day in a school clinic
- **Care provided in school**: preventive services: oral assessment, cleaning, fluoride, sealants, and referral for restorative needs if necessary to the clinic.
- 2 visits over the school year at school
- **Both visits use 1 dentist supported by 3-4 dental assistants** – don’t use dental hygienists
- Philosophy is to do as much as we can and is appropriate for the children in a single visit, and the child sees the same dentist for any follow up (restorative) care
YVFWC Finances

Combination of

- Encounter Rates
- Fee for Services (Medicaid, Private Pay, Private Insurance)
- Care provided at no cost to the patient or family

“we never say free care... it’s not free, it’s valuable, and we can and will cover the cost when necessary”
“We thought we’d arrive with our program and they’d love us and welcome us! We thought we’d drop off the forms, and they’d return the forms…”

“We switched gears and thought about how to be a partner”

“I thought every FQHC had a school-based oral health program”

“We spent so much time thinking about quality and retention that we missed the customer: the school”
Advice from Unity and YVFWC

Be a partner to the schools

> **Start with the superintendent**, they motivate principals who motivate teachers – “we would NOT be successful without the superintendent”
> **Share** data, outcomes and results; translate to test scores
> **Make it easy - create teacher packets** – 1 packet of forms per classroom with the teacher’s name, create clear instructions and expectations
> **If I were starting** ...“it’s all about connections and relationships with schools”
> Your CEO needs to be onboard and “into prevention and sealants”.

Track quality of care provided, sealant retention, by provider

> We note decay rates, cavities, watch for the change in the child and if there’s no change: intervene
> “We expect providers to have 90%+ sealant retention”
> We use checklists, we train, we re-train
School-based sealant programs come in a variety of sizes: *small can be very effective*
Dream Team Dental: RDH owned, small business

- **Dream Team Dental:** privately owned and operated by Jane McIntyre, RDH for the past 11 years
- Hygienist since 1989
- Private Practice and Hospital Dentistry prior to starting Dream Team Dental
- **Equipment:** bus with 2 operatories and a van with 1 operatory
- **Care Provided:** Clark County – (southern part of WA)
- 2,500 children in 100 schools
Care provided

• Offers limited visual exams, screenings, oral hygiene instruction, fluoride and sealants

• Does not offer cleaning
  • “My main concern is to get a child into a dental home and if I do the cleaning the DDS won’t get compensated, so I want the child into the dentist’s office and the dentist needs to provide and be compensated for some care”

• Maintains a list of DDS that will take Medicaid in the area

• Coordinates program with other programs in the area. Maintains a cordial professional relationship “they are good about calling and check with me prior to expanding to an area or a school – this is the right approach, for all of us to work together”

“You go with a mindset of providing the most care, at the highest quality, and you know that these kids are not likely to have regular care.

If I see a tooth that I’m on the fence of sealing, I seal it as this might be the only time this kid will get oral care.

I might be the only person they see for years.”
Provider model: RDHs with support staff

<table>
<thead>
<tr>
<th>Provider or Staff member – 3 Teams</th>
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</thead>
<tbody>
<tr>
<td>Registered Dental Hygienists</td>
</tr>
<tr>
<td>2 FT</td>
</tr>
<tr>
<td>With 1 on call</td>
</tr>
<tr>
<td>Dental Assistants</td>
</tr>
<tr>
<td>2 FT</td>
</tr>
<tr>
<td>Coordinator</td>
</tr>
<tr>
<td>1 FT</td>
</tr>
</tbody>
</table>
**Finances work**

“We would make more money if we only went to urban schools, yet rural schools need us. With rural schools we see fewer kids per day and have the same cost structure, plus we have additional travel costs”

<table>
<thead>
<tr>
<th>Revenues</th>
<th>$230,000</th>
<th>Mainly Apple Health (Medicaid)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• ~$90 per child seen (on average)</td>
</tr>
<tr>
<td>Expenses</td>
<td>$170,000</td>
<td>• Employees (providers, coordinators)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Travel to rural areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Equipment (depreciation, maintenance, operations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supplies</td>
</tr>
<tr>
<td>Take home income</td>
<td>$60,000</td>
<td>Net profit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does not include start up costs or reserves</td>
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Challenges & Solutions
## SBSP Challenges and Solutions

<table>
<thead>
<tr>
<th>Challenge</th>
<th>How we handle</th>
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</thead>
<tbody>
<tr>
<td><strong>Schools can appear resistant but often are overwhelmed with pressure on academic performance, other needs:</strong> Learning time is precious</td>
<td>Engage the school nurse (both a gate and an enabler). <strong>Word of mouth:</strong> School nurses at one school rave about the program to nurses at other schools. Share data on oral health and impact on learning.</td>
</tr>
<tr>
<td><strong>Schools presume they need resources to support SBSP</strong></td>
<td>Make it easy. Fit in with available space and school schedules. Have a coordinator brings the kids to the chair. Have a non-invasive presence.</td>
</tr>
<tr>
<td><strong>Consent Form return</strong></td>
<td>Engage the school nurse, send reminders. Ensure school leaders are on board and understand the connection of oral health and learning. Work with each teacher by classroom, make it easy for them.</td>
</tr>
</tbody>
</table>
### SBSP Challenges and Solutions

<table>
<thead>
<tr>
<th>Challenge</th>
<th>How we handle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruiting, retaining RDHs when wages can be less competitive.</td>
<td>Find RDHs that appreciate the mission, focus on PT benefits (eg FT 8 months, summer off, OR PT 1+ days a /week) Find DHs who want more flexibility, less routine chair-side care and like kids. Celebrate the success and impact of the program with the provider team</td>
</tr>
<tr>
<td>Reimbursement rates and billing processes. Modest rates are challenging</td>
<td>Make the program efficient with the right volume of patients; seek donations of supplies</td>
</tr>
<tr>
<td>Ensuring high risk children receive and use a referral to a routine dental provider</td>
<td>Keep and manage a list of providers interested to take these children; identify high risk children to the school nurse and/or parent for follow up</td>
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</table>
# Maintaining SBSPs: drivers of success

## Drivers of Success

<table>
<thead>
<tr>
<th>Ensuring quality of our providers and the care they deliver</th>
<th>How we maintain quality and impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Train DH, leverage experienced SBSP-DHs</td>
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<tr>
<td>• Recheck sealants every year</td>
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<tr>
<td>• Hold an annual clinical summit to review best practices</td>
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<tr>
<td>and do case reviews.</td>
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| Demonstrating the impact to schools.                       | Collect data on each student, track |
|                                                          | the amount of decay (urgent, |
|                                                          | somewhat urgent, and zero decay) |
|                                                          | and the resealant rate. Share |
|                                                          | data with schools - cavity |
|                                                          | trends over time. Cavity-free |
|                                                          | rate resonates with schools. |
|                                                          | "We cut the cavity rate in half!" |

| Driving participation at schools.                          | Track the average school participation rate (average is 16% for consent forms) and share this with schools to set a benchmark. Helps drive participation in treatment. |

| Stepping back and seeing a bigger picture with a long term | Analyze data each year and over several years; take a long view and consider the impact of oral health and learning |
| view                                                   | |

**Artora Foundation**
What you can do to support SBSPs

> Be an advocate within your community and within your FQHC with your colleagues

> Find out if your local school has a SBSP and thank that school champion for their leadership (this can be unrecognized work)

> Consider being a SBSP Provider, encourage others to participate in SBSPs
Questions?

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