



Establishing Sustainable School- Based Sealant Programs



Objectives

- Describe organizational and business frameworks needed to maximize sustainability
- Highlight resources needed to create sustainability via linkages between school-based sealant programs, CHCs, and MHC programs
- Discuss opportunities with linking school-based sealant programs, CHCs, and MHC programs

1st Organizational Move: Strategic Planning

- View grants and hard funds as a base for a sustainable plan
- Review the environment of care
- Consult with all partners
- Conduct a needs assessment and identify potential reimbursement sources
- Define the population to be served
- Establish a short-term business plan with vision on future
- Define and document project mission balanced by good business principles for sustainability
- Educate all involved on goals needed to achieve sustainability – establish accountability
- Establish infrastructure needed to achieve success prior to applying the first sealant

Grants and hard funding
provide a base upon which to
build a sustainable plan. View
them as such



Grants and Hard Funding

- Document grants and funding and plan around likelihood that they will be temporary
- Develop a business plan that will maintain sustainability beyond grant period
- Start conservatively and build program over time (success breeds success)
- Establish sustainability as soon as possible to minimize risk
- Consider the limits of growth as defined by the environment

Review the Environment of Care



Environment of Care

- Assess the total environment of care
- What are the oral health needs of the population?
What services are reimbursable?
- Who will be served? Where are they located? What payment mechanisms are available to them?
- How will uninsured patients be treated and billed?
How will non-reimbursed services be addressed?
- Who should be engaged prior to implementing the program?
- What teeth will be sealed? Are there reimbursement restrictions on which teeth can be sealed?
- Who will make up the sealant team? What impact does the state dental practice act have on program design and staffing?

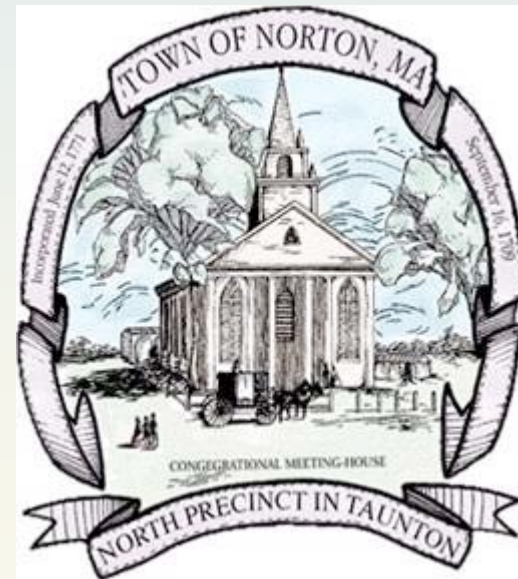
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Environment of Care (cont.)

- Build program infrastructure prior to placing first sealant
- Orient and support program coordinator
- Designate and orient sealant teams
- Design a flow chart for all involved to follow
- Hire personnel and implement a system for documenting eligibility
- Designate a billing and reconciliation comptroller
- Establish quality assurance and sealant retention protocols
- Provide tools for data gathering and analysis

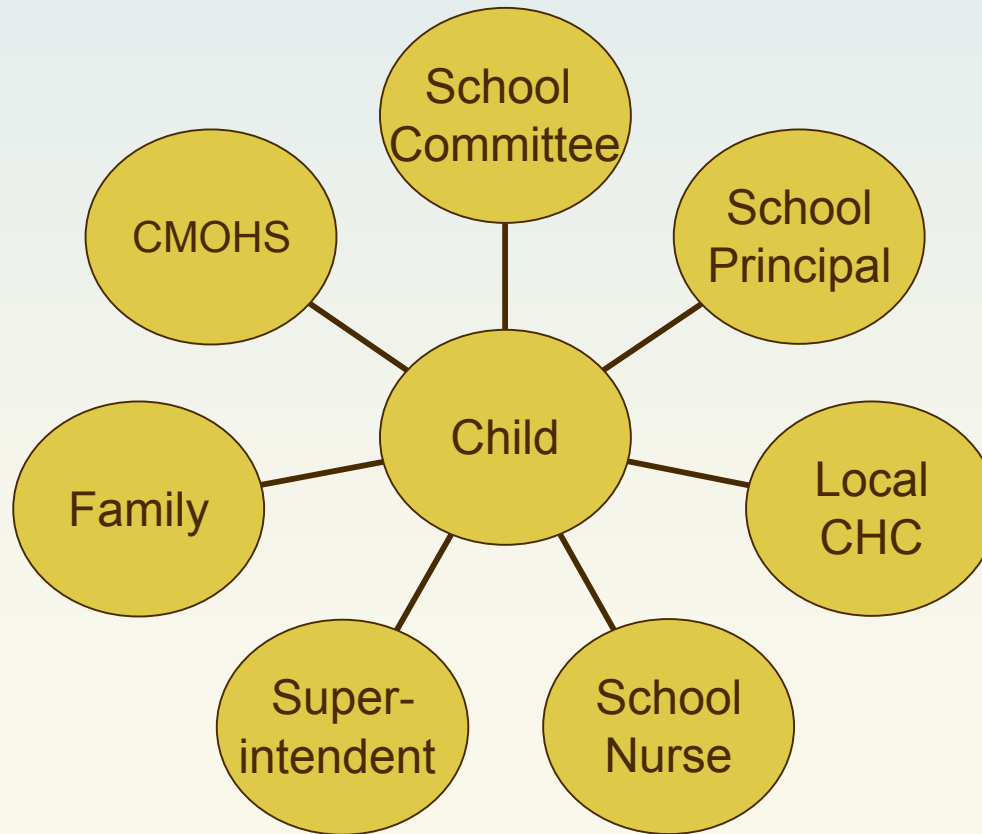
Resources Needed to Create Necessary Linkages



Consult with All Partners



School-Base Oral Health (SBOH)



Stakeholders in a SBOH Program

- Superintendent of Schools
- School Committee
- Mayor
- State Representatives
- School Principals
- School Nurses
- Parents
- School-Based Oral Health Providers
- Students
- Community and Migrant Health Centers

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INSTITUTE

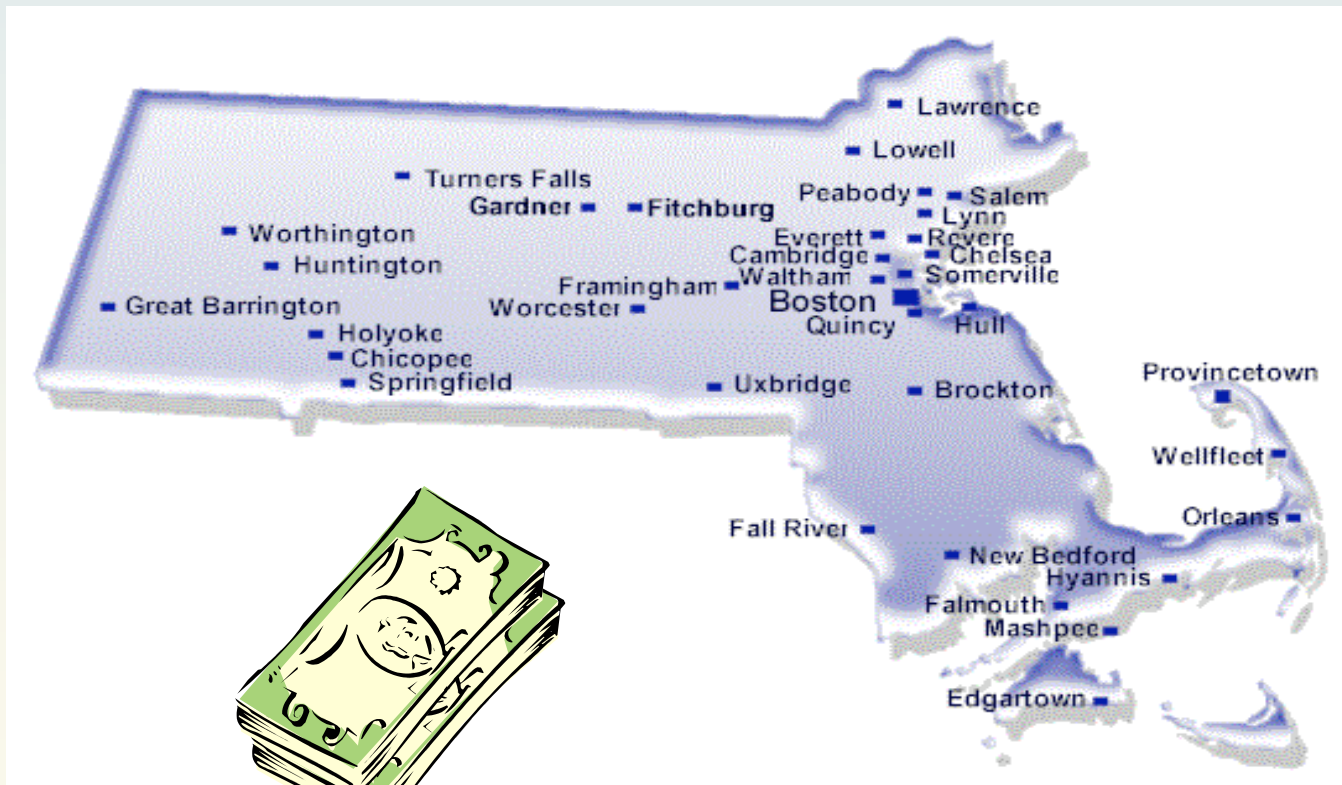
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Partners



Assess Need and Potential Reimbursement



Health Care for All versus Governor Mitt Romney



Lawsuit Outcome

- Filed in April 2000 by Health Law Advocates on behalf of families eligible for MassHealth
- Court decision on July 14, 2005
 - MassHealth “has fallen far short of meeting statutory obligations to serve the dental needs of children on MassHealth”
 - The court had no jurisdiction over adults



Remediation Plan

- Increase rates to dentists who treat children with Medicaid
- Case load caps so dentists can limit their Medicaid practices
- Recruit a state Medicaid Dental Director (who is a dentist)
- Enhance coverage of preventive services
- Contract with a Third Party Administrator to run the Medicaid dental program



What's New in MassHealth Coverage?

- Periodic exams are covered twice within 12-months. Second exams do not have to be exactly six months after the first
- Oral prophylaxes are covered twice within 12-months without prior authorization
- Topical fluoride applications now allowed without limitation or prior authorization
- Non-emergency medically necessary care can be given during an emergency visit
- Full-mouth x-rays are reduced to 2 posterior bitewings and 10 periapicals
- Sealants are allowed on 8 primary and 20 permanent teeth @ \$36.00 per tooth

Target Population? Age? Teeth?



Population

600,000+ children in MA are enrolled in MassHealth dental insurance, but only 30% had even one appointment. There is a ton of need

Age

Sealants allowed on children <20 years of age

Teeth

Sealants allowed on primary molars, permanent bicuspids and molars with deep grooves

Consider Opportunities for Success



Why Will a Sealant Program be Successful?

- Children receive much-needed preventive care, and school-based students:
 - Lose only 30-45 minutes of class time vs. half- or full-day to travel to the dentist for a visit
 - Are comfortable in their own school, surrounded by people they know and sights, sounds and smells to which they are accustomed
- Prevention saves dollars down the road

Parents Benefit if School-Based

- Saves time and money. No lost wages for time off from work to take child to the dentist
- Eliminates transportation issues or costs
- Ensures quality dental care. Comfort in knowing child receives care from a respected provider in the community
- Identifies child's oral health condition. Notification of dental services received with dental referrals as needed

School Benefits

- Less time out of classroom = more instruction time = better grades = better test scores
- School and staff are seen by students, parents and community as caring for the total child within a health-oriented academic environment

Excellent Reimbursement

- Sealants are reimbursed at a rate that is sustainable, and the savings on preventive benefits is a good investment for the state
- Access beyond our walls

Who Are the Patients?

- Children enrolled in Medicaid
- Children enrolled in SCHIP
- Children without a dental home
- If desirable: Children with commercial dental insurance and families who wish to self-pay. Define how this element is treated and identify the scope of service

Why Will Students and Families Participate in School-Based Sealant Programs?

- Sealant team is brought to them
- Simplicity
- Ease
- No extra travel
- No missed school
- Economic advantage

Document Mission and Create Balance for Sustainability



Creating a Balance



Balance Mission and Business



Educate All Involved on What is Needed to Achieve Sustainability



Establish Expectations

- Set goals
- Establish accountability
- Share the vision
- Share rewards

Create Business Plans Based on Predictable Outcomes, Version 1

Revenue:

- 32 school weeks x 5 days/week = 160 sealant days
- 10 kids/day x 6 sealants @ \$36 per sealant = \$2160/day revenue x 160 days

Total annual revenue: \$345,600



Expenses:

- Dentist = \$138,240 (40% of revenue)
- Dental Assistant = \$40,000 (salary plus 25% fringe)
- Coordinator = \$52,500 (salary plus 25% fringe)
- Supplies = \$16,000
- Miscellaneous Expenses = \$7,000
- Agency/Admin. Allocation (20% of expenses) = \$50,748

Total expenses: \$304,488

Profit: \$41,112

Create Business Plans Based on Predictable Outcomes, Version 2

Revenue:

- 32 school weeks x 5 days/week = 160 sealant days
- 10 kids/day x 6 sealants @ \$36 per sealant = \$2160/day revenue x 160 days

Total annual revenue: \$345,600



Expenses:

- Hygienist = \$81,250 (salary plus 25% fringe)
- Dental Assistant = \$40,000 (salary plus 25% fringe)
- Coordinator = \$52,500 (salary plus 25% fringe)
- Supplies = \$16,000
- Miscellaneous Expenses = \$7,000
- Agency/Admin. Allocation (20% of expenses) = \$39,350

Total expenses: \$236,100

Profit: \$109,500

Establish Infrastructure



Sealant Program Infrastructure

- Coordinator representing sealant program with school
- Registration and documentation process
- Billing personnel
- Reconciliation process
- Accounting process to pay personnel costs and infuse the program with working capital
- Quality assurance program
- Data collection mechanism
- Regular meeting schedule for staff and administration

Complete the Circle of Care

- Provide linkages for the treatment of disease
- Link patients with CHCs to establish a fixed dental home
- Create formal relationship agreements with CHCs and private dentists for timely and appropriate follow-up care

