



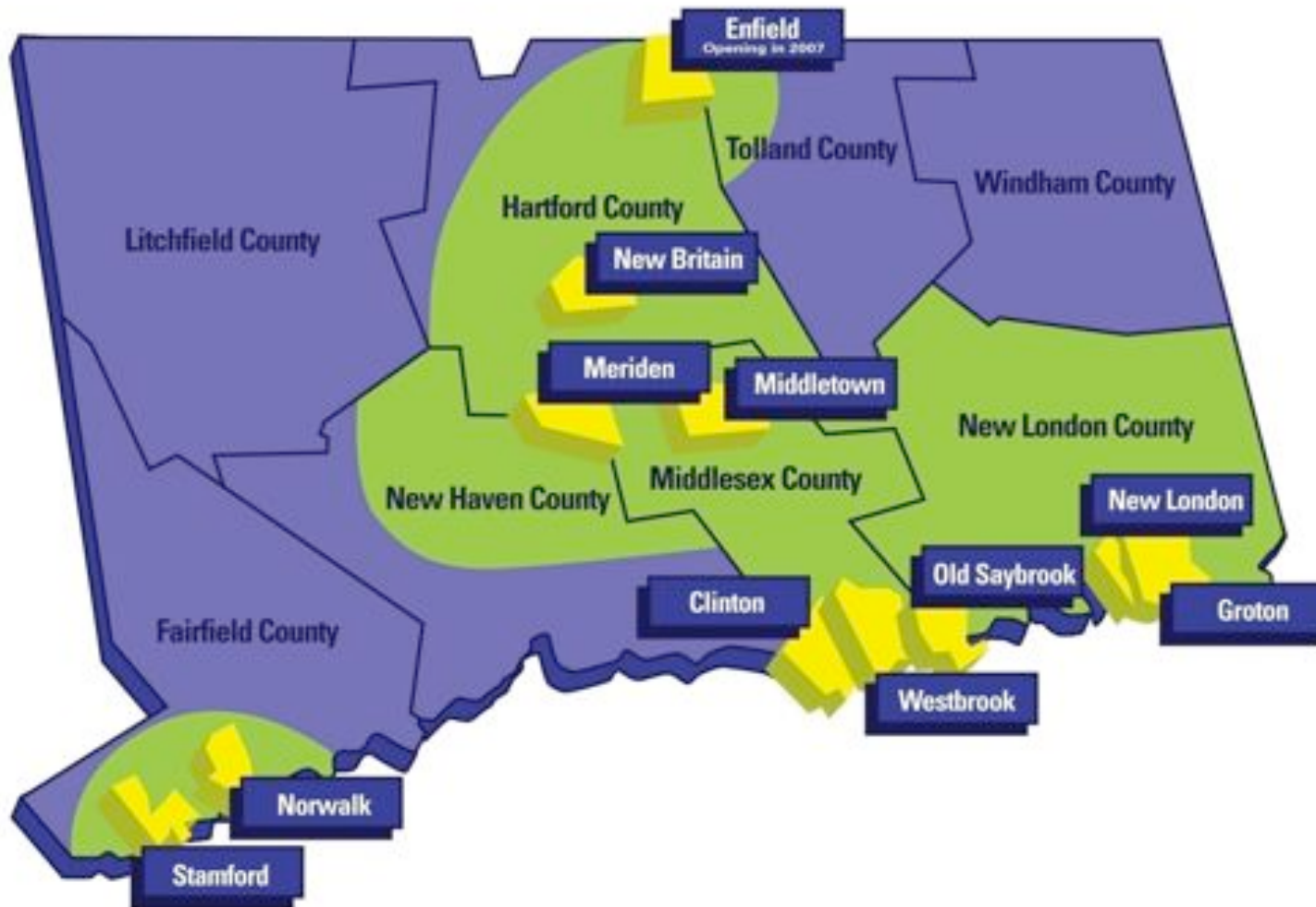
## Model for School Based Comprehensive Oral Health Delivery

Tamara Lindstrom, RDH, BS  
12/11/07

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# CHC Development Timeline —Since 1972



- 1972~ Middletown
- 1980~ Old Saybrook
- 1990~ Meriden
- 1992~ New London
- 1994~ Groton
- 1995~ New Britain
- 2001~ Clinton
- 2005~ Norwalk
- 2005~ Stamford
- 2007~ Enfield

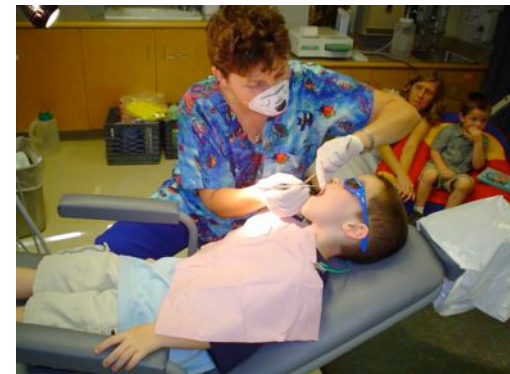


# The State of Children's Oral Health Care in Connecticut



## *Why mobilize dental access for children?*

- There are 250,000 Connecticut children with HUSKY insurance
- **Only 30% receive any kind of dental care annually**
- Children miss school 5 times as often for tooth pain than asthma
- **Of 2,500 dentists in CT, less than 100 see significant numbers of HUSKY-insured children**
- DPH 2007 and Healthy People 2010
- **GO WHERE THEY ARE**



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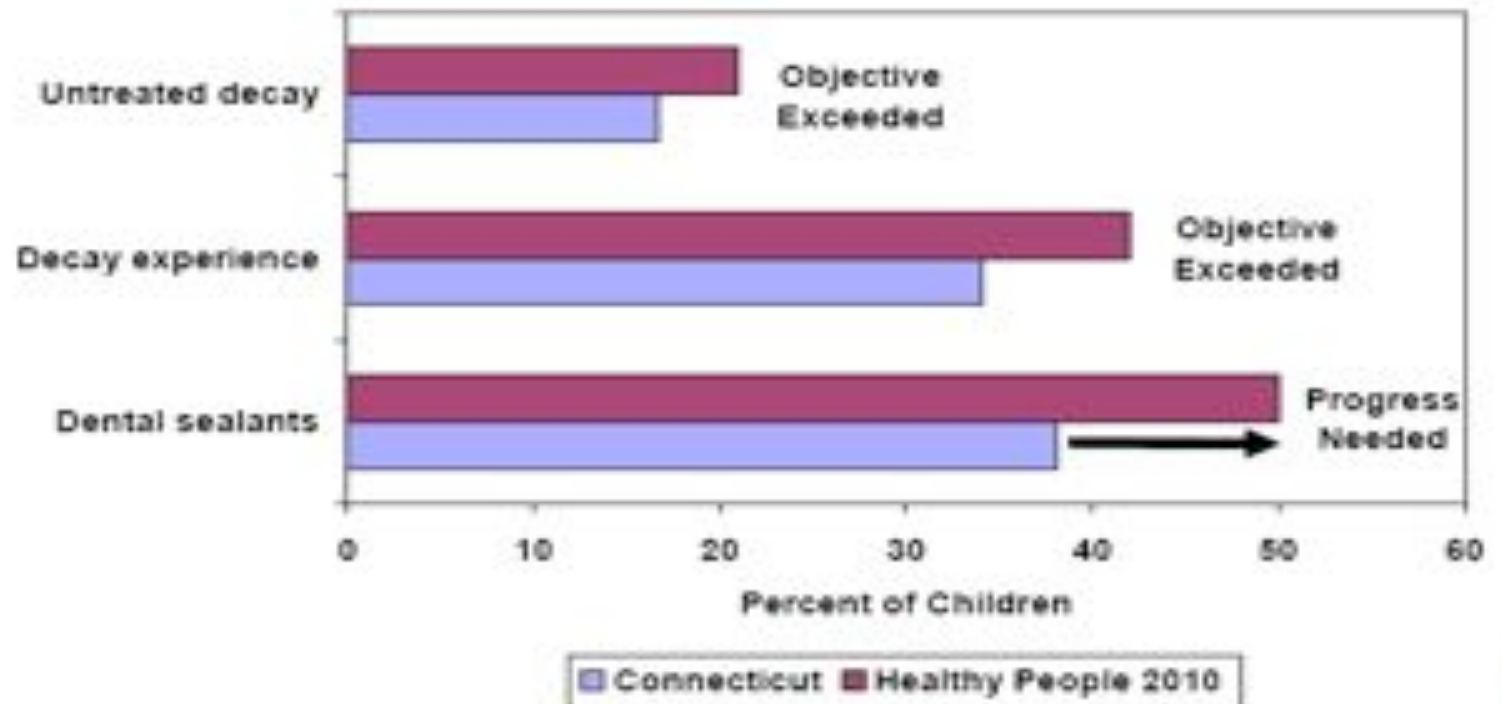
Source: CT Health Foundation



# Department of Public Health 2007 Healthy People 2010

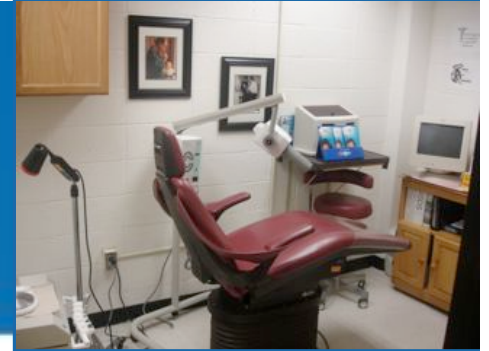
Connecticut has met the Healthy People 2010 objectives for both decay experience and untreated decay but must make substantial progress to meet the objective for preventive dental sealants.

Oral Health of Connecticut's Kindergarten and Third Grade Children Compared to Healthy People 2010 Objectives





# The Challenge and Goals



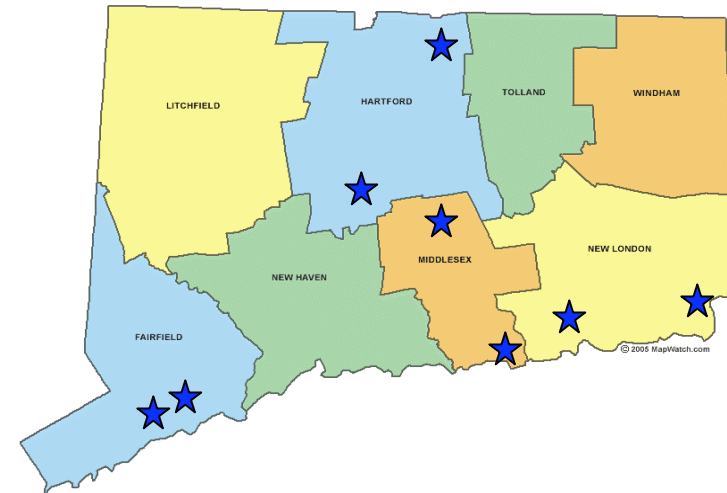
- ✿ The Connecticut Health Foundation identifies the improvement of oral health care for HUSKY-insured children as a priority
- ✿ In 2002, the New Britain Oral Health Collaborative forms and receives 5-year funding, with CHC as the fiduciary agent
- ✿ Connecticut Health Foundation goals:
  - *Double the number of children* utilizing preventive and treatment services in the community over a period of five years
  - Provide a *seamless, integrated system* of care
  - Develop *financially sustainable projects* such that the additional revenue from preventive and treatment services will provide significant support by the end of the grant period

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# A Model for School Dental Services

- 2003: Southeastern CT Oral Health Collaborative funded by CT Health Foundation for 5 years; CHC New London participates in Collaborative
- 2004: In-School Dental program forms in Norwich schools; CHC of New London implements model in New London schools
- 2004: New Britain Oral Health Collaborative adopts model as a cost-effective way to increase prevention for children and coordinate treatment needs
- OVER 100 schools wide



In-School Dental program  
spreads to Middletown,  
Norwalk, Enfield, and Meriden  
2006 - 2007

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# Time line for Mobile Dental Preventative and Restorative Services in School



**February 2005:** CHC-operated School Based Health Center adds dental hygiene services (SBHS 2001 with medical and BH)

**August 2005:** Portable dental equipment purchased; pilot program at YWCA pre-school summer program

**August 2005:** Board of Education unanimously approves pilot program in 4 elementary schools

**October 2005:** Board of Education unanimously approves expansion to all 10 elementary schools and mobile services start in elementary schools

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

**School Year 06-07** – 2<sup>nd</sup> yr at elementary schools all schools in NB visited once

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

**December 2007:** Pilot for restorative treatment at elementary schools (already established at New Britain High School)





# Developing a System of Care



- The Start Smiling program formed to address the oral health needs of children in New Britain

- The Collaborative membership expanded to include: Health Department, WIC, private dentists, school system, Head Start, social service organizations, dental hygiene school

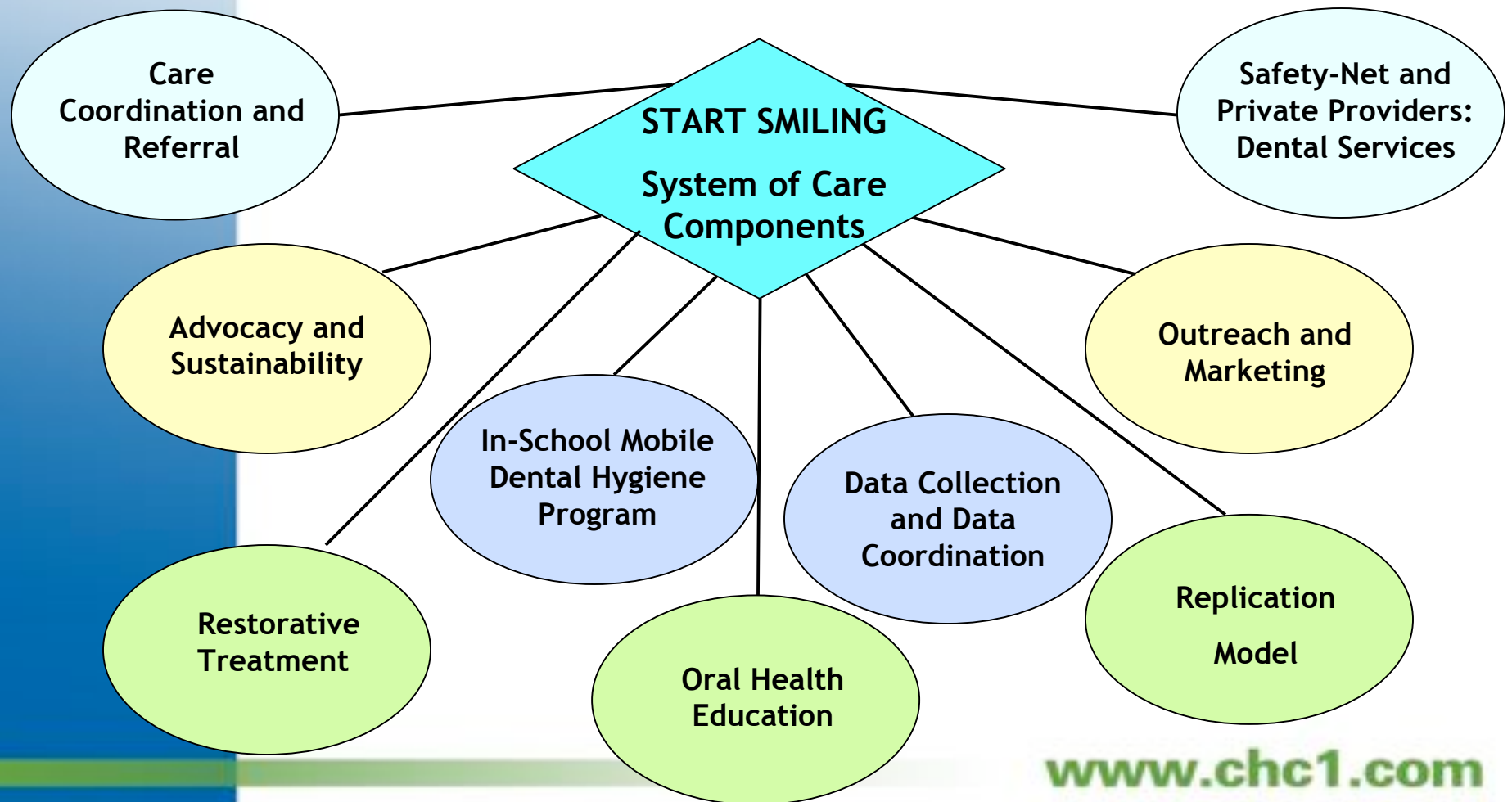
- **Initial Focus**

- access children in the school setting
- provide oral health education
- develop a Clearinghouse for Care Coordination and referrals
- identify extent of oral health problems and refer to care





# Innovation: Develop a seamless, integrated system of care





# Mobile Hygiene: A Model That Works

## Essential components of model:

- ✓ Outreach to families
- ✓ Service delivery in community settings
- ✓ Community partnerships
- ✓ Care coordination
- ✓ Strong leadership
- ✓ Adequate providers: both CHC and private dental community
- ✓ Seed money
- ✓ Tracking system
  - ✓ Access DB now
  - ✓ Soon integrated Dental EHR





# Backbone for these programs are Relationships

➤ Initial School Board Contacts

➤ Community Outreach by the Program Coordinator

➤ Attend Open Houses

➤ Health Fairs

➤ PTO Meetings



➤ Coordination with Superintendent, Principals, Teachers, and School Nurses



## Some of our results so far...



- **Start Smiling:**
  - Elementary school results: 119 kids seen, 151 visits, 87 sealants in September and October '07.
- **New London:**
  - 2 Elementary schools, 227 of kids seen, 290 visits, 63 sealants since the start of this year
- **Stamford WIC:**
  - 7/07-9/07 249 Kids screened, 193 oral prophylaxis exams, 124 F12 varnish ( since start in 10/05 we screened 1775 kids)
- **Middlesex county:**
  - 213 kids seen, 249 visits, 36 sealants 9/07- 11-07
- **Meriden Mobile:**
  - 104 kids seen, 104 visits, 0 sealants\*



# START SMILING PROGRAM

## New Britain Oral Health Collaborative

### In School Dental Hygiene Program

#### Individual School Results

#### School Year 2006 ~ 2007

Measurements	Jefferson School	Smith School	Northend School	Chamberlain School	Diloreto School	Vance School	Gaffney School	Lincoln School	Smalley School	Holmes School	Total
School enrollment	472	680	291	598	599	464	537	664	670	547	5522
# of Visits	62	69	95	30	32	74	35	133	96	40	666
# of Children Seen	43	53	42	26	25	57	29	123	82	40	520
% of Children Seen (of school enrollment)	9%	9%	14%	5%	4%	13%	5%	19%	12%	7%	10% average
# with Decay	21 (49 teeth)	15 (39 teeth)	10 (37 teeth)	8 (16 teeth)	7 (51 teeth)	17 (37 teeth)	3 (12 teeth)	66 (230 teeth)	24 (64 teeth)	12 (42 teeth)	183 (577 teeth)
% with Decay (of children seen)	49%	28%	24%	31%	28%	30%	10%	54%	29%	30%	35% average
# receiving Sealants	19 (70 sealants)	10 (34 sealants)	15 (47 sealants)	4 (14 sealants)	3 (6 sealants)	10 (33 sealants)	5 (19 sealants)	3 (8 sealants)	14 (44 sealants)	0	83 (275 sealants)
% HUSKY	84%	91%	98%	96%	86%	82%	83%	95%	77%	88%	88% average
% Private Insurance	5%	5%	0	0	5%	0	7%	1%	5%	5%	3% average
% Uninsured	11%	4%	2%	4%	9%	18%	10%	4%	18%	7%	9% average



# Completing the Loop with Restorative Care

- ✓ 64 visits in 8 restorative session in NBHS
- ✓ **Middletown High school: New school building will have a SBHC with Dental Suite**
- ✓ Restorative Care using portable chair
- ✓ **Partnership with Private Dentists**

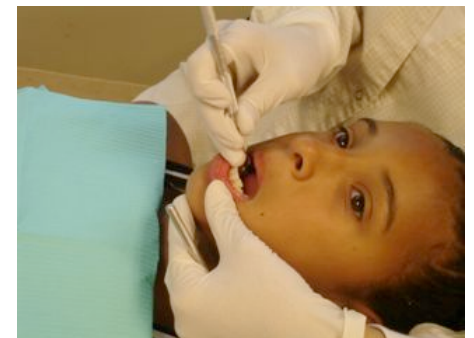


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# Replication Model

## ☞ Willing participants:

- ☞ Schools
- ☞ Private doctors
- ☞ FQHC
- ☞ Hospitals
- ☞ WIC/ Head Start



## ☞ Locate seed money

- ☞ Charitable association such as CHF
- ☞ Federal Expansion grants



## Replication Model *Continued*

- ✦ Memorandum of Agreement
- ✦ Mobile team Staff
- ✦ Sustainability = Productivity





## Replication Model *continued*

# Innovation: Care Coordination

**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
- completes/tracks referrals and treatment completion rates to and from community providers
- ensures that children attend scheduled appointments
- Helps families navigate the dental care 'system'





# Replication Model Logistics: The Devil is in the Details



- 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



## ***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

### **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

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

### **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

**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

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# Financial start up costs for current structure

- **Initial start up cost \$30,000**
  - Equipment is approximately \$23,000
  - Instrument purchase \$1,400
  - Consumable supplies \$ 5,600
  - Maintenance consumables \$1,500





# Problems We Face



## *CHC's Response:*

- ↗ How do we fund the programs?
- ↗ How do we get restorative care to children?
- ↗ How do we ensure an adequate provider network to care for the Medicaid population?
- ↗ How do we replicate and expand?
- ↗ How do we track our results and treatment?

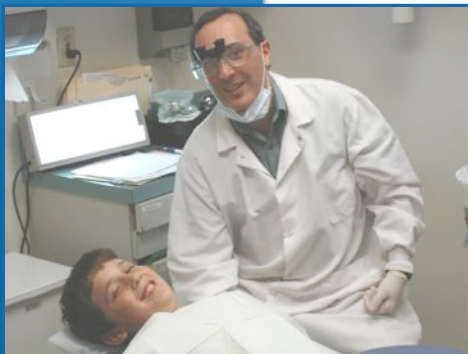


# Why Prevention Works



## ❖ *Forsyth Institute Study in 6 Boston-area elementary schools*

- in 2003 71% of children grades 1 - 3 had untreated decay; 13% had infections or abscesses
- Teeth were cleaned in school 2x each year; fluoride varnish, oral health education; sealants; temporary fillings
- After one round of treatment, new cavities were reduced by 50%; after two rounds (one school year), almost no new tooth decay
- We are waiting to see the effects of our prevention efforts (TXCC Hygiene Students have found increased sealants)



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Source: IntelliHealth News Service 4/4/07



# The Next Big Thing... Take the mobile chair statewide

- New Grant proposal that open the access doors to over 10,000 children in the state (“QUATRO City Plan)
- High enrollment rate (30% after 3 yrs) within schools
- Structure for 4 additional mobile teams with DA’s Dentist, and RDH’s
- Deliver ‘Most’ of restorative care at the distant site
- Increase capacity statewide, allows room for tx of adults at CHC’s
- Proposal is self sustaining within 3 yrs based on revenue generated through direct care delivery





# Optimal Operational Model (proposed for State-Wide Plan)

- **Hygiene Team**
  - 1 Hygienist
  - 1 Dental Assistant **TO BE EXPLORED**
  - 1 Care Coordinator
  - Program Director/Manager
  - Restorative Dentist
- **Portable Equipment**
- **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





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Link to our presentation and video

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# Questions????

