

Place-Based Care- Provide Access by Implementing School-Based Oral Health Programs

June, 2023



Disclosures

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Presentation Objectives

- 1 The participant will be able to apply quality improvement concepts, successful oral health prevention and treatment strategies, and parent and student engagement to support implementing a school-based oral health program.
- 2 The participant will be able to replicate the monitoring and evaluation process used to identify challenges and successes and analyze outputs from a school-based oral health program.

Panelist



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VP of Clinical and Community Care

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School Health Nurse Consultant

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Dental Director

Catalyst SBOHP 2021-2023 Successes

- Over 13,000 students across Virginia have access to oral health services at school
- Communities have opportunities to connect to health care providers and **dental homes**
- **Almost 100** new schools implemented SBOHPs with the participating clinic teams



Project Objectives

Clinic participants learn:

- Best practices in school-based oral health care;
- Components of successful implementation (consent forms/parent engagement, services, equipment and space, scheduling/logistics, care coordination); and
- Strategies to maximize communication and coordination among schools and clinic teams.



Outcomes

Replicable strategy for dental safety net clinics and local schools to implement SBOHPs



New, sustainable SBOHPs that operate with strong collaboration between clinics and school nurses



Enhanced partnership among VDH, VA Dept. of Education, school nurses, and safety net clinics

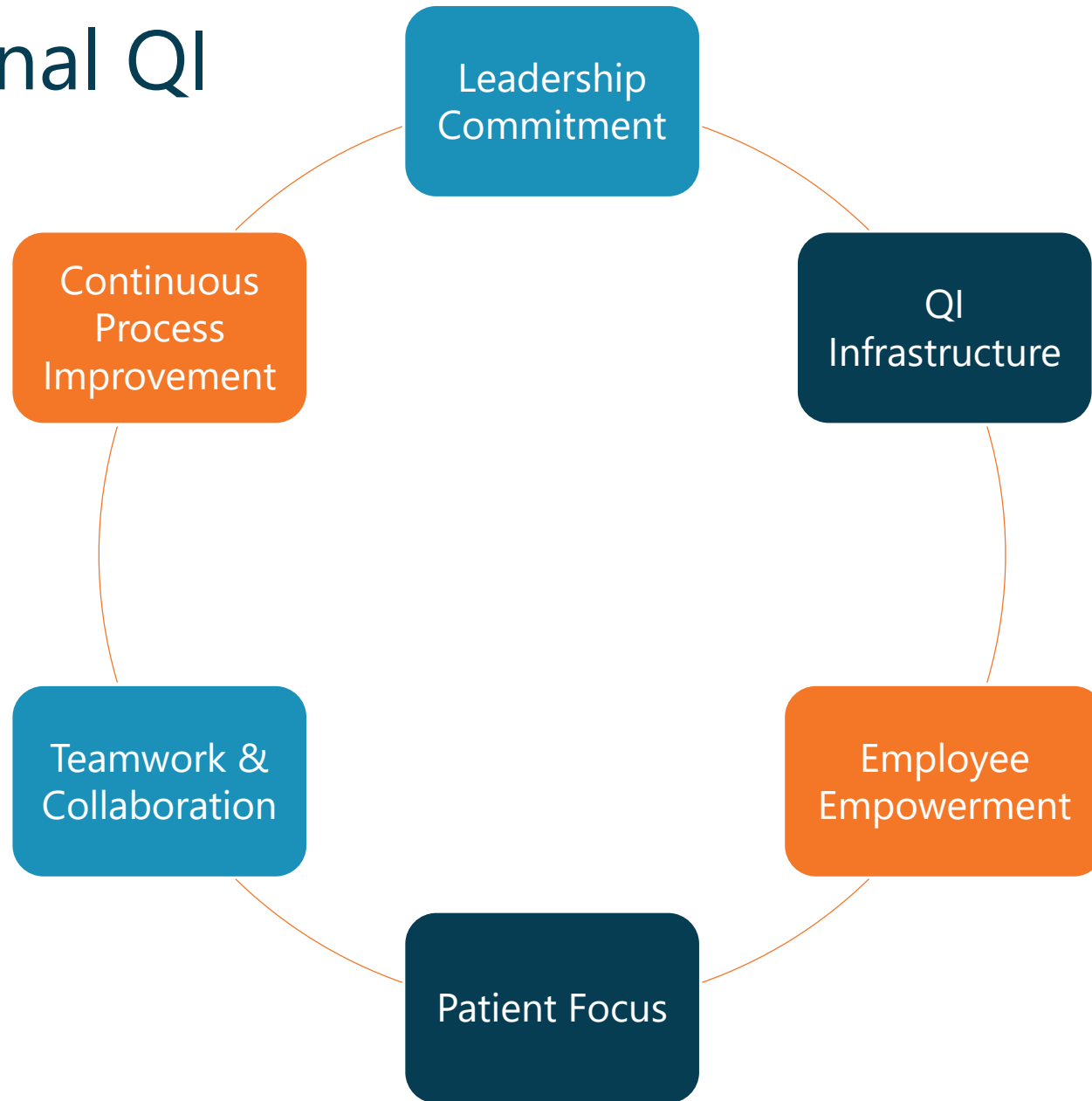


An increase of children that receive oral care in the school year

Quality Improvement (QI)



Foundational QI



Quality Improvement Tools

Areas of Focus

- Introduction to SBOHP
- Form the Teams
- Set a SMARTIE Aim
- Establish Measures
- Select Changes
- Test Changes
- Document Changes
- Implement Changes
- Spread Changes

Core QI Tools

- Aim Statement
- Process Maps
- Root Cause Analysis
- PDSA
- Future State Process

Additional QI Tools

- Impact Matrix
- Fishbone
- Driver Diagram
- 5 Whys

SBOHP Implementation



Process for a Successful SBOHP

Program Team

- Internal and external communication
- Education of team members
- Mutual trust

Family Engagement Process

- Communication
- Oral health education
- Consent forms
- Trust

Program Logistics

- Clinical care: preventive and restorative dental services
- Operations (scheduling, referrals, location, etc.)

Information Collection

- Consent forms
- Monthly reporting
- Patient records
- Improvements
- Patient feedback

Successful Implementation – **Things to Consider**

School
space

Language
translation

Timeline to
get started

Back-
to-
school
events

Electronic or
paper consent
forms

MOUs

Equipment

Successful Implementation – **Who and How**

Shared Vision, Outcomes, Integration, and Collaboration

School Nurses and Clinic Team

School Principal, School Board or Education Officials, State or Local Official

Funders and Facilitators



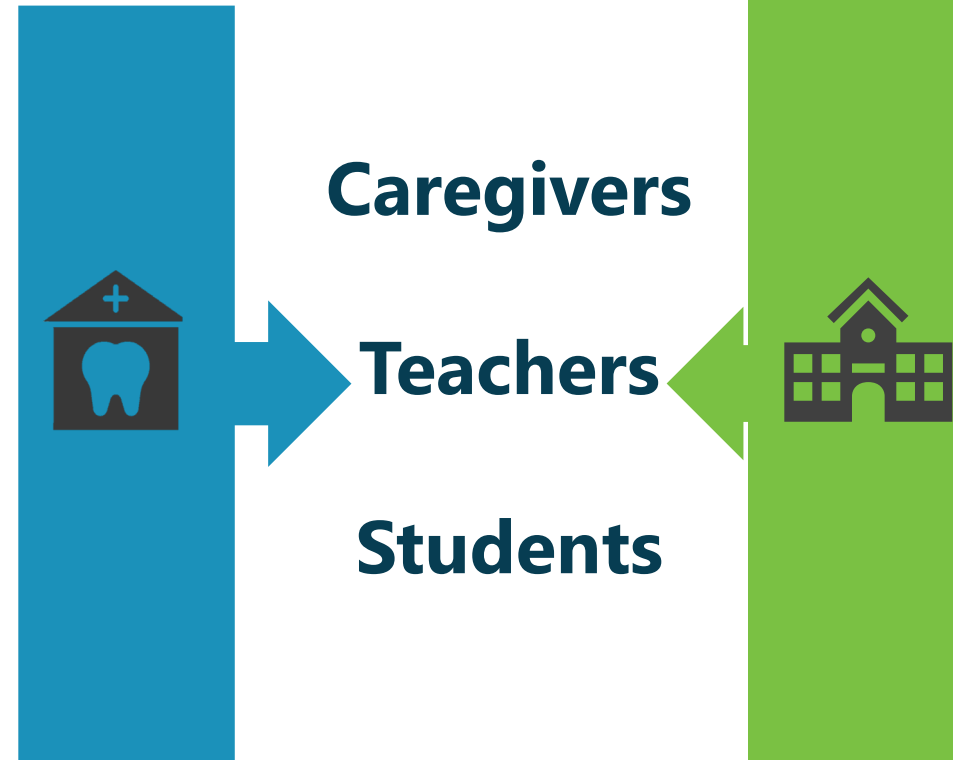
Successful Implementation – **Communication**

Internal Communication

- Referral sources
- Consent forms
- Program updates, including students with oral health needs
- Logistics

**How will your
team
communicate?**

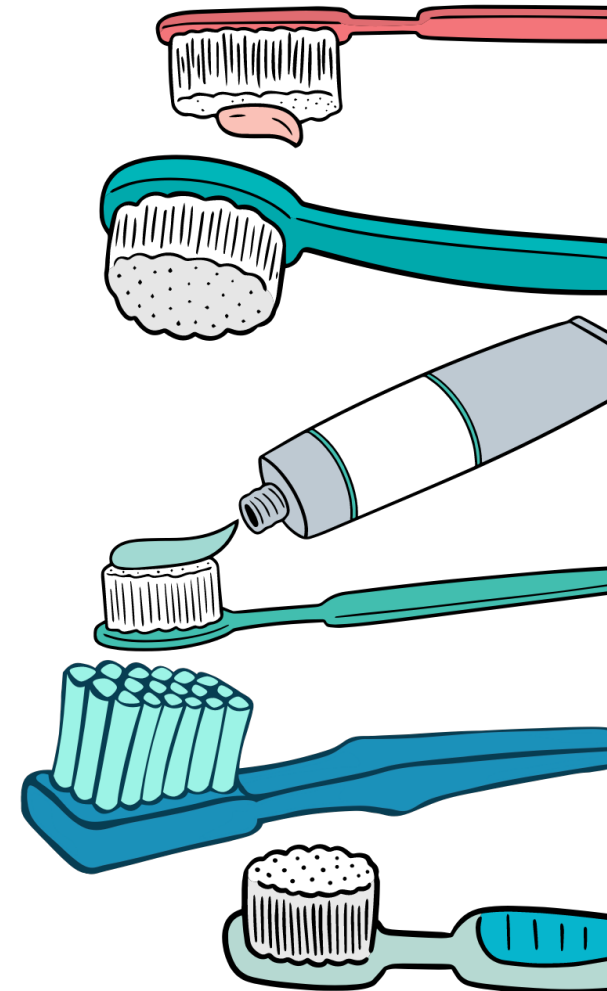
External Communication



Successful Implementation – **Program Operations**

Determine program operations:

- Days/times for in-school service
- Appropriate dental services
- Staffing
- Insurance acceptance and Medicaid enrollment for eligible patients
- Referral protocol
- Location set-up
- Engaging parents and teachers in oral health education and consent form returns



Successful Implementation – **Educating Caregivers**

Oral Health Education



Health
Literacy

SBOHP Outreach

- Oral health is overall health
- Importance of baby teeth
- Association between school performance and health
- Fluoride plays a critical role in the prevention of tooth decay

- The SBOHP is available onsite at your child's school
 - What will the visit look like?
 - Billing and payment
 - Medicaid eligibility
- Expect to see consent forms

Successful Implementation – **Following Up**



- Track your program's referrals
- Re-assess as many students as possible
- Awareness of oral health needs among the student population
- Understand the effectiveness of follow-up methods
 - Connection with family
 - Need for additional care
 - Clinic contact information

How will you build long-term relationships with students and families?

Consent Forms – **Components**

Include

- Dental services available
- SBOHP contact information
- Billing information
- COVID safety protocols

Demographics:

- Student's legal name + Name student goes by
- Date of birth
- Race
- Ethnicity
- Gender identity
- Address
- Grade and teacher
- Parent/guardian contact information
- Dental Insurance

Dental and Medical History:

- Last dental visit
- Current dental provider
- Current medical provider
- Medical conditions

Consent Forms – **Tips for Success**

- Begin consent form distribution and collection **early**
- Develop a “no wrong door” process with consistent messaging to answer parent questions (at both the school and clinic)
- Use various distribution methods

Don't Forget:

- Translate into appropriate languages
- Review each for caregiver signatures

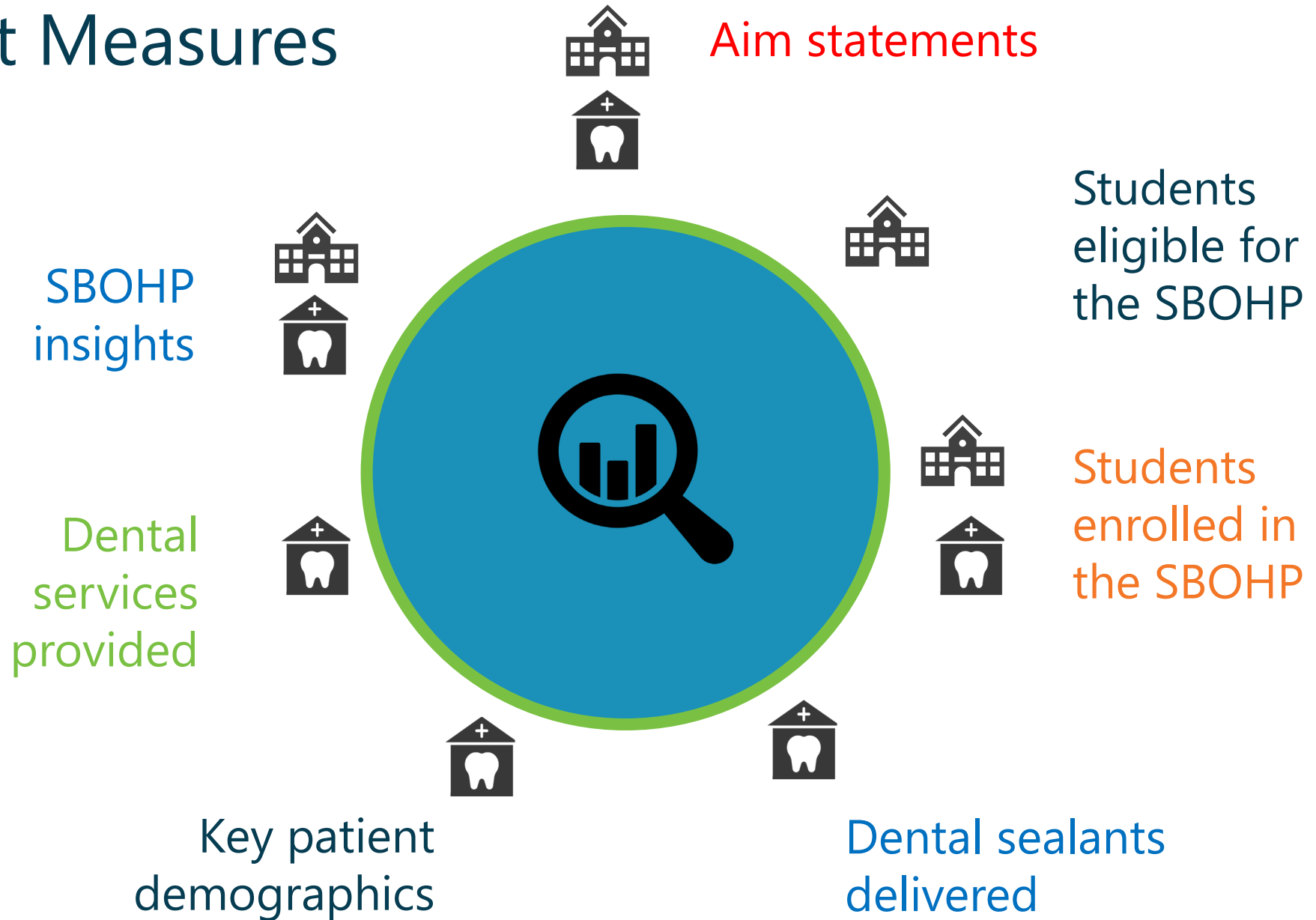
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**consent forms
signed and
returned**

Qualitative & Quantitative Information Collection



Project Measures



Reporting Instructions

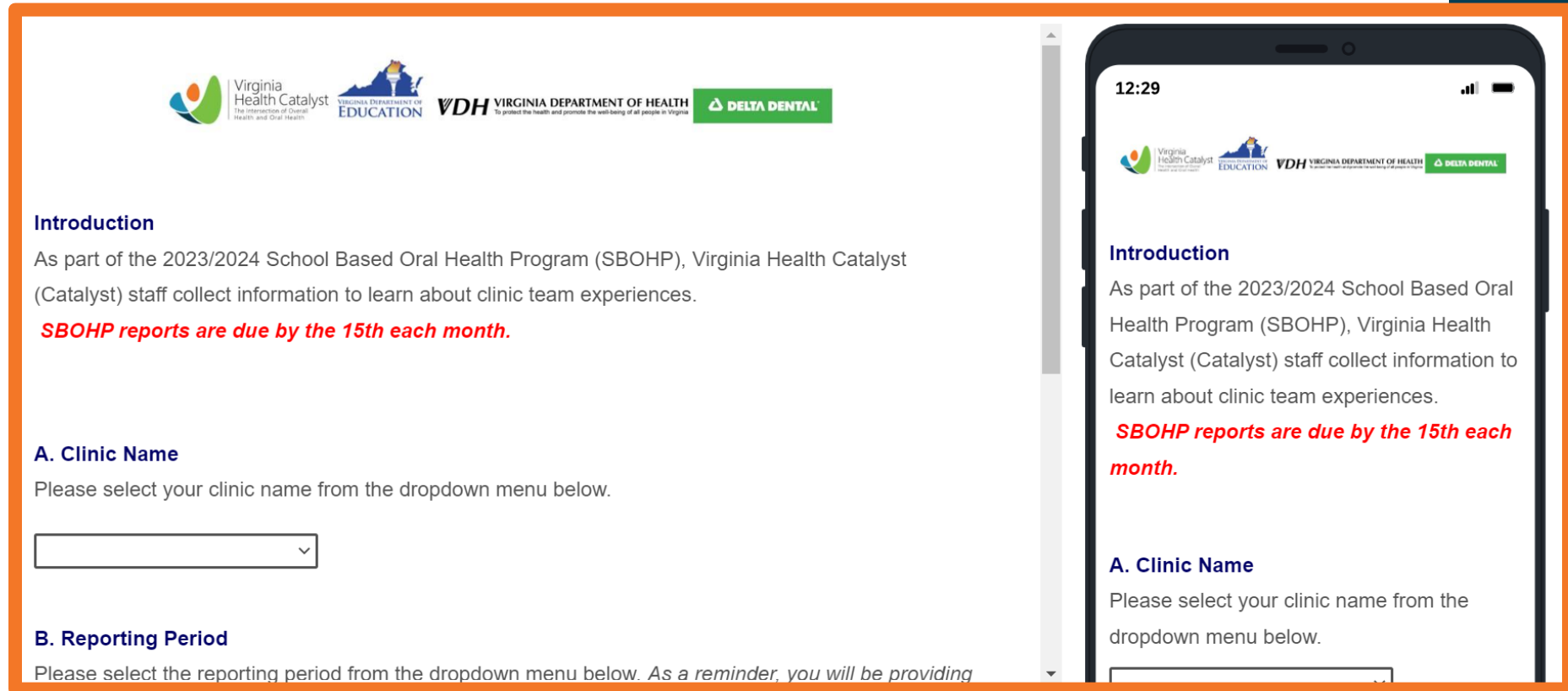
One response per clinic.


The monthly form **takes approximately 15 minutes to complete, but it may take several days to collect the necessary information.** Many clinics have multiple staff working on the SBOHP.


Beginning the 1st of the reporting month:





Qualtrics Platform



 Virginia Health Catalyst
The Intersection of Dental Health and Oral Health

 VIRGINIA DEPARTMENT OF EDUCATION

 VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

 DELTA DENTAL

Introduction

As part of the 2023/2024 School Based Oral Health Program (SBOHP), Virginia Health Catalyst (Catalyst) staff collect information to learn about clinic team experiences.

SBOHP reports are due by the 15th each month.


A. Clinic Name


Please select your clinic name from the dropdown menu below.


B. Reporting Period


Please select the reporting period from the dropdown menu below. *As a reminder, you will be providing*

12:29

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Information Collection

Services Provided

- Oral Health Education
- Oral Health Screenings/Assessments (D0190 or D0191)
- Preventive Services (D1000-D1999)-Excluding Sealants, SDF, and FV
- Diagnostic Services (D0100-D0999)
- Restorative Services (D2000-D2999)
- Sealant by Molar by age
- FV
- SDF (D1354 or D1355)

Collection Per Schools

- Consent Forms
- Patients seen
- Type of Service

UDS Demographic Domains

- Race
- Ethnicity
- Gender
- Insurance

Clinic Insights

Challenges In the Reporting Period

- Current workforce
- Promote resilience and reduce burnout
- Maximize the existing workforce to ensure team-based, patient-centered care
- Invest in the future workforce

Aim Statement Progress

- Create a SMARTIE Aim Statement
- An explicit description of a team's desired outcomes, which are expressed in a measurable and time-specific way
- Start small
- Make it achievable
- Does not have to end when the project ends
- Measurable outcomes and goals

Strategies to Address Challenges In the Reporting Period

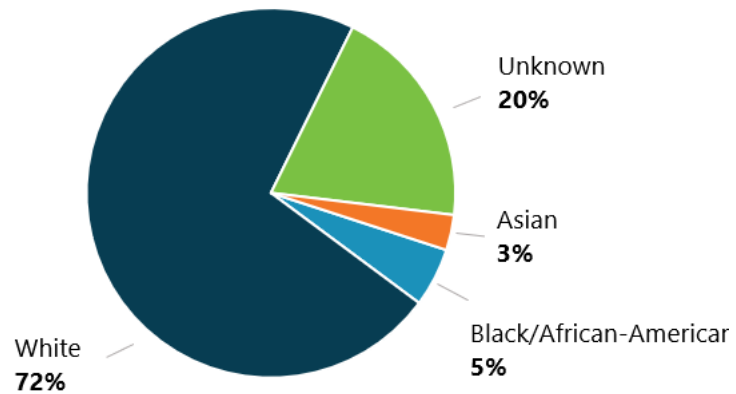
- Increase utilization of teledentistry for emergent care, consultations, and care coordination
- Identify and improve clinic efficiencies
- Promote data interoperability
- Increase patient/provider satisfaction
- Increase the use of data collection, sharing, and analysis to monitor and improve health
- Incorporate data equity

Patient Story of the Reporting Period

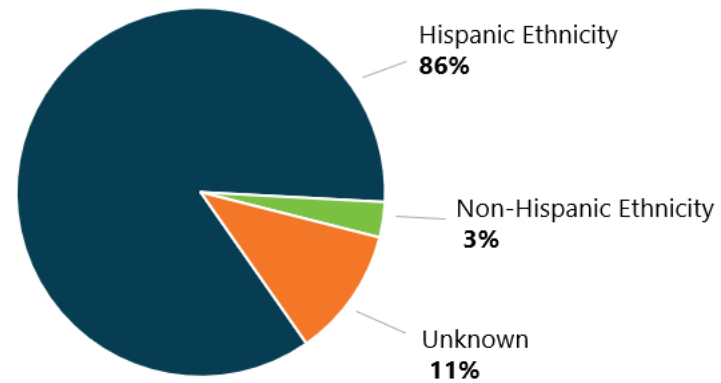
- Share patient stories
- Highlight challenges and solutions to overcome them
- Learn about patients' actual experiences of care
- Utilize as a source of information about how well we deliver care and where to focus improvement
- Engage members of the staff in a success story, demonstrate how they worked together to impact the patient.

Patient Demographics

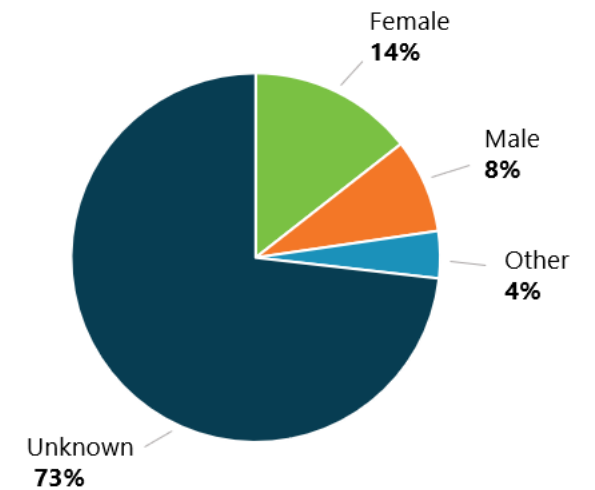
Patients By Race



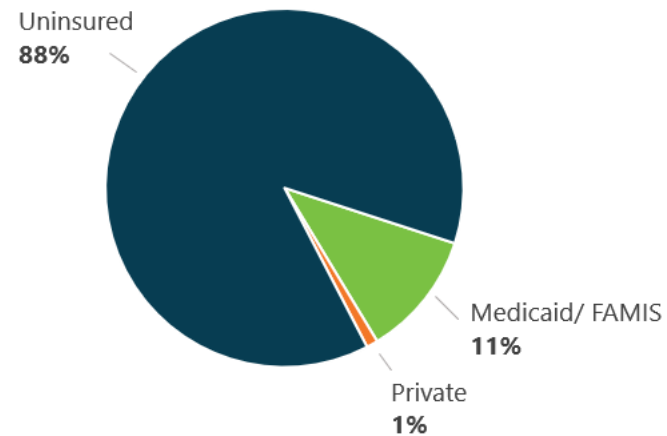
Patients by Ethnicity




Patients by Gender



Patients By Dental Insurance



Data Collection

Virginia Elementary School	Patients Oct-Nov. 2022	Services	Patients Dec. 2022, Jan.-Feb. 2023	Services	Services Total	Patients Total
Sealants Ages 6-9	17	63	8	20	83	25
Sealants Ages 10-14	5	13	3	6	19	8
Fluoride Varnish (FV)	62	63	21	21	84	83
Diagnostic Services	64	245	23	88	333	87
Preventive Services *Excluding Sealants, SDF and FV	62	138	21	35	173	83
Restorative	22	46	7	10	56	29
Silver Diamine Fluoride (SDF)	9	38	2	4	42	11
Completed Consent Forms	97	N/A	2	N/A	N/A	99
Patients Serviced	65	N/A	32	N/A	N/A	97 

Vision, Mission and Defining Goals

To provide affordable and comprehensive healthcare with quality services and strong community partnerships to improve access to healthcare for all.

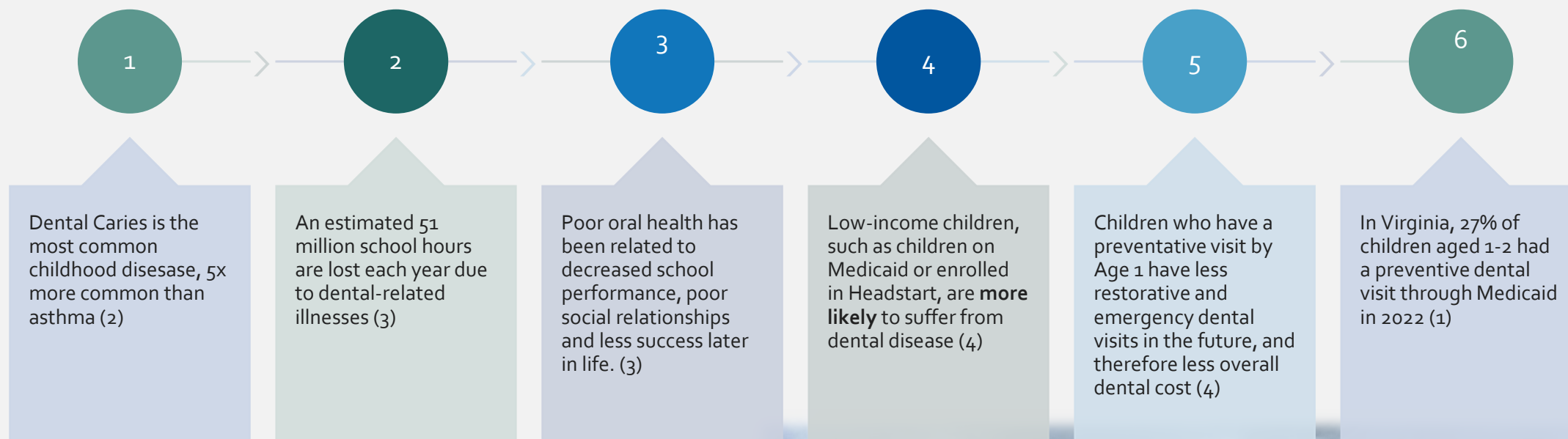


"No one size fits all"

There are several models to delivering dental care in a School Based Oral Health Program



The Facts



Sources:

- 1: <https://vahealthcatalyst.org/wp-content/uploads/2023/03/2022-OHRC-FULL.pdf>
- 2: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6373711>
- 3: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC322359/>
- 4: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4238909>



Operations, Planning and Development

Why

- What is the mission and goal of the program?

What

- What services can the dental team provide?

When

- When will the school programs occur?
- Is this program sustainable yearly? Bi-yearly?

Where

- Which communities need the most help?
- Identify any specific location barriers

Who

- Which demographic is the goal target?
- Identifying team members and execution of program

How

- Mobile unit parking logistics
- Operations/schedule planning



Clinic Team Members and Goals

Dental Clinic Team

- Dental Director
- Staff Dentists
- Dental Hygienists
- Dental Assistants
- Dental Front Office Lead
- Dental Front Office Team
- Patient Engagement Specialists
- Transportation Coordinator
- Director of Operations
- Other Support: IT, Facilities, QI Team



School Team

- School Board
- School Nurse Coordinators
- Staff School Nurses
- Principals
- Other Support Members



Initial Outreach

**Contact School
Nurse
Coordinators**

**Arrange 1:1
Meeting**

**Develop an
MOA**



General Workflow

2-Months Prior (Consent Hand Out)

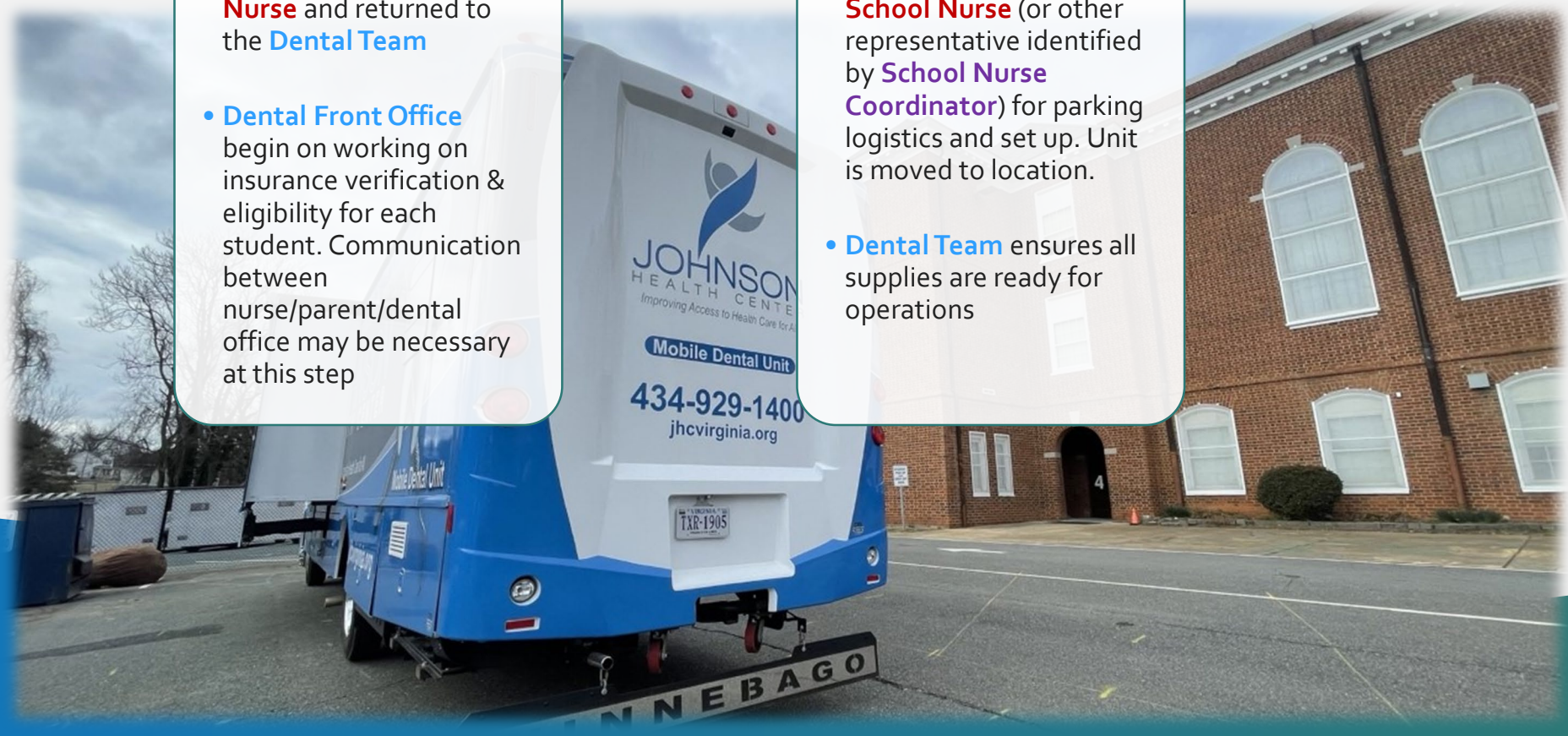
- Members of the **Dental Team** meet with **School Nurse Coordinators** to agree on plan of action. An MOA is signed and updated (yearly)
- **Dental Team** submits blank consent forms to **School Nurse Coordinator** to distribute to all **School Nurses** in each district to distribute to parents

1-Month Prior (Consent Return & Insurance Verification)

- Consent forms are collected from parents by each respective **School Nurse** and returned to the **Dental Team**
- **Dental Front Office** begin on working on insurance verification & eligibility for each student. Communication between nurse/parent/dental office may be necessary at this step

1-Day Prior (Transportation)

- **Dental Team** (Transportation Coordinator) contacts **School Nurse** (or other representative identified by **School Nurse Coordinator**) for parking logistics and set up. Unit is moved to location.
- **Dental Team** ensures all supplies are ready for operations



General Workflow

Day of Operations

- **Dental Team** arrives in the morning for set up, introduction to **School Nurse**.
- A list of eligible students is shared with the **School Nurse** by the **Dental Team**
- **School nurse** escorts 2 children at a time to the mobile dental unit for treatment. Coordinates between field trips, lunch, gym, exams.
- Treatment is rendered and completed, documented in an EHR by the **Dental Team**. Referrals written individually as needed.




Follow Up

- The **Dental Team** gives each student a treatment recommendation form for communication along with a dental "goodie bag" to communicate with parents. **School Nurse** ensures this gets home safely, securely and confidentially
- **School nurses** are given a list of high priority patients and instructed to follow up with parents when possible



Consent Forms & Services

~1 Month to Return Consent Forms



**School Based Oral Health Program Dental Exam
Information and Consent Form**

Johnson Health Center is offering students in Pre-K through 5th grade the opportunity to receive a dental exam at school. If you do not have FAMIS/Medicaid or other dental insurance, a reduced fee is available to those who qualify financially.

Parents/guardians must complete and sign the attached medical information and consent forms for their student to receive this service. Please complete and return this packet if you would like your child to have a dental exam at school.

General Information

Child's name: _____ Date of Birth: _____

Sex: ☐ M ☐ F Race/Ethnicity: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name: _____ Contact phone: _____

School: _____ Grade: _____ Teacher name: _____

Dental Insurance:

Insurance company: _____ Policy number: _____

Name of policyholder: _____

Medicaid:

Child's 12 digit Medicaid recipient ID: _____

Head of household name: _____

Medical Insurance

Insurance company: _____

Policy number: _____ Group number: _____

Name of policyholder: _____

My child does not have dental insurance:

Johnson Health Center will contact you with amount charged for the visit based on household size and income.

Please provide household size: _____ Please provide household taxable income: _____

I wish to pay by: ☐ Cash ☐ Money order (no checks, please)

Health Information

Does your child have (now, or in the past) any of the following conditions? Mark all that apply:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart disease/defect	<input type="checkbox"/> Developmental disorder/delay
<input type="checkbox"/> Lung disease	<input type="checkbox"/> Epilepsy/seizures
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Autism/Asperger's
<input type="checkbox"/> Rheumatic fever	
<input type="checkbox"/> Other: _____	

Is your child being treated for any medical conditions? If so, please list: _____

Is your child taking any medications? If so, please list: _____

Does your child have any allergies? If so, please list: _____

Have you ever been told by a dentist or physician that your child needs to take antibiotics before dental care? ☐ Y ☐ N

Has your child ever been examined by a dentist? If so, please list the location and date of the last exam: _____

Has your child been examined by a primary care provider? If so, please list primary care and the date of the last wellness exam: _____

Has your child experienced dental pain? ☐ Y ☐ N ☐ Unsure

What does your child usually drink or snack on? Circle all that apply:

Sugary drinks	Diet Drinks	Fruits/Vegetables
Candy	Junk food (chips)	Crackers/Cereal
Coffee/Tea	Gummies	Milk
Water	Snack cakes	

Do you help your child brush and/or floss? ☐ Y ☐ N

Does your child have any tooth sensitivity? ☐ Y ☐ N ☐ Unsure

Does your child clench or grind their teeth? ☐ Y ☐ N ☐ Unsure

Consent for Treatment

I authorize Johnson Health Center (JHC) to provide preventative dental services for my child, to collect payment from Medicaid or my private insurance on my behalf, and to allow the dentist of my choice to obtain my child's dental record from the evaluation. Treatment may include dental evaluation, X-rays, prophylaxis (cleaning), fluoride varnish, dental sealants and/or Silver Diamine Fluoride. A separate consent form is attached with more information about the importance of Silver Diamine Fluoride and its prevention in slowing and arresting decay if treatment is indicated.

I understand that I can discuss any concerns I have with any JHC Dental office. By signing below, I am indicating that I understand the terms of the consent and that I have the legal authority to give consent for my child.

I understand the above information is necessary to provide my child with dental care in a professional and safe manner. I have answered all the questions to the best of my knowledge.

If one of JHC's employees should be directly exposed to your child's blood or body fluids in a way that may transmit disease, your child's blood will be tested for Human Immunodeficiency Virus (HIV/AIDS virus) and for the Hepatitis B and Hepatitis C viruses. A physician or other healthcare provider will tell you and that person the result of the test and provide counseling, if necessary.

If your child should be directly exposed to the blood or body fluids of one of JHC's employees in a way that may transmit disease, that person's blood will be tested for Human Immunodeficiency Virus (HIV/AIDS virus) and for the Hepatitis B and Hepatitis C viruses. A physician or other healthcare provider will tell you and that person the result of the test and provide counseling, if necessary.

To enhance the level of oral health care provided to you, Johnson Health Center (JHC) has partnered with Virginia Commonwealth University (VCU) School of Dentistry, senior dental and dental hygiene students to provide oral health care in the community. The Code of Virginia (Chapter 27, Title 54.1-2712) permits this practice.

All examinations and procedures completed by the attending student are evaluated by the supervising JHC licensed dentist. No procedure will be performed without your knowledge and consent and the approval of JHC's dentist.

I may revoke my consent at any time, in writing. Unless revoked earlier, this consent will expire one year from the date signed.

Please mark the box next to the services you consent for your child to receive and return this form within 3 days. Only treatment that has been checked off will be completed day of service.

<input type="checkbox"/> Dental evaluation	<input type="checkbox"/> Dental Sealants
<input type="checkbox"/> X-rays	<input type="checkbox"/> Silver Diamine Fluoride (Please View Separate Consent Form)
<input type="checkbox"/> Prophylaxis (cleaning)	
<input type="checkbox"/> Fluoride Varnish	


Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

****Consent forms available in both English and Spanish**



Dental Team to Parent & Child



JOHNSON
HEALTH CENTER

**School Based Oral Health Program Dental Exam
Treatment Form**

Student Name: _____ DOB: _____

Date of Visit: _____ Patient Account Number: _____

Procedure(s) Eligible: _____

Treatment Completed Today:

- ☐ Exam
- ☐ X-rays
- ☐ Cleaning
- ☐ Sealants
- ☐ Fluoride Treatment
- ☐ Oral Hygiene Instruction
- ☐ Other: _____

Your Child's Teeth:

- ☐ Were clean
- ☐ Were clean in some areas
- ☐ Need to be cleaned better

Treatment Recommendations:

- ☐ Cleaning and evaluation in 6 months
- ☐ Patient needs treatment for cavities
- ☐ Patient needs extractions for treatment of infection
- ☐ Sealants
- ☐ Patient will need referral to pediatric dental office for further evaluation and/or treatment due to age or extent of treatment needed.
- ☐ Other: _____

Oral Hygiene:

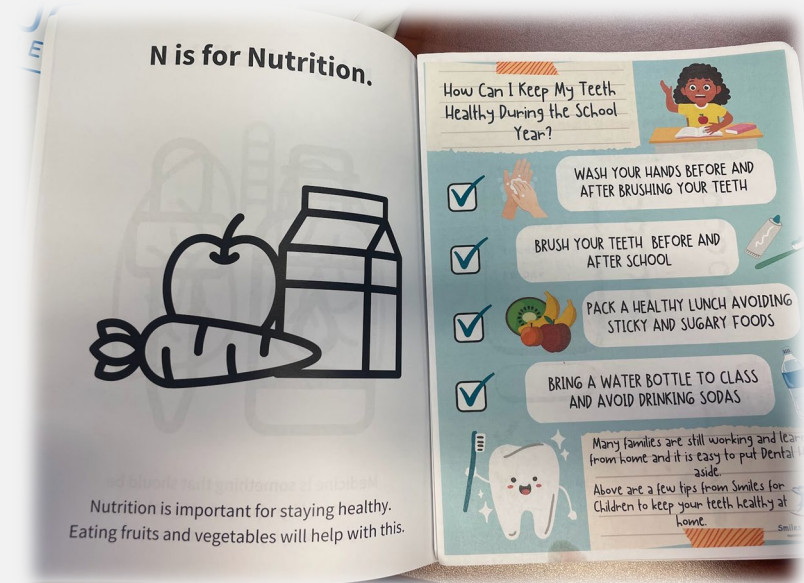
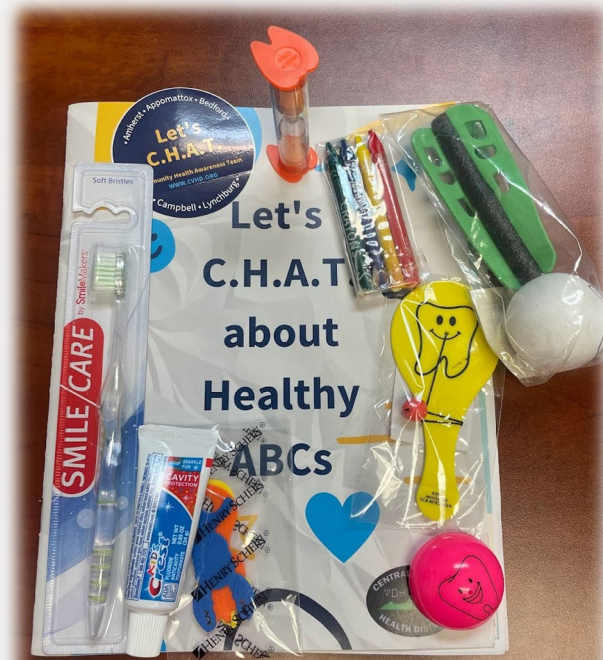
- ☐ For children under 12 years old, please help your child brush 2 times a day and floss daily.
- ☐ Children should have no more than 4oz of juice a day. Try to reduce sugary drinks to special occasions (eating out, parties, etc.), and give them water when they are thirsty.

Comments: _____

Atherholt Dental – 2402 Atherholt Road; Lynchburg, VA 24501
Phone: (434) 455-3275; Fax: (434) 929-2596

Bedford Community Dental Center – 600 Bedford Avenue; Bedford, VA 24523
Phone: (540) 425-7914; Fax: (540) 583-5155

James River Dental Clinic – Trojan Road; Madison Heights, VA 24572
Phone: (434) 847-4691; Fax: (434) 847-4693



Communication and Follow-Up

Dental Team to School Team

Alerting School Nurse of Students with Urgent Dental Needs

- Dental Team supplies a list of students to the school nurses who require urgent treatment as a secondary line of accountability to help students get the dental treatment completed

Established line of communication between dental school and school nurse

- School nurse can contact dental team for any questions/follow up advice, dentist is now a resource for collaboration

Dental Team can assist School Staff on Oral Hygiene Instruction and proper Brushing/Flossing Form

- Dental Team can teach school nurses on proper technique in the classroom for longevity of school program



Quality Improvement-Data and PDSAs

Important to keep track of success of program and extent of outreach for everyone involved

Work with your Health Center's Quality Improvement/Business Intelligence Team to track:

- Services Rendered
- Consent Forms Returned
- Follow-Up Care Success
- Referral Tracking
- Sealant Retention

Routinely assess through numerous PDSA cycles:

- Barriers & Solutions
- Innovation & Efficiency
- Long-Term Sustainability
- Feedback & Surveys
 - Parent, School, Dental Staff Satisfaction



Considerations and Tips for Success



**IDENTIFY MOTIVATED
STAFF & TEAM MEMBERS**



**SPEND QUALITY TIME WITH
EDUCATION & OUTREACH**



**START WITH SMALL,
ACHIEVABLE GOALS, PDSA**



**LASTLY AND MOST
IMPORTANTLY - HAVE FUN!**



Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This conference is intended for Nurses, Nurse Practitioners, Physicians, Physician Assistants/Associates, Psychologists, Registered Dietitians, and Social Workers

Please go to the link for the CME web platform (Weitzman Education) posted in the mobile app to complete the post-session survey to access your continuing education credit.

A comprehensive certificate will be available in the CME platform after completing the post-session surveys for all sessions you attended.



THANK YOU

