New York State School-Based Comprehensive Oral Health Services Project: Collaboration with North Country Family Health Center

A Program to Promote Quality Oral Health Services for School Children Who Need Care the Most

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Partnership Between North Country Family Health Center and New York State Department of Health Bureau of Dental Health

School Based Dental and Health

Dental	Health
Serves 12 schools	Serves 6 schools
Fixed or portable equipment	Fixed sites only
Staffed by dental hygienists	Staffed by nurse practitioners

My Role

- Coordinate development and implementation of the grant deliverables
- Provide technical assistance
- Share resources and training opportunities
- Oversee performance management
- Contract management
- Liaison between New York State Department of Health, North County Family Health Center, and HRSA

Program Selection

- Jefferson County—Watertown: 27,131 population
- Dental health professional shortage area
- Established school-based health and dental services
- School-based dental program serves 12 schools, K– 12
- Programs not integrated
- Low enrollment in dental program

Year 1

- Leveraged funds to expand dental services in 3 schools (900 students)
- Developed a single enrollment form for school health and dental services
- Advisory committee identified issues to address
  - Encouraging families to enroll in the SBHC health and dental programs
  - Promoting health and dental as one entity
  - Improving knowledge of preventive dental services among families and school staff

Year 1

- Studied program policies, forms, and existing data
- Met with advisory committee
- Combined school-based dental and health enrollment form

- Developed a universal referral form for health and dental services
- Shifted marketing approach to be school-centered (backpacks with school colors and logo)

Year 2

- Implemented
  - Single health and dental enrollment form
  - All site referral form
  - Quality improvement tool
- Began transition to electronic dental records
- Developed and launched a social media project
- Customized 2 electronic reports
  - DFMS/SEALS data
  - Program data

Electronic Record System

EDR Software	Program	Description

GE Centricity Practice Solution	Dental and Health Programs	• Centricity Practice Solution (CPS) unites practice management and medical record systems
		• Capabilities include
		  • Patient registration
		  • Scheduling
		  • Health information
		  • Reporting and billing

Visualutions VisDental	Dental Plug-In	• Integrated solution for capturing and reporting dental-specific information • Incorporated within GE CPS product • Users interact with GE Centricity and VisDental based on services provided (e.g., prescribed medications in CPS charting; existing dental conditions in VisDental)

School-Based Electronic Records

- Connection is independent within schools
- Staff at the school-based sites connect via Internet
  - Connection supplied by school district
  - Unique log-in using agency-provided username and password

Year 3

- Continuing transition to electronic reporting
- Training staff on data input and report development
- Validating customized electronic dental program reports
- Collecting data and completing reports
- Implementing social media project
  - Children's books on oral health placed in 12 school libraries
  - Timer toothbrushes given to participating students
  - Posters displayed in schools
  - Videos promoting oral health and program integration

Continuous Quality Improvement

Part 1: Performance Management Tool

- Improves processes for delivering dental services
- Examines program processes and operation
- Uses 5 domains to run a quality program
- Sources: Grant goals and integration matrix

Part 2: Outcome Evaluations

- Data-driven
- Improved oral health status

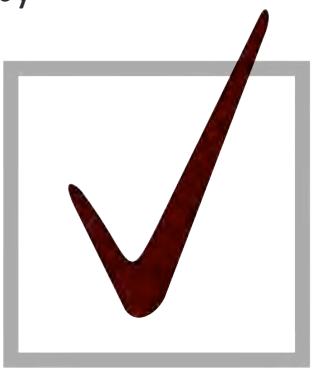
Performance Management and Quality Improvement Plan

Five major domains:

- Integration between school-based health and dental programs
- Quality assurance
- Services provided
- Data collection and evaluation
- Program sustainability

MEASURING Performance

- Review the activities and task within the five domains every 3 months
- Activities/tasks assessed by
  - Fully Met
  - Partially Met
    - Progress made
    - Barriers encountered
  - Not Met
    - Barriers encountered
    - Future plans
    - Assistance required



Performance Tool in Action

Integration Between School-Based Health and Dental Service Programs	Date	11/1/2013	1/16/2013
INSTRUCTIONS	Indicate if performance standard activities/items have been fully met [FM], partially met [PM] or not met [NM]	Quarter 1 ending Sept 30, 2013	Quarter 2 ending Dec 31, 2014
PERFORMANCE STANDARD: Dental Program Promotion and Outreach			
Creative forms of communication are used with families that optimizes use of new communication technologies		PM	FM
Describe:			Signage/emails/websites
Strategies are in place to increase community awareness of and support for comprehensive school health and dental programs		PM	FM
Describe:			websites and press releases
Outreach is implemented to encourage the participation of parents who may have low-level literacy skills and/or for whom English is a second language		PM	PM
Describe:			• Tap into ESL teacher at each school • Expand enrollment form to include help on completing form
A variety of strategies are implemented that foster family involvement		PM	FM

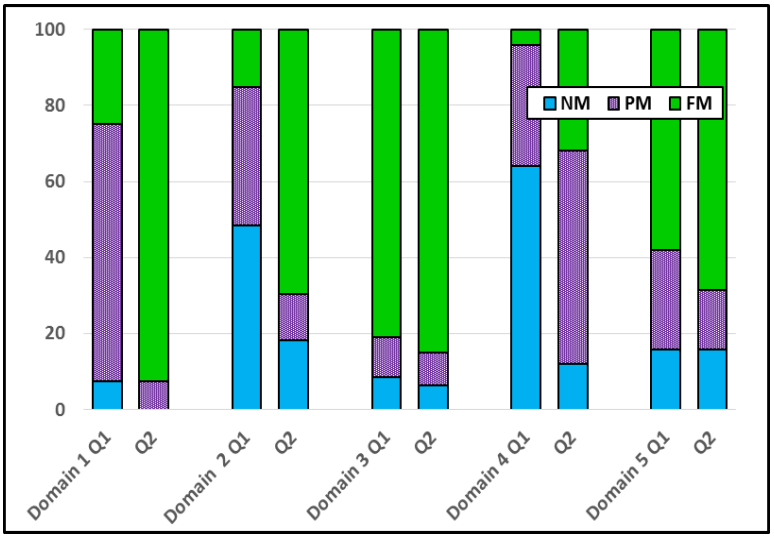
Disseminating Results Using a Summary Form

Example of Performance Management
CQI Overall Summary

Quarter Ending: September 30 (Q1) March 31 (Q3)
X December 31 (Q2) June 30 (Q4)

Achievement	Number (n=164)	Percent of Total Items
Fully met	121	74%
Partially met	29	18%
Not met	14	8%

Reporting Performance Quarters 1 and 2 for Each Domain



Improvement Processes Used

PDSA: Small Changes	
Plan:	Improve reliable data
Do:	• Collect and analyze data • Identify problems
Study:	• Look at results and understand source of errors • Compare actual results against expected results • Error: # of consent forms collected were less than the # of students seen
Act:	• Revised data collection form to define and give examples of unduplicated counts • Tested effect of the change monthly • After one month, unduplicated counts improved

FADE: Improvement Model

To Address Problems and Unexpected Results

Focus: Data were not reported by school

Analyze: Identify root causes—interpreting site by where services are provided rather than by school where the child attends

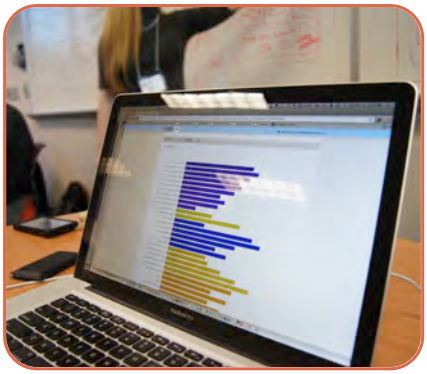
Develop Action Plan:

- Develop form for tracking services by school
- Provide technical assistance and clarification on services provided by school where child attends rather than by where child received services

Execute: Implement plan and monitor impact by reviewing quarterly data for provision of service by school

Outcome Evaluations and Quality Indicators

- Data driven
- Improvement in oral health status (improvements in health)



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Quality Indicators

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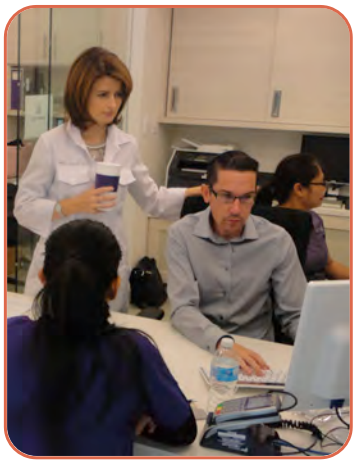
- % of enrolled students who are caries free
- % of enrolled students who received at least one sealant
- % of available students enrolled in the school-based dental program
- % of students having at least one dental visit
- % of students with treatment plans completed in 12 months

Lessons Learned

- Participation of key agency staff in addition to school-based dental and health staff is necessary for program study and change
- Differences between school-based dental and health programs highlight limitations and opportunities

Project Participation



- Agency-wide participation is required
- Key players include
  - Medical director
  - Dental director
  - Executive director
  - Marketing director
  - Information technology specialist
  - Fiscal administrator

Limitations for Integration of Dental and Health

School Dental	School Health
School dental services provide preventive care	School health services provide acute care
Dental staff are not always available in all schools during school hours	Staffed during school hours
Portable equipment enable dental staff to provide care to enrolled students only at one school at a time	Permanently fixed clinics within schools

Limitations for Integration of School–Based Dental and Health

School Dental	School Health
Enrolled students receive at least one preventive service	Enrolled students receive as-needed acute care
Enrollment forms distributed at the beginning of the school year; some schools may not be reached for months	Enrollment forms distributed at the beginning of the school year; students access health center as soon as needed
Families of uninsured students are billed for restorative care on a sliding fee scale	Families of uninsured students are NOT billed for services; services are grant funded

Integration Opportunities

	School Dental / School Health
OPPORTUNITIES	Combined school based medical and dental services advisory committee promotes total health
	Combined promotional activities strengthen messages on total health and use of school-based health and dental services
	Cross-trained medical and dental staff
	Combined electronic records
	Standardized policies and procedures for both programs
	Revised policy and procedure manuals to include uniform sections

Where We Are Now

Dental Program Enrollment	Baseline 2011-12	2012-13	2013-14 Q1 & Q2
# of students available	~6545	~7546	~5051
% of enrollment/consent forms distributed	17.4%	~100%	~100%
# of signed enrollment/ consent forms returned	50%	30%	15%
# unduplicated students served	~400	1746	618

Questions?