Dental Referrals for At Risk School-Age Children Aren't Working: Alternative Strategies

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School-Based Health Alliance

SCHOOL·BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

What is a school-based health center?

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Provider Types in SBHCs

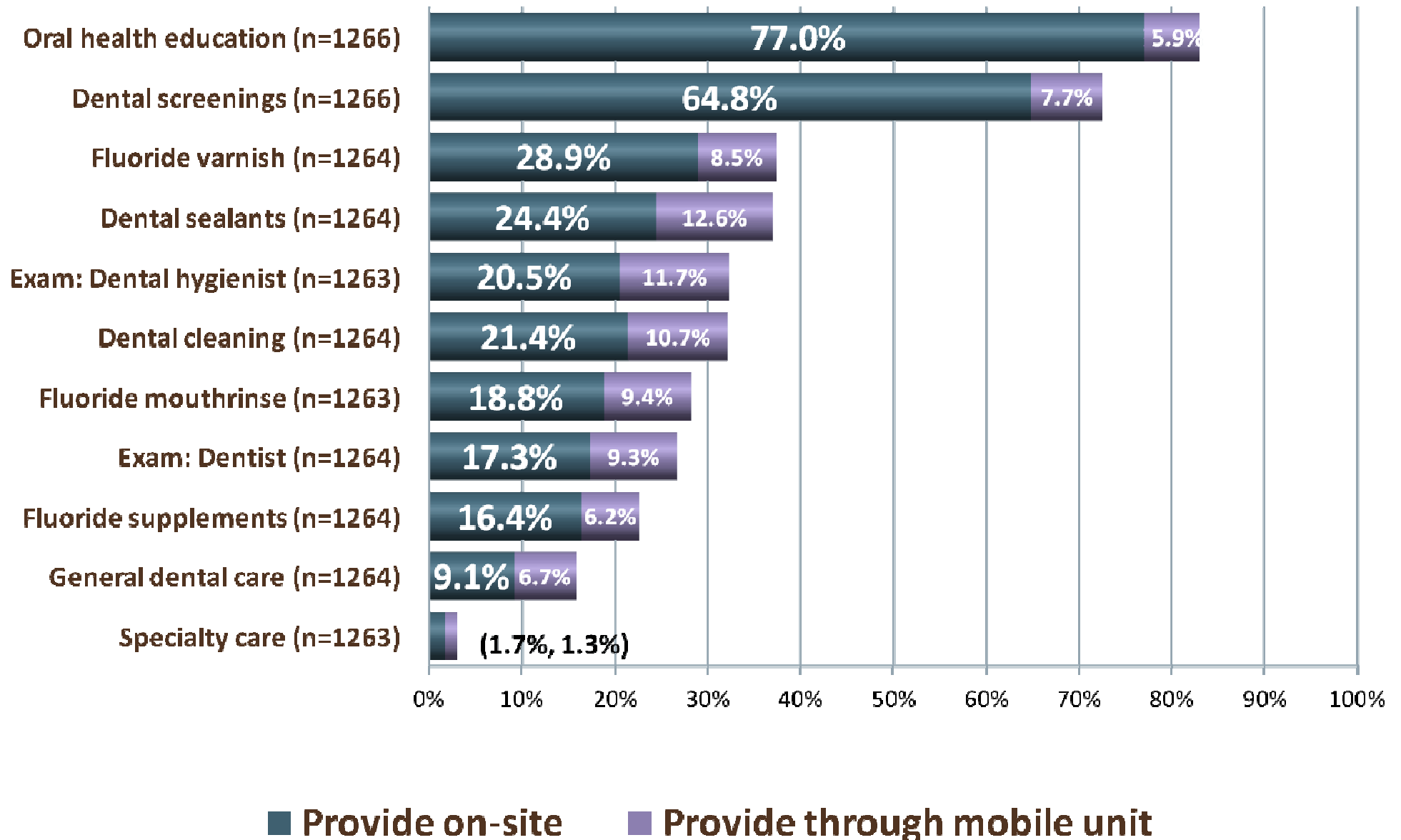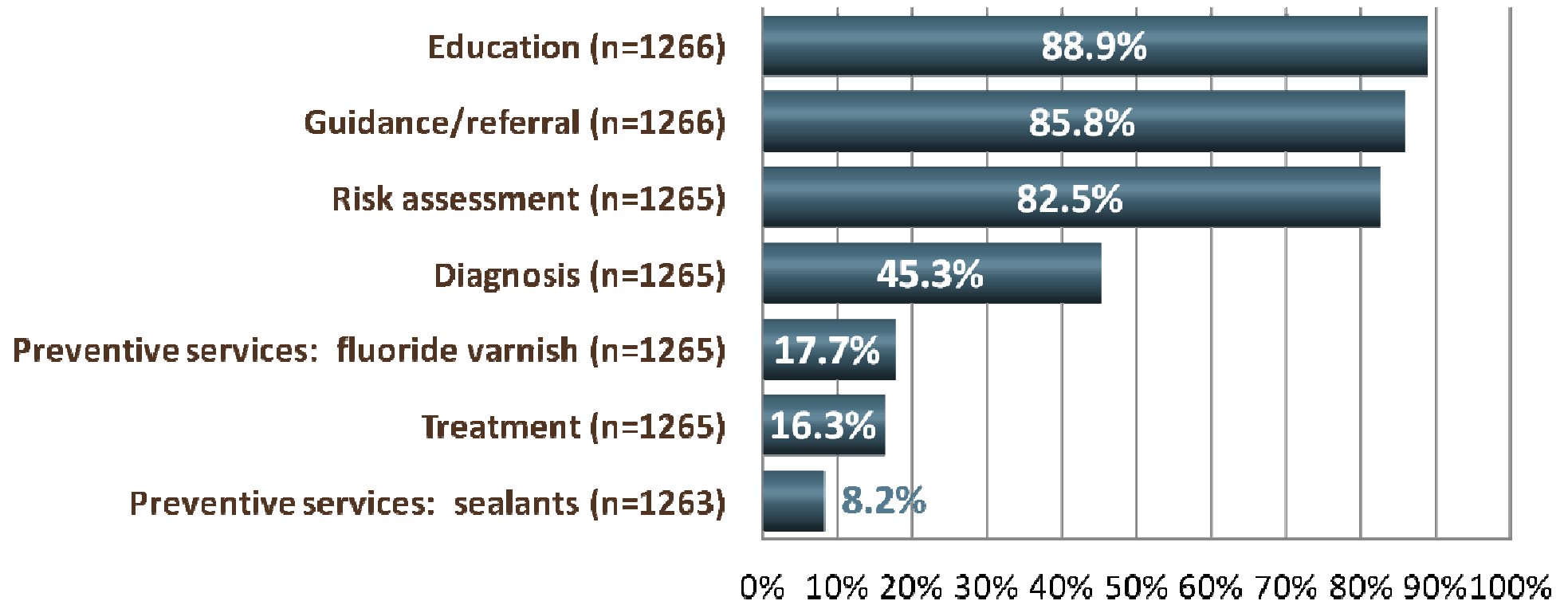|	
Primary Care	**100%** (n=1381)
Mental Health	**70.8%** (n=978)
Oral Health	**15.9%** (n=219)
Nursing or Clinical Support	**85.8%** (n=1185)
Health Educator	**16.0%** (n=221)
Dietician	**10.7%** (n=148)

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85 more SBHCs with an oral health provider since the 2007-2008 Census

Oral Health Services in SBHCs

Service	Provide on-site	Provide through mobile unit
Oral health education (n=1266)	77.0%	5.9%
Dental screenings (n=1266)	64.8%	7.7%
Fluoride varnish (n=1264)	28.9%	8.5%
Dental sealants (n=1264)	24.4%	12.6%
Exam: Dental hygienist (n=1263)	20.5%	11.7%
Dental cleaning (n=1264)	21.4%	10.7%
Fluoride mouthrinse (n=1263)	18.8%	9.4%
Exam: Dentist (n=1264)	17.3%	9.3%
Fluoride supplements (n=1264)	16.4%	6.2%
General dental care (n=1264)	9.1%	6.7%
Specialty care (n=1263)	(1.7%, 1.3%)	

■ Provide on-site   ■ Provide through mobile unit
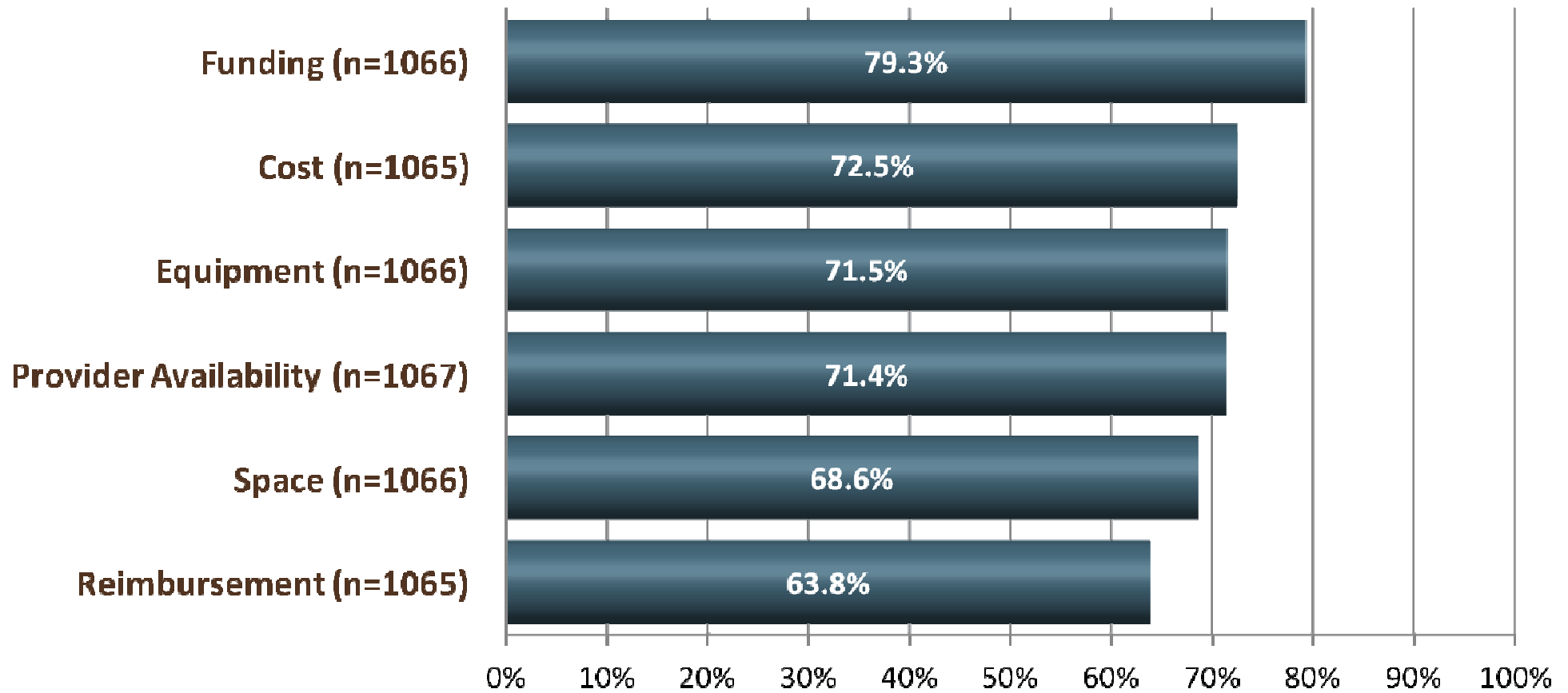
Primary Care Provider Involvement in Oral Health Services

Barriers to Providing Oral Health Services in SBHCs

Funding (n=1066): 79.3%
Cost (n=1065): 72.5%
Equipment (n=1066): 71.5%
Provider Availability (n=1067): 71.4%
Space (n=1066): 68.6%
Reimbursement (n=1065): 63.8%

Status of oral health in children and adolescents
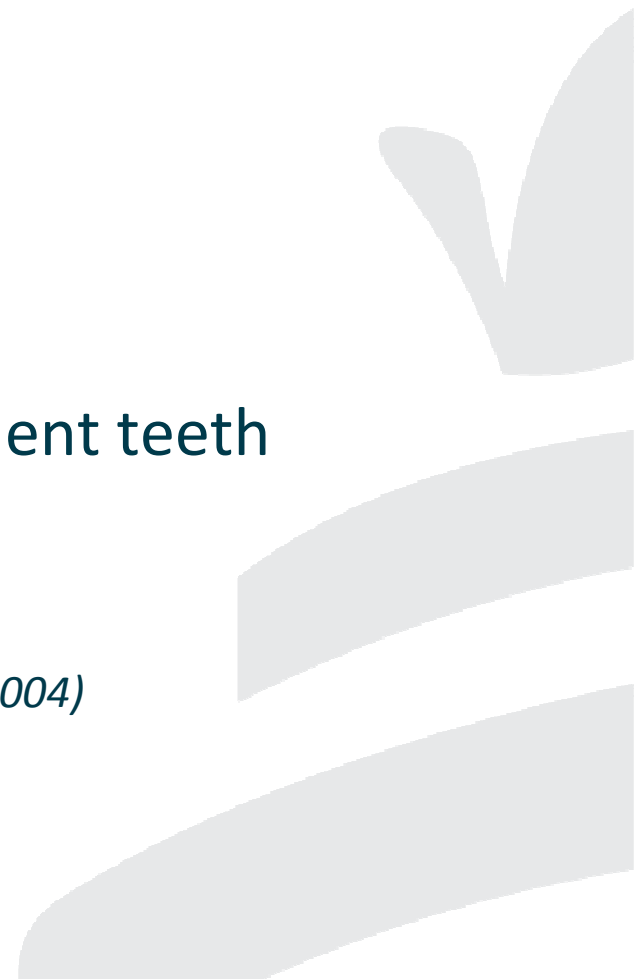
Children ages 2-11

42% → dental caries in their primary teeth

23% → untreated dental caries

Adolescents ages 12-19

59% → dental caries present in their permanent teeth

23% → untreated dental caries

Source: National Health and Nutrition Examination Survey (1999-2004)

Disparities and lack of access

Disparities in oral health disease and access to care more visible among minority and low-income populations

- More than 60% of low-income children had no dental visit in prior year
- 4.6 million children did not obtain needed dental care in 2008, due to families not able to afford those services
- Higher prevalence of dental caries and untreated tooth decay among Black and Hispanic children and low-income families
- Lack of insurance contributes to unmet dental needs
- Only 38% of Medicaid-eligible children received a dental service in 2008

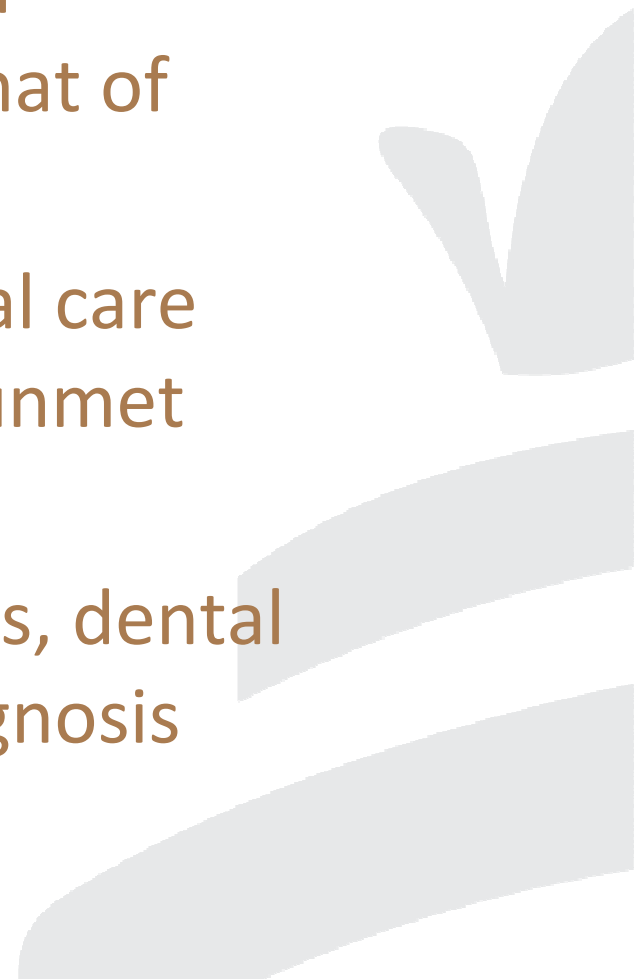# Impact of oral health on school performance

Dental caries can progress and lead to more substantial issues for a child

- Severe tooth pain
- Difficulty chewing
- Spread of infection

More than 51 million school hours are lost each year due to dental-related illnesses

Dental diseases and tooth loss can escalate to inability to concentrate in class, impaired speech development, and low self-esteem

Why is this important?

- Dental caries remains the most common chronic childhood disease, with an estimated prevalence five times that of asthma

- Studies have reinforced that dental care has remained the most common unmet health care need in children

- In many U.S. large-city hospital EDs, dental abscess is a top-ten admitting diagnosis

SBHC Oral Health Project

Funder: Kaiser Permanente Community Benefit

Goal: Primary care providers from 40 SBHCs will
           provide preventive oral health services to a
           minimum of 3,000 children and adolescents
           over a two year period 2011-2013

Aim: Increase capacity of primary care clinicians in SBHCs to
           deliver preventive oral health services

- oral health risk assessments
- visual exam
- anticipatory nutrition guidance
- fluoride varnish application
  - referral to local dentists for treatment

Two Year Results – 2 Cohorts of 20 SBHCs per Year

- **24,232** Visits which included some oral health component
- **14,626** Oral health assessments administered
- **20,198** Oral health visual exams completed
- **11,304** Patients identified as at-risk for dental disease
- 12,569 Patients received anticipatory guidance on nutrition,
-     especially sugar/soda frequency
- **12,233** Fluoride varnishes applied
- **4,971** Referrals made for dental home
- **1,415** Referrals made for identified emergency/ urgent dental problem
- **1693** Referrals made for nutritional counseling

Summary of Lessons Learned

Successes

- More students and family members with urgent dental needs now being identified
- Increased self-efficacy of PCPs to screen for potential risk of dental disease
- Integration of OH preventive services in primary care practice
- Linking those with emergency and urgent dental needs to dental providers for treatment

Challenges

- Consent to apply varnish
- Follow-up and tracking of referrals

Creating Linkage Agreements – Partnerships
All children have a functional dental home

- Emergency referrals and follow-up
  - care within 24-48 hours
  - immediate referral
  - follow-up verification treatment completed
    and documentation obtained
  - establish dental home
- Urgent referrals
  - care within 2 weeks
  - ASAP referral
  - follow-up verification treatment completed
 - establish dental home

Creating Linkage Agreements – Partnerships
All children have a functional dental home

- Non-urgent treatment and
    - establish dental home if needed
    - routine referral
- Routine prevention visit needed
    - establish dental home if needed
    - routine referral
- Routine prevention services established
    - supportive counsel for next recall visit

Dental Community Makeup Considerations

- Local Dental Societies, AAPD, ADA
  - resources for what is available in community
  - State/ City/ Local dental societies
    - What practice venues are there ?
- Population composition
  - Public Assistance/Medicaid
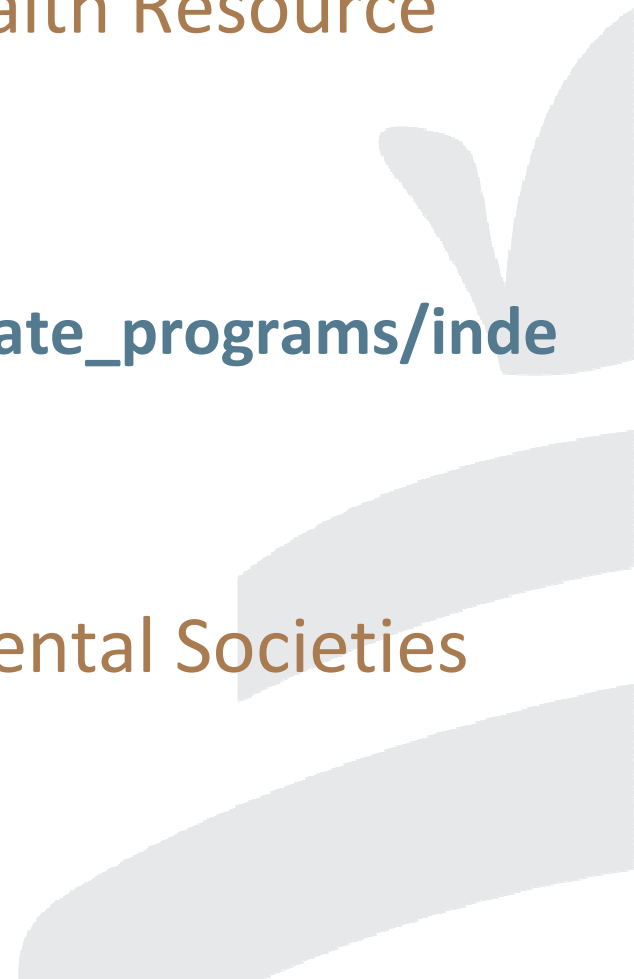 - Private Insurance
  - Immigrant/Ethnicity
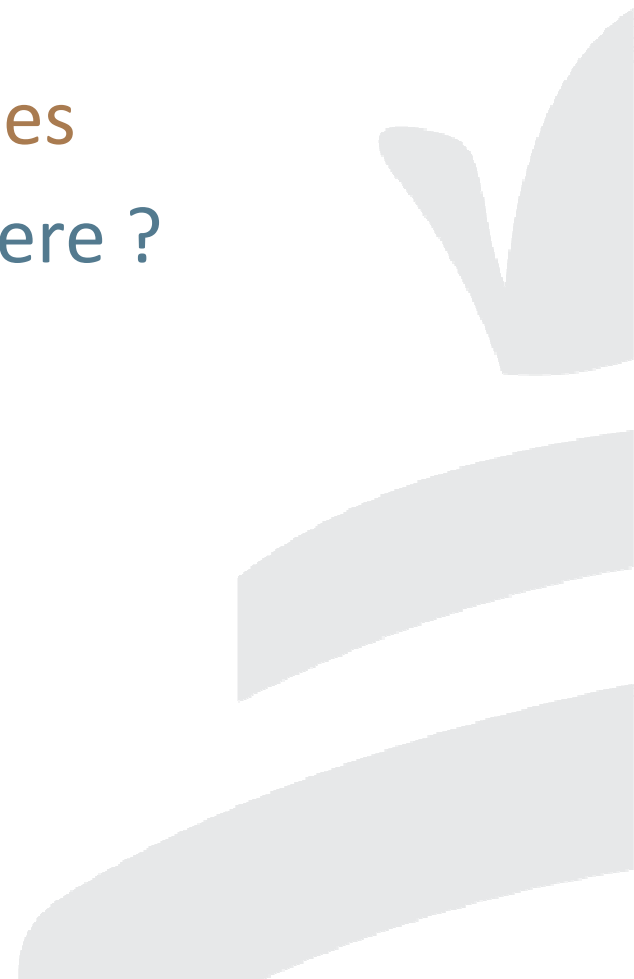
Linkage Agreement Considerations

- Negotiate, outline, and communicate expectations in writing
  - timeline for referral completion
  - notification of completion
  - documentation received
  - dental home
- Monitor collaboration
  - meeting mutual expectations
  - referrals completed
  - documentation received
- Get feedback from patients and families

Community Dental Referrals Needed: Consider the Numbers

- 42% of children 2 to 11 have had dental caries in their primary teeth

- 50 million children (0-11y) in US with dental caries

- 186,084 Dentists in US

- 5,407 Pediatric Dentists in US

- Reality – These numbers don't add up

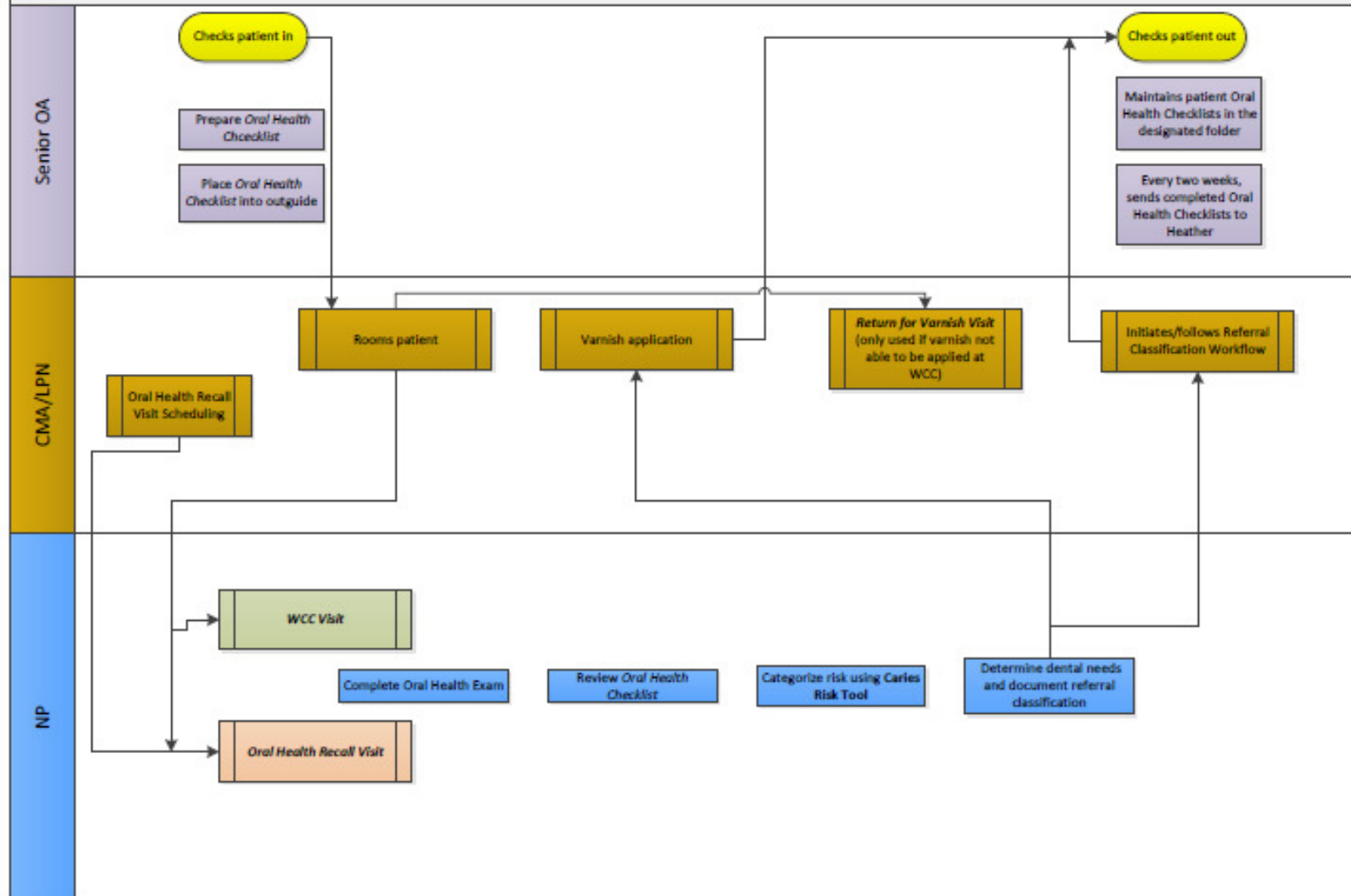- General Dentists and Public Health Clinics need to be engaged….

Resources

- Association of State and Territorial Dental Directors
- National Maternal and Child Oral Health Resource Center
- CDC: Oral Health Coalitions
  - **http://www.cdc.gov/OralHealth/state_programs/index.htm**
- NIDCR
- Sealant programs in schools: State Dental Societies

Oral Health Classification Guide

Classification	Class 4 Emergency	Class 3 Urgent	Class 2 Non-Urgent Treatment	Class 1 Routine Prevention Visit Needed	Class 0 Routine Prevention Services Established
Clinical Description	• Pain that disrupts sleep • Severe pain to hot and cold that lingers more than 5 minutes; needs OTC pain relief medication • Facial swelling • Acute injury • Broken dental appliances with sharp wires	• Chronic abscess or fistula • Facial swelling – on antibiotics pain • Dental appliance that have fallen off • Recurring or ongoing pain	• Mild dental issues • Small carious lesions • Gingivitis • Asymptomatic	• No visible dental issues • No dental visit prior 12 mos • Needs a dental home	• No visible dental issues • Established dental home • Completed dental visit in prior 12 mos
Referral	• Care within 24-48 hours • Immediate referral	• Care within approx 2 weeks • As soon as possible referral	• Establish dental home, if needed • Routine referral	• Establish dental home, if needed • Routine referral	• Supportive counsel for next recall visit

SBHC Primary Care/Oral Health Integrated Visits for K-8 Well Child Exams and 3-Month Oral Health Recall Visits
Process Flow Map

Senior OA

- Checks patient in
- Checks patient out
- Prepare *Oral Health Checklist*
- Place *Oral Health Checklist* into outguide
- Maintains patient Oral Health Checklists in the designated folder
- Every two weeks, sends completed Oral Health Checklists to Heather

CMA/LPN

- Rooms patient
- Varnish application
- *Return for Varnish Visit* (only used if varnish not able to be applied at WCC)
- Initiates/follows Referral Classification Workflow
- Oral Health Recall Visit Scheduling

NP

- *WCC Visit*
- Complete Oral Health Exam
- Review *Oral Health Checklist*
- Categorize risk using Caries Risk Tool
- Determine dental needs and document referral classification
- *Oral Health Recall Visit*

Referral Follow-up and Verification Expectations Class 3 or Class 4 Referrals	Referral Follow-up and Verification Expectations Class 2 Referrals	Referral Follow-up and Verification Expectations Class 1 Referrals
Follow-up/treatment verification can be completed in the following ways: Option 1: Patient's oral cavity can be visually inspected, by the Nurse Practitioner, and the area of concern shows obvious restorative treatment. Treatment records may be requested from dentist. Option 2: Dentist (where patient was referred) is contacted and confirms patient received care. Treatment records may be requested from dental care organization/dentist. Option 3: Patient's parent/guardian is contacted. The parent/guardian confirms care was received. ***Note: If this option is used, either Option 1 or Option 2 must also be used.*** ****Once follow-up/treatment verification has been completed, LPN/CMA/CHN "closes" referral in EPIC**	Follow-up/treatment verification can be completed in the following ways: Option 1: Patient's parent/guardian is contacted. The parent/guardian confirms care was received. Option 2: Patient's oral cavity can be visually inspected, by the Nurse Practitioner, and the area of concern shows obvious restorative treatment. Treatment records may be requested from dental care organization/dentist. ****Once follow-up/treatment verification has been completed, LPN/CMA/CHN "closes" referral in EPIC**	

Oral Health Referral Workflow for Insured SBHC Patients
Referral category is assigned by the Nurse Practitioner according to the oral cavity screening findings and the Referral Category Guide

Class 4—Emergency	Class 3—Urgent	Class 2—Non-Urgent Treatment	Class 1—Routine Care Prevention Needed
Goal: Dental care within 24-48 hours **Process** 1. NP orders referral (classification indicated) –enters Dental Referral #9105 with a "High Risk" priority-- and "CCs" chart to LPN/CMA/CHN (also gives verbal prompt) 2. LPN/CMA/CHN discusses emergency referral need with parent/guardian **Explain dental emergency **Explains need for an appointment within 24-48 hours **Explains dental appointment will be made on their behalf, now/during today's visit **Verifies dental insurance and assigned dental plan **Inquires about best days/times for appointment 3. Calls dental care organization/dentist for scheduling—refer to *Referral Locations and Information Tool* and *Dental Appointment Scheduling Script* 4. Confirms appointment with parent/guardian and obtain ROI to request dental appointment records 5. Provides parent/guardian with location, contact information, and time/day of dental appointment—use *Dental Referral Locations and Information Tool* 6. Refers to *Referral Report* and completes follow-up/dental care verification	**Goal: Dental care within 2-3 weeks** **Process** 1. NP orders referral (classification indicated) –enters Dental Referral #9105 with a "High Risk" priority-- and "CCs" chart to LPN/CMA/CHN (also gives verbal prompt) 2. LPN/CMA/CHN discusses urgent referral need with parent/guardian **Explain urgent dental condition **Explains need for an appointment within 2-3 weeks **Explains dental appointment will be made on their behalf, now/during today's visit **Verifies dental insurance and assigned dental plan **Inquires about best days/times for appointment 3. Calls dental care organization/dentist for scheduling—refer to *Referral Locations and Information Tool* and *Dental Appointment Scheduling Script* 4. Confirms appointment with parent/guardian and obtain ROI to request dental appointment records 5. Provides parent/guardian with location, contact information, and time/day of dental appointment- use *Dental Referral Locations and Information Tool* 6. Refers to *Referral Report* and completes follow-up/dental care verification	**Goal: Dental care within 2 months** **Process** 1. NP indicates referral classification and "CCs" chart to LPN/CMA/CHN (also gives verbal prompt) 2. LPN/CMA/CHN discusses non-urgent referral need with parent/guardian **Explain non-urgent dental condition **Explains need for an appointment within 2 months **Verifies dental insurance and assigned dental plan **Verifies parent/guardian has necessary information for scheduling--use *Dental Referral Locations and Information Tool* 3. Refers to *Referral Report* and completes follow-up/dental care verification	**Goal: Routine dental care within 3 months** **Process** 1. NP indicates referral classification and "CCs" chart to LPN/CMA/CHN (also gives verbal prompt) 2. LPN/CMA/CHN discusses routine care referral need with parent/guardian **Explain routine care dental condition **Explains need for an appointment within 3 months **Verifies dental insurance and assigned dental plan **Verifies parent/guardian has necessary information for scheduling-- use *Dental Referral Locations and Information Tool* 3. Refers to *Referral Report* and completes follow-up/dental care verification

Sample Referral Location Guide for SBHC

Referrals for Uninsured Patients						
Creston Dental Clinic (PPS students only)	MC East County Dental Clinic	MC Mid-County Dental Clinic	MC Southeast Dental Clinic	MC Northeast Dental Clinic	MC Rockwood Dental Clinic	ODS Dental Program (By referral only)
4701 SE Bush St. Portland, OR 97206	600 NE 8th Gresham, OR 97030	12710 SE Division Portland, OR 97236	3653 SE 34th Portland, OR 97202	5329 NE MLK Portland, OR 97212	2020 SE 182nd Portland, OR 97233	Children's Program Coordinator
Phone: 503-916-5808	Phone: 503-988-4900	Phone: 503-988-3410	Phone: 503-988-4410	Phone: 503-988-3664	Phone: 503-988-4988	Phone: 503-265-5627
Fax: 503-916-5809	Fax: 503-988-5803	Fax: 503-988-5903	Fax: 503-988-5642	Fax: 503-988-5700	Fax: 503-988-4879	Fax: 503-382-5342
						Location TBD