

Funding Opportunities & Models for Expanding School Oral Health

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Covered California Enrollment Statistics Feb. 19, 2014



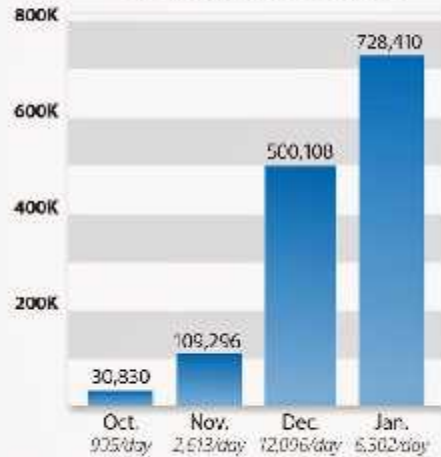
Covered California
Oct. 1- Jan. 31 Enrollment
Individuals Who Selected Plans

728,410

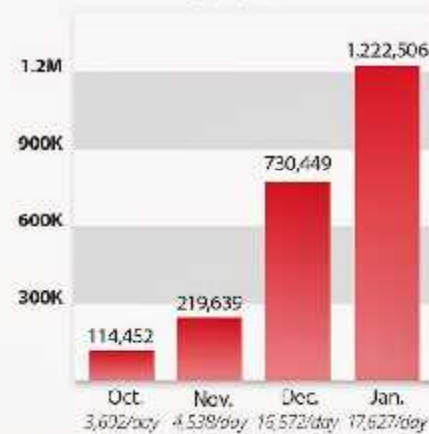
| | |
|----------------------|----------------|
| Subsidy eligible | 626,210 |
| Not subsidy eligible | 102,200 |



Cumulative Enrollment



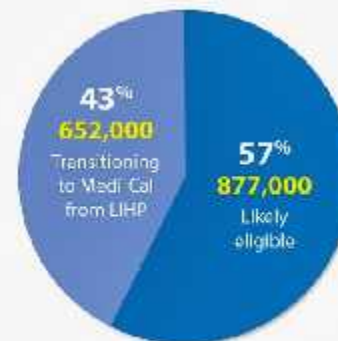
Cumulative Applications Completed
Individual eligibility determinations



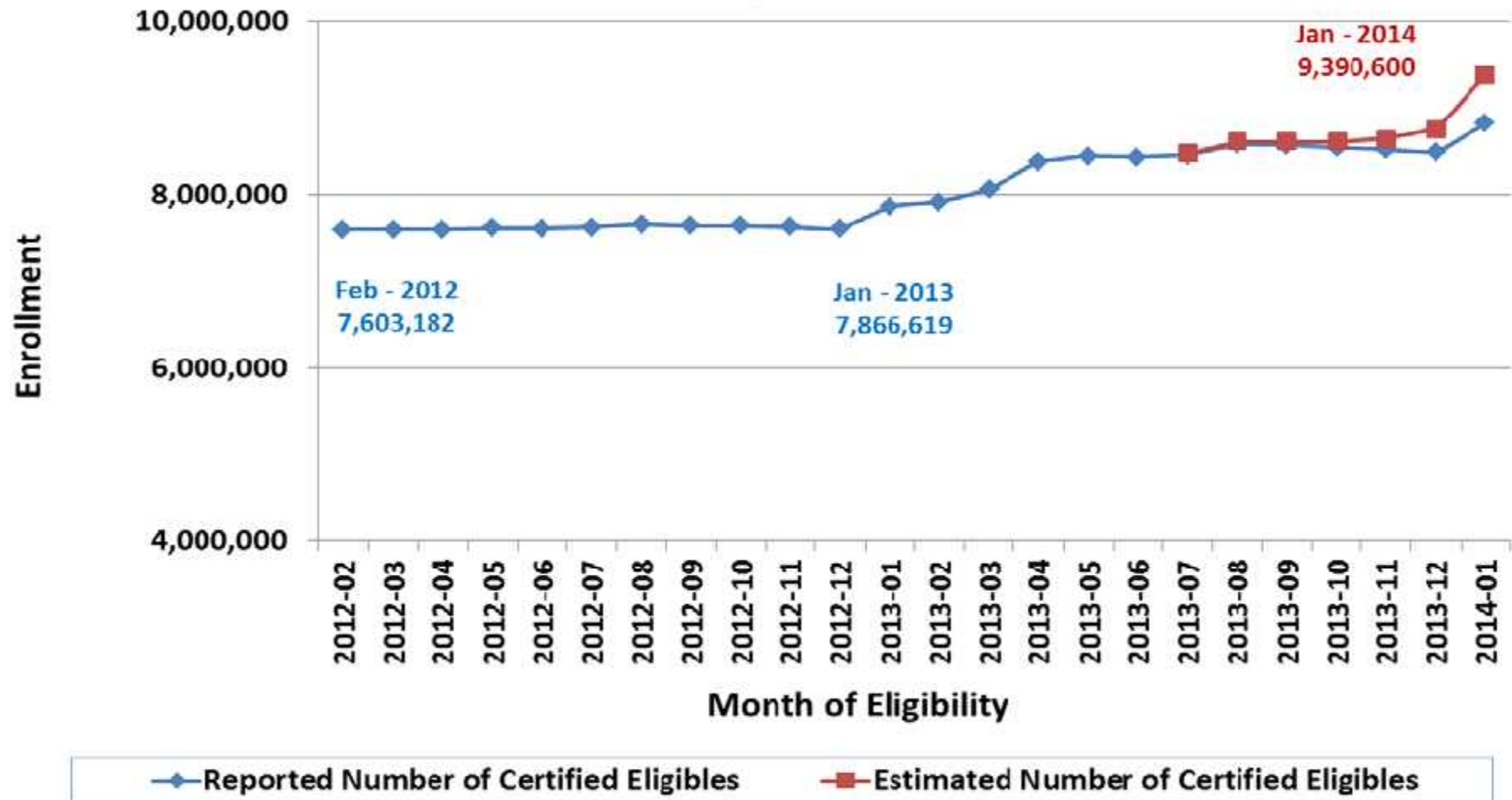
Medi-Cal
Oct. Jan. Enrollment

1,529,000

| | |
|-------------------------|----------------|
| Likely eligible | 877,000 |
| Transitioning from LIHP | 652,000 |



Medi-Cal Program Enrollment - Most Recent 24-Months Total Certified Eligible Beneficiaries



New Medi-Cal Enrollment

| Likely Enrolled in Medi-Cal through mid-February 2014 | |
|---|-------------|
| | Individuals |
| Medi-Cal applicants* (Includes individuals who are pending, eligible and conditionally eligible coming in through Covered California) | 877,000 |
| Medi-Cal transitions from Low Income Health Program (LIHP) | 652,000 |
| Subtotal | 1,529,000 |
| + Medi-Cal transitions from Healthy Families program (HFP) in 2013 | 875,000 |
| Total number as of Feb 2014 | 2,404,000 |
| Approximate number of new children as of Feb 2014 | 1,300,000 |
| * Does not include applicants for current Medi-Cal coverage through county human services agencies. | |



Why SBHC Dental Programs?

- ▶ 1.3M new Medi-Cal children in 2014
- ▶ 10% rate cut to dentists serving children
- ▶ More adults seen means fewer children seen?
- ▶ Insufficient dental capacity to begin with
- ▶ Tooth decay

Most common chronic health condition of children
5x more common than asthma
4x more common than early childhood obesity
20x more common than diabetes

Need & Impact of SBHCs

The number of school-based health centers continues to grow despite budget cuts and the recession because the need is great and impact is deep.

Doctors know it: *When we can prevent health issues from developing into something worse, that to me epitomizes the strength of a school-based health center.*

Educators see it: *The reality is that many of our children come to school sick because they have nowhere else to go. So it just makes sense to have a school-based health clinic as a key component to providing a quality education.*

Students feel it: *Our school health center has everything! Comfort. Respect. Honesty.*

Data support it. ...



Impact on Health Care

- ▶ SBHCs increase access to health care.
- ▶ SBHC users are likely to use primary care more consistently.
- ▶ SBHC users are more likely to have yearly dental and medical check-ups.
- ▶ SBHC users are less likely to go to the emergency room or be hospitalized (34,490 ER visits in 2012).

Impact on Academic Performance

- ▶ Research shows that SBHCs have a positive impact on absences, dropout rates, disciplinary problems and other academic outcomes. (874,000 days lost, \$29.7M)
- ▶ States with SBHCs that serve as Medicaid providers have higher student achievement results. (Toothaches → lower GPA)
- ▶ States that oversee health education and health services have higher test scores and lower dropout rates.

Impact on Health Care Costs

- ▶ SBHCs generate savings through reduced use of high cost services, thereby increasing access without increasing overall Medicaid expenditures.
- ▶ SBHCs reduce inappropriate emergency room use, inpatient, drug and emergency department use and hospitalization among children with asthma.
- ▶ School-based immunization initiatives prevent disease and can also save money for society.