

School-Based Oral Health Centers: Partnering to Provide Integrative Care



CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE – MAY 1, 2015

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Timeline for Presentation

- 10:45-10:50 AM - Introduction
- 10:50-11:10 AM - Establishing a SBOHC
- 11:10-11:35 AM - Components of an Integrative Care Model
- 11:35-11:50 AM – School-Based Health Services: El Monte City School District
- 11:50 AM-12 noon – Question and Answer

Learning Objectives



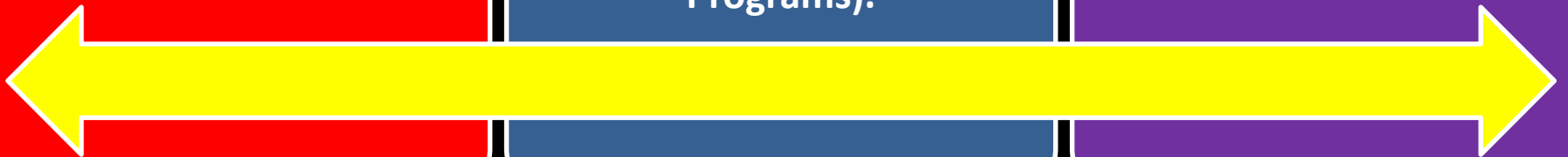
Outline the basic stages of establishing a School-Based Oral Health Center (SBOHC) including Quality Improvement (QI) measures.



Understand the role of the different components in an Integrative Care Model (including, but not limited to dental schools, school districts, other healthcare providers, WICs, Head Starts, and Grade K Programs).



Determine if the Child Health and Disability Prevention (CHDP) Gateway Program is suited to assist in the sustainability of an already established SBHC or a future SBOHC.





**STEP 3:
Sustainability**



**STEP 2: Partnerships
and Agreements**



**STEP 1: Selection of a
Catchment Area**

TIMOTHY MARTINEZ, DMD

ESTABLISHING A SBOHC



The Vision...

All children will receive comprehensive health care that is accessible, affordable, and available in the community. With an integrative care model, healthcare such as primary and oral health care will be provided in a safe and comfortable environment.

The Mission...

“To provide oral healthcare to the children in the community with humanism and compassion.”



STEP 1: Selection of a Catchment Area

WHERE DO YOU START?

- Free and Reduced Lunch Program
 - Relative proxy for catchment area
 - Evaluate individual schools per school district

EXAMPLE:
EL MONTE CITY
SCHOOL DISTRICT

SCHOOL NAME (ELEMENTARY)	GRADE LEVELS	ENROLLMENT	FRPM ages 5-17 (%)
Columbia	K-8	891	94.4
Durfee	K-8	1,071	89.4
Gidley	K-8	599	93
Portrero	K-8	964	98.9
Shirpser	K-5	538	97.8
Wilkerson	K-6	555	97.3



STEP 2: Partnerships and Agreements



- What is WIC?
<http://vimeo.com/88451697>
- WIC serves:
 - Pregnant women up to 6 weeks post-birth
 - Breastfeeding women up to infant's 1st birthday
 - Non-breast feeding women up to 6 months post-birth
 - Children up to 5th birthday

YOU CAN NEVER START TOO EARLY!



STEP 2: Partnerships and Agreements



- Goals of Head Start
 - Social and emotional experiences
 - Language and literacy
 - Approaches to learning
 - Cognition and general knowledge
 - Physical well-being and motor development



INCLUDES:

- ✓ Oral examinations
- ✓ Plans for follow-up care
- ✓ Preventative services (fluoride varnish)
- ✓ Oral health record
- ✓ Dental treatment must be provided within 90 days of a child's entry into Head Start



STEP 2: Partnerships and Agreements

- Schools Districts and Family Centers
 - Selection of SBOHC site in schools and family centers based on need AND
 - Presence of a pre-existing School-Based Health Center (SBHC)
 - Goal: provide comprehensive health care for the child while minimizing the number of absences for doctor and dental appointments





**STEP 2: Partnerships
and Agreements**

Partnership Agreement Walk-Through

BILLING AND REIMBURSEMENT

MEMORANDUM OF UNDERSTANDING



PREVENTATIVE ORAL HEALTH SERVICES

BACKGROUND CHECK TB CLEARANCE

COMPREHENSIVE ORAL HEALTH SERVICES

Agreement for Dental Services

- Term
- Services
- Compensation: Billing for Services
- Independent Contractors
- Criminal Background Check and TB Clearance
- Child Abuse Reporting
- Confidentiality
- Health Insurance Portability and Accountability Act
- Insurance
- Indemnity
- Termination
- Dispute Resolution
- Notices
- Compliance and Laws
- Conflict of Laws
- Integration
- Severability
- Modification
- Construction of Agreement
- Waiver
- Heading
- Further Assurances
- Assignment
- Authority
- Counterparts
- Education Code Section 17604
- Approved signature
- Incorporation of Recitals and Exhibits



STEP 3: Sustainability

Can SBOHCs be Sustainable?

- Portable equipment purchase
- Salary Models
- Break-even analysis
- Denti-Cal reimbursement
- Sustainability plan

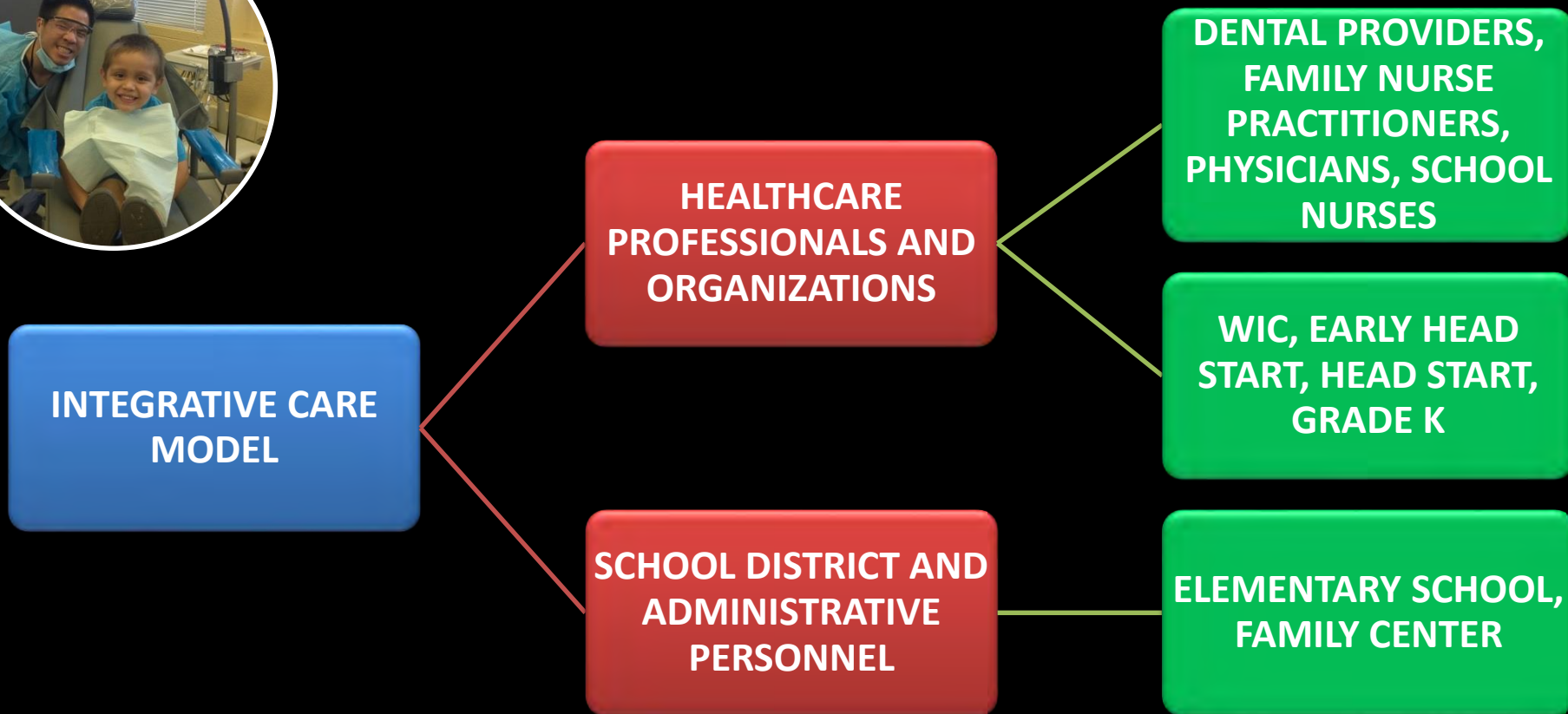




THANK YOU!

Coming up next....COMPONENTS OF AN
INTEGRATIVE CARE MODEL AND CQI





Marisa Watanabe, DDS, MS

COMPONENTS OF AN INTEGRATIVE CARE MODEL AND CQI

What is an Integrative Care Model?

- Collaborating, cross-training, and educating other professions toward improving the overall health of the individual
- Universal scheduler
- Referral system

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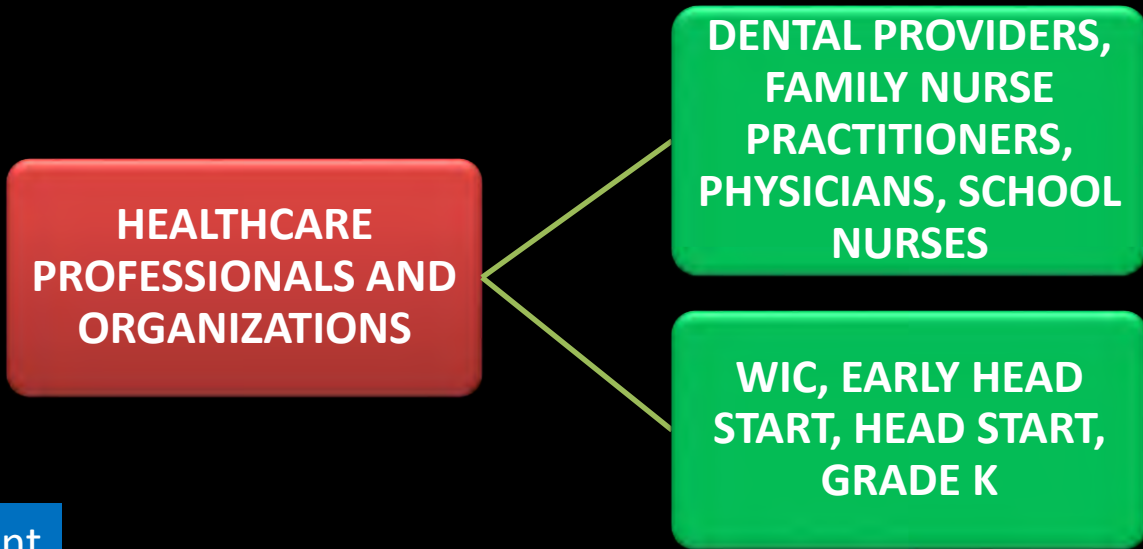


Where does the training begin?

- Pre-doctorate education
 - Integrated nursing-dental lectures
 - Clinical nursing-dental Peer-to-Peer Oral Head and Neck Examinations and Vital Signs
 - Off-site clinical rotations
 - WICs, Head Start, Grade K Programs
- Professional education
 - Oral Screening and Caries Risk Assessment training in CE courses
 - Training of fluoride varnish application



Key Healthcare Professionals and Organizations



Start with parent education



Move to oral health screening and education



Comprehensive oral healthcare



Integrative Care in Elementary Schools and Family Center

**SCHOOL DISTRICT AND
ADMINISTRATIVE
PERSONNEL**

**ELEMENTARY SCHOOL,
FAMILY CENTER**

- Elementary school: presence of School-based Health Center
 - Comprehensive Dental Clinic
 - School Nurses
 - Family nurse practitioners
- Family Center: presence of multiple programs (examples provided)
 - Comprehensive Dental Clinic
 - School-based Health Center (Family nurse practitioners)
 - Mental health
 - Healthy Lifestyle living (gardening and physical exercise)
 - Department of Child and Family Services
 - Department of Child Welfare
 - Head Start
 - Grandparents as Parents





COMPREHENSIVE SERVICES, ROLE OF THE DENTAL STUDENT PROVIDER,
IMPACT ON COMMUNITY

Sei Kim, DMD 2016 Candidate

DENTAL STUDENT PROVIDER EXPERIENCE

Comprehensive Dental Care at the SBOHC

- Serve as permanent dental home for underserved children
- Services include:
 - Diagnostic (exams and x-rays)
 - Preventative (cleaning, fluoride varnish, sealants)
 - Restorative (fillings)
 - Endodontic (child root canals)
 - Prosthodontics (child crowns)
 - Surgical (extractions)
 - Space maintainers



Role of the Dental Student Provider

- Third and fourth year dental students perform comprehensive dental treatment under licensed dentists
- Students work with physicians for medical consults in case of any dental contraindication
- Practice management – students educated in continuous quality improvement and sustainability of school-based oral health centers.



Impact on Children and Community

- Safe and comfortable environment – classroom setting
- Create a trust and rapport with the children and the community
- Educate parents and family members about at-home oral care, diet, and that cavities are preventable
- Establish a permanent dental home for children
- Reduce missed school days
- Integrative Care approach
- Reduce barriers





HOW TO BETTER THE INTEGRATIVE CARE APPROACH

CONTINUOUS QUALITY IMPROVEMENT WORKSHOP

The Model for Improvement

Fundamental 3 Questions

- What are we trying to accomplish?
- How will we know if a change is an improvement?
- What changes can we make that will result in an improvement?



AIM



MEASURE



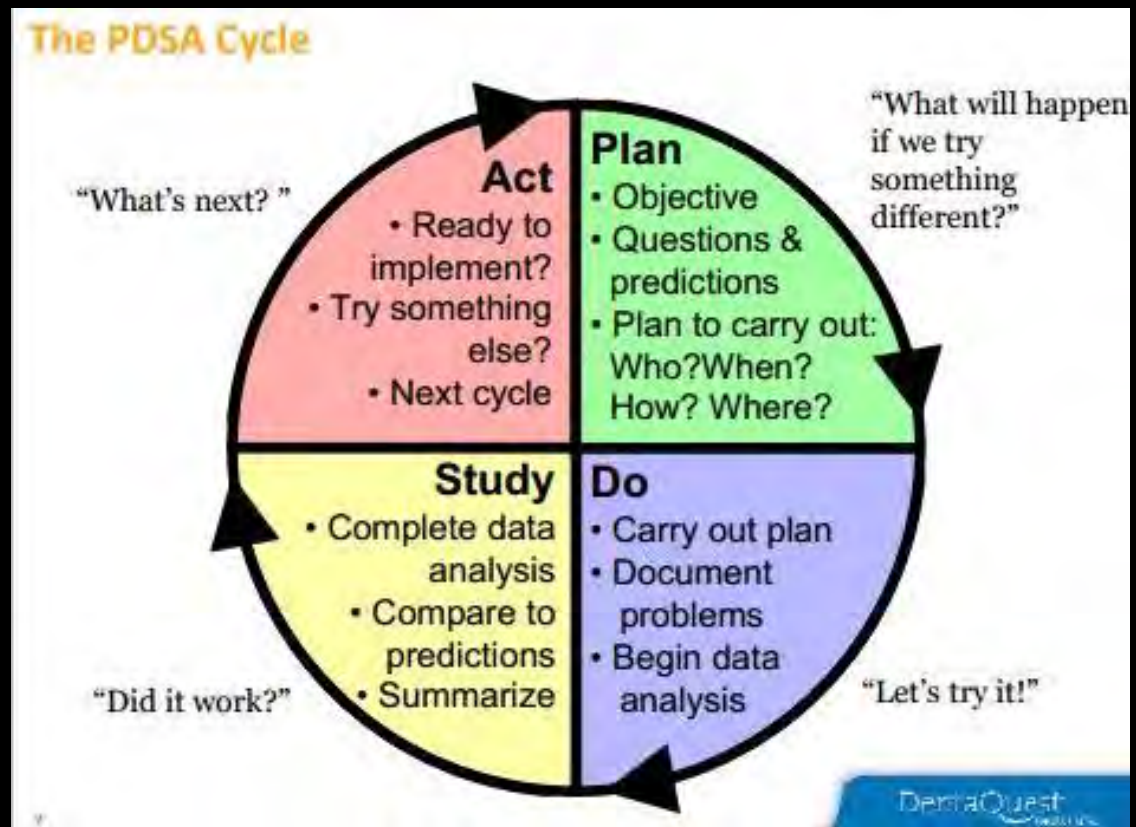
CHANGE



PDSA

PDSA!!!

Test early, often, and
SMALL



- Data used to gauge effectiveness of the change tested
- Focus on single improvement → create small change → evaluate outcome → decide what’s next!

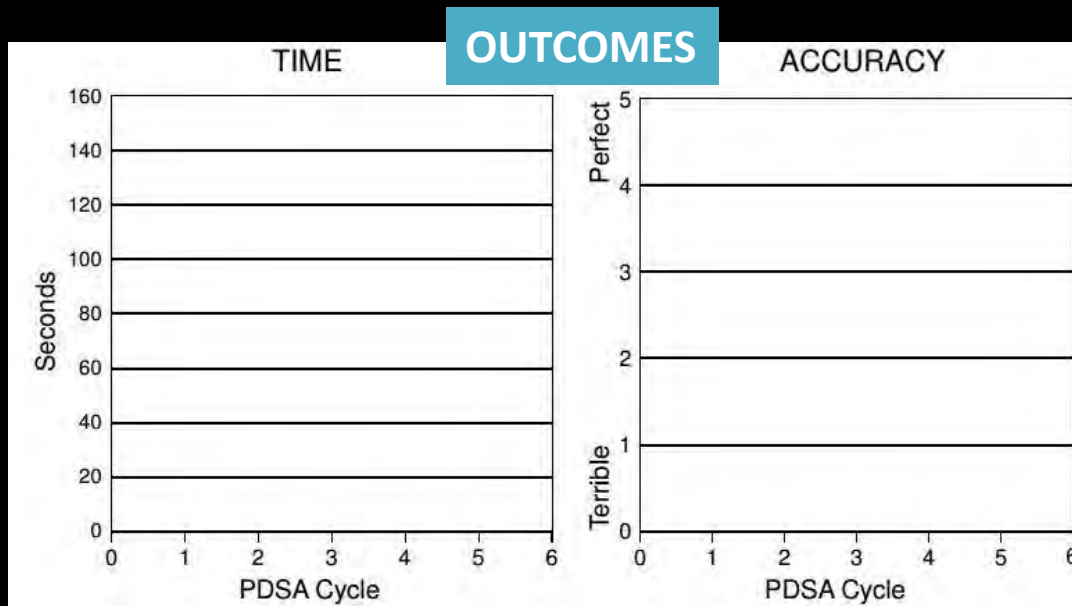
CQI - SMALL GROUP “PDSA” ACTIVITY



- 1) DIVIDE INTO GROUPS OF 5-6 INDIVIDUALS
- 2) SELECT A TIMEKEEPER
- 3) SELECT A RECORDER
- 4) LET'S HAVE FUN!!

MR. POTATO HEAD MEETS YOU “PDSA” ACTIVITY

PDSA DATA SHEET		
TRIAL #	METHOD/THEORY	PREDICTION
1		
2		
3*		



Courtesy of
DentaQuest ECC
Collaborative:
Richard Scoville, PhD

Evaluation of “Quality” and “Efficiency”

- Quality
 - 3: All pieces are on Mr. Potato Head and positioned correctly
 - 2: All pieces are on Mr. Potato Head, BUT, one or more pieces are out of place
 - 1: One or more pieces are not on Mr. Potato Head
- Efficiency
 - Start: When time keeper says “GO”
 - Stop: When assembler(s) indicates the last piece is in place AND removes hand. No additional change can be made.

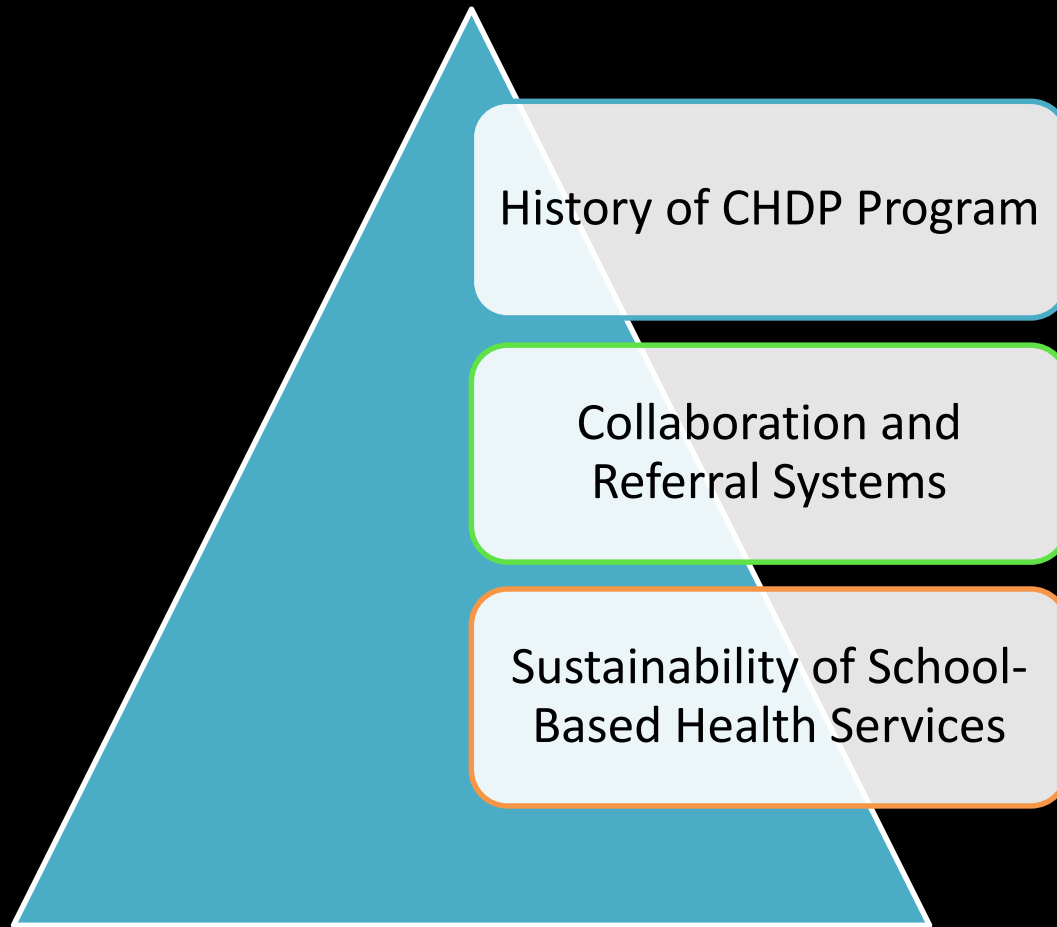




THANK YOU!



Coming up next....
**SCHOOL-BASED HEALTH SERVICES:
EL MONTE CITY SCHOOL DISTRICT**



Mary Borja, RN, FNP, BSN, MSN

SCHOOL-BASED HEALTH SERVICES: EL MONTE CITY SCHOOL DISTRICT

History of CHDP Program

Timeline of Child Health and Disability Prevention (CHDP) Gateway Program



History of CHDP Program

1960s and 1970s

- Assessment only, no treatment
- Collaboration with private medical doctor
- Referrals to free clinics or to county
- Patient responsible for possible payment for assessment



History of CHDP Program

1980s and 1990s

- CHDP providers were usually in school districts or county facilities, very few private. Providers were Pediatric or Family Nurse Practitioners who also worked in the Head Start program.
- CHDP began to open up provider enrollment to private pediatricians and groups. Competition!
- Enrollment into CHDP was made available on line and called Gateway to Medi-Cal.



History of CHDP Program

1990's

- School districts, nurse administrators and nurse practitioners worked collaboratively to develop the **School Health K-12 Demonstration Project**.
- DHS provided a preceptor for our nurse practitioners.
- CHDP changed gears and began to offer follow up and treatment services, **at no cost**, for conditions found on the NP CHDP examination.
- Conditions treated were asthma, dental caries, eczema, cardiac conditions, hearing loss, etc., if identified during the health examination. Dental check ups were not included, only treatment of decay found on the exam.
- As funding became an issue for LAC DHS this program folded, but the EMCSD continued the project under a private provider. Treatment was still provided by CHDP at county facilities, but medication was no longer free.



History of CHDP Program

2000's

- As new insurance and Medi-Cal programs came into being more and more children were being covered for health care needs. Great news for our children!
- CHDP no longer had paid follow up treatment, mostly due to the fact that families obtained Gateway Medi-Cal or other health insurance
- Programs like Healthy Families, Medi-Cal, Healthy Kids, etc.
- Fewer children were falling through the gaps!
- However, some children still did fall!



Present Day

- Today EMCSD has 5 part time school based health clinics. Gidley, Durfee, Jeff Seymour Family Center, New Lexington, Cortada and soon we will have a 6th clinic at Shirpser School.
- Services offered are **well child care**, including all immunizations, **comprehensive dental care**, **optometry** services and **behavioral services**.

What did it take?

- Administrative Support, Administrative Support, Administrative Support!
- Attend board meetings, set up meetings with superintendent and assistant superintendents, principals, etc.
- Provide statistics, reports, to decision makers!

Tell the community why these services are valuable!



What can we do?

- Reach out to community for support. Keep eyes open for opportunities to expand school based healthcare services. Cultivate those relationships. Think that you CAN do it!
- Keep parents in the loop. Provide services they need (check needs assessment) Appointment flyers in every school front office and in every health office ready to use!
- Educate teachers so they utilize the clinic
- Make up flyers for the clinic
- Learn about grant writing, look for opportunities!
- Keep nursing and health staff in the loop at all times and let them know how this will make their job easier. If the health staff feel it will increase their work load, it will not work!
- Minimize use of general funds, but look to Local Control Plan (LCAP) Advisory Committee



How do we work together?

- When students arrive for well check or other medical appointments, they are automatically referred to the WesternU SBOHC. In our school based clinics we apply for Gateway Medi-Cal and make attempts to get the child in for a dental exam utilizing the Gateway Medi-Cal funds.
- When students arrive for dental services at one of the WesternU SBOHCs who has no record of a well check, the family is referred to the school based clinics.
- A common referral form is used between the two agencies facilitating healthcare services. We share phone numbers!
- Data is compiled so it can be identified as to how many students are referred to dental and vice versa.



Collaboration and Referral Systems

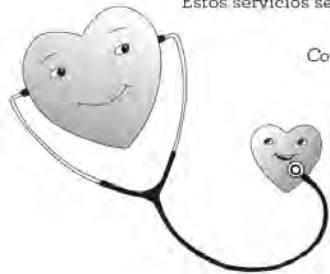
Example of a Clinic Flyer

Servicios de Salud para Niños

Las Clínicas de Salud YA ESTA ABIERTAS!!

Servicios Médicos, Dentales, y Exámenes de la vista para los estudiantes y sus hermanos/as (0-18.)

Estos servicios se ofrecen **sin costo o a bajo costo** para familias que califican.



Contáctese con la oficina de salud y hable con su Enfermera de la Escuela o Asistente de Salud Hoy!

Para las Clínicas Médicas y las Clínicas de Vision llame al:
626-644-8172 o 626-453-3700, ext. 3612

Para las Clínicas Dentales llame al:
626-926-5175 o 909-469-8500

Nombre del niño/a

Fecha

Hora

Traído a usted por EMCSD Servicios de Salud, Western University Colleges of Dental Medicine and Optometry.

**Medical and Dental Services
At Durfee School**

Medical Services Include:

- ✚ Physical Exam
- ✚ Sick Care
- ✚ Preventive Care
- ✚ Vaccinations
- ✚ Consultations

Services by a Family Nurse Practitioner at no cost to you!
*For Children Ages 2-18

Dental Services Include:

- ✚ Exam
- ✚ Cleaning
- ✚ Fluoride Application
- ✚ X-Rays
- ✚ Treatment

Referral services available for more complicated cases.
*For Children Ages 0-18

**For An Appointment
Call (626) 926-5175**
Or go to the Durfee School Health Office

Where do we get funding?

- L.A. Care provides funding for CHDP like services at school based health clinics.
- CHDP funds have remained stagnant and the pool is small.
- Grant money (HRSA)
- United Health Plan (similar to LA Care)
- School general funding, look to LCAP and the LCFF (Be on the committees!)
- Community Partners provide funding for their own services (Western University for optometry & dental)
- Possibly LEA “free care” billing (in the future)

Challenges

- Consistent funding
- Electronic Medical Records
- Working with other medical groups in the community
- Maintaining support from administration and from the community.
- Staying visible!



THANK YOU!



References

- Analysis, Measurement, and Accountability Reporting Division, California Department of Education. (2013). Free and Reduced Lunch Program Information00
- Scoville, Richard. ECC Phase III Collaborative Learning Session 1, October 1-2, 2013.
- Scoville, Richard. PDSA Cycle Feedback, October 3, 2014
- Google images.
- “History of Head Start”. Office of Head Start. U.S. Department of Health and Human Services. July 2014. <<http://www.acf.hhs.gov/programs/ohs/about/history-of-head-start>>



QUESTION AND ANSWER

