New York State School-Based Comprehensive Oral Health Services Project: Collaboration with North Country Children’s Clinic

Jayanth V. Kumar, DDS, MPH
Director, Bureau of Dental Health
New York State Department of Health
Background

• Successful school based models
• Focus on prevention vs. treatment
• Uninsured and underinsured children
• School-based as a “Dental Home”
• Lack of a financing mechanism
• Low level of participation
• Administrative support
  • Space, time, commitment
• Community support
Oral health in a rural county

- Jefferson County - Watertown 27,131 population.
- North Country Children’s Clinic
- 12 Schools, 5,720 K–12 grade
  - Health and dental services on-site (5)
  - Health & dental services available at different sites (3)
  - Health services but no dental services (2)
  - No Health services but dental services on-site (2)
## SWOT Analysis

<table>
<thead>
<tr>
<th>STRENGTHS</th>
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<tr>
<td>Reputation, Experience, Wide range of integrated services, On-site services</td>
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<td>Alliance with Northern New York Health Care Alliance, Receptive School Administration, Experience with MCH Services</td>
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<tr>
<th>WEAKNESSES</th>
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<td>Electronic Medical Records and Implementation</td>
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<td>Lengthy Enrollment Forms, Transportation</td>
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<td>Complex Payment Structure for Self-Pay Patients, Understaffing,</td>
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<td>Lack of “at-risk children” parental engagement, Dental and health services are not always co-located; thereby making integration and service coordination challenging</td>
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<th>OPPORTUNITIES</th>
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<td>Local School Districts Buy-In, Support of Dental Community, EMR Dental Health Certificate law, Staff Kindergarten Registrations and Open Houses, Military Families and Communities, Ease of Marketing, Integration</td>
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<td>“Putting the mouth back in the body” is difficult, Parents are not engaged, Program Sustainability, Recruiting Dentists, Lack of Parental knowledge</td>
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Progress

• Leveraged funds to expand dental services in 3 schools (900 students).
• Transitioned to a single enrollment form for school health and dental services.
• Focused on policies:
  • Encouraging families to enroll in the SBHC
  • Promoting health and dental as one entity
  • Improving knowledge of preventive dental services among families and school staff
Progress

• Developed a referral system for health and dental services
• Promoted enrollment
• Shifted marketing approach from a NCCC health care centered approach to a school centered approach
  • Using marketing materials designed with school specific colors, a backpack logo and a more subtle NCCC logo than previous years.
• Provided data collection training to improve the ease of collecting and reporting data to track quality indicators
• Incorporated data needed by the SBHC dental program into the electronic record
Challenges

• Restructuring of NCCC
• Dental workforce shortage
• Space limitation
• Limitations in data collection & management
• Staff vacancies
• Evaluation expertise
Project: Benchmark integration progress

1. Delivery-System Design

✓ SBHC advisory committee  - Met

✓ Policies, plans, and operating procedures are standardized  - Partially Met

✗ All health records are shared with all SBHC staff.
  - School health records are not yet electronic

✗ Delivery of primary health care is provided using an integrative approach  - Not yet met
Benchmark integration progress: **Difficult to measure**

2. Interdisciplinary Care

- **All health professionals**
  - understand and appreciate the value of oral health and oral health care.
  - conduct comprehensive health screenings and risk assessments.
  - provide anticipatory guidance; and make referrals.

3. Education And Self-Management

- **Are key components of individual health care plan**
- **Community is informed**
Benchmark integration progress: Partially Met

4. Sustainability

✓ Standard operating procedures include reimbursement from public and private insurers and other payers.
✓ Continuous quality improvement (CQI) plan addresses the integration of all health care
✓ Work force development and utilization is efficient and effective.
Questions?

jvk01@health.state.ny.us