School Dental Sealant Programs: Gap Analysis

PURPOSE

The Centers for Disease Control and Prevention recommend two interventions to reduce cavities in a community: 1) Community water fluoridation and 2) school dental sealant programs. School dental sealant programs reduce cavities by 50%. Many programs in Oregon are working diligently to provide these services. These are some of the successes and challenges they are experiencing.

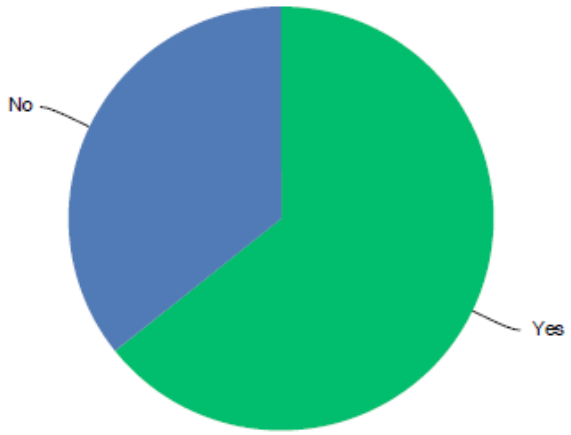
Prepared by the OrOHC K-12 Committee

Note: Questions 1, 2, and 3 requested personal identification; Answers were omitted from this document.

School Dental Sealant Programs: Gap Analysis

Q4 For students triaging as a "1," do you help to find further care?

Answered: 28 Skipped: 1

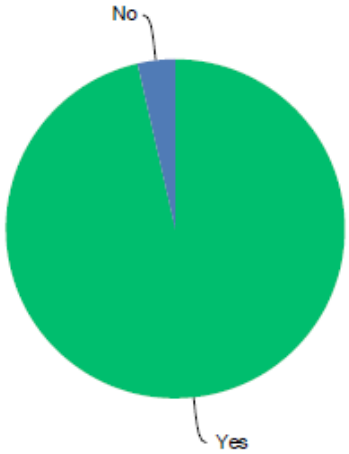


ANSWER CHOICES	RESPONSES	
Yes	64.29%	18
No	35.71%	10
TOTAL		28

School Dental Sealant Programs: Gap Analysis

Q5 For students triaging as a "2," do you help to find further care?

Answered: 28 Skipped: 1

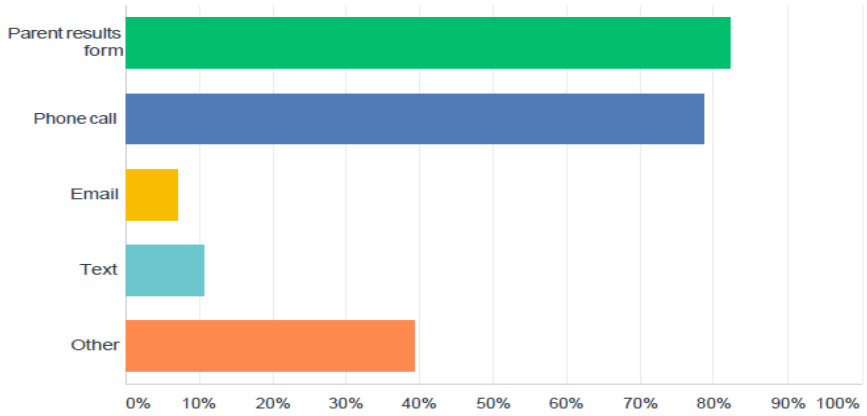


ANSWER CHOICES	RESPONSES	
Yes	96.43%	27
No	3.57%	1
TOTAL		28

School Dental Sealant Programs: Gap Analysis

Q6 How do you notify parents if a student needs further care?

Answered: 28 Skipped: 1



ANSWER CHOICES	RESPONSES	
Parent results form	82.14%	23
Phone call	78.57%	22
Email	7.14%	2
Text	10.71%	3
Other	39.29%	11
Total Respondents: 28		

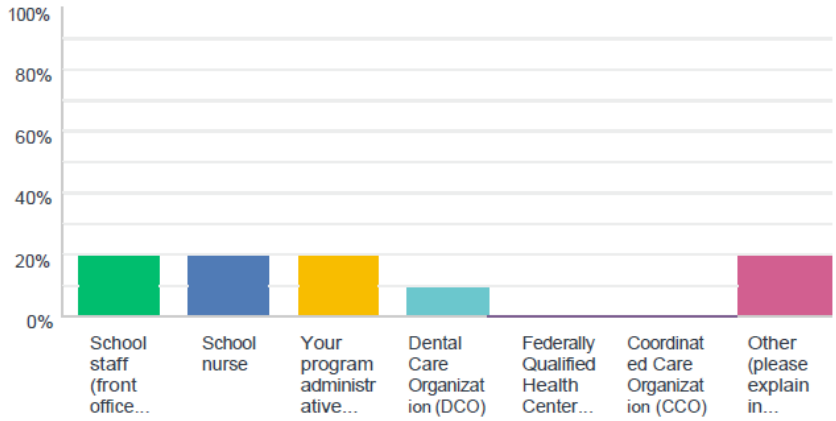
Notifying parents

- Send a letter home if we are not able to connect with the guardian.
- School is notified and they also try and assist in the process to get the care needed asap. If barriers are encountered, we attempt to help with that process.
- We send a results form home, make at least 3 phone calls to get them into an appointment, notify the DCO, and send a letter to the home if the calls are not successful.
- The school nurse contacts the family and refers them to [our] Clinic if the family requests for additional assistance.
- All parents of students that are screened receive a "parent results form" regardless of their results. Those with need for follow-up care are contacted by phone.
- Letters.
- The parent results forms have my number on them. I also call usually the day of, and until I make contact. In some situations, I text, or contact other people that may be able to help me contact the parent. A summary goes home at the end of the week to let parents know the results of our screening, what work if any was done and if work remains.
- Communication directly from school nurse.
- School nurse calls on Level "2," writes additional letter on level "1." DCOs contact parents per referral.

- Some schools have staff that will also follow up with a phone call to try and get enough consent forms to schedule a dental van.
- Most schools still rely on phone, voicemail.
- School nurse is notified.
- Every student receives a "Report Card" that is sent home. If child is a "2" then we will follow up with a phone call.
- If we cannot get a hold of the parent via phone, we send a letter to their home address, and also notify and send the letter to the school to send home with the child.
- By School Care Coordinator - Home visit.

Q7 Who is the first person notified (other than parent) about treatment needs?

Answered: 28 Skipped: 1

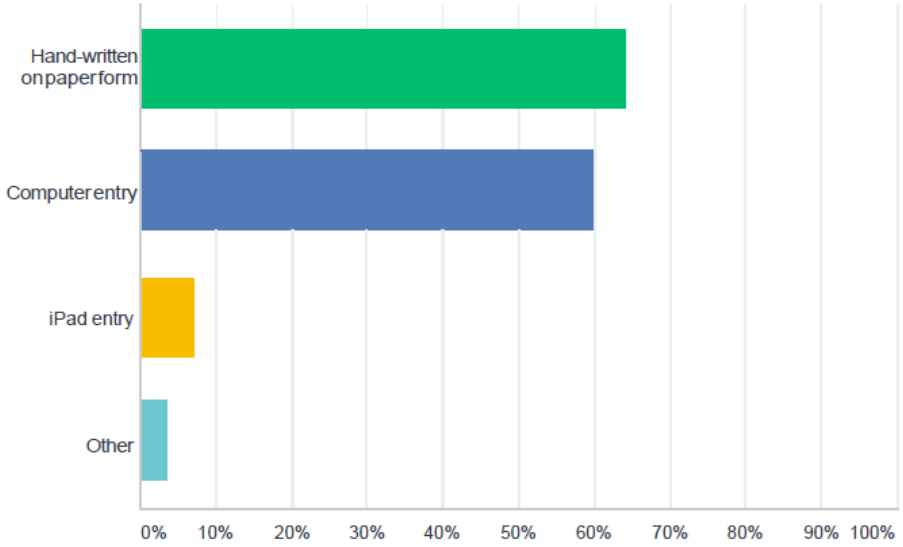


ANSWER CHOICES	RESPONSES	
School staff (front office, teacher, counselor, health aide, etc. - not school nurse)	21.43%	6
School nurse	21.43%	6
Your program administrative staff	21.43%	6
Dental Care Organization (DCO)	10.71%	3
Federally Qualified Health Center (FQHC)	3.57%	1
Coordinated Care Organization (CCO)	3.57%	1
Other (please explain in comments)	17.86%	5
TOTAL		28

School Dental Sealant Programs: Gap Analysis

Q8 How do you collect data?

Answered: 28 Skipped: 1



ANSWER CHOICES	RESPONSES	
Hand-written on paper form	64.29%	18
Computer entry	60.71%	17
iPad entry	7.14%	2
Other	3.57%	1
Total Respondents: 28		

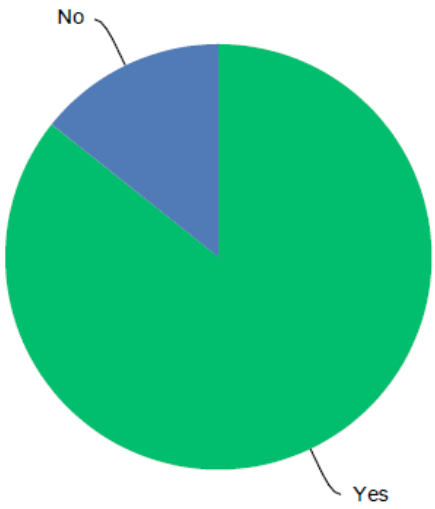
Collecting data

- Our hygienists fill out paper charts and staff enter in all required data pulled from Epic for reporting purposes.
- Paper form on site, then enter into a computer back in the office.
- Results are initially recorded in an iPad, but then transferred to an Excel spreadsheet for further collection and manipulation.
- Dental software.
- The hygienist collects it both ways. She gives me the hand-written copy.
- We hand-write everything while on site in the school. We then transfer everything into Epic.
- Results are logged into computer, and paper copy shredded.
- We used to use iPad, but not currently.
- We are transitioning to full electronic data entry this year.

School Dental Sealant Programs: Gap Analysis

Q9 Can you determine if a student has Medicaid or private insurance?

Answered: 28 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	85.71%	24
No	14.29%	4
TOTAL		28

Experiences determining Medicaid or private insurance coverage

- [Several programs reported MMIS difficulties arising from: Child's name misspelled, incorrect or incomplete date of birth, different last name (mom's instead of dad's or vice versa), or if they have multiple last names and only report one but the system uses another.]
- We are only able to access which students have OHP. The clinic office staff checks eligibility on-line for insurance type/status.
- If there are any difficulties with the patient information, the program coordinator contacts the school directly to gather the correct information.
- We ask for that information on our consent forms. We also have access to Synergy for reference as well.
- Our program can identify if Medicaid. It is easier if they are a member [of our DCO] as the ability to search isn't as difficult due to not needing the specific identifiers needed within MMIS. We can access other CCO platforms to assist in identifying if other DCOs as well, if we can access MMIS to determine CCO.
- MMIS [through our CCO] portal and information parent provides.

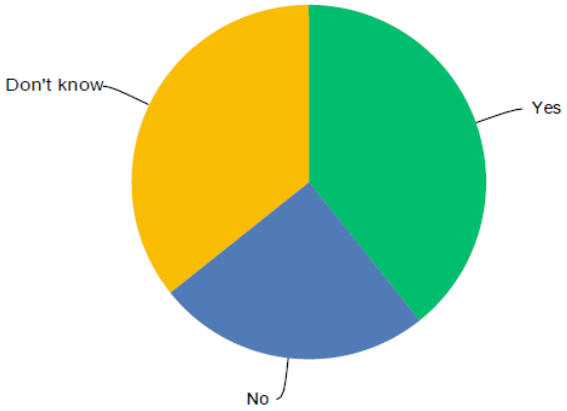
- We cannot tell if they have private insurance - only Medicaid.
- Each program checks before doing sealants.
- Not specifically private or which private. We can determine Medicaid enrollment through MMIS.
- We can look online to see if the child is enrolled in the Oregon Health Plan.
- If entered on the student consent form, we access the insurance information on-line.
- We have an option for parents to mark on the consent forms, along with our hygienists who have access to ADIN (a Medicaid database).
- We only have access to some sites so we can only look up certain private insurances.
- We have access to two Medicaid databases - CIM and MMIS. The only information we have is what is on a one-page consent form.
- Only if Medicaid, not private insurance.
- Because we are not a provider and charge no fee to families.
- I have no idea on how to access private insurance ... Could you help me?
- We do not ask for any financial or insurance information on our permission slip forms.
- Parents do not fill out forms completely so that we can identify insurance.

Note: Questions 10 and 11 pertained to Yes or No responses to Q9; All answers were provided in text.

School Dental Sealant Programs: Gap Analysis

Q12 Do your schools work with Medicaid "Assisters"?

Answered: 28 Skipped: 1

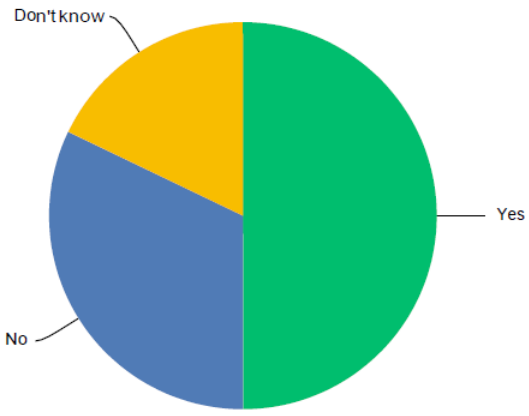


ANSWER CHOICES	RESPONSES	
Yes	39.29%	11
No	25.00%	7
Don't know	35.71%	10
TOTAL		28

School Dental Sealant Programs: Gap Analysis

Q13 Has your program worked directly with Medicaid "Assisters"?

Answered: 28 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	50.00%	14
No	32.14%	9
Don't know	17.86%	5
TOTAL		28

Experiences with "Medicaid Assisters"

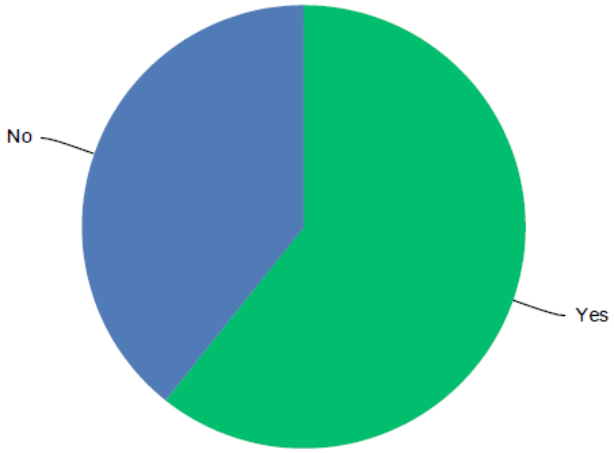
- We have in-house OHP Eligibility Workers, so it makes the process easy when needed.
- We have our own Medicaid Assisters that work with the families we are in contact with.
- EPDHs refer to local assisters.
- The referral coordinator in our program is a certified OHP Assister, which makes coordination around insurance issues or applying for OHP more efficient.
- Partnering with community assisters works well with families and removes barriers families are experiencing in getting through application process. Better follow-up after acceptance to help families navigate to their assigned dental home is greatly lacking.
- [We have our] schools contact [our Community Health Center] dental care coordinator to start the referral process. They have Medicaid Assisters and will help families enroll.
- I set them up with an Assister in order to enroll. I recently went to a training to become an Assister myself and would like to follow through with it when I get extra time.
- Some schools/districts have someone who works with families as a Medicaid Assister which is very helpful as we don't have the capacity to do this.
- It is hard to schedule but if we work together it seems to get done.
- We have Eligibility Assistants as a part of our FQHCs and they help with that.
- [Our Community Health Center] assists all patients and our "go home" forms have contact information as well.
- [Our Health Department] has an oral health Medicaid Assister.
- We call our [own, non-profit clinic] Assisters and schedule an appointment.
- We refer individuals, when applicable, to the FQHCs which have Assisters. We are also in the process of training and certifying two of our own staff to be Assisters to directly help without referring out.

Note: Question 14 pertained to Yes or No responses to Q12 and 13; All answers were provided in text.

School Dental Sealant Programs: Gap Analysis

Q15 Do you have difficulty accessing further (restorative) care for students?

Answered: 28 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	60.71%	17
No	39.29%	11
TOTAL		28

Experiences accessing restorative care

- If the patients are not assigned to us on OHP, it is harder to track and refer.
- We do not have trouble if they are a patient we can see at our clinic. However, if they have private insurance, it can be difficult to confirm they have set up and attended their appointments.
- The difficulties are around specialty referrals or pediatric dentists that accept OHP, which are far and few between. Other difficult barriers to overcome are when a student in need has a family with other immediate psychosocial needs and would benefit from case management. DCO care coordinators should have a more active and involved role with these families.
- Lack of dental services sometimes make extensive care hard. Our dentists still refer out to Portland for oral surgery or the more involved pediatric services which can be a barrier to care; for extensive oral care we refer to oral specialists in the Valley. Very few take OHP.
- We have encountered several barriers, but it's my job to break them. The hospital and local dentists do whatever they can to help students access care.

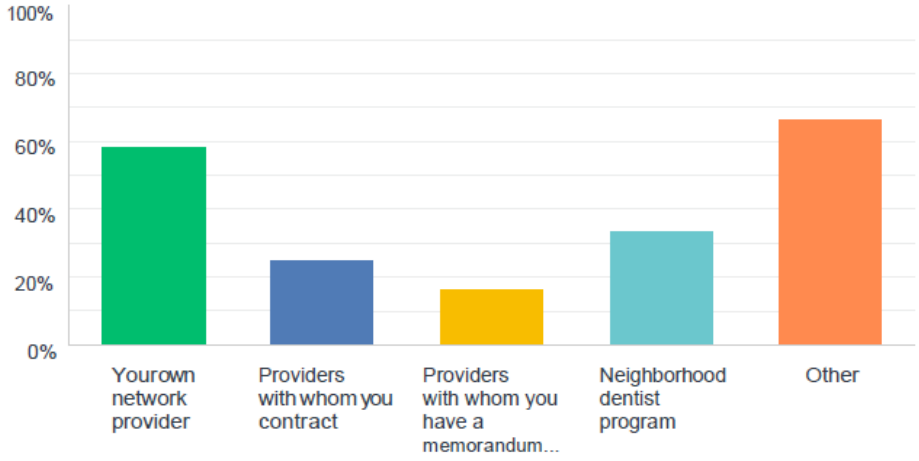
- We send home notifications on the day of the screenings with the students and we send home follow up letters to the students' homes. But for the students that are not patient of record, we do not know if they are getting the follow up care that they need.
- If we are unable to finish a student's restorative care, we find that they often don't follow through with treatment. Most cite difficulty in getting an appointment as the reason.
- Some of our patients do not have insurance or the finances to seek treatment. We use our Community Health Workers to help with that.
- Depends on the location and parent engagement. Parent engagement is usually the biggest challenge.
- The waiting lists for the DCOs are quite long. Parents have difficulty getting timely care.
- If a patient is uninsured and do not qualify for OHP, it is often difficult to connect them to a dentist due to financial reasons. We have referred to "free dental days" that occur periodically in our county and have given lists of dentists in town.
- Especially for kids in [our] county, parents can be a barrier to get them seen even at a school-based setting, having enough kids sign up to bring in a dental van, and coordination between multiple organizations for multiple schools can be difficult and confusing.
- This is a fairly common complaint among oral health screeners. Delayed access for exams with treatment.
- Although referral and coordination of restorative care has improved significantly, there continue to be some difficulties. Contacting and coordinating with families and transportation are the most common barriers I am aware of.
- We don't have pediatric dentists and the wait time is long.
- Because our wait times are long in our clinic and we have no follow up if they are not being seen by us (if they have an outside provider).

Note: Question 16 pertained a Yes response to Q15; All answers were provided in text.

School Dental Sealant Programs: Gap Analysis

Q17 Who provided further treatment?

Answered: 12 Skipped: 17

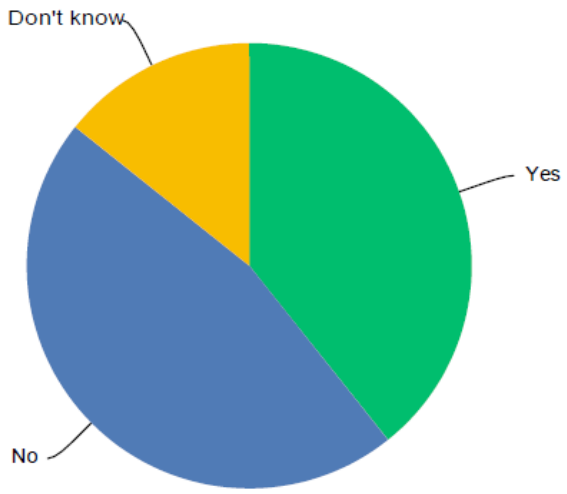


ANSWER CHOICES	RESPONSES	
Your own network provider	58.33%	7
Providers with whom you contract	25.00%	3
Providers with whom you have a memorandum of understanding or written agreement	16.67%	2
Neighborhood dentist program	33.33%	4
Other	66.67%	8
Total Respondents: 12		

School Dental Sealant Programs: Gap Analysis

Q18 Have you used a transportation service?

Answered: 28 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	39.29%	11
No	46.43%	13
Don't know	14.29%	4
TOTAL		28

Experiences with transportation services

- If the patient has OHP they can arrange this with their CCO. It can be challenging in the patient is not aware of the system rules or if the parent has multiple children and is the sole caregiver. Transportation programs will usually only transport the patient and a parent.
- This would be handled on our main clinic side. I'm not aware of patients needing that assistance if it was provided.
- [DCO] provides transportation service information when necessary.
- We have used Ride to Care, which is a transportation service for Medicaid recipients. It is very useful and helpful, but the pick-up times can be very delayed and inconsistent. Parents are required to accompany minors with this transportation as well and this does not address the barrier in which parents are not able to miss work or don't have childcare for the other children.
- 10 years ago, we received funding to purchase a passenger van for the HDSC; we are regularly able to check students out of school for their appointments with us or transport them to partnering specialties. During the summer months we provide transportation from

the family home.

- Dial a Ride, local bus services.
- Only those with Medicaid, through the CCO's contracted provider. Difficulties with coordinating but not too difficult.
- I have helped people set up with Ride to Care. If that isn't an option, we've offered our own transportation program or looked into bus routes. I have experienced problems with restrictions, like only allowing one kid in the car. Sometimes we run into issues with timeframes and trying to get students help ASAP.
- The school district directly provides transportation.
- RideLine for those who have OHP; successful experiences.
- We provide RideSource information on our "go home" sheets. The nurses also assist with transportation in some cases. 4J buses kids to LCC for further care as well.
- The CCO has a transportation service for those with OHP under them.
- I think many do not know that transportation for Medicaid-covered clients is a benefit available to them.
- The nurses sometimes transport the students.
- Through the foundation, we have a program called The Children's Health Care Fund and parents are able to apply for travel assistance if needed.
- Some Care Coordinators provide transportation.