Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS
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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
Name: Stephen Zuccarini **Title: COO** **Agency/Organization: Special Smiles, Ltd.** **Address: 2301 E. Allegheny Avenue, Suite 202** **Philadelphia, PA 19134** **Phone: 267 639-6250** **Email Address: s.zuccarini@specialsmilesltd.com**

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Special Smiles, Ltd – Assuring Access to Dental Care for persons with Intellectual/Developmental Disabilities in Medicaid Managed Care

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
Check one or more categories related to the activity.

"X"	
	Assessment
X	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
x	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
x	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.
OH-07 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
DH-01 Reduce the proportion of adults with disabilities who delay preventive care because of cost
OH-10 Increase the proportion of children and adolescents who have dental sealants on 1 or more molars
OH-09 Increase the proportion of low-income youth who have a preventive dental visit
OH-03 Reduce the proportion of adults with active or untreated tooth decay
OH-05 Reduce the proportion of adults aged 45 years and over who have lost all their teeth
OH-06 Reduce the proportion of adults aged 45 years or older with moderate and severe periodontitis
OH-01 Reduce the proportion of children and adolescents with lifetime tooth decay
OH-02 Reduce the proportion of children and adolescents with active and untreated tooth decay
OH-04 reduce the proportion of older adults with untreated root surface decay

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:
Philadelphia, special needs dentistry, Medicaid, persons with disabilities, inclusive dental, access to care: adults and older adult services, access to care: individuals with special health care needs, prevention: adults and older adults oral health, prevention: individual with special health care needs

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

Lack of access to dental care is a common problem for people with Medicaid, whether they are covered by traditional fee-for-service programs or by managed care. For people with ***developmental disabilities*** who are covered by Medicaid, access to dental care is even more restricted. This situation was recognized at a 1999 state dental summit in Pennsylvania and led to a recommendation that a specialized dental clinic be established to serve Medicaid recipients with severe disabilities. The target population would be patients whose disabilities prevented having their dental care in a dentists' office due to maladaptive behaviors and physical limitations requiring sedation or general anesthesia for treatment.

With the technical assistance of the state Medicaid agency, three managed care programs in the Philadelphia area contracted with a private dental practice to establish a program called Special Smiles, Ltd. This program has a state-of-the-art outpatient dental facility and can provide patients full mouth rehabilitation under general anesthesia. The program maintains a recall system for continued comprehensive care establishing a dental home for patients. In addition, Special Smiles provides education and outreach to parents, patients, and direct care staff on the importance of daily oral hygiene and the need for routine professional dental care. The original program goal was to complete full mouth rehabilitation for 1,000 individuals annually. Now in its twentieth year, Special Smiles is meeting the goal serving approximately over 2,000 patients per year. In almost twenty years of operation, Special Smiles has provided over 35,000 full mouth rehabilitation procedures.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

Complete using **Arial 10 pt.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

   The impetus for the establishment of the Special Smiles program was a 1999 Statewide Dental Summit that brought together stakeholders representing legislators, advocacy groups, dentists, and managed care organizations (MCOs) to discuss access to care for underserved populations.

   Following the dental summit, a regional Oral Health Task Force was convened to discuss follow-up strategies. During these Task Force meetings, the idea for a special needs dental center was presented, and the proposal was later developed and presented to the MCOs for a two-year pilot program. Special Smiles, Ltd**.**, a private practice able to provide dental treatment under general anesthesia in an outpatient dental facility, opened in September 2001, and has been operational for the almost twenty years. See Special Smiles website.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

   The Special Smiles program is a specialized dental clinic for persons with severe disabilities covered by Medicaid and is needed due to inadequate access to care for people with special needs and for Medicaid clients.

   People with severe disabilities present special challenges that create barriers to care. Individuals with special needs often have difficulty obtaining treatment in the dental office due to physical limitations or aggressive behavior. Many dentists do not have the training or clinical experience to manage and treat patients with special needs. When patients lack the ability to cooperate in their treatment, it often becomes necessary to treat them under general anesthesia in the hospital operating room. However, access to operating room care is often limited due to high cost, limited accessibility for dental procedures, inadequate reimbursement, and the dentist's reluctance and/or lack of training to treat patients in the hospital setting. The creation of the Special Smiles program was a response to the failure of Pennsylvania's Medicaid program to provide adequate access to care for people with severe disabilities. Historically, dental care in Medicaid was provided on a fee-for-service basis in Pennsylvania. However, in 1997, the HealthChoices Program, Pennsylvania's mandatory managed care programs for Medical Assistance recipients, was implemented and despite concentrated efforts to recruit additional dentists, the program encountered the same access to care problems that existed with the traditional fee-for- service.

   Under the managed care system, the state has different options for providing dental services for its Medicaid recipients. Dental care can be provided as a benefit by the medical MCO or it can be sub-contracted to an independent dental plan. Alternatively, the dental program can be "carved out" of the managed care program in voluntary managed care zones and be provided under the traditional fee-for-service program (seen in areas of Pennsylvania serving more rural populations). It is widely held that by using the managed care system, the state can address access problems for special populations through innovative approaches, such as the creation of the Special Smiles program. Although Medicaid managed care arrangements offer the potential to address access barriers inherent in the dental fee-for-service system, studies indicate that problems remain.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

Even before the 1999 Dental Summit, state and local activities were taking place that would lay the groundwork for the Special Smiles program. In 1997, the state Medicaid agency – the Department of Human Services (DHS), Office of Medical Assistance Programs – implemented the first mandatory managed care program in the Southeast Zone (Philadelphia area) of the state. As a result, three Medicaid MCOs began serving enrollees; and these are the organizations that eventually contracted with Dr. Mark Goldstein and Dr. Philip Siegel of Pediatric Dental Associates to establish the Special Smiles program. This Philadelphia-based pediatric dental group had a well-established track record of implementing successful programs (e.g., the dental group established a Pediatric Dental Residency at the Episcopal Campus of Temple University and the residency grew from two graduate dental residents to over 15 in ten years achieving full accreditation). In 2000, additional space became available on the Episcopal Campus, which was used to open the Special Smiles facility. In 2015 the Pediatric Dental Residency and Special Smiles, Ltd. relocated to Commonwealth Campus in the Port Richmond section of Philadelphia

The sections below follow a logic model format. For more information on logic models go to: W.K. Kellogg Foundation: Logic Model Development Guide

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Inputs

Initial program planning:

At the state level, leadership for moving the program from the conceptual to the operational stage was provided by the Department of Human Services (DHS) and the Southeast Zone Managed Care Organizations. A proposal was developed by Dr. Mark Goldstein outlining the concept of a contract among the Department of Public Welfare (DPW}, the Philadelphia area Managed Care Organizations (MCOs), and the provision of care by a new organization - Special Smiles.

The contracting phase required negotiation and agreement between Special Smiles and all the MCOs operating in the southeast managed care zone. A global budgeting process was used, whereby each of the MCOs contributed a share of their state managed care funds to the Special Smiles project, based upon a pro rata market share of covered members. Service agreement contracts were developed to address such issues as the level of service to be provided by Special Smiles and the responsibilities of the MCOs and the DPW. The DPW then reviewed the contracts to ensure compliance with Health Choices mandates.

Initially, the relatively few individuals covered by fee for service directly through the state (not through the MCOs) were not included in the service contract. Because this group needed services, a separate service agreement contract was added at the end of the second year.

At Special Smiles, contract oversight, program planning and implementation, staff hiring, and administrative process development was the responsibility of Emilee Langer, Executive Director. The partners at Pediatric Dental Associates, Dr. Mark Goldstein and Dr. Philip Siegel provided venture capital for construction and initial expenses prior to the clinic opening, no money was collected from the state or the MCOs until patient care was delivered.

Patients:

Special Smiles serves people with special needs ages eight and older, with intellectual, physical and/or emotional disabilities whose routine dental care may not be completed without sedation in a traditional dental office setting. Approximately 68% of Special Smiles patients live in the community in supported living arrangements and 15% live with parents. Another 18% live in Intermediate Care Facilities for the Intellectually Disabled. Over 60% of patients have severe to profound disabilities with complex medical histories.

Patients must be enrolled in Pennsylvania's ACCESS Program (Medicaid fee-for-service) or enrolled with one of the MCOs in the mandatory managed care area of the southeast zone. Patients are referred to Special Smiles from a variety of sources which include the special needs units of the MCOs, DHS, traditional dental practices, and more than 150 support agencies located in eight counties surrounding the Philadelphia area.

Facility:

The dental clinic is located at the Commonwealth Campus on Allegheny Avenue in the Port Richmond section in Philadelphia. The facility's physical space is approximately 1,700 square feet including three outpatient operating rooms equipped to provide general anesthesia, an examination room, recovery room, administrative offices, and waiting areas.

Staff:

Special Smiles employs a professional team of general dentists, anesthesiologists, recovery room nurses, hygienists, dental assistants, and auxiliary staff. Special Smiles currently employs three full-time general dentists and two part time general dentists, six registered nurses (full and part-time), and seven auxiliary staff. Special Smiles contracts with an anesthesia group on a full-time basis for the provision of all anesthesia services.

Each dentist at Special Smiles has completed advanced education in general dentistry or completed a general practice residency, with a focus in special needs dentistry as well as holding Advanced Cardiac Life Support (ACLS) certification. The program's nursing staff has an average of 15 years of post-operative anesthesia care experience, and their role is pivotal in assessing pre- and post-operative patient health status. The COO and Practice Administrator joined the organization in 2016. They bring more than 20 years of experience working within the managed care delivery system for both commercial and medical assistance clients.

This depth and breadth of knowledge of the entire staff has proven essential in the development and execution of the Special Smiles program.

Development of clinical protocols and administrative processes:

Clinical protocols and administrative processes were developed by the Special Smiles COO and Practice Administrator and owners/dentists with input from other dentists with experience in treating people with special needs.

Clinical protocols were developed including:

- Pre-operative assessment for general anesthesia in an outpatient setting.
- Post-operative re patients with ID/DD.

Administrative processes were developed including:

- Advance consent for dental care, extractions, and general anesthesia.
- Patient scheduling/appointment tracking for outpatient surgery.
- Nothing by mouth (NPO)/ compliance instructions for outpatient surgery.

Financial inputs:

Pediatric Dental Associates provided the start-up capital for the dental clinic renovations and to cover the personnel costs required for start-up; no public funds were used. Ongoing operational funding is provided by the contracted MCOs and DHS per the service contracts, using a claim billing mechanism to capture encounter and treatment data.

Special Smiles is a for-profit model, and as such does not receive financial support from outside agencies, foundations, or other private grants. Approximately 98% of patients are covered under some form of Medicaid fee for service or managed care payment. Individuals who are not covered by Medicaid are offered a discounted case rate payable in full on the date of service. For those patients with commercial insurance, Special Smiles attempts to contract on an exception basis for care at the standard case rate, however, in the event the request is denied, the patient/caregiver is asked to pay the discounted case rate in full.

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Activities

Patient evaluation prior to OR visit

Each new patient is required to attend an evaluation appointment prior to scheduling the full mouth rehabilitation at Special Smiles. The attending dentist, nursing team and the anesthesiologist determine the patient's needs based on a review of lifetime medical/medication history and written consent is obtained before treatment begins. The attending dentist or anesthesiologist orders lab tests based on health history and in compliance with accepted American Society of Anesthesiologists (ASA) guidelines for treatment in an outpatient setting. These include, but are not limited to blood work, EKG, seizure medication levels and/or a request for anesthesia clearance from another specialist. More information about ASA can be reviewed at www.asahq.org.

Patients and their caregivers must obtain the following information prior to the scheduled appointment:

- Health and Physical Form completed by a Primary Physician within 60 days of the scheduled appointment confirming patient is healthy enough for general anesthesia.
- Completion and written results of any blood or lab tests.
- A legal parent or guardian must sign consent forms for dental treatment, extractions and anesthesia before treatment.

Patient scheduling for the OR visit:

Each patient is scheduled for at least two appointments. The first visit serves as a screening and evaluation which allows the dentist to review health history, to observe behavior or physical characteristics, and to order appropriate pre-operative testing. The second visit is for comprehensive oral rehabilitation, and the visit may last between two to six hours. Direct care staff (the patient's attendants) are asked to remain in the building for the duration of the appointment. Special Smiles operates five days a week.

The administrative process that leads to successful appointments is labor intensive, due largely to the amount of pre-operative assessment required for general anesthesia clearance. The average appointment requires a minimum of 10 action steps to complete the paperwork in full and this number does not vary greatly between new and recall patients because of complex medical histories commonly found among the special needs population. The administrative process can be

further complicated by high appointment cancellation rates. One of the reasons for cancellation may be attributed to the turnover of caregivers. In many cases, the caregiver for individuals living in community or group home settings is different from year to year, creating a need to re-educate personnel about Special Smiles and its pre-operative requirements

Comprehensive Oral Rehabilitation in the Operating Room (OR):

Approximately 98% of Special Smiles patients receive comprehensive oral rehabilitation under general anesthesia, with the remaining 2% completed using IV anesthesia.

Comprehensive oral rehabilitation includes the following dental services: intra-and extra-oral examination, full mouth X-ray series, cleaning, fluoride application, amalgam and composite restorations, anterior endodontics, periodontal scaling and root planning, minor oral and periodontal surgery, and extractions. Services were expanded to include endodontic treatment on anterior teeth in the second year of the program, however, it should be mentioned that a decision to complete endodontic treatment is at the discretion of the attending dentist and is based on the need to restore function rather than pure aesthetics.

Some patients do not meet treatment guidelines for obtaining care at Special Smiles. This includes both patients whose medical condition or treatment needs are too complex for treatment at Special Smiles, as well as patients who are likely to be treated successfully in a typical office setting and do not require the specialized services offered by Special Smiles. Patients are referred to their MCO Special Needs Unit or DPW for alternative treatment settings.

Recall visits:

To help patients maintain good oral health, everyone is scheduled for a recall examination, cleaning and treatment annually. Recall visits require general anesthesia similar to the initial comprehensive oral rehabilitation; however, at least 60% of patients demonstrate improved oral conditions on recall. Patient compliance with the established recall regimen is approximately 70% when compared to a private dental practice which sees closer to 90% of patients on recall.

Within the Special Smiles population, a normal amount of patient attrition can be explained for a number of reasons. For example, more than 50% of people who do not return for a recall visit have a dental home for routine care with another community provider. Another 22% of people who do not return for recall have health conditions that are not suitable for general anesthesia in an outpatient setting. Other reasons that people do not return for recall include patient relocation, distance of travel, and patients having passed away. This attrition accommodates new patients without having to increase appointment wait times.

Oral hygiene training for direct care staff:

A major preventive aspect of the program consists of providing oral hygiene training for direct care staff, including parents and homes and Intermediate Care Facilities for the Mentally Retarded (ICF/MR) settings. Special Smiles staff, usually the Practice Administrator, schedules visits. Training staff include the Practice Administrator, dentists, dental assistants, and nurses.

The prevention skills taught include oral hygiene techniques (tooth brushing and flossing); diet to reduce sugar intake; oral screening to detect problems at an early stage; oral cancer screenings for edentulous patients and instruction on how to refer patients to Special Smiles or other dental providers. During the past twenty years, more than 4,000 direct care staff received this training, with an average of 200 direct care staff receiving training per year. Additionally, a comprehensive training module was incorporated as part of staff training by Philadelphia Coordinated Health Care (PCHC).

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

Outputs

Dental care utilization:

The provision of dental services is the most important output of the program. Over the nearly twenty - year history of program operation (September 2001 through February 2021), Special Smiles provided comprehensive oral rehabilitation for over 35,000 new and recall patient visits.

Training of direct care providers:

The training of direct care providers was initiated in project year 2002; and to date, over 4,000 care providers have been trained. Approximately 200 direct care providers are trained in a typical year with the following breakdown:

- 40% providers in group home arrangements
- 35% providers in ICF/MR
- 20% parents
- 5% other

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
    a. How outcomes are measured
    b. How often they are/were measured
    c. Data sources used
    d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Outcomes

Improved access to dental care:

A major outcome of the project is the improvement of access to dental care for one of the region's most underserved segments of the Medicaid population. Prior to the opening of Special Smiles, the MCOs and the state Medicaid agency received frequent complaints from parents and caregivers about their inability to find a dentist who would or could treat the person with disability. Often the few hospital-based appointments that were available required a waiting list of nine months or longer. Since the opening of the Special Smiles clinic, complaints have been drastically reduced for individuals who require anesthesia for services. However, problems remain for higher functioning individuals with special needs due to the limited number of community-based dental offices that are available to treat people with special needs and who accept Medicaid. Efforts are ongoing among the regional task force members to develop and implement solutions to address these areas of need.

A 2005 dental provider survey found that access to care for people with MR/DD in the Philadelphia metro area was generally good, in part because of the availability of care through specialty clinics such as Special Smiles.

Improved oral health status:

There has not been a formal pre vs. post assessment of the impact of the Special Smiles program at the community level. Many patients have been treated through the program and these patients have Special Smiles as their dental home. Clinical assessments of patients at the initial visit indicate a slight improvement in oral health status in the program's year 1 vs. Year 4, likely attributed to both comprehensive treatment and the community prevention education provided by Special Smiles. In the first year, a typical patient required at least 12 restorations (single and multiple surface fillings and crowns), four quadrants of periodontal scaling, and two extractions. In severe cases, patients required full mouth extraction due to advanced, gross decay. By the end of the fourth year, the average recall patient required less than five restorations, and the extraction rate dropped to less than one tooth per patient. Recall patients demonstrate improvement in oral health status between the first comprehensive visit and subsequent recall visits. This trend continues with the caveat that, in many cases, behaviors in individuals may become worse causing less dental hygiene cooperation from caregivers.

Successful program audit:

The Special Smiles program is audited by direct care agencies (such as the Intermediate Care Facilities for the Intellectually Disabled or Community Support organizations) and the MCOs. The audit process addresses pre- and post-surgical evaluation, anesthesia care in an outpatient setting, post-anesthesia recovery, dental treatment protocol, and consent for treatment and anesthesia, and billing and encounter methods. Special Smiles passed four consecutive audits conducted by outside agencies. For each treatment, we continue to provide copies of x-rays, OR reports and discharge summaries.

Reduction in missed appointment rate:

Another accomplishment was the development and integration of a patient appointment tracking system, which reduced missed appointments and improved practice efficiency. The tracking system analyzes trends and allows the program to provide targeted feedback to managed care partners and direct care providers who are typically responsible to bring patients to their appointments. The new tracking system reduced patient cancellation rates from 48% in 2001 to less than 20% in 2019. The result is one of the best examples of improvement in Medicaid use in the country, which reports average appointment cancellation rates between 25-50%.

Satisfaction with the program:

Although no formal survey has been conducted, patients, parents and caregivers indicate a high level of satisfaction through letters and cards to our facility. Patient satisfaction is also reflected by a 70% recall success rate. Some of the comments made by parents include that they are grateful to have a source of care that specifically addresses the needs of their child, and the high degree of compassion and empathy demonstrated by staff at all levels. Evidence of MCO and DHS satisfaction is demonstrated by the continuous renewal of the original contract which was originally a two-year pilot. DHS wants to replicate the program model in other areas of the state.

Budgetary Information:
NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

Special Smiles is a private practice, and the details of the program budget are proprietary. However, the economic model used to develop the budget is based on current Medicaid fee schedules so the cost of the Special Smiles program does not exceed the cost of providing dental care to these same patients if they had been served via the traditional fee-for-service system. In planning the program budget, a dental services fee was estimated for each case and additional fee components were

added for behavior management and the use of general anesthesia to arrive at the total per case. This per case figure is multiplied by the number of cases to obtain an estimated total cost of patient care.

Weekly, Special Smiles submits claims to the MCOs and the DHS for reimbursement. Annual increases in payments made to Special Smiles are not automatic, but rather are subject to availability of funds, and justification of need by the practice.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

The program was designed so that comprehensive rehabilitative care could be provided at a cost that was much lower than in a traditional private practice, making it acceptable as a Medicaid-supported project. The major factors that reduce program cost are:

- Dental services are charged at Medicaid fees, not at prevailing private practice rates.
- Treatment is provided in an office suite, rather than in the more costly operating room.
- The facility cost is charged as part of the dental fee rather than separately as in a hospital setting.

At the 2005 National Oral Health Conference, the following budget figures, based on a typical case requiring general anesthesia, were presented to demonstrate the cost savings associated with the Special Smiles model:

Cost Analysis (Figures are Only Illustrative)		
Cost component	***Special Smiles***	***Traditional Private Practice Fees***
Dental services/ facility cost	$1,655	$3,040
Anesthesia	$349	$1,000
Facility cost (OR)	0	$1,200
Total cost	$2,004	$5,240

3. How is the activity funded?

Pediatric Dental Associates provided the start-up capital for the dental clinic renovations and to cover the personnel costs required for start-up; no public funds were used. Ongoing operational funding is provided by the contracted MCOs and DHS per the service contracts, using a claim billing mechanism to capture encounter and treatment data.

4. What is the plan for sustainability?

The pilot program initially had a two-year agreement with each of the participating MCOs. As a measure of its success and sustainability, Special Smiles is now in its twentieth year of operation.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

The first of the lessons learned is the importance of defining and identifying in advance the patient population who will access services. With the help of the managed care partners, Special Smiles received lists of individuals who were waiting for care, which would serve as the initial patient base for scheduling. Identification of the special needs population proved very challenging because each

company classified individuals with special needs in a unique manner. Moreover, according to DHS and Social Security indicators, an individual with special needs could represent a variety of conditions ranging from asthma to terminal cancer. Not all of these individuals required dental care under general anesthesia. In order to evaluate their needs more effectively, Special Smiles and the managed care companies created a special needs dental referral form in an effort to streamline referrals. Along with this referral mechanism, the executive director contacted and visited more than 100 area agencies, resulting in a triage system for patient referrals from that support community.

Another lesson learned was the need to change the perception of dentistry under general anesthesia from one of convenience for the dentist, to one of medical necessity for the patient. To control unnecessary and costly treatment, Medicaid required prior authorization. After one year of providing care, Special Smiles demonstrated through claim data that general anesthesia was a medical necessity. Medicaid then changed its policy and no longer requires that Special Smiles obtain prior authorization for general anesthesia.

An additional lesson was that the proportion of this population that required general anesthesia and the time involved in actual treatment delivery were underestimated. It was expected that 95% of patients could be treated using IV anesthesia, with only 5% requiring general anesthesia. However, due to advanced oral disease, nearly all clients (98%) required general anesthesia. Moreover, the Special Smiles planned for each case to use a total of two hours: one hour of dentistry, 15 minutes of anesthesia prep time, and 45 minutes of recovery time. Through the first 12 months of operation, an average case required over two hours of dentistry, with 30 minutes of anesthesia prep time, and more than 30% of patients requiring pre-operative sedation. Pre- sedation, which is administered separately from general anesthesia, was occasionally accomplished with oral medication, but more often the patient was unable to cooperate without an injection. The time involved with pre-sedation contributed to longer pre-operative and recovery times, with the average recovery time lasting 45-60 minutes.

To respond to the advanced needs of the patients and the time involved with each operative session, Special Smiles expanded capacity within the first 18 months by adding an additional nurse and anesthesiologist. This allowed the facility to run two operating suites at the same time, increasing efficiency and patient turnaround times. The current facility capacity can accommodate up to 52 full-mouth rehabilitation/recall patients per week, and averages 30-35 new patient screenings each week.

2. What challenges did the activity encounter and how were those addressed?

Historically, Special Smiles experienced the highest cancellation rate during the first six months of operation due in part to staff inexperience, missing paperwork, or non-compliance with NPO or other pre-operative instructions. Recognizing the high-cost implications associated with missed appointments, staff training along with rigorous appointment and paperwork tracking processes were developed and implemented by the Practice Administrator. As a result, the missed appointment rate has been reduced from a high of 48% in 2001 to less than 20% in 2019.

Although the cancellation rate continues to be higher than ideal, most cancelled cases today are due to patient illness or a medical condition which requires further study prior to clearance for anesthesia. There is not likely a way to completely eliminate the number of cancelled appointments due to this factor.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Resources about Special Smiles:

- The Special Smiles website provides information about the program. See: www.specialsmilesltd.com
    - Special Smiles has created several forms that facilitate patient care. These

forms, listed below, can be downloaded at the above listed site.
    - Appointment Letter
    - Pre-Operative Physical Examination for Dental Care Under General Anesthesia
    - About Patient Management, Pre-Sedation and General Anesthesia
    - Consent for Pre-Sedation and General Anesthesia
    - Pre-Operative Instructions for General Anesthesia
    - Consent for Comprehensive Dental Treatment (2005/06)
    - NPO Facts
    - Consent for Use and Disclosure of Health Information; Acknowledgment of Receipt of Notice of Privacy Practices
    - Instructions for Care Following Oral Surgical Procedures
    - Instructions for Dental Treatment Under General Anesthesia
- A study of Special Smiles patients identified significant relationships between periodontal status and place of residence, intellectual disability classification, chronic illness, mental health disorders, race, and gender. The research was performed by Special Smiles staff and the paper was presented at the American Public Health Association (APHA) 2006 National Meeting: Langer, E and Chiao.

Resources that address dental access issues under Medicaid and managed care, including for people with special needs:

- Medicaid's Role for People with Disabilities. Kaiser Commission

- The Lewin Group. Dental Services for Children with Special Health Care Needs: Treatment Guidelines and Medicaid Reimbursement Options. Prepared for: Office of The Assistant Secretary for Planning and Evaluation. January 2004.

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	42003
Associated BPAR:	Oral Health of Children, Adolescents and Adults with Special Health Care Needs
Submitted by:	Special Smiles, Ltd
Submission filename:	DES42003PAspecialneedsspecialsmiles-2021
Submission date:	March 2007
Last reviewed:	April 2021
Last updated:	April 2021