



Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

Oral Health Across the Commonwealth (OHAC) Portable Dental Program

Public Health Functions:

Assurance – Population-based Interventions
 Assurance – Building Linkages and Partnerships for Interventions
 Assurance – Building State and Community Capacity for Interventions
 Assurance – Access to Care and Health System Interventions

Healthy People 2010 Objectives:

21-1 Reduce dental caries experience in children
 21-2 Reduce untreated dental decay in children and adults
 21-8 Increase sealants for 8 year-olds' first molars & 14 year-olds' first & second molars
 21-10 Increase utilization of oral health system
 21-12 Increase preventive dental services for low-income children and adolescents

State:

Massachusetts

Federal Region:

Northeast
Region I

Key Words for Searches:

Children oral health, access to dental care, prevention, school programs, portable/mobile dental programs, school-based/school-linked/community-based services

Abstract:

In 2004, **Oral Health Across the Commonwealth (OHAC)** began as a pilot project in the Boston and Springfield areas of Massachusetts serving the vulnerable population. The OHAC was part of the Special Needs Community Dental Program, which has been funded by the Massachusetts Department of Public Health, Office of Oral Health and the Massachusetts Department of Mental Retardation since 1977 to deliver oral health care to individuals with developmental disabilities. When the OHAC pilot became a full program, it expanded its focus beyond the special needs population and included children with increased risk for dental disease (Head Start, preschool and low-income children). OHAC established a collaborative relationship with the Tufts University School of Dental Medicine Community Dental Program (which has a statewide coordinated system of dental hygienists and dentists providing dental services in community-based programs) and the Commonwealth Mobile Oral Health Services (a private portable dental care provider). This collaboration allowed the OHAC portable program to become a more comprehensive care model able to deliver oral health care statewide, and to establish a community-based initiative to provide preventive services to underserved populations. The cost of the program is approximately \$750,000 annually. Half of the program cost is covered by reimbursement for billable services primarily from Medicaid and the rest covered by private and public grants. The OHAC program has increased access to dental care by bringing services to populations with significant access barriers. OHAC is an excellent example of what can be achieved through collaboration and development of public and private partnerships.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The development and expansion of the **Oral Health Across the Commonwealth (OHAC)**, a portable dental program, included the following milestones:

- In 1977, a dental pilot project to serve persons with developmental disabilities was established with a grant from the Massachusetts Disabilities Council; the grant was awarded to the National Foundation of Dentistry for the Handicapped (NFDH) to conduct the pilot.
- From 1977-1996, the pilot became the Special Needs Community Dental Program (SNCDP) providing oral health screenings, education and case management services to children and adults with developmental disabilities at special education school programs, adult day programs and community residences. The Massachusetts Department of Public Health (MDPH), Office of Oral Health (OOH) and the Massachusetts Department of Mental Retardation funded the program.
- In 1996, SNCDP was incorporated into the Tufts Dental Facilities for Persons with Special Needs, a program of Tufts University School of Dental Medicine (TUSDM). Children and adults with developmental disabilities continued to be the program's target population from 1996-2003.
- In 2004, SNCDP initiated another pilot project named Oral Health Across the Commonwealth (OHAC) in the Boston and Springfield areas of Massachusetts. The pilot targeted services to Head Start children, kindergarten students, and school-aged children with special needs by providing care with portable dental equipment.
- In 2005, grant funding from the MassHealth Access Program (MAP), a program addressing access issues of the state's Medicaid program's recipients, allowed OHAC to expand beyond the special needs population. The expanded target population included populations with increased risk for dental disease (low-income children in school settings, preschools and Head Start programs).
- Also in 2005, OHAC collaborated with the Commonwealth Mobile Oral Health Services (CMOHS) and TUSDM, which expanded capacity to offer comprehensive oral health services in community based settings.
- From 2006-2008, additional grant funding was obtained from the Ronald McDonald Foundation and MAP to expand the OHAC program and serve a larger catchment area.
- In 2008, a three-year grant from the Oral Health Foundation of Massachusetts allowed the enhancement of the OHAC program by adding dental sealant services and creating additional collaborations with community partners. This resulted in OHAC's increased capacity to provide comprehensive dental services to approximately 8,500 high-risk children and children/adults with special needs in Massachusetts during the 2008-2009 school year.

Justification of the Practice:

Dental caries is the most common chronic childhood disease, five times more common than asthma. If left untreated, dental caries results in pain, infection and in some instances, devastating consequences for a child's overall health. Untreated dental caries can inhibit learning, speech, and eating, leading to problems in school and poor nutrition. Dental caries and oral disease are almost entirely preventable. Maintenance of oral health requires advice on self-care, preventive therapies, early detection and treatment of problems and restoration of function (*Oral Health in America: A Report of the Surgeon General, 2000*). In addition, the oral health of these children may be affected negatively by the medications, therapies, special diets, difficulty with cleaning teeth on a daily basis, and dependence on others for assistance with oral hygiene care.

In Massachusetts, a significant proportion of the state's children suffer from dental caries and many start school with dental disease. Approximately 19,000 kindergarten students (more than one in four) have evidence of dental decay. About 29,000 students, 40% of 3rd grade children, have evidence of dental decay. The proportion of 3rd grade children with dental sealants declined from 54% in 2003 to 45% in 2007. This decline has placed the state below the Healthy People 2010 target of 50% of all children aged 8 years having received dental sealants (*The Oral Health of Massachusetts' Children, Catalyst Institute, January, 2008*).

The OHAC portable dental program addresses access to preventive and restorative dental services as well as environmental issues that affect access to dental care. Providing services with portable dental systems overcomes some barriers to obtaining oral health care in traditional dental settings (e.g., parents taking time off from work, transportation, and low number of Medicaid providers).

Inputs, Activities, Outputs and Outcomes of the Practice:

Purpose of the Program

The OHAC aims to reduce the burden of dental disease for Head Start, preschool and school aged children, as well as children and adults with special needs, and increase the proportion of children with dental sealants. In addition, the program aims to establish a “dental home” for children in Massachusetts who have limited access to oral health care. The OHAC portable dental program accomplishes this by providing comprehensive treatment, assuring completion of the treatment plan, and offering continuous accessible dental services.

Administration and Staffing

The OHAC portable dental program is co-administered by the Tufts Community Dental Program (TCDP) and Commonwealth Mobile Oral Health Services (CMOHS), both working together to deliver oral health services. Many of the tasks, such as the enrollment process and scheduling of the dental providers, are shared by TCDP and CMOHS. Billing for dental services remains separate. TCDP is the lead for educational activities (professional development for teachers, school nurses and para-professional staff and classroom education).

TCDP is a program of TUSDM, Department of Public Health and Community Service, Division of Education, Advocacy and Outreach. TCDP has a coordinated system of dental hygienists and dentists providing preventive services, restorative treatment, oral health education, and referral services. This statewide program delivers a broad spectrum of services in community-based programs and forms partnerships with existing private and public dental care systems and community agencies. There are full-time and part-time clinical and administrative staff supporting OHAC program: 1 FTE program director, 5.5 FTE community dental hygienists, 5 FTE dental assistants and 1 FTE billing coordinator. Faculty dentists provide additional in-kind support for the program.

Since 1981, CMOHS has provided portable oral health services to Head Start programs, public school systems and special education schools, as well as to programs administered by the Departments of Social Services, Youth Services and Mental Health. The Massachusetts Department of Public Health (DPH), Office of Oral Health (OOH) provides oversight and guidance of oral health services provided to the Departments of Social Services and Youth Services populations. As a portable dental home, CMOHS has delivered more than three million dental procedures. CMOHS employs a project coordinator, approximately eleven dentists and dental assistants, and billing and scheduling personnel.

Portable Program Setup / Portable Units and Equipment

The OHAC program has 22 portable dental systems operating throughout Massachusetts: 11 operated by TCDP and 11 by CMOHS. A portable system consists of a portable dental chair, an operator stool, a portable dental light, a portable dental compressor and delivery unit, and a portable x-ray unit. A portable system is transported and set up at a site and remains onsite from one week to several months depending on the service demands and availability of the dental team.

Program Sites

Community outreach of the OHAC program is extensive. Dental services are delivered using TCDP and CMOHS portable systems at program sites all across the state. Program sites include Head Start programs, preschools, public elementary schools (grades K-12), and adult day programs for the developmentally disabled. As of 2008, OHAC has served 316 program sites (89 Head Start sites, 38 preschool sites, 143 public schools, and 46 adult programs).

Target Population and Eligibility

The program's target population includes children attending Head Start programs, preschools and elementary schools (grades K-12), children with special health care needs, and adults with

developmental disabilities who attend day habilitation programs. Children and the adults with developmental disabilities are eligible to participate regardless of insurance status and/or ability to pay. An informed consent as well as a medical history must be obtained from the parent or guardian in order for children to receive dental care services.

Services

The OHAC program provides services that include dental screening and exams, dental x-rays, diagnosis and treatment planning, oral prophylaxis, oral hygiene instruction, fluoride varnish treatment, sealants, restorative dentistry, desensitization, and referral and case management services. Services also include classroom education and oral health educational seminars for program staff and parents.

OHAC has a network of providers to accept referrals for patients needing services beyond the scope of its portable program. The network include: TUDSM faculty (providing care in all dental specialties); Tufts Dental Facilities (a statewide network of clinics specializing in treatment of patients with special needs); CMOHS' own network of providers; and other private dental offices and community health centers that have agreed to accept referrals from OHAC.

Training of dental professionals is integrated into the OHAC program, which has affiliations with local dental and dental hygiene schools. More than 160 Tufts dental students rotate through the OHAC program annually. An affiliation with the Forsyth School of Dental Hygiene at the Massachusetts College of Pharmacy and Health Sciences provides clinical rotations for about 120 dental hygiene students each year. Dental hygiene students from Forsyth and Mount Ida College are given the opportunity to provide oral health classroom education and oral hygiene instruction in classroom and community settings.

The educational component of the OHAC program includes:

- Oral health workshops for school nurses, teachers and other related staff members to review basic oral health knowledge and encourage support of oral health services. The workshops use the Connecticut State Department of Public Health's oral health curriculum "Open Wide."
- Classroom presentations on "The First Dental Visit" for Head Start, preschool and kindergarten students.
- Other oral health lessons tailored to the age and developmental level of the participants.

Collaborations

The OHAC program operates with a high degree of collaboration with established relationships with TCDP, CMOHS, and Massachusetts Department of Public Health, Office of Oral Health.

OHAC currently serves patients in more than 50 communities and over 300 sites. To reach patients in so many community sites, OHAC dentists and dental hygienists work closely with local dental professionals, special education personnel, parents, social workers, and service coordinators to schedule visits, obtain consent for preventive treatment, and to make referrals for dental treatment.

The OHAC program collaborates with many state/community agencies, organizations and groups. These include but are not limited to: Boston University Goldman School of Dental Medicine; Forsyth School for Dental Hygiene at Massachusetts College of Pharmacy and Health Sciences; Massachusetts Office of Head Start; Massachusetts Coalition for Oral Health; Massachusetts Department of Public Health Office of School Health; Massachusetts Department of Education, Massachusetts League of Community Health Centers; Mount Ida College Dental Hygiene Program; and Partners for a Healthier Community's BEST Oral Health Program.

Program Outputs

ORAL HEALTH ACROSS THE COMMONWEALTH	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
# Program Sites for Year	66	214	193	234	241
# Patient Visits	2483	7836	8644	11239	12565
# Individual Patients Served	1300	4283	6363	7701	8545
# Special Needs Patients Served	206	454	2514	2697	2548
% w/ MassHealth/Medicaid (MH)	67%	74%	70%	71%	67%
% w/ Private Insurance (PI)	9%	6%	10%	6%	7%

% Receiving Free Care	24%	20%	20%	23%	26%
# Screenings	1380	6322	6237	7800	8610
# Exams	1022	1490	2205	3346	3889
# Patients w/ Dental Disease	442 (32%)	1438 (22%)	1864 (30%)	2386 (31%)	2142 (25%)
# Prophies ("teeth cleanings")	2191	5173	4811	5347	6110
# Fluoride Varnish	2296	6982	8157	10696	11940
# Patients receiving Sealants	216	559	886	1562	1699
# Sealants Completed	709	3302	5568	10004	8651
# Patients receiving Composites	399	243	346	399	663
# Composite Fillings	1052	514	793	962	1451
Oral Health Trainings (total #'s)	227	347	401	699	601
# of Staff Trained	486	986	1131	2260	1506
# of Parents Trained	168	94	113	131	62
# of Children and Special Needs Adults Trained	2613	4292	5028	9584	10309
# Dental Hygiene Students Providing Education and Treatment	10	50	65	80	125
# Dental Students Providing Education and Treatment	0	5	10	150	300

Program Evaluation

OHAC has an evaluation team, whose members are selected from TUSDM Department of Public Health and Community Service and from other collaborating partners. The team assesses the data tracked, identifies any problem areas, develops action plans and determines the overall success of the project.

Program evaluation activities and findings include the following:

1. Monitor the Memoranda of Agreement (MOA) established between collaborative and community partners.
 - MOA are reviewed and signed annually.
2. Track the percent of children returning consent forms.
 - An average of 40% children returned consent forms at each site (this percentage is steadily increasing over time).
3. Track the racial, ethnic and socioeconomic status of the children to assure that the target population is reached.
 - Statewide averages on race/ethnicity of children served by OHAC:
 - Asian - 7%
 - Black - 26%
 - Hispanic - 24%
 - White - 34%
 - Statewide averages on low income and special needs children served by OHAC:
 - Low Income - 74%
 - Special Needs - 30%
4. Evaluate the oral health status of the target population.
 - The percent of patients with dental disease at the time of the screening decreased from 32% in FY '05 to 25% in FY '09.
5. Monitor the retention rate of sealants.
 - All lost sealants are replaced within 3-6 months at the retention check visits.
6. Track the success of referrals and completion of treatment of patients to determine improvement in access to dental care.
 - In FY '09, a total of 8,454 patients were screened, 2,142 were in need of restorative treatment and 1,563 (73%) had their dental care completed within the year.
7. Set up a Quality Assurance System to monitor patients care, risk management and personnel.
 - Patient care monitoring includes checking timeliness/continuity of care, technical quality, completion of treatment, follow-up, and disease control.

- Risk management monitoring includes auditing charts and investigating reported incidents.
 - Personnel monitoring includes verifying credentials during hiring, reviewing infection control and OSHA regulations, and conducting performance evaluations.
8. Develop a satisfaction survey.
 - Include interview questions for teachers, staff, nurses and parents.
 - Review surveys findings and make revisions accordingly.
 9. Monitor and report quarterly and annually process evaluation data to the business office.
 - Address program sustainability, efficiency and grant activities.
 - Ensure that goals and objectives align with national/state goals and objectives.

Outcomes

OHAC program outcomes:

- A statewide coordinated system of dental care has been built that includes a comprehensive approach to the prevention, diagnosis and treatment of dental disease, and a referral network of community health center, university, hospital and private dental clinics.
- Strong partnerships have been established with existing private and public dental care systems and community agencies/organizations to deliver dental services.
- Children at risk for dental disease, children with special health care needs, and adults with developmental disabilities have better access to dental care than before the onset of this statewide initiative.
- The program is a major Medicaid provider for low income children and children/adults with special needs.
- The program helps dental and dental hygiene students understand issues related to barriers to care and gain experience in treating the pediatric/special needs populations and providing oral health education.

The oral health outcomes for the children and for the children/adults with special needs participating in the OHAC program over the span of the project is being evaluated to determine whether caries experience and/or untreated decay showed improvement from the baseline data. A cumulative report is expected in 2010.

Budget Estimates and Formulas of the Practice:

For 2008-09, the annual budget for OHAC was approximately \$750,000. Funds are for staff salaries and other expenses including travel and transportation of the portable equipment, dental materials and supplies, printing, and phone. One-time capital expense includes the purchase of portable dental equipment for approximately \$15,000. Billable procedures account for 56% of the revenues with other funding from private grants and MDPH Office of Oral Health.

Lessons Learned and/or Plans for Improvement:

Lessons learned include:

- Educating public and governmental agencies has been extremely important to increase awareness of access to care issues; this should be a priority.
- Sustainability of the OHAC program requires generating revenue from billable services. There are children receiving OHAC services who do not have coverage by MassHealth or third party carriers to reimburse services. Additional gap funding is needed to assure that dental services are available for all children in the program.
- Dental partners are critical to assure appropriate referral for procedures that cannot be provided in the school setting such as specialty services (orthodontics and oral surgery).

Plans for improvement include:

- Implement an integrated electronic health record and data management system. Improved efficiency in billing, patient data management, and health record documentation can lead to added incomes and better assessment of outcomes data.
- Maximize the use an ancillary personnel in providing preventive services as allowed by the Dental Practice Act.

Available Information Resources:

1. OHAC resource information:
 - The OHAC program manual can be requested from the Tufts Community Dental Program. Contact Kathryn Dolan at kathryn.dolan@tufts.edu.
2. Information/articles about TUSDM, Department of Public Health and Community Service:
 - Tufts University School of Dental Medicine, Department of Public Health and Community Service, [Division of Education, Advocacy and Outreach Website](#).
 - Association of State and Territorial Dental Directors. Dental Public Health Activities & Practices. Practice #24005, [Tufts Dental Facilities Serving Persons with Special Needs](#).
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3. Articles/reports about oral health services in Massachusetts:
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SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

OHAC program has a very large “footprint” in the state. It targets low income preschool/school-aged children, children with special needs, and adults with developmental disabilities. This program fills a critical niche of caring for a population that has Medicaid coverage and poor access to preventive, restorative and referral services. The OHAC program has become a highly coordinated system of care that includes a prevention-oriented community outreach and a network of private, community and university clinics that provide outpatient general and specialty dental services. The program has added impact by providing training in pediatric care for dental and dental hygiene students, who as future providers could become involved with a variety of community dental practices to meet the needs of underserved populations.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

There are several features of the OHAC program that make it an efficient model for providing care in the community based setting. There is the sharing of resources. For example, TUSDM sponsorship of the OHAC program provides faculty and administrative support and a statewide network of clinics specializing in treatment of patients with special needs. The OHAC program creates a system of partnerships and referral networks for patients in communities across the state. The partnership with TUSDM and CMOHS expanded infrastructure to ensure that children can be treated onsite, referred for specialty services, and followed by a case manager. Portable dental clinics are used to improve access to care by providing dental care onsite, reduce no-shows, limit time away from classroom for children or work for parents, provide earlier disease management, and deliver cost-effective preventive dental services (FY '09 cost for cleaning, fluoride and sealant was \$88 per patient).

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The OHAC program was first piloted in 2004 and continues to expand. The program provides oral health care services with the support from hospital, university, community, institutional, and private health care programs. Building extensive partnerships and collaborations help sustain the program. Sustainability of the OHAC program is also supported by its diverse funding streams, including a steady and significant source of revenue from billing MassHealth for dental services provided to Medicaid-enrolled patients.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The OHAC program is supported by public and private partnerships: TUSDM provides staff for patient treatment, teaching and program administration; CMOHS provides oral health care to high-risk and underserved children to reduce oral health disparities; the public school systems and adult programs provide space for the portable dental clinics; the Department of Public Health, Office of Oral Health provides financial support; and the state Medicaid program provides reimbursement for billable dental services. In addition, there is extensive collaboration in leveraging community

resources to reach and treat patients in over 300 community sites in Massachusetts. Furthermore, the OHAC program collaborates with numerous national and local organizations to promote the oral health of people with disabilities.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The OHAC program addresses the Healthy People 2010 objectives and the call to action by the Surgeon General by creating a state infrastructure that improving access to dental care for underserved individuals children and adults. The OHAC portable dental program advances efforts to achieve the following Healthy People 2010 oral health objectives: reduce dental caries experience in children, reduce untreated dental decay in children and adults, increase dental sealant placements on molars for children, increase utilization of oral health system, and increase preventive dental services for low-income children and adolescents.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

It is not known if other state programs exist with the same mission as OHAC. What makes the OHAC program special is its statewide delivery of dental services, integration of prevention services, large number of portable dental systems, sponsorship by a dental school, services to high-risk populations that include children and adults with special needs, and support from a statewide system of clinics devoted to the care of individuals with developmental disabilities.