



Dental Public Health Activities & Practices

Practice Number: 42003
Submitted By: Special Smiles, Ltd.
Submission Date: March 2007
Last Updated: March 2007

SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: Special Smiles – Assuring Access to Dental Care for People with Mental Retardation/Developmental Disabilities in Medicaid Managed Care		
Public Health Functions: 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: 6-10 Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities. 21-1 Reduce dental caries experience in children 21-2 Reduce untreated dental decay in children and adults 21-3 Increase adults with teeth who have never lost a tooth 21-4 Reduce adults who have lost all their teeth 21-5a Reduce gingivitis among adults 21-5b Reduce periodontal disease among 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: Pennsylvania	Federal Region: Northeast Region III	Key Words for Searches: Persons with disabilities, dental care treatment, access to care, outpatient, special needs population
Abstract: 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 hospital-based state-of-the-art outpatient dental facility and is able to 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, the 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 oral rehabilitation for 1,000 individuals annually. Now in its sixth year, Special Smiles is meeting the goal serving approximately 1,100 patients per year at an annual program cost of approximately \$1.8M. During the first 5 years of operation, Special Smiles provided 5,400 patient visits, which includes recall visits, for more than 3,500 patients.		
Contact Persons for Inquiries: Emilee S. Langer, MPH, Consultant, Special Smiles, Ltd., 418 N. Washington Street, Titusville, PA 16354, Phone: 814-827-3785, Email: specialsmilesLtd@msn.com		

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

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 past five years. See Special Smiles website at http://www.specialsmilesLtd.com/html/our_staff.html.

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 Public Welfare (DPW), 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.

Justification of the Practice:

The Special Smiles program is a specialized dental clinic for persons with severe disabilities covered by Medicaid) 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 in spite of 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 is able to 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 still remain.)

Inputs, Activities, Outputs and Outcomes of the Practice:

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 Public Welfare (DPW) and the Southeast Zone Managed Care Organizations. A proposal was developed by Dr. Mark Goldstein outlining the concept of a contract among the DPW, the Philadelphia area 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. (See an example of a [service agreement contract](#).)

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, and no money was collected from the State or the MCOs until patient care was delivered.

Patients:

Special Smiles serves people with special needs ages 12 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 Mentally Retarded (ICF/MR). 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, DPW, or more than 150 support agencies located in eight counties surrounding the Philadelphia area.

Facility:

The dental clinic is located at the Episcopal Hospital Division of Temple University Health System. The facility's physical space is approximately 1,700 square feet including two outpatient dental suites 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, dental assistants and auxiliary staff. Special Smiles currently employs one full-time general dentist and three part time general dentists, four 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 executive director joined the organization prior to the opening of the Special Smiles. She brings more than 18 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 executive director and owners/dentists with input from other dentists with experience in treating people with special needs. (Clinical protocols and administrative processes can be obtained by contacting Special Smiles, attn: Joi Godwin, RN, MSN.)

Clinical protocols were developed including:

- Pre-operative assessment for general anesthesia in an outpatient setting
- Post-operative recovery following general anesthesia in an outpatient setting
- Use of pre-sedation in patients with MR/DD

Administrative processes were developed including:

- Advance consent for dental care, extractions and general anesthesia
- Patient scheduling/appointment tracking for outpatient surgery
- 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 DPW per the service contracts, using a claim billing mechanism to capture encounter and treatment data.

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. ASA Standards, Guidelines and Statements can be viewed at <http://www.asahq.org/publicationsAndServices/sgstoc.htm>.

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 (<http://www.specialsmilesltd.com/html/forms.html>).
- 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 begins (<http://www.specialsmilesltd.com/html/forms.html>).

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 one to three hours. Direct Care staff (the patient's attendants) is asked to remain in the clinic waiting area for the duration of the appointment. Special Smiles operates five days a week and schedules patients based on

the number of dentists and anesthesiologists available on each day. Appointment times given are meant to indicate time of arrival to the clinic.

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 caretakers. In many cases, the caretaker 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.

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 executive director with assistance from Philadelphia Coordinated Health Care in 2002. As a result, the missed appointment rate has been reduced from a high of 48 percent in 2001 to less than 15 percent in 2006.

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

Comprehensive Oral Rehabilitation in the Operating Room (OR):

Approximately 98 percent of Special Smiles patients receive comprehensive oral rehabilitation under general anesthesia, with the remaining two percent 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, each individual 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 percent of patients demonstrate improved oral conditions on recall. Patient compliance with the established recall regimen is approximately 70 percent when compared to a private dental practice which sees closer to 90 percent 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 percent of people who do not return for a recall visit have a dental home for routine care with another community provider. Another 22 percent 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 caregivers in group homes and ICF/MR settings. Special Smiles

staff, usually the executive director, schedules visits. Training staff include the executive director, 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; and instruction on how to refer patients to Special Smiles or other dental providers. During the past five years, more than 1,000 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 and is available from PCHC (<http://www.pmhcc.org/PMHCC/Home.nsf/All/PMHCC>).

Outputs

Dental care utilization:

The provision of dental services is the most important output of the program. Over the five year history of program operation (September 2001 through December 2006), Special Smiles provided comprehensive oral rehabilitation for 5,400 new and recall patient visits (delivering more than 70,000 dental procedures). Over the last 2 years, the program has provided the following level of service:

- Average number of total patient visits per year: 1,700
- Number of total patient visits for pre-operative assessment: 600
- Number of total patient visits for comprehensive oral rehabilitation: 300
- Number of total patient visits for recall: 800

Training of direct care providers:

The training of direct care providers was initiated in project year 2002; and to date, over 1000 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 Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
- 20% parents
- 5 % other

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 times 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 since a 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. More information about this survey can be found at the link below:

[http://www.pmhcc.org/PMHCC/pchc/pub.nsf/LK/Regional+Dental+Provider+Survey/\\$FILE/Regional+Dental+Provider+survey.pdf?OpenElement](http://www.pmhcc.org/PMHCC/pchc/pub.nsf/LK/Regional+Dental+Provider+Survey/$FILE/Regional+Dental+Provider+survey.pdf?OpenElement)

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. A large number of 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 contributed 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.

Successful program audit:

The Special Smiles program is audited by direct care agencies (such as the Intermediate Care Facilities for the Mentally Retarded 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.

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 percent in 2001 to less than 15 percent in 2006. This result is one of the best in the Medicaid dental industry, which reports average appointment cancellation rates between 25-50 percent.

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 percent 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 DPW satisfaction is demonstrated by the continuous renewal of the original contract which was originally a two-year pilot. DPW wants to replicate the program model in other areas of the state.

Budget Estimates and Formulas of the Practice:

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 that 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.

At the end of each month, Special Smiles submits claims to the MCOs and the DPW 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.

Special Smiles is a for-profit model, and as such does not receive financial support from outside agencies, foundations or other private grants. Approximately 95% 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.

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:

<i>Cost Analysis (Figures are Only Illustrative)</i>		
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

Lessons Learned and/or Plans for Improvement:

Lessons Learned

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 DPW 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 of the lessons 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, fifteen (15) minutes of anesthesia prep time, and forty-five minutes of recovery time. Through the first 12 months of operation, an average case required over two hours of dentistry, with thirty 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.

In order 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 35 full-mouth rehabilitation/recall patients per week, and averages 20 -25 new patient screenings each week.

Plans for Improvement

Special Smiles partners with Temple University School of Dentistry to establish rotations for third and fourth year dental students to enhance their dental school curriculum. During the rotations at Special Smiles, students participate in patient evaluation, treatment planning and have opportunity to observe patient care under general anesthesia. Plans are underway for pediatric dental residents to complete a mandatory rotation in the clinic with hands-on dental experience. Also, discussions have begun for the opening of a second Special Smiles location in the state later in 2007-2008.

Available Information Resources:

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 following site:
<http://www.specialsmilesLtd.com/html/forms.html>
 - 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, mental retardation 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, JW. [Relationships in Oral Health among Persons with Developmental Disabilities](#).

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
<http://www.kff.org/medicaid/upload/Medicaid-s-Role-for-People-with-Disabilities.pdf>
- 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.

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)?

Special Smiles improves access to dental treatment as well as education and preventive services for persons with MR/DD. In five years of operation, Special Smiles has completed more than 5,400 full mouth rehabilitation visits with more than 70,000 dental procedures. Special Smiles has also provided oral hygiene training for more than 1,000 direct care staff, parents and patients in a variety of settings. Evidence of Special Smiles' impact can be demonstrated by improved oral health conditions on more than 3,500 patients and reduced grievances filed with the State.

Special Smiles has made a positive impact on families with MR/DD individuals from seven counties. These families now have an accessible source of comprehensive care and a dental home for recall visits. For recall patients, less than five percent required preoperative sedation when compared to almost 30% of new patients due to improvements in behavior management techniques, and the comfort established through the use of a regular "dental home" for care. More than 60 percent of recall patients demonstrated improved oral health with fewer cavities.

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.

Cost efficiency: Major cost efficiencies are realized by using a hospital-based out-patient facility that reduces the need for high cost operating room time; by contracting for anesthesia services on a full time basis; and by using clinic space that is provided as an in-kind contribution.

Administrative efficiency: Administrative efficiencies are achieved by establishing a centralized clinic that is dedicated exclusively to serving patients with similar needs for comprehensive rehabilitative services under general anesthesia. Numerous clinical and administrative protocols have been established to improve treatment processes and to reduce inefficiencies such as missed appointments.

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 pilot program initially had a two year agreement with each of the participating managed care organizations (MCOs). As a measure of its success and sustainability, Special Smiles is now in its fifth year of operation and working on its third contract re-negotiation.

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?

Special Smiles represents an unusual example of collaboration between the public and private sector. What made this partnership unique was the interest and availability of local dentists, combined with a commitment by both the state Medicaid Agency and the local managed care partners along with a knowledgeable staff. By combining forces, Pennsylvania created a program that would directly address a need identified during the statewide dental summit. These partners strongly believe that this level of commitment is needed in other states in order to duplicate a model of this type.

The importance of collaboration and the long term relationships that result should not be underestimated. Special Smiles has provided a win-win template in Pennsylvania because the state is able to provide quality care for its most underserved people, managed care constituents have reduced the number of patient grievances owing to better access to care, and the quality of life for thousands of Pennsylvanian's has been improved because of better health overall.

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?

Special Smiles addresses the need to improve access to care for individuals with special needs, to improve utilization of preventive care services (such as cleaning, fluoride treatment and sealants) for special needs children less than 21 years of age and supports the Surgeon General's Report on Oral Health to reduce disparities in oral disease among underserved communities.

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 a program similar to Special Smiles exists in the U.S. with the same type of partnership – a private dental practice, the state Medicaid program, and local managed care organizations – and devoted to creating a facility dedicated to serving the oral health needs of patients with severe MR/DD. It is not uncommon for programs to provide dental care in the operating room (e.g., hospital dental programs) nor is it uncommon to have dental clinics for patients with special needs (e.g., dental schools). What is perhaps unique about Special Smiles is the creation of a program that utilizes Medicaid funds to create a new community infrastructure.