

# Dental Public Health Activity Descriptive Summary

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## **Oral Health Across the Commonwealth (OHAC) Portable Dental Program**

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 of adults and children with intellectual and developmental disabilities. The OHAC program was part of the Tufts Community Dental Program, which has been funded by the Massachusetts Department of Public Health, Office of Oral Health and the Massachusetts Department of Developmental Services since 1977 to deliver oral health care to individuals with developmental and intellectual disabilities. After a pilot phase of one year, OHAC pilot became a full program expanding its focus beyond the special needs population to include children with increased risk for dental disease (Head Start and low-income children). OHAC established a collaborative relationship between the Tufts 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 Tufts Community Dental Program is approximately \$730,000 annually. Eighty percent of the program cost is covered by reimbursement for billable services primarily from Medicaid with the remainder covered by private and public grants as well as in kind support. 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.

### **Lessons Learned:**

1. Sustainability of the OHAC program requires generating revenue from billable services. There are children receiving OHAC services who do not have coverage by Mass Health 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.
2. 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).
3. Maximizing the use of ancillary personnel in providing preventive services as allowed by the Dental Practice Act can have positive effect on the financial viability of the program.
4. Implementation of an integrated electronic health record and data management system has the potential to increase the efficiency of the program.
5. Improved efficiency in billing, patient data management, and health record documentation can lead to added incomes and better assessment of outcomes data.
6. Educating public and governmental agencies has been extremely important to increase awareness of access to oral health care issues; this should be a priority.

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### **Contact Person(s) for Inquiries:**

Kathryn M. Dolan, RDH, MED, Director, Tufts Community Dental Programs, Assistant Professor, Department of Public Health and Community Service, Tufts University School of Dental Medicine, One Kneeland Street, Boston, MA 02111, Phone: 617 291-2217 (cell), Fax: 617- 636-6834, Email: [kathryn.dolan@tufts.edu](mailto:kathryn.dolan@tufts.edu)

Mark Doherty, DMD, MPH, CCHP, Director, Commonwealth Mobile Oral Health Services, 12 Colleen Drive, Lakeville, MA 02347, Phone: 508-958-0959 (cell), Fax: 617-288-0642, Email: [moherty@dentaquestinstitute.org](mailto:moherty@dentaquestinstitute.org)