# Lessons Learned from a School-Based Oral Health Program

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#### **CME** and **CE** Information

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- American Academy of PAs (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- Commission on Dietetic Registration (CDR)



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# U.S. Department of Health and Human Services



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Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene







# Our "why"...



1 in 4 Ohio children have had a cavity by age 5



Higher prevalence for children living in poverty, utilizing Medicaid or lacking insurance coverage, and living in underserved areas



Tooth pain can impair sleep, growth, eating, and the ability to learn







# We want to hear from you!

- Do your students and families struggle to find dental services?
- What barriers exist for your program to begin dental services?
- Are you confident in your oral health knowledge?
- How often are students
  - in the office complaining of tooth problems?
  - absent because of tooth/mouth pain or dental appointments?





# **Learning Objectives**

#### **Objective 1**

Describe the components of a successful, portable community-based dental clinic that leverages schools, early childhood programs, and community sites to reach children otherwise disconnected from care.

#### **Objective 2**

Identify critical operational and evaluation elements necessary for successful program replication.

#### **Objective 3**

Explore oral health screening methods, identify oral health findings that warrant follow up, and learn the importance of a fluoride varnish application.





# **Learning Objective 1:**

Describe the components of a successful, portable community-based dental clinic that leverages schools, early childhood programs, and community sites to reach children otherwise disconnected from care.









# Community-Based Mobile Dental Clinic





# In the beginning...







#### **Dental Care in the Community:**

- Preventative and restorative
- Partners: local city school districts (Title I), community organizations, Early Head Start, charter school
- HRSA grant: resident training site alternative care models

#### **Students Served:**

- Underserved and vulnerable populations
- Medicaid/HMOs, uninsured
- Refugees & undocumented new Americans diverse languages
- No "dental home"







# **Equipment**









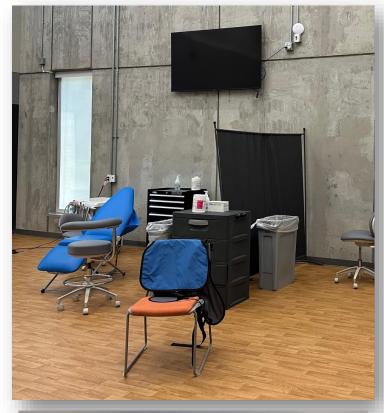
























	Monday	Tuesday	Wednesday	Thursday	Friday
Site 1				$\mathcal{A}$	
Site 2		$\mathcal{M}$			rotate every other Friday

"Typical" week: operating two chairs per site



Registration Specialist



Attending DDS



Resident DDS



Registered Dental Hygienist



Dental Assistant





# All clinical staff members work to the top of their licensure

- Registered Dental Hygienist (RDH)
  - OHASP
  - Without dentist present
  - Silver Diamine Fluoride (SDF)
  - Interim Therapeutic Restorations (ITR) in future

- Expanded Function Dental Assistant (EFDA)/Certified Dental Assistant (CDA)
  - Without dentist present
  - Sealants
  - SDF (EFDA)



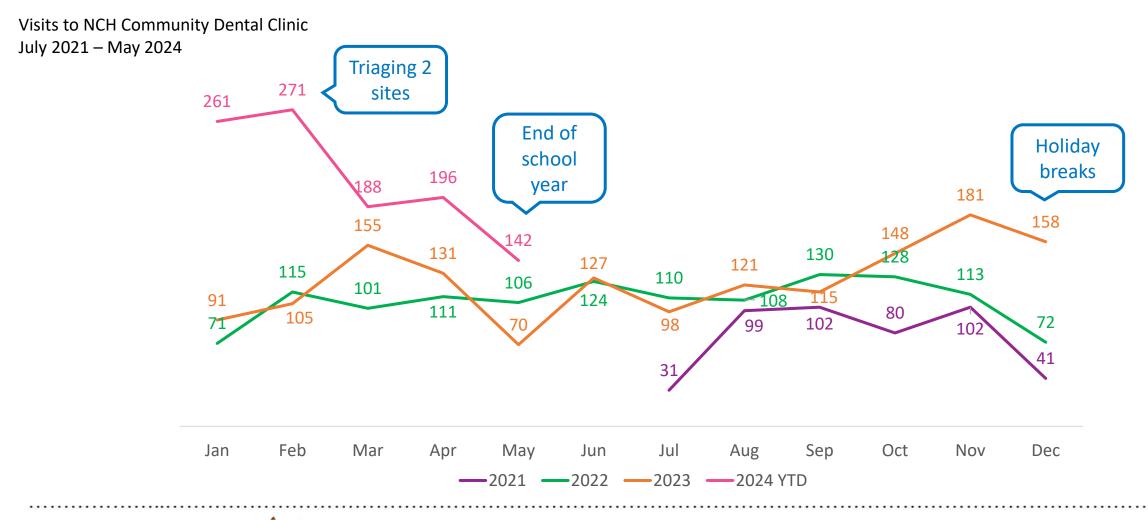








# **Setting Volume Goals**

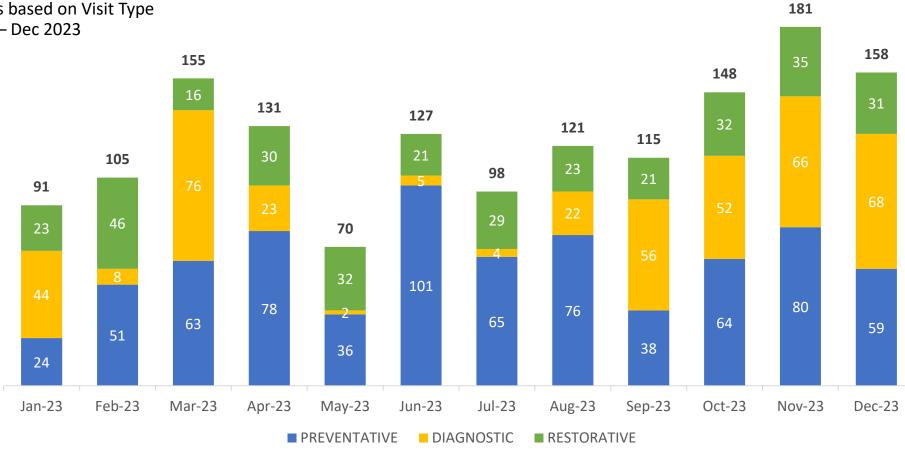






# **Understanding Types of Care**

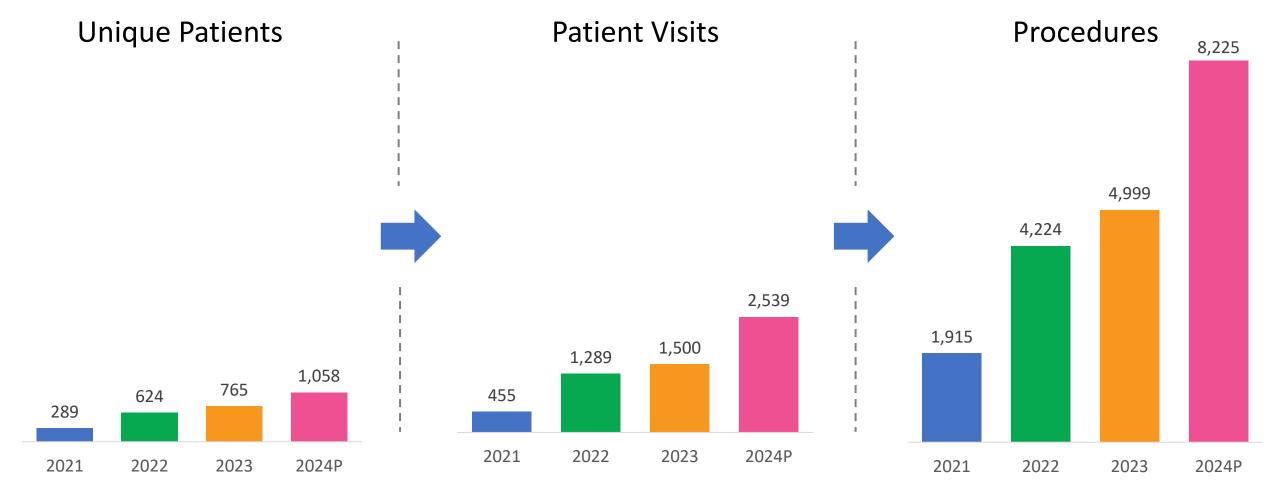
Visits to NCH Community Dental Clinic Groupings based on Visit Type Jan 2023 – Dec 2023

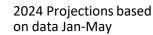






# **Sharing Dental Data**









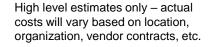
# **Creating a Budget**

Category	Estimate for One Team
Equipment	\$70,000
Salaries & Benefits	\$300,000
Supplies	\$30,000
Total	\$400,000

Role	FTE
Registration Specialist	1.0
Dental Hygienist	1.0
Dental Assistant	0.4
Dentist	0.4

#### Other Considerations:

- Equipment upkeep/maintenance
- Transporting and/or storing Equipment
- Staff Professional Development







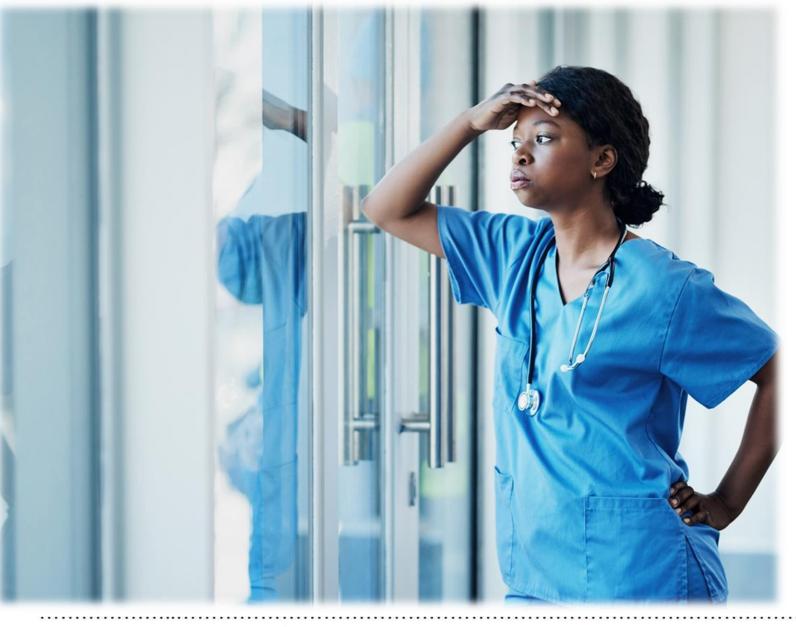
# **Learning Objective 2:**

Identify critical operational and evaluation elements necessary for successful program replication.









# **Lessons Learned**





# Knowledge is power. Knowledge shared is power multiplied



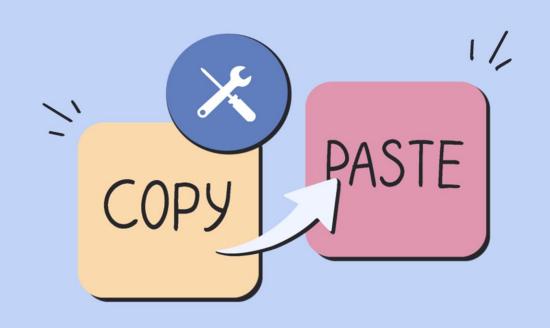


















# Trust is built in drops and lost in buckets















simple change, big impact





# **Learning Objective 3:**

Explore oral health screening methods, identify oral health findings that warrant follow up, and learn the importance of a fluoride varnish application.









# Oral Health Screening





# **How to Complete**

"Give mom a hug"

"One leg around each of your hips"

"She will lay back into our laps"

"You hold her hands"

- Crying is good the mouth is open!
- Use your finger on gum pads if needed
- Takes 1-2 minutes!

But what am I looking for?



- Parents help you
- "Show and Tell"
  - Teeth
  - Oral hygiene/brushing
  - Caries







Loose tooth



Tooth eruption





Stain



Gingivitis







Fused teeth



Aphthous ulcer



Low frenum attachment



Eruption cyst



Incisal chips



Delayed eruption/teething



Iron Supplement Stain



Thrush



Oral Habits























# Dental abscess or "pimple"











Dental caries (cavities)





#### Dental trauma











Facial swelling – <u>needs</u> <u>immediate care</u>





## **Scenario 1**











# **Scenario 2**







## **Scenario 3**













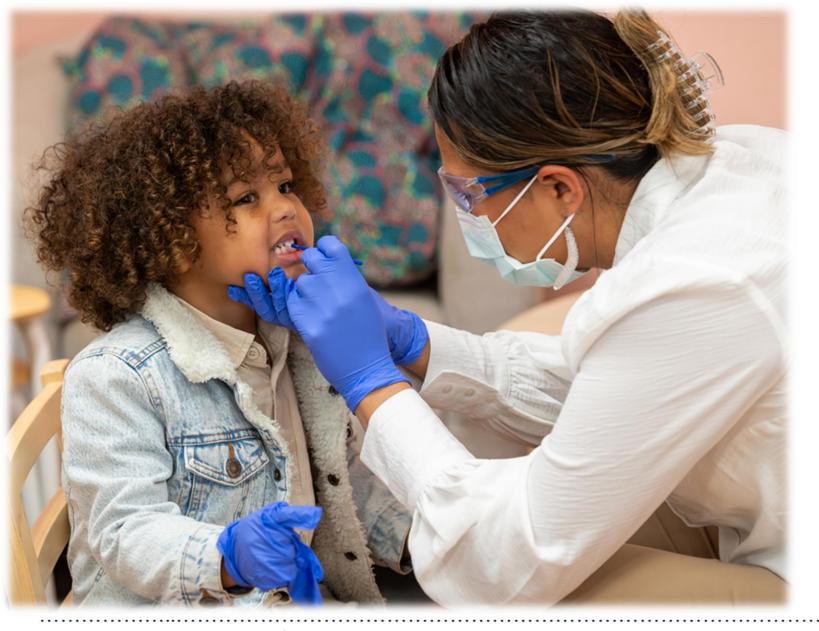
If you see something, do you have somewhere to refer your patients?

Establish a dental partnership!









## Fluoride Varnish





# Why?

- Reduces enamel demineralization
- Promotes enamel remineralization
- Easy! 30 seconds
   or less











# **Things to Consider**

- Who can order vs. who can apply
- Pay attention to IFU each brand is different!
- Don't like one kind? Try another!

#### Materials:

- Gauze
- Patient napkin
- Varnish Application







## **CPT Codes**

- Code 99188
- Example: FV can be done every 180 days until age 6 (Ohio Medicaid)
- Does not interfere with dental billing code
- Private insurance may not cover
- No coverage what's the plan?













# Thank you!

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