Targeted Oral Health Services Systems Grant Final Project Narrative- #H47MC08652
Massachusetts Department of Public Health Office of Oral Health
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Massachusetts' Final Project Narrative

With funding from HRSA's Targeted Oral Health Services Systems (TOHSS) Grant, Massachusetts concentrated its efforts on three different, but complementary initiatives to increase access to dental prevention and treatment services for MassHealth(Medicaid)/SCHIP eligible children and youth and other underserved children, including those with special health care needs (CYSHCN). By expanding existing collaborative programs and relationships improvements were made through oral surveillance, effective community prevention programs, and access to oral health treatment services.

The three different initiatives were:

1. Developing, implementing and promoting the utilization of oral health prevention (sealant) programs in school-based health centers and other high-need schools with at least 50% participation in the free and reduced school lunch program.
2. Developing, implementing and promoting a restorative referral/case management program to complement the oral health prevention programs to ensure that all underserved children have access to dental treatment; and implement a statewide registration program for all school prevention programs to assure access to treatment.
3. Implementing the Massachusetts Oral Health Action Plan for children and youth with special health care needs to expand and develop the availability of oral health services and resources to this high-risk child population and their families, and especially 0-5 year olds needing a dental home.

Each of the initiatives was successfully implemented with the completion of the following collaborative objectives.

Description of Objective 1:

- Develop a data collection system to monitor all school and community oral health programs in Massachusetts as part of the MDPH Office of Oral Health's Mobile and Portable Dental Program Registration Program.

Accomplishment(s): In the summer of 2006, due to an increase in the MassHealth fee schedule for EPSDT dental services and especially for preventive services, Massachusetts saw an increase in for-profit, out-of-state providers targeting schools to provide preventive services only. Little was done for referrals or treatment. In response to an outcry from school nurses and other stakeholders, the OOH convened a workgroup to develop a "Mobile/Portable Dental Program Registration" that would provide guidelines for all providers of mobile and portable programs to follow, including the requirement of having Memorandums of Understanding (MOUs) with a dental program or dental provider for restorative services.

On August 20, 2010, the Massachusetts Department of Public Health through its Board of Registration in Dentistry (Board) included in its updated Rules and Regulations for the Practice of Dentistry, mandated annual permitting of all mobile and portable dental

programs. *234 CMR 7.00 Mobile and Portable Dentistry* requires a "Permit M" for the operation of a Mobile Dental Facility or Portable Dental Operation by a licensed dentist, licensed dental hygienist working as a public health dental hygienist and other organizations and institutions. In addition to the permit, the Board has specific physical requirements of the dental program including handicap access, access to potable water and hand washing, etc. The Board also requires written informed consent of all patients, the distribution of an information sheet to both the patient and institution hosting the program, documentation of the procedures performed and costs, and written procedures for referrals including an MOU with other providers, as well as a protocol for emergency care within a reasonable geographic distance of the patient.

In addition to the Board's permitting requirement, in SFY2010, the MDPH Office of Oral Health established a surveillance system for all mobile and portable programs owned/operated by public health dental hygienists. Using an electronic data collection system, each quarter the Office of Oral Health collects data from the public health dental hygienists and annually it collects data from all other dental public health programs providing services in a school setting.

Impact: The mandated permitting of all mobile and portable dental programs, and the threat of a sanction to the licensed dental provider, has increased access to dental homes and comprehensive dental care for the residents of Massachusetts, both children and adults. Through the MDPH Office of Oral Health surveillance system, it was established that in school year 2010-2011 68% of all public schools in Massachusetts with at least 50% participation in the free and reduced school lunch program were hosting oral health prevention (sealant and fluoride) programs.. This breaks down to: 82 percent of high-risk elementary schools, 50 percent of high-risk middle schools, and 26 percent of high-risk high schools.

Lesson(s) Learned: During its first round of data collection from all school-based providers, the Office of Oral Health learned that ease of reporting and clarity of the information being requested enhanced the chance that the data submitted would be accurate. It was also important to supply definitions for the data requested; for example the definition for caries experience and caries history vs. untreated tooth decay. Many of the providers did not have public health experience and were confused by the data categories. We also learned that when the data collection categories changed, it was important to not just provide written definitions, but to provide group trainings in a webinar format.

Collaborators: 1. Board of Registration in Dentistry, Massachusetts Dental Society, Massachusetts Dental Hygienists' Association, MDPH School Health Unit and School-Based Health Center Unit.

Description of Objective 2 and Objective 3:

- Expand the Neighborhood Smiles Program, an early caries risk assessment, referral and follow-up program for children 0-5 years old (and their families) with special health care needs for a dental home.
- Develop resource materials that are culturally competent and linguistically appropriate for parents/caretakers of children with special health needs to improve their oral health literacy and assist in their ability to improve their child's oral health at home.

Accomplishment(s): In September 2006, the Massachusetts Office of Oral Health in collaboration with more than ten public and private multi-disciplinary partners, including the MDPH Title V Agency, developed a Children with Special Health Care Needs Oral Health Action Plan which focuses on improving the oral health these children and youth. In January of 2009, the Office of Oral Health (OOH) released a toolkit designed for child health providers to educate them on the oral health needs of children and most importantly, the oral health needs of CYSHCN. "Connect Oral Health to Every Child's Medial Care… A Child Health Provider's Guide to BLOCK Oral Disease (BLOCK)" is a comprehensive resource of educational and training materials that offers medical providers an overview of oral health, including but not limited to oral disease etiology, a pictorial digest of oral diseases (A to Z) as they related to systemic diseases, multi-lingual anticipatory guidance for parents and caregivers, as well as other useful tools to assist the child health provider incorporate oral health into their medical practice. For more information on the BLOCK training go to: www.mass.gov/dph/oralhealth under topic area "BLOCK".

The toolkit was created at the request of parents and caregivers who provided the Office of Oral Health their input at a forum we held in 2006. The toolkit was reviewed by the Office of Oral Health's CYSHCN Advisory Committee and their comments were incorporated into the final document.

With no-cost extension funding, the Office of Oral Health is working with to develop a web-based application for devices like Smart Phones to assist in accessing information contained in the BLOCK Training. An update on this activity will be provided in an addendum to this Report, in the summer of 2012

Beginning in October 2008, MassHealth (Medicaid) began reimbursing licensed medical providers to apply fluoride varnish during well-child visits for any member under age 21. The Commonwealth's hope was that this new reimbursement would increase access to preventive dental care for its child members and especially those 0 to 5 years of age, as well as increase their access to a dental home through referrals from their primary care provider. To increase participation by primary care providers, the Office of Oral Health included in the toolkit and the actual trainings the administration of fluoride varnish; (See Objective 6).

Impact: Since its first trainings held in 2009, the Office of Oral Health as used BLOCK to train and educate more than 620 medical providers (MD, PA, NP, RN, LPN, MA, etc).

In addition, in collaboration with our sister program, the School Based Health Center Unit, the BLOCK training was used to train the medical providers working at 15 school-based health centers funded by the Department. At the 2009 National Oral Health Conference, the Office of Oral Health presented data on the pre and post-test knowledge and behavioral change that occurred with the toolkit after the first 4 months of trainings. In addition, the toolkit has since been promoted by the MCHB Maternal and Child Oral Health Resource Center, the American Academy of Pediatrics and their Massachusetts Chapter, the AMCHIP meeting held in February 2011. In addition, organizations and agencies in Washington, Utah, California, Maine, Minnesota and Oregon are using all or part of the toolkit.

Lessons Learned: Though participation in the trainings has been high and there has been a documented change in attitude and practice toward the integration of oral health into the medical home, few licensed medical providers (110 in SFY2010) are actually administering fluoride varnish during well child visits. Medical providers site a lack of time, and current state drug regulations disallow a non-licensed individual under their supervision from administering the topical fluoride. Since the later part of 2010, the Office of Oral Health has been working with the state's drug control program to update its regulations to allow non-licensed persons to apply the varnish. *An update on this regulatory change will be provided in an addendum to this Final Narrative Report, in the summer of 2012.*

Collaborators: Family Ties, Massachusetts Consortium for Children with Special Health Care Needs, Early Intervention, Massachusetts League of Community Health Centers, Massachusetts Chapter of the American Academy of Pediatrics, MassHealth Dental Program, DentaQuest, Massachusetts Coalition for Oral Health, UMass Medical School, MDPH Drug Control Program, Title V Office, Division for Perinatal, Early Childhood and Special Health Needs.

Description of Objective 4:

- Develop, implement and promote prevention dental (sealant) programs for high-risk children in school-based health centers using portable dental equipment in collaboration with the state's public health hospital dental programs, the Massachusetts Association for School-based Health Centers, and the Massachusetts Department of Public Health School-based Health Center Office.

Accomplishment(s): Within six months of the first funded year, the Office of Oral Health had implemented its newly developed school-based sealant program as a pilot in one school-based health center school in Springfield, MA. Springfield, a non-fluoridated community, is one of the top three populated communities in Massachusetts. Sixty percent of the residents are Hispanic and 80% of the students participate in the free and reduced school lunch program. With the success of the program, MDPH-SEAL (Seal, Educate to Advocate Learning), in that one school, the Department, as well as the Executive Office of

Health and Human Services supported its expansion to serve other high-need communities throughout the state.

The MDPH-SEAL Program's goal is to prevent tooth decay and promote continuous and comprehensive dental care for each child through placement in a dental home. Prevention services (resin-based sealants and fluoride varnish) are provided by dental hygienists using portable dental equipment. The Program targets 2nd and 6th grade students, but is available to any student with the school with consent to participate, regardless of their insurance status or ability to pay.

While the program was supported with TOHSS funds and some state dollars, a plan for sustainability was imperative for it's the continuous operation. After at least three years of meetings educating/advocating within state government and with support from some outside stakeholders, in early 2011, the Department of Public Health became a MassHealth(Medicaid) provider. This was the first step in allowing the SEAL Program to bill and receive reimbursement for the sealants and fluoride at the same rate as a private provider in the community ensuring its sustainability.

In July 2011, Governor Deval Patrick and the legislature included a retained revenue account specific to the continuous operation of MDPH-SEAL in the final fiscal year 2012 budget. The retained revenue account allows the Department of Public Health to expend funds for the operation (personnel, supplies, printing, billing, etc) of MDPH-SEAL from revenues collected from MassHealth(Medicaid) and other third party reimbursement for the preventive oral health procedures provided by the Program's staff. The retained revenue account also allows the Program to "borrow" funds before they are received from MassHealth, but it does not allow any funds to be rolled over from fiscal year to the next. Any funds remaining in the retained revenue account on June 30th, are returned to the Commonwealth's General Fund. On July 1st of each year, the Program begins accumulating new funds to support itself during that fiscal year. In October 2011, the Office of Oral Health began billing MassHealth and by December 2011 had received more than $90K in reimbursement, meeting its financial obligations to date.

Impact: From its inception through the end of school year 2010-2011, the SEAL Program implements its program in 91 schools (14 with school-based health centers), in 8 high-need communities throughout the state, with 7,711 students receiving a dental screening and 34,122 dental sealants placed. The retention rate for sealants placed by the MDPH-SEAL Program is 96 percent.

More than 80 percent of the students participating in the SEAL Program are MassHealth(Medicaid) eligible, with about 10 percent having no dental insurance coverage. More than 60 percent are Hispanic.

In school year 2011-2012, the MDPH-SEAL Program expanded further and is providing preventive dental care to students in 133 schools in 13 high-need communities.

Lesson(s) Learned: While developing a statewide sealant program does have its challenges, the lesson learned came from working to achieve sustainability of the program post grant funding. In the initial grant proposal timeline, it was expected that the SEAL Program would be able to be reimbursed by MassHealth(Medicaid) at the end of Year 1. While the discussions began during the first funding year, the conversation continued during the following two years trying to "convince" those outside the Department of its value. While it proved to be an opportunity to educate other agencies within state government about oral health, disparities and dental sealants, it was surprising that no mechanism to reimburse a "sister agency" for actual services had never been established. The lesson learned was patience with state government to look out-of-the-box at all resources available and to collaborate with other state agencies to gain support from the Accounting and Finance, the Legislature and finally the Governor.

Collaborators: MDPH School Health Unit, School Based Health Center Unit, MDPH Hospital Bureau, MassHealth Dental Program, Executive Office of Health and Human Services, Department of Elementary and Secondary Education, Massachusetts League of Community Health Centers, local school districts, school nurses, community dentists.

Description of Objective 5:

- Develop, implement and promote a restorative referral and follow-up program to ensure that children receiving dental sealants and other preventive treatments also access restorative treatment by appropriately trained and culturally competent oral health providers in partnership with the state's public health hospital dental programs, the Massachusetts Dental Society and the Massachusetts League of Community Health Centers.

Accomplishment(s): In addition to placing dental sealants and topical fluoride, the SEAL Program includes a referral/case management protocol. If the consent form does not include the name of the dental home, then the SEAL Program will refer the individual to a local dentist or community health center dental program who accepts their insurance and/or free care if there is no dental coverage. This protocol was developed with input from school nurses and includes the availability of translation services for families where English is not their primary language. For students who do list a dentist of record, a letter is sent to the dentist and a copy to the parent/guardian, letting the provider know that the child participated in the SEAL Program and that a follow up examination/treatment is needed.

With input from the Office of Oral Health, in August 2010, the Board of Registration in Dentistry included a mandate within its Rules and Regulations (234 CMR 7.00) of all licensed dental providers working outside a dental practice to have memorandums of agreement with local dental providers for referrals and emergency dental care within a reasonable distance from the individual's home.

In order to provide referral and follow-up care to students participating in the MDPH-SEAL Program, the Office of Oral Health developed a "directory" of dentists within the catchment area of the schools where SEAL is being implemented. Annually, letters are sent to all dentists within specified communities asking them to provide free care. The dentists are allowed to choose the number of students they are willing to provide free care for, as well as the age group they are most comfortable in treating in their office. Dentists are required to provide comprehensive care to the student, not just relieve them from pain.

Impact: As of August 2010, all residents of the Commonwealth who participate in dental public health programs, including school-based programs are required to be provided a referral to a dental home that has agreed to provide restorative care. This requirement by the state's dental licensing board will help to ensure access to restorative care and may lead to a dental home for comprehensive dental care.

The MDPH-SEAL Program's directory of dentists currently includes 94 dentists from local dental offices and community health centers practicing within the catchment area of MDPH-SEAL. This directory is comprised of general dentists, as well as specialists including oral surgeons, endodontists and orthodontists are participating. Currently the program includes at least 893 individual patient slots for children birth to 21 years of age who are in need of free dental care.

Lesson(s) Learned: Providing referrals to students and tracking whether or not the student receives the needed dental care is one of the hardest components of implementing a school-based sealant program. The establishment of a protocol to handle each of these situations has assisted the Program and made it easy to follow. When introducing the Program to a new school nurse and administration they are able to see within the protocol what their role is in this process and that our process is standard for all students. Input from school nurses in its development has also made it helpful to get their buy-in.

Collaborators: Massachusetts Board of Registration in Dentistry, Massachusetts League of Community Health Centers, Massachusetts Dental Society, local dentists.

Description of Objective 6:

- Promote fluoridation and other effective community based prevention strategies.

Accomplishment(s): The first communities to fluoridate their water in the Commonwealth began in 1951. Currently, more than 65 percent (4.4 million people) are receiving its health and economic benefits. In the communities that do not fluoridate or are unable to fluoridate their water (n=211), the Office of Oral Health offers a free weekly fluoride mouthrinse program, and all but two of the non-fluoridating communities participate. Over the last four years, the state's fluoride mouthrinse program, established in 1978, has been promoted among all public schools, including the state's charter public schools. In addition, an updated fluoride mouthrinse training has been provided to all school nurses and fluoride mouthrinse program monitors. At a cost of $1.25 per student in this current

school year, the weekly fluoride mouthrinse program is cost-effective and accepted as part of the school routine in these communities.

Fluoride varnish has also been promoted in the medical setting for moderate to high-risk children, and especially for those children that are MassHealth(Medicaid) eligible. In addition to developing a toolkit and training to educate and promote this reimbursable preventive measure among medical professionals, the Office of Oral Health worked with the state's Drug Control Program to develop proposed regulations to allow non-licensed individuals under the supervision of a licensed provider to administer the varnish. To promote oral health among children and children and youth with special health care needs, as well as the fluoride mouthrinse program and fluoride varnish, the Office of Oral Health, over the last four years, developed multi-lingual fact sheets and other resources aimed at parents, providers, and school nurses and teachers, (See Attachment D).

Impact: Over the grant period, the Office of Oral Health has been able to increase the number of schools in non-fluoridating communities that participate in the weekly fluoride mouthrinse program. In the first grant year (2007-2008), the number of schools participating was 269 schools in 158 communities; and in the final grant year (2010-2011), 294 schools in 209 communities were participating. In addition to the number of schools, the number of students participating also increased by about 10 percent, with 48,687 students swishing weekly in school year 2010-2011.

Lesson(s) Learned: 1.The state's Department of Elementary and Secondary Education (DESE) tracks "time in learning" which makes it difficult in some high-risk schools to implement any program that is not directly related to learning. In order to be respectful of school policies and encourage their receptivity of the weekly fluoride mouthrinse program, the Office of Oral Health developed "Swish Minutes". Swish Minutes are oral health messages that are about one minute in length, which are read by the fluoride mouthrinse monitors as the children are swishing their fluoride. The Swish Minutes are counted as time-in-learning and do not take away from the DESE's learning time. The Swish Minutes cover topics such as healthy eating, mouthguard use, fluoridated water, tooth brushing, dental sealants, etc.

2. Fluoride Varnish-(See Objective 2 and 3 for Lesson Learned).

Collaborators: Massachusetts League of Community Health Centers, Massachusetts Chapter of the American Academy of Pediatrics, MassHealth Dental Program, DentaQuest, UMass Medical School, MDPH Drug Control Program, School Health Unit and School Based Health Center Unit, local school nurses, fluoride monitors and local health providers.

Overview of Accomplishments:

- Developed a statewide surveillance system of school-based oral health providers to assess what high-risk schools had oral health programs and what services were being provided to what grade(s).

- Developed a toolkit targeted at medical providers to promote the oral health needs of children and youth with special health care needs.
- Developed an in-person and online training for medical providers to promote caries risk assessment and the administration of fluoride varnish during well-child visits.
- Trained more than 600 medical providers on oral health and the administration of fluoride varnish.
- Proposed regulations were drafted to allow non-licensed individuals to administer fluoride varnish.
- Developed a school-based oral health prevention (sealants and fluoride) program (MDPH-SEAL), to serve students living in high-risk communities.
- Over the last four years, expanded the school-based oral health program to serve high-risk students in 133 schools in 13 high-need communities.
- The Office of Oral Health became a MassHealth(Medicaid) provider.
- The FY2012 budget included a retained revenue account to support the MDPH-SEAL Program, documenting support from the Governor and Legislature for the oral health program.
- Collaborated with the Board of Registration in Dentistry to include a mandate for all school-based oral health program providers to refer students for follow-up dental care. All providers are required to have MOUs with local dental providers and community health centers to provide the restorative care.
- Over the last four years, the state's weekly fluoride mouthrinse program was expanded to 294 schools in 209 non-fluoridated communities.
- Multi-lingual fact sheets and other resources were developed to promote the programs developed and implemented with the TOHSS funding.

Long Term Sustainability of the Three Initiatives:

1. Developing, implementing and promoting the utilization of oral health prevention (sealant) programs in school-based health centers and other high-need schools with at least 50% participation in the free and reduced school lunch program.

    - The MDPH-SEAL Program became a MassHealth provider, creating its sustainability with reimbursement for the sealants and fluoride it provides to high-risk school-age children. Dental sealants (D1351) are reimbursed at $41 per tooth, while fluoride varnish (D1206) is reimbursed at $26 per member per quarter. First quarter reimbursement in FY2012 shows that the SEAL Program can be sustained without support from other funding streams and should have enough funding to expand its services to the other schools

2. Developing, implementing and promoting a restorative referral/case management program to complement the oral health prevention programs to ensure that all underserved children have access to dental treatment; and implement a statewide registration program for all school prevention programs to assure access to treatment.

    - The Massachusetts Board of Registration in Dentistry has included a requirement that all mobile and portable oral health programs must refer an individual participating to their identified dental provider or to another provider that the program has an MOU ensuring restorative care and follow up. This regulation ensures that school-age children and others served by this program will be offered access to restorative dental care and if they are not, sanctions could be imposed on their license.
    - Beginning in 2010, the Office of Oral Health developed and implemented an electronic data collection system to collect information from all school-based providers. The data collection is done in each spring and the programs report on their activity during the current school year.

3. Implementing the Massachusetts Oral Health Action Plan for children and youth with special health care needs to expand and develop the availability of oral health services and resources to this high-risk child population and their families, and especially 0-5 year olds needing a dental home.

    - The Office of Oral Health developed an educational toolkit and training for medical providers on the oral health needs of children and youth with special health needs (CYSHCN). Educating parents and medical providers was a goal within the Oral Health Action Plan. The next step for this initiative is to develop a web-based application for Smart devices/phones to access parts of the toolkit. *An update on this activity will be provided in the summer of 2012, as an addendum to this report.*
    - Increasing access to preventive dental care was another goal within the Oral Health Action Plan. By allowing non-licensed individuals to administer fluoride varnish via regulatory change, we expect to see an increase in medical providers doing caries risk assessment, providing anticipatory guidance and administering fluoride varnish to decrease the disparities that CYSHCN experience.

Respectfully Submitted,

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