



# **Mission Children's Dental Program Presented to NC Institute of Medicine Task Force on Children's Preventive Oral Health Services**

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# Mission Hospital System

- Non-profit hospital system comprised of:
  - Angel Medical System – Franklin
  - Blue Ridge Regional Hospital – Spruce Pine
  - McDowell Hospital – Marion
  - Transylvania Regional – Brevard
  - Mission Medical Associates – WNC network of primary care physicians across WNC comprised of more than 120 physicians in more than 25 sub-specialties
  - Mission Hospital (including former St Joseph's) - Asheville
    - Mission Healthcare Foundation
    - Mission Children's Hospital > Mission Children's Dental

# Mission Hospital

- Awarded Thomson Reuters Top 15 in United States recently.
  - Quality indicator: 300+ Health Systems in US were evaluated between 2007 to 2011 to determine top 15 hospitals in the country (measured as best chance of survival, fewer complications, & shorter hospital stays).
- Largest employer in WNC with almost 10,000 employees and over 1,000 volunteers.
- Highest number of surgical patients in NC.

## Dental Program History...

- Program began in 1996 as the Ruth & Billy Graham Children's Health Center.
- Name changed in 2002 to Mission Children's Dental Program.
- Purchased the first mobile dental clinic, "The ToothBus®" in 1996, and a second in 1998.
- Began seeing patients under general anesthesia in the operating room in 1997.
- In 2012, there were 1,164 visits on The ToothBus®, and treated 1,071 children in the operating room.

# Mission Statement

- Improve the health of “at-risk” children living in Western North Carolina by addressing their oral health needs.

# Goals

- A. Serve as safety net provider, filling gaps in service delivery for children and persons with special needs.
- B. Deliver the best possible dental care with respect and compassion.
- C. Provide education on the importance of oral health for general health and well-being.

## Program Details

- Department staffed by:
  - 4 full-time Dentists & 1 prn Dentist
  - 11 Dental Assistants (6 full-time, 3 @ 30 hours/wk, and 2 prn)
  - 3 office staff
  - 2 part-time bus drivers
  - 1 manager (shared with other outreach programs)
- Funding for program provided by billing revenue, and Mission Healthcare Foundation.

## Process Improvements

- Worked with Safety Net Solutions/DentaQuest on a BCBS of NC funded grant in 2010 – 2012 (along with nine other sites) to improve profitability and efficiency.
- Study included gathering baseline data, reporting data collection, conducting root cause analysis, and regular reporting and data updates.
- Experts worked with program to identify ways to increase services to children and maximize efficiency.
- Success measures indicated by increased gross charges, net revenue, bottom line, number of visits, number of dental procedures, and no show rate.

## Our Practice

- Treats patients from birth to age 18 (or older for patients with special needs)
- Allows anyone in the community to refer a child in need
- Prioritizes children in pain
- Accepts NC Medicaid, Health Choice, un-insured & un-documented patients (offering sliding fee scale)
- Provides interpreters for any language
- Assists in the arrangement of free or low cost overnight accommodations if needed for surgeries since coverage is over 21+ counties
- Communicates treatment plan with referral source

# Our Practice

- Is almost like three different practices in one, and is non-traditional...
  - 1. The ToothBus® (two 40 foot long mobile RVs outfitted with two dental operatories each)
  - 2. Operating room, where we see children with high level needs
  - 3. Pre-op, goes along with operating room, children are seen prior to surgery
    - For State required physical
    - For parents meet with the Dentist to go over surgery details
    - For parents to speak to a pre-assessment nurse at surgery center.
    - Post-op visits and dental exams are scheduled in-between pre-ops patients.
  - Dentists and DAs rotate through all areas and work with different teams on a daily basis.

# “The ToothBus®”



## The ToothBus® is Currently in 5 WNC Counties

- McDowell
  - Rutherford
  - Swain
  - Transylvania
  - Avery
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- These 5 counties contain 25 elementary schools.
  - We see Health Choice / Medicaid / no insurance children in elementary grades 2-5 (6 in McDowell) at school during the day.
  - The ToothBus® does not serve Buncombe and other counties with public Dental Health Clinics.

## How “The ToothBus®” Works

- Consents and pre-treatment paperwork are sent home to the parent with assistance from the teachers, schools, and administrators.
- All children are invited to fill out the paperwork, and \$25 gift cards are given as prizes to two classes per school with the highest paperwork return rate.
- Paperwork is returned to the program by the schools prior to beginning treatment, and a Coordinator (DA) reviews paperwork for completeness and eligibility.
- Group education is conducted with assistance of the school’s public health hygienist.

## The ToothBus®

- Coordinator schedules bus at schools, and lines up paperwork prior to treatment days.
- Daily dental team consists of one dentist, 2 DAs, and a bus driver (Staff and Dentists rotate).
- Driver takes bus to school site each day and sets up bus prior to team's arrival.
- Dentist and DAs meets driver at the school (leave office together in a 'chase' vehicle).

# Ready to See Patients



## The ToothBus®

- Driver checks in with the office to confirm the day's schedule, and escorts students to and from the bus for treatment.
- Team uses techniques to distract children receiving care, and there are TVs/videos/games to keep children occupied during treatment.
- Children receive full restorative care in a child-friendly, fun environment.
- Team returns to the school on future days as scheduled to complete treatment on all children.
- Absent children's slots are filled with available back up students.

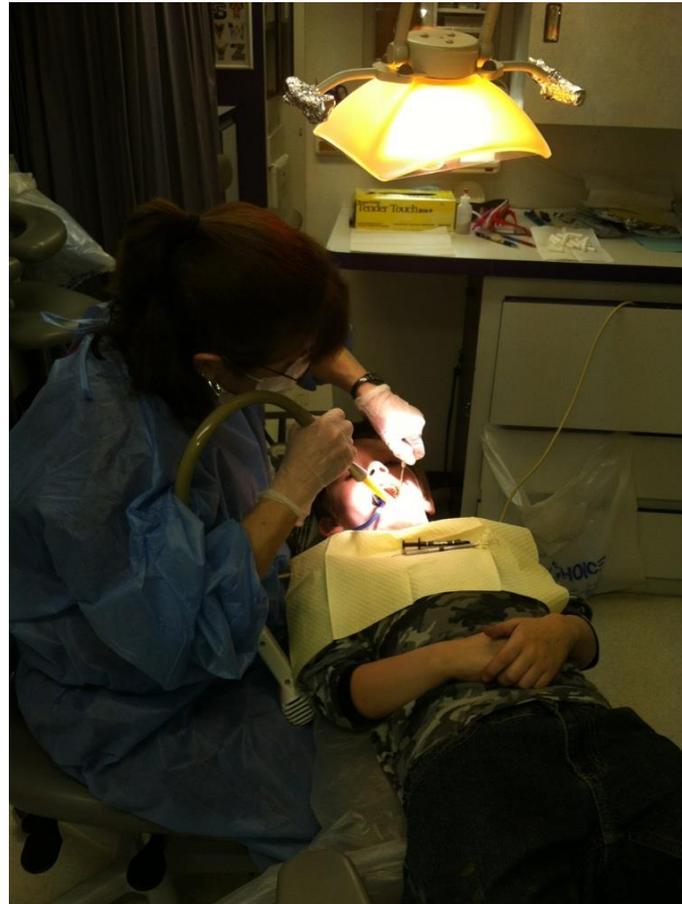
## Driver Shad During “Silly Hat Day”



## The ToothBus®

- A letter with treatment info and instructions is sent home to the parent via the teacher each time a child is seen.
- The program receives feedback/letters from teachers and parents about how the program positively impacted their child by improving self-esteem, eating habits, grades, etc.
- Independent research company conducts patient satisfaction calls on routine basis. Program is rated as 'Excellent' in the 97.6 percentile.
- Parents appreciate not having to take time off from work to take child to the dentist.

# Inside The Bus



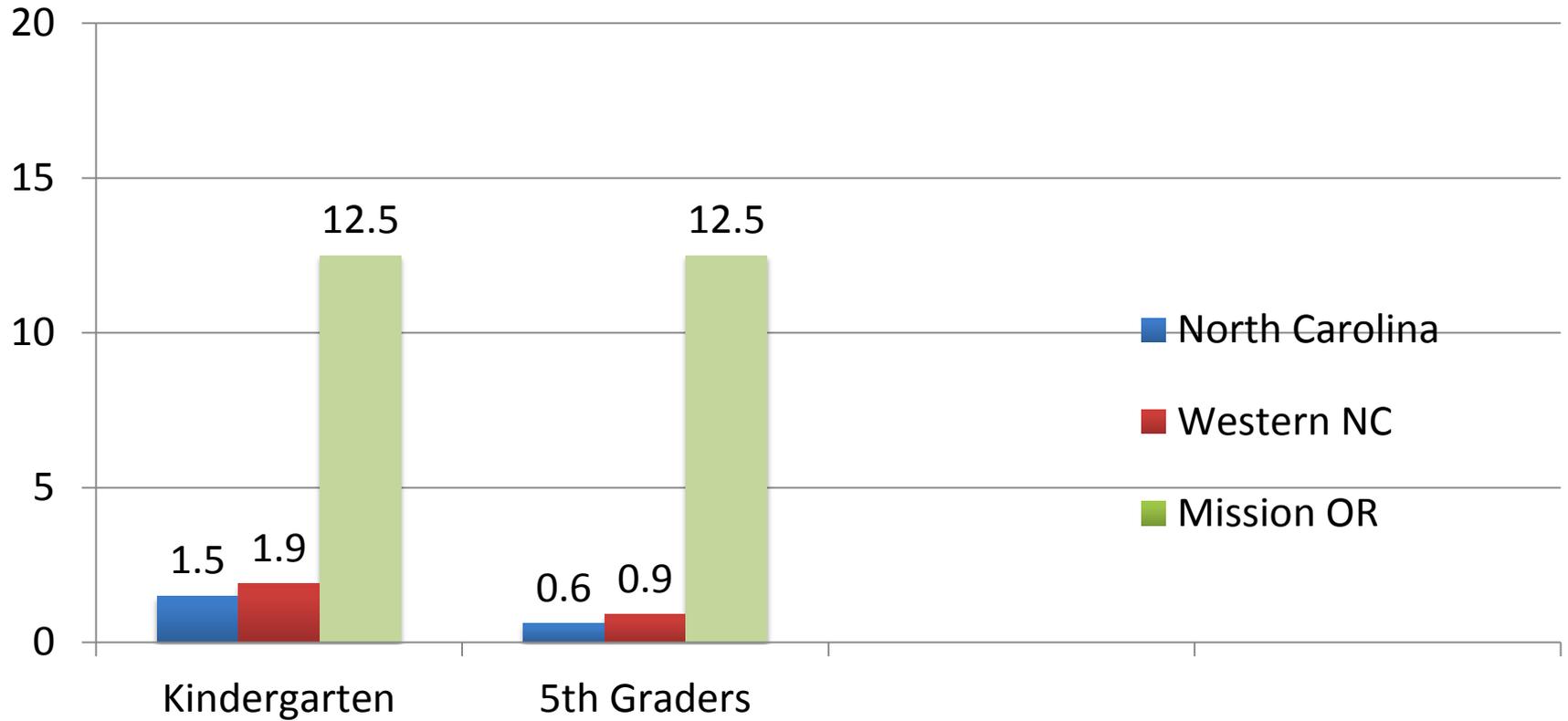
## Operating Room Patients

- 1-2 Rooms going a day, Monday – Friday at Asheville Surgery Center or Main OR.
- See children with Medicaid / Health Choice (no where else to go), or other children who are unable to receive care.
- Treat children (under general anesthesia) with
  - Special Needs
  - Dental Phobia
  - Young Age
  - Lots of Dental work required

# Poverty and Dental Disease



# Decayed, Missing & Filled Teeth (DMFT)



## Children in Lower Socioeconomic Status

- ◆ Don't generally have access to a dental home
  - Limited number of pediatric dentists that routinely see Medicaid and Health Choice patients
  - Most safety net clinics and county health centers routinely do not see patients under 5 years old
  - Don't have 1<sup>st</sup> dental visit until pain or swelling present
  - Pediatrician or dental screening at head start or school often the first indication of their dental disease

# Children in Lower Socioeconomic Status

## ◆ Strikes against Kids in Poverty

- Parental lack of education on dental disease
- Parents have increased dental disease and transfer virulent bacteria to child
- Lack of access to care, or if available, not important
- Parents don't seek care until child complains of pain or infection is present

# Children in Lower Socioeconomic Status

## ◆ Consequences of Early Childhood Caries

- Failure to thrive due to pain (don't eat)
- Pain interferes with school (absences and inability to concentrate due to pain)
- Low self esteem (decreased social interaction)

# Children in Lower Socioeconomic Status

## ◆ Consequences Poor Oral Health

- Dental disease linked to heart disease and stroke
- Periodontal disease linked to premature births and low birth weight
- Tooth loss before age 35 is a risk factor for Alzheimer's disease

## Rural WNC Patient



Often See...



# Abscesses



# Educational Materials for Schools



# Amalgam



# Composite



# Sealant



## Prevention, Detection, and Education Are Essential

- NC Institute of Medicine- promote Primary Care Physicians providing fluoride varnish at appropriate times before age of 3 ½
- Grants / Services – Example, Partnership for Children of the Foothills
- WNC Controversy - Fluoride in water? (Brevard)
- Dental check-ups and services available for everyone
- School Health Alliance Committees (in partnership with NC School Health Assessment requirements)
- “Children First” Outreach (Emma, Public Housing)
- United Way Education

# Mission Children's Dental Prevention & Education

- Pre Op & Post Op Videos & Education
- Disclosure tablets
- Head Start screenings
- Work closely with school health nurses and public health hygienist
- Coach parents to apply for Medicaid and utilize benefits for child's health care (cost of prevention vs. treatment)
- Sealants
- Community Outreach & Education

Questions?

*Thank you!*

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