

Sacramento Smiles: Evaluation of the Early Smiles Sacramento Program



ABOUT THIS REPORT

Early Smiles Sacramento is a school-based oral health program by the Center for Oral Health (COH) – a non-profit organization dedicated to improving oral health, especially of vulnerable populations through innovation, research, education, and advocacy.

This report presents findings of a one-year evaluation of Early Smiles Sacramento. Program data collected on an ongoing basis, was used and the findings presented in this report are summative and quantitative. All data presented in this report spans over 12 months (one program year) – September 2016 to October 2017 excluding July, 2017 when no screenings were conducted.

This program is funded by a contract with the three Sacramento Geographic Managed Care Programs – Access Dental, Inc, Health Net of California, Inc, and LIBERTY Dental Plan of California, Inc.



We have not had this kind of access (to oral health services) for our families and children.



- Director of Programs, School District, Sacramento, speaking of Early Smiles Sacramento Program

REPORT HIGHLIGHTS



1. Early Smiles Sacramento clients have a higher dental sealant rate than California State Average
2. Nearly 60% of Early Smiles Participants were successfully navigated to a dental office resulting in a dental visit
3. Nearly 40% of the children navigated by Early Smiles received treatment at a dental office
4. Early Smiles Sacramento has the potential to increase county- wide dental utilization by at least 5% over the next 5 years



I had a child in my office with 10 decayed teeth in her mouth and was in pain. Nothing had been done for this child since the family was unable to navigate the system by themselves. I then connected the grandmother of the child to Early Smiles Sacramento who, within 4 hours, connected the child to her dentist and the child was in the dental chair the next day.



- School Nurse, Sacramento



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BACKGROUND: The Dental Disease Epidemic



- Although fully preventable, **nationally**, tooth decay is the **most common chronic disease among 6 to 11-year-old children** despite being 100% preventable¹
- In **California**, **one in three children** are affected by tooth decay by third grade²
- In **Sacramento**, **despite a 100% increase in the utilization** of dental services between 2008 and 2014, **57% children** with Denti-Cal (through Geographic Managed Care – GMC) **did not have a dental visit** (*children continuously enrolled in Denti-Cal for one (1) without gap*)

Dental problems are the leading reason for missed school days



“

I see a lot of nasty teeth! It impedes our children's ability to sit in class. It is a huge problem.

- District Nurse, Sacramento

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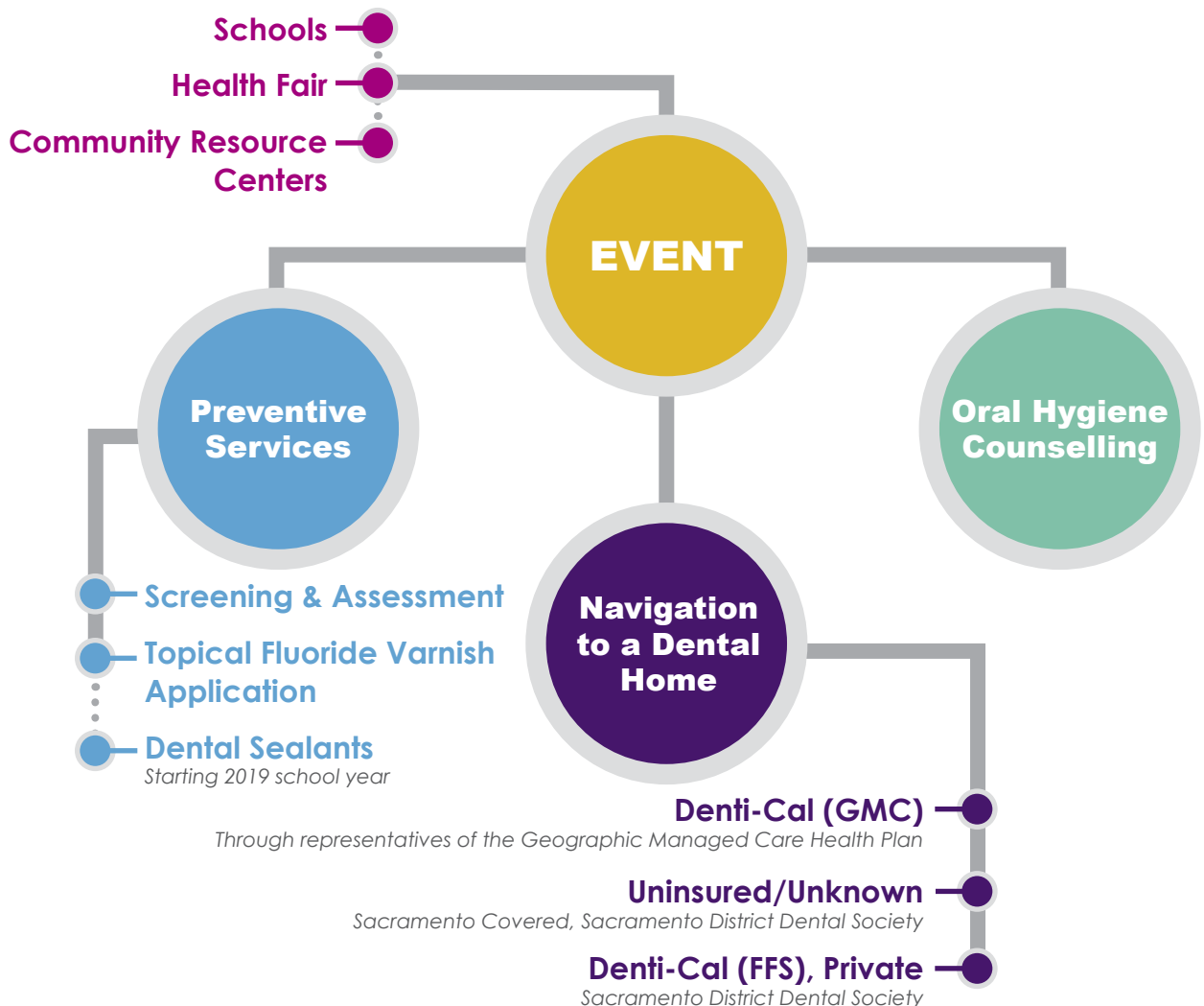
PROGRAM: Description



Early Smiles Sacramento is a unique community-based program that brings much needed dental care to the most vulnerable children in Sacramento County, where they live, learn and play.

Dental managed care plans in Sacramento –Access Dental, Health Net, and LIBERTY Dental Plan (referred to as 'Dental Plans' henceforth), were tasked by the Department of Health Care Services (DHCS) to identify innovative solutions to eliminate barriers to access to care and increase utilization. The three dental managed care plans, in collaboration with the Center for Oral Health (COH), designed **Early Smiles Sacramento** (ESS). The program was launched in September 2016 and is currently in its second year. This program brings greater accountability to the Medi-Cal dental program (Denti-Cal), leverages limited funds to enhance the well-being of the children and the community, and create a sustainable program; and improves access to care while keeping children in their classrooms. ESS provides evidence-based preventive dental services and helps navigate every child to a dental home. ESS also provides training to primary care providers to integrate preventive dental care into well-child visits.

The Program is advised by a community advisory group of experts and stakeholders. COH also works in close partnership with local school districts, school nurses, the County of Sacramento, and community based organizations to ensure timely provision of oral health care.



PROGRAM: Objectives & Reach



1—Screening

Using evidence-based methods, screen 10,000 to 12,000 children each year for dental disease, with 100% of the clients served being school-aged and from low-income households.

2—Prevention

Provide high-quality and evidence-based preventive dental services to 8,500 children. Preventive services include topical Fluoride Varnish (FV) application and oral health education.

3—Navigation

Identify and navigate children screened, to a dental home in a timely, culturally and linguistically-competent, and efficient manner. Work closely with Health Plans to identify providers, resolve issues promptly and provide additional assistance (like transportation and translation services) as needed. Connect non-GMC, privately insured and uninsured clients to relevant organizations and providers to ensure their insurance status changes if uninsured, that they receive needed care and a dental home is established.

4—Integration

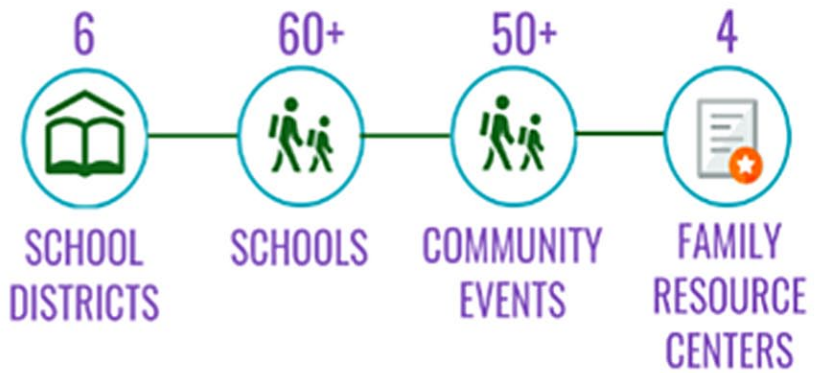
Foster better integration of dental services into medical practice by training medical providers on early detection of dental disease, oral health education, FV application and referral to dental providers, during medical visits.

5—Evaluation

Build a culture of evaluation into the program to ensure continued improvement, delivering a fiscally-responsible and effective program to the community. Evaluate the impact of this program on county-wide performance measures over three, five and seven years. Gather community input and comment on an ongoing basis ensuring that the program is catered to community needs and is serving the population in a competent manner.

6—Partnership

Develop and maintain strong working relationships and partnerships with various entities in Sacramento county and beyond to expand the reach of the program into more communities over years. Maintain a sustainable program that continues to exist and benefit the community despite policy, political and administrative changes.



11,752 SCREENINGS



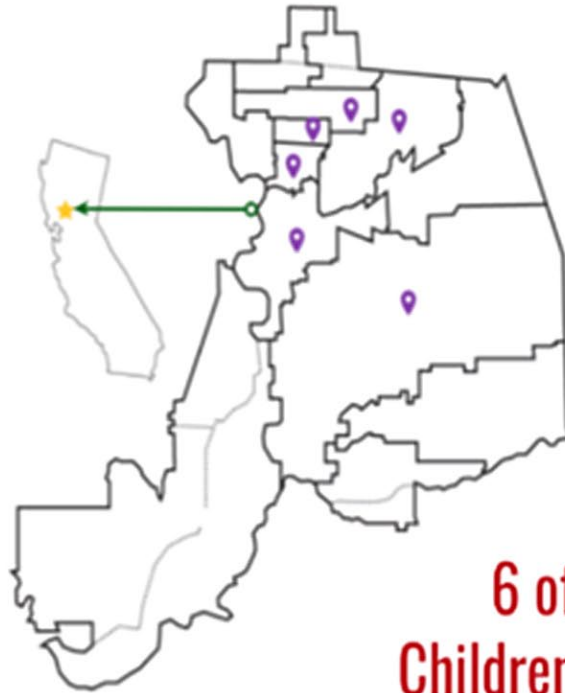
11,674 CHILDREN SERVED
unduplicated



FLUORIDE VARNISH APPLICATIONS FOR
9,922 CHILDREN



2 PRIMARY CARE PROVIDER TRAININGS



6 of 10 Children Served were insured through Denti-Cal



- Denti-Cal (Geographic Managed Care)
- Uninsured, Other (e.g. Denti-Cal FFS)
- Private

PROGRAM: Impact



All clients receive navigation services for accessing dental care and establishing a dental home. Program data for 3,603 children (referred to as 'children' or 'clients' henceforth) who were insured by one of three GMC Health Plans was analyzed.

The objective was to assess the outcome of navigation support provided by ESS and its impact on the child's utilization of dental services. In the following section, we present four key findings of this analysis with interpretation/reflections for program improvement.



Prior to the start of the Early Smiles program, my special needs child had gone years without dental treatment due to the difficulties navigating the Medi-Cal (Denti-Cal) system. The Early Smiles staff is prompt, professional, and very helpful. They helped me get my son screened, seen, and his treatment is now complete.



-Parent, Early Smiles Sacramento Client

Impact 1: Navigation to a Dental Home



Fifty-seven percent of the children were successfully navigated to a dental home and had a dental visit

Participation in the Dental Managed Care Program gives low-income children the provision of annual dental visits with timely evaluation and treatment of dental disease (e.g. tooth decay), referrals to dental specialists including pediatric dentists as well as access to evidence-based preventive services. Through GMC in Sacramento, beneficiaries pick a provider during enrollment (that they are free to change anytime) and such assigned provider may not deny care to this patient. The provider aforementioned, is responsible for the 'managing' the oral health of the member.

While many families might know the importance of good oral health, low income families face many challenges in accessing timely and quality dental care. Issues such as language barriers, lack of reliable transportation and long appointment wait times are common. Various shortcomings of the oral health care system they are part of, include complicated systems that they need to navigate to access dental care are worth noting.

Early Smiles Sacramento, through its partnership with the Dental Plans identifies such barriers to receiving dental care and navigates clients to their assigned dental provider. Translation and transportation services, specialty referrals, as well as support to make emergency appointments in case of active dental pain or infection are provided. The plans themselves are accountable and responsive to each member's needs and in turn, hold providers accountable and resolve any issues members might face in making appointments with their provider.

- **Within the first 12 months, nearly 6 out of 10 GMC clients (57%) had a dental visit after receiving screening and navigation services from ESS.**

Successful Navigation by Treatment Urgency



**Urgent Care Needed
(Within 2-3 days)**



**Early Care Needed
(Within 2-4 weeks)**

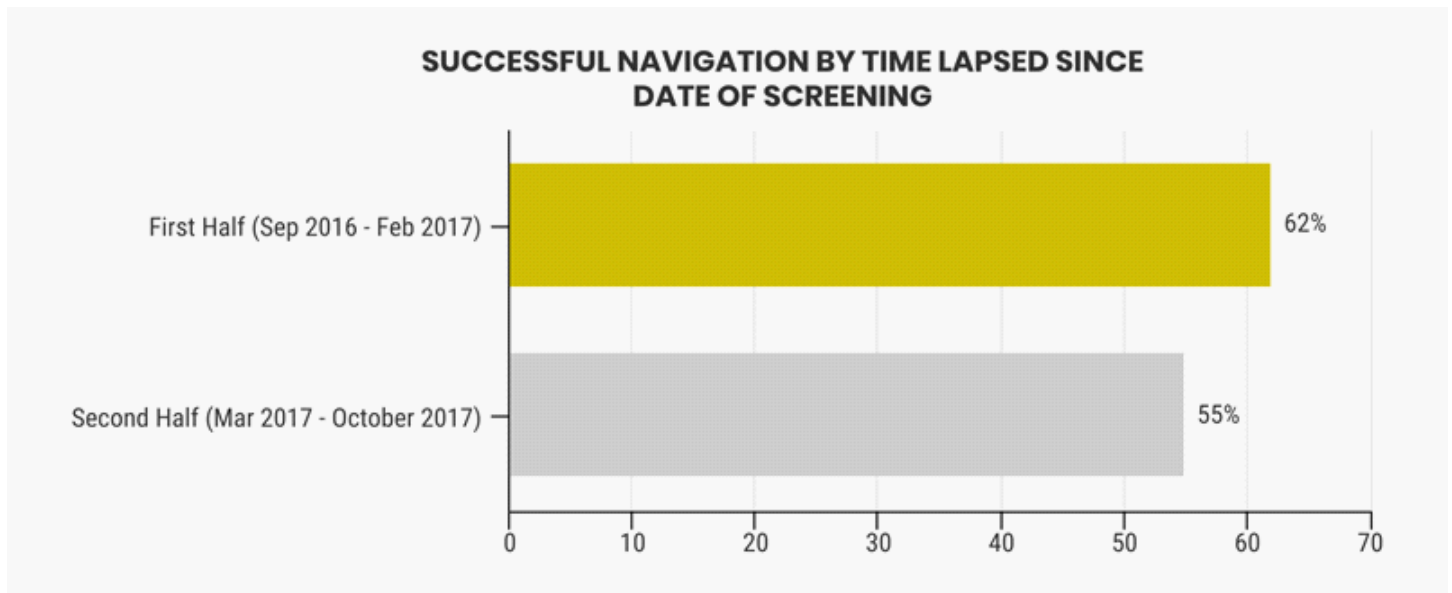


**No Obvious Problem
(Routine Care)**

IMPACT 1: (Continued)

- **A child with no obvious problems (as determined during ESS screenings) was just as likely to visit the dentist as one who needed urgent care** (see graph below).

This shows that most families understand the importance of regular dental visits and prevention, and want good oral health care for their children. With some support from programs like ESS, utilization of dental services can be improved and higher rates of dental disease prevention can be achieved in the Denti-Cal child population.



- **Children who were screened in the first half of the program year were more likely (5% higher) to have visited a dentist than those screened in the second half** (see graph above).

Many more children screened in the second half are expected to have successful dental visits increasing the program's average navigation success rate.



“

One of my favorite parts of a dental screening is providing a little bit of oral care instruction. Even though I may see hundreds of children in a day, I love that I have a quick moment of connection with every child to talk about how to best take care of their teeth. My interactions with children are short, but meaningful, and I'm happy for every opportunity I have, to help lead someone towards a lifetime of healthy smiles.

”

-Registered Dental Hygienist, Early Smiles Sacramento

Impact 2: Access to Evidence-Based Preventive Services



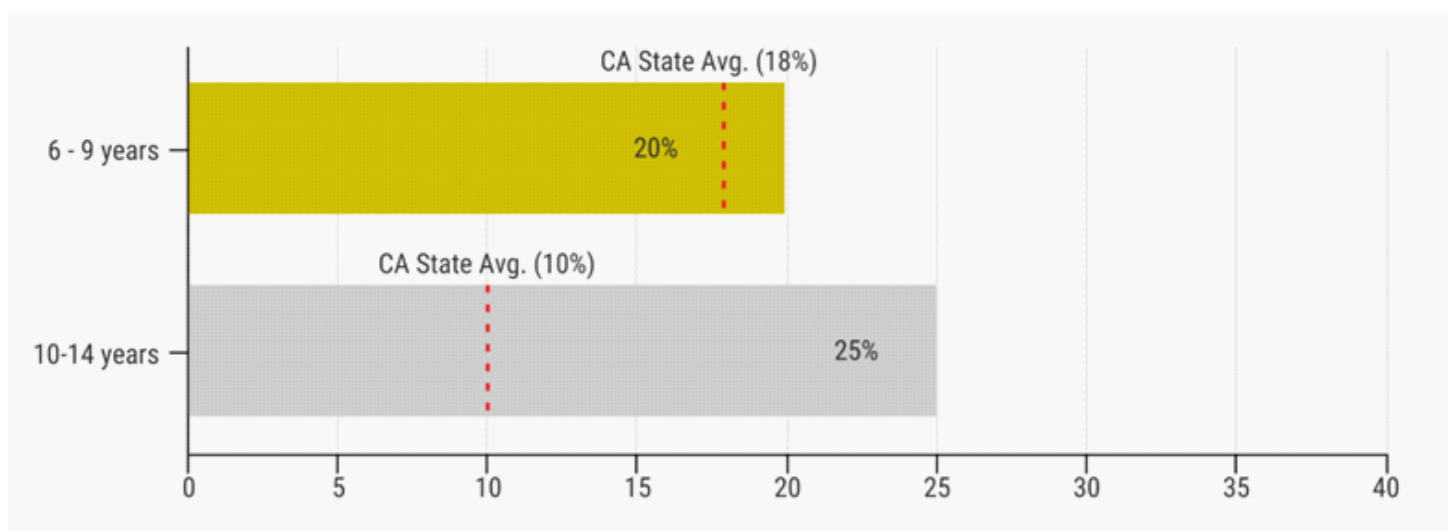
Early Smiles Sacramento clients have a higher dental sealant rate than California State Average

Dental sealants are an evidence-based and cost-effective method of preventing tooth decay and reducing burden of dental disease among high-risk populations. Yet, in 2015, rate of utilization of sealants among Medi-Cal eligible children in California was as low as 16% and 9% (as opposed to 18 and 10% in the previous version) among children 6-9 years and 10-14 years old respectively⁴.

Through navigation to a dental office and establishment of a dental home, Early Smiles Sacramento aims to increase access to dental sealants among children in Sacramento and resultantly, reduce the burden of dental disease.

- **Twenty two percent (22%) of eligible ESS clients, received dental sealants during their dental visit, on at least one permanent molar.**

This rate is significantly higher than the statewide average for Denti-Cal eligible children which stands at 14%⁴.



Having direct access to the plans and having someone who can come out and actually do the treatment (preventative care - FV application) and then navigation, is life-changing for our kids and our families.



-School Nurse, Sacramento

Impact 3: Treatment for Prevalent Dental Disease



Thirty-five percent (35%) of the children navigated by ESS received treatment for dental disease during their dental visit.

Tooth decay, when left untreated, can result in unnecessary pain, infection and suffering. Active tooth decay affects a student's ability to learn and succeed. Untreated tooth decay can leave children with other adverse effects like nutritional deficiencies, attention deficit and eventually, tooth loss. While prevention of dental disease is best, once developed, timely detection and treatment of prevalent decay is imperative.

Through Early Smiles Sacramento, a child's risk for decay and treatment needs are assessed. This information is used to further prioritize their navigation services. Establishing a dental home increases the likelihood of their existing dental decay being treated and ensures continuity of care.



Thank you for saving my daughter's tooth! I am forever grateful for the Early Smiles team. After my daughter knocked out her tooth in an accident on the playground at her school, the Early Smiles team was able to get my daughter seen and treated in less than an hour. Without their help, I don't know what I would have done.

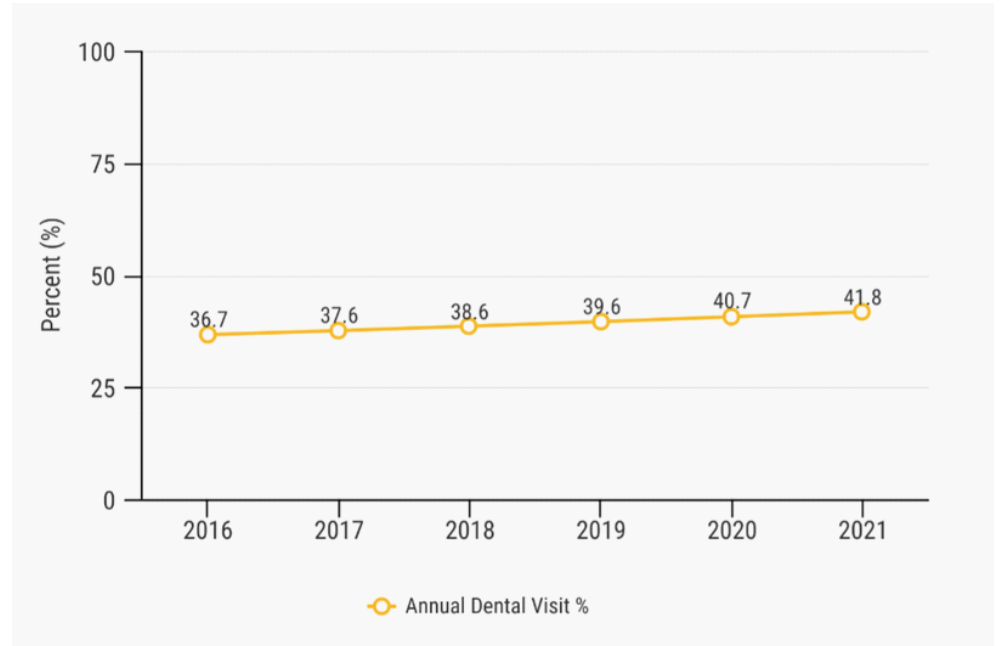


-Parent, Early Smiles Sacramento Client

Impact 4: Projected Impact on County-Wide Dental Utilization Over Time



Early Smiles Sacramento has the potential to positively impact county-wide dental utilization and performance measures over the next 5 years.



Assumptions:

1. Annual growth in Medi-Cal GMC members in Sacramento by 1% each year
2. 60% of the 12,000 annual ESS clients are Medi-Cal GMC members
3. 60% ESS clients with Medi-Cal GMC are successfully navigated to a dental home

Early Smiles Sacramento, conservatively calculated, can potentially increase the rate of Annual Dental Visits (ADV%) by 5.1% over 5 years. With expansion of the program to more school districts, these estimates are expected to be higher.



Various new initiatives like the Dental Transformation Initiative funded by the Department of Health Care Services) and County Local Oral Health Program (funded by the California Department of Public Health) are underway in California at this time. Sacramento county is a recipient of both these sources of funding,

Early Smiles Sacramento and the Health Plans are all collaborators or partners in the implementation of these programs. Overall, the county is well positioned to leverage benefits of these concurrent opportunities to improve oral health outcomes for its Denti-Cal children.

Conclusion: Reflections & Future Work



1. Increase navigation success rate by providing additional support to children who did not visit the dentist in the past 12 months and emphasizing the importance of having regular dental visits during oral health education sessions.
2. Continue navigating clients based on their treatment needs. Follow-up with children with early or urgent treatment needs who did not have a dental visit.
3. Collect and monitor data on other indicators like time elapsed between navigation and dental visit, completion of treatment (through client surveys) and continuity of care.
4. As students are screened in progressive school years, longitudinally monitor oral health (this information is collected for all ESS clients) and assess change in it thereof.
5. Leverage existing school-based program infrastructure to expand services to provide dental sealants to high-risk children in school settings.
6. Continue and evaluate efforts to integrate medical and dental care through trainings for Primary Care Providers on caries risk assessment and Fluoride Varnish application in the medical office.
7. Seek data from the Department of Health Care Services and the Health Plans to compare dental care utilization and outcomes between ESS and non-ESS clients. Plan and conduct a 5-year impact evaluation of the program.
8. Explore opportunities to adapt and expand the program into other counties with high need within California.
9. Continue to advocate for an unbiased analysis of Geographic Managed Care programs and their efforts to improve outreach, patient experience and ultimately, population oral health outcomes.
10. Continue to build and maintain sustainable partnerships with organizations like Sacramento District Dental Society, Sacramento Covered, Department of Public Health and First 5 Sacramento, which have been dedicated to improving oral health in Sacramento.



“

In Smiles for Kids, we are seeing less kids for free because they now have dental homes.

They (Health Plans) have stepped up and are receptive to our (stakeholders) input.

Having Early Smiles Sacramento navigate clients to a dental home after screening is great – that makes Geographic Managed Care work better.

”

-Smiles for Kids, Sacramento District Dental Society

ABOUT COH:

The Center for Oral Health was founded in 1985 as The Dental Health Foundation with the goal to serve the State Public Health Department in its quest for stronger policies and deeper understanding of the complex issues that affect access to dental care and to achieving optimum health outcomes.

The Center for Oral Health has been the leading non-profit organization in California raising awareness about oral health. It has trained thousands of healthcare professionals regardless of their background and established demonstration projects that have resulted in improved access to care for millions of underserved children through innovation, research, education, and advocacy.

The views expressed in this fact sheet do not necessarily reflect the views of the Center for Oral Health. This report is a work in progress and/or is produced in parallel with other briefs contributing to other work or formal publications by Center for Oral Health. Comments are welcome please direct them to Dr. Conrado Barzaga at CBarzaga@tc4oh.org

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- **Sacramento District Dental Society**
- **First 5 Sacramento**
- **Sacramento County, Department of Health and Human Services (DHHS)**
- **Sacramento Covered**
- **School Board Members, School Nurses and Staff at:**
San Juan Unified School District, Robla School District, Sacramento City Unified School District, Elk Grove Unified School District, Twin Rivers Unified School District, and Gateway Community Charters
- **HealthNet of California, Inc.**
- **Access Dental, Inc.**
- **LIBERTY Dental Plan of California, Inc.**

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