OBJECTIVES

Explain and evaluate oral health measures in SBHCs: learn how to define, measure, and interpret key oral health services and outcomes using existing and emerging data sources. They will explore approaches to disaggregate measures by demographic factors to better understand the data and identify targeted quality improvement opportunities.

Translate data into actionable insights and collaborative action plans: engage in interactive discussions and exercises to explore how oral health data can be integrated into broader school-based health center reporting, program improvement, and policy initiatives. They will leave with practical strategies for strengthening the school-based health center story especially focused on oral health services and the integrated care model, fostering collaboration among researchers, evaluators, and health center staff, and advancing healthier futures for children and families.

AGENDA

01 Introductions & Data Hub Overview: (15 minutes)

02 School-Based Dental Care Background (5 minutes)

03 SBHC Dental Expansion Project Achievements & Next Steps (45 minutes)

04 Questions (10 minutes)


INTRODUCTIONS
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VP OF MEDICAL AFFAIRS,
URBAN HEALTH PLAN, INC.
SARAH GOLDBERG, MPH
DIRECTOR
NEW YORK SCHOOL-BASED
HEALTH FOUNDATION
RISSA LANE, MS
SENIOR EVALUATOR,
APEX EVALUATION


NEW YORK SCHOOL-BASED HEALTH FOUNDATION
NYSBHF's mission is to provide technical assistance, research, and support for the growth, expansion, and advancement of New York State's School-Based Health Centers (SBHCs).
• The Foundation complements the member and advocacy focus of the New York School-Based Health Alliance.
• As a 501c3 non-profit organization, the NYSBHF can apply for and accept foundation grants to support its programs and the two organizations (NYSBHA and NYSBHF) are designed to work hand-in-hand.
• NYSBHF has an active member board, a very small staff, and several committees where we pull input from SBHC experts like you to define and guide our programs and materials.


APEX EVALUATION & THE SBHC DATA HUB

NYSBHF'S SBHC DATA HUB

HISTORY

The need for the Data Hub in New York emerged consistently from conferences, surveys, interviews, and discussions among SBHCs over the last decade. In 2019, NYSBHA secured funding for the Data Hub project and partnered with Apex Evaluation.

PARTICIPATION

SBHCs who participate in the Data Hub enter into agreements to protect sharing of sensitive data with Apex and partners like NYSBHF; upload an export of Electronic Health Record (EHR) encounter data to a secure portal once per month, and participate in data quality assurance and use efforts!

NYSBHF'S SBHC DATA HUB

OVERVIEW

Today, 16 sponsors are participating or are in the process of onboarding. This represents almost 60% of SBHCs in New York. With the Data Hub, SBHCs can document outcomes and impact, identify QI initiatives, streamline data reporting requirements, and more!

Number of Data Hub-participating SBHCs in county or borough

2024–2025 SCHOOL YEAR

Data Hub Participating SBHCs completed **343,891** SBHC **visits** and served **70,187** unique SBHC **clients.**

NYSBHF SBHC DATA HUB: DENTAL SERVICES FOR 2024-25

109 Data Hub participating SBHCs submitted data on **dental services**, including:

- 74 SBHCs who provide dental services along side of medical & behavioral health care (co-located)
- 35 SBHC locations who only provide dental services[1]

The NYS DOH School Health Unit assisted the Foundation in seeking a grant to expand the NYSBHF SBHC Data Hub with more complete school-based dental service data.

[1] These 35 dental-only SBHC locations are not included in the information reported for 2024-2025 on the previous slide.

HOW FAMILIAR ARE YOU WITH SCHOOL-BASED DENTAL SERVICES?

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STATE OF CHILDREN'S ORAL HEALTH IN NEW YORK

- In the United States, cavities (tooth decay) are the most common chronic disease affecting children.[2]
- 60% of low-income 3rd grade children in New York State have tooth decay.[3]
- 43% of Medicaid enrollees aged 2 to 20 years old in New York had a dental visit within the last year.[4]
- Barriers to utilization include an overall shortage of dental providers in some areas, providers who do not serve children, and providers who do not accept Medicaid.

[2] Centers for Disease Control and Prevention. (2024, July 9). Managing Oral Health in Schools. Centers for Disease Control and Prevention. https://www.cdc.gov/school-health-conditions/chronic/oral-health.html

[3] Kumar, J. V., Akpuh, O. L., Cooke, T. L., & Green, E. L. (2005, December). Oral Health Status of Third Grade Children. New York State Oral Health Surveillance System. New York State Department of Health.

[4] Data Dashboard: The State of New York's Children's Oral Health. Schuyler Center for Analysis and Advocacy. (n.d.). https://oaarp.org/data-dashboard-the-state-of-new-yorks-childrens-oral-health/

NEW YORK SBHC-D PROGRAMS

41 dental operators provide services at 2,400 approved locations, connecting approximately 140,000 enrolled students to dental services.

NYS DOH authorizes School-Based Health Center-Dental (SBHC-D) programs. SBHC-Ds may offer interventions to:

1. Create healthy environments
2. Provide health education and promote healthy behaviors
3. Implement universal preventive services (i.e., screening)
4. Offer clinical preventive services (i.e., cleanings, sealants, fluoride)
5. Deliver treatment via mobile or fixed facilities.

SBHC-D EXPANSION GOALS

- Expand and grow the NYSBHF SBHC Data Hub to include dental services and care.
- Identify the feasibility of producing and quality of NYS DOH SBHC-D quarterly reports.
- Modify Apex reporting tools to include more information about SBHC dental services.
- Use data to support SBHC providers and staff to identify disparities, measure performance & outcomes, benchmark & compare performance with peer organizations, and support quality care for students and young people in NY.

SBHC-D EXPANSION PROJECT

What we've achieved so far

- Mapped the landscape of dental data, including outcome measures and the availability of raw data

LANDSCAPE OF DENTAL DATA

- Identified outcome measures of interest (future potential performance measures) by looking to NYS DOH School Health Unit and National Guidelines/Standards, including the National Oral Health Surveillance System
- Reviewed data already available in the SBHC Data Hub and mapped this to outcome measures
  - CDT coding system structure
  - Matched CDT codes to outcomes measures where possible

PAIR SHARE

Turn and introduce yourself to your neighbor.

- **If you are already familiar with school-based dental services, what measures do you think would be meaningful or interesting?**
- **If you are not familiar with school-based dental services, can you speak to a time when you had to select measures to use for evaluation and reporting of something else (i.e., quality improvement effort?**

LANDSCAPE OF DENTAL DATA

Performance Measure Description	National Guidelines/ Standards for Dental Data Collection	NYS DOH SBHC Report Measure	Data Available Currently	Numerator	Denominator
Total Number of Unduplicated Enrolled Students in the SBHC-Dental Program who received oral screening/exam in the SBHC-Dental Program	Medicare/ Medicaid	Yes	Yes- codes D0191, D0150, D0120, D0140	Count of unique students enrolled in the SBHC who have a visit with D0191, D0150, D0120, or D0140	Count of unique students enrolled in the SBHC
Total Number of Unduplicated Enrolled Students in the SBHC-Dental Program with treated decay	NOHSS	Yes	No	Count of unique students enrolled in the SBHC who have previously had tooth decay treated	Count of unique students enrolled in the SBHC

SBHC-D EXPANSION PROJECT

What we've achieved so far

- Mapped the landscape of dental data, including outcome measures and the availability of raw data
- Preliminary analysis of the incidental data hub dental services data

DEFINING DENTAL SERVICES

We have defined dental services three different ways using Data Hub data over the years, primarily looking at SBHC visits with a dental provider or dental codes (CDT).

For these analyses, we used codes, which provides the most depth of information about the type of services provided.

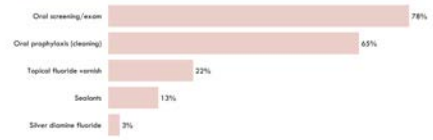
DATA HUB PARTICIPATING SBHC DENTAL UTILIZATION

11% of visits at Data Hub participating SBHCs included dental services.[2]

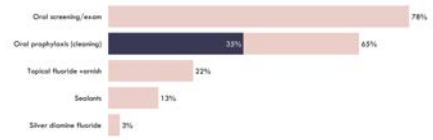
18% of Data Hub participating SBHC's clients received dental services.[2]

[2] Dental services include visits with procedure codes beginning in D or 99188.

78% OF CLIENTS AT DATA HUB-PARTICIPATING SBHCS WHO RECEIVED DENTAL CARE ALSO ORAL SCREENING/EXAM, AND 65% RECEIVED ORAL CLEANING.

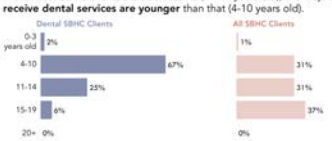


AND 35% OF CLIENTS AT DATA HUB-PARTICIPATING SBHCS RECEIVED TWO ORAL SCREENING/EXAMS WITHIN 12 MONTHS!



CLIENTS AT DATA HUB-PARTICIPATING SBHCS WHO RECEIVED DENTAL CARE ARE, ON AVERAGE, DIFFERENT THAN ALL SBHC CLIENTS.

While most SBHC clients are adolescents (11-19 years old), the majority of **clients who receive dental services are younger** than that (4-10 years old).



CLIENTS AT DATA HUB-PARTICIPATING SBHCS WHO RECEIVED DENTAL CARE ARE, ON AVERAGE, DIFFERENT THAN ALL SBHC CLIENTS.

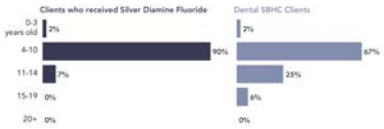
Clients who receive dental services are more likely to be missing insurance information. The distinction between medical & dental insurance may be important.

CLIENTS WHO RECEIVE DENTAL SERVICES ARE, ON AVERAGE, DIFFERENT THAN ALL SBHC CLIENTS.

Clients who receive dental services are more likely to be missing race information. SBHC-D operators are likely not collecting client race information thoroughly.

DISAGGREGATING DATA ALSO ALLOWS US TO OBSERVE INTENTIONAL DIFFERENCES.

90% of the **clients who receive silver diamine fluoride are 4-10 years old.** Providers are appropriately using minimally invasive care for young clients who are sensitive to more intensive restorative treatments.



PAIR SHARE

Introduce yourself to another neighbor.

- **What do you make of these findings?**
- **Are they surprising or expected?**
- **What else are you curious to know?**

OTHER EARLY FINDINGS

We can use dental data codes to identify the primary reason for the dental visit. This is aligned with how we report data for medical & behavioral health care.

This might include categories such as:

- Visits and diagnostics care (including evaluation/assessments and imaging)
- Preventative dental care
- Restorative dental care

SBHC-D EXPANSION PROJECT

What we've achieved so far

- Mapped the landscape of dental data, including outcome measures and the availability of raw data
- Preliminary analysis of the incidental data hub dental services data
- Detailed review and decisions about collection of dental data

PREPARING TO COLLECT DATA*

Data of Interest, but not Available in the SBHC Data Hub

- SBHC-D Enrollment Status
- Presence of decay at time of visit & status (untreated, treated, arrested)
- Status of sealant at re-assessment
- Information on referrals, including:
  - Students referred for treatment off-site, and the status of the referral
- Number of referral forms distributed & returned

Questions we Asked to Learn about this Additional Data

- Is this data available from your organization?
- Is it easy to obtain?
- How is this information formatted in your EHR or other tracking systems?
- Do you have any other feedback on the requested data?

SBHC-D EXPANSION PROJECT

What we've achieved so far

- Mapped the landscape of dental data, including outcome measures and the availability of raw data
- Preliminary analysis of the incidental data hub dental services data
- Detailed review and decisions about collection of dental data

What's ahead as we continue

- Collecting dental data
- Developing integrated reporting
- Expanding to include additional SBHC-D operators, including those providing integrated dental services and dental-only locations

INTEGRATED SBHC REPORTING

- Identify key data points and quality measures to effectively tell the story of school-based dental care in NY and support learning & quality improvement.
- Determine how to manage the complexity of including both integrated and dental-only locations to create actionable, compelling data stories.

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Executive Summary

AUDIENCE REFLECTIONS

- **Do you think this is something you could replicate in your community (SBHC, organization, state)?**
- **Are you already doing something similar? If so, what have you learned?**
- **What is one thing you are taking away from this presentation back to your own work?**

QUESTIONS?

Thank you, pilot partners!

Thank you so much to the SBHC Data Hub dental workgroup participating organizations: Urban Health Plan, Bassett, NYU Langone, Seal-A-Smile, Mosaic, and Oak Orchard!