

whitepaper

2011 conference
Prevention
Rebranding the Profession



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Chicago, Illinois

:: whitepaper excerpt ::
Roger Adams, DMD, MS, MBA

“Building a future based on prevention would give us the win-win situation we are all looking for. It would decrease costs and increase quality of care. I believe that’s the only hope we have of moving forward.”

--Dr. John Luther

As caries rates reach epidemic proportions in children across America, and millions of people have unmet dental needs, the dental profession faces a greater challenge than ever before. To improve oral health nationwide, the goals are changing from finding better ways to manage disease to imperatives of preventing disease. Toward that end, the Institute for Oral Health (IOH) dedicated 2011 to the theme of prevention, exploring evidence-based best practices and innovative models of care that are advancing disease prevention and early intervention.

In October 2011, the IOH hosted our fifth national conference in Chicago, Illinois on **“Prevention: Rebranding the Profession.”** The event spotlighted impressive steps forward in risk assessment, reducing early childhood caries, integration with primary care, new dental roles and effective collaborations to advance prevention, as well as guiding principles for longevity from the world’s healthiest cultures. The conference welcomed guest speakers from across dentistry, medicine, dental benefits, health policy, and the American Dental Association (ADA).

Key prevention strategies discussed at the conference included:

- **Risk assessment and early disease detection** – Many experts agree that prevention in oral health needs to include a framework centered on caries risk assessment. One progressive approach is an assessment form that reduces the dental office burden by engaging patients to self-assess, and providing choices for treatment strategies that best fit patient needs and willingness to adopt healthier behaviors. Additionally, innovations in salivary diagnostics may soon make it possible for dental teams to conduct quick, scientifically accurate chairside tests to detect the presence of an array of diseases within minutes.
- **Preventive dental visits by age one** – Studies confirm that children who receive their first preventive dental services by age one have lower incidence of caries over time and require fewer hospital visits for restorative care. As a result, these early visits dramatically reduce the cost of care. Reaching parents early also helps them understand oral health milestones and increases continued usage of dental services to prevent early childhood caries.
- **Socially-relevant behavior modification** – An innovative model has been introduced that provides an interactive, visually appealing mobile application that community health workers can use to engage parents in childhood caries risk assessment and oral health education. Using simple, culturally relevant language and nutrition references, the system helps guide low-income, low-literacy minority families toward adopting healthier behaviors that help reduce and prevent caries.
- **New dental roles to increase access to preventive services** – New training programs are underway that establish a new dental team member, the Dental Therapist. Skilled in basic dental services, oral health counseling, and practice management, the Dental Therapist helps increase practice capacity for basic oral exams, risk assessments, and preventive

services, and works closely with families to help them understand ways to maintain good oral health and reduce tooth decay. Another program underway is the ADA-sponsored training for Community Dental Health Coordinators (CDHCs). Supporting the low-income communities in which they live, CDHCs serve as a trusted resource to provide culturally-sensitive oral health education, coordinate access to dental care, and perform basic dental services and risk assessments for families in public health settings.

- **Engaging primary care providers in oral health** – As family physicians and pediatricians have more frequent access to young children, these primary care providers are increasingly taking advantage of oral health training programs to help reduce early childhood caries. Providing basic oral screenings, fluoride varnish, and oral health education, they help families understand the connections between oral health and overall health, and the importance of starting dental prevention early to reduce caries risk over time.

Stay up to date on 2012 Institute for Oral Health events

Our 2012 theme is “The Evolution of Oral Health Care Delivery.” Throughout the year, the Institute for Oral Health will host focus groups with industry experts, participate in national oral health events, and convene our **6th annual national conference on October 4 & 5, 2012 in Boston, Massachusetts**. Keep up with the latest news and findings through our website (IOHWA.ORG), whitepapers, quarterly newsletter, and Facebook fan page. Additionally, check out the latest advances in oral health care on our site’s special section “Innovation Central.”

About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

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Co-Founder and CEO/President, Sealants for Smiles®



A Model for Prevention: Rebranding School-based Sealant Programs

For the 2011 Institute for Oral Health conference on “Prevention: Rebranding the Profession,” Dr. Roger Adams shared his approach to what branding means in dentistry and its impact on advancing prevention. A former oral surgeon and business development expert in dental plans, and now co-founder and CEO of the non-profit organization *Sealants for Smiles*, Dr. Adams brings a well-rounded, practical perspective on what it takes to successfully implement a school-based, prevention-oriented oral health program.

What is the “Brand” of the Dental Profession?

In focusing on prevention, a key component to success lies in the dental industry’s ability to influence public perception about oral health. That is essentially what “brand” is about—a core concept that defines the attributes and personality of a business or organization. “Branding” is the ways in which those attributes are conveyed to the public (through communications, visual identity, etc.) to influence their perception about the business or organization. A successful brand is one that resonates well with consumers, one that is easy to understand and reflects their values. In the dental profession, we face a challenge in influencing positive change because we have a disconnect between our own perception of our brand and how the public sees dental care.

Currently, a dominant influencer of the dental profession “brand” is cosmetic dentistry. Making smiles more beautiful is an attractive concept to consumers, but as a brand for the profession, it applies to only a fraction of the national audience. Millions of people perceive dental care as an unaffordable and inaccessible service they will turn to only when discomfort grows too urgent. This negative concept is a common perception of our brand, and we need to change that.

Rebranding Prevention with Sealants for Smiles

In order to change public perception about dental care, consumers need to experience the value. That means ensuring that the majority who need it most have access to care, and more importantly, access to preventive services that improve health and reduce the need for costly dental care. In early 2007, Dr. Adams saw an opportunity to drive real change in his community and home state when he discovered that nearly 75,000 children in elementary schools within an hour of his office had unmet dental needs. As a result, he helped to found Sealants for Smiles, a charitable organization that provides free oral health education and preventive dental services to over 156,000 underserved children in schools across Utah – the first of its kind in the state.

Proving the value from day one

From a business perspective, Dr. Adams recognized that in order to succeed, the program would need to be able to prove their value and run like a cost-effective private practice.

As they were essentially taking over a failed United Way campaign, the team sought to ensure they did not repeat that organization's mistakes, such as inappropriate administration, unreliable volunteer hygienists, and use of inconsistent, low quality sealants. The *Sealants for Smiles* team built the organization based on solid business practices, including:

- **Secured dental sealant sponsorship** from a reputable company for donation of high-volume inventory of a single, consistent product.
- **Hired dedicated hygienists** (retrained yearly by the dental sealant company) who use consistent, best practice protocols to ensure continuity of service. Dr. Adams noted that they paid the hygienists well but demanded high productivity, and as a result, in the first year the organization delivered four times as many sealants as United Way had, within the same budget.
- **Partnered with benefits company, Dental Select**, to develop electronic dental records to effectively track data on all services delivered and monitor health outcomes over time.
- **Developed real-time reporting and outcome measures** to report on progress for each school visit, and big picture perspectives on the number of sealants provided vs. unmet dental needs.

Evolving the model for prevention

Since their launch four years ago, *Sealants for Smiles* has delivered over 66,000 sealants, providing \$4.5 million in dental services at no cost to parents or schools. When they started in 2007, 51% of the children evaluated in 2nd and 6th grade had unmet dental needs; by 2011 that number had dropped to 35%. The impact of the program is especially significant given the fact that the majority of these kids are Hispanic or other ethnicities, often with parents who are illegal immigrants who might never come to a dental office. Without programs like this, many of these children would end up in the emergency room.

To illustrate the severity, Dr. Adams recounted a touching episode about a young Hispanic patient:

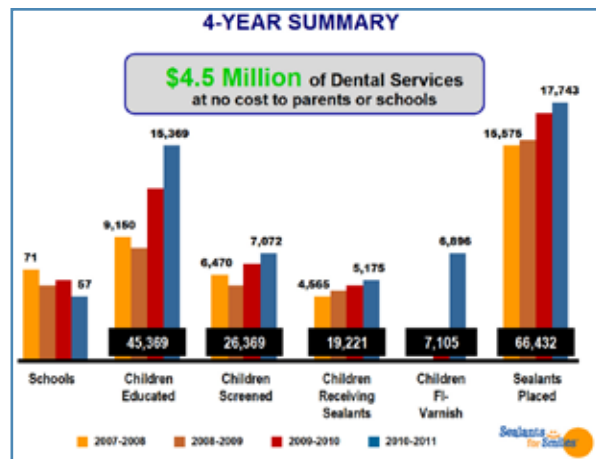
"She complained that her mouth bled when she brushed, and I told her the hygienist would help her with that, but she could also take care of it herself with dental floss. She replied that her family can't afford dental floss, and she has to share her toothbrush with her five brothers and sisters. I later asked the principal how many kids have a similar situation and he said it was about 95%. It's basically a third world country right here in our community. That's what we're dealing with."

In delivering preventive services, the program also provides recommendations on follow-up and referral to community dentists. While there is a strong likelihood that these children will not see a dentist for the restorative care they need, the dental sealant and fluoride treatments they receive at school are a good start toward improving their oral health.

To continue evolving the program, *Sealants for Smiles* has grown in scope in a variety of important ways, including:

- **Increased services** to include fluoride varnish for all children; oral health screenings by a licensed dentist for 2nd and 6th graders.
- **Increased funding** to support children eligible under Medicaid, CHIP, and third-party payers.

- **Expanded outcomes measures** to include rescreenings; tracking sealant retention and percentage of decay in sealed teeth; and a four-year review by school and Medicaid reports by teacher. This last report is important as teachers are instrumental in encouraging kids to participate in the sealant program by returning permission slips (available in 13 languages).



When the principal sees a low number of participating children for a given teacher, it is a good indicator they do not understand the importance and there is opportunity to engage them to improve the outcome. Additionally, Medicaid monitors help the team identify how many Medicaid-eligible children they need to see per year at a given school in order to receive funding. Often the numbers required are low and simply prompting principals and teachers is enough to motivate them into action to ensure the program returns another year.

- **Enhanced oral health education** delivered to classrooms via an entertaining DVD that teaches children about maintaining good oral health. In a study of nearly 5,000 6th graders that tracked their understanding of oral health concepts before and after viewing the DVD, the *Sealants for Smiles* team found a 15% increase in comprehension.

Rebranding school-based preventive oral health programs

As *Sealants for Smiles* continues to see success rates rise, Dr. Adams is passionate about extending care to include entire schools, pre-kindergarten through 6th grade. By reducing the levels of unmet dental need and incidence of caries, the remaining percentage of children needing restorative care would be low enough to be manageable for available dentists. As part of this strategy, he advocates the rebranding of sealant programs to be represented as school-based oral health education and prevention programs. By increasing the emphasis on prevention education, we can further reduce caries incidence, especially in the older kids who can better understand the concepts.

After running the numbers, the program determined it was financially viable to deliver services school-wide if enough Medicaid-eligible children participated. Recently, they piloted the effort, providing sealants and oral exams to over 900 kids at the state's largest elementary school.

Going forward, to ensure success for an expanded school-based program for prevention, Dr. Adams emphasized the need for excellence in three infrastructure components:

- **Recordkeeping** – Accurate, digital records with real-time entries for each child help ensure that precise data is tracked to prove the value and impact of the program on health improvements across the state.
- **Reporting** – Providing evaluation reports to principals and teachers by grade helps them understand the overall need, as well as priority levels for each child in terms of urgent, moderate, or early intervention needed. This reporting also helps build buy-in with the schools and increase participation.

- **Outcomes measurement** – Essential to the program is measuring progress to highlight how many children are receiving care, the impact of services provided, and the increase in oral health understanding as a result of the educational component of the program.

If we want the overarching “brand” for dentistry to convey a dedication to improving oral health and overall health, a key way to communicate that brand is to increase our commitment to prevention. By providing access to programs like *Sealants for Smiles* that deliver both preventive services and oral health education, we can help influence public perception of the dental profession as a supportive partner in maintaining a healthy lifestyle.

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*To learn more, visit the
Sealants for Smiles website:
sealantsforsmiles.org*
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