EXPLORING ORAL HEALTH DATA, MEASURES, AND INSIGHTS TO STRENGTHEN NEW YORK'S SBHC STORY

New York School-Based Health Foundation

apex

Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

Please complete the survey and claim your post-session certificate on the Weitzman Education Platform after today's session. **Please note:** Pharmacists must claim credits within two week's following today's session or we will not be able to award ACPE credits.

Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between speakers (or other activity planners) and any ineligible company in the past 24 months which would be considered a relevant financial relationship.

- The views expressed in this presentation are those of the speakers and may not reflect official policy of Moses/Weitzman Health System.

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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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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.

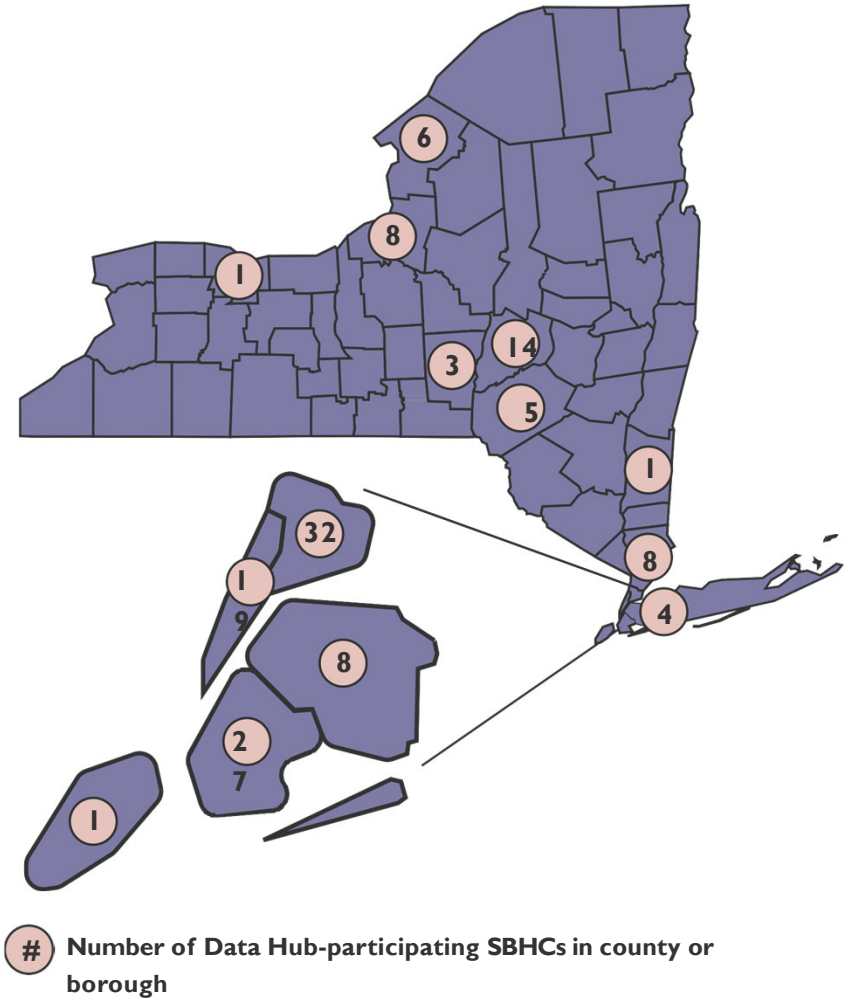
PARTICIPATION

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!



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., Altshul, D. 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://scaany.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

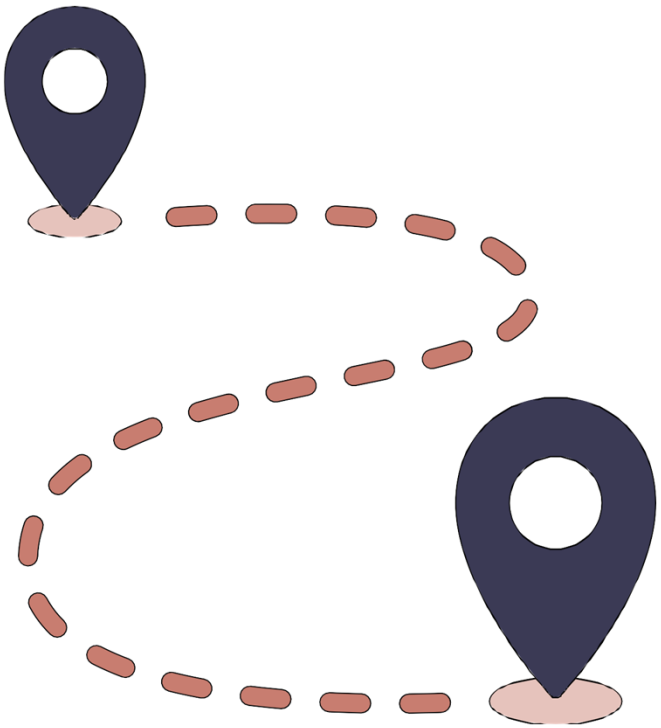
- Expand and grow the NYSBHF SBHC Data Hub to include dental services and care.
- Identify the feasibility of producing and quality of NYS DOH SBHC-D quarterly reports.
- Modify Apex reporting tools to include more information about SBHC dental services.
- Use data to support SBHC providers and staff 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 orinteresting?
- 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

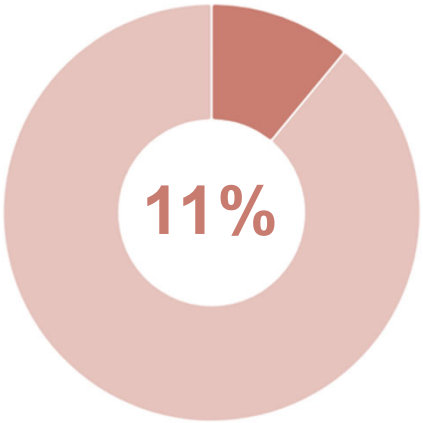
- Mapped the landscape of dental data, including outcome measures and the availability of raw data
- Preliminary analysis of the incidental data hub dental services data

DEFINING DENTAL SERVICES

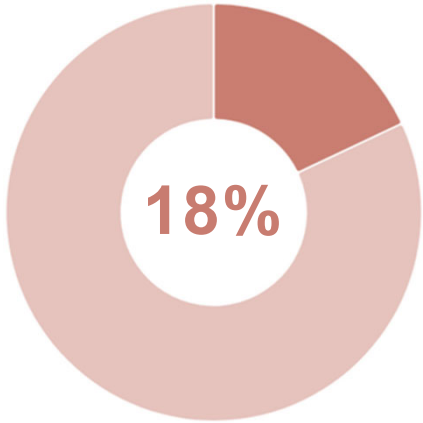
We have defined dental services three different ways using Data Hub data over the years, primarily looking at SBHC visits with a dental provider or dental codes (CDT).

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



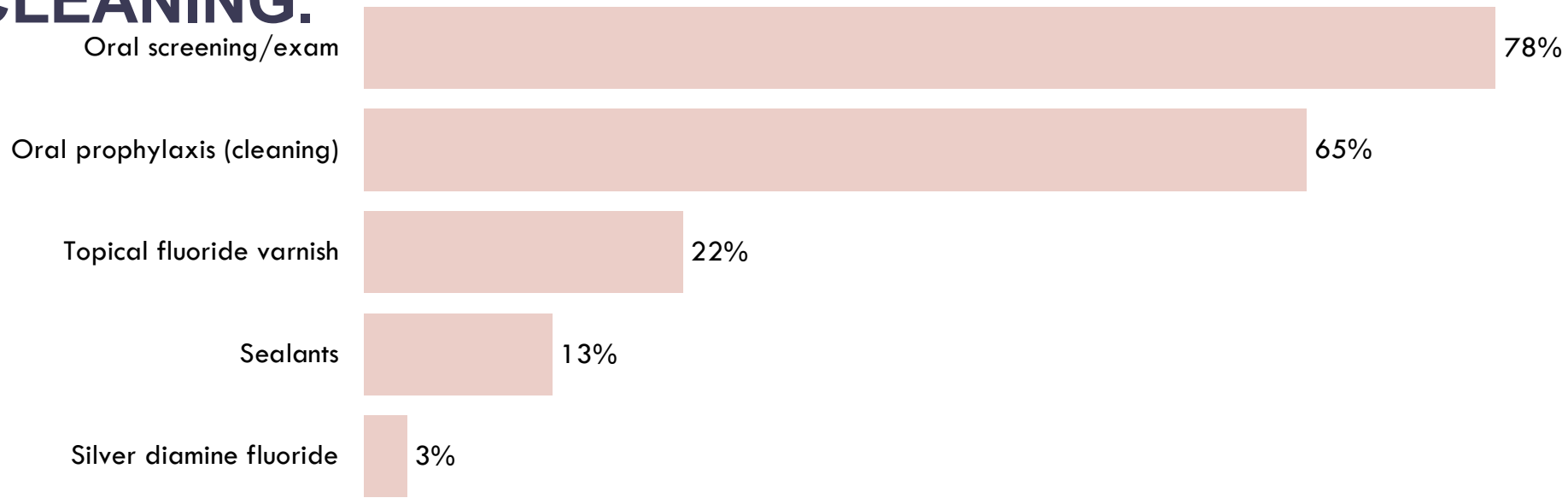
11% of visits at Data Hub participating SBHCs included dental services.[2]



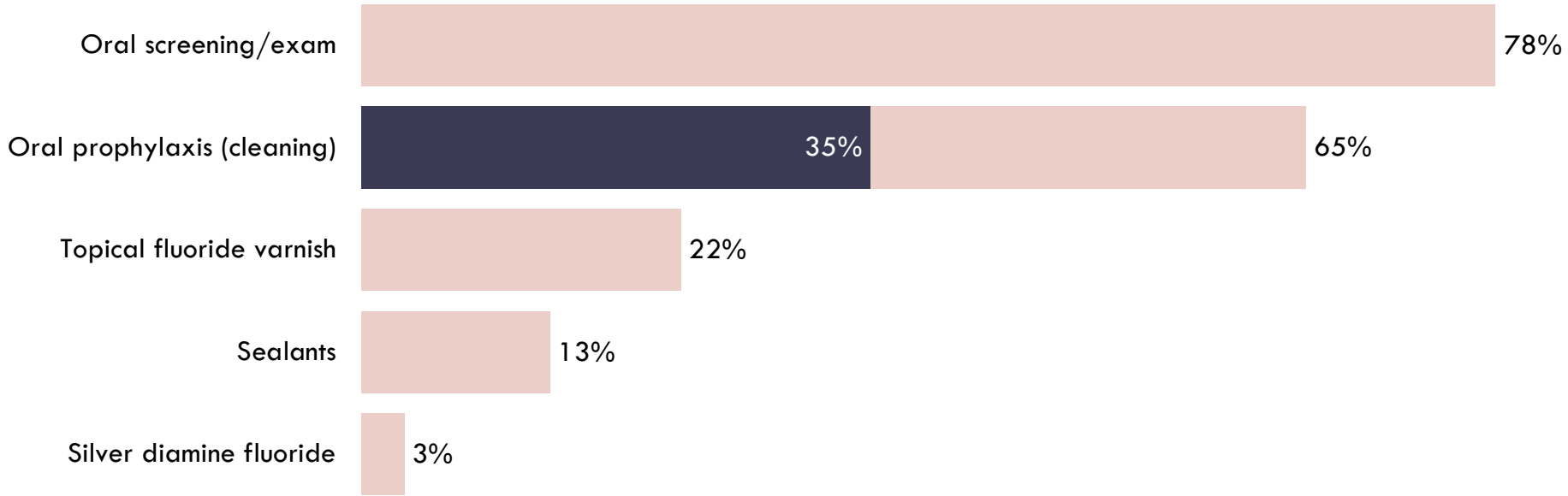
18% of Data Hub participating SBHC's clients received dental services.[2]

[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 RECEIVED ORAL SCREENING/EXAM, AND 65% RECEIVED ORAL CLEANING.

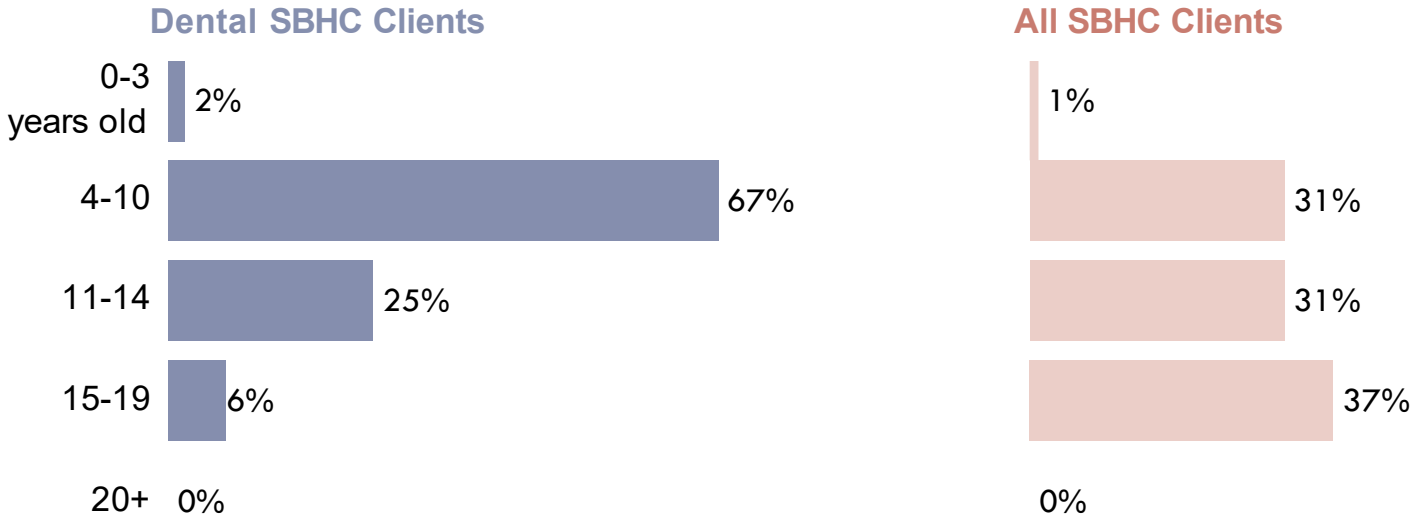


AND 35% OF CLIENTS AT DATA HUB-PARTICIPATING SBHCS RECEIVED TWO ORAL SCREENING/EXAMS WITHIN 12 MONTHS!



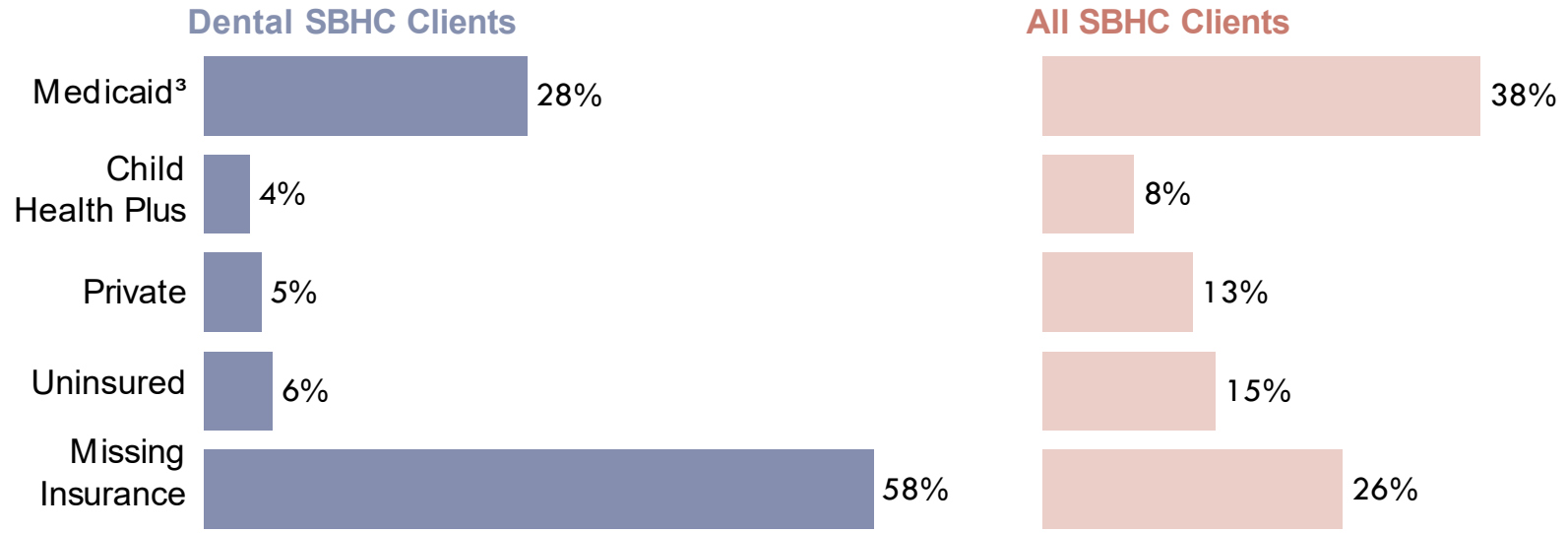
CLIENTS AT DATA HUB-PARTICIPATING SBHCS WHO RECEIVED DENTAL CARE ARE, ON AVERAGE, DIFFERENT THAN ALL SBHC CLIENTS.

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.

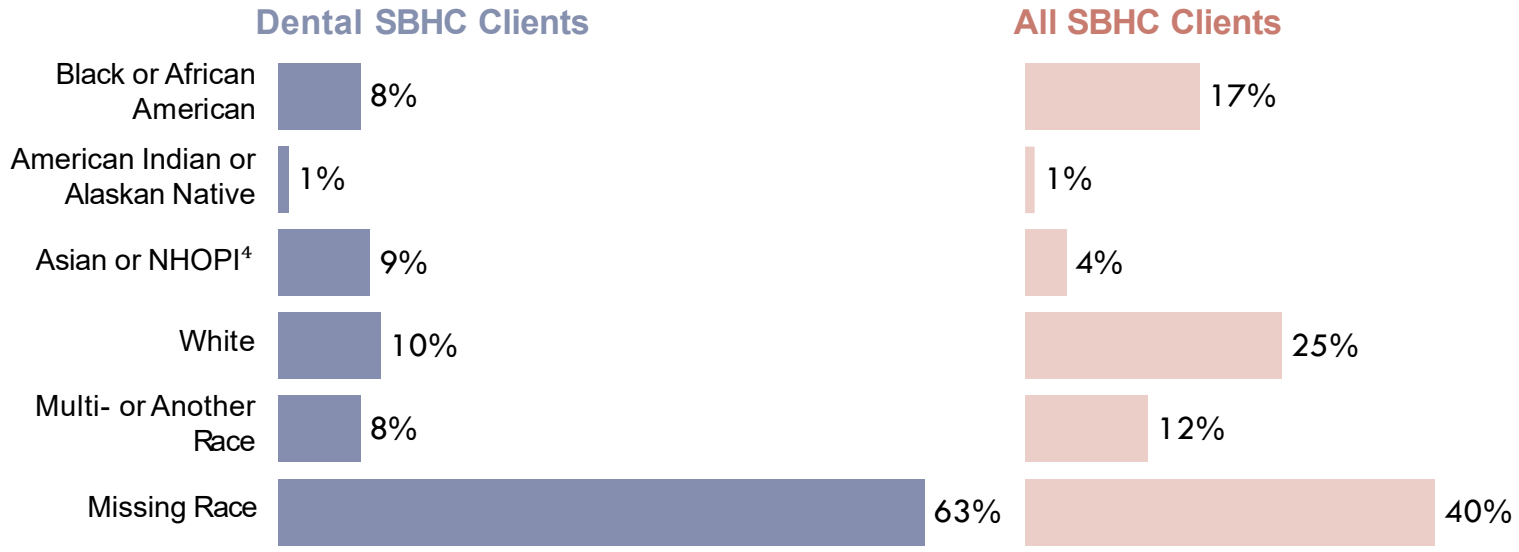
Clients who receive dental services are more likely to be missing insurance information. The distinction between medical & dental insurance may be important.



³ Includes fee-for-service and managed care

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

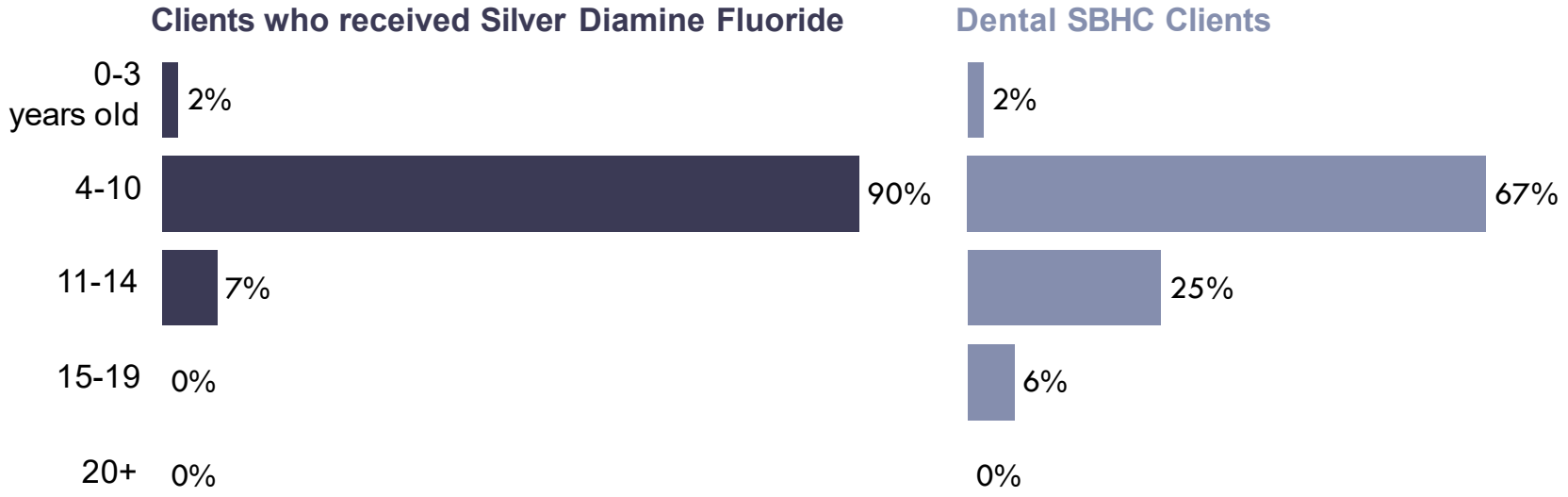
Clients who receive dental services are more likely to be missing race information.
SBHC-D operators are likely not collecting client race information thoroughly.



[4] NHOPI: Native Hawaiian or other Pacific Islander

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

A Snapshot of Smiles: Dental Care in New York School-Based Health Centers (2024-2025)

UTILIZATION OVERVIEW

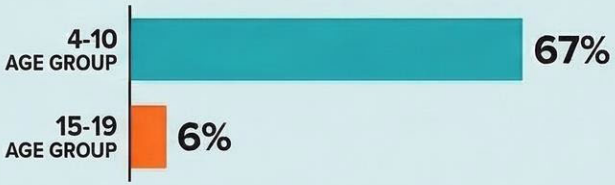
18%
OF SBHC CLIENTS ACCESSED DENTAL CARE
Out of 75,651 total clients, 13,655 unique students received at least one procedure.

40,671 TOTAL DENTAL VISITS DOCUMENTED
Dental procedures accounted for 11% of all documented visits.

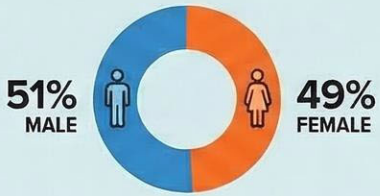
109 SPECIALIZED LOCATIONS
Data from 74 co-located medical/dental sites and 35 dedicated dental-only facilities.

WHO IS ACCESSING CARE? (DEMOGRAPHICS)

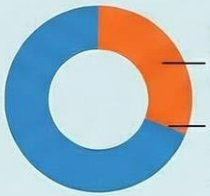
PRIMARY FOCUS ON AGES 4 TO 10



GENDER PARITY



ETHNICITY TRENDS



MISSING INSURANCE DATA

58%
A critical area for data collection improvement.

CLINICAL SERVICES PROVIDED

DIETARY COUNSELING
84%
11,450 students received counseling (most common).

ORAL SCREENINGS
78%
10,619 students received a professional exam.

BIANNUAL EXAMS
45%
Nearly half returned for a second exam within 12 months.

PROFESSIONAL CLEANINGS
65%
8,807 students received oral prophylaxis.

PREVENTATIVE TREATMENTS

- **TOPICAL FLUORIDE VARNISH: 22%** (3,011 Treated)
- **DENTAL SEALANTS: 13%** (1,758 Treated)
- **SILVER DIAMINE FLUORIDE (SDF): 3%** (441 Treated)

DATA LIMITATIONS & FUTURE GROWTH

UNDERREPRESENTED VOLUME: Current counts likely underrepresent total services due to documentation methods.

EXPANSION PROJECT UNDERWAY: A project initiated in November 2025 aims to expand capacity for robust dental reporting.

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

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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.

apex
evaluation that works

Sample HS

July 2021 - April 2022
Last DOS: 4/29/2022

These data snapshots provide insight as to how clinics are coding and do not necessarily reflect the actual work done by clinicians.

Clinic Utilization

Total Utilization	2021-2022		2020-2021
	Site #	State #	Site #
SBHC Users	475	14,808	280
Visits	1,544	37,354	1,061
Average Visits per SBHC User	3.25	2.52	3.79

Telehealth	Site #	Site %	State %	Site #	Site %
Telehealth visits (of total visits)	1	0%	5%	8	1%

Type of Visit by Primary Diagnosis	2021-2022			2020-2021	
	Site #	Site %	State %	Site #	Site %
Primary Care Visits	903	58%	59%	368	35%
Well-Child Checks (w/o Sports Physicals)	4	0%	12%	1	0%
Sports Physicals	47	5%	5%	67	18%
Reproductive Health Visits	291	32%	15%	175	48%
Acute Care Visits	561	62%	69%	125	34%
Behavioral Health Visits	641	42%	34%	693	65%
Dental Visits	0	0%	1%	0	0%
Missing Visits	0	0%	6%	0	0%

Primary Care Visits: Well-Child Checks, Sports Physicals, Reproductive Health Visits, and Acute Care Visits.
Well-Child Checks: Primary diagnostic codes Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, or Z00.8.
Sports Physicals: Primary diagnostic codes Z02.89 or Z02.5.
Reproductive Health Visits: Primary diagnostic codes beginning in O, A5, N4, N8, Z3, A60-A64, B07, E28-E29, N34, N50-N53, N70-N77, N90-N98, Q96-Q98, R36-R37, R86-R87, A748, Z01.4, Z03.7, Z04.4, Z11.3, A74.9, B20, B37.3, B97.7, or Z20.2.
Acute Care Visits: Visits that do not fit into any other category.
Behavioral Health Visits: Primary diagnostic codes that start with F, R45, T74, T76, Z60, Z62-Z63, R46.2-R46.4, R46.6-R46.8, Z13.4, Z55.0-Z55.9, Z71.1, Z71.4-Z71.9, Z56.6, Z65.8, Z65.9, or Z72.
Dental Visits: Visits with procedure codes beginning in D.
Missing: Visits missing a primary diagnosis.

Type of Visit by Provider	2021-2022			2020-2021	
	Site #	Site %	State %	Site #	Site %
Primary Care Visits (MD, NP, PA, DO)	514	33%	61%	389	37%
Behavioral Health Visits (BHPs)	470	30%	34%	556	52%
Dental Visits (Dentist, Dental Hygienist)	1	0%	1%	0	0%
Case Management	63	4%	0%	101	10%
Other (e.g., Care Coordinator, Health Educator)	496	32%	4%	15	1%
Missing	0	0%	0%	0	0%

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.

Sample HS

July 2021 - April 2022
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Performance Measure Data

Well-Child Check	2021-2022			2020-2021	
	Site #	Site %	State %	Site #	Site %
Well-Child Check Quantity (WCC) (age 0 to <21)	4	1%	25%	31	11%

Diagnostic OR procedure codes in any position: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01, Z01.110, Z01.111, Z00.8, 99381-99385, or 99391-99395. The denominator for this measure is 474.

Risk Screening (Target 75%)	2021-2022			2020-2021	
	Site #	Site %	State %	Site #	Site %
Comprehensive Risk Screening (age 11 to <21)	428	91%	34%	270	96%

Comprehensive Risk Screening: Calculated using the eSHQ/Just Health screening count. The denominator for this measure is 472.

Depression	2021-2022			2020-2021	
	Site #	Site %	State %	Site #	Site %
Depression Screening (age 11 to <21)	428	91%	35%	270	96%

Depression Screening: Calculated using the eSHQ/Just Health screening count. The denominator for this measure is 472.

Weight Assessment & Counseling	2021-2022			2020-2021	
	Site #	Site %	State %	Site #	Site %
BMI Assessment (age 3 to 17)	7	2%	32%	6	2%
Nutritional Counseling (age 3 to 17)	1	0%	6%	1	0%
Physical Activity Counseling (age 3 to 17)	0	0%	6%	0	0%
BMI & Counseling (age 3 to 17)	**0**	**0%**	**4%**	**0**	**0%**
BMI ≥85 Assessment (age 3 to 17)	6	1%	9%	6	2%
BMI ≥85 & Counseling (age 3 to 17)	**0**	**0%**	**14%**	**0**	**0%**

Diagnostic OR procedure codes in any position:
BMI assessment: Any diagnostic code beginning in Z68, E66, or R63.6.
Nutritional counseling: Z71.3, 97802, 97803, or G8780.
Physical activity counseling: Z71.82 or G8780.
BMI & Counseling: This includes those who receive a BMI Assessment, Nutritional Counseling, AND Physical Activity Counseling. The denominator for this measure is 415.
BMI ≥85 Assessment: Any diagnostic code beginning in E66, Z68.53, or Z68.54.
BMI (≥85) & Counseling: This includes those who receive a BMI (≥85) Assessment, Nutritional Counseling, AND Physical Activity Counseling.

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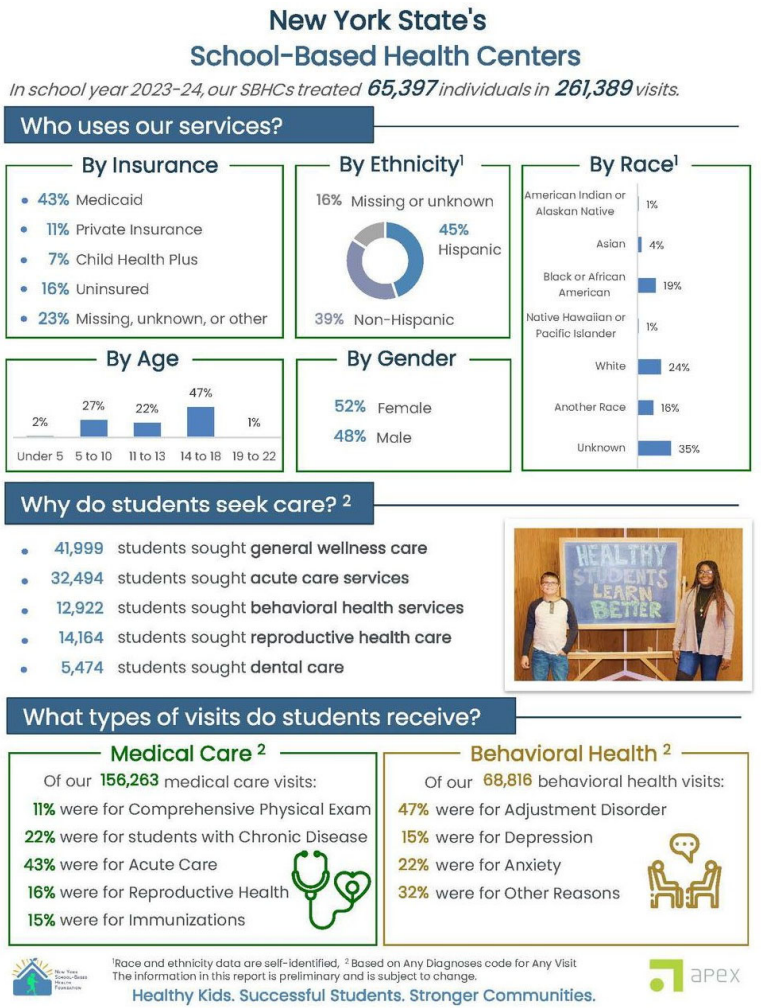

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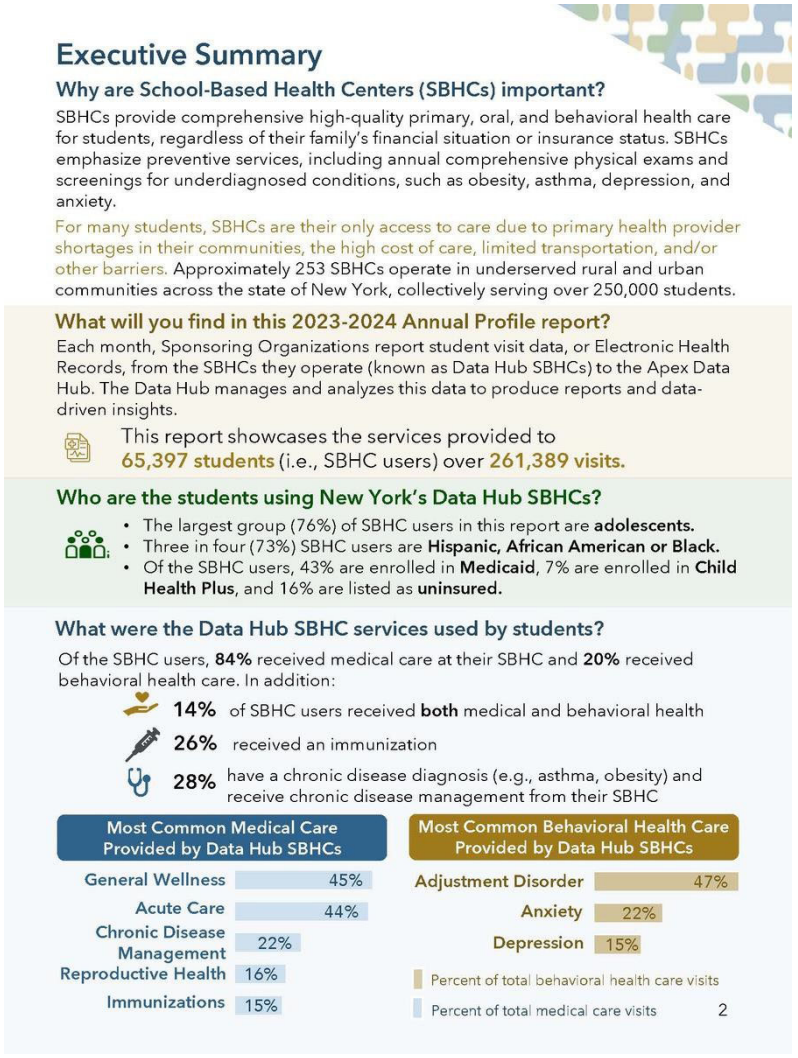

Executive Summary

Why are School-Based Health Centers (SBHCs) important?

SBHCs provide comprehensive high-quality primary, oral, and behavioral health care for students, regardless of their family's financial situation or insurance status. SBHCs emphasize preventive services, including annual comprehensive physical exams and screenings for underdiagnosed conditions, such as obesity, asthma, depression, and anxiety.

For many students, SBHCs are their only access to care due to primary health provider shortages in their communities, the high cost of care, limited transportation, and/or other barriers. Approximately 253 SBHCs operate in underserved rural and urban communities across the state of New York, collectively serving over 250,000 students.

What will you find in this 2023-2024 Annual Profile report?

Each month, Sponsoring Organizations report student visit data, or Electronic Health Records, from the SBHCs they operate (known as Data Hub SBHCs) to the Apex Data Hub. The Data Hub manages and analyzes this data to produce reports and data-driven insights.

This report showcases the services provided to **65,397 students** (i.e., SBHC users) over **261,389 visits.**

Who are the students using New York's Data Hub SBHCs?

- The largest group (76%) of SBHC users in this report are **adolescents.**
- Three in four (73%) SBHC users are **Hispanic, African American or Black.**
- Of the SBHC users, 43% are enrolled in **Medicaid**, 7% are enrolled in **Child Health Plus**, and 16% are listed as **uninsured.**

What were the Data Hub SBHC services used by students?

Of the SBHC users, **84%** received medical care at their SBHC and **20%** received behavioral health care. In addition:

- **14%** of SBHC users received **both** medical and behavioral health
- **26%** received an immunization
- **28%** have a chronic disease diagnosis (e.g., asthma, obesity) and receive chronic disease management from their SBHC

Most Common Medical Care Provided by Data Hub SBHCs

General Wellness	45%
Acute Care	44%
Chronic Disease Management	22%
Reproductive Health	16%
Immunizations	15%

Most Common Behavioral Health Care Provided by Data Hub SBHCs

Adjustment Disorder	47%
Anxiety	22%
Depression	15%

Percent of total behavioral health care visits

Percent of total medical care visits

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!