



Maxillofacial Services

December 2016

Description: The Washington State Department of Health supports regional Maxillofacial Services for children born with cleft lip/palate and other complex craniofacial conditions in Eastern, Central, and Southwest Washington. Providence Sacred Heart Medical Center, Yakima Children's Village, and Mary Bridge Children's Hospital support multidisciplinary teams that plan and carry out treatment in a coordinated, sequential manner as the child grows. A small portion of state funds goes to Seattle-King County to coordinate maxillofacial services with public health agencies in the Northwest Region. Seattle Children's Hospital serves the Northwest Region of the state without supplemental funds from the department.

Mission/Purpose: Provide care coordination in a consistent manner with the proper sequencing of evaluations, surgeries, and treatments within the framework of the child's overall developmental, medical, and psychological needs.

Target Population: Children born with cleft lip/palate and other complex craniofacial conditions. The national prevalence rate for cleft lip with or without cleft palate (cleft lip) as well as cleft palate diagnosis is approximately 16.9 per 10,000 live births. In 2012, there were about 158 live births with these two diagnosis in WA State. The 3 Maxillofacial Review boards provide services to approximately 600 children annually.

Services

- Support care coordination for regional maxillofacial services for children born with cleft lip/palate and other complex craniofacial conditions at three regional facilities.
- Maximize needed surgeries and treatment opportunities through centralized communication and planning.

Stakeholders

- Families with children with birth defects
- Mary Bridge Children's Hospital; Public Health – Seattle & King County
- Providence Sacred Heart Medical Center
- Yakima Children's Village
- Seattle Children's Hospital
- Interdisciplinary medical providers

Impacts from potential loss of GFS funds

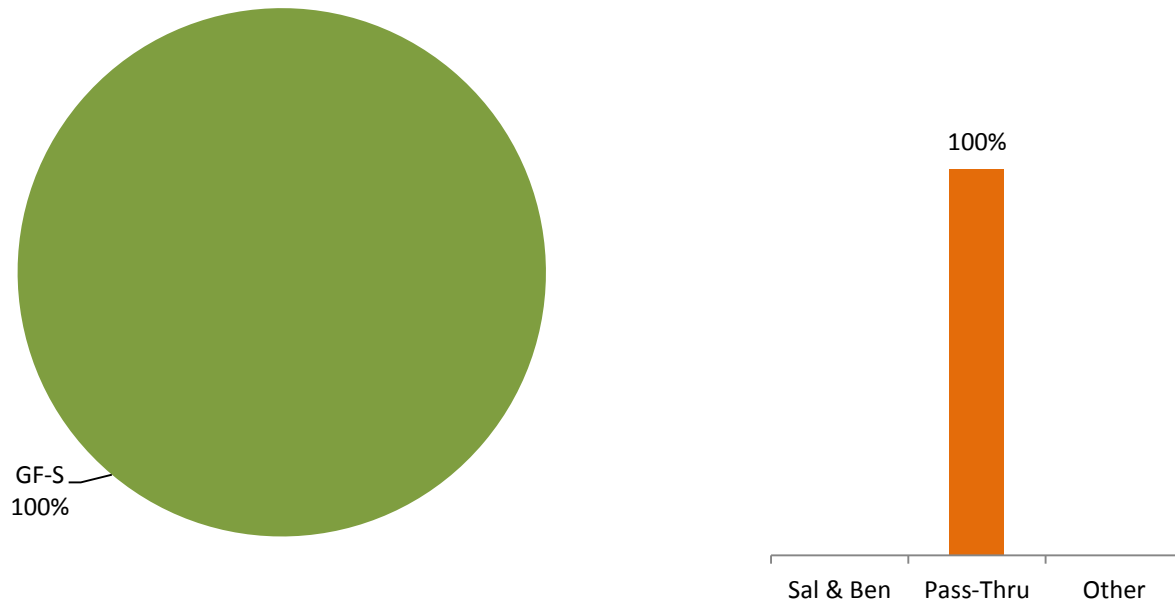
Loss of GFS funds would eliminate the infrastructure to maintain Maxillofacial review boards and the associated coordination of care in the context of community based programs.

This elimination would have the following impact:

- 1) Access to community based services would be limited. Families might have to travel burdensome distances to receive care or opt to not access needed services.
- 2) Inability to plan and coordinate optimal timing and sequencing of treatment could negatively impact patient outcome as well as increase cost of care.
- 3) There would no longer be the infrastructure in the three regions to maintain the integrated interface between Medical, dental, orthodontics, and other disciplines consistent with Standards of Care for these complex craniofacial defects.

2015-17 Biennium

Maxillofacial Services Fiscal Information



	GF-S	Federal	Dedicated	Fees	Total	Sal & Ben	Pass-Thru	Other
Total	311,160	0	0	0	311,160	0	311,160	0

Recent Funding History

Included in the 2007-09, 2009-2011, 2011-2013 and 2013-2015 biennium:

- \$155,580 GF-S for FY09 provided in the 2008 supplemental budget and ongoing for each year to support the Maxillofacial program.