

Maxillofacial Review Boards



In the United States

- **1 in every 700** babies is born with cleft lip and cleft palate.
- **1 in every 1,500** babies is born with cleft palate without cleft lip.
- **1 in every 2,800** babies is born with cleft lip without cleft palate.

Did You Know?

- Cleft lip and cleft palate occur when a baby's lip or mouth do not form properly during pregnancy.
- Cleft lip and cleft palate are the most common birth disorders in the U.S.
- Cleft lip and cleft palate can happen on their own or as part of a complex inherited condition.
- Children with cleft lip or palate need care in more areas like feeding, growth, dental, speech, hearing, and development.
- Children born with cleft lip or cleft palate may need early treatment and ongoing reevaluation. They need connected care to ensure steps happen in the correct order.

Washington has 4 regional Maxillofacial Review Boards. The Washington State Department of Health (DOH) supports 3 of them through contracts to coordinate care for infants and children born with cleft lip and cleft palate. Maxillofacial Review Boards provide the interconnected critical care that children with cleft lip and cleft palate need. They ensure that providers plan and carry out the treatment in a coordinated, step-by-step manner as the child grows.

The structure and function of the boards conform to standards set by the American Cleft Palate-Craniofacial Association. They also help provide regional care consistent with medical homes. A medical home focuses on team-based care with the patient and family at the center. This model can be beneficial for individuals with disabilities and chronic health conditions. It is one of the key standards of care for children and youth with special health care needs.

Each Maxillofacial Review Board has a team of experienced and qualified professionals. A team coordinator oversees care for the children and their families and maintains the organizational structure of the review board.

State Supplements Care Coordination: \$145,580

Washington State Department of Health provides **\$154,580 each year** to supplement the care coordination costs of the southwest, central, and eastern regional review boards. The regional northwest review board does not need supplemental funding from the state.

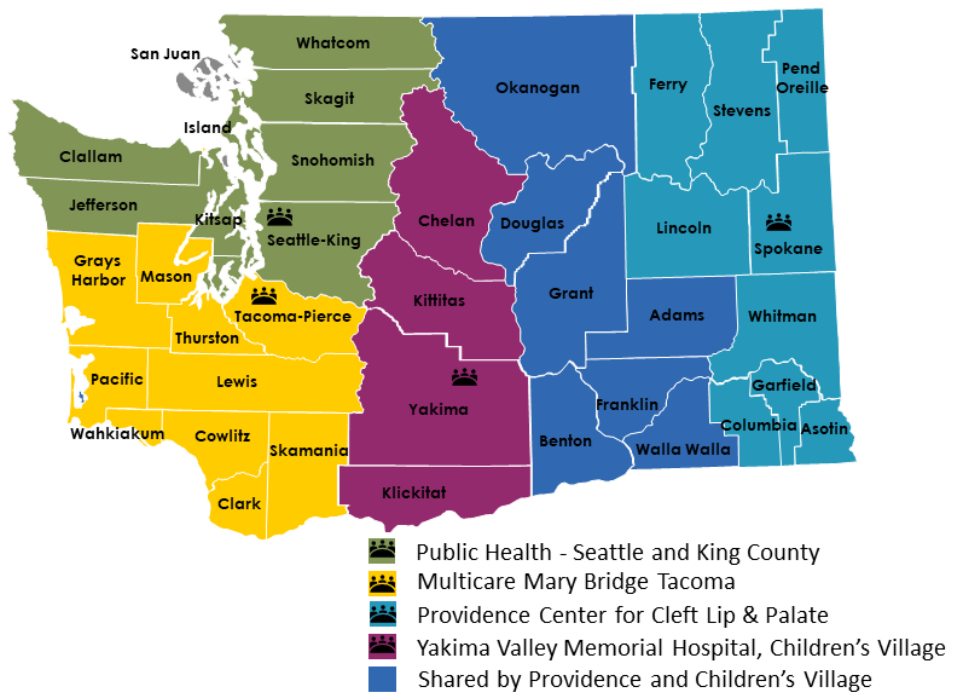
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| Northwest Region | Seattle Children's Hospital | --- |
| Southwest Region* | Mary Bridge Children's - MultiCare Health Systems Tacoma | \$50,918 |
| Central Region | Children's Village - Yakima Valley Memorial Hospital | \$50,288 |
| East Region | Providence Center for Cleft Lip & Palate - Spokane | \$53,374 |
| *The Pediatric Craniofacial and Cleft Palate Program at the Oregon Health & Science University in Portland also serves some children who live in southwest Washington | | |

Ensuring Care Standards

Maxillofacial Review Boards follow the standards of care set by the American Cleft Palate-Craniofacial Association. They are essential for a multidisciplinary team to provide quality care:

- Team composition
- Team management and responsibilities
- Patient & family/caregiver communication
- Cultural competence
- Psychological and social services
- Outcome assessment

Maxillofacial Review Boards and Regions Served



Impact for Families

I am really thankful there is a support program to help us organize and wade through all of these medical necessities that need to happen on what seems a specific timeline. -Foster parent of a child served by the Southwest Region Review Board*

We came to the Central Review Board when our child was 5, after having surgeries elsewhere. We are grateful to have a local care team and appointments. It has allowed us to connect to other families and get involved in our local Parent to Parent Program. -Parent of a child served by the Central Region Review Board*



Children and Youth with Special Health Care Needs Program
 Washington State Department of Health
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