Building and Maintaining a Financially Sustainable Oral Health Program

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Objectives of Today’s Session

➢ To understand the need for oral health care in health centers serving the underserved and especially the homeless

➢ To describe six strategies for increasing (beginning or expanding) access to oral health services for the underserved and homeless

➢ To share strategies regarding staffing, productivity, and integrating oral health with the care provided by the health center’s medical program
What is NNOHA

- Founded 1991 by health center Dental Directors who identified a need for networking and peer-to-peer support
- National organization of oral health providers & supporters working in community health centers and other safety net providers
- Has cooperative agreement with HRSA to provide training & technical assistance to health center grantees
The Need for Oral Health Care

“... You cannot be healthy without oral health”
WHAT PROBLEMS COULD POOR DENTAL HEALTH CAUSE?

- Heart Disease
- Strokes
- Mouth Cancer
- Lung Conditions
- Diabetes
- Dental Decay
- Gum Disease
- Bad Breath
- Tooth Loss
Toothache Leads to Boy's Death

Deamonte Driver, 12
Died February 25, 2007
Early Childhood Caries Disparities Percentage 3-5 y/o Untreated Decay

Homelessness and Oral Health

- Each year an estimated 2 million people in the United States lack access to a conventional dwelling or residence
- Children account for almost 25% of homeless population
- Homeless persons are 12 times more likely than individuals with stable housing to have dental problems. Persons living in unstable housing, such as a hotel or the residence of a friend or relative, are 6 times more likely to have dental problems
- Among homeless children ages 5 to 9 years, 96 percent require dental care and 44 percent experience pain or infection.
Periodontal Disease Prevalence by Race/Ethnicity

Edentulism in Adults 65-74 & Poverty Level

Oral Cancer Disparities 5-year Survival Rates

Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute
PREVENTABLE DENTAL EMERGENCIES

Dental ER visits doubled from 1.1 million in 2000 to 2.2 million in 2012

80% of dental-related ER visits are due to preventable conditions

ER visits cost 3 times as much as dental visits

That's one visit every 15 seconds

Costing the health system $1.6 billion annually

Potentially saving the healthcare system $1.7 billion

Up to 1.65 million ER visits can be referred to dental clinics

ADA.org/action

ADA American Dental Association
America's leading advocate for oral health
HRSA Health Center Grantee Facts 2015

- Number Health Center programs receiving 330-grant funding: 1,375
- Number HC programs with a dental program: 1,067 (78%)

- Total health center users: 24,295,946
- Number medical users: 20.6 million
- **Number dental users: 5.2 million (21%)!**
Who do we see??
Health Center Demographics: Age & Ethnicity

- 0-17: 31.2%
- 18-64: 60.9%
- 65 & up: 7.9%

- 62.4% identify as racial and/or ethnic minorities
  - Hispanic/Latino: 35.2%
  - African-American: 23.0%
Health Centers: Income as % of Poverty Level
Six Strategies for Increasing Access to Oral Health Care
Six Strategies for Increasing Access to Oral Health Care

1. Brick & mortar - “build it and they will come!”
2. Contracting for dental services
3. Integrating Oral Health into Primary Care Practice (IOHPCP)
4. Workforce innovation
5. Tele-dentistry
6. Redesign
HRSA Commitment to Increasing Access - Oral Health Expansion Grant(s)

- June 2016 announcement
- $156 million for dental expansions
- 420 health centers - almost one third of all grantees
- 120 days to hire dental providers & start seeing clients
- 850,000 new patients
- Grant is for up to $350,000 with $150,000 available for capital (equipment) costs

This year with new administration will there be new opportunity?
If dental is a “new” program for our health center how can we “build it”?

- Health Center Oral Health Start-Up Tool Kit
  - NNOHA resources for organizations starting an oral health program

- Safety Net Dental Clinic Manual
  - Helps safety net dental clinics with all aspects of clinic development and ongoing operations.
Lot's of equipment is needed to provide dental care!
Other Capital Expenses include EHR

- Health Information Technology
  http://www.nnoha.org/resources/dental-program-management/health-information-technology/

- “It's All in the Numbers: Planning and Financing your Dental Expansion”
  https://attendee.gotowebinar.com/recording/5223687756373041665
Build it and they will come ... Providers

- An Analysis of 2013 Health Center Oral Health Provider Recruitment, Retention, and Job Satisfaction Survey Results (includes salary survey)
  - 84% of dentists & 94% of dental hygienists intended to remain employed at health centers
  - 40% of dental directors had salary > $140,000/year
  - 52% of the dentists had rotated through a health center

Health Center Dental Providers

- Dental Recruitment Tips for Human Resources and Dental Directors
  - Characteristics of Providers who are Likely to Stay
    - Feel a mission to serve dentally underserved population
    - 5-10 years experience in dentistry – not necessary but desirable

School-based Dental Programs

- Survey of School-Based Oral Health Programs Operated by Health Centers: Descriptive Findings

Mobile versus Portable
2. Contracting for Dental Services

- Health Centers with and/or without dental programs may contract for dental services outside the "four walls”
- Contact with private dental offices, dental schools, other non-profit dental clinics
- May contract for emergency care, comprehensive care, specialty care or any combination
Contracting

- Primary resource including sample contract
  https://www.cdhp.org/resources/243-fqhc-handbook-increasing-access-to-dental-care-through-public-private-partnerships

- Webinar
3. 2014 HRSA Integration of Oral Health and Primary Care Practice (IOHPCP) Initiative

- Translate oral health core clinical competencies into primary care practice in safety net settings
- Improve access to early detection and preventive interventions leading to improved oral health
Integration of Oral Health and Primary Care Practice Initiative

- Primary Care Providers
  - MD/DO
  - Certified Nurse Midwives
  - Nurse Practitioners
  - Physician Assistants

- Oral Health Core Clinical Competency Domains
  1. Risk assessment
  2. Oral health evaluation
  3. Preventive interventions
  4. Communication & education
  5. Interprofessional collaborative practice

NNOHA IOHPCP Resources

- Integrated Care
  
  
  • A User’s Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project
  
  • Oral Health and the Patient-Centered Health Home: Action Guide

- Step-by-step guide
- Develop systems for PCPs to learn and implement oral health competencies
- Health center and other safety-net practices
ESRHS Combined Baby Well Check/First Dental Exam

Oral Health Begins with Baby’s First Tooth

Baby’s first dental examinations are incorporated into each child’s well check visits at Eastern Shore Rural Health System, Inc. (ESRHS). Since the effort began in September 2014, ESRHS has provided caries (tooth decay) risk assessments and preventive services, including anticipatory guidance and fluoride treatments, for more than 206 patient’s ages six months to 38 months at its busiest pediatric office in Franktown, Virginia.

The effort begins very early with new parents receiving a dental “welcome bag” at their baby’s two-month well child check. This welcome bag includes oral health information and an assortment of preventive home care tools for young children. At the child’s six-month well check, ESRHS pediatricians provide assessments to identify children at elevated risk for early childhood caries. Finally, at the child’s nine-month check the dentist is introduced to the family. The dentist performs a dental examination and provides risk-based preventive interventions including a toothbrush, prophylaxis and fluoride treatment at this visit. All the while, ESRHS outreach staff, baby care coordinators and health educators coach parents on...
4. Workforce Innovation - Expand Scope of Practice Existing Dental Team Members

- Registered Dental Hygienist - Remote Supervision
  - State practice act dependent
  - Ability to take care outside traditional dental office
  - School-based, WIC, Head Start, geriatric, public health programs without direct dentist supervision
  - Allows more patients to be reached
Workforce Innovation- Expand Scope of Practice Existing Dental Team Members

- Dental Assistants
  - State practice act dependent
  - Allows more productivity in all practice settings
Workforce Innovation- New Team Members

- Midlevel Dental Providers: One Approach to Expanding Access to Care
  - Explains four midlevel provider models being used to expand access to care. Updates legislative interest from other states [http://www.nnoha.org/nnoha-content/uploads/2015/06/Midlevel-Dental-Providers-063015_final.pdf](http://www.nnoha.org/nnoha-content/uploads/2015/06/Midlevel-Dental-Providers-063015_final.pdf)

- Workforce Innovation to Increase Access to Dental Care
  - Describes Community Dental Health Coordinators and Dental Therapists/Advanced Dental Therapists and how these team members are utilized in health centers [http://www.nnoha.org/resources/5607-2/workforce-innovation-to-increase-access-to-dental-care/](http://www.nnoha.org/resources/5607-2/workforce-innovation-to-increase-access-to-dental-care/)
Workforce Innovation - New Team Members

- Dental Therapists
  - Currently 2 states
  - Webinar: The Impact of Dental Therapists on Health Center Economics

- Community Dental Health Coordinators
  - Currently 8 states
  - Webinar: Community Dental Health Coordinator - New Member of the Dental Access to Care Team
ESRHS-VDA CDHC Pilot Project

This collaborative effort was to arrange to study how a community dental health coordinator might benefit patients needing dental care. CDHCs can help health center dental programs:

- Decrease no-shows
- Increase the understanding of the importance of oral health to overall health
- Improve in-reach, outreach and scheduling of patients
- Increase completion of patient’s dental treatment plans and dental sealant utilization.
5. Tele-dentistry/ Virtual Dental Home

- Developed at the Arthur A. Dugoni School of Dentistry, University of the Pacific
- Utilizes technology to link practitioners in the community with dentists at remote office sites
Tele-dentistry

- Webinar: Improving Oral Health Through Telehealth
  - This webinar will assist health centers who wish to be a part of telehealth connected dental teams.

[Webinar Link](https://www.nnoha.org/webinar-improving-oral-health-using-telehealth-connected-teams)
6. System Redesign

- Workflow redesign can impact:
  - Patient access to appointments
  - In-appointment cycle time
- Increase practice efficiency and capacity
- QI/systems approach
Redesign Variables

- Standardization of process, protocols, equipment etc.
- Right room and support staff ratios
- Team members working at top of scope of practice
Redesign Resources

- Shows how to assess current system and make changes that improve quality
- Includes tools, sustainability strategies

Redesign Resources

- Redesigning the Dental Clinic for Maximum Efficiency
  - Presentation developed by DentaQuest Institute’s Safety Net Solutions reviews methods for determining correct level of dental clinic staffing, most efficient use of staff and more

Webinar on Clinic Efficiency 3.13.17
Schedule a DentaQuest Institute Safety Net Solutions Expert Advisor Site Visit

Led by the Expert Advisor, a practicing dentist with the experience and knowledge of safety net dental, and supported by practice management consultants and data analysts, the team provides leadership, sophisticated data analytics expertise and proven action plans for enhancing program finances and sustainability.
NNOHA Technical Assistance Programs

- Website  www.nnoha.org
- Dental Clinic Operations Manual/publications
- Webinars
- Promising Practices
- Annual Conference
- National Oral Health Learning Institute
- Listserv
- Speaker’s Bureau
- Consultation/referral
The Premier Conference for Community Health Center Dentists!
Save the Date: November 12-15, 2017
San Diego, CA
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