Pathways for Progress: Dental Collaboration Possibilities

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ADA American Dental Association®
Working together requires familiarity

- What is a Federally Qualified Health Center?
- The ABCs of FQHCs
- Dentistry at the Crossroads: A Look Back, A Look Forward
- A Call to Action for Oral Health
- Opportunities for collaboration
Do you….

• Struggle to survive amid healthcare reform, marketplace changes and advances in clinical care?

• Evaluate the effectiveness and quality of the care you provide and continuously evolve your practice to achieve the greatest impact?

• Operate as efficiently as possible?

• Collaborate with others, while maintaining your individual integrity?
What is a Federally Qualified Health Center?

- A collection of primary care services
- Located in or serves a high need community or target population
- Governed by a community board (51% users)
- Provides comprehensive primary health care
- Provides services to all regardless of inability to pay
- Meets other performance and accountability requirements
Who Goes to Health Centers?

- Minimum Wage employees who have no dental insurance/or may have insurance
- Families
- Working patients needing expanded hours
- Patients needing the skills of bilingual staff
- Some people you’d never expect
Populations of Interest
DENTAL EDUCATION!

- Community Health Centers now serve an important role in dental school outreach programs
- Giving third and fourth year dental students valuable learning experiences
- Serve as training sites for AEGD and specialty programs - a *holding tank* for pediatric dental residents
Oral Health Snapshot (2011 data)

• 1200 new access points under Bush Administration and could double with Healthcare Reform
• Number of Grantees: 848 in 2002 to 1,128 in 2011
• Total number of patients served: 20.2M
• About 75% provide clinical dental services
• 33% or more have inexperienced dental leadership at the helm with questionable sustainability
Oral Health Snapshot (2011 data)

• Nationwide in 2011, health centers employed 3,096 dentists, 1,285 dental hygienists and 5,957 dental assistants, aides and techs.

• This is less than 2% of the dental workforce.

• In 2011, health centers provided dental care to 4,037,384 patients over 9,991,320 visits.

• About 70% of health center dentists belong to organized dentistry.
Basic Format of Private Practice

• Patients generally have high dental or healthcare IQ

• The dentists hire personnel and decide operational issues, such as hours of operation

• Patients are compliant, polite and punctual

• Patients have high level of community and personal functionality

• Minimum “unplanned” dentistry
Health Center Dental Dynamics: Another World

• Personnel/Operational issues may be decided by non-dental staff

• Patients can be socially challenged with low education status ("social disorganization")

• Patients generally have HIGH level of significant disease and LOW value for preventive services

• Formats vary from FQHC to FQHC-significant “unplanned” dentistry

• Mandated to have a sliding fee scale-with income based co-pays
Federal Tort Claims Act—
(Unique to FQHCs)

• Mandatory Peer Review quarterly
• “Credentialing and Privileging”
• Renewal of Privileges every three years
• Patient satisfaction surveys
• Chart Audits
Volunteer Opportunities Bring
Ratios for success:

- 2 to 3 operatories per FTE Dentist excluding operatories used for hygienist.
- Preferably, dental hygienists should have a separate and dedicated operatory.
- Block scheduling/squeezing emergencies
- Creative use of extended hours
Salary and Benefits:

- Fully competitive salary
- Loan repayment *(in addition)*
  - Full-time and Part-time
- Retirement plan
- Insurance coverage
- Paid leave time
- Professional dues reimbursement
- Continuing education & training
  - 5 days and $2000 CDE
“Retired” Oral Surgeon - Second Career
The “Juggling Act”

- **Goals**: Communicate the disease level to other professionals - especially pediatricians/family medicine/internal medicine
- Treat the disease
- Tell the “tooth decay” story *(again and again and again)*
- Educate patients-media and legislators!
- Balance prevention and treatment services!
REQUIRED INTERACTION

- Monthly Dental Meetings
- Lunches
- Legislative M and G’s
- Hygiene Meetings
- Newspaper OpEds
- Local Television
- Service Groups
- Dentists serving on health center or school health advisory committees

Get the word out!
Wanted (and Needed)

Dental Navigators- Community Dental Health Coordinators

- Coordinate care- Arrange transportation
- Reduce dental anxiety/support access
- Encourage patients to complete treatment
- Enhance cultural competency
- Educate the population about prevention
- Navigate Medicaid or other dental systems of care
- Enhance productivity and integration of oral health team
What are CDHCs?

• Dental “navigators” who perform outreach, community education and preventive services
• Dental team members who work in community settings, FQHCs, Tribal clinics, senior citizen centers, Head Start programs, religious institutions, correctional facilities-
• Supervised by dentists as required by states
AND ANOTHER THING…

Root Canal
Periodontal Disease
Pulpotomy
Plaque
Gingivitis
Tartar

Are these terms easily understood?

What **significance** do they have for parents working two jobs, who worry about the next house payment?
FIRST DENTAL EXAM
12 months
New Hampshire Statistics 2014

- 11 FQHCs  2 with oral health services
- UDS Data 2012:
  
  Services to Patients: Medical .5% increase  
  Dental  8.0% decrease

  Adult Services  18-64  0.0%
  Geriatric (65 and over)  5.8%
  Children (under 18)  -2.7%
UDS Details

- 65,373 Medical Users in 2012
- 5,547 Dental Users
- Another trend: the number of children seen decreased, while the number of seniors seen increased tremendously
- Dramatic decreases in Medicaid-eligible kids.
- The percent of patients 200% of poverty or below is increasing.
Call to Action
for Oral Health
A suite of initiatives to Make A Difference

- Rollout at the 2013 Washington Leadership Conference
- Actively collects stories and models of care where dentists are making a difference
- Ten Step Plans on ADA.org
- Upcoming Report to Congress
A Three Prong Approach

1. Provide Care Now

- Reduce number of people going to hospital ERs for dental pain - refer to private practice or health centers for care
- Expand access to care for elderly in nursing homes
- Expand MOM and Give Kids A Smile® events
A Three Prong Approach

3. Highlight Education and Prevention

- Ensuring more Americans have access to fluoridated drinking water
- Increasing number of Community Dental Health Coordinators
- Strengthening collaborations with other health professionals and organizations: for increased understanding of oral health value
2. Strengthen the Safety Net

- Contracting between private practice dentists and health centers with practitioners receiving enhanced Medicaid reimbursement
- Continue to advocate for simplified Medicaid administration reforms and fee increases
Call to Action for Oral Health
Ten Step Documents

• How to start an ER Referral Program
• How to work with Head Start
• How to Establish Medical-Dental Collaboration
• How to become a Medicaid Provider
• How to Contract with a Health Center

• And more…….
The possibilities are impressive