

Increasing the Capacity of California Community Clinics to Support Dental Student and Resident Training Experiences and Provide Oral Health Care for Underserved Populations

Paul Glassman, DDS, MA, MBA
Paul Subar, DDS
Mari Okamura, BA
University of the Pacific School of Dentistry
San Francisco, California



Pipeline, Profession & Practice: Community-Based Dental Education

Launched in 2003, the Pipeline, Profession & Practice: Community-Based Dental Education (Dental Pipeline) program is a five-year program designed to help increase access to dental care for <u>underserved populations</u>. Grant funds from The Robert Wood Johnson Foundation and The California Endowment were made available to 15 U.S. dental schools to develop community-based clinical education programs that provide care to the most vulnerable populations and to increase recruitment and retention of low-income and underrepresented minority students.

With funding from the Dental Pipeline program, dental schools are required to:

- · Establish community-based clinical education programs;
- Revise didactic and clinical curricula to integrate community-based practice experiences into their educational programs; and
- Implement programs to increase recruitment and retention of underrepresented minority and low-income students.

Pipeline, Profession & Practice: Community-Based Dental Education

Launched in 2003, the Pipeline, Profession & Practice: Community-Based Dental Education (Dental Pipeline) program is a five-year program designed to help increase access to dental care for <u>underserved populations</u>. Grant funds from The Robert Wood Johnson Foundation and The California Endowment were made available to 15 U.S. dental schools to develop community-based clinical education programs that provide care to the most vulnerable populations and to increase recruitment and retention of low-income and underrepresented minority students.

With funding from the Dental Pipeline program, dental schools are required to:

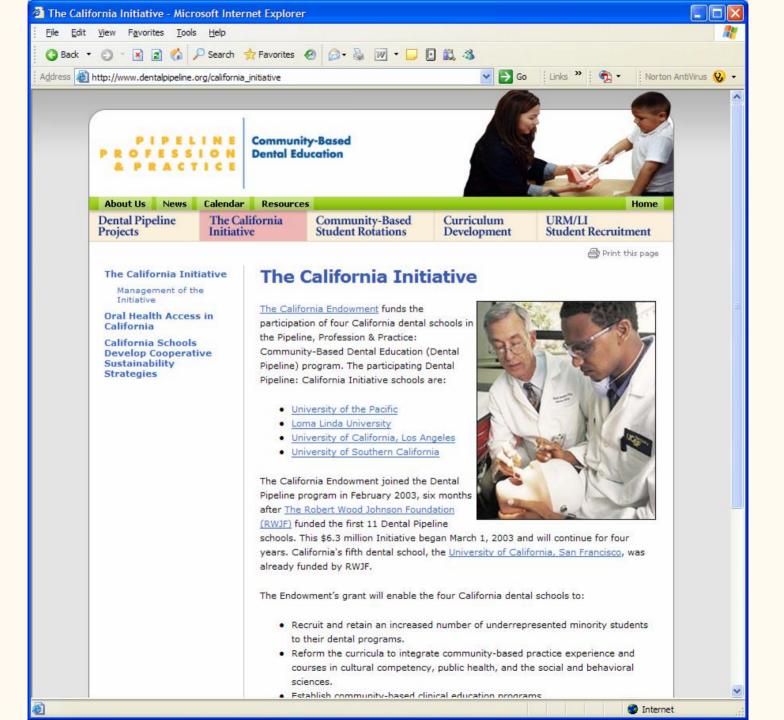
- · Establish community-based clinical education programs;
- Revise didactic and clinical curricula to integrate community-based practice experiences into their educational programs; and
- Implement programs to increase recruitment and retention of underrepresented minority and low-income students.

Pipeline, Profession & Practice: Community-Based Dental Education

Launched in 2003, the Pipeline, Profession & Practice: Community-Based Dental Education (Dental Pipeline) program is a five-year program designed to help increase access to dental care for <u>underserved populations</u>. Grant funds from The Robert Wood Johnson Foundation and The California Endowment were made available to 15 U.S. dental schools to develop community-based clinical education programs that provide care to the most vulnerable populations and to increase recruitment and retention of low-income and underrepresented minority students.

With funding from the Dental Pipeline program, dental schools are required to:

- · Establish community-based clinical education programs;
- Revise didactic and clinical curricula to integrate community-based practice experiences into their educational programs; and
- Implement programs to increase recruitment and retention of underrepresented minority and low-income students.



California Pipeline Health Policy Council

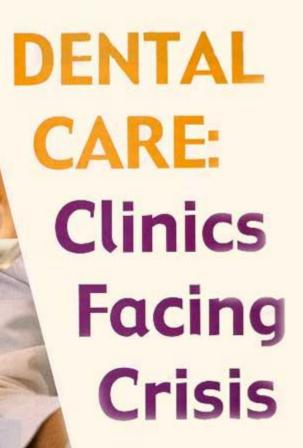
 Focus on placement of dental students and residents in community clinics

California Pipeline Health Policy Council

- Focus on placement of dental students and residents in community clinics
- Questions about placement of students and residents in community sites:
 - What systems are being used?
 - What is the capacity of the community clinics?
 - Could an organized collaborative system be developed?
 - What kind of arrangements would facilitate placement?

Community/School Collaboration

- Motivation for collaboration
 - Pipeline program
 - Clinics are facing workforce shortages
 - Schools have overcrowded clinics and narrow range of patients and experiences



Number of dentists declining while dental schools close

> By Rodd Monts Stoff Writer

COMMUNITY HEALTH FORUM"



MAYITUNE 2001

Community/School Collaboration



Community/School Collaboration



California Pipeline Health Policy Council

Survey Questions

- What is the capacity of the community clinic system to work with dental schools to place students and residents?
- Can we develop organized and collaborative system in California to develop arrangements with community sites?
- What would it take?

Community Capacity Study Methodology

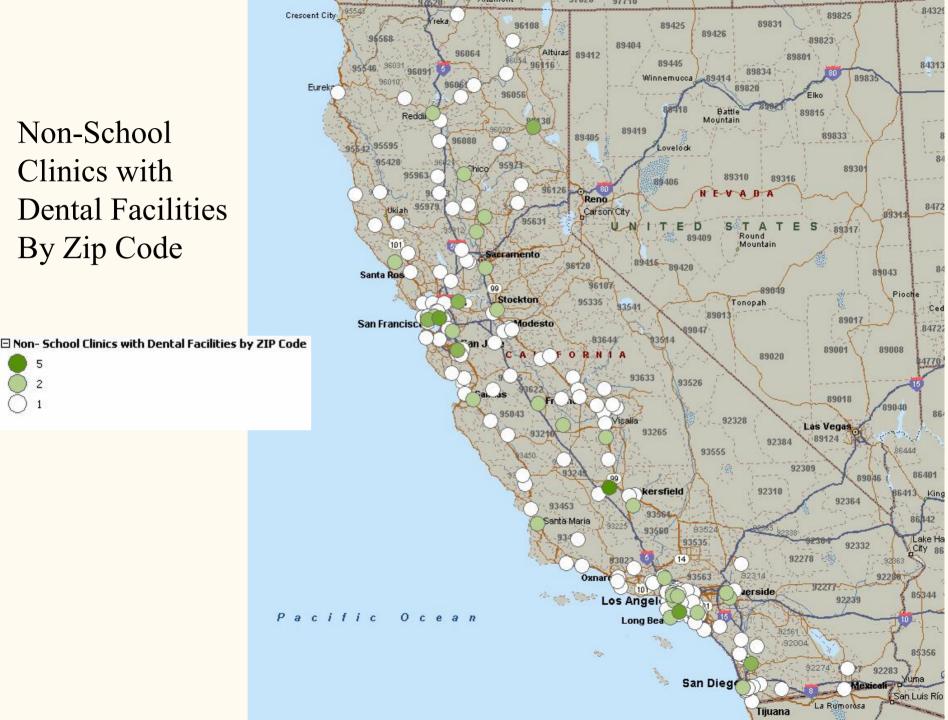
Define universe of clinics

- Compile lists of clinics 1000
- Sort out duplicates, consortia, groups, administrative responsibility
- Contact all community clinics in California
- Determine dental services or strictly medical clinics
- Finalize list of community clinics ~ 700
- Determine who to direct survey to
- Prepare survey recipient to return survey

Community Capacity Study Results

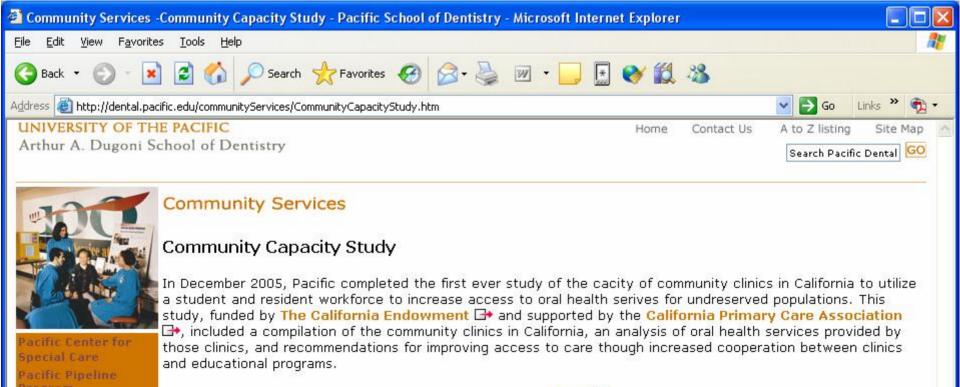
- 729 Clinics
- 706 non-school clinics**
 - 706 total, 212 with dental facilities
 - **basis of survey results
- Clinics per 100,000 people
 - 1.97 total non-school clinics
 - .59 non-school clinics with dental facilities
 - or 170,000 people/clinic

Non-School Clinics with **Dental Facilities** By Zip Code



Community Capacity Study Results

- Searchable database of clinics available at:
 - http://dental.pacific.edu/CommunityServices /PacificPipeline.htm



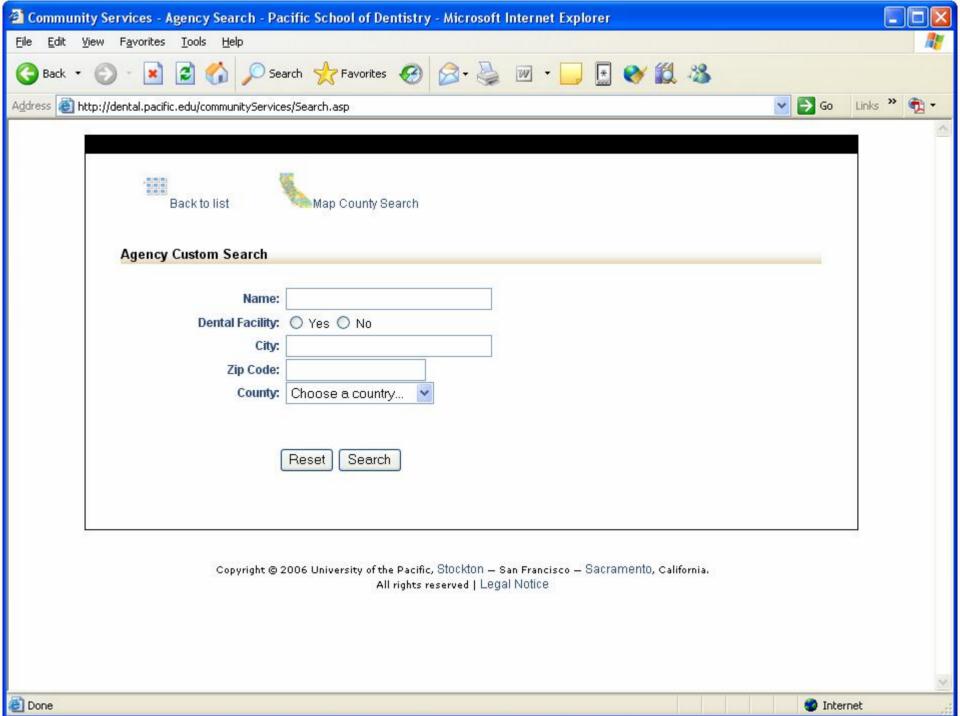
The Community Capacity Study report can be downloaded here 2 (90kb).

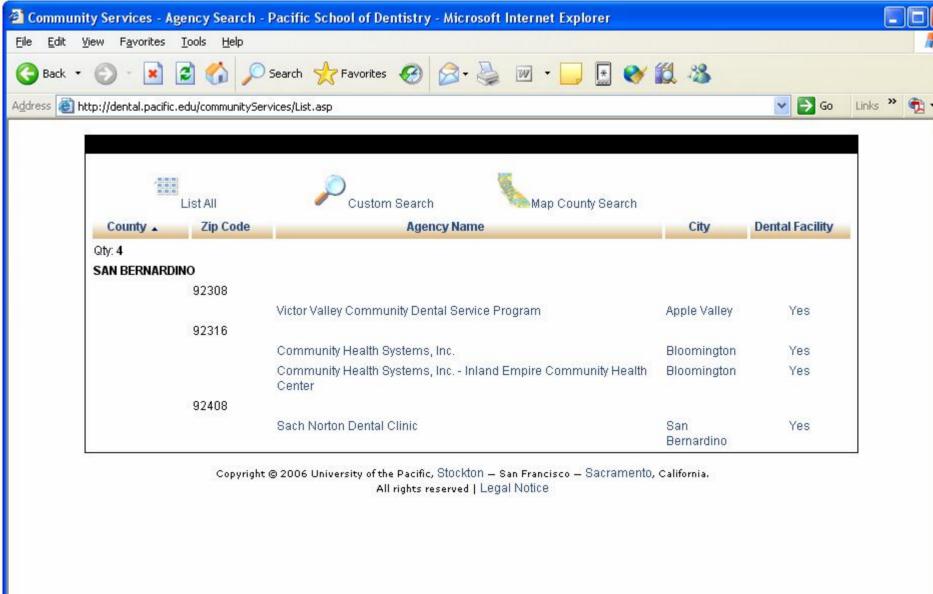
In order to perform the Community Capacity Study, Pacific had to identify the community clinics in the state of California, Lists of clinics were obtained from multiple sources and combined. Phone calls were made to all the sites on the list to rule out duplicates, verify demographic information, and determine whether or not the clinics had a dental facility. This process identified 729 clinics, 232 of which had dental facilities. A searchable database has been created which lists these clinics and can be searched by county, zip code, clinic name, and whether or not the clinic has a dental facility. This searchable database can be accessed here.

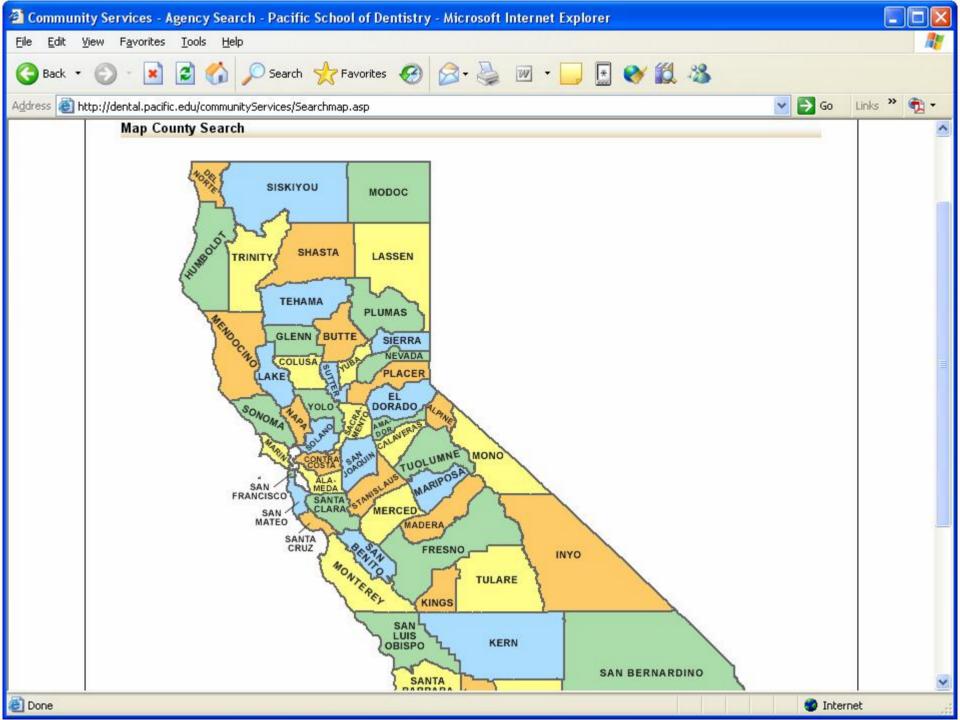
Copyright @ 2006 University of the Pacific, Stockton — San Francisco — Sacramento, California. All rights reserved | Legal Notice

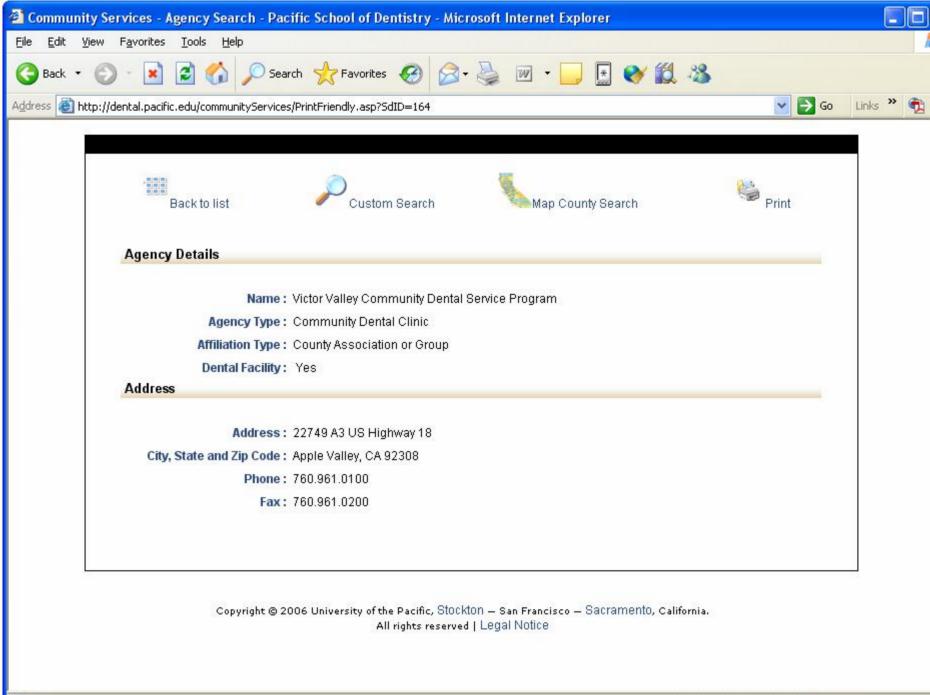
nomunity Services



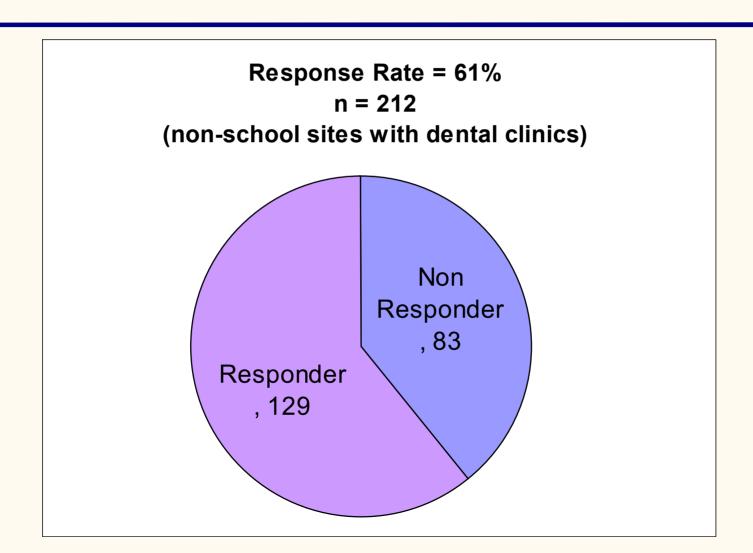








Response rate for community clinics with a dental clinic



Clinic Associations

	#	CPCA
CPCA	69	69
CAPH	3	0
Local Consortium	50	34
County Group	27	15
Other	37	21

Clinic Type (multiple types per clinic)

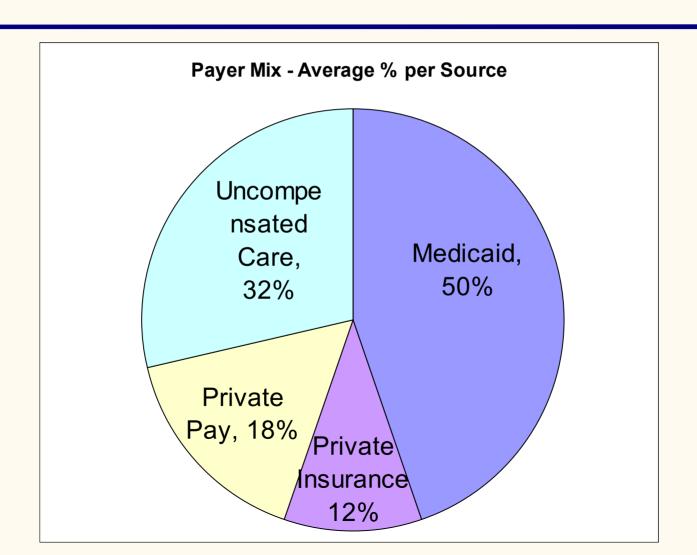
	#	FQHC
Free standing Dental Clinic	18	8
School-based Clinic (Dental Only)	6	3
Mobile Clinic (Van)	15	7
Hospital Based Clinic	7	1
VA Facility	0	0
Public Hospital	2	0
Rural Health Clinic 95-210	7	3
Medical/Dental Clinic	63	37
Mobile Clinic (portable)	4	4
County Health Facility	13	0
FQHC	68	68
School-based (Med/dental)	13	8
FQHC Look-Alike	6	4
Free Clinic	4	1

Clinic Funding (average percent per source)

	Average %
County Funding	26%
Federal Funding	23%
Grant Funding	24%
Private Contributions	14%
Private Contracts	7%
Patient Fees	36%
Other	27%

Other: HMO, city funding, private insurance, investment earnings, rental income

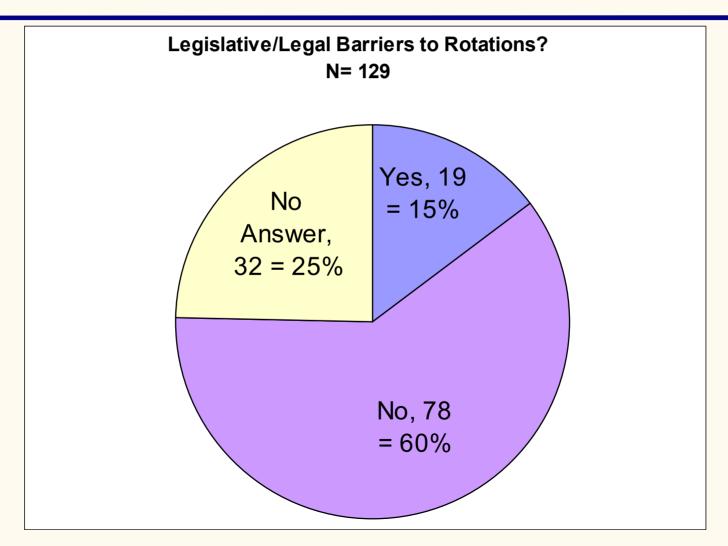
Payer Mix



Patient Population

	Average %
Caucasian	29%
Black or African American	9%
Asian	7%
American Indian or Alaska Native	12%
Hispanic	56%
Native Hawaiian or Pacific Islander	3%
Multi-racial	5%
Declined to state	3%

Legislative, regulatory, policy, procedural barriers to increasing rotations?



Barriers

- Distance from schools
- Monitoring/supervision challenges
- JCAHO Credentialing/liability issues
- Patient perception issues
- Space
- Contractual agreements
- "insurmountable red tape!!"

Change in dental services

Do you plan to increase/decrease dental services or expand your dental facility in the next 1-3 years? By what percent?

	#	Average %
Increase in dental services	75	35%
Decrease in dental services	3	27%

Non-school community clinics without dental facilities: change in dental services

Do you plan to add dental services or expand your facility in the future?

- Yes 34
- No 76

Constraints to increasing patients seen

	Not Significant Constraint		Significant Constraint		Very Significant Constraint	Average
	1	2	3	4	5	
Patient transportation						
barriers	25	26	25	15	7	2.5
Overall clinic size	27	20	17	13	21	2.8
Number of operatories	28	17	18	10	24	2.8
Number of general						
dentists	22	22	19	11	24	2.9
Number of specialists	11	17	18	15	30	3.4
Social Services or other support	32	31	18	10	3	2.2
Number of hours clinic is						
open	34	29	16	7	11	2.3

Clinic/operatory data

	A	verage
Chairs or operatories	5.30	chairs
% time with no-shows/cancellations	19%	of time
Patients treated/day	26	patients
Wait time for new patient exam	28	days
Wait time for emergency visit	1	days
Hours open per day (M-F)	8.6	hours
Hours open per day (Sat-Sun) (19% of		
clinics)	7.4	Hours (Sat)

Procedures per month

Item (# responding)	Average #
Comprehensive exam/95	136
Full mouth x-rays/84	109
Panoramic/41	30
Sealant/92	87
Child oral prophylaxis/89	84
Adult oral prophylaxis/82	94
Amalgam fillings/92	165
Composites/92	121
Crowns/86	17
Stainless steel crowns/71	33
Fixed partial dentures/40	11

Item (# responding)	Average #
Full Dentures/69	19
Cast partial dentures/52	15
Acrylic stayplates/64	17
Simple extractions/96	81
Surgical extractions/79	21
Anterior root canals/83	14
Posterior root canals/71	14
Scaling/root planning/83	56
Periodontal surgery/12	3
Orthodontics/12	28

Focus Group/Interview Report

- Clinics that are contemplating rotations consider space, finances, resources
- Clinics that have rotations report importance of training students and residents in public health values and the stimulation to staff from the teaching environment

Conclusions

- Clinics that have rotations like them
- There are many clinics that are interested and capable of having rotations and want to expand dental services
- Dental student/resident rotations can increase future practitioners' understanding of public health issues
- Dental student/resident rotations can supply significant workforce for clinics.
- Developing a successful rotation program takes a lot of planning and support
- There is a need for a planning and support network between clinics and schools

Future work

- Develop model solutions/programs
- Develop planning and support network
- California Pipeline II
 - 3-5 year extension of California Pipeline program
 - Intensify school/clinic relationships

Community/School Collaboration

