

**Building Capacity to End the Problem of Oral Health Access to Care**

**Solving Wisconsin's Oral Health Disparities  
A Wisconsin Community Health Center Initiative**

**Progress Report and Future Assessment**

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American Association for Community Dental Programs  
Annual Pre-Conference Symposium  
Portland, Oregon

April 19, 2009 ♦ 9:30am – 10:00pm

“If you don't know where you are going, any road will take you there.”

Lewis Carroll  
*Alice in Wonderland*

Have a vision of a preferred future!  
Plot a course.  
Take the trip.

**Solving Wisconsin's Oral Health Crisis  
A Vision for Wisconsin: A Model for the Nation**

Prepared for Secretary Kevin Hayden  
March 20, 2007

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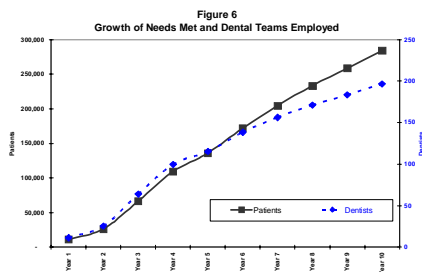
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**Major Components of the Plan**

- Rapidly expand dental capacity and don't leave anyone behind (developmentally disabled, geriatric, pediatric, children with special health care needs)
- Develop integrated oral/medical electronic health record with decision support
- Foster collaboration across medicine, public health, and dentistry addressing oral/systemic interactions, health literacy issues and prevention
- Develop a dental school designed to produce dentists for the safety net prepared to work collaboratively with medicine and public health

**Expand Dental Capacity: How Are We Doing?**

**The original plan: Expanding Dental Capacity and Patients**



**Expand Dental Capacity: How Are We Doing?**

**The Original Plan: What We Were Up Against**



## Expand Dental Capacity: How Are We Doing?

Dentists By the Numbers from the Original Proposal

Year	Dentists Actual (A)	Dentists Projected (P)	
2004	21.0 (A)		
2005	23.3 (A)		15.2% Increase
2006 (Baseline)	24.2 (A)		
2007 (Year 1)	33.4 (P)		92.6% Increase
2008 (Year 2)	46.6 (P)		CLEARLY NOT BUSINESS AS USUAL

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## Expand Dental Capacity: How Are We Doing?

The First Two Years (Really 1 1/2)

Year	Proposal	Reality	(Deficit)/Surplus
2006 (Baseline)	24.2 (A)	24.2 (A)	--
2007 (Year 1)	33.4 (P)	27.8 (A)	-5.6
2008 (Year 2)	46.6 (P)	(A)*	*

\*Will have at conference

(A) - Actual (P) - Projected

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## Expand Dental Capacity: How Are We Doing?

Baseline and Cumulative Additions to Baseline

Year	Proposal	FHC	School	Other CHCs	Residual
2006 (Baseline)	24.2	7.5 (31%)	--	16.7 (69%)	0
2007 (Year 1 minus Baseline)	9.2	3.2 (35%)	--	0.4 (4%)	5.7 (61%)
2008 (Year 2 minus Baseline)	22.4	9.5 (42%)	--	--	--
2009 (Year 3 minus Baseline)	54.9	17.2 (31%)	--	?	37.7 (69%)
2010 (Year 4 minus Baseline)	88.7	26.7 (30%)	--	?	62 (70%)
2011 (Year 5 minus Baseline)	102.4	36.0 (35%)	--	?	66.4 (65%)
2012 (Year 6 minus Baseline)	124.4	46.0 (37%)	--	?	78.4 (63%)
2013 (Year 7 minus Baseline)	139.4	61.0 (44%)	3.6 (3%)	?	74.8 (54%)
2014 (Year 8 minus Baseline)	153.2	61.0 (40%)	23.8 (16%)	?	68.4 (45%)
2015 (Year 9 minus Baseline)	164.5	62.7 (38%)	36.3 (22%)	?	65.5 (40%)
2016 (Year 10 minus Baseline)	176.5	67.7 (38%)	36.3 (21%)	?	**72.5 (41%)

\*will have at conference

\*\*equivalent to 6 dentists added per center over 10 years

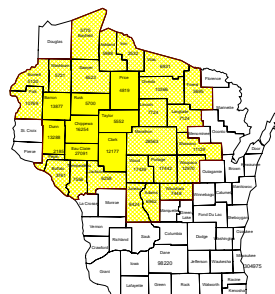
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To Get to the Finish Line for Our State We Need to Get to the Finish Line Somewhere in Our State

- Demonstrate we can greatly expand access
- Enlist medicine (with decision support) to address health literacy and refer to dentistry (registry model)
- Champion prevention, maximize community water fluoridation and bring down per capita costs to sustainable levels
- Serve the patients and the taxpayers

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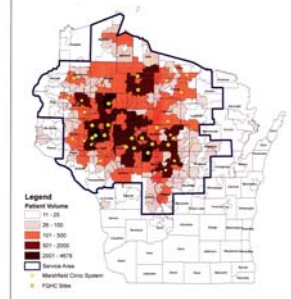
Lots of Rural Success Adds Up to Madison then Milwaukee Equivalency



Legend  
 Total 98,758 = Madison (98,220)  
 Total 307,163 = Milwaukee (304,975)

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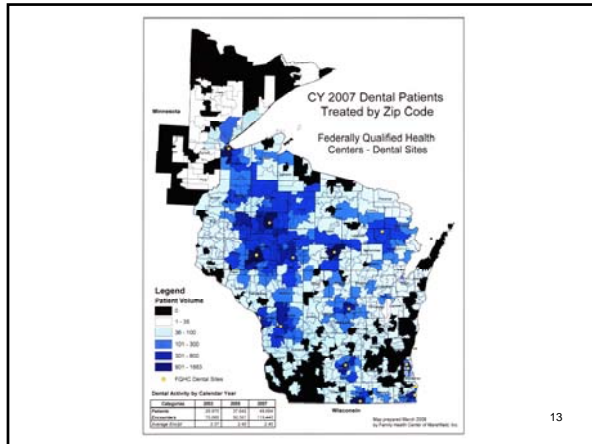
Family Health Center's Current Patients



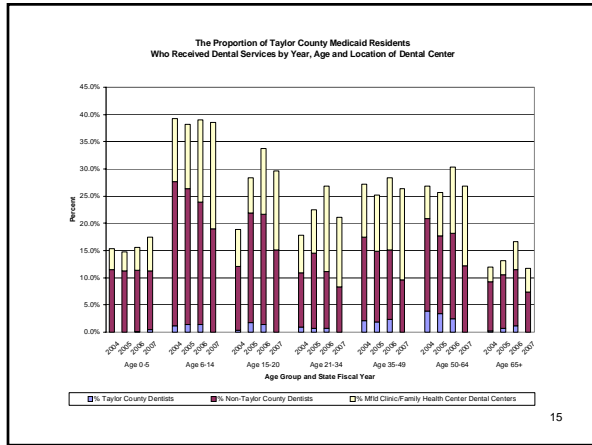
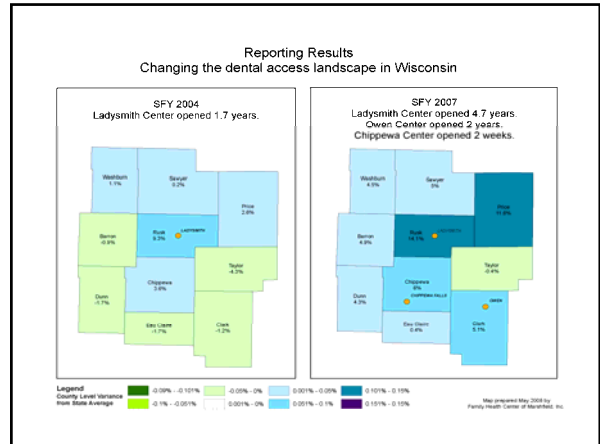
Legend  
 Patient Volume  
 1 - 100  
 101 - 1000  
 1001 - 2000  
 2001 - 4075  
 Family Health Center System  
 FQHC Sites

Total unuplicated patients served by Family Health Center of Marshfield, Inc. was 65,838 according to 2008 UDHS Report.

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**The Importance of Integrating Oral Health With Mental Health and Medical Care**

- Case example:** A Family Health Center patient living in Clark County was referred to the Ladysmith Dental Center by his Marshfield Clinic Oncologist. His cancer treatments were negatively impacting on his oral health status, and as a result he began losing weight. The patient was initially scheduled for an emergency visit and follow-up dental care. All of his teeth needed to be extracted and he was fitted for dentures. To date, the patient has improved oral health and has gained 10 pounds.

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**The Importance of Integrating Oral Health With Mental Health and Medical Care**

- Case example:** Another diabetic patient presented at our Ladysmith Dental Center. The patient was jaundiced and very ill and had a large lesion on his leg for the past four years that would not heal. He also had severe oral health disease. Following a full mouth extraction and dentures, this patient has been back for routine care. He reports his blood glucoses are under control, he has good skin color, his skin lesion is healed and he is very happy.
- Case example:** A 20-year-old female with no income presented as unemployed and depressed with very poor oral health. We provided extractions and dentures. She now has an improved self image and a job.

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**Progress on Infrastructure Integration**  
**The Electronic Medical Record**

- Trial run in August 2009 at our fifth dental center in Neillsville, Wisconsin
- Target system wide conversion – October 2009
- Data warehouse capability for decision support enhanced by back loading historic dental information

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Fostering Collaborations Across Medicine,  
Public Health and Dentistry

Access

1. Referral source for public health
2. Referral source for medicine
3. Referrals to medicine
  - Oral cancers
  - High blood pressure
  - High blood sugar

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Fostering Collaborations Across Medicine,  
Public Health and Dentistry

Refining quality of care within medicine

1. By 2010, identify chronic diseases that we will establish baseline measures and goals for the percent of patients with those specific chronic diseases who received oral health services
2. By 2011, establish a baseline measure and goal for the percent of medical patients that are diabetic who received oral health services.

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Fostering Collaborations Across Medicine,  
Public Health and Dentistry

Collaborating for population health impacts

1. Working with state oral health leadership and local communities to promote fluoridation
  - Local advocacy (medicine and dentistry)
  - State and system data
  - Funding partner
2. Active in statewide coalition to end oral health disparities
3. Continued advocacy at the policy level

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Progress on the Dental School

- Deep into feasibility study
  - Cost considerations to launch not to operate
  - More importantly, can we design and operate to meet goals
- Two 4<sup>th</sup> year clinical campuses under construction this year (16% of the 4<sup>th</sup> year campus)

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Progress on the Dental School

Evaluation of dental school goals

- Train dentists for careers in Community Health Centers, Tribal Clinics, rural practice
  - The need for a new student pipeline
  - Importance of AHEC and Governor's Wisconsin Covenant program
  - Importance of school-based loan repayment
- Train dentists to be integral part of the health care team
  - Curriculum implications (speak the language)
  - Integrated HIT facilitating virtual teaming
  - Appropriate patients

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Progress on the Dental School

Evaluation of dental school goals, continued

- Once established – tuition-based (no parent university or state subsidy required)
  - Role of FQHC based clinical campuses
- Be flexible and supportive of adaptations necessary to adjust to a changing knowledge base
  - Active research program
  - Mission protective governance structure

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