Preparing Health Center and Safety-Net Oral Health Programs for Health Reform

Bob Russell, D.D.S., M.P.H.
Wayne Cottam, D.M.D., M.S.
Neal Demby, D.M.D., M.P.H.

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National Oral Health Conference

Learning Objectives:

- Identify partners that can collaborate to build a competent Safety Net dental workforce
- Develop strategies that allow safety net organizations to evaluate how the dental workforce adapts, manages, and thrives within a Safety Net program under increasing demand for services and limited resources
- Discuss outcomes that would indicate a successful Safety Net program under Health Care Reform
- Provide some recommendations to Safety Net organizations on what do to assure that a coordinated system of dental health access is achieved.
- Offer true "real world solutions" in preparation to meet with demands for oral health services under health care reform.

About NNOHA

- NNOHA is a nationwide network of approximately 1,500 safety-net oral health providers
- NNOHA's mission is:
  "To improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems."

The Rising Storm: Challenges For the Growing Dental Safety Net

The lack of a sufficient dental workforce

Bob Russell DDS, MPH
National Network for Oral Health Access

2009 -2010 Rising Tide of Events

- CHIP Reauthorization of 2009 includes a separate "dental only" clause for families with existing medical insurance
- *All new FQHCs required to have oral health services within three years of grant award*
- Health Reform legislation includes policies to advance pediatric oral health, insurance to include dental, and dental training opportunities

Affordable Care Act 2010

- Mandates pediatric dental services as a component of health exchanges to be implemented in 2014
- Mid-level dental provider pilot projects authorized for up to 15 sites – *not yet funded*
- Authorizes funding to increase state oral health programs from 16 to all states – *not yet funded*
- Expands Medicaid eligibility
- *11 Billion dollar FQHC expansion!!!*
- Re-authorizes CHIP until 2015

Academic Pediatrics 2009;9:380-2
David Satcher, MD,PhD

- *"Those changes are excellent policies. However, they are occurring at a time of acute shortfalls in the dental workforce."*
- *"the very clinics mandating treatment for our most vulnerable patients lack dental personnel."*

The nation turns to the Safety Net!

- Trends
  - *Increasing frustration and pressure at all levels due to the lack of progress with traditional methods toward increasing access and decreasing disparities in oral health and general health care.*

There are Holes in the Net!

- Barriers to Oral Health Access
  - Resistance and discord within the dental profession towards change
  - 92% of all dentists are in private practices
  - Supply of dentists not keeping up with population growth
  - A lingering low willingness among general dentists to see or treat very young children (under age 3)
  - Geographic mal-distribution of dentists unchanged significantly
  - Many private dentists will not participate significantly (if at all) in most state Medicaid programs

…..and some holes are extremely resistant to fill!

- And More Barriers…..
  - Increasing indebtedness of graduating dentists hinder flexibility
  - Low diversity in dental workforce
  - Diminishing numbers of dental educators for training dentists
  - Wide variability in scope of practice and supervision across the states
  - Inflexibility of the regulatory system to accommodate scope of practice requests
  - *Up to 28% of current FQHC dental workforce slots remain unfilled; and now more health centers are being created!*

Post- Surgeon General's 2000 Report

- "The research in the U.S to address the growing level of tooth decay in our youngest children is too limited."
- *"Research and adoption have not kept pace with the problems identified in the SG report. Transfer of technology from studies to implementation lags."*

-P. Milgrom and et.al

The Road ahead is Rough!

- *Reality Check:*
  - *One size fits all model of care doesn't work! Dental care is just TOO expensive in the current model!*
  - Federal and State funding for entitlements and public health while increasing will never keep pace with the private market
  - Low-income and indigent populations will increase in numbers and are a permanent part of America
  - *If the PPACA remains intact after court challenges, 2014 will result in a large increase in demand for dental care!*

Arizona School of Dentistry & Oral Health

Wayne W. Cottam DMD, MS

Associate Dean for Community Partnerships

A.T. STILL UNIVERSITY | ATSU

95% of those visitors arrive in a bus, a train or a car, go to the rim and are appropriately impressed, buy a souvenir and return within 2 ½ hours

5% of those visitors actually make a trip below the rim.

However, only 1% ever make the effort to go to the river and back and discover that is a pretty spectacular place to be.

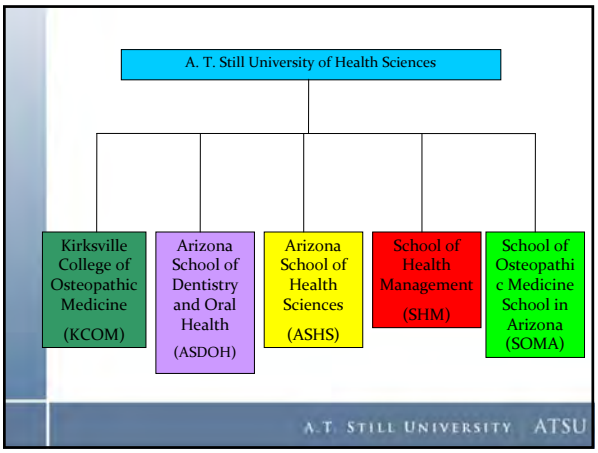
Workforce: A Challenge for Health Center Oral Health Programs

- A recent report by the National Association of Community Health Centers (NACHC)
  - **48%** of Health Centers reported at least one dentist vacancy
  - Almost half of all rural Health Centers have had a vacant dentist position for 7 months or more.
- Nationwide in 2006 there were **169,895** professionally active dentists but only 1% (1,691) dedicated their career to serve Health Center patients.
- Nationwide there is a growing shortage of dentists, with more dentists retiring or leaving the profession than graduate each year.

The Access to care problem will not be helped simply by graduating more dentists who go places that 99% of dentists have always gone.

We need to graduate more 1%ers.

Those who are willing to go where 99% of the dentists don't want to go, and find out that it is a pretty spectacular place to be.



ASDOH MISSION

The mission of the Arizona School of Dentistry & Oral Health is to educate caring technologically adept dentists who become community and educational leaders, serving those in need.

ASDOH graduates will be culturally-competent, community-responsive general dentists who are able and willing to serve as a resource in their community for dental public health issues.

How?

SELECTION

Utilize a unique application process that places a premium on volunteerism and underserved experience as well as the community from which the applicant comes.

CURRICULUM DESIGN AROUND PUBLIC HEALTH

Emphasize public health education and activities throughout dental school. Community Service Learning Requirements during last 3 years of Dental School. Require students to complete a Certificate in Public Health.

EXPOSURE TO COMMUNITY AND PUBLIC HEALTH EXPERIENCES AND OPPORTUNITIES

Group Practice model training during second and third year in on-site clinic. 4th year clinical experience at least 50% in external community rotations.

Hometown Applicant Strategy

Hometown Applicant Strategy

CHC's that identify community minded, service oriented applicant submit a Hometown letter of recommendation.

Hometown applicants that meet basic academic requirements are automatically granted an interview.

Hometown Applicant Successes

2007			2
2008			4
2009			5
2010			6
2011	36	33 (92%)	11 (31%)
2012	49	41 (84%)	19 (39%)
2013	56	40 (71%)	16 (29%)
2014	70	54 (77%)	19 (27%)

Hometown Applicant Successes

Total Applicants

Interview rate - 15%

Acceptance rate - 3.5%

Matriculation rate - 2.3%

Hometown Applicants

Interview rate - 80%

Acceptance rate - 31%

Matriculation rate - 25%

How?

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4th year clinical experience at least 50% in external community rotations.

Dentistry in the Community (Service Learning Requirement) Projects and Participation

Each student must participate in at least 3 Community Oral Health activities each year.

At least one of these activities must involve the student's direct, active participation in planning AND carrying out the activity (Project).

Two of these activities may be observation or attendance only (Community Participation).

Certificate in Dental Public Health

5 courses
- Introduction to Dental Public Health
- Dental Research Planning and Design
- Dental Epidemiology
- Dental Health Care Policy and Management
- Behavior Sciences and Educational Concepts

Completed with ATSU School of Health Management

All Online – D2-D3

Required for Graduation

How?

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ICSP

ICSP = **I**ntegrated **C**ommunity **S**ervice **P**artnership

Students will complete a Summer Rotation at the end of their 3rd year

At least 50% of the 4th year clinical education is done at external sites

Starting in the 4th year student completes 4 rotations of 4 – 6 weeks in duration

Each external rotation is followed by an equal amount of time in the ASDOH clinic

Participation in all assigned rotations **is required** but the student must complete a minimum of two (2) rotations for their graduation requirement

Types of Sites – 2010 - 2011

FQHC:	39
Other Community Non-profit:	10
Tribal Clinics:	6
IHS:	3
VA:	1
Homeless:	1
Portable/ Mobile	2

ICSP sites to which students are assigned for 2010-2011

Alaska	1	New Mexico	2
Arizona	17	Ohio	1
California	5	Oklahoma	1
Colorado	4	Rhode Island	1
Idaho	1	South Dakota	1
Louisiana	1	Texas	2
Maryland	1	Utah	2
Maine	4	Washington	6
Missouri	1	Wisconsin	1
Montana	2		

ICSP Rotation Benefits For Student

Exposure to a variety of community and public health based clinical environments and situations.

An opportunity to be taught and mentored by excellent clinicians.

Student competence and confidence dramatically increased.

A deeper understanding of the unique oral health challenges faced by many communities, and the opportunity to learn first hand how to address those challenges.

ICSP Rotation Benefits For Student

Students and sites report ability for students to see 8 – 12 patients per day at their 2nd rotation. Some students report these patient numbers during their 1st rotation.

Sites report that students can produce as much as $10,000 - $16,000 in a 4 – 6 week rotation.

Procedure numbers

Class of 2010

Total number of Restorative Procedures –		11,135
Total completed Internally (D3, D4) –	2,727	
Total completed Externally (D4 only) -	8,408	
Average completed Internally -	47	
Average completed Externally -	144	
Total number of Oral Surgery Procedures -	5024	
Total completed Internally (D3, D4) -	1640	
Total completed Externally (D4 only) -	3384	
Average completed Internally -	28	
Average completed Externally -	58	

Procedure numbers

Class of 2009

Total number of Restorative Procedures – 13,048

Total completed Internally (D3, D4) –	4,975
Total completed Externally (D4 only) -	8,073
Average completed Internally -	88
Average completed Externally -	144

Total number of Oral Surgery Procedures - 6,555

Total completed Internally (D3, D4) -	2,232
Total completed Externally (D4 only) -	4,323
Average completed Internally -	39
Average completed Externally -	77

ICSP Rotation Benefits For Site

The dental staff has the opportunity to share their expertise and experience.

The experience that the student receives at the site can be a very effective recruiting tool.

All revenue produced by the student is retained by the site.

The organization has the opportunity to be a partner with us in educating future dental professionals about cultural, societal and health issues unique to the community they serve.

ICSP Rotation Site Feedback Survey

ASDOH students contribute to our overall clinical operation.
Strongly Agree or Agree 89%

ASDOH student are valued by our providers.
Strongly Agree or Agree 97%

ASDOH student are valued by our staff and our administration.
Strongly Agree or Agree 95%

ASDOH students are valued by the patients and the community we serve.
Strongly Agree or Agree 96%

ASDOH students contribute to meeting our organizations mission and goals.
Strongly Agree or Agree 91%

ASDOH and its students are seen as a potential source of providers.
Strongly Agree or Agree 96%

Participation with ASDOH and its students is seen as a positive retention tool.
Strongly Agree or Agree 83%

Describe the fiscal impact of student participation with your organization
Positive 42%
Neutral 47%
Negative 12%

Feedback Comments from Students

Inscription House – Shonto, AZ

"Being at the Inscription House, which is located about an hour from Kayenta, I am surprised at how this health center has built its own community.

Being someone that has always lived near a city I always wondered if I would feel right at home in a place that is more than 40-50 miles from the nearest town. Could I as a dentist choose to live and work in a place like this? I found that working in a community like this is an actual possibility for me.

I discovered this when I went for a walk with the IHHC dental clinic director, Dr. Samaddar. Talking with her I learned that there is so much beauty in places like Inscription House. What makes the clinic work and makes your home comfortable are the people in these small communities, people that are there because they want to be there to serve and to enjoy learning about others and the environment. "

National and Licensing Board Pass Rates

NBDE Part II Exam		
Class	First Time Pass Rate	Percent Passed within 1 Year
2010	81%	100%
2009	89%	100%
2008	100%	100%
2007	91%	100%
Western Regional Examining Board (WREB) Exam		
2010	96%*	100%
2009	83%	98%
2008	96%*	100%
2007	94%	100%

*100 % pass on all clinical portions of WREB. The two failures were in written and bench top portions of exam.

Class of 2007 Graduation Survey

Plans after graduation: n=53

Did not know	11
Specialty or Residency Training	10
Directly into practice/ employment	32

Of the 32 graduates who went directly into practice/employment -
19 (59%) chose Community/ Public Health/ Military

FQHC	10 (31%)
Military	4 (13%)
IHS	4 (13%)
Other non-profit	1 (3%)
Private practice	13 (41%)

Class of 2008 Graduation Survey

Plans after graduation: n=54

Did not know	3
Specialty or Residency Training	17
Directly into practice/ employment	34

Of the 34 graduates who went directly into practice/employment -
14 (41%) chose Community/ Public Health/ Military

FQHC	8 (24%)
Military	4 (12%)
IHS	1 (3%)
Local govmt	1 (3%)
Private practice	13 (38%)
Hospital	5 (15%)
University	1 (3%)
Other	1 (3%)

Class of 2009 Graduation Survey

Plans after graduation: n=54

Did not know	3
Specialty or Residency Training	16
Directly into practice/ employment	45

*Total exceeds 54 due to multiple responses

Of the 45 graduates who went directly into practice/employment -
20 (44%) chose Community/ Public Health/ Military

FQHC	11 (24%)
Military	5 (11%)
IHS	3 (7%)
Local govmt.	1 (2%)
Private practice	22 (49%)
Hospital	1 (2%)
University	2 (4%)

Class of 2010 Graduation Survey

Plans after graduation: - n=55

Specialty or Residency Training	22
Directly into practice/ employment	33

Of the 33 graduates who went directly into practice/employment -
18 (55%) chose Community/ Public Health/ Military

FQHC	12 (36%)
IHS	2 (6%)
Military	2 (6%)
Other N.P.	2 (6%)
Private practice	12 (36%)
Unsure	3 (9%)

There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in it success, than to take the lead in the introduction of a new order of things – because the innovator has for enemies all those who have done well under the old conditions …. but only lukewarm defenders in those who may do well under the new .

Niccolo Machiavelli

Wayne W. Cottam DMD, MS
Associate Dean for Community Partnerships
Arizona School of Dentistry & Oral Health
480-248-8154
wcottam@atsu.edu

A.T. STILL UNIVERSITY ATSU

Strategies to Assure Access and Equity: Service Learning, Postdoctoral Residency Training and Educational Entrepreneurship as a Workforce Initiative.

Presented at the Annual Meeting of the National Oral Health Conference
Sponsored by the American Association of Public Health Dentists, The Association of State and Territorial Dental Directors, The Centers for Disease Control and Prevention
April 11-13, 2011 Pittsburgh, PA

Neal A. Demby, DMD, MPH
Senior Vice President
Lutheran Health Care
150 55th Street
Brooklyn, NY 11220

Amino Acids

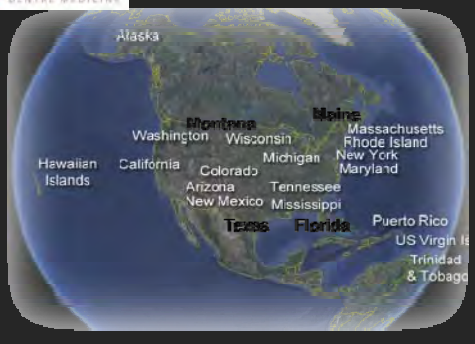
- Health policy
- Social policy and social justice
- Workforce initiatives
- Partnerships/Collaboration
- Service learning
- On Line education/ outcomes assessment/ and distance learning
- Economic viability
- Lifelong learning
- Educational entrepreneurship

Introduction

- Lutheran Medical Center is a 476 + bed teaching hospital
- Level 1 Trauma Center
- Largest hospital-based Federally Qualified Health Center in the country. (1968)
- 600,000+ medical encounters at main site
- 80,000+ dental encounters at main site
- 170,000+ dental encounters at extramural partnership sites
- School Health Program (24 schools/17,000)
- Culturally Diverse Patient Populations

Objectives:

- Access to oral health services remains a critical problem for the underserved in the US.
- The safety net is fragmented and facing serious resource challenges in the current economy
- The Lutheran Medical Center (LMC/LFHCN) a Federally Qualified Health Center (FQHC), has developed innovative post-doctoral residency programs. The distributed educational program places residents in FQHCs within 21 states, territories and internationally as a means of increasing access; ameliorating recruitment and retention issues.
- This service/learning initiative has been a national resource for workforce solutions.
- Accreditation of all training sites by CODA/ADA is a major objective.



Vision/Mission/Health Policy:

- Mission of LMC as an "Institution Without Walls"
- Consistent with assuring equity and increasing access for community residents
- Consistent with HRSA oral health areas of focus
- Access/Quality
- Eliminate disparities Partnership
- Improve oral health outcomes
- Consistent with goals/objectives of many state/country oral health plans and the US Surgeon General's report (Healthy People 2010)
- First teaching health center in country. (1973)

Issues:

- Health policy issue: To increase access to oral health care; workforce solutions.
  - ✓ Difficult to recruit & retain providers
  - ✓ Limited resources
- Solution: Collaborative Partnerships
  - ✓ Each resident provides dental services for 1 or 2 years at an assigned CHC (clinical training site)
  - ✓ Salaries/Fringes/Benefits of residents paid by LMC
  - ✓ Stable and ongoing manpower resources
  - ✓ Create alternative career pathway
- Integration of service learning within FQHC
- Economic Viability and sustainability
- Educational entrepreneurship
- Distance Learning
- Faculty Development and loan repayment

Collaborative Partnerships:

- Community Health Centers
- Health Departments
- Indian Health Services
- Correctional Health Systems
- United States dental schools
- International dental schools
- Group practices (profit & non profit)
- Managed Care Organizations
- Veterans Administration
- Community Hospitals
- Health Science Centers
- Area Health Education Centers
- Other Ambulatory Care Organizations

Developing a new clinical training site

- LMC program administrators visit the training site
- Complete LMC site evaluation packet
- Formal affiliation agreement
- Locate regional video teleconferencing site
- Faculty development and program orientation
- Recruit and accept residents
- Training site development throughout the first year
- Commission on Dental Accreditation by the American Dental Association (CODA) performs a site visit and approves each clinical training site

PRIMARY CARE DENTAL RESIDENCY (Initial Program Yr)	ADA COMMISSION ON DENTAL ACCREDIATION (Latest approval)	LENGTH OF PROGRAM	NUMBER OF RESIDENTS ENROLLED 2010-2011
GENERAL PRACTICE RESIDENCY (GPR) 1974	2011	1 YEAR OPTIONAL 2ND YEAR	21
ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) 1988	2011	1 YEAR OPTIONAL 2ND YEAR	101+
ADVANCED EDUCATION IN PEDIATRIC DENTISTRY 1994	2011	2 YEARS	40
ADVANCED EDUCATION IN ENDODONTICS 2004	2009	25 MONTHS	58
DENTAL ANESTHESIOLOGY 2008	2010	2 YEARS	8

Distance Learning (DL) Equity in education:

- LMC sponsors innovative curriculum models for post doctoral residency training programs.
- Synchronous DL via live video teleconferencing is the primary telecommunication methodology used to provide the didactic education to residents that are separated geographically.
- Conversion to asynchronous modules (Sakai/2011)
- Provides equity in the didactic education across all programs
- Curriculum meets Commission on Dental Accreditation Standards

Lutheran MedicalCenter DENTAL MEDICINE

Results: Vulnerable Populations Benefit

Increase Number of Providers (recruitment/retention)

↓

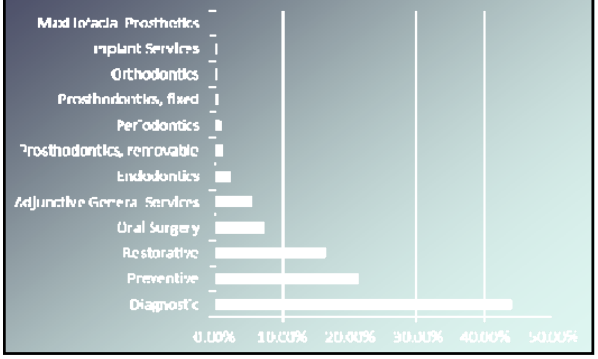
Increased number of patient visits/year
~ 1300-2000 patient visits/year/resident
LMC Network provides > 250,000 safety net dental visits/year
Increase in Access to Oral Health Care

↓

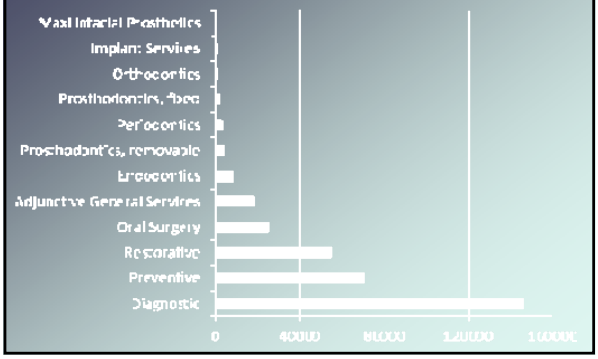
Improved oral health service outcomes

↓

Percentage of Services to Vulnerable Populations

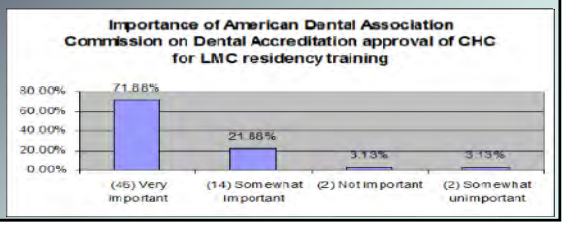


Total Number of Services to Vulnerable Populations



Lutheran MedicalCenter DENTAL MEDICINE

- Residents perception of Distance Learning
  - Overall grade for DL component
  - 2010 survey results N=81
    - ✓ 69% Excellent or above average
    - ✓ 20 % Average
    - ✓ 11 % Below average
- Community Health Center perception of accreditation



Lutheran MedicalCenter DENTAL MEDICINE

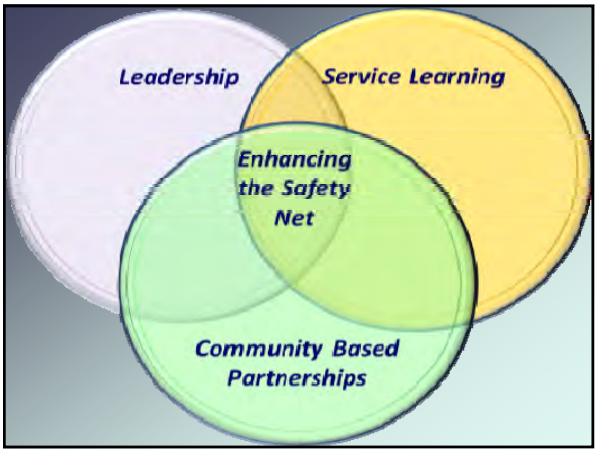
Resident recruited and assigned to clinical training sites in CHC/IHS facilities

Resident exposure to community health & alternative career pathways

The Goal

Resident becomes teacher, mentor, role model & administrator

Resident develops commitment to community health



Educational Entrepreneurship:

- Opening the marketplace as wide as possible to entrepreneurs may be best chance to improve educational outcomes
- Leadership in post doctoral education
- Product development
- Technological innovation
- Financial sustainability

Current Strategies:

- Post doctoral primary care clinical campus
- Comprehensive on line post doctoral curriculum development and evaluation (Sakai)
- Multiple service learning models.
- Integration of pre-doctoral/post-doctoral/specialty/ Pipeline plus

- AEGD and other/MPH/ University of Michigan
- Remote mentoring
- Faculty development/MPH/MBA/MPA/M.Ed
- Health Services Research

Conclusion:

- Residents are a significant source of oral health services for the nation's underserved within a teaching milieu.
- Residents can ameliorate recruitment and retention issues that continue to plague CHCs and other safety net providers.
- Residents provide an educational framework and stimulant within a service/learning environment.
- Residents foster collaborative, sustainable and economically viable partnerships between a major teaching hospital/FQHC and other FQHCs.
- Residents treat more complex cases and 2% of patient visits are to special needs patients.
- Longitudinal (30 year) survey of residents suggest that they devote 21% of patient care time to treating underserved and 27% practice on hospital staffs; and minimize specialty referral patterns.

Thank you!

National Network for Oral Health Access
PMB: 329
3700 Quebec Street, Unit 100
Denver , CO 80207-1639
Phone: (303) 957-0635
Fax: (866) 316-4995
Email: info@nnoha.org
Web: www.nnoha.org