LEARNING OBJECTIVES –

- Structure affiliation agreements with 4 common but different clinic models (funding mechanism) that develop, nurture, and sustain relationships with host sites that will increase access to care

- Develop unique and valuable CBDE partnerships with community champions just by asking.
Intentions of an Association

- What barriers do you expect
- What settings are available in your state for developing a community-based dental education program
- What resources are available to create and predictably sustain the program long term
Let’s us discuss the 5 P’s of collaboration

- Public: Who needs service and what types of services do they need?
- Policy: What will your State’s practice act allow you to do
- Philosophies: What are the motives for involvement
- Procedures: What is the Scope of Services that can be provided?
- Philanthropy: Where is the money and manpower: Federal/State/Donated?
Know the Numbers!
FY 2012 MDCH Budget

- $12 Billion, Gross MDCH Budget
- Federal Match: State, 34 cents to Federal, 66 cents
- $145 Million gross, Medicaid Dental Services (1.2% of total MDCH Budget)
  - $19.6 million, FFS Adult Dental ($5.4 General Fund)
  - $68 million gross, HKD (61 of 83 counties)
  - $57.4 million gross, FFS (non-HKD counties)

Medicaid Adult Dental and Healthy Kids Dental maintained at current levels
Michigan Facts

- Population, 9.9 Million
- Uninsured: 1 Million
- Medicaid: 1 Million children; 666,000 adults
- 1,004 hospitalizations in 2008 due to dental-related issues
- 2.5 Days, average Length of Stay
- $19,074 average cost per patient

Source of funding: Local hospitals
MI Dental Care Workforce Facts

- 6,715 dentists; 8,974 hygienists; 1,355 assistants
- One county (Keweenaw) has no dentist
- 2 dental schools
- 12 dental hygiene programs
- 9 dental assisting programs
- 65 of Michigan’s 83 counties have a partial or full-county geographic or population group dental health care HPSA designation
Distribution of Dentists in Michigan per 10,000 Residents, by County, 2010
State of Michigan-Safety Net Dental Service Providers

- Federal, State and Community developed clinics
  - 23 Federally Qualified Health Centers (FQHC’S) - 5 of these have special Migrant Population Designations.
  - 17 Local Health Departments out of 45 that offer Medicaid dental services through 27 clinics
  - 4 Native American dental clinics these clinics offer services
  - 55 Adolescent Health Centers of which 27 have an Oral Health Assessment component

- Michigan Donated Dental Services:
  - 766 dentists, 177 laboratories, 383 people treated
  - Result: $824,744 of comprehensive care for elderly, disabled or medically compromised.

- Unlimited opportunities

Additional information can be found in Oral Health Program Directory

2006 Burden of Oral Disease in Michigan, Michigan Department of Community health
The State of Michigan provided $10 million in 1999 for a three-pronged attack.

Money allocated to address the chronic access problem for dentally underserved populations

- Provide funds to community clinics – both FQHCs and Local Government owned Public Health agencies to establish or expand dental clinics throughout the state,

- Establish the Healthy Kids Dental Program in 37 counties, where community clinics do not exist, which is administered by Delta Dental, and uses Delta’s network of participating private practitioners, and

- Provide start-up funds to establish the University of Michigan School of Dentistry Community Outreach Service Learning Program, which allows students to provide care in the community clinic setting.
Project Goal

- Create a partnership with the Michigan Department of Community Health, safety net clinics and other community organizations and leaders to explore innovative programs to address the needs of the underserved.

- Let’s review the results of this 10 million dollar initiative
Negotiating a Revenue Sharing Program is Predictable


## Revenues in Selected Community Clinics (Mean Production/Student/Day)

<table>
<thead>
<tr>
<th>Clinic Type</th>
<th>Daily Revenue</th>
<th>Days</th>
<th>Annual Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHCs – 2009 (4)*</td>
<td>$806</td>
<td>364</td>
<td>$293,253</td>
</tr>
<tr>
<td>Community -2010 (5)*</td>
<td>$906</td>
<td>42</td>
<td>$38,350</td>
</tr>
<tr>
<td>Private Practice -2009 (1)*</td>
<td>$870</td>
<td>78.5</td>
<td>$68,515</td>
</tr>
</tbody>
</table>

*Number of clinics
Patients and Procedures

University of Michigan School of Dentistry
Community Outreach Program

8 years of service
94,167 patients treated
$22,000,000 of services provided at reduced price to patients and community.

Procedures:

*Combined efforts with AEGD and Grad – Op
Does not include International/Specialized Projects Data

** Medicaid adult benefits suspended

2004 2005 2006 2007 2008 2009 2010 2011

3 wks 3 wks 3 wks 3 wks 3 wks 3 wks 3 wks 3 wks

3 wks** 5 wks 5 wks 5 wks 5 wks 10 wks** 10 wks 10 wks
Outreach

PA 161 - 2010

NW Michigan Health Services, Inc. Migrant Program Wolverine Project

Grand Traverse Band of Ottawa and Chippewa Indians

Munson Healthcare System

Other Charities

Resort District Dental Society

Donated Dental Services

Philanthropy:

Target Population

1,200
7,400
410
1,200
2,590 (19%) Yet to be Served
Dental Access Program (DAP) = from 2006 to 2010, urgent dental needs were referred and oral health instruction was given.

“Path to Prevention” = starting in 2010, Public Act 161 was implemented and the DAP was expanded.
Traverse Health Clinic
Dental Access Program
Patients

4 hours volunteered for every $100 worth of services received (C2 Program)
### Growth of the Dental Access Program (DAP) by Volunteer DDS’s. and U of M School of Dentistry

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,400</td>
<td>$29,000</td>
<td>$105,000</td>
<td>$195,000</td>
<td>$202,000</td>
</tr>
<tr>
<td><strong>PLUS UM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$126,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>($328,000)</strong></td>
</tr>
</tbody>
</table>

*Introduction of UM Dental Program*
## Community Service

<table>
<thead>
<tr>
<th></th>
<th>FY 2010 Volunteer Hours to Complete</th>
<th>FY 2010 Volunteer Hours Completed</th>
<th>FY 2011 Volunteer Hours to Complete</th>
<th>FY 2011 Volunteer Hours Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1920</td>
<td>1050.25</td>
<td>3930</td>
<td>1050</td>
</tr>
<tr>
<td></td>
<td>55%</td>
<td></td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>
2010-2011 Stats for DAP

- 139 Patients signed up for the Program
  - 19 patients registered but did not participate
  - 120 received treatment
    - 54 (45%) are currently receiving restorative treatment*
    - 59 (50%) have completed restorative treatment and are in maintenance care
    - 7 (5%) required no treatment beyond screening and maintenance

*19 have subsequently completed treatment in 2012 where removable appliances valued at $50,000 were fabricated and delivered through a two day program called “Heavens Dent”
Philosophy:

“Influence of Community-Based Dental Education on Dental Students’ Preparation and Intent to Treat Underserved Populations”

Community-based clinics as student first career choice compared to the number of weeks spent in outreach rotations from 1998-2010

<table>
<thead>
<tr>
<th></th>
<th>First Career</th>
<th>Community Clinic</th>
<th>AEGD/GPR Program</th>
<th>Higher Education</th>
<th>Other Clinic Type</th>
<th>Percent of Graduates Choosing Community Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weeks Spent in Outreach</strong></td>
<td>0</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1.7%</td>
</tr>
<tr>
<td>1998-2000</td>
<td>3</td>
<td>6</td>
<td>29</td>
<td>18</td>
<td>39</td>
<td>6.1%</td>
</tr>
<tr>
<td>2005</td>
<td>3</td>
<td>6</td>
<td>24</td>
<td>23</td>
<td>42</td>
<td>6.1%</td>
</tr>
<tr>
<td>2006</td>
<td>4</td>
<td>6</td>
<td>20</td>
<td>17</td>
<td>55</td>
<td>4.7%</td>
</tr>
<tr>
<td>2007</td>
<td>5</td>
<td>7</td>
<td>30</td>
<td>23</td>
<td>44</td>
<td>5.6%</td>
</tr>
<tr>
<td>2008</td>
<td>8</td>
<td>13</td>
<td>35</td>
<td>20</td>
<td>38</td>
<td>11.8%</td>
</tr>
<tr>
<td>2009</td>
<td>8</td>
<td>18</td>
<td>28</td>
<td>11</td>
<td>46</td>
<td>16.5%</td>
</tr>
</tbody>
</table>
Pre and post rotation evaluations

Comparison of Student Performance

Faculty Rating (Average)

Questions:
1. Follows protocol.
2. Analysis of histories.
3. Prescribing meds.
5. Diagnostic skills.
6. Patient management.
7. Treatment Planning.
8. Communication.
11. Independence.
13. Staff skills.

* = Paired Samples t Test sig. < .01
n = 25 pre and post assessments for 10 students.
Win-Win Outcomes

• *Win* for the underserved communities *(public)* who experienced increased access to care

• *Win* for the centers *(policy)* -increased and more consistent productivity of Federal, State and Community funds and programs

• *Win* for the students *(philosophy)* who enhanced their clinical skills and broadened their experience base to include an ethic of caring

• *Win* for the school *(procedures)* in the form of predictable and full coverage of all program costs

• *Win* for sites *(philanthropy)* for they have noted a significant increase in recruitment of recent graduates as practitioners and interest in donated services thus helping to solve a chronic manpower problem
Staying Nimble

- The community outreach endeavors are not static because we are always looking for the “best model”.
- We always try to remember two important points.
  - First, since oral health care is a dynamic profession, nothing remains “as is” for very long.
  - We have to:
    - Continue to be nimble.
    - Do our best to adapt to the needs of our outreach partners who, in turn, are doing their best to respond to the needs of patients in their communities.
    - Remember that our flexibility and actions convey an important message to our students: they too will have to be adaptable as practitioners.
It is one of the most beautiful compensations of life that no person can sincerely try to help another without helping themselves.

Ralph Waldo Emerson
Yet to be served (19%) now have a home dental treatment.