Innovative Strategies
to Meet the Complex Oral Health Needs of Health Center Patients

Scott Wolpin, DMD
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Part of NNOHA’s developing Practice Management Resources

Current chapters in development for the Operations Manual for Health Center Oral Health Programs include:

- Health Center Fundamentals – Published!
- Leadership
- Financials
- Risk Management
- Quality
- Workforce and Staffing
- Understanding Reimbursements

Why a specialist might be desirable for a CHC
“Life's challenges are not supposed to paralyze you, they're supposed to help you discover who you are.”

- Bernice Johnson Reagon
Innovative Strategies to Meet These Challenges

• Contracting for services with a dental specialist
• Partnering with academia to bring residents training in a dental specialty and their faculty dentists to the Health Center
• Developing a new program area within the Health Center
“With prevention in mind, first, we should emphasize a ‘perinatal and infant oral health care management approach’ before jumping to sedation or general anesthesia…

this should be our last resource.”

- Francisco Ramos Gomez
Treating Dental Caries as a Disease versus Surgery

Paradigm Shift

- Disease management
  Historical versus Developing Approach

- New evidence-based techniques
  Interim Therapeutic Restoration
  Fluoride Varnish

- Chronic Care Model
Disease Management

- Past – Clinical/radiographic identification of a cavity. Treatment is surgical; “find a hole and fill it”
- Present – Decisions are complex involving diagnosis of disease; a carious process. Treatment involves preventive and restorative interventions based on evidence and the individual’s caries risk.
The American Academy of Pediatric Dentistry (AAPD) policy re: ITR

“ITR may be used to restore and prevent further decalcification in young patients, uncooperative patients, or patients with special healthcare needs, or when traditional cavity preparation and/or placement of traditional dental restorations are not feasible or need to be postponed”
Mouth of a twelve month old child (Mr. Boss Man)…but not an O.R. case
Who is the Patient?

- The decision to use general anesthesia should be made in accordance to the American Academy of Pediatric Dentistry (AAPD)’s guidelines
- Referral for care in the operating room setting must be made judiciously because of the inherent risks of sedation or anesthesia and limited referral resources available to community Health Center patients.
Failures
The American Academy of Pediatric Dentistry (AAPD) policy re: Oral Health Risk Assessment Timing and Establishment of the Dental Home

“Every child should begin to receive oral health risk assessments by 6 months of age by a qualified pediatrician or a qualified pediatric health care professional. (Children) determined to be at risk of development of dental caries should be directed to establish a dental home 6 months after the first tooth erupts or by 1 year of age (whichever comes first).”
Objectives:

- Provide safe, efficient, and effective dental care
- Eliminate anxiety
- Reduce untoward movement and reaction to dental treatment
- Aid in treatment of the mentally, physically, or medically compromised patient
- Eliminate the patient's pain response
Indications:

- Patients who cannot cooperate due to a lack of psychological or emotional maturity and/or mental, physical, or medical disability
- Patients for whom local anesthesia is ineffective because of acute infection, anatomic variations, or allergy
- The extremely uncooperative, fearful, anxious, or uncommunicative child or adolescent
- Patients requiring significant surgical procedures
- Patients for whom the use of general anesthesia may protect the developing psyche and/or reduce medical risk
- Patients requiring immediate, comprehensive oral/dental care
Contraindications:

- A healthy, cooperative patient with minimal dental needs
- Predisposing medical conditions which would make general anesthesia inadvisable
Scope of Project Change

In order for the program to be self-sustaining, a Health Center will need to:

• be able to bill for the dental services delivered at the hospital,
• provide liability coverage for the provider
• have an arrangement with the Medicaid vendors so that payment using fee for service versus the clinic’s cost-based PPS methodology.

To satisfy this first requirement, a Health Center will need to apply for a Change in Scope.
Relevant Regulations

- Authorizing Legislation - Section 330 of the Public Health Service (PHS) Act
  http://bphc.hrsa.gov/about/legislation/section330.htm

- Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes
  http://bphc.hrsa.gov/policy/pin0801/
Planning/Identifying Stakeholders

Is this the time to consider developing a hospital-based pediatric dental program?

Some questions to consider are:

- Who was there first and/or now?
- Where is the push coming from?
Assessing the Community’s Needs

- Create an accurate picture of the current supply of providers of pediatric dental services, identify any unmet needs (i.e. are there any providers for children with special health needs?)

- Determine causes of inadequate care, gather data on funding sources for these services

- Determine the best use of any available funds
Resources


Recruitment/Credentialing and Privileging of Staff

• Is there a provider on the staff competent and interested in providing care in a hospital setting?

• By partnering with dental schools, perhaps pediatric dental residents and/or fellows can be contracted to provide these specialty services.

• Another option is to partner with the private sector; perhaps there is a new, local pediatric dentist who is new to the area and interested in hospital work.
Understanding the Hospital Environment

• An understanding and awareness of accrediting organization, national, state and local health standards is required

• Convincing the hospital administration to accept the idea of a hospital-based pediatric dental program may be difficult – identify a champion

• Finding a provider with adequate experience may be challenging
Equipment Needs/Innovative Products

- Self-contained, portable treatment unit (compressor, vacuum unit)
- Dental Handpieces; both slow and high
- Isolite
- Light curing unit, Amalgamator
- Supply cabinet for hand instruments, dental materials
- Portable NOMAD X-ray unit for intraoral films
- Laptop/CDR Sensor for digital films
Writing aSuccessful Business Plan

- It is important to create an operation and capital expense budget, a plan for identifying the cost for staffing, supplies, and capital equipment.

- This business plan will forecast when the project might become profitable or at least self-sustaining.

- A business plan will guide the Health Center to where negotiations must occur to make the program financially practical.
### The Business Plan

2 OR dates per month with 2 cases per date

#### Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>50,000</td>
<td>one time expense</td>
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<tr>
<td>Provider</td>
<td>19,200</td>
<td>contractual $100 / hour</td>
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<tr>
<td>Support Staff</td>
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<td>$13 / hour</td>
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<tr>
<td>Supplies $10 / case</td>
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<td><strong>Total</strong></td>
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#### Revenues

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<tbody>
<tr>
<td># Projected cases</td>
<td>48</td>
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<tr>
<td>Medicaid 90%</td>
<td>5184</td>
<td>$120 / visit</td>
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<tr>
<td>Uninsured 10%</td>
<td>96</td>
<td>$20 nominal fee</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5,280</strong></td>
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**Revenue less Expenses**

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<tr>
<th></th>
<th>Cost</th>
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<td><strong>66,900</strong></td>
<td>14,220</td>
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Preparing for Surgery

• Prior to the delivery of general anesthesia and surgical care, appropriate documentation is required that addresses the rationale for use of general anesthesia.

• In addition informed consent must be acquired; instructions must be provided to the parent including dietary precautions, and a preoperative health evaluation must be preformed by the patient’s primary care provider.
Insurance Requirements

- A physical exam scheduled within 7 days before the posted OR date
- Two insurance pre-authorizations – one for the child’s medical insurance to cover the hospital’s fees (facility and anesthesia costs) and one for the child’s dental insurance to cover the proposed treatment plan (pre-authorization request).
- A completed ADA Pre-authorization claim form, on which one must specify Hospital as place of treatment on line item #38.
  [http://www.ada.org/prof/resources/topics/topics_claimform.pdf](http://www.ada.org/prof/resources/topics/topics_claimform.pdf)
Case Management

Case managers

- Verify coverage & benefits with the health insurers to ensure the provider is appropriately paid
- Coordinate the services associated with attending surgery and return home
- Provide patient education
- Assure post-care follow-up
- Coordinate services with other health care providers.
More specifically a Case Manager for a CHC hospital-based pediatric dental program may:

- Optimize OR utilization (i.e. posting a “stand-by” case in the event of a cancellation and looking for any additional, available OR time)
- Interpret all patient information forms for non-English speaking patients (i.e. discharge instructions, may even populate patient demographics on hospital forms), be available for interpretation on site (i.e. pre-op and recovery rooms) as needed
- Discuss the patient’s and/or caregiver’s concerns, questions about surgery, sedation, (i.e. explains what to expect and how to navigate the hospital, calls patient/family day before and day after surgery)
- Work with Social Services, Child Protective Services and other agencies (i.e. Head Start) to assure all children access care they need
- Work with the billing office, and Health Center’s medical and dental providers as a liaison to improve communication
- Work with the dental director to develop tools that facilitate referrals, to prioritize cases and determine length of surgery times to improve scheduling
Challenges/Pitfalls ...and Some Unique Solutions

• Scratched Cases (cancellations and no-shows)
• Provider Retention
• Competition for OR time
• Health Care Reform
Program Evaluation

- Evaluation accomplishes several important tasks, including:
  - Helping staff understand what is working, what is not working, and why
  - Providing the dental director of the program with information that enables him/her to make program adjustments (i.e. turn the ship)
  - Giving the dental director periodic dashboard views of the program activities and the progress he or she is making toward achieving the program’s outcomes
  - Helping to ensure continued, perhaps future, support from policymakers and funding entities
THANK YOU

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