The Essentials for Effective Adaptation to FQHC-based Practice
Learning Objectives

✓ Understand the regulations that govern Health Centers
✓ Understand the structure of Health Centers
✓ Understand common terms used to reference Health Center dental programs
✓ Understand the relationship between Health Centers and Public Health Dentistry
History of Health Centers

- **Economic Opportunity Act** (1964)
  - Established Community Health Centers (CHCs)

- **Health Center Consolidation Act** (1996)
  - Combined authority for various Health Center-based clinics under Section 330 of the Public Health Service Act (PHSA).
  - Established Health Center programs as an extension of public health practice administered by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC). The Bureau of Primary Health Care was called the Bureau of Health Care Delivery and Assistance (BHCDA) until 1996 when the Health Care Consolidation Act took effect.
What is a Health Center?

• Health Centers are public or private not-for-profit organizations that provide primary health services to populations with limited access to health care.
• The Five Program Fundamentals dictate that all Health Centers must be:
  
  1. Located in or serve a high need community (designated Medically Underserved Area or Population).
  2. Governed by a community board composed of a majority (51% or more) of Health Center patients who represent the population served.
  3. Provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
  4. Provide services available to all with fees adjusted based on ability to pay.
  5. Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.
Other Types of Health Centers

In addition to Grant-Supported Health Centers receiving funding under the Section 330, BPHC identifies two other types of Health Centers:

- **Federally Qualified Health Center Look-Alikes** are Health Centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “Health Center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330.

- **Outpatient health programs/facilities operated by tribal organizations** (under the Indian Self-Determination Act, P.L. 96-638) or urban Indian organizations (under the Indian Health Care Improvement Act, P.L. 94-437).
Relevant Regulations

- Authorizing Legislation - Section 330 of the Public Health Service Act
- Policy Information Notice 98-23: Health Center Program Expectations
- Migrant Health Program Regulations
Professional staff must maintain necessary, professional certification, licensure and credentialing. Dental providers at Health Centers are no different from private practitioners in that they must abide by the same licensing requirements dictated by each state.

Administration

- **Board of Directors**
  - Duties include holding monthly meetings, approval of the Health Center’s grant application and budget, selection of services to be provided and the Health Center’s hours of operations, and establishment of general policies for the Health Center

- **Volunteer Board**
  - Between 9 and 25 members, including patients

- **Executive Director**
  - Manages the daily functions of the clinic, or clinics if there are multiple sites, and oversees the performance of health care given to the patients with medical and dental directors
FTCA Coverage

The Federal Tort Claims Act (FTCA) is the federal legislation that provides coverage for all Health Center employees against parties claiming to have been injured by negligent actions. FTCA considers Health Center employees to be employees of the United States, and subsequently any claims would be brought against the federal government.
FTCA Coverage

• Scope of Project and FTCA Coverage
  FTCA coverage is limited to staff and services that are documented as being within the approved scope of project and included in provider employment agreements or contracts.

• http://bphc.hrsa.gov/policiesregulations/policies/pin201101.html
FTCA Coverage

• Employees are covered for medical malpractice under FSHCAA and the FTCA whether they work full-time or part-time for the covered entity.

• Licensed or certified individual health care provider contractors working full-time (on average at least 32.5 hours per week for the health center for the period of the contract) are covered under the FTCA.
Funding

- Traditional reimbursement sources
  - Third-party payer revenues from insurance plans
  - Patient fees
- Section 330 of the Public Health Service Act (from 22 – 28% of total operational support!)
- Private grants and donations
Community Health Needs Assessment

1. Estimated of number of users.
2. Description of existing providers and resources in the community as well as an assessment of unmet need.
3. Predominant characteristics of service population
4. Oral health status, prevention, and treatment needs of the population.
5. Barriers to access/availability to comprehensive oral health care services.
6. Description of needs and treatment of special populations.
Patient Care: Scope of Service

• REQUIRED
  - Pediatric Dental Screenings
  - Preventive Dental Care & Diagnosis
  - Emergency Services

• EXPECTED
  - Treatment of Dental Disease \ Early Intervention Services
  - Basic Restorations Services
  - Services for Special Needs Patients
  - Additional primary oral health care services identified in a needs assessment of the population & the availability of resources to meet those needs.
  - Comprehensive primary oral health care as an integral component of primary health care services

• RECOMMENDED
  - Rehabilitative Services
Patient Population

Populations that Health Centers Serve

- Medically underserved and low income people
- Migrant and seasonal agricultural workers and their families
- Homeless adults, families, and children
- Residents of public housing
Quality Assurance

• Goals of the Quality Management System:
  ▪ Assure and improve the quality of oral health care delivery
  ▪ Improve oral health care status of the community
  ▪ Integrate quality into the long term operational planning and management of the center

• Periodic Chart Audit System

• Peer-Review Process

• Patient Satisfaction Survey

• Tomorrow - Treatment completions, recare disease reoccurrence rates?
Nations Health Objectives
Healthy People 2020 And Beyond

- The objectives should assist in the formation of the scope of practice for oral health care delivery in your Health Center and will guide your day to day practice.
- Healthy People 2010 measures: http://www.healthypeople.gov
“Dental public health is the science and art of preventing and controlling dental disease and promoting dental health through organized community effort. It is that form of dental practice which serves the community as a patient rather than the individual: It is concerned with dental education of the public, applied dental research, and administration of group dental care programs, as well as the prevention and control of dental disease in the community.”

--- Definition developed by the American Board of Public Health Dentists, and accepted by the American Dental Association, Dental Health Section of the American Public Health Association, and the American Association of Public Health Dentists
Basic Dental Public Health Concepts

- The Essential Principles:
  1. Public health is “people health”
  2. Public health’s focus is on the collective health status of a group of people

- Concepts a provider must consider in the practice of Health Center dentistry
  - Services based on the disease pattern of the target population
  - The target population’s demand & the resources available to address that demand
  - Continuous surveillance of the target population
  - Graduated patient payment structure & public or private funding
  - Individual patient treatment planning & surveillance of total population needs as part of a Health Center dental program
  - Service and treatment option priorities based on availability of resources, size of the target population, disease pattern and demand of the population, and a reasonable definition of dental health verses ideal restoration
Developing Cultural Competency – An Ongoing Journey

- Cultural competency is developed by acquiring and integrating knowledge, awareness, and skills about cultures and their differences.
  - Participation in community stakeholder coalitions to obtain community survey data.
  - Conducting regular target population surveys.
The Health Center Primary Care Advantage

• Benefits of Collaboration:
  ▪ Educating medical staff provides the dental program an important ally and bridge to patients and the community medical network
  ▪ Medical department resources become more accessible to the dental clinic
  ▪ The dental program gains an effective advocate to support the need for increasing oral health resources

• Oral Health Collaborative Pilot
  http://www.nnoha.org/oralhealthcollab.html
Basic Contact Information

- National Association of Community Health Centers
- Health Resources and Services Administration (HRSA)
- Bureau of Primary Health Care (BPHC)
- State Primary Care Offices
- American Dental Association