One Health Center’s Journey to Expand Pediatric Access Using the Hub and Spoke Model

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• **Dental directors** at Family First Health, a federally qualified health center in south central Pennsylvania

• **Comprehensive care** (preventative, restorative, removable, crown and bridge, endo, and extractions)

• For patients of **all ages**

• Three sites, with a total of 20 operatories across two counties
York city

• Our largest site, with 11 operatories
• 45 minutes north of Baltimore
• Small but urban
• A large number of our patients walk to their appointments
Hanover

- Our second largest site
- Five operatories
- Located in the city of Hanover
- Rural setting
- 23 miles west of our York site
Gettysburg

• Our third site
• Four operators
• Located in Gettysburg
• Rural setting
• 12 miles west of our Hanover site
Nine years of growth

August 2005:

- Six operatories in York city
- Four operatories co-located with our medical office in a location that is now a shoe store
- Two operatories located in our school-based health center
Adding operatories

October 2005:
- Moved to a new location with nine operatories
- Continued providing care at our school-based health center
- Total of 11 operatories

October 2008:
- Opened our Hanover office with 5 operatories
- Total of 16 operatories

Spring 2010:
- Added two operatories to our York office
- Total of 18 operatories

May 2012:
- Opened our Gettysburg office with 4 operatories
- Total of 22 operatories

Summer 2012:
- Closed school-based site; loss of 2 operatories
- Total of 20 operatories
Staff growth

• In 2005, we had approximately nine individuals on staff
• Currently, we have a staff of 40 individuals
Staff growth

- Clinical staff:
  - 7 dentists
  - 2 public health hygienists
  - 1 RDH
  - 2 EFDAs
  - 14 dental assistants
Serving children 4 and under

• Before 2006, we were not seeing kids younger than 4 years old
• We partnered with our Nurse Family Partnership program to provide & demonstrate healthy oral hygiene habits to the parents.
- Entered a partnership with city of York to place free sealants for school-age kids using a mobile, four-operatory set-up
- **2007:**
  - Began providing mandated school screenings for K, 3\textsuperscript{rd} and 7\textsuperscript{th}
  - Both efforts allowed for data collection and insight into the dental health of York city’s school-age kids
  - Efforts allowed communication with the parents and a dental home for the child
Expanding outreach

- We continued work to develop our outreach program
- Began to offer fluoride varnish application to school-age kids during the school day. (York City’s water is not fluoridated)
- Established a relationship with school nurses to provide same-day emergency care to kids who presented with acute issues
Moving forward

We accomplished a lot! However, several changes demanded a return to the drawing board:

– Community needs
– Local competition
– Challenges in care
Community needs

• Increased pediatric access to dental care
• Asked to provide the mandated dental screenings for kindergarten, third- and seventh-grade students
• Not many pediatric dentist accepting our patients’ insurance
• When kids did come in at 4 years old for their first dental visits, caries were present
Community needs

• School district closed the middle school our school-based health center was located in
• Despite our expansion, we could not adequately meet the request for care
• Accumulated multiple outreach programs and community partners
Local competition

• Competition for our patients from for-profit franchises that opened
• Parents often took their kids to other practices when it was convenient for the easy things
• Would return to us for more invasive care
Changes in the community

• Closure of our school-based site in 2012
• Put more demand on other sites
• Left us searching for our pedo patients
The challenges

• **Pressure** for chair time
• **Pressure** to meet our patients’ needs
• **Pressure** to keep the work environment rewarding for our growing team
• **Pressure** to compete against other practices for our share of the market
So we created a plan

• We moved to launch a pediatric campaign
  – Focus on earlier prevention
  – Become the dental home for any kid without one
  – Rely on outreach, since the size and need of our patient panels were quickly growing and outpacing our brick and mortar expansion
Campaign strategy

• Focus on
  – Community partnerships
  – Community goodwill
  – Early prevention
  – Decreasing barriers to care for our patients
  – Mobile delivery of care, which would:
    • Bring the service to the patient
    • Minimize interruptions to the school day
    • Eliminate no-shows
    • Free up chair time for more invasive treatment in office
Campaign goals

• Find, provide a matrix/model for all we were currently doing and plan to do
• It needed to allow us to:
  – Better meet the needs of our patients
  – Be fiscally responsible
  – Coordinate our community efforts
  – Utilize our staff to fullest.
After we finalized our strategy and goals, we decided our campaign needed a rocking name and logo.
Model Searching

• Then we went searching for our matrix/model
• And we Found.....
  – The Hub & Spoke Model
    • Well-established in manufacturing, shipping (product disbursement) and airline industries
    • Gained a sound footing in the health care industry
    • In 2007, Kansas Association for Medically Underserved (KAMU) implemented a hub and spoke model on a statewide level to expand Kansas’s oral health infrastructure
    • Expanded access to safety net oral health services from eight counties in 2007 to 78 counties in 2011
    • Success of this model has been replicated in Arizona, New York, Maryland and Minnesota
Expanding Pediatric Dental Access
Defining the “hubs”

• We operate out of our three dental “hubs” in:
  – York city
  – Hanover
  – Gettysburg

• Overall, the hubs receive approximately 25,000 visits annually
Defining the “spokes”

Each individual “spoke” in the model has been crafted and developed to:

– Provide care where it is needed
– Decrease barriers to care
– Cultivate community partnerships
– Support the hub with patient flow and revenue
– Provide service to a larger demographic
Specialty Spoke

- Continually work to formalize existing referral relationships with local specialists
- Local specialist partners take our pediatric patients to the operating room
- Visit on-site to help with orthodontics
- Work closely with our providers on implant cases
Auxiliary Work Staff Spoke

- Use the Public Health Dental Hygiene Practitioner (PHDHP) at outreach sites or to anchor when dentists are out at outreach activities.
- Use EFDA’s to provide care and balance provider ratio at outreach activities.
Local Training Programs Spoke

- Opportunities include:
  - GPR residency internship
  - Dental student internship
  - Community college dental assistant
State and Local Oral Health Initiatives

• We participate in and are affiliated with regional activities around oral health
• PCOH-Pennsylvania Coalition of Oral Health
• HYCC-Health York County Coalition
• Free dentistry day sponsored by insurance company
Hospital Spoke

• In the process of establishing Operating Room time for treatment for pediatric cases that are unable to be managed in-house
Primary Care Spoke

- Integrated medical dental program
  - Knee-to-knee exams in office for children 3 years old and younger, during well-child visits with pediatrician
- Worked closely with our physicians to create this program
- Take work-in emergencies from our medical providers
School-Based Outreach Spoke

- School screening program
- School sealant and fluoride program
- Head Start and other local day care preventative programs
- Partner with youth residential treatment center
How does it work?

• We have our facility director scout sites in advance to confirm parking, set up, Wifi and electrical meet our standards

• The morning of the event, equipment is loaded into a rental truck, transported and set up on-site

• When the event is done, facility director returns and packs the equipment, transports and unloads
Our mobile set-up

- Dentrix Enterprise by Henry Schein
- Dexis by Henry Schein
Digital Equipment

- Dentrix enterprise
- Nomad
- Phosphor Plates by Air Techniques
- Scan X Duo by Air Techniques
What we’ve seen........
Pediatric Growth

Since 2010, our pediatric new patients have increased 400 percent
Pediatric Growth

Each year we had at least 33 percent growth
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<td>Total by Sex</td>
<td>122</td>
<td>118</td>
<td>159</td>
<td>221</td>
<td>292</td>
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<tr>
<td>Total by Year</td>
<td>240</td>
<td>380</td>
<td>534</td>
<td>671</td>
<td>260</td>
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## Screening Summary

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Screened</th>
<th>Decayed</th>
<th>Missing</th>
<th>Filled</th>
<th>Extraction</th>
<th>Referred General</th>
<th>Referred Ortho</th>
<th>Urgent</th>
<th>5+</th>
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<tbody>
<tr>
<td>2008-2009</td>
<td>557</td>
<td>914</td>
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<td>375</td>
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<td>2012-2013</td>
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<td>1814</td>
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<td>108</td>
<td>542</td>
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<td>2013-2014</td>
<td>909</td>
<td>2891</td>
<td>1764</td>
<td>1378</td>
<td>300</td>
<td>218</td>
<td>97</td>
<td>90</td>
<td>59</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>6,111</strong></td>
<td><strong>10,361</strong></td>
<td><strong>3,572</strong></td>
<td><strong>6,642</strong></td>
<td><strong>944</strong></td>
<td><strong>2,386</strong></td>
<td><strong>368</strong></td>
<td><strong>509</strong></td>
<td><strong>490</strong></td>
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</table>
Advantages of Hub and Spoke Model

✓ Cheaper than brick and mortar expansion
✓ Staff are interested in a non-traditional work day that provides time out of the office
✓ Community partners enjoy the convenience of having a dentist come on-site
✓ Great exposure for your organization
Obstacles to implementation

- Lack of resources of community partners
- Cost associated with brick and mortar
- Patient perception of non-traditional models
- Overhead costs associated with equipment that may not be used daily
- Payment for non-traditional delivery models
- Equipment storage
- Logistics
Challenges of the dental model

- Increased management/planning
- Reimbursement for non-traditional partners
- Sacrificing production at brick and mortar site
- Need for equipment and clinical and IT infrastructure
- Transportation of staff and equipment
- Capabilities of partner site
  - Electrical/IT/Space
  - Parental support
  - Staff/dental IQ
  - Partner staff involvement and possibility of influencing patient (negative perception of dental care)
What else are we doing?

• Unique scheduling formats
• Expanding our hours
• Utilization of EFDAs
• Utilizing public health hygienist
• Emphasizing provider development
  – Six of our providers have less than 3 years’ experience
• Supervisor development
• Beginning OR blocks at local hospitals
• Leading our department through a process of planned expansion to better meet the needs of our patients
Future Goals

• 5 day a week mobile program
• Expand mobile programs to offer initial & recall exams to school aged kids
• Expand service area (bring mobile program to Hanover and Gettysburg schools).
Stay connected

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