Digging Deeper: Growing An Academic Health Center Practice

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The PROBLEM is that:

When you have seen one Health Center, you have .............. (well, you know!)

When you have seen one dental school externship program, you have ................. (well, you know!)

Each school’s expectations are different and each Health Center’s capacities and expectations are different.

Hard to present uniform models and requirements when each situation is different.
The ASDOH Experience

The ASDOH experience is that each Health Center participates in our program differently based on their unique situation with varying degrees of success.

The goal of ASDOH is NOT to make the Health Center a mini version of the dental school, but to give the student the unique experience that only THAT Health Center can give the student and to help that Health Center realize THEIR goals for having a student there.

Models and recommendations presented here are based on the ASDOH experience and what we have learned from other programs.
The ASDOH Experience

ICSP = Integrated Community Service Partnership – integral to our mission and baked into our model from the VERY beginning.

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

Starting in the 4th year, student completes 4 - 5 clinical external rotations 4 – 5 weeks in duration.

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

Participation in all four assigned rotations is required
The ASDOH Experience
Types of sites in 2018 - 2019

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# The ASDOH Experience

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The REAL Question to ask:

While there are certain common issues and principles, the MOST IMPORTANT questions you can ask are:

• **What are YOUR goals for having students at your Health Center?**

• **Does your Dental School Partner share those goals with you?**
Why are we doing this?

• Food
• Love
• Money
• Power
• Ego
• Religion
• Altruism
Defining Expectations

What does your center expect from this partnership?

- Production
- Recruitment
- Money – from production or from school
- Retention and current provider satisfaction
- Further the Mission
- Press
Defining Expectations

What does the school expect from this partnership?

- Clinical experiences - general
- Clinical requirement fulfillment – specific
- Money – revenue sharing
- Educational experience for the student – specific or general
- Cultural competency development
What should you expect from the school?

CODA Standard 2-26 – Dental education programs **must** make available opportunities **and** encourage students to engage in service learning experiences and/or community-based learning experiences.

DON’T become a checkbox for an accreditation standard!!
What should you expect from the school?

• Effective and frequent communication before and during rotations through a specific program contact for all administrative and clinical issues.

• Clear requests for site and provider information.
  ▪ Application or site profile.
  ▪ Information on potential preceptors and credentialling process.
What should you expect from the school?

• Send prepared, competent and educated students.
  ▪ Describe the process for determining how students are competent to go out.
  ▪ Communicate the level of competence to expect when they arrive.
  ▪ Describe the curriculum have the had to prepare them for rotation and community-based clinical education.

• Professional liability coverage for the students.
  ▪ FTCA covers you, not the student
C.5.3 Teaching activities Teaching activities, including, for example, the teaching of medical students, medical residents, and nursing students ……

**qualify for FTCA coverage**

if the services provided or the medical or dental services being taught by the preceptor, including monitoring and oversight of services provided by the student 

**are within the scope of project of the covered entity and the scope of employment of the covered individual with the covered entity.**

The student or resident is not covered by FTCA …
What should you expect from the school?

- Communicate specific clinical procedure requirements.
  - General clinical experience provided by your site OR
  - Are there any specific clinical experiences you will be required to provide.

- Adequate length of rotations.
  - Less than 3 weeks usually not productive.
What should you expect from the school?

- Faculty credentialling and training – should provide some program of training and support.
  - ASDOH
    - Initial training upon credentialling
    - Annual update training
    - Multiple free online CE offerings
    - Hosting external faculty at an annual Faculty Advance in Mesa for training, CE and RELATIONSHIP BUILDING.
What should the school expect from you?

• They expect you to be a good site!

• What defines a good external rotation site?
Characteristics of a successful site

- Hosting the student.
- Keeping the student busy.
- Quality faculty feedback.
Characteristics of a successful site

• Hosting the Student
  ▪ Communication with student before they arrive.
  ▪ Solid organizational commitment to having students at your site.
  ▪ Welcome and comprehensive orientation for student.
  ▪ If necessary, provide clean, safe appropriate housing for the student.
Characteristics of a successful site -
Hosting the Student

• Orientation at the beginning of the rotation
  ▪ Depends on demands of organization.
  ▪ Should be kept as brief as possible – but NO briefer!!!
  ▪ Stay focused on Dental if possible.
Characteristics of a successful site - Hosting the Student

• Housing and transportation support
  ▪ May be necessary depending on distance and student situation.
  ▪ May be even more necessary if the site desires a consistent and regular student presence.
  ▪ Can range from a small stipend of $500 - $1000 to airfare + rental car + gas card + apartment.
Characteristics of a successful site

- Hosting the student.
- Keeping the student busy.
- Quality faculty feedback.
Characteristics of a successful site
Keeping the student busy

- Keeping the student busy
  - Provide an effective assistant for the student – efficiency AND safety.
  - Ensure enough patient volume to keep the student busy.
  - Sufficient operatory space available. 3 operatories/FTE staff dentist to allow room for student.
Characteristics of a successful site - Keeping the student busy

Typical Day???

- Unique to every situation and Health Center
- Student supervised by one provider for the day OR multiple.
- Patients either assigned specifically to student OR take patients from providers schedule.
- Supervising provider production may decrease slightly but student production should be credited to supervising provider.
- Vast majority of providers treat patients while supervising students.
- Review cases before student starts to discuss case and possible complications.
- Periodic checks during procedure.
- Review case and procedure notes at end of procedure, clinic session or day.
Faculty Supervision

By and large, ASDOH is not particularly prescriptive as to the number of times a student is checked during a procedure. This is left mainly to the professional judgment of the external faculty. The faculty should determine the extent to which they need to check student progress based on the following:

- the clinical skill of the student
- the confidence of the faculty in those skills
- the comfort level of the faculty with the performance of the student.

Bear in mind that the external faculty retains ultimate responsibility for the treatment rendered to that patient.
Faculty Supervision

ASDOH does expect at a minimum that the following occur:

- **Start Check** at the beginning of a procedure to ensure the appropriate preparations have been considered and the proper procedure is about to begin.
- **A prep check** in the case of most operative procedures.
- **Finish checks** to ensure that the procedure has been completed appropriately and any post-procedure considerations are addressed.
- **Any other steps** as deemed necessary for specialty procedures such as Oral Surgery, Endodontics and Periodontics.
Introduction of Student to Patient

- Important for all staff to express confidence in students.
- Suggest terms like Student Intern or Student Doctor.
- Emphasize benefits of having student:
  - More appointments available
  - Possibly get treatment sooner
  - Prestige of being an education site
- Consent to be treated by student
  - Obtain in general consent or specific consent once or at each appointment
Characteristics of a successful site

- Hosting the student.
- Keeping the student busy.
- Quality faculty feedback.
Characteristics of a successful site

• Quality Faculty Feedback
  ▪ Ensure participating providers have a desire to teach and mentor.
  ▪ Allow flexibility in production expectations to allow for feedback and interaction.
  ▪ Take the time to provide timely, effective and constructive feedback.
Production and Revenue

- Revenue sharing expectations.
  - Should be clearly defined and negotiated.
  - Some programs charge a fee for students or require revenue sharing.
  - ASDOH allows the site to retain all revenue produced by student.
Production and Revenue

• **Concern** – “Students will reduce clinic productivity and generate significant financial losses by:
  
  ▪ 1. Being so much slower than dentists.
  ▪ 2. Decreasing my dentists production because they are supervising students.
  ▪ 3. Taking up an operatory chair that my dentist could use to make significantly more money.”
Production and Revenue

- Not necessarily the case
- Depends on the individual Health Center operating model and economics.
- Must consider many factors when determining revenue actually produced by student.
- More from Dr. Koday
Production and Revenue

ASDOH Rotation
Gonzales, Texas
4 separate students during one academic year
16 weeks on rotation
Average patients seen/ day: 5
Payor mix: Medicaid - 24%, SFS – 76%
Revenue produced: $29,899
Production and Revenue

ASDOH Rotation

Sikeston Missouri

2 students, 4 week rotation – 20 working days.

Patients seen/ day: 4 – 10

Average number of procedures:

- Operative – 93
- Oral Surgery – 30
- Perio – 5
- Prosthetics – 5
- Endo – 3 – 5

Patient mix: Children (MC+) – 35%

Adults (SFS) – 65%

Revenue produced: $1,400/ day/ student

$56,000 for 20 days
Production and Revenue

• Supplemental Report from the RWJ Pipeline Project.  *Journal of Dental Education, October 2011; Vol 75, no. 10 Supplement*

• Le H, McGowan T, Bailit HL. *Community-Based Dental Education and Community Clinic Finances*

  ▪ Finances were reviewed over a 10 month period.
  ▪ 6 students equaling 2.0 FTE’s
  ▪ 377 days worked
  ▪ 1,952 patients seen
  ▪ 4,684 patient visits
  ▪ 6,625 services delivered
The 2 FTE students generated:
- $420,549 in billed revenues or $1,116 per day.
- Reduction in dentist revenue was only $57 per day and over 10 months $24,225.
- “Thus the two FTE students had little financial impact on dentist productivity and they generated a large gross surplus of $396,324”
- With an assistant, the students were easily able to treat one patient per hour and some averaged more than eight patients a day.
Production

If you have the chairs and the space and the auxiliary support, AND THE SCHOOL PREPARES THE STUDENT ADEQUATELY FOR THE ROTATION

our experience shows that a student can see up to 8 – 10 patients a day.

ASDOH site survey 2018
Describe the fiscal impact of student participation with your organization

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Other Benefits to the Site

• Share expertise and experience.

• Recruiting tool.

• Retention tool.

• Educate our future colleagues and give back to the profession.
Other Benefits to the Site

Strongly Agree or Agree

ASDOH students contribute to our overall clinical operation. 89%

ASDOH students are valued by our providers. 95%

ASDOH students are valued by our staff and our administration. 92%

ASDOH students are valued by the patients and the community we serve. 88%

ASDOH and its students are seen as a potential source of providers. 91%

Participation with ASDOH and its students is seen as a positive retention tool. 77%

Describe the fiscal impact of student participation with your organization

Positive 41%
Neutral 53%
Negative 6%
Benefits to Students

• 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 Community Health and the opportunities there.
Challenges

- Provider continuity
- Changes at site (Dental Director, CEO, Program changes etc.) during an academic year, after everyone has been assigned and having to re-assign students.
- Sites and providers loosing interest
- Getting providers to do the training needed.
- Emergency health care needs, needle sticks.
- Emergencies and problems, conflicts with staff and providers
- FERPA confidentiality
- Incidents and reporting
Successes

Self declared upon graduation.
Does not consider those who go into Community Health after residency

Of 781 Graduates

- Specialty or Residency Training/Other: 327 (42%)
- Directly into practice/employment: 441 (56%)

166 have chosen Community/Public Health

- FQHC/Non Profit - (107)
- IHS - (22)
- Military or other Government positions - (37)

That represents

- 21% of TOTAL graduates (166/781)
- 38% of graduates who have gone directly into practice/employment (166/441)
“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. “
I finally figured out what I want to do with my life:

I suspected that I would like working in public health, but I had no idea that I would love it.

I am convinced that community health center is a great place for me to begin my dental career, and the perfect opportunity to give back to the community.

I had already decided earlier in the year that I would like to finish my MPH after graduation, so I think that I have that part of my life figured out.
“One of the areas in which I believe I improved the most was control of the high-speed hand piece. Being able to see over 150 patients and perform over 50 restorations gave me the repetitions needed to begin to feel comfortable controlling an instrument with so much power. After only a couple of weeks, I found myself not needing to think about where I needed to place my fulcrum for comfort and control, my hand just went where it needed to be. Additionally, my confidence rose to where I was not hesitant to remove structure, I knew I had control and just did what I needed to do.

Overall, I believe that I learned more in one month during my rotation than I would have learned during one whole semester. The beautiful thing about it is that I have 4 more rotations this year. I can’t wait.”
These rotations have taught me so much in the clinical sense and overall as a student doctor.

I have learned my limits in the sense of what I can and cannot do with confidence.

I have learned the speed at which I feel comfortable working on fillings.

I have learned patient management and how to operate during a full day of patients.

Most importantly though, I have learned how much I enjoy my choice to become a Dentist and how great this profession is going to be.

I cannot ever thank all of the sites enough for having me, and all the assistants for their hard work and dedication to making my stay easier.

These 4 rotations have really made my fourth year unreal and I cannot say enough positive things about them.
Montana

On my second day at the clinic I was told that they were in the process of interviewing for a dentist.

I wasn't planning on going back to Montana because of my boys and selling my house, but is this an opportunity that I didn't want to miss? I ... did know the dental director for most of my life.

I feel my skills and background in healthcare education ... and my background in nursing is an asset to this type of health care setting.

After talking with my wife, I decided to submit an application and CV.

I feel like I have a great opportunity and that I have a great chance of getting the job.

... I have also gotten a better understanding of the patient populations treated and the types of procedures. All of which are appealing to me since the patients range from homeless and prisoners to those with dental insurance.

I was offered the job on Monday.
Wisconsin

My favorite experience this week was working with Dr. Hager, the oral surgeon. He arranged numerous oral surgery experiences for me, specifically looking for difficult surgical extractions.

My experience with surgical extractions is somewhat limited, but these cases forced me to overcome any apprehension and extract the teeth.

Dr. Hager provided great supervision and guidance, but at the same time allowed me to struggle a bit.

After each case he would discuss what went well, what could be improved, and any other thoughts he had about the case with me.

I was so grateful for this discussion!

I felt like I learned more from our few hours together than I have extracting teeth at school. As our time together progressed I found myself calling upon our discussions and difficult teeth were handled with much more ease.

Although I spent the least amount of time with Dr. Hager I feel that I am coming back to Arizona with the most confidence in my oral surgery skills.
Colorado

This was a great group to work with. I was able to bounce questions, ideas, and, probe their minds with questions.

One of the reasons I decided to work in public health was because of my first experience at a public health center in Florida. This group embodied the culture, mindset, and compassion of the group that I use to work with in Florida which further strengthens my aspirations to work in public health and advance the health of the those that are unaware or less fortunate.

This is why I took the Hippocratic oath and these doctors further solidify my innate desire to work for the under served.
Arizona

I was able to treat a four year old boy this week on pediatric day; He looked back at me with dirt all over his body and torn up jeans and cracked a small smile. I couldn’t help but reflect on this boy’s situation compared to my son’s. His mom explained that he “doesn’t know his daddy” and that she has been on the streets his whole life. Right now they are living at the apartment complex owned by CASS. I took care of his child prophylaxis and gave him a high five and watched him walk back outside.

It was crazy because as I worked on him I just kept seeing my own little boy. In my mind I was worried about where the boy was going to go for food that night? Was he going to be safe? Did he have a bed to sleep in? As he grows would he have the resources to get ahead in life or would he get left behind and end up being like many of the homeless that come through CASS with addictions or other problems?

Even through it all I was very grateful that CASS exists. At least the resources are there for this boy to get the necessary dental work to keep his dental care on par with other children. It’s nice to know that there are people like Dr. Volcheck out there who are working to ensure that everyone gets a fair chance—and that nobody gets left behind, no matter what.

I went home and hugged my son before doing anything else. I hope that I too can be there for someone someday like CASS is for people like that little boy and his mom.
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