Allegan County Community Dental Needs Brief Assessment and Recommendations

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Allegan County Health Officer

August 2014
Abstract

The objective of this paper is to provide the Allegan County Board of Commissioners with background information in regards to oral health services in Allegan County. It will also highlight the 5 different options from the Informational Session on July 17, 2014 to potentially utilize the pros/cons and sustainability of each proposed option. Lastly, as the Health Officer I will provide my recommendation at this time.
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Introduction

Allegan County Health Department is located in Southwest Michigan. Allegan County has about 113,000 people and is a rural large county. Allegan County is between metropolitan areas such as Grand Rapids and Kalamazoo where many of our residents have to seek health related services. The county has had access issues to primary care providers, dental providers, and mental health providers for many years. Allegan County has 4,346 persons per one dental provider. Michigan has 1,557 persons per one dental provider and the top U.S. performers have 1,439 persons per one dental provider (County Health Rankings, 2014). There is a need to have more dentists provide services in Allegan County. That is the only way to increase access for all residents.

Many Allegan County residents are affected by oral health issues. 27.3% of Allegan County did not visit a dentist in 2011 (United Way, 2012). In 2008, there were 833 emergency department visits by Allegan County residents to area hospitals (Michigan Oral Health Coalition, 2011). In 2013 there were 346 emergency room visits just at Allegan General Hospital for dental specific issues, according to Margaret Brown, RN from Allegan General. Allegan County has 17,737 persons enrolled in Medicaid. Twelve thousand (12,000) are under 21 years of age and 5,737 persons are adults. There are also 2,465 persons enrolled in the Healthy Michigan Plan (Medicaid Expansion). There is currently around 9,984 persons uninsured for health insurance that most likely does not have dental coverage either.

Allegan County is a Healthy Kids county so all Medicaid recipients that are under 21 years of age (12,000) receive Healthy Kids dental insurance which pays a higher reimbursement rate which is comparable to private insurance. Allegan County has 35 dentists who accept Healthy Kids dental insurance and the Healthy Michigan Plan but there are only 2 dentists that accept “straight” Medicaid (5,737 persons). Allegan County has 35 dentists in the whole county. Allegan County has almost 4 times more persons per dental provider so this makes access in our county a barrier for all residents but those who are uninsured or on “straight” Medicaid it makes it even harder for them to access a dental provider because of the lack of reimbursement for oral health services provided.
Please see table below to show providers per specific populations.

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Number of Persons</th>
<th>Number of Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance (some level of dental coverage)</td>
<td>Estimated 80,625</td>
<td></td>
</tr>
<tr>
<td>Healthy Kids (Medicaid for kids under 21)</td>
<td>12,000</td>
<td>35</td>
</tr>
<tr>
<td>Healthy Michigan Plan (Medicaid Expansion)</td>
<td>2,465</td>
<td></td>
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<tr>
<td>Uninsured (sliding fee scale)</td>
<td>9,984</td>
<td>2</td>
</tr>
<tr>
<td>Medicaid “Straight”</td>
<td>5,737</td>
<td>2</td>
</tr>
</tbody>
</table>

**Model, Pros/Cons and Sustainability**

Oral health impacts physical and mental health. We see examples of that in the community forum through the presentations and stories individuals told. Oral disease is correlated with an increase risk of chronic disease such as diabetes, stroke, pre-term delivery and complications, and heart disease (Michigan Oral Health Coalition, 2011). Poor oral health impacts self esteem and employability of individuals. If left untreated it leads to hospitalizations and emergency room visits that raise health care costs for all. In Allegan County financial barriers remains a primary reason for lack of access. There is also the lack of dentists and transportation that compound the access issue in our rural county.

There was a community dental forum held during an Allegan County Board of Commissioners Informational Session on July 17, 2014 from 9:00 a.m. - 11:00 a.m. There were 22 individuals in attendance. There were 5 oral health service providers who did verbal and PowerPoint presentations as well as individuals who shared their oral health stories. I was tasked with putting together a paper on current dental needs and the solutions/models presented at the forum that could increase oral health services in our county and my recommendation as the Health Officer. Please see the table below to see the model, pros/cons and sustainability of each model. Please be advised this is a very limited analysis of the different models but was created to be able to compare and contrast.
<table>
<thead>
<tr>
<th>Model</th>
<th>Pros</th>
<th>Cons</th>
<th>Sustainability</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Michigan Community Dental Clinics (MCDC)</strong></td>
<td>A. Serves higher risk populations (Medicaid, Healthy Kids, and anyone 200% poverty level or below). B. Recruits and staffs clinic. C. Self-contained (needs the “start up” costs from County or other funders). D. County provides the start up cost then will get paid back but owns the facility the clinic is in. E. Quality Improvement and Patient Satisfaction is part of their model which aligns with Allegan County’s Strategy Map. F. Utilize electronic records and technology G. MCDC assumes all financial risk of clinic after start up costs. H. This model will bring in more dentists for the population they serve.</td>
<td>A. Loss of control B. Enhanced reimbursement and revenues go to MCDC. C. Only provide services to those 200% poverty or less. So it would not impact increased access for those with private insurances. D. County has to fund the start up costs and building. E. County does not get any revenue from clinics to improve any other health services program</td>
<td>Typically, 6-8 chair dental clinic space, designed and equipped to MCDC specifications on land owned by or provided for use by the county. Ideally, it is 3,000 - 3,500 sq. ft. plan. County or community organization will own or lease the building. MCDC will maintain and replace the equipment, as needed during a 10–20 year agreement. MCDC operates the clinic on behalf of the County Health Dept., and assumes the financial risk for the success of the operation. Start up costs: If New Construction: 3,200 sq. ft. clinic building @120 = $384K Dental Equipment = $450K Total: Approximately $834K If Remodel existing Space: Re-model leased or free space for dental = $250K</td>
<td>Contact info for additional questions or information: Kimberly Singh <a href="mailto:ksingh@midental.org">ksingh@midental.org</a> 616-225-6144 Dr. David Murphy <a href="mailto:dmurphy@midental.org">dmurphy@midental.org</a> 231-437-4738</td>
</tr>
<tr>
<td>Intercare Pullman Site (FQHC)</td>
<td>A. Already providing services to high risk populations. B. No county financial or resources needed. C. Recruiting another dentist to increase access D. Bilingual staff. E. Have access to a mobile dental van.</td>
<td>A. Will only increase access to high risk populations not all county residents. B. Having a difficult time recruiting staff C. No control over them increasing access and appt availability. D. No financial benefit or revenue for the county.</td>
<td>They sustain themselves with federal funding. We could partner with them on recruiting initiatives etc.</td>
<td>Contact info for additional questions or information: Judy Raymond @ <a href="mailto:Judy@intercare.org">Judy@intercare.org</a> They are currently trying to recruit another dentist to expand access. They said they should have that position filled in September. They are the only provider who sees uninsured at this time. Their appt availability for preventative services is between 4-8 weeks out for all clients Their appt availability for dentist service is 4 weeks out and they have limited acute/emergency dental appointments daily.</td>
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<tr>
<td>Model</td>
<td>Pros</td>
<td>Cons</td>
<td>Sustainability</td>
<td>Comments</td>
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<td>DAPP (Wayland Dental Clinic)</td>
<td>A. Already providing services in Wayland area. &lt;br&gt;B. Increase access to high risk populations only. &lt;br&gt;C. County would not have to contribute to equipment, bldg, etc. &lt;br&gt;D. Would not have to recruit dentists.</td>
<td>A. Only one single location. &lt;br&gt;B. Requesting DAPP contracts which requires County administrative time and would impact audits. &lt;br&gt;C. No financial benefit or revenue for the county &lt;br&gt;D. Unless they recruit more dentists it will not increase access to the populations they serve.</td>
<td>Allegan County would need to support them with a DAPP contract and the administrative components of administering that contract.</td>
<td>Contact info for additional questions or information: Jamie Freitag, RDH, BIS Executive Director Wayland Dental Clinic <a href="http://www.waylanddentalclinic.org/">http://www.waylanddentalclinic.org/</a> office 269-792-0144 cell 616-295-8070 DAPP Point of Contact: Brody McClellan, MPA, EMT Departmental Specialist Medicaid Rates and Encounter Data Section Medicaid Actuarial Division P.O. Box 30479 Lansing, MI 48909-7979 517-241-6339</td>
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<tr>
<td>Renewed Hope (Free Clinic)</td>
<td>A. Has dental equipment &lt;br&gt;B. See uninsured or under insured populations for medical needs so could provide dental needs in one place.</td>
<td>A. Don’t currently provide dental services. &lt;br&gt;B. Don’t have dental providers currently &lt;br&gt;C. Have been unstable in the last year because of a move but now have reached out to increase referrals. &lt;br&gt;D. All uninsured/underinsured populations should decrease because of the Affordable Care Act mandates and</td>
<td>Not requesting any funding formally from the county but might want to be a part of the DAPP program if they recruit a dentist who qualified. If they wanted to be part of the DAPP, Allegan County would then provide administrative support.</td>
<td>Contact info for additional questions or information: Marcia Baird @ 269-680-7330 from Renewed Hope Free Clinic</td>
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<td>County Owned and Operated Dental Clinic (VanBuren/Cass Model)</td>
<td>Expansion of Medicaid and Marketplace (those are their primary populations currently). E. Current facility where clinic is located is not set up logistically to provide dental services.</td>
<td>Start up costs would be 700K-834K. Operational costs annually would be dependent on size of clinic.</td>
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<td>A. Would provide oral health services to all county residents. B. Complete control over clinic operations. C. Could potentially provide revenue to the General Fund if enhanced reimbursement (State Amendment House Bill 4865) continues to remain in effect. D. Van Buren/Cass HD have been running similar clinics since 2007 successfully with profit to provide revenue to their General Fund. They said in discussions that they would be willing to help Allegan in the planning phase of establishing this clinic.</td>
<td>A. Allegan County would need to recruit and staff the clinic. (Challenge with all health providers in our county.) B. With current Health Department resources this would require additional staff to facilitate this project and then to maintain operation of this clinic. (Oversight could be provided by Health Department Leadership team.) C. Allegan County would be responsible for all aspects of this clinic. D. Allegan County’s health department EHR does not currently support dental services as it is set up. There would be additional costs to either customize or get a new EHR system to support this clinic.</td>
<td>If there was one dentist, 3 dental hygienist, 1 clerical, and 1 office manager would be around 400,000 dollars in salaries alone. The clinic would be able to bill all insurances for oral health services provided and if this clinic was able to capture the “straight” Medicaid clients there would also be the enhanced reimbursement as well as the revenue received through billing.</td>
<td></td>
<td></td>
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<tr>
<td>Contact info for additional questions or information: Chantal Wojcik (Finance Administrator), BS <a href="mailto:cwojcik@vbcasshd.org">cwojcik@vbcasshd.org</a> 269-621-3143 ext 339 Jeffery Elliott (Health Officer/Administrator), BBA <a href="mailto:jeffe@vbcassdhd.org">jeffe@vbcassdhd.org</a> 269-621-4665</td>
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Recommendation

This paper discusses the current access issues. How it impacts health and well-being of Allegan County residents. I have provided a brief analysis of the five models that were presented at the Community Dental Forum on July 17, 2014. First and foremost, I feel the only way to improve oral health access issues are to bring additional oral health providers into our community. Allegan County currently has 35 dentists. If we were to double that number to 70 dentists we would still be slightly higher than Michigan’s average of persons per one dentist. We would have 1,614 persons per 1 dentist.

Allegan County clearly has a need for increasing access to oral health services but we also have a need to increase primary care and mental health access as well. As the new health officer I would be tentative to give any solid recommendations on how we should pursue increasing access to oral health services until I know that the community and stakeholders consider this a top health indicator for our county.

Allegan County has limited resources and we have many health indicators we could improve on. How do we decide what three health indicators are the most pressing and urgent for our community? This can be done successfully through a county wide Community Health Needs Assessment (CHNA). Allegan County Health Department has participated in many community health needs assessments (CHNA) in the last few years but we have not completed the final step in our CHNA. The final step would be to implement a prioritization meeting with stakeholders and community members to present the data collected from all of these various needs assessments (county health rankings, BRFSS, Allegan General Hospitals CHNA, United Way’s report card, Allegan County’s Federally Qualified Planning Grant Assessment, etc). The objective of this prioritization meeting would be identifying the top 3 health indicators to focus on improving in Allegan County for the next 5 years. This would provide strategic direction for many collaborative and agencies that are working on health related issues and allow for intentional alignment for resources. I would be willing to facilitate this meeting.

During this prioritization meeting if Allegan County stakeholders and community members choose “increasing access to dental services” as one of the top three health indicators for Allegan County for the next 5 years then I would be willing to look at options in more depth and make a final recommendation to the Board of Commissioners. I believe that it will take a “village” or a “whole county” to address our health access issues and having prioritized health indicators will provide that strategic framework for all county sectors to work together to achieve. We will need support from other sectors and community members in Allegan County to improve any health factor and by having them prioritize what those health factors are will facilitate vested interest and they will be more apt to align their resources. My recommendation is to hold a prioritization meeting in October/November 2014 timeframe to identify what are Allegan County’s most pressing health indicators.
References

County Health Rankings. (2014). Retrieved from
http://www.countyhealthrankings.org/app/#!/michigan/2014/rankings/allegan/county/factors/overall/snapshot

Dental Adjustment Payment Program

DAPP
Presented by:

Jamie Freitag, RDH, BIS
Executive Director ~ Wayland Dental Clinic

A 5 chair nonprofit dental clinic which accepts only public insurance, founded by Drs. Elizabeth and Scott Robinson to increase access to dental care in Allegan County.

www.waylanddentalclinic.org
Dental Disease

Oral infection may negatively affect a number of systemic diseases, such as cardiovascular disease, bacterial pneumonia, diabetes mellitus, and low birth weight.

US National Library of Medicine, October 2000
PROBLEM
Medicaid Acceptance is Decreasing in Allegan County

<table>
<thead>
<tr>
<th>EXAMS</th>
<th>Extractions</th>
<th>Fillings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6211 in 2012</td>
<td>1173 in 2012</td>
<td>3486 done in 2012</td>
</tr>
<tr>
<td>4052 in 2013</td>
<td>634 in 2013</td>
<td>2879 done in 2013</td>
</tr>
<tr>
<td><strong>34.8% decrease</strong></td>
<td><strong>46% decrease</strong></td>
<td><strong>17.5% decrease</strong></td>
</tr>
</tbody>
</table>
Dental Access in Allegan County

DECREASING

<table>
<thead>
<tr>
<th>Year</th>
<th>Exams</th>
<th>Fillings</th>
<th>Extractions</th>
</tr>
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<tbody>
<tr>
<td>2012</td>
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<tr>
<td>2013</td>
<td>4052</td>
<td>2879</td>
<td>634</td>
</tr>
</tbody>
</table>
WHY Are They Decreasing Medicaid Acceptance?

- Reimbursement Rate as low as 15% UCR
  - Billing is lengthy and complicated
    - High no show rate
  - Complicated medical histories, high liability
- Rampant decay, poor oral hygiene and habits
  - Low dental IQ
SOLUTION

DAPP
DAPP=State of Michigan Program

- Designed to Increase Access to Dental Care in 2009
- Created to Facilitate Pooling of County Resources for the Benefit of All Parties
- Quarterly Federal Matching Assistance Program
- One Contract Template is approved by State of Michigan
- Individual Attestations are Needed for each Provider Participating
- Approximately 1 Week of Administrative Work per Year per County, not per Provider
Possible DAPP Partners with Allegan County

5 Chair Nonprofit
Started by Drs. Elizabeth and Scott Robinson
Walk ins always welcome
Serves only low income
Only accepts public insurance

Private Practice Dentists
DAPP Benefits

- No Required Out of Pocket Funding for County
- Easily Repeatable
- Providers do Own Billing
- 4-5 DAPP Providers Would SOLVE the Access to Care Issue
EXAMPLE

Wayland Dental Clinic

SOM

Allegan County Health Dept

Federal Gov’t
Federal Money Is Being Left On The Table!

- $468,355 paid out in 2013
- DAPP doubles rates to $936,710
- $1.4 Million with 3rd party grant funds
What Do We Need From You?

- **ONE Contract Template Approved by SOM**
  - Each partner signs a simple attestation agreement
  - All are the SAME

- **An Employee Designated to Oversee DAPP**
  - 1 week of admin work per year for ALL providers
  - No need to hire a new employee

- **One Account to Hold Funds**
  - Providers use their own money
  - One check received and written per provider per quarter
  - 2 week turn around

- **A 3rd Party to Fund the Match**
  - United Way
  - Gun Lake Tribe
  - Michigan Dental Association

(Optional)
Improving Access to Oral Health Allegan County

By Kimberly Singh
Director Community & Governmental Affairs and
Dr. David Murphy DDS
Director Provider Relations
Michigan Community Dental Clinics

July 17, 2014
Michigan Community Dental Clinics, Inc.

Partnering with Local Communities
to Provide Comprehensive Dentistry
for Medicaid and the Low Income Uninsured
A 501(c)3 not-for-profit Dental Services Corporation founded in 2006

- Provides Dental Services on behalf of Local Health Departments

Statewide Staff consists of 296, as of July 1, 2014

- 63 Dentists
- 42 RDH
- 157 Dental Assistants (clinical assistants and clinic front desk)
- 34 Central & Regional Administration
Our mission is to create and expand access to dental care for Medicaid recipients and low income, uninsured persons.

We strive for our services to be ever improving and rendered using an entrepreneurial public health model, that integrates health education to modify behavior, and is delivered in a fashion that respects and improves our patients’ quality of life.
MCDC Vision Statement

What we hope to accomplish ...

Our vision is a healthy Michigan population, who assume responsibility for their own wellness, with our staff’s guidance and proper intervention.

A statewide clinic system to allow establishment of “dental homes” for persons unable to obtain care in traditional private sector settings.
Key Attributes of MCDC Model

- Public - Private Partnership with Local Units of Government/Local Health Departments
- Clinics exist to fill gaps in communities related to access to dental care
- Complement versus compete with private sector dentists - new referral resource
- Serve only Medicaid enrollees and low-income uninsured
- Do not accept patients with private insurance
MCDC Clinic Locations
Patient Demographics
All Clinics 2013

Patients Served By Age

65,269

- 0 to 4, 5,036, 8%
- 5 to 14, 14,984, 23%
- 15 to 20, 5,951...
- 21 to 60, 33,224, 51%
- Over 60, 6,074, 9%
Patient Visits
All Clinics 2013

Organization Patient Visit Breakdown

- New Patient Visits
  17,666
  10%

- Emergency Patient Visits
  10,256
  6%

- All Other Visits
  151,146
  84%

Total: 179,068
MCDC Clinic Treatment Rooms
Overview of Services Provided

- Preventive care
  - Exams, Cleanings, Fluoride, X-Rays

- Basic restorative
  - Fillings

- Oral Surgery
  - Extractions

- Removable Appliances
  - Dentures and Partials

- Continuing Care
  - 6 month reminders, Exams, X-Rays if needed

- Additional codes are available for under 21
Strengths of MCDC Model

- Clinical expertise, depth and diversity of professional staff
- Efficiencies through the use of technology - all patient records electronic, including digital x-ray
- Centralized administration - billing, human resources, communications center
- Continuous quality improvement - ever improving service delivery and patient satisfaction
Communications Center -

- New Patient Registration
- Process Center for Patient Complaints
- Emergency/After Hours Calls
- Re-care cards
- Social Media
- Data Collection
Quality Initiatives

- Dedicated staffing
- Electronic chart review
- Standardized Processes and Procedures
- Routine provider clinical evaluations
- Press-Ganey Patient Satisfaction Surveys
- Balanced Scorecards
Critical Measures of Success in 2013

- Press Ganey patient satisfaction scores improved from 87% in 2012 to 92% in 2013.
- 92% of patients were seated in the dental chair within 10 minutes of scheduled appointment.
- No show rate less than 10% system wide.
- 58% of treatment plans were scheduled for treatment.
Establishing a Clinic

- Typically, 6 - 8 chair dental clinic space, designed and equipped to MCDC specifications on land owned by or provided for use by the county. Ideally, it is 3,000 - 3,500 sq. ft. plan.

- County or community organization will own or lease the building.

- MCDC will maintain and replace the equipment, as needed during a 10 - 20 year agreement.

- MCDC operates the clinic on behalf of the County Health Dept., and assumes the financial risk for the success of the operation.
Financing the Dental Clinic

- Funding for building and equipment can be obtained via an installment purchase by the County or a Bond Issue.

- Current clinics have received funds from -
  - Local Foundations
  - United Way
  - Hospital Systems
  - Local dentists
  - Private donations
Reimbursement

- State Plan Amendment provides enhanced Federal reimbursement for dental clinics operated by or on behalf of Local Health Departments.

- MCDC bills Medicaid for services and receives payment at Medicaid rates.

- Health dept./County provide quarterly Intergovernmental Transfer (IGT) to the State, based on adult Medicaid patients served, to obtain enhanced Federal reimbursement.

- Medicaid rates for services rendered + Federal funds and operational efficiencies = sustainable cash flow for the long term.
Community Benefits

- To be sustainable and meet community need - clinics must be at least 6 chairs

- These clinics are an investment - permanent infrastructure, with immediate long-term results

- MCDC is training the next generation of community dentists, many working in rural and urban, dental health professional shortage areas

- Project is cost neutral to the County over the length of the operating agreement with MCDC
The MCDC Model - Summary

- Extensive expertise in operating public dental clinics
- Outstanding track record and relationships with existing LHD/county partners
- Focus on patient satisfaction and quality care
- Focus on establishing a “Dental Home” and improvement in overall health and well-being of the community
- Provides a sustainable, long term model for increasing access to dental care for the uninsured
Questions?

For more information -
Kimberly Singh
ksingh@midental.org
616-225-6144

Dr. David Murphy
dmurphy@midental.org
231-437-4738