



**Panel: Bill Piskorowski, Craig Spencer, Erin Suddeth,
Nancy Gurzick, Robert Kamphuis**

**Incorporate Underserved Populations into Your
Practice without Providing Free Care**

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mission of mercy

Michigan Dental Association Foundation

June 9 -12, 2016 · Warren, Mich.

Macomb Community College

For details about this life changing event go to:

www.smilemichigan.com/foundation/MissionofMercy.aspx

Register to volunteer at:

www.rsvpbook.com/MDAMOM16

Thursday, June 9:	Set Up
Friday, June 10:	Treatment Day
Saturday, June 11:	Treatment Day
Sunday, June 12:	Tear Down



Mission/Vision

MDA Mission

Helping member dentists succeed.

MDA Vision

Michigan's oral health authority dedicated to the public and the profession.

“Non-Traditional Practice Models for the Underserved That Can Increase Your Bottom Line”

Wilhelm A. Piskorowski, D.D.S.
Michigan Dental Association
Annual Session
3-15-2016

Objectives of this Presentation:

- Increase your awareness of non-traditional practice opportunities and policies to increase access to care while improving your bottom line
- Negotiating enhanced rates with federal, state, and local funded programs
- Dispel a myth or two and answer any questions

Excel and Collaborate

- 2011-2014 ADA Strategic Plan: Goal 1
 - ✓ *Provide support to dentists (**students**) so they may succeed and excel throughout their careers.*
- ADA Strategic Plan: Goal 3
 - ✓ *Improve public health outcomes through a strong collaborative profession and through effective collaboration across the spectrum of our external stakeholders.*

*Community-based Dental Education (CBDE) mission:
Enhance a student's education by increasing access to
care for vulnerable populations.*



Dentists Nationally

- Increases in supply will not meet the increases in demand for dentists.
- Approximately 190,800 dentists were estimated to be active in the workforce in 2012.

Assuming that the workforce participation patterns remain unchanged

- The supply of dentists is expected to grow by 11,800 full-time equivalents (FTEs) – from 190,800 in 2012 to 202,600 in 2025 – a 6 percent increase nationally.

Projected National Supply and Demand for Dentists

Exhibit 1: Projected National Supply and Demand for Dentists

	Full time equivalent
Supply	
Estimated supply, 2012	190,800
Estimated supply growth, 2012-2025	11,800
<i>New entrants</i>	<i>70,700</i>
<i>Attrition^a</i>	<i>(60,600)</i>
<i>Change in average work hours^b</i>	<i>1,700</i>
Projected supply, 2025	202,600
Demand^c	
Estimated demand, 2012	197,800
Estimated demand growth, 2012-2025	20,400
Projected demand, 2025	218,200
Projected Supply (minus) Demand, 2025	(15,600)

Source: 2010 American Dental Association (ADA) Master file combined with published statistics from ADA, and estimates from HWSM

Notes: FTE: Full Time Equivalent; Numbers presented are rounded to the nearest hundred; Negative numbers are in parenthesis; ^a Includes retirements and mortality; ^b This represents the change in dentist full time equivalents resulting from a change in the demographic composition of the future workforce and the associated effect on average number of hours worked; ^c The model assumes that demand and supply are equal in 2012, except for the number of additional dentists that would be needed to de-designate DHPSA.

Projected State Shortage

Region/State	2012			2025 Projected		
	Supply	Shortage as captured by DHPSA	Demand (2012 Supply + shortage as captured by DHPSAs)	Supply	Demand	Difference [Supply-(Demand +DHPSA)]
Vermont	359	(1)	360	328	353	(26)
Northeast Subtotal	38,983	(790)	39,773	36,844	39,190	(3,136)
Midwest						
Illinois	8,508	(398)	8,906	8,103	8,602	(897)
Indiana	3,149	(52)	3,201	2,778	3,044	(318)
Iowa	1,708	(59)	1,767	1,458	1,554	(155)
Kansas	1,515	(85)	1,600	1,384	1,489	(190)
Michigan	6,097	(128)	6,225	5,431	5,908	(605)



National Supply and Demand for Dental Hygienists

Exhibit 3: Projected National Supply and Demand for Dental Hygienists

	Full time equivalent
Supply	
Estimated supply, 2012	153,600
Estimated supply growth, 2012-2025	43,600
<i>New entrants</i>	<i>91,000</i>
<i>Attrition^a</i>	<i>(42,200)</i>
<i>Change in average work hours^b</i>	<i>(5,200)</i>
Projected supply, 2025	197,200
Demand^c	
Estimated demand, 2012	153,600
Estimated demand growth, 2012-2025	15,500
Projected demand, 2025	169,100
Supply in Excess of Demand, 2025	28,100

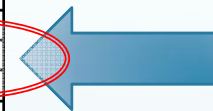
Source: Estimates from 2006-2012 American Community Survey and HWSM

Notes: Numbers presented are rounded to the nearest hundred; Negative numbers in parenthesis; ^a Includes retirements and mortality; ^b This represents the change in dental hygienist full time equivalents resulting from a change in the demographic composition of the future workforce and the associated effect on average number of hours worked; ^c The model assumes that demand and supply are equal in 2012.



Projected State Surplus

Region/State	2012	2025 Projected		Difference (Supply-Demand)
	Supply & Demand	Supply	Demand	
Northeast				
Connecticut	2,374	2,661	2,430	231
Maine	1,124	1,130	1,101	29
Massachusetts	4,542	5,161	4,516	645
New Hampshire	1,135	1,247	1,164	83
New Jersey	4,255	5,246	4,516	730
New York	7,787	9,425	7,884	1,541
Pennsylvania	6,176	6,187	5,939	248
Rhode Island	398	442	396	46
Vermont	619	682	616	66
Northeast subtotal	28,410	32,181	28,562	3,619
Midwest				
Illinois	6,045	6,412	6,112	300
Indiana	4,006	4,442	3,935	507
Iowa	1,954	2,023	1,832	191
Kansas	1,656	1,656	1,634	22
Michigan	8,295	8,742	8,160	582
Minnesota	3,192	3,531	3,325	206
Missouri	2,932	3,072	2,914	158
Nebraska	779	970	837	133
North Dakota	446	394	415	(21)
Ohio	5,563	6,391	5,570	821
South Dakota	537	494	521	(27)
Wisconsin	3,404	3,784	3,378	406
Midwest subtotal	38,809	41,911	38,633	3,278
South				



Future Role Dental Hygienists

Evolving Role of the Dental Hygienist are expanding in some states.

- Increased use of dental hygienists could reduce the projected dentist shortage if they are effectively integrated into the delivery system. (PA 161)
- Research of future workforce projection models regarding the implications of these recent trends in care delivery is ongoing.

Medicaid Nation's Largest Health Insurer

- Medicaid is now the nation's largest health insurance program
 - 72 million people (Medicaid quarterly report, CMS, 2016)
 - One in five Americans (U.S. Census Bureau, 2015)



Medicaid – Eligibility

- Title XIX of the Social Security Act – Joint Federal/State entitlement program
- Pays for medical services for certain groups of low-income persons
 - Disabled
 - Aged
 - Blind
 - Pregnant women
 - Children
 - Single parents

States have considerable discretion and control over their programs

- Only 11 states have extensive Medicaid dental benefits
- 15 states have limited coverage
- 17 states have emergency coverage
- 8 states have no coverage
- Only 4.5 million of these 17.7 million adults will be gaining extensive dental coverage
- Many states have seen dental benefits as an area they could keep limited or reduce in order to balance their budgets.

(Nasseh, Vujicic, & O'Dell, 2013)

Michigan's Fee-for-Service Medicaid

- Limited dental services.

There are few dentists in Michigan who will accept Fee-for-Service Medicaid.

- Very low reimbursement rate
- High administrative burden
- Dentists are reimbursed at about 33% of the fees they would normally charge (ADA HPI, 2016)

Oral Health Snapshot

- Nationwide in 2009, Health Centers employed 2,577 dentists and 1,018 dental hygienists.
- **This is 2% of the dental workforce.**
 - 69% are members of organized dentistry.
- In 2009, HCs provided dental care to 3,438,340 patients with 8,401,705 visits.

Healthcare Reform adding \$11 billion to expand health centers

Michigan's Snapshot

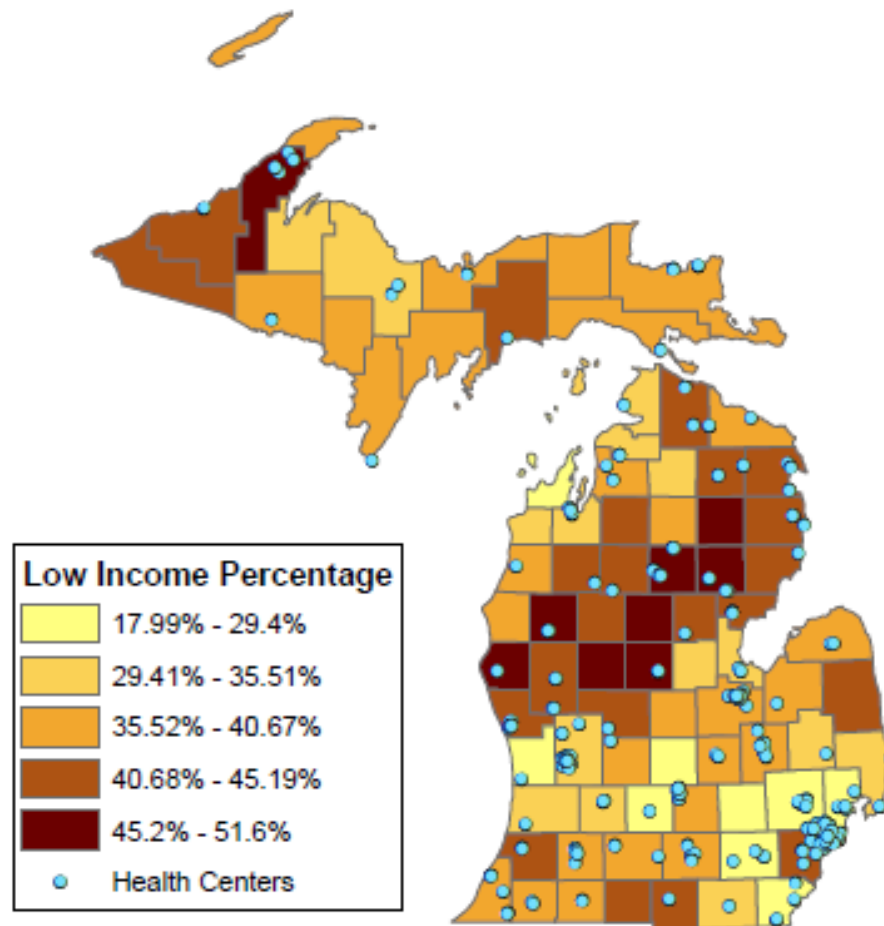
- Population, 9.9 Million
- Uninsured: 8.5%
- Medicaid: 1 Million children; 700,000 adults
- Healthy Michigan Plan "Medicaid Expansion" 600,000
- 1,076 hospitalizations in 2013 due to dental-related issues
- 2.5 Days, average Length of Stay
- \$19,074 average cost per patient



Source of funding: Local hospitals

Below
200% of
Federal
Poverty
Level

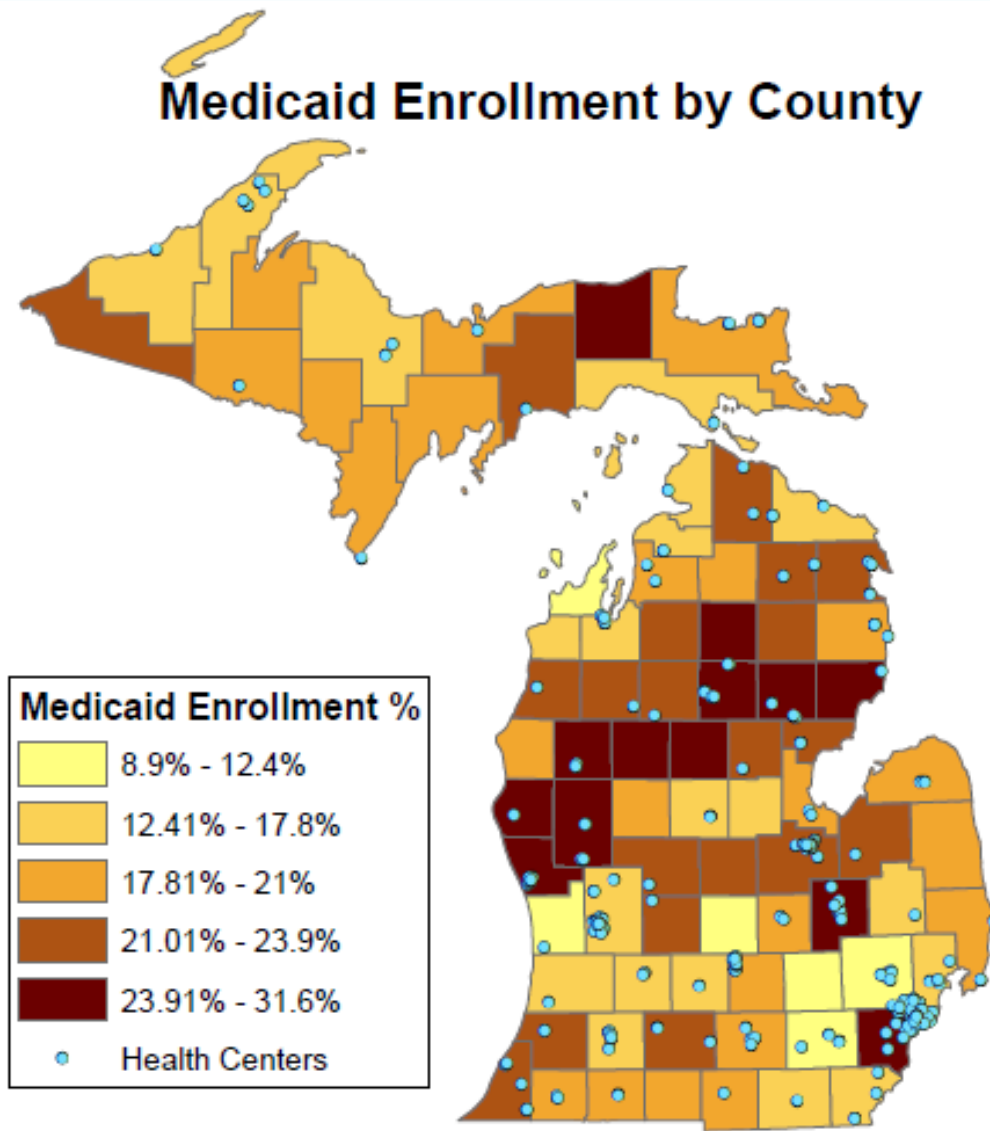
Low Income Population by County (as a % of Total Population)



Sources:

- 1) HRSA Data Warehouse, (2015), Health Center Service Delivery Sites, June 2015
- 2) US Census Bureau, (2015) 2009-2013 American Community Survey 5-Year Estimates

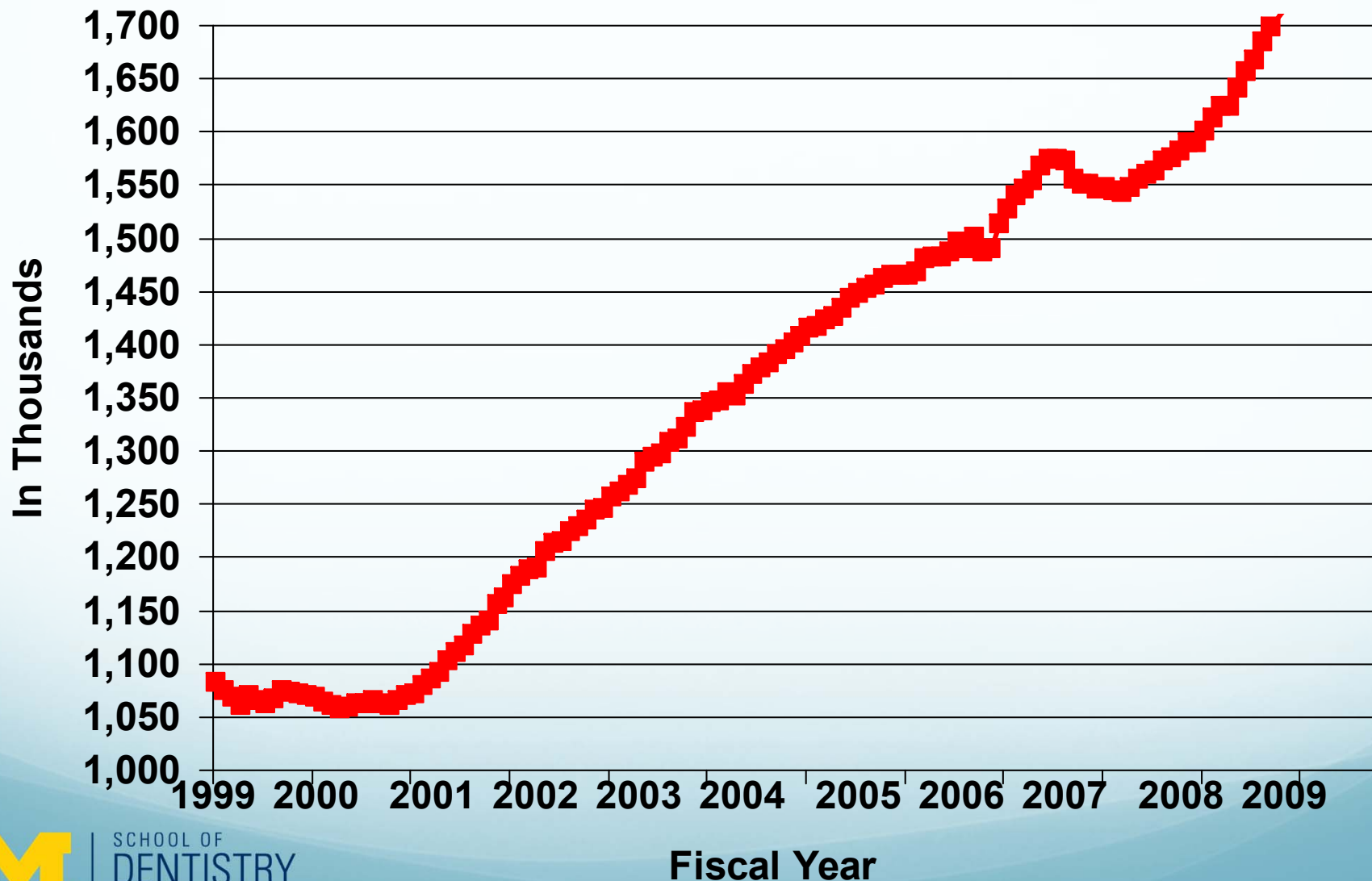
Medicaid Enrollment by County



Sources:

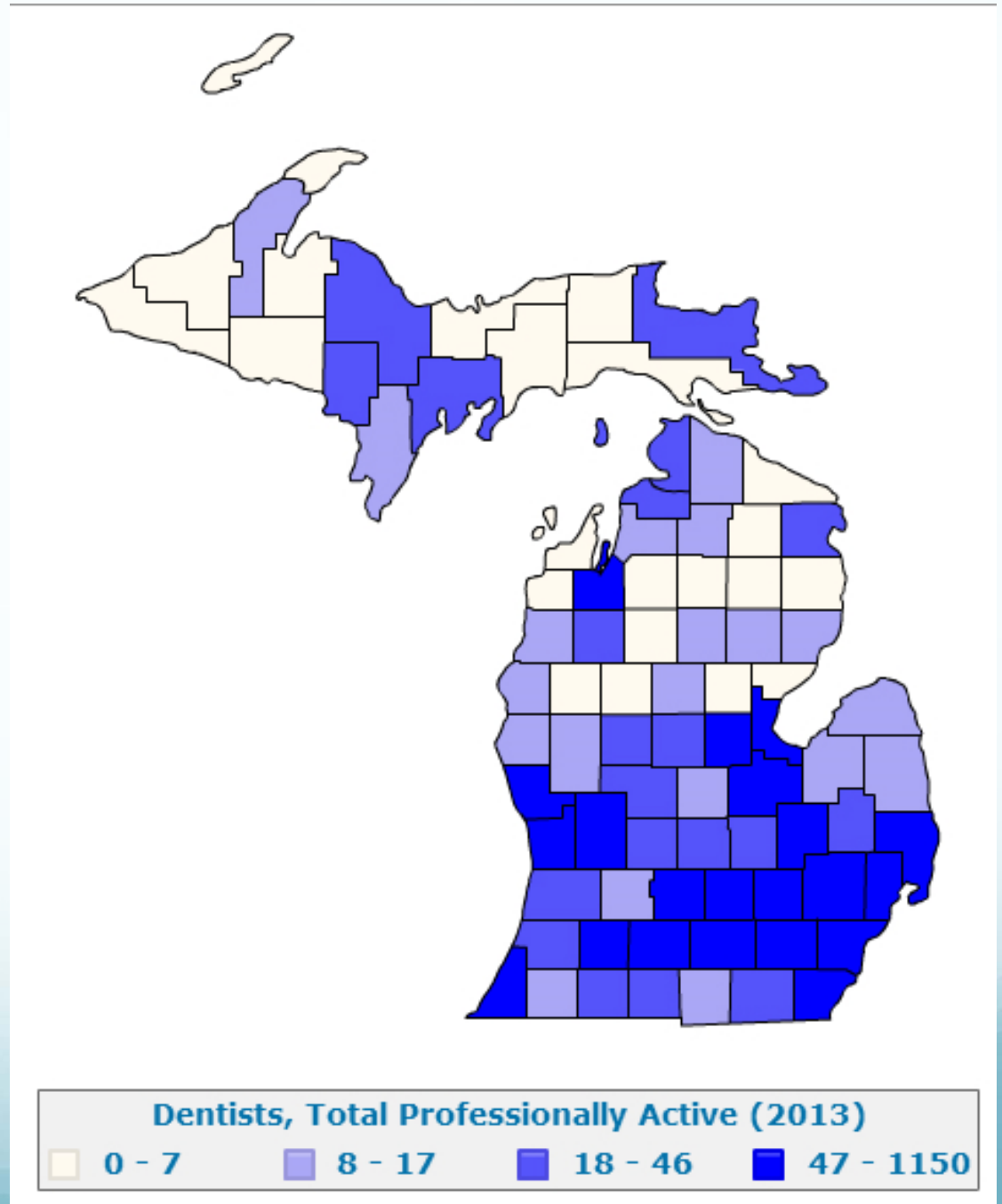
- 1) HRSA Data Warehouse, (2015), Health Center Service Delivery Sites, June 2015
- 2) US Census Bureau, (2015) 2009-2013 American Community Survey 5-Year Estimates

Michigan Medicaid Caseload





Distribution of Dentists in Michigan, 2013



Health Professional Shortage Areas (HPSA)

- HRSA offers incentives to providers who work in the health care shortage areas with opportunities for either financial support while attending professional school or school loan repayment.

Health Professional Shortage Areas (HPSA)

- Most FQHC's are located where there is a great need for their service, but a lack of health care providers to care for the patients.
- The Health Resources and Services Administration (HRSA) recognizes this shortage and quantifies it with a numeric score.

HPSA scores

- Wayne County HPSA score 18
- Lake County HPSA score 15
- Kalamazoo Co. HPSA score 18
- Genesee Co. HPSA score 17
- Ingham Co. HPSA score 12
- Marquette Co. HPSA score 15
- Washtenaw Co. HPSA score 0

Let's Look at the Non-Traditional Opportunities That Exist

Michigan Safety-Net Dental Service Providers

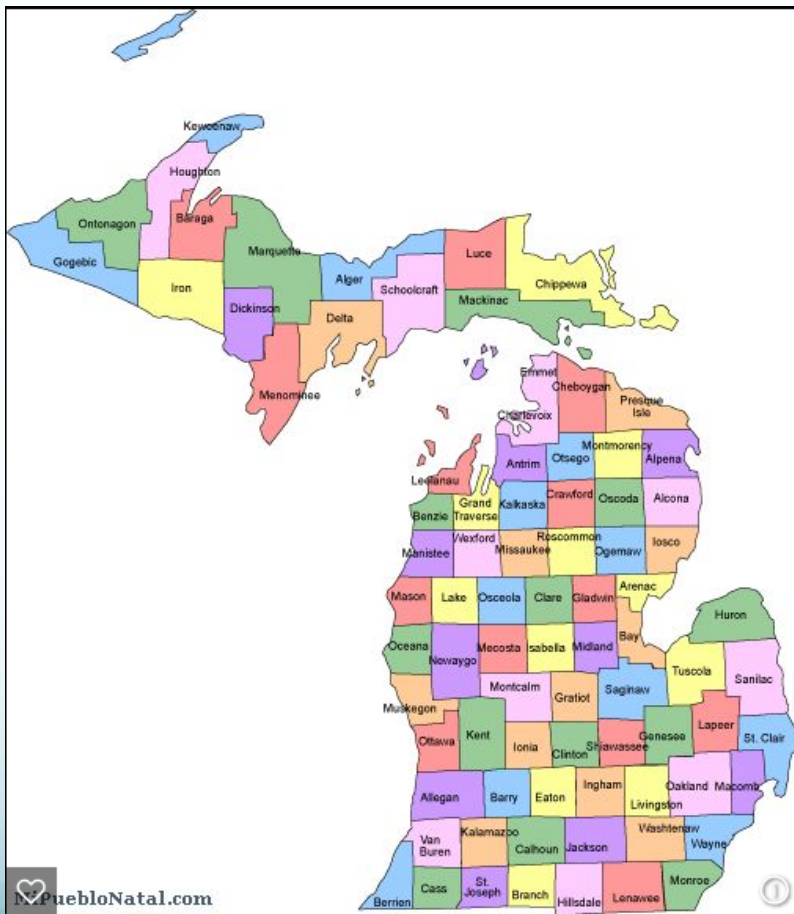
- **Federal, State and Community developed clinics**
 - ~40 Federally Qualified Health Centers (FQHC'S) - Some have special Migrant Population Designations
 - 45 local Health Departments that are responsible to offer Medicaid dental services in some capacity
 - 4 Native American dental clinics these clinics offer services
 - ~55 adolescent health centers of which 27 have an Oral Health Assessment component
 - 55 permitted mobile dental facilities
 - 52 PA 161 programs
 - What about hospitals?
- **Michigan Donated Dental Services:**
 - **Result: Nearly \$20 Million dollars** in comprehensive care for elderly, medically compromised and those with permanent disabilities
- **Unlimited opportunities**

Additional information can be found in Oral Health Program Directory
www.michigan.gov/documents/directory_29654_7.pdf

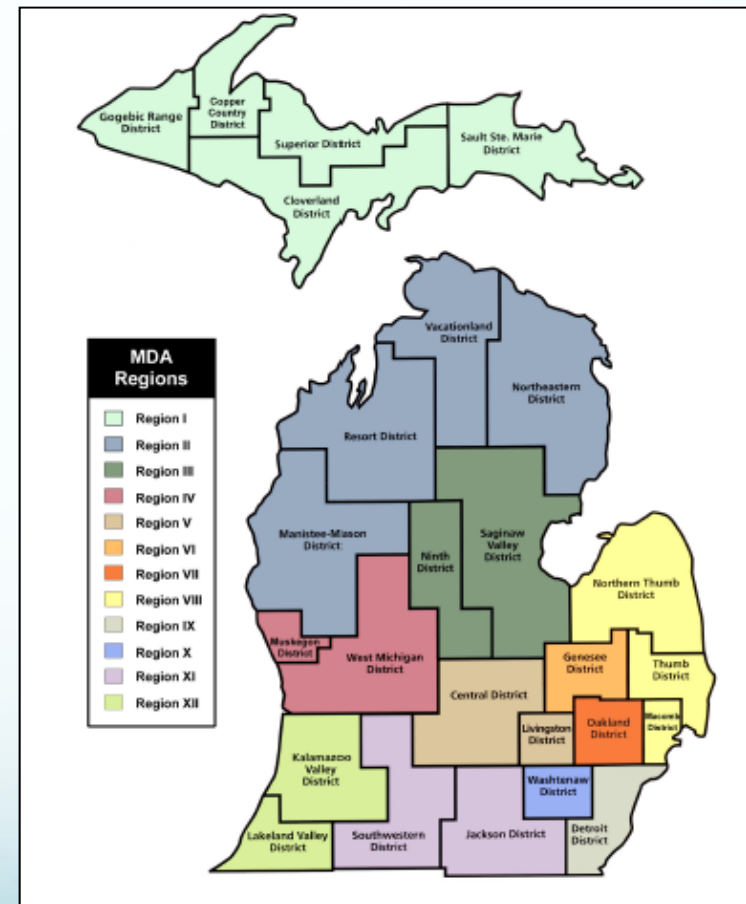
2013 Burden of Oral Disease in Michigan, Michigan Department of Community Health

Value of Component Dental Societies and the MDA

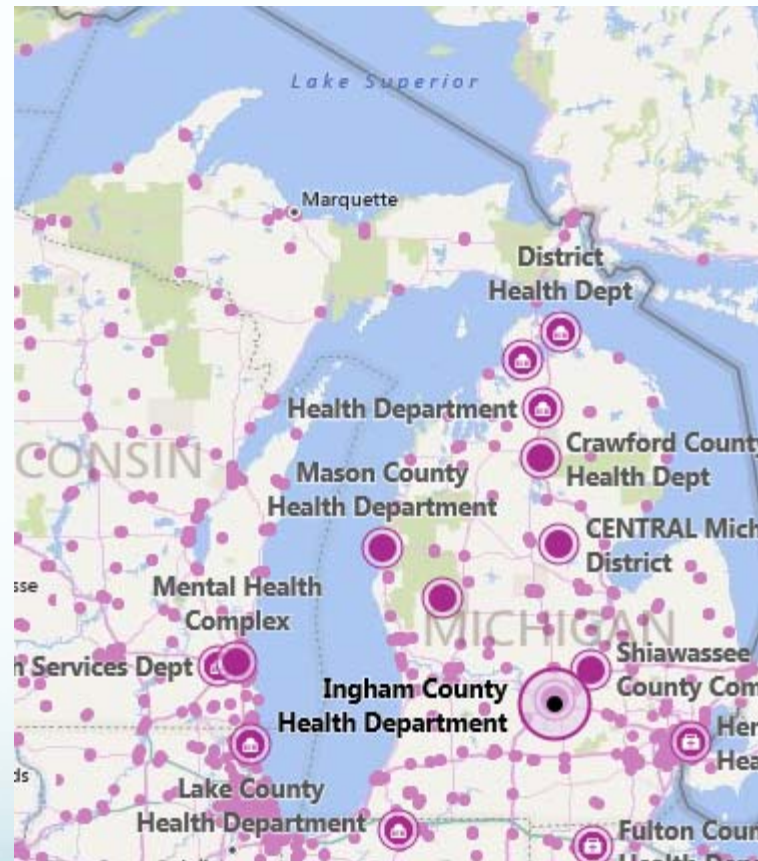
(83 Counties in Michigan)



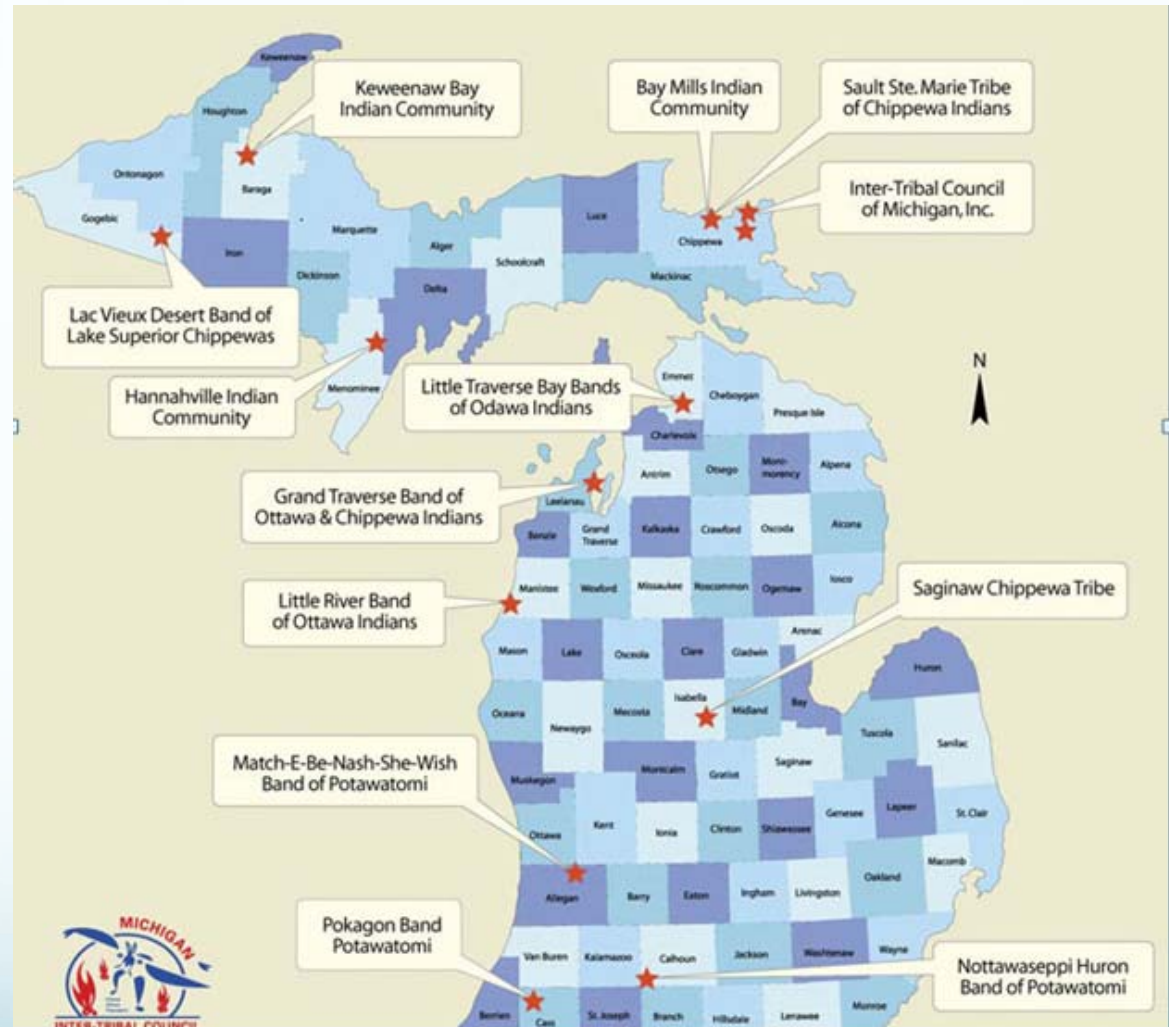
(26 Component Dental Societies)



Michigan's 45 Local Public Health Departments



Michigan's Federally Recognized Tribes

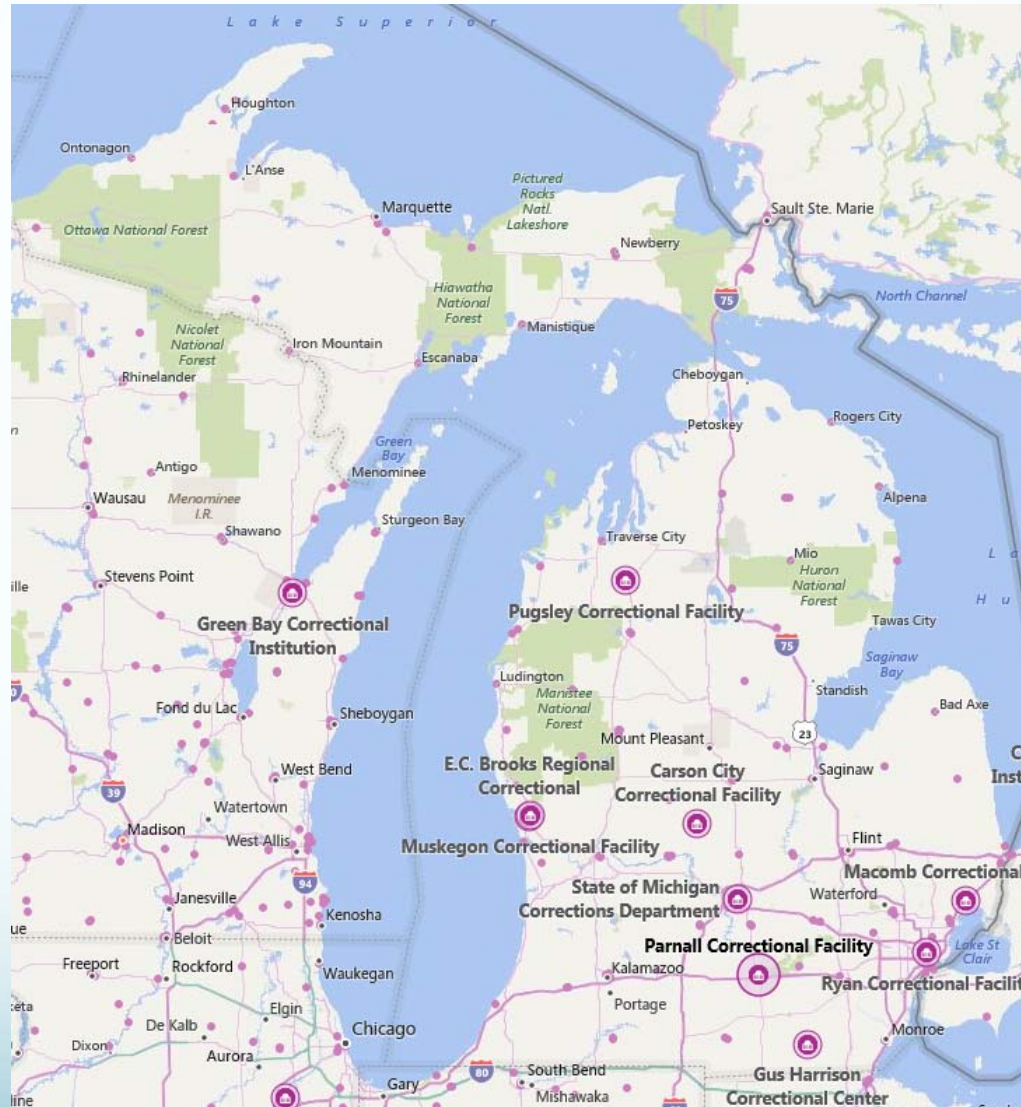




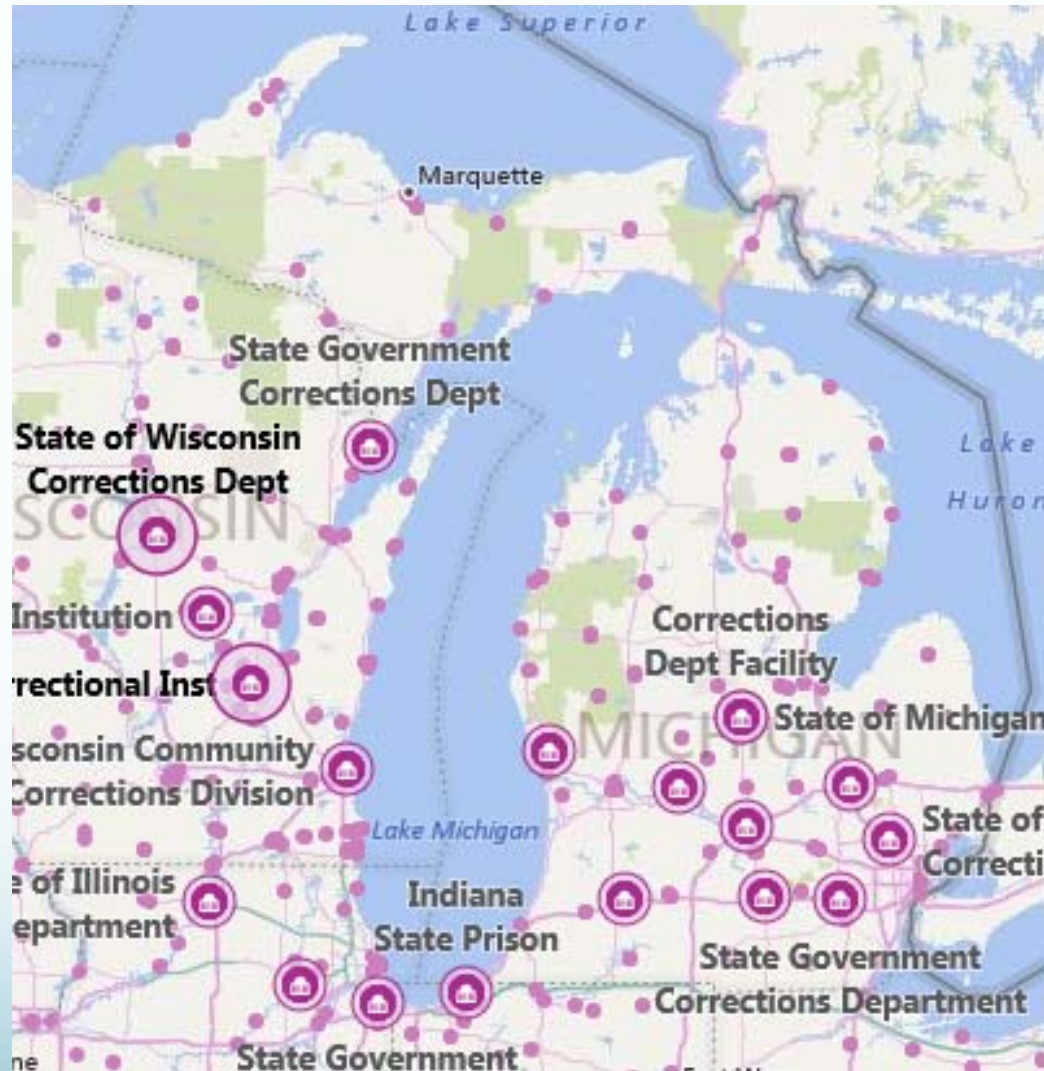
The prisons are categorized into different security levels.

- A Secure Level I facility houses prisoners who are more easily managed within the network (even though they may have committed violent crimes).
- Level V prisons house prisoners who pose maximum management problems, are a maximum security risk, or both.
- Prisoners incarcerated under the jurisdiction of the Michigan Department of Corrections are provided with an array of prisoner services:
 1. including health and dental care
 2. mental health care
 3. educational opportunities

Correctional Facilities in Michigan



State Prisons



Federally Qualified Health Centers (FQHCs)

What is a Federally Qualified Health Center?

- An FQHC is a public or private, non-profit, charitable, tax-exempt organization that receives funding under Section 330 of the Public Health Service Act (Section 330) Started in 1967 under the Lyndon B. Johnson's administration
- Located in or serves a high need community or target population
- Governed by a community board (51%)
- Provides comprehensive primary health care
- Provides services to all regardless of ability to pay
- Meets other performance and accountability requirements



FQHC Practice Model

- Moving in the direction of patient-centered medical home
- Many health centers can provide “one stop health care shopping” under one roof
- Opportunities for collaboration between medical, dental and behavioral health providers

Health Center Patients

Michigan Health Center Patients by Income



- Half live in economically depressed inner city and half reside in rural areas.

Sliding Fees

- Reduced fees are made available for patients who are at 200% of the federally defined poverty level

2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

Benefits for Dentists Working Within an FQHC

- Gain experience
 - Mentored by seasoned dentist (maybe)
 - Guided by experienced dental assistants
- Learn to manage
 - Scheduling/budgeting/staffing
 - Developing referral relationships
- Interdisciplinary approach to patient care
- No overhead or insurance hassles
- Dentists are compensated by Salary and Bonuses, not production.

Federal Tort Claims Act

- Providers who work at an FQHC are protected under the Federal Tort Claims Act.
- The federal government is the liability insurance carrier.

The Key Issues for 330 Grant

- The amount of award is based on justification of need
 - Factors effecting the grant award include
 - Number of patients served
 - Extent of the services being provided
 - Where the patients are being served

Federal Support

- FQHC's compete for 330 grant support
 - Grant cycles are 5 years long
 - Every 5 years a new competitive grant request is prepared by the FQHC and submitted to the Health Resources and Services Administration (HRSA), the agency providing oversight to FQHC's
 - In each of the 5 years in the cycle an annual report must be written
 - FQHC's are accountable to HRSA and risk losing funding if they don't satisfy specific expectations
 - This is where local dentists can negotiate with FQHC's and Health Departments in their areas.

Federally Qualified Health Centers (FQHCs)



Source: Centers for Medicare and Medicaid Services; U.S. Department of Health and Human Services; October 2015.

Note: Alaska and Hawaii not shown to scale

Web Addresses

Loans and Scholarships

www.hrsa.gov/loanscholarships/index.html

HPSA scores

<http://hpsafind.hrsa.gov/HPSASearch.aspx>

National Network for Oral Health Access (NNOHA) - job placement

www.nnoha.org

**Increasing Access to Dental Care
through Public Private Partnerships:
Contracting Between Private Dentists
and Federally Qualified Health Centers**

An FQHC Handbook

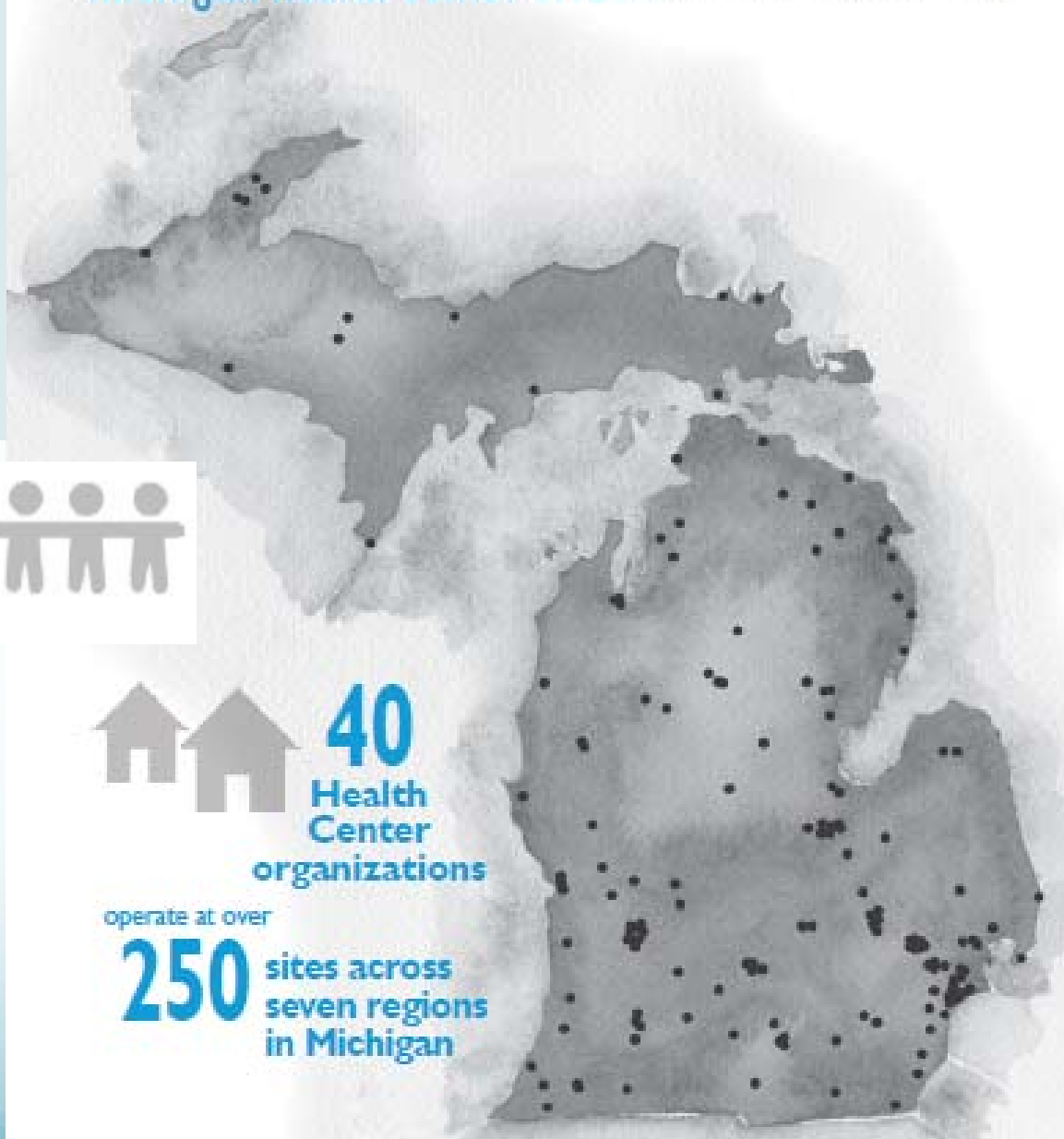
Developed by the Children's Dental Health Project



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Michigan Health Center SITES



Michigan Health Centers
serve more than

615,000
Michiganders



40

Health
Center
organizations

operate at over

250 sites across
seven regions
in Michigan



Michigan Primary Care Association

- MPCA is a leader in building a healthy society in which all residents have convenient and affordable access to quality health care.
- MPCA's mission is to promote, support, and develop comprehensive, accessible, and affordable community-based primary health care services to everyone in Michigan.
- Since 1980, MPCA has been the voice for Community Health Centers and other community-based providers in Michigan.

Health Centers

- Health Centers are local, non-profit, community-based providers of primary and preventive health care. They are located in medically underserved urban and rural communities in every state, including Michigan, and in every U.S. territory.
- “Health Center” refers to Health Center Program grantees and Federally Qualified Health Center Look-Alikes. Of Michigan’s 39 Health Center organizations, 35 are Health Center Program grantees, 2 are FQHC Look-Alikes, and 2 are both a Health Center Program grantee and an FQHC Look-Alike.
- Nationwide, Health Centers are health care homes for over 22 million patients. Each Health Center’s staffing models, facilities, scope of services, and approaches are tailored to meet the unique needs of its patients and the surrounding communities.

Medicaid Administration: Partnership

Federal oversight:

- Centers for Medicare & Medicaid Services

State oversight:

- Michigan Department of Health and Human Services





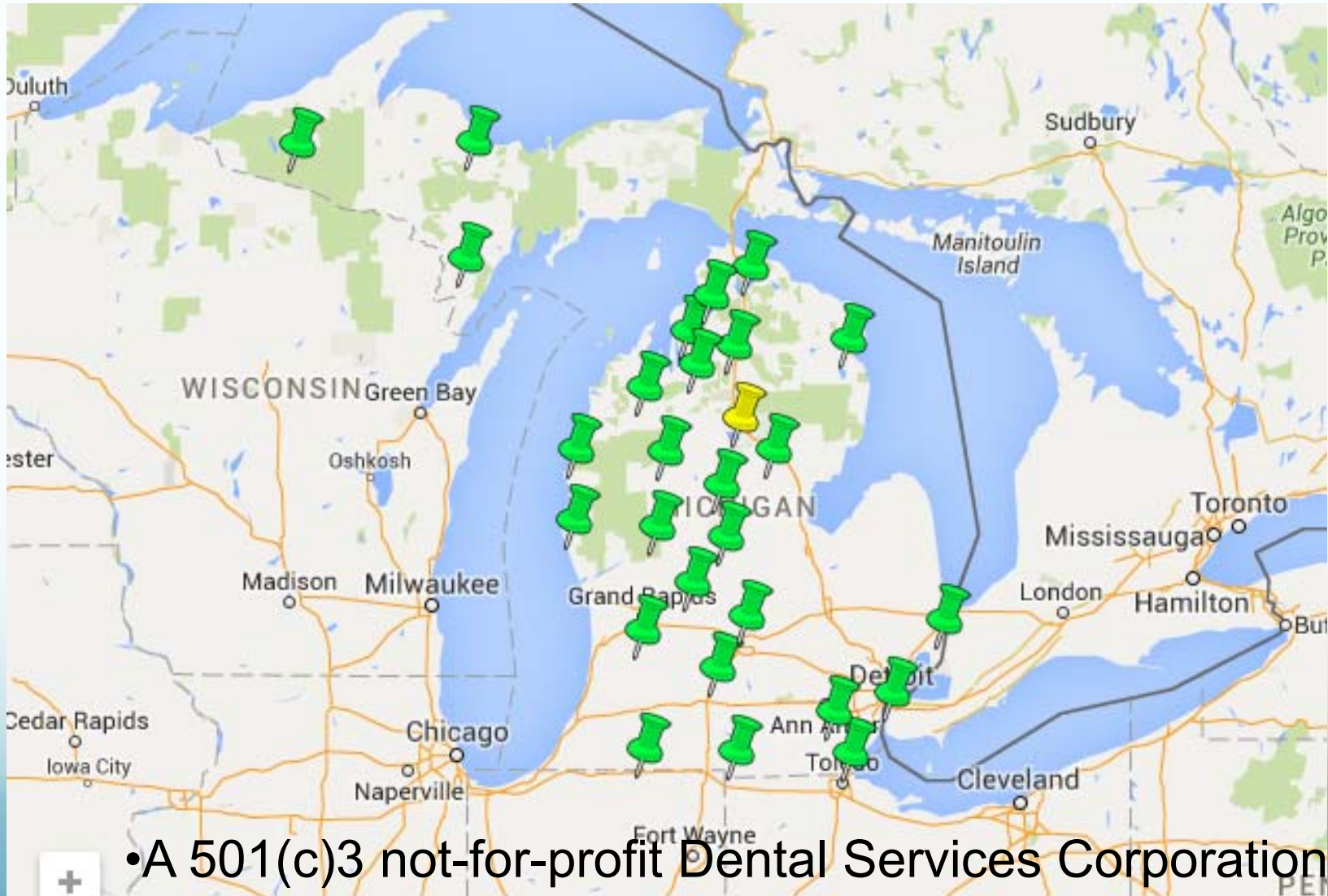
Dental Care for the Underserved
Medicaid and the Low Income Uninsured

The Dental Clinics North “Social Entrepreneur” Model
adapted for
The State of Michigan

www.MI dental.org

Social Entrepreneur Model?

- Social entrepreneurs get to combine their passion for a social mission with their business expertise, innovative ideas and drive to pursue an entrepreneurial spirit.
- Social entrepreneurs are persons who come to the non-profit sector with a desire to do good, utilizing business concepts that distinguish their venture from old style non-profits.



•A 501(c)3 not-for-profit Dental Services Corporation

Provides Dental Services on behalf of Local Health Departments

- Services include:
 - Design of new clinic facilities or remodel of existing facilities
 - Providing specifications for equipment and supplies
 - Management of the Clinic Facilities by:
 - Providing the Electronic Patient Record using Dentrix® Enterprise software
 - Billing Medicaid for services rendered, collecting fees, paying costs
 - Hiring all clinic personnel
 - Assisting LHDs with integration of Oral Health Education and Prevention programs with WIC, Head Start and other services
- **Allows for expanded economies of scale with administrative costs distributed over more clinics.**

Quality Assurance

1. Patient Satisfaction Surveys

- Continual, on-going survey of patients

2. MCDC's Director of Quality Assurance

- Electronic Chart reviews to determine
 - Appropriateness of care
 - Before and after quality effects of txt
 - Consistency of care and billing practices
 - Conformance with Medicaid rules
 - Rx prescribing practices

3. Group practice

- Working with other professionals in a group encourages conformity and assures quality of care.
 - Outliers from the norm are easily identified and corrected.

4. Internal Peer Review Committee

Attract & Retain Dental Professionals

- Dentists and Dental Hygienists compensation
 - Paid a flat amount per day
 - Plus % of Production, using an RVU schedule based upon the Delta PPO rates – regardless of the payer mix to minimize bias & create equity between clinics
- Student Loan Repayment available via the NHSC and State of MI
- Gain-share program
 - For all staff, except the Dentists & Hygienists
 - Encourages Teamwork and Ownership of the success of the Dentists/Clinic
- Group practice, providing
 - Built-in referral and consulting
 - Periodic Dental Staff Meetings with CEUs provided by MCDC via AGD
- Unlike the FQHC model, Dentist are mainly compensated by Production and Bonuses, not Salary

Assuming that the workforce
participation patterns remain
unchanged

Will It?

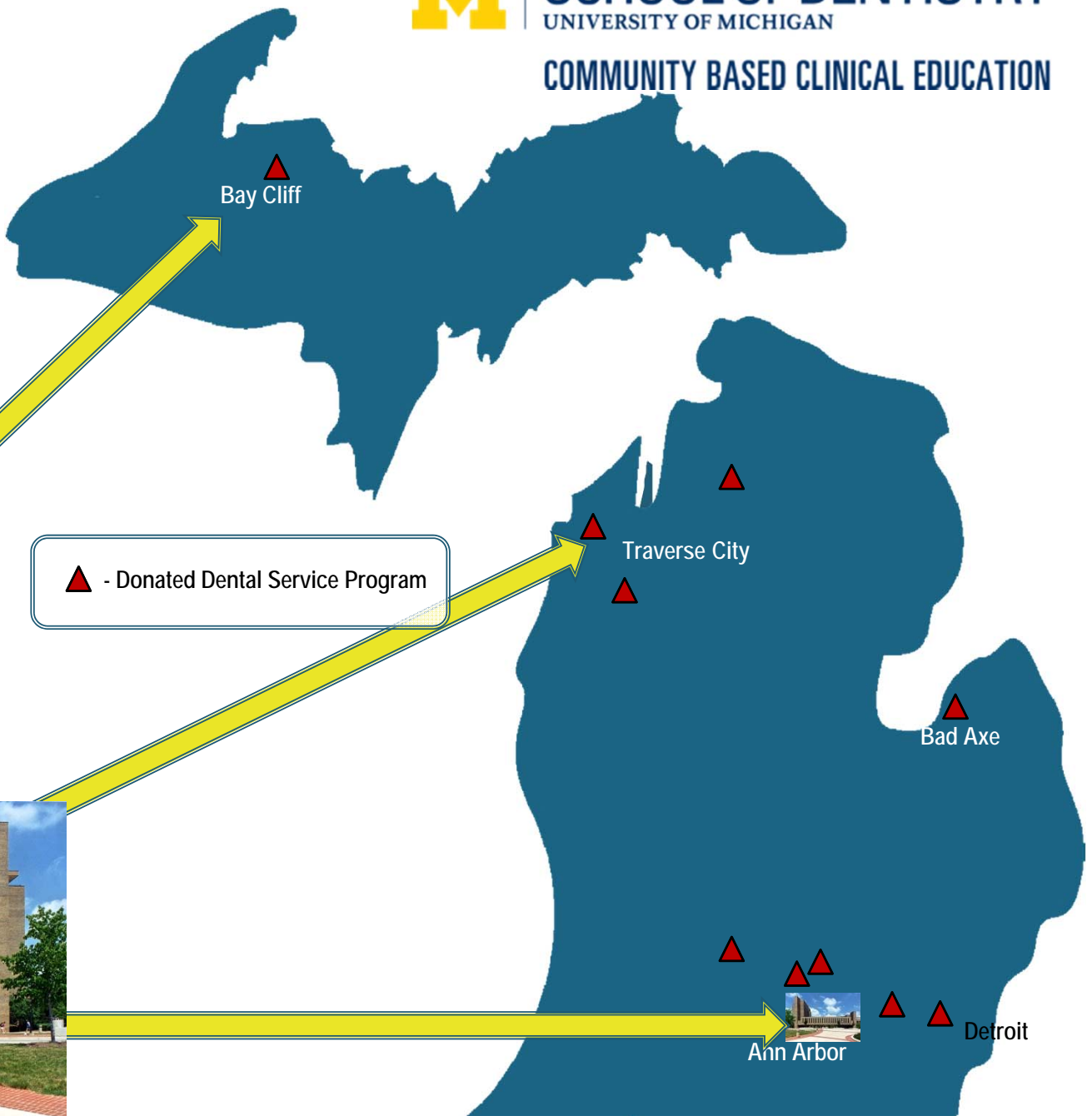


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COMMUNITY BASED CLINICAL EDUCATION





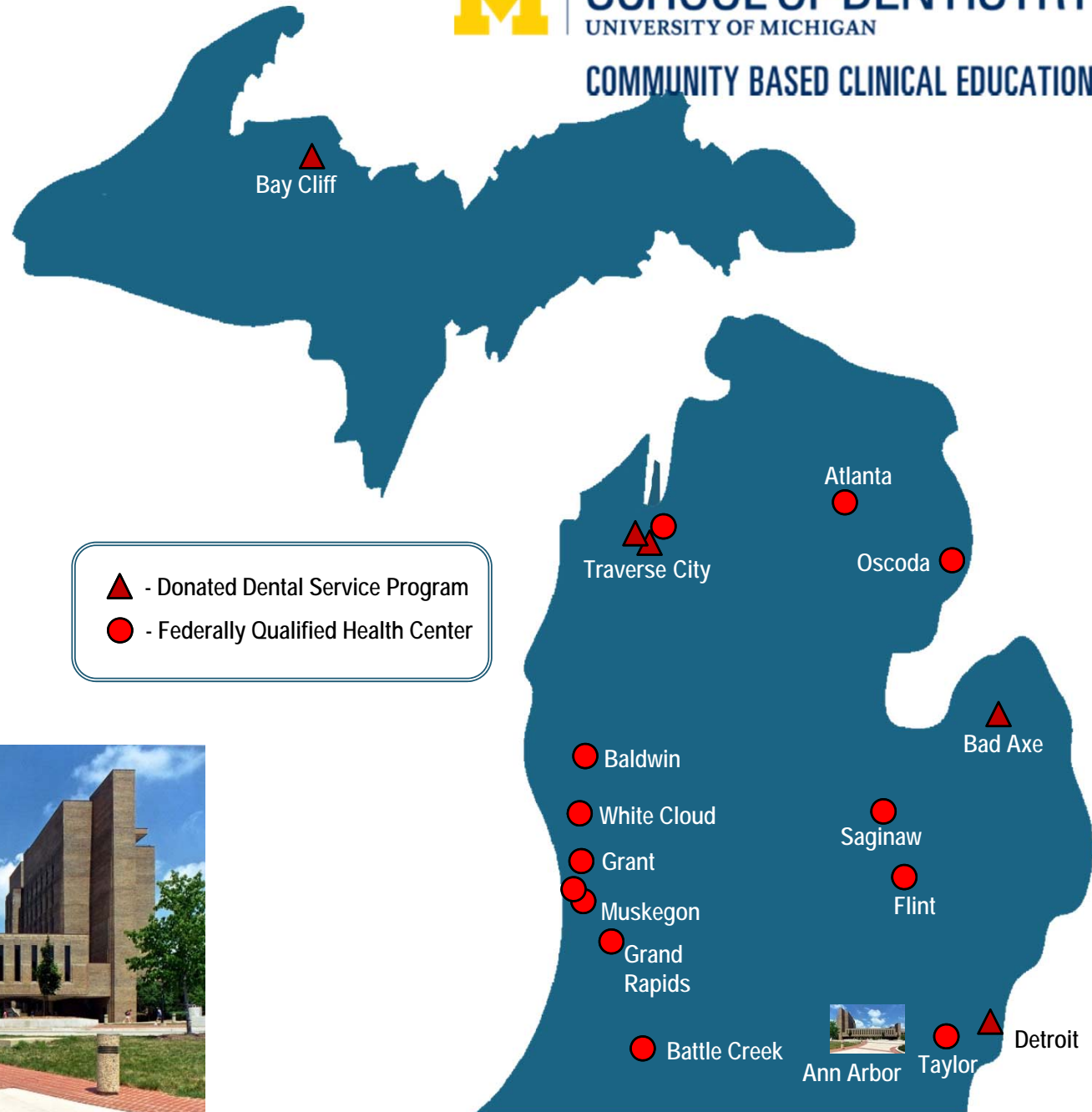
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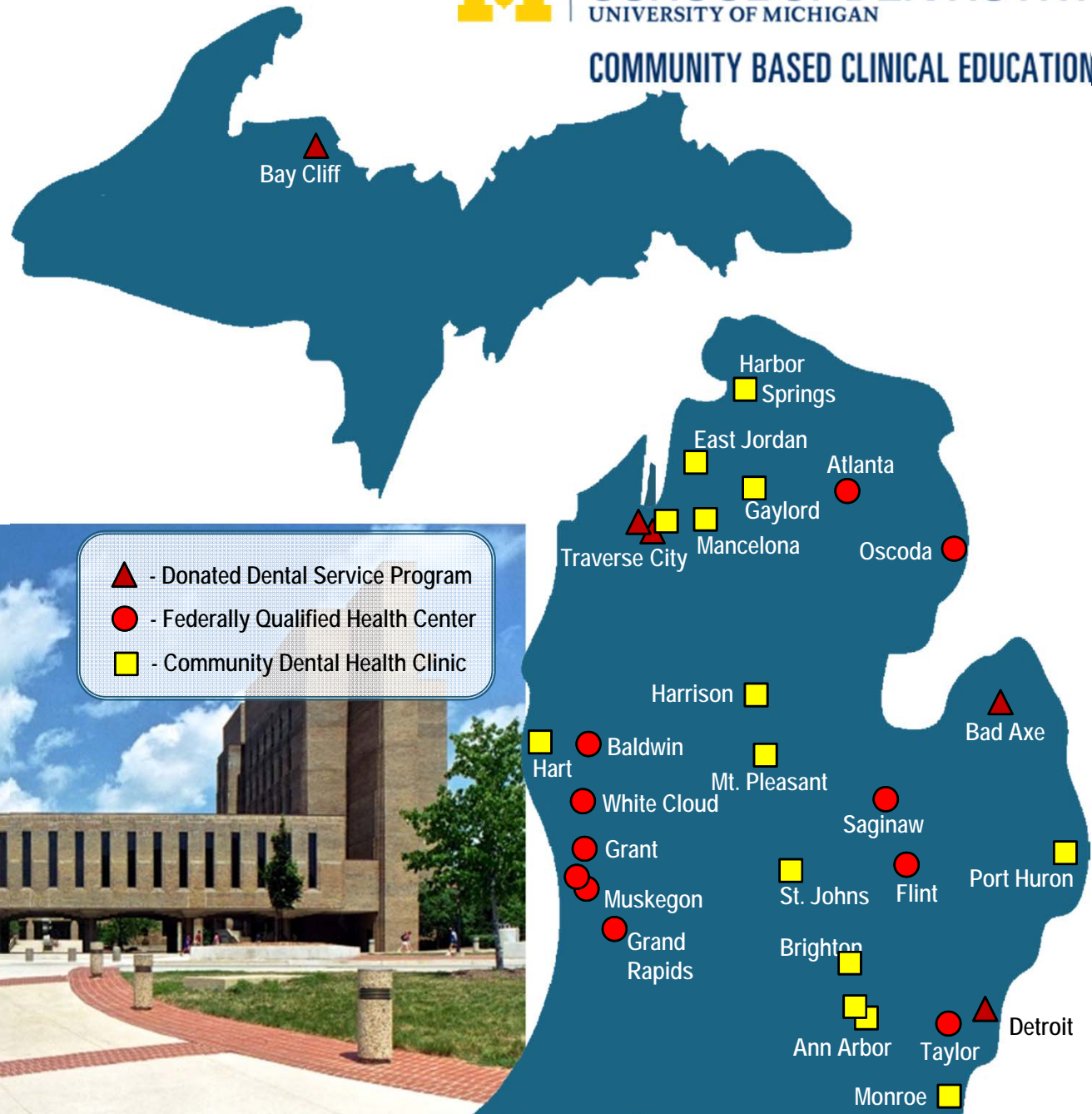


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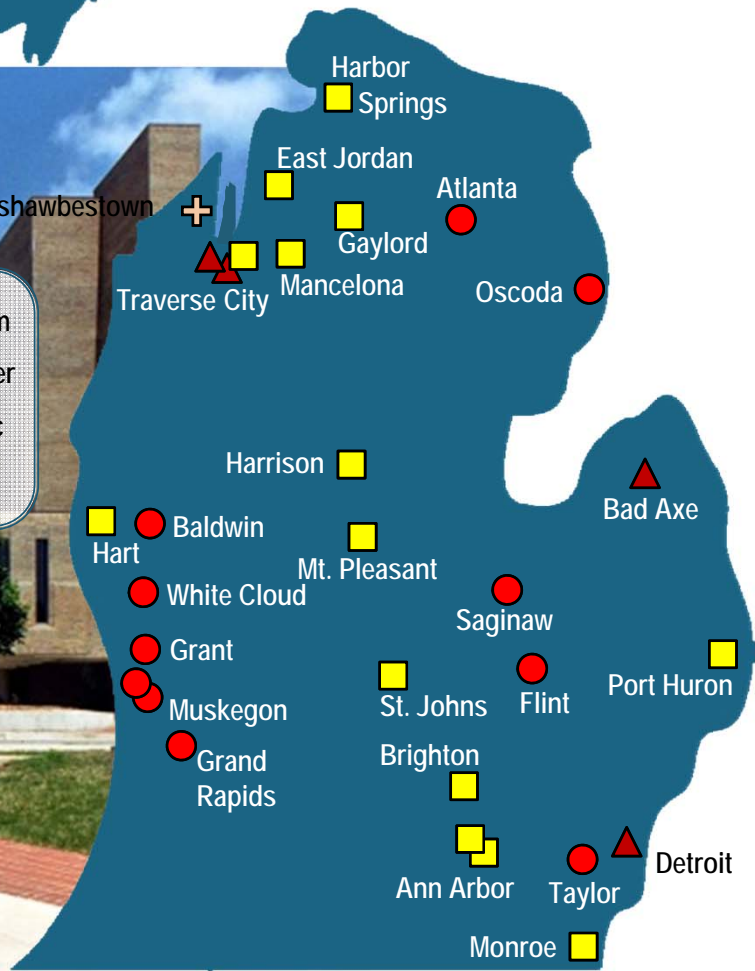
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- ▲ - Donated Dental Service Program
- - Federally Qualified Health Center
- - Community Dental Health Clinic
- ⊕ - Indian Health Service





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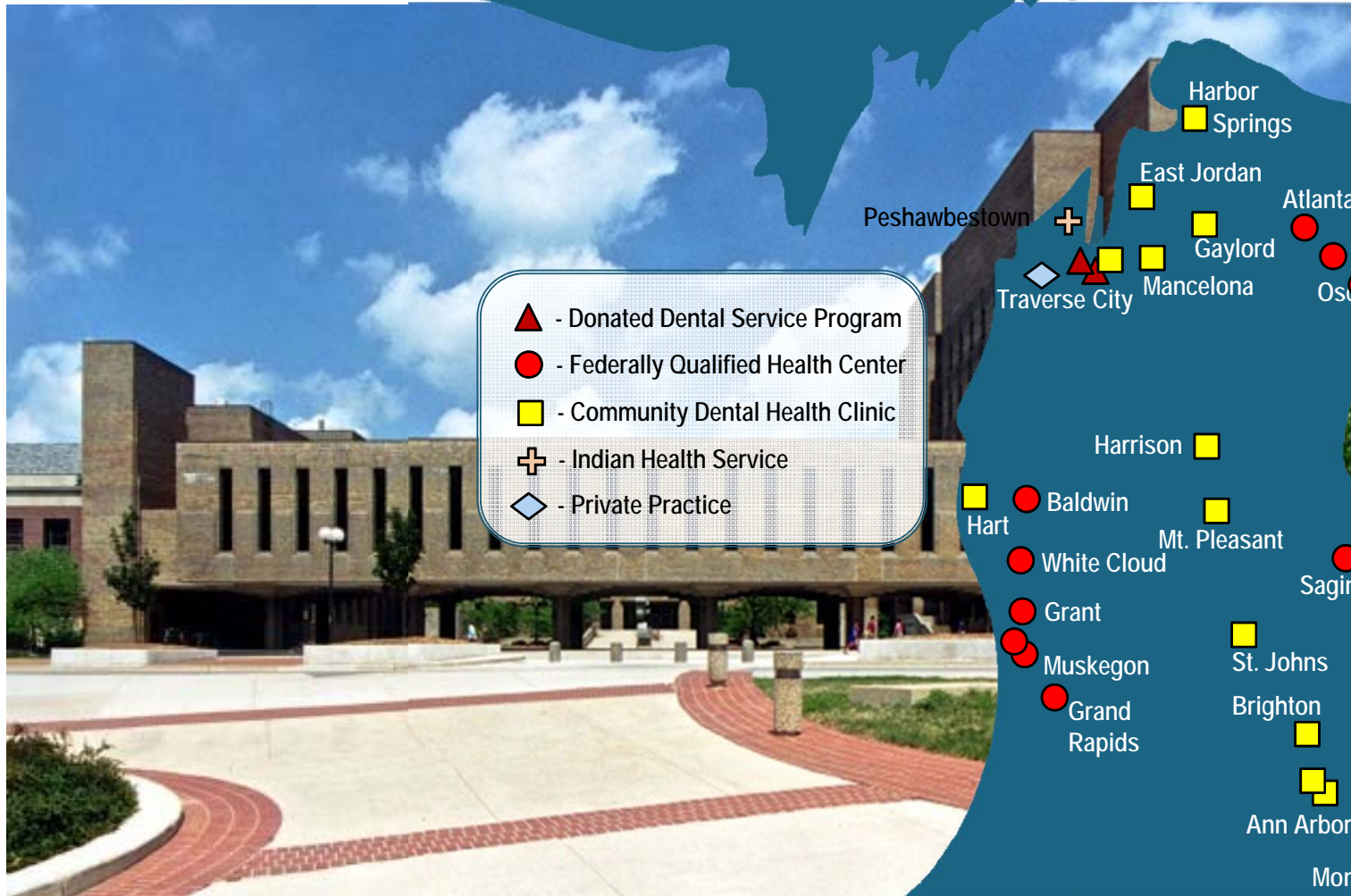
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Bay Cliff

Brimley



Peshawbestown

Harbor Springs

East Jordan

Atlanta

Gaylord

Mancelona

Oscoda

Traverse City

Harrison

Bad Axe

Hart

Baldwin

Mt. Pleasant

Saginaw

White Cloud

Port Huron

Grant

St. Johns

Flint

Muskegon

Brighton

Plymouth

Detroit

Grand Rapids

Ann Arbor

Taylor

Monroe

- Donated Dental Service Program
- Federally Qualified Health Center
- Community Dental Health Clinic
- Indian Health Service
- Private Practice



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COMMUNITY BASED CLINICAL EDUCATION

- Donated Dental Service Program
- Federally Qualified Health Center
- Community Dental Health Clinic
- Indian Health Service
- Private Practice
- Wolverine Patriot Project /Victors for Veterans





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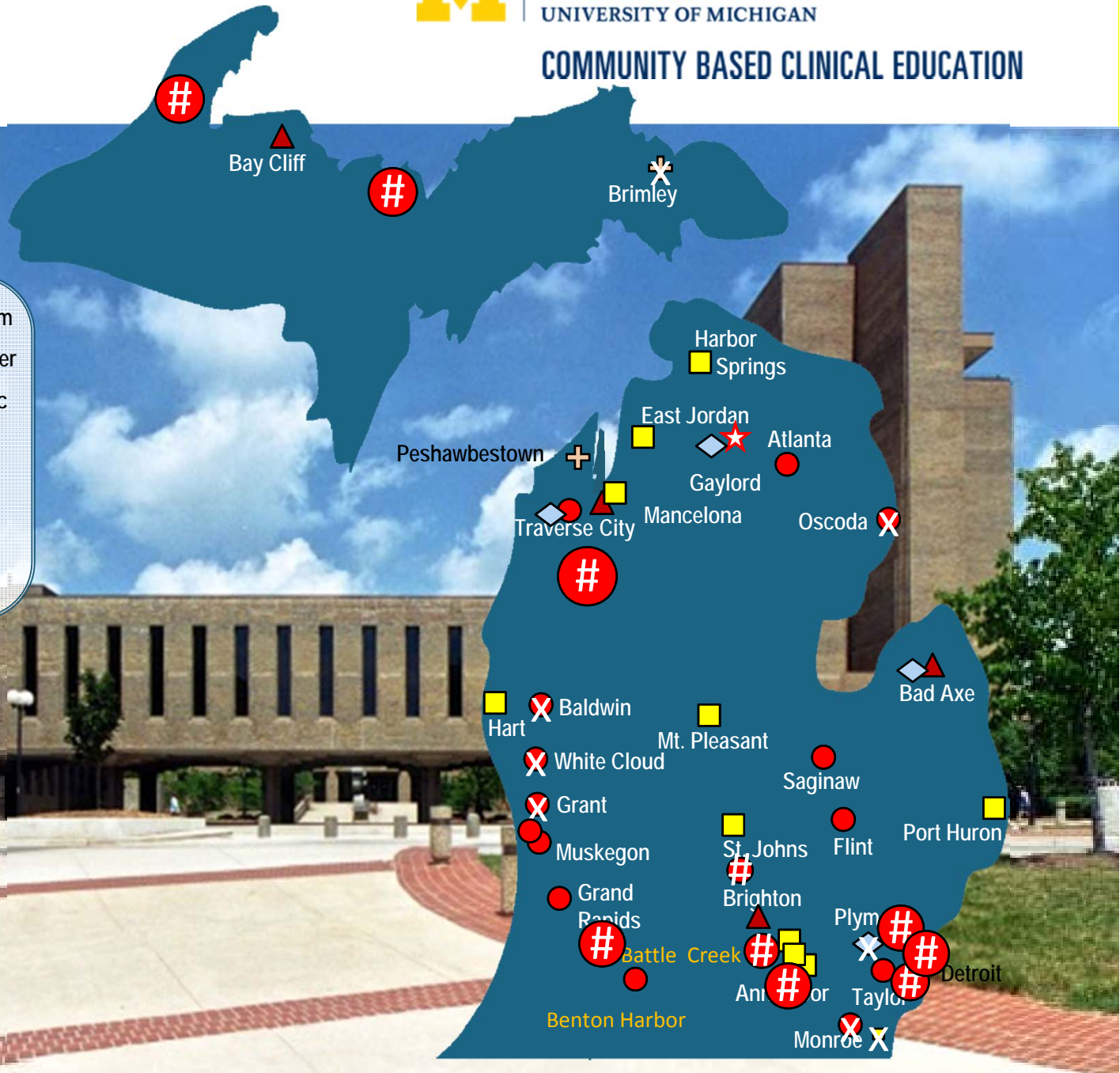


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COMMUNITY BASED CLINICAL EDUCATION

- Donated Dental Service Program
- Federally Qualified Health Center
- Community Dental Health Clinic
- Indian Health Service
- Private Practice
- WPP
- Expansion Efforts



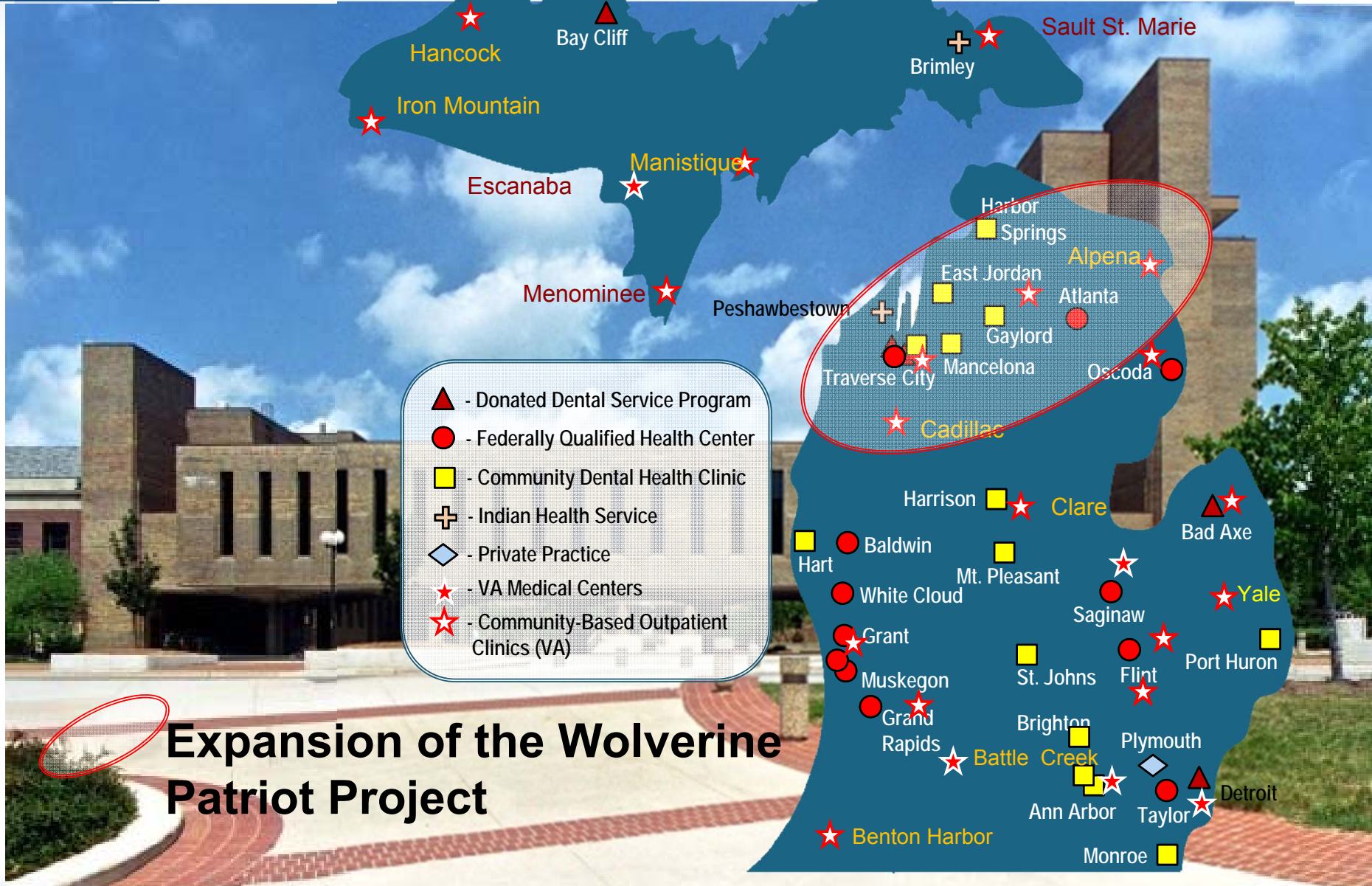


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Expansion of the Wolverine Patriot Project

Seniors' Immediate Plans After Graduation by Race/Ethnicity, by Percentage of Total 2014 Respondents

Immediate Plans	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Two or More Races	Non-resident Alien	Do Not Wish to Report/Unknown
Private Practice Dentist	33.3%	46.6%	34.2%	41.9%	58.3%	45.0%	35.6%	60.8%	44.3%
Faculty / Staff Member at a Dental School	0.0%	1.2%	1.0%	1.7%	0.0%	0.3%	0.0%	1.9%	1.3%
Armed Forces	6.7%	4.0%	4.5%	4.6%	16.7%	6.9%	11.9%	0.9%	8.9%
Other Federal Service (i.e. VA)	6.7%	1.1%	1.0%	1.7%	0.0%	1.4%	4.0%	0.9%	1.3%
State or Local Government Employee	6.7%	1.2%	1.0%	1.7%	0.0%	1.0%	3.0%	0.0%	1.3%
Public Health Commissioned Corp	26.7%	1.7%	2.5%	3.3%	0.0%	1.8%	1.0%	1.9%	0.0%
Dental Graduate Student / Resident / Intern	36.8%	34.4%	43.8%	34.6%	21.1%	34.2%	33.3%	20.0%	36.7%
Other Type of Student	0.0%	1.1%	0.0%	1.1%	0.0%	0.5%	0.0%	0.0%	2.0%
Other Position Related to Dentistry	0.0%	2.1%	2.2%	1.1%	0.0%	1.3%	0.0%	4.3%	0.0%
Unsure	0.0%	3.5%	3.9%	3.5%	5.3%	2.0%	3.4%	4.3%	6.1%

Source: American Dental Education Association, Survey of Dental School Seniors, 2014 Graduating Class

Note: Percentages may not total 100% due to rounding.

United Voice article, In Michigan, approximately 90% of dentists are Caucasian; 3% are African American or Asian; and only 1% each are American Indian/Alaskan Native or Hispanic.

Community-based clinics as student first career choice compared to the number of weeks spent in outreach rotations from 1998-2010

	Weeks Spent in Outreach	Community Clinic	AEGD/GPR Program	Higher Education	Other Clinic Type	Percent of Graduates Choosing Community Clinics
1998-2000	0	*	*	*	*	1.7%
2005	3	6	29	18	39	6.1%
2006	3	6	24	23	42	6.1%
2007	4	6	20	17	55	4.7%
2008	5	7	30	23	44	5.6%
2009	8	13	35	20	38	11.8%
2010	8	18	28	11	46	16.5%

Changing Times

- Nationwide in 2009, Health Centers employed 2,577 dentists and 1,018 dental hygienists.
 - This is 2% of the dental workforce.
 - This 2% provided dental care to ~ 3.5 Million patients
- If all dental schools approached 16.5% of their newly minted dentists practicing in HC's eventually 8X more patients (28 Million) will be treated in this model alone
- How do YOU want to be involved?

Occupational Employment and Wages, May 2015



Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Offices of Dentists	90,190	10.03	\$84.06	\$174,850
Offices of Physicians	2,850	0.11	\$72.78	\$151,380
Outpatient Care Centers	1,990	0.27	\$72.39	\$150,570
General Medical and Surgical Hospitals	1,220	0.02	\$64.37	\$133,880
State Government (OES Designation)	1,000	0.05	\$78.40	\$163,070

A lot to consider!

The moral of the story.....pace yourself

THANK YOU!



- ▲ - Donated Dental Service Program
- - Federally Qualified Health Center
- - Community Dental Health Clinic
- ⊕ - Indian Health Service
- ◇ - Private Practice
- ★ - WPP
- Ⓜ - Expansion for 2016-17

CLINICAL OUTREACH

24 SITES IN MICHIGAN > \$35 MILLION IN CARE PROVIDED
169,405 PATIENTS SEEN > 300,000 DENTAL PROCEDURES

Dental Care For Veterans



Anticipated Questions

- How does one become a provider of care to eligible veterans that is outsourced to private offices?
- How do vets find out if they're eligible for dental care?
- Are there any funding options available to your patients who are veterans, but aren't eligible for dental care through the VA?

Question 1: How does one become a provider of care to eligible veterans that is outsourced?

- Outsourcing care is relatively new (to the extent it occurs now)
- Only 10% of veterans are eligible for dental care
- There exists no VA-wide policy as to how to outsource – each VA facility has the flexibility to manage it differently
- There are six VA facilities in Michigan that provide dental care: Detroit, Ann Arbor, Saginaw, Battle Creek, Wyoming, Iron Mountain

Question 2: How do veterans find out if they are eligible for dental care – if they are in that 10% group?

- County level
- Eligibility offices at the VA facilities
- Veterans organizations can point in right direction

Question 3: Are there any funding options available to your patients who are veterans, but aren't eligible for dental care through the VA? Is there any care available for the 90%?

- VADIP
- Michigan Veterans Trust Fund
- Wolverine Project
- MDA's Donated Dental Services





Michigan Mobile Dentistry & the Oral Health Workforce

Michigan Department of Health & Human Services

Erin Suddeth, RDH, BS, MPA
Oral Health Workforce & Mobile Dentistry Public
Health Consultant



PA 100: Mobile Dentistry History

- PA 100 of 2014: Mobile Dental Facility passed April 1, 2014 and took effect April 1, 2015
 - Reasons behind pursuit of mobile dental law
 - Continuum of care and referrals - MDA
 - Duplicate services, access to patient records - Medicaid
 - Definitions
 - Mobile dental facility
 - Operator
 - Applicants



Mobile Dental Facility Permit Application

Required Attachments

- Provider List-must include license, personal address, phone number and email address.
- Written Plan and Procedure for providing emergency follow-up care-must include after-hours procedure.
- Memorandum of Agreement (MOA)
- Proof of general liability insurance
- Patient Application/Health History/Consent/HIPAA
- Infection Control

To view visit: www.michigan.gov/oralhealth select Mobile Dentistry or request from MDHHS-MobileDentistry@Michigan.gov


MOBILE DENTAL FACILITY PERMIT APPLICATION	
Michigan Department of Health and Human Services	
For Accounting Use Only	<input type="checkbox"/> New Program <input type="checkbox"/> Renewal
Instructions: Please complete this application to obtain a permit for a mobile dental facility. A permit must be obtained before offering dental services at a mobile dental facility. Please print off completed application, sign and attach all required documents including the administrative fee with this application. All information provided must be accurate and complete. All sections of this application must be completed as applicable.	
\$270 Fee (Non-Refundable – Cost for 3 year permit)	
Payment Method (Select one) <input type="checkbox"/> Pay by check <input type="checkbox"/> Pay by credit card (instructions on page 6)	
Please select type of services provided by Mobile Dental Facility <input type="checkbox"/> Comprehensive Services <input type="checkbox"/> Preventive Services	
Applicant Information: (check all that apply)	
<input type="checkbox"/> Non-Profit Organization	
<input type="checkbox"/> Corporation, LLC, Governmental Entity, or Partnership that contracts with people who are licensed to practice dentistry, or dental hygiene in the State of Michigan	
<input type="checkbox"/> Licensed Michigan Dentist or Registered Dental Hygienist	
Contact Name and Information for Organization:	
Mobile Dental Facility Name: _____	
First Name: _____	Last Name: _____ Title: _____
Email Address: _____	Phone: _____
Applicant Name:	
First Name: _____	Last Name: _____ Title: _____
Business Address:	
Street: _____	
City: _____	State: _____ Zip Code: _____
County (s) Providing Service in: _____	
Business Phone: _____	Mobile Business Phone: _____
Website Address: _____	* Required Entity Type 2 Agency NPI #: _____
By signing below, I agree to comply with all parts of this application. I acknowledge that all facts, statements, and answers contained in this application are true and correct. In responding to the foregoing, I am not omitting any information, which might be of value to the MDHHS Oral Health Program in determining applicant qualifications. I agree to cooperate with the MDHHS staff and provide the staff with any documents to verify compliance, including access to the mobile dental facility to ensure compliance with the Mobile Dental Facility Act.	
Signature of Applicant _____	Date Signed (month/date/year) _____
Print Name _____	Print Title _____

DCH-3929 (Rev. 3-16) Previous edition obsolete. 1

Mobile Dental Facility Permit

Permit in effect for 3 years

- All Michigan counties (with appropriate MOA's)
- Report all changes within 30 days
 - Add/remove dental providers (DDS, RDH, RDH/DA)
 - Memorandum of Agreement (MOA)
 - Change in Operator/address
 - Cessation of operation

 <p>Michigan Department of Health & Human Services</p>	<p><i>State of Michigan</i> DEPARTMENT OF HEALTH AND HUMAN SERVICES MOBILE DENTAL FACILITY PERMIT</p>
Facility Name: <input type="text"/>	
Permit Number: <input type="text"/>	
Issue Date: <input type="text"/>	Expiration: <input type="text"/>
Service County Area(s): <input type="text"/>	
DCH-3929F (02/15) AUTHORITY: MCL333.21603	PLEASE POST IN A PROMINENT PLACE

PA 161 of 2005: Public Dental Prevention Programs in Public Health

- **1978 PA 368-Public Health Code**
 - Amended by PA 58 of 1991
 - October 5, 2005 – Governor Granholm signed Public Act 161 of 2005
- **PA 161 of 2005**
 - Public or nonprofit entity, or a school or nursing home, that administers a program of dental care to a dentally underserved population
 - Employ or contract with at least 1 dentist and 1 dental hygienist
 - A dental hygienist may perform dental hygiene services under the supervision of a dentist as part of a program for dentally underserved populations in this state conducted by a local, state, or federal grantee health agency for patients who are not assigned by a dentist

Role of PA161: Public Dental Prevention Programs in Public Health

PA 161 of 2005

- Allows RDHs to work in non-traditional settings: schools, nursing homes, public health agencies
- Off-site supervision via phone, radio, other media

Medicaid Provider Status January, 2011

- MDHHS allows RDHs to enroll as a Medicaid provider and submit claims for reimbursement

“Second Pair of Hands” Law October, 2012

- Allows dental assistants to work with RDHs if assigned by dentist. Will aid in school-based dental sealant programs

Current Mobile Dental Permits & PA 161 Programs

State of Michigan	Mobile Dental Facility Permits	PA 161 Programs
# of Approved Programs	55	52
# of Dentist	204	95
# of Registered Dental Hygienists	254	211
Comprehensive	29	0
Preventive	27	52

- 15 of the mobile providers are not PA 161 Programs
- 40 PA 161 Programs are mobile
- 12 PA 161 Programs are fixed sites

Questions?

Thank you!

Erin Suddeth, RDH, BS, MPA

Oral Health Workforce and Mobile Dentistry Consultant

Michigan Department of Health and Human Services

Oral Health Program

SuddethE@Michigan.gov

517 373-4059



FQHCs: Contracting and Employment Possibilities

Robert Kamphuis

Managing Principal

Deliver Dental Solutions

A Dental Services Organization collaborating with Private Practices

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Telephone: 616-232-8623

FQHC Quick Facts

- Health centers serve 24 million Americans, including 1 out of 7 individuals who lack health insurance.
- Health centers provide primary care and preventive health services to Americans in need, regardless of ability to pay or insurance status.
- 99% Patient Satisfaction
- Top six percent effectiveness for federal programs



What is a Federally Qualified Health Center (FQHC)?

- FQHC is a federal designation from the Bureau of Primary Healthcare (BPHC) and the Center for Medicare and Medicaid Services (CMS) that is assigned to private non-profit or public health care organizations that serve predominantly uninsured or Medically Underserved Populations or Areas (MUA or MUPs)
- All FQHCs must operate under a consumer Board of Directors, and provide comprehensive primary healthcare, oral and mental healthcare and substance abuse services to persons in all stages of the life cycle.
- FQHCs provide their services to all persons regardless of ability to pay, and charge for services on a Board approved sliding-fee scale that is based on patients' family income and size.
- FQHCs must comply with Section 330 program expectations and requirements and all applicable federal and state regulations. The majority of the Board must be patients of the FQHC.

Comprehensive Primary Care at FQHC Community Health Centers

- Primary Medical Care
- Diagnostic Laboratory and radiological services
- Prenatal and Perinatal, Cancer and other disease screenings
- Well child services
- Immunizations
- Screening for elevated blood levels, communicable diseases and cholesterol
- Eye, ear, and dental screenings for children
- Family planning services
- Emergency medical and dental services

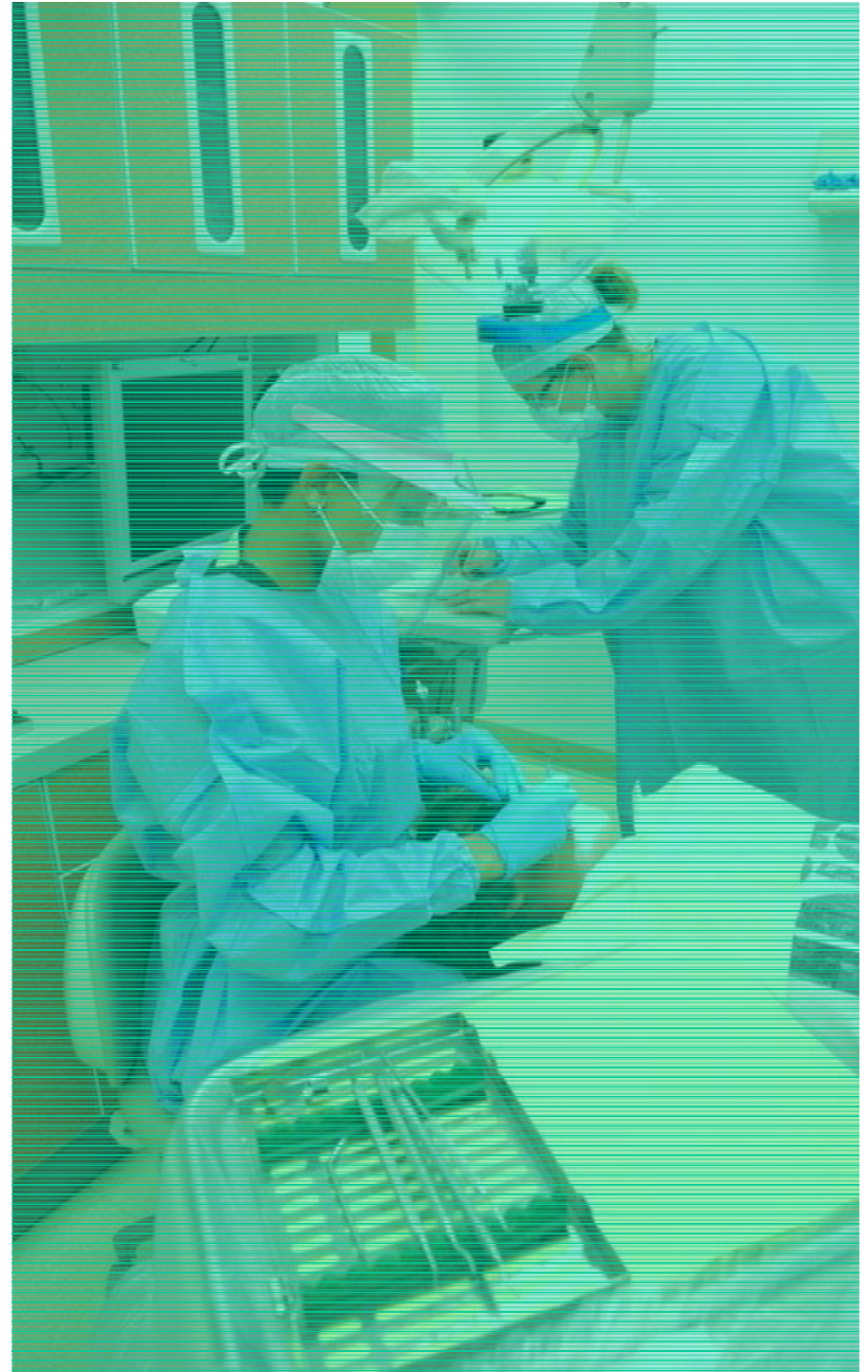
Federally Qualified Health Center (FQHC)

- Scope: Primary Care, not specialties
- Dental Scope: Required Preventive Care; Eligible Restorative and Emergency
- Rule of thumb: Stick to basic procedures covered by Medicaid



FQHCs

- Aim: Dental Home model
- Aim: Integrated medical-behavioral health-dental care
- Aim: Compliance with Federal “Program Expectations”
- Access “regardless of ability to pay”
 - Reporting
 - Quality



FQHCs—

- Reality: 65% or more Medicaid
- Reality: Reimbursement based not on procedures, but on Patient, Visit, Session, or Time
 - Fixed payment for each contracting unit
- Reality: Emphasis on Basic and Preventive Services (i.e., hygiene)

Employment...

- Full or Part Time
- Possible Compensation Models
 - Salary,
 - Productivity
 - Sessions (time)
 - Patient-based
- Loan Forgiveness
- Malpractice Coverage

Considerations

- Characteristics of your neighborhood and/or patient population: high Medicaid?
- EDR/Practice Management software needed with demographic reporting capabilities
- Go solo or with a DSO to set up and provide operational support?

Thank You

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Collaborating with Private Practices*

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