

Michigan Community Dental Clinics
Successful Public Health Approach to Oral Health



**Center for Sharing
Public Health Services**

Rethinking Boundaries for Better Health

Northwest MI CJS—Project Smile NC

May 28, 2014



Dental Care for the Underserved
Medicaid and the Low Income Uninsured

*A Sustainable “Social Entrepreneur” Public Health Model**
adopted from the Health Department of Northwest Michigan for
The State of Michigan

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Social Entrepreneur*

- Social Entrepreneurs are persons who come to the nonprofit sector with a desire to do good, utilizing business concepts that distinguish their venture from old style nonprofits.
- A business mindset and commitment to *innovation* and *sustainability* must be brought to an entrepreneurial venture with a social mission.

* Senator Mark R. Warner, VA, former Governor of VA from 2002-2006

MCDC Mission Statement

Why we exist ...

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 our patients, and improves their 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.
- This is accomplished by providing appropriate oral healthcare, delivered efficiently and with ever-improving quality, to meet the needs of those who seek care.

MCDC Action Statement

How we succeed

- We assist in the development of dental clinics by Local Public Health Depts - to increase access to oral healthcare for those on Medicaid and the Low-income Uninsured.
- We provide the Staff and Management Services that allow the clinics to maximize efficiency and productivity, thereby leveraging limited resources for the greater good.



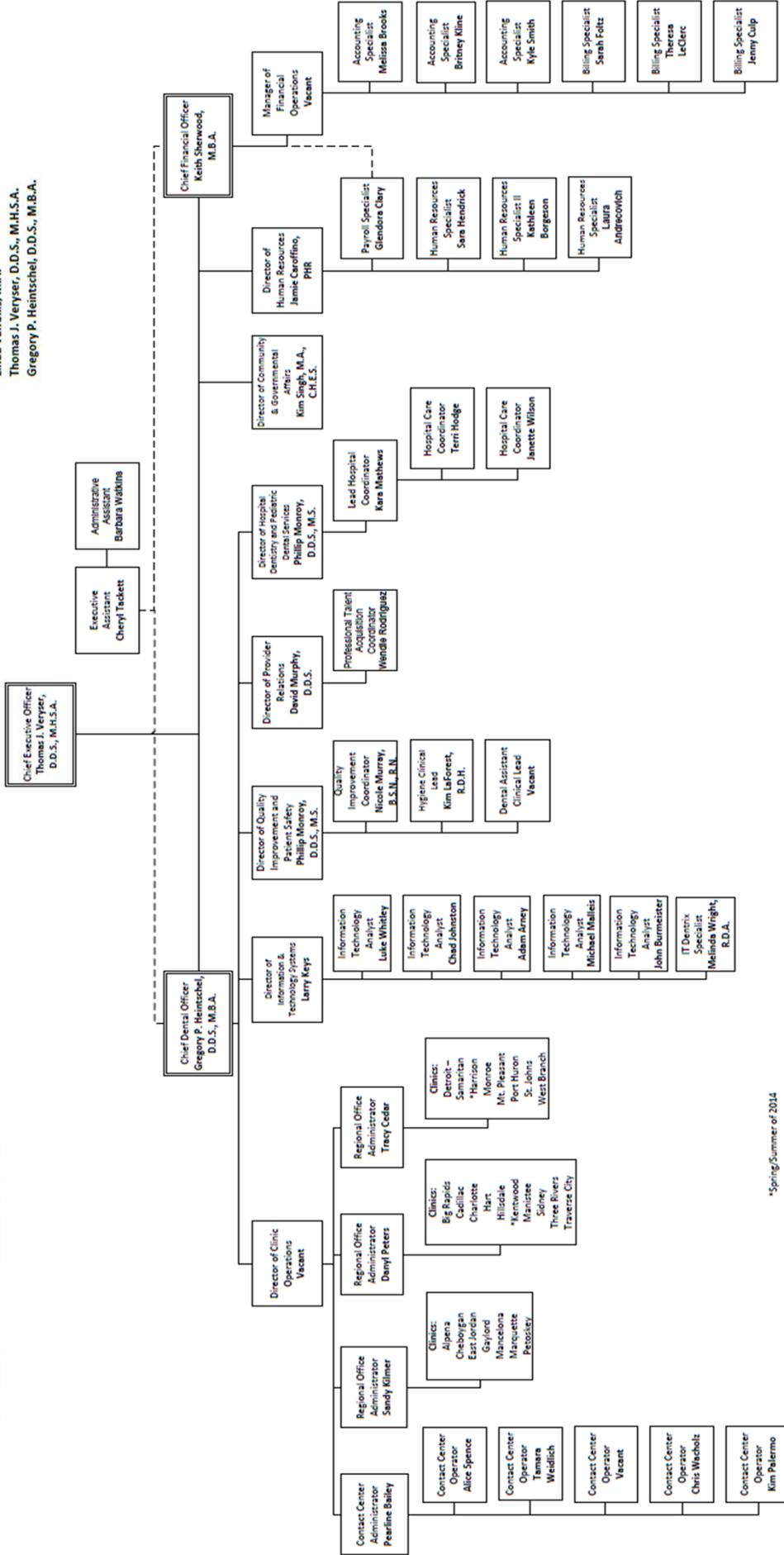
- A 501(c)3 not-for-profit Dental Services Corporation
Services Provided include:
 - Design of new clinic facilities or of remodel of existing facilities
 - Providing specifications for startup equipment and supplies
 - Management of the Clinic Facilities by:
 - Providing the Electronic Patient Record using Dentrix® Enterprise software
 - Billing for services rendered, collecting fees, paying costs
 - Employing all clinic personnel & Direction/Management of the operation of all clinics
 - MCDC maintains, repairs and replaces all dental equipment as needed
 - Assisting LHDs with integration of Oral Health Education and Prevention programs with WIC, Head Start and other services
- Statewide Staff consists of 285, as of 1/1/2014
 - 58 Clinical Dentists
 - 38 RDH
 - 156 Dental Assistants (clinical and front desk)
 - 33 Central Administration – Statewide – includes 3 dentists in FT admin roles



ORGANIZATIONAL CHART

BOARD OF DIRECTORS

- Kevin Crawley, M.H.S.A., Board Chairman
- Wilhelm Piskowski, D.D.S., Board Vice Chair
- Howard Newkirk, Board Treasurer
- Daniel Sarya, D.D.S., M.P.H., Board Secretary
- Patrick Shannon, J.D., M.P.H., Ed.D.
- Mert Akso, D.D.S., J.D., M.H.S.A.
- Mary Kushion, M.S.A.
- Denise Homes, M.S.
- Linda VanGills, M.A.
- Thomas J. Veryser, D.D.S., M.H.S.A.
- Gregory P. Heintschel, D.D.S., M.B.A.



How/Why does MCDC work?

- A Private-Public Partnership
 - MCDC contracts to provide dental services *on behalf of* Local Health Departments (LHDs).
- LHDs (Municipal Governments) create the clinic – the building and equipment - to MCDC specifications.
- MCDC leases the clinic from the HD at a cost that equals the monthly financing cost of the building, or at the prevailing community rate, or for nothing – if the clinic was provided via philanthropy, or some combination of the above.
- MCDC owns and operates its own IT Wide Area Network (WAN).
 - 7 member IT Team in Boyne City operates and maintains the network and computers.
 - Data kept in a Server Center in Ann Arbor – and backed up in BC.
 - MCDC owns all computers, software, etc.
- The State of Michigan and CMS have created a mechanism for Medicaid dental services provided by LHDs to receive an enhanced rate over the State Medicaid rate, which approximates the Delta DPO rate, allowing for break-even operation of public health department dental clinics. The enhanced rate is received up to 6 months after services are rendered.
- MCDC is at financial risk for the operation of the clinics, and loses money for the first 12-18 mos of new clinic operation, thus cash reserves are required for continued expansion of the network.

MCDC Programs

- Twenty-two Clinic locations – soon to be 25
 - In 2012, over 70,000 patients served with over 195,000 clinical visits
 - Electronically connected with Electronic patient record using the DXOne Enterprise version of Dentrax®
 - Michigan Community Dental Plan – the MCDC plan for non-Medicaid patients
 - Training Program for U. of Michigan & U. of Detroit Mercy Dental Students
 - MCDC Intern Program for recent dental Grads
 - UDM AEGD residency program in July 2014 – 12 residents in 4 clinics
- Hospital care provided in ten regional hospitals
 - For children < 4 with severe dental disease (ECC) or medical necessity
 - For those Developmentally Disabled (DD) Adults who cannot be treated in the clinic setting
 - 3 full-time hospital care coordinators in Boyne City – “dental social workers”
 - Ten MCDC Staff Dentists provide hospital care in 10 hospitals statewide.
 - Post-hospital follow up in a clinic – at 2 weeks and 6 months thereafter.

Essentials of the MCDC Practice Model

- Dentists and Hygienists are compensated via a flat daily rate plus a percentage of their production, using an RVU FFS schedule that minimizes bias based upon patient payer mix.
- All staff participate in a daily incentive bonus program, based upon achieving daily production goals - which equal the cost of operating that clinic that day plus quarterly goals for Quality Improvement.
 - Patients are optimally scheduled to maximize dentist and hygienist productivity.
 - EDR allows this to occur, and to be monitored by central administration.
- Central administration bills for services, collects fees, pays bills, allowing clinic staff to concentrate on serving patients.
- Central call/contact center facilitates patient contact with the clinic system, registers patients, provides information about MCDC and HD programs, and connects them with the appropriate clinic → Consistent Messaging to Patients
- When dollars are generated in excess of cost they are placed in dedicated reserve accounts + a Dental Access Fund (DAF) to support the cost of care in our clinics - for those below 150% of FPL on a sliding scale.
 - Local Foundations also contribute to the DAF for specific clinics or purposes.

Facilitating Factors for Success of the MCDC Model

- IRS - 501c3 Not-for-Profit Status
 - By-Laws and Board of Director oversight dictates corporate behavior
 - Must conform with Federal regulations/reporting
 - Monies in excess of cost used for patient care and expansion
 - Credibility with State officials, local government, LHDs
- Continual Advocacy with Government for Oral Healthcare
 - Director of Community and Governmental Affairs
 - Engage a PR firm in Lansing to help deliver our message
 - Our message: Adult Medicaid Dental benefit costs the State nothing!
- Semi-annual all-Doctor meetings – with CE credit provided
- Competitive remuneration and benefits programs
- Statewide Presence
- Continuous Quality Improvement Program
- Administered by Dentists – *perhaps the most important factor*

Michigan Community Dental Plan (MCDP)

A Reduced-Fee Program for Non-Medicaid Uninsured Adults

- Eligible Adults – Low-income - without dental insurance
- Fee schedule that covers costs – reduced 40-50% below market rates, and equals the Michigan Delta Dental DPO (PPO) rates
- Comprehensive dental services available at more affordable fees
- Allows access to care for those not eligible for Medicaid (the working poor and retirees subsisting on SS alone)
- Patients pay for services as they are rendered using cash, check, money order or credit card
 - Fee collected when the appointment is made for subsequent treatment
- Medicaid Expansion in 2014 will reduce the need for this program

Quality Improvement Program

- **Co-Directors and Coordinator of Quality Improvement**
 - Drs. Rebekah Sheppard & Amanda Clark
 - Nicole Murray, RN - Coordinator
 - Electronic Chart reviews to determine
 - Appropriateness of Care
 - Before and after effects of txt, using digital x-ray images
 - Consistency of Care, charting, and billing practices
 - Rx prescribing practices
- **Quality and Patient Safety Committee**
 - Peer review of cases by a committee of MCDC clinical staff dentists
- **Performance Improvement Program**
 - Mentorship for providers - Internally
 - Remediation opportunities for providers - Externally
- **Standardization of products/supplies**
 - Formulary Committee of clinicians selects products annually
- **Standardization of processes and procedures**
 - QI Clinical site visits (Annually)
 - All employees receive a 2 day training
 - patient scheduling
 - orientation to the MCDC Culture of Continuous Quality Improvement – based upon Mayo Clinic's Patients' 1st
 - Denture Protocol, Oral Surgery, Perio protocol, etc.

Continuous Quality Improvement

- Routine Provider clinical evaluations
 - Ongoing Professional Provider Evaluations (at least Annually)
 - Documentation in the clinical notes
 - Clinical Competence
 - Engagement in the organization
 - Productivity
 - Focused Professional Provider Evaluations (New Hires or Procedure Specific)
 - Documentation
 - Clinical Competence
- Customer Service Initiative
 - Press-Ganey Patient Satisfaction Surveys
 - Monthly for each clinic, and each provider
- Balanced Scorecards
 - Organization
 - Region
 - Clinic
 - DDS

Critical Measures of Success in 2013

- Press Ganey customer satisfaction scores improved from 87% in 2012 - to 92% in 2013
- 96% of patients were seated in the dental chair within 10 minutes of scheduled appointment
- No show rate less than 9% system wide
- 62% of treatment plans were scheduled for treatment



is *NOT* an FQHC

- MCDC operates Public Health Department dental clinics
 - Does not compete with Dentists in Private Practice
 - Only serve those low-income - on public assistance or w/o commercial dental insurance, we do accept:
 - Medicaid, MIChild, Healthy Kids Dental
 - MCDP – our own reduced-fee dental plan
- Federally Qualified Health Centers (FQHCs)
 - Take all comers – regardless of income including Medicaid
 - Encourage those with Dental Insurance
 - Operate on an encounter-rate Medicaid reimbursement system



Partnering with the Local Community

The MCDC Dental Healthcare Network

provides

Access to Comprehensive Dentistry

delivered in an

Efficient Fashion

with

Outcomes that are of Ever-Improving Quality & Appropriateness of Care

www.MIdental.org