

Community Health Center Dental Options

HJR 22 Working Group (Dental Study)
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Community Health Centers were created to provide access to health care.



Many Montana residents have “fallen through the cracks” in our health care system.

Why doesn't everyone have access to care?

- Poor financial situation
- Have no health or dental insurance
- Not having enough or the wrong type of health insurance
- Not speaking English
- Not feeling accepted because of race, religion, culture, sexual orientation, etc.
- Live in an area where healthcare providers are scarce
- Must travel long distances to care
- Judged "undesirable" - addictions, mental health problems, homeless, missed appointments, etc.

What are “Community Health Centers (CHCs)?”

- Local, non-for-profit consumer-directed health care corporations serving low income and medically underserved communities
- Receive a federal grant to provide comprehensive primary (family doctor/dentist) and preventive care
- Clinic fees are based on the patient’s ability to pay (sliding scale)
- Multidisciplinary staff
- Services include primary care visits, health education, disease screening, case management, laboratory services, dental care, pharmacy services, mental health and substance abuse counseling, social services, and “enabling” services
- Some offer evening and weekend hours, provide care at multiple sites, use mobile clinics, and employ multi-lingual staff
- Have 24 hour system for after-hours call and emergencies

CHCs are “all about” access.

What is primary and preventive care?

- Family doctor/dentist care
- Preventive action/education/health screening throughout all stages of life
- Early detection of problems
- Effective treatment or management of chronic conditions

CHC Mission

To provide comprehensive primary and preventive health care and to improve the health care status of underserved and vulnerable populations.

Today, across the nation, CHCs...

- Serve over 15 million patients in over 5,000 delivery sites
- 37,000 health care professionals serving in designated underserved or acute provider shortage areas
- 71% of the patients have incomes at or below 100% of poverty (the very poor)
- 92% of the patients have incomes <200% of poverty (low income)
- 40% are uninsured (one of every 10 uninsured persons receives care from a Community Health Center)

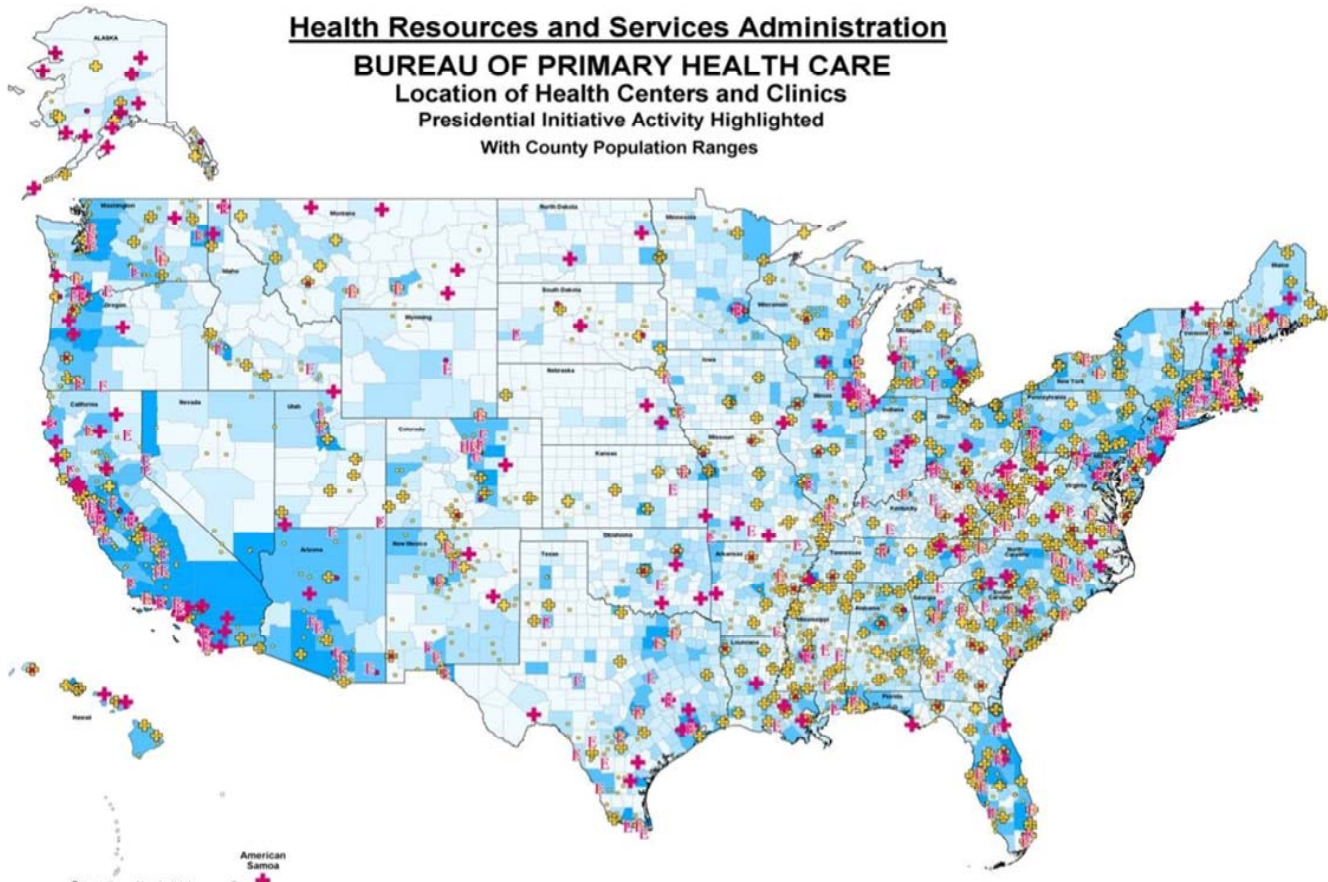
Health Resources and Services Administration

BUREAU OF PRIMARY HEALTH CARE

Location of Health Centers and Clinics







Presidential Initiative Activity Highlighted

With County Population Ranges



-  Health Center Funded Prior to Initiative, Received No EMC During Initiative
-  Comprehensive Clinic Funded Prior to Initiative
-  New Health Center Funded During Initiative
-  New Comprehensive Clinic funded During Initiative
-  Health Center Receiving EMC During Initiative

Census 2000 County Population

	Under 15,000
	15,000 to Under 35,000
	35,000 to Under 65,000
	65,000 to Under 100,000
	100,000 to Under 300,000
	300,000 to 9,520,000

A Unique Model of Health Care

- Community Empowerment - model developed around collaboration and partnership.
- Affordable Health Care – No one is turned away or denied care because of lack of insurance or income.
- Cost-Effective Care – nationally, the total cost of medical care at a health center is \$250 less than the average annual expenditure of an office-based primary care provider (Source: NACHC 2006)

A Unique Model of Health Care (cont.)

- Patient Leadership – only health system governed in partnership with patients – patient majority boards. Patients have a say in how their health care is delivered.
- Patient-Centered Care – focused on health and quality of life in the communities they serve.
 - Develop local strategies to address health problems such as low immunization rates, dental morbidity, infant mortality, STD/AIDS.
 - Understand language barriers, homelessness, and poverty.
 - Approach keeps CHC patients healthy and to reduce the need of hospitalization the incidence of uncompensated, complex care.

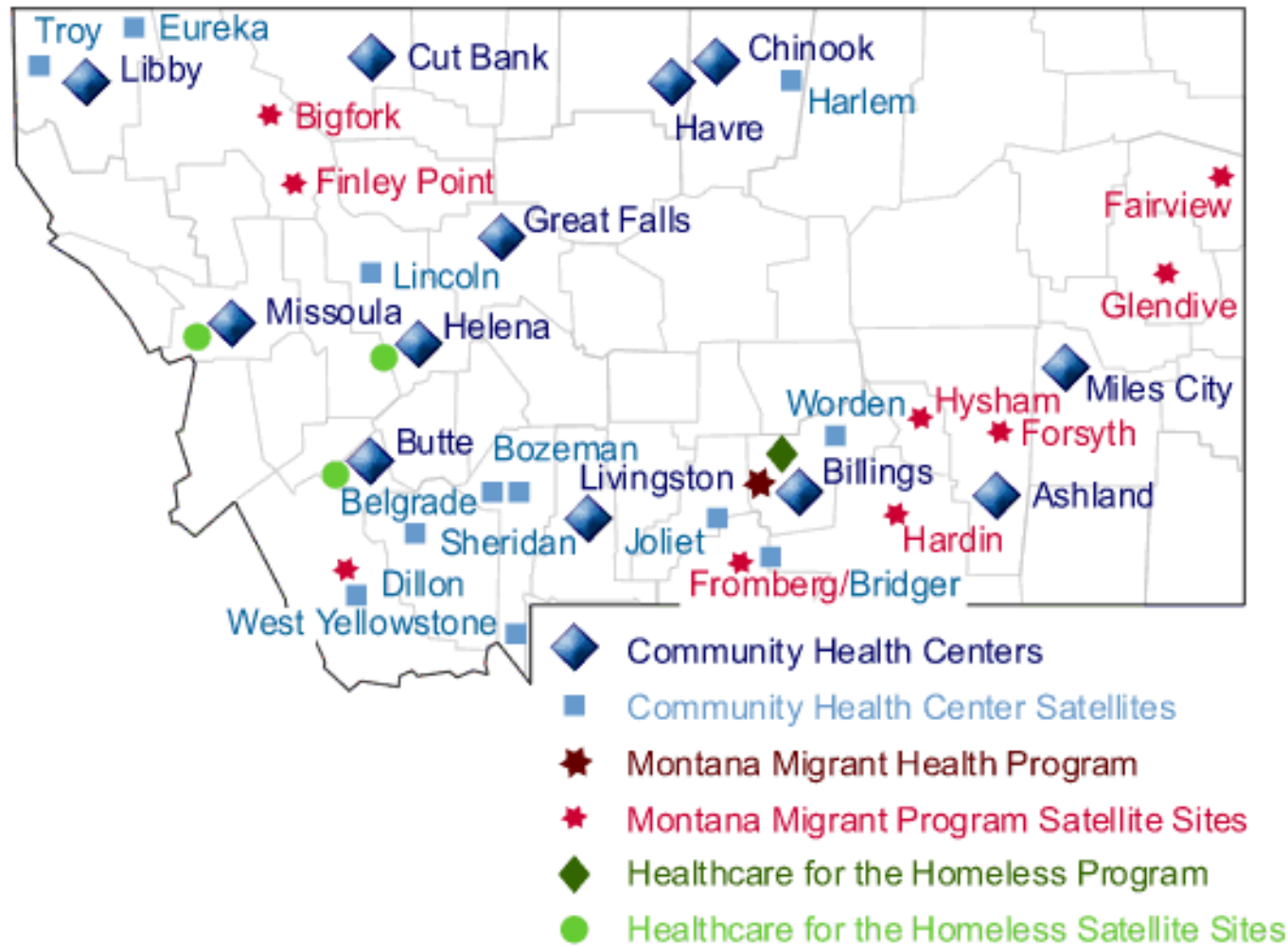
Some Important Partnerships

- Several Montana CHCs receive significant discounts for lab, x-ray and other services from local hospitals.
- Through several Montana CHCs, local specialists give sliding fee discounts or provide pro bono services to CHC patients.
- In frontier communities, CHCs typically purchase lab and x-ray services from local hospitals and have contracts with local dentists, physicians, and/or pharmacists.
- Private dentists have volunteered in Montana CHCs
- Montana Family Medicine Residency and Dental Students – training sites in CHCs
- Hospital foundation in Bozeman donated \$550,000 for facility to house CHC.

Recent National Health Center Studies

- Improve access to primary/preventive care services
- Effectively manage chronic illness
- Reduce racial and ethnic health disparities
- Provide cost effective care
- Provide a high quality of care
- Cited by GAO as one of the "10 most successful federal programs"

Montana Community Health Centers 3.2008



Montana Health Center Statistics

Calendar Year 2006

Payor Mix

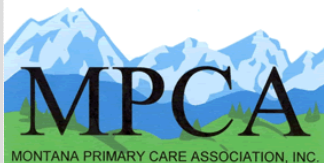
➤ **74,496 patients**
(unduplicated)

➤ **253,067 visits**
(medical, dental, MH, SA,
pharmacy, and special
enabling services –
education, case
management, home
visiting)

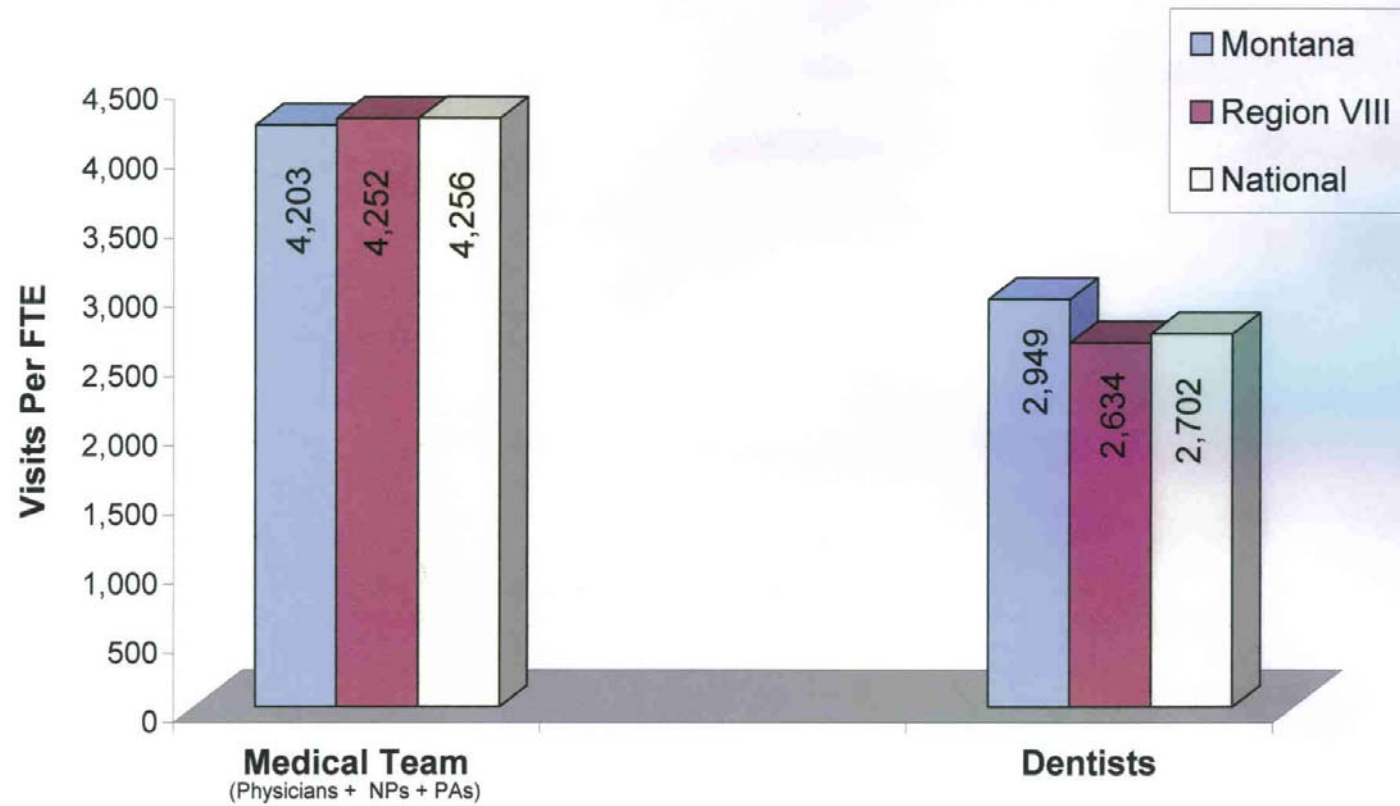
Uninsured	56%
Medicaid	14%
Medicare	9%
CHIP	2%
Private Insurance	19%
	<u>100%</u>

Patient Income

≤100% of poverty	63%
101-150%	16%
151-200%	7%
≥200%	14%
	<u>100%</u>



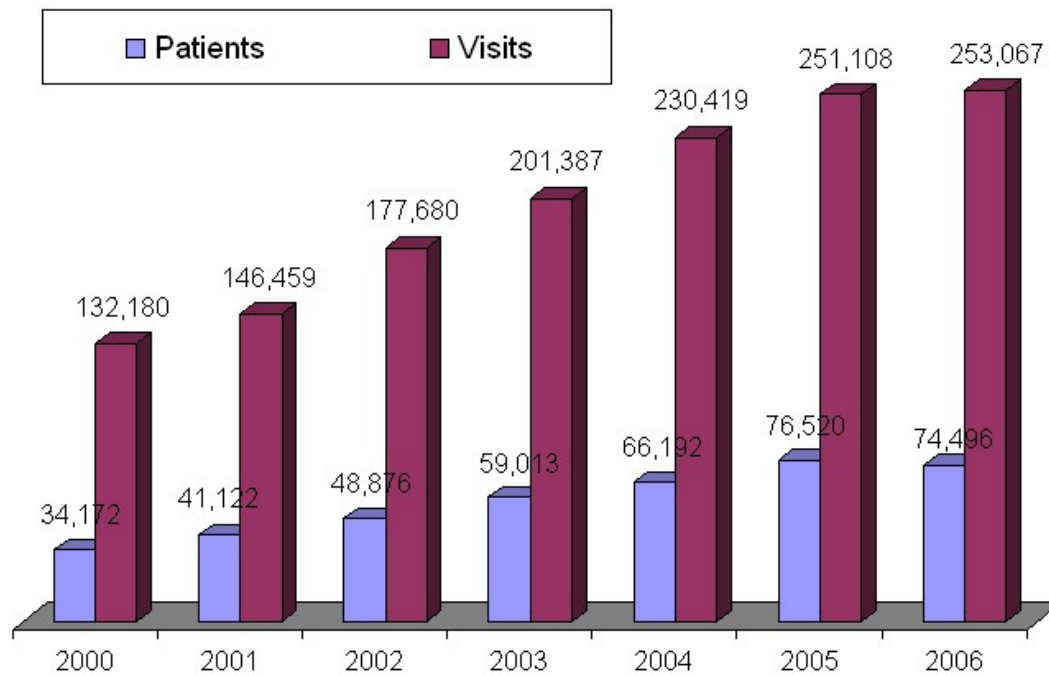
HEALTH CENTER PROVIDER PRODUCTIVITY



Data Source: 2006 Uniform Data Set

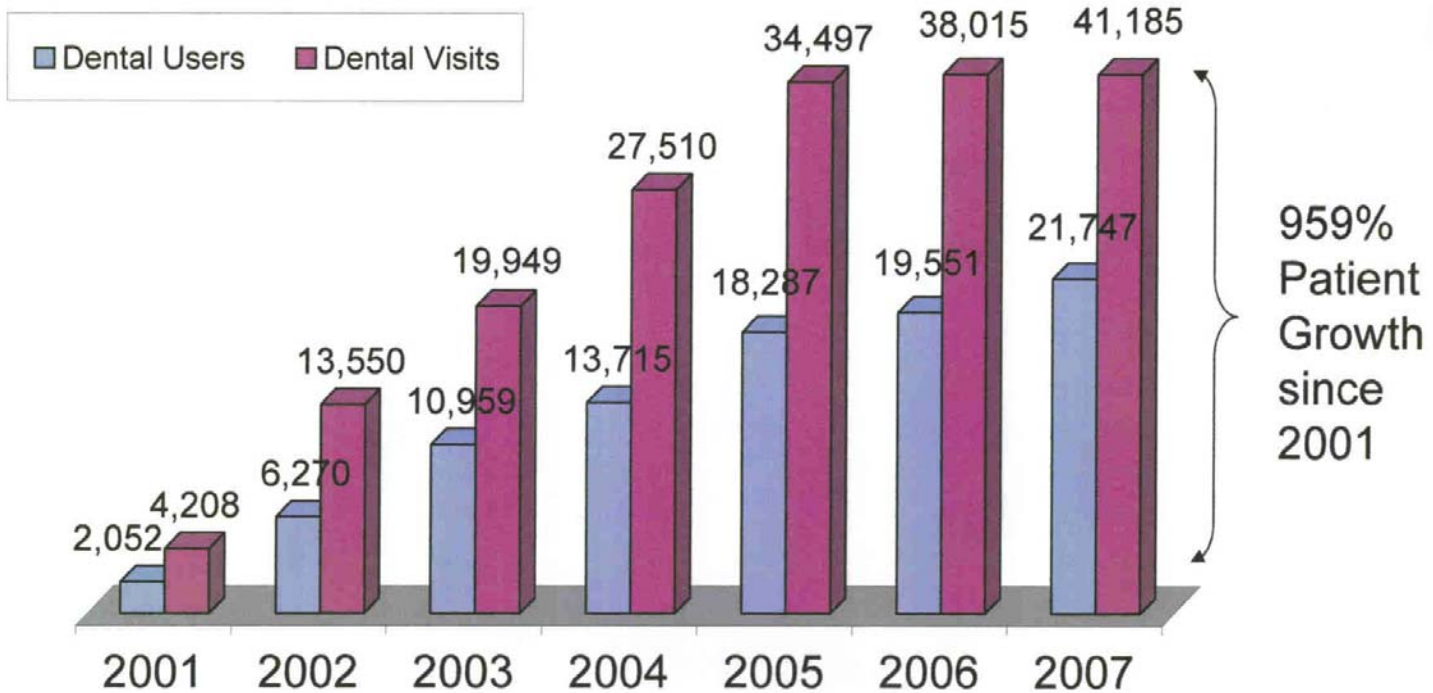


UTILIZATION GROWTH IN MONTANA HEALTH CENTERS 2000-2006



Uniform Data System
Montana Primary Care Association, July 2007

DENTAL SERVICES IN HEALTH CENTERS 2001-2007



Uniform Data System
Montana Primary Care Association, Mar 2008

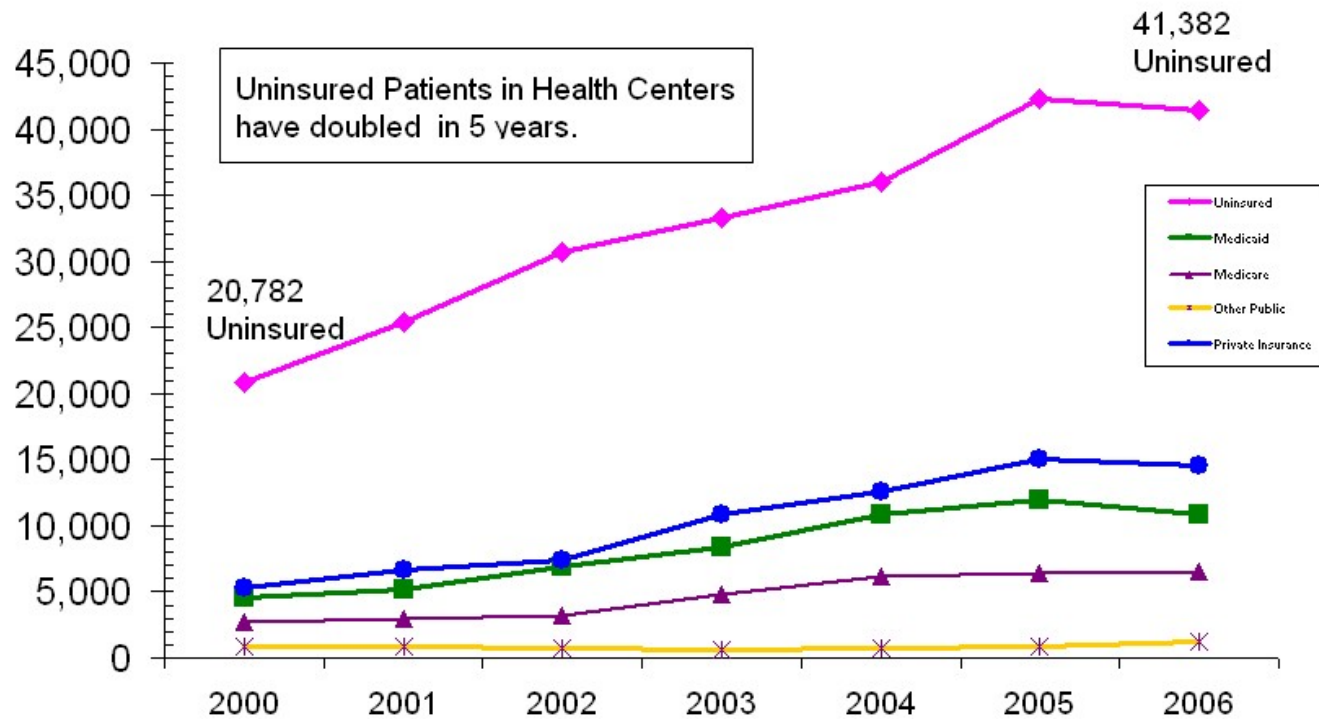
Note: 2007 data is preliminary data.



Why would a dentist choose to work at a Community Health Center?

- All sites in Montana qualify for federal loan repayment for Health Center providers, (dentists, physicians)
- Learn about a community without having to buy a practice
- Earn an excellent salary with pay for continuing education, sick and vacation leave, retirement plan
- Take care of persons in great need of dental services
- Have administrators to take care of problems – can concentrate on care delivery

GROWTH IN MONTANA HEALTH CENTER PATIENTS BY INSURANCE STATUS, 2000-2006



ABC Community Health Center Sliding Scale (example only)

	Billed % of charges ▼	Billed % of charges ▼	Billed % of charges ▼	Billed % of charges ▼	Billed % of charges ▼	Billed % of charges ▼
Family Size ▼	"minimum fee"	20%	40%	60%	80%	100% "full fee"
1	\$0 - \$10,400	\$10,401 - \$13,000	\$13,001 - \$15,600	\$15,601 - \$18,200	\$18,201 - \$20,800	\$20,801 and above
2	\$0 - \$14,000	\$14,001 - \$17,500	\$17,501 - \$21,000	\$21,001 - \$24,500	\$24,501 - \$28,000	\$28,001 and above
3	\$0 - \$17,600	\$17,601 - \$22,000	\$22,001 - \$26,400	\$26,401 - \$30,800	\$30,801 - \$35,200	\$35,201 and above
4	\$0 - \$21,200	\$21,201 - \$26,500	\$26,501 - \$31,800	\$31,801 - \$37,100	\$37,101 - \$42,400	\$42,401 and over
<i>for each additional family member</i>	+\$3,600	+\$4,500	+\$5,400	+\$6,300	+\$7,200	
CHC Target population	to 100% of poverty	to 125% of poverty	to 150% of poverty	to 175% of poverty	to 200% of poverty	Over 200% of poverty

"The Slide"

Based on Federal poverty guidelines released January 23, 2008.

Missoula's Partnership Health Center CHC



- 8,294 dental visits in 2007
- 6 operatories, 1 portable unit
- 2.6 Dentists
- 1 Dental Hygienist

Updated 3.2008

Partnership Health Center

Lincoln County CHC, Libby

- New 5 chair operatory in 2007
- 4,987 dental encounters in 2007
- 2 Dentists
- 1 Dental Hygienist

Updated 3.2008



New Facility 2007

Butte Community Health Center

- 5,090 visits in 2007
- 1.8 FTE dentists, currently recruiting
- 1 Hygienist
- Contract with private dentists in Dillon and Sheridan
- 6 operatories

Updated 3.2008

Butte Community Health Center



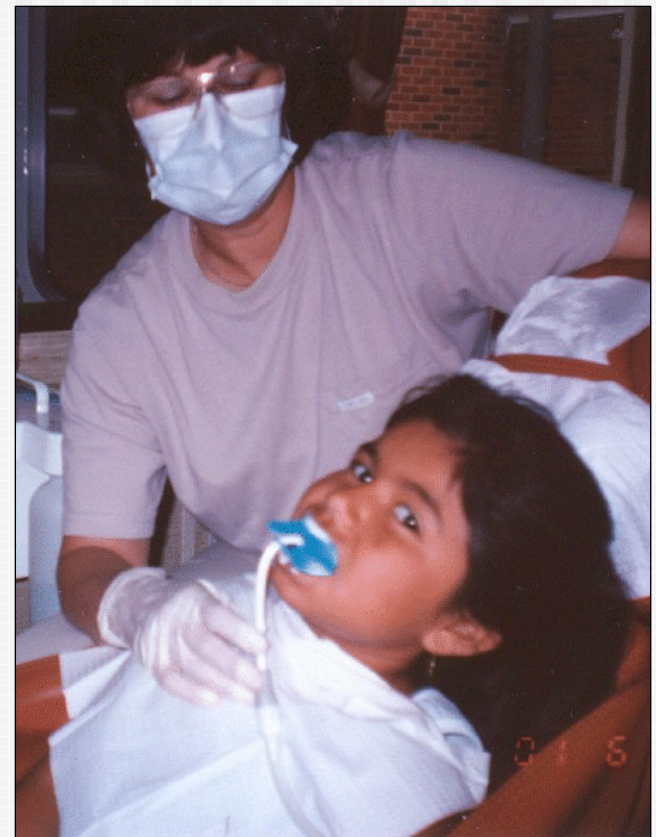
Montana Migrant Council – several sites across the state

- 735 dentist visits in 2007
- 3,778 hygienist visits in 2007
(assisted by dental hygiene students from Great Falls)
- Stationary clinics in Fairview and Billings
- .04 Dentist, 1.23 Hygienists.
Recruiting a dentist

Updated 3.2008



Mobile Oral Health Clinic



Billings Deering Community Health Center



Dr. Downing, assistant, patient

- 5,030 visits in 2007
- 1.80 Dentists, 1 Hygienist
- 6 operatories

Updated 3.2008

Great Falls Community Health Care Clinic CHC



- 2,611 visits in 2007
- Recruiting 1.0 FTE Dentist
- Dental Hygiene provided by the MSU College of Technology Dental Hygiene School
- Two chairs
- 1.6 FTE Dental Assistants

Updated 3/2008

Helena's Cooperative Health Center CHC



Cooperative Health Center

Began with large volunteer effort of private dentists
Hired first staff dentist in 2002

- 3 operatories
- 3,422 encounters in 2007
- Recruiting for 1.0 FTE Dentist – community dentists are volunteering until staff dentist hired
- 1.0 FTE Dental Hygienist

Updated 3.2008

Community Health Partners CHC



Gallatin Community Clinic,
Bozeman



Unique "Storefront" CHC,
Main Street, Livingston

- Bozeman site: 4 operatories
- Livingston site: to be 3 operatories
- 3,066 visits in 2007

Updated 3.2008



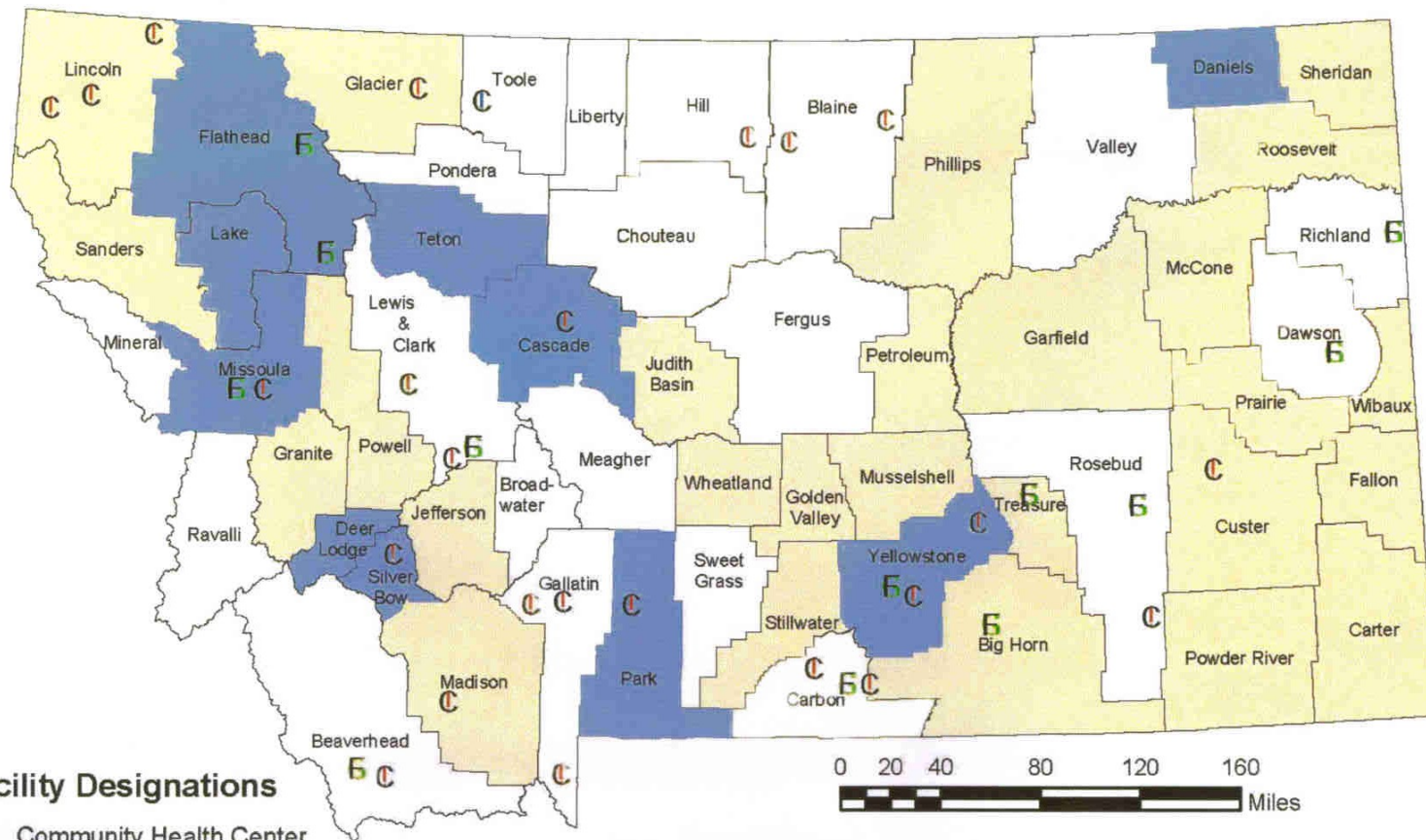
Lani McLane, D.D.S

The Other Montana CHCs

- Ashland – arrangement with Billings dentist
- Miles City – does not have dental services yet
- Cut Bank – contract with local dentist
- Chinook – contract with local dentist
- Havre – does not have dental services yet

All need operatories, dentists, equipment, and ongoing operational support.

Montana Dental Health Health Professional Shortage Areas (HPSAs)



Facility Designations

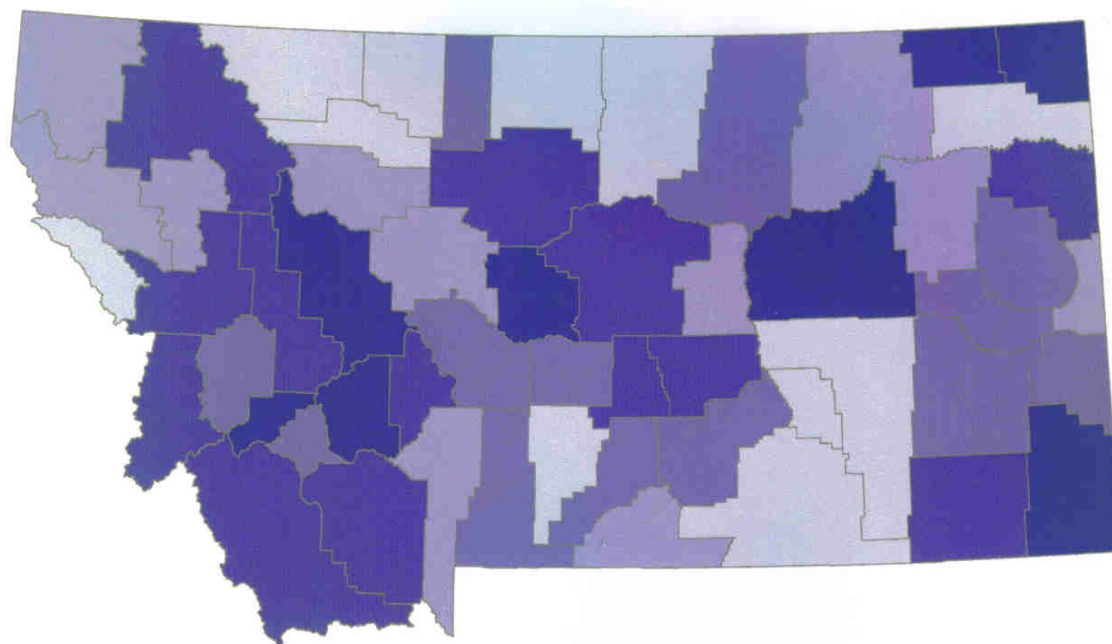
- C Community Health Center
- C FQHC Look A Like
- B Migrant Health Care Center
- | Montana State Prison

- No Designation
- Special Population Designation (Low Income)
- Geographic Area Designation

Data Source: MT DPHHS Primary Care Office, HPSA Dental Health data, March 2008

Prepared by MT DPHHS Primary Care Office, March 2008

Percent MT Medicaid Patients who had a Dental Visit in 2006

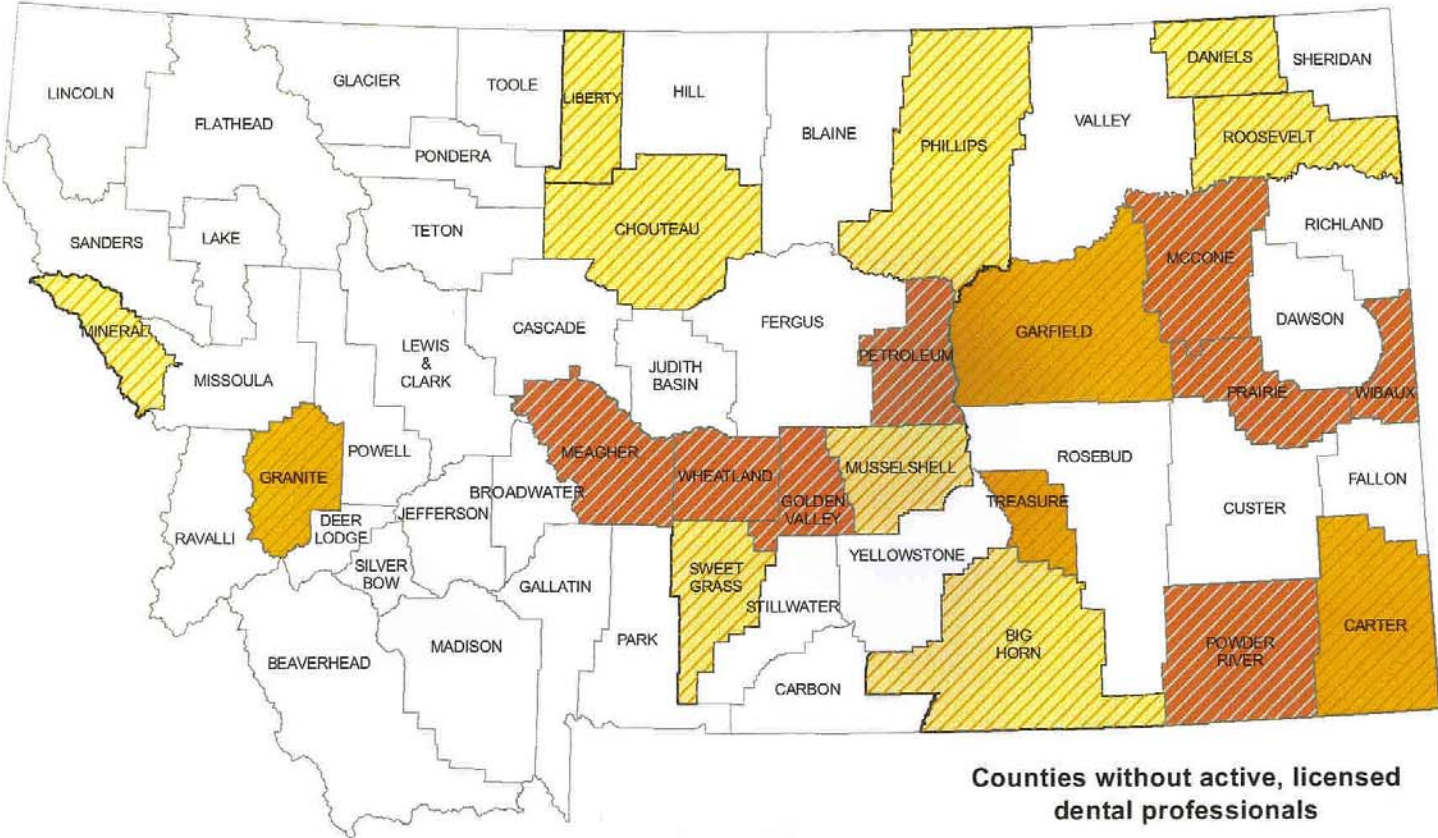


Community Health Center and IHS Medicaid dental visits are not included.

PERCENT

3.7 - 11.5
11.6 - 17.8
17.9 - 22.2
22.3 - 27.1
27.2 - 35.2

Counties with no Dentists or Hygienists Montana, July 2006



Source: Board of Dentistry, Montana Department of Labor & Industry

MDS Member and Non-Member Distribution by Dental District

Area	% MDS Members > age 50	Patient/Dentist Ratio
1. Kalispell	62%	1582/1
2. Missoula	53%	1891/1
3. Butte	54%	2326/1
4. Great Falls	64%	1999/1
5. Helena	45%	1584/1
6. Bozeman	43%	1604/1
7. Havre	71%	3638/1
8. Lewistown	75%	2176/1
9. Billings	63%	1940/1
10. Eastern MT	64%	3308/1

Percent Adults Who Visited a Dentist in Past Year (2006 BRFSS)

■ U.S.	70.3%
■ Montana	67.9%
■ 18-24 Yr olds	68.8%
■ 25-34 Yr olds	59.8%
■ 35-44 Yr olds	68.2%
■ 45-54 Yr olds	72.0%
■ 55-64 Yr olds	70.3%
■ 65+	68.6%

■ MT Income	
< \$15,000/yr	53.0%
\$15,000-\$24,999	56.5%
\$25,000-\$34,999	65.9%
\$35,000-\$49,000	65.1%
\$50,000+	80.4%

Mobile Dental Vans Pros and Cons

■ Pros

- Can outreach to rural/frontier areas
- Everything contained, little setup

■ Cons

- More expensive on a per patient basis than a fixed site
- Follow up and ongoing care difficult
- Close quarters – difficult to staff
- Local dentists send low income and uninsured to the van
- Upkeep, gas costs

Portable Dental Units

MDEC
mobile dental equipment corp

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DENTISTRY OUT OF THE BOX

PRODUCTS

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Wheelchair Headrest

Supply Case



Stores all your supplies in one convenient location. latches together with the Port-XD and Port-Op III. [more >>](#)

Portable Dental Units Pros and Cons

■ Pros

- Take service to patients
- Good for schools, nursing homes, etc.
- Basic dental care
- Fairly inexpensive
- Easily transported
- Quick to set up and take down
- Does not require special construction or utilities to operate

■ Cons

- Basic dental care
- Provider productivity
- Patient comfort
- Staff must be able to lift and set up

Fixed Clinic Facilities (Operatories)

Pros and Cons

■ Pros

- Most efficient and effective delivery mode
- Allows complete range of services to be provided
- Space for record storage and business office functions

■ Cons

- Expensive to construct or renovate space to include operatories
- Rural/frontier patients may have to travel long distances to site

Why CHCs?

- Model based on access and community needs/consumer majority board
- CHCs serve patients regardless of their insurance status or ability to pay
- Reimbursement from Medicaid/Medicare is based on the cost of providing service – these patients are welcome
- Structure is in place in many areas of Montana – can satellite to other areas
- Can take students from states with dental schools if operatories are available
- A network of providers who operate with Federal oversight
- Must meet rigorous industry and regulatory standards in safety, effectiveness, patient care, and efficiency
- Have data collection and financial systems in place – can evaluate performance and cost-effectiveness

What's been done...

- HB406 – passed last session – provided \$650,000 for each year of the biennium for new CHC model clinics, satellites, expanded services, and capital expenditures
- DPHHS
 - Funding to increase access to dental care and prevention education for pregnant women and children age 0 to 3 - \$20,000 to each health center with an established dental clinic
 - \$495,000 RFP for proposals (\$100,000 - \$200,000) to CHCs to expand access to dental care

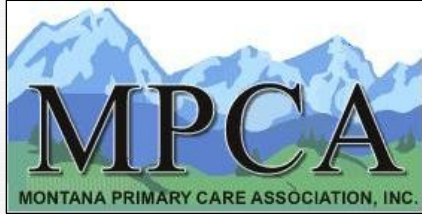
Community Health Center Ideas to Increase Dental Access

- Capacity/Efficiency
 - Operatories –one chair \$100,000 each
could give preference for rural/frontier
 - Dentists – (salary and benefits) \$132,000 each
must be ongoing or unable to recruit
 - Dental Hygienists - (salary and benefits) \$60,000 each
must be ongoing or unable to recruit
 - Portable dental equipment \$30,000 each

- Preventive Screening
 - School screenings/sealants (5 per year) \$3,000 each community
by a dentist (\$500/day)

Also support state loan repayment for dentists in underserved areas;
a state coordinator to place dental students in training sites and
funds to reimburse their travel, meals, and housing costs; and a
dental residency program in the state.

MT CHC average patient visits/1.0 FTE dentist = 3,500 visits/year



www.mtpca.org

Help Community Groups/Boards –

- Evaluate their primary care delivery system
- Get ready to apply for RHC certification, an FQHC look-alike, or CHC grant
- Apply
- Start Up
- Do Well
- Expand