Free Clinic Dental Program

Free Clinic of the New River Valley
City of Radford and Counties of Floyd,
Giles, Montgomery, and Pulaski, Virginia

Models That Made It

FREE CLINIC OF THE NEW RIVER VALLEY DENTAL PROGRAM

City of Radford and Counties of Floyd, Giles, Montgomery, and Pulaski, Virginia

The Free Clinic of the New River Valley has shown that free clinics provide a promising platform for launching dental programs for low income, uninsured patients.

With strong community ties, experience in managing volunteer health care programs, and an existing infrastructure, free clinics are particularly well positioned to expand their services to include dental care.

Background

The Free Clinic of the New River Valley serves low income, uninsured residents of the City of Radford and the rural counties of Floyd, Giles, Montgomery, and Pulaski. The Dental Program offered by the Free Clinic was established in 1997 to meet the need for critical dental care among its target population in the region. The Program's objectives are three-fold:

1. To further the mission of the organization by providing a quality service that offers patients a more comprehensive and holistic approach to health care;
2. To provide an increased level of dental care services to people who are uninsured and low-income;
3. To provide another point of access through which patients can also receive medical and pharmaceutical services through the Free Clinic.

The Dental Program provides an innovative approach to dental service delivery by combining on-site services along with a network of volunteer dentists who offer services in their offices. On-site resources include two operatories, a part-time staff dentist, eight volunteer dentists, a dental care coordinator, and a dental assistant. Several of the volunteer dentists bring their own office support staff with them, thereby helping the clinic limit staff costs.   Lay volunteers assist with patient eligibility screenings, reception, data entry, and other support tasks.

Off-site services are provided by thirteen volunteer dentists who see patients in their private offices. In addition, the Free Clinic maintains cooperative agreements with the Dental Hygiene Programs at both Virginia Western and Wytheville Community Colleges. These programs offer Free Clinic patients routine oral hygiene treatment at no charge.

In fiscal year 2000, the Dental Program provided 1,920 visits to 1,126 patients. Since the program started in 1997, patient visits have more than doubled, and waiting times for appointments have decreased. At the same time, the percentage of visits for emergency care has dropped from 80 percent to 50 percent, and the rate of "no shows" for appointments has dropped from 70 percent to 16 percent. In addition to the benefits of dental care, patients also gain access to medical and pharmaceutical care services offered by the Free Clinic of the New River Valley.

Steps To Implementing A Dental Program
Step 1. Assess whether a dental program would be viable and valuable in your community.

A Needs Assessment is necessary in order to identify the gaps in service, the target population, and to evaluate support among local providers.

The Needs Assessment process involves:

- Analysis of state and local reports on access to dental care such as the Virginia Department of Health (VDH), local health departments, and other social service agencies;
- Discussions with local dental professionals and others in the local health care community;
- Interviews and focus groups with low-income adults without dental insurance.

The following sources were used in determining need for the Free Clinic of the New River Valley Program:

- VDH designation as a health professional shortage for dental care;
- Reports from the VDH Dental Division and the New River Health District;
- Discussions with representatives of thirty health and human service organizations in the New River Valley including dentists, hospital personnel, physicians, Head Start, Community Action, nursing schools, and local health and social service departments who also serve low income adults without dental insurance;
- Daily contact with low income, uninsured patients already using the Free Clinic for primary health care.

Lessons learned:

Strive to develop a full picture of both dental <u>need</u>s and <u>resource</u>s in the community. Both types of information are essential for deciding the direction and scope of the effort.

Ask local dental professionals to help guide the needs assessment. Local dental societies can help you reach out to local dentists.

Include a wide array of other community partners in the needs assessment process; they may provide important insights now, and important resources later.

Remember that many people have medical insurance, yet lack dental coverage. Therefore you may find people in the community who are "insured" but still can not access affordable dental care.

Remember that financing is not the only barrier to dental care for many patients. Lack of transportation, language barriers, and lack of knowledge about

Important indicators that should be produced by the needs assessment include:

- The estimated number of area residents with low incomes and no dental coverage;
- The number of hospital emergency department visits for uninsured patients with dental problems;
- The most common dental problems among low income, uninsured patients;
- Common barriers to dental care for low income, uninsured patients;
- The number of local dentists who may be willing to serve low income, uninsured patients, and the preferred site of service (the free clinic versus their office).

Step 2. Obtain Community Support

Community commitment must be a priority during program development, and remain a priority as the program evolves. The Free Clinic of the New River Valley has used several successful approaches:

Initial Community Support

During early planning of the Dental Program, the Free Clinic engaged in a year of discussions with thirty health and human resource organizations in the New River Valley. Ultimately, 40 letters of support were gathered from volunteer dentists, all five local jurisdictions, four local hospitals, senior services, elected officials, and the planning district commission.

Initial Provider Support

Lessons learned:

Think broadly about community support, including dentists, hygienists, medical providers, hospitals, local government, foundations, corporations, and individuals.

Educate all segments of the community about the need for dental care among the targeted population.

Emphasize the connections between oral health and overall health and well being.

Develop a plan to assure potential volunteers that the program will be well managed and respectful of their time.

Encourage your organization's board of directors to share responsibility for garnering community support for the program.

The dental community is a vital segment of the community at large. Local dentists should be systematically approached early on and educated about the need for dental care among targeted uninsured patients. Equally important, they must be assured that the developing program will be effectively managed. Dentists are more likely to volunteer their services if they know that they will not be overwhelmed with demand, swamped with paperwork, asked to work in a poorly equipped environment, or forced to sacrifice productive practice time due to frequent no-shows.

Ongoing Support

The care and maintenance of community support must continue after the Dental Program opens its doors. The Free Clinic's Board of Directors is an essential vehicle for community input. The Free Clinic's Resource Development Committee has a comprehensive Fund Raising Plan to address the sustainability of all Free Clinic programs, including the Dental Program. Similarly, the Free Clinic's Health Care Committee is responsible for overseeing quality assurance and assisting with recruitment and retention of dentists. The Free Clinic's multifaceted communications plan keeps the needs and accomplishments of the Dental Program in front of the public.

Step 3. Design the program

Once the target population has been identified and initial community support is obtained, a number of program design decisions must be made.

Perhaps the most important design principle is to respect and appreciate the time and talents of dentists. The work of the dentist is intricate, precise, and often time-consuming. If the program is to be successful, the dentist must be adequately assisted, equipped and supplied. This means that staffing and operatories must be carefully planned to meet the specific needs of the dentists. Likewise, referral and appointment scheduling must be efficient so that the dentist does not lose blocks of time due to no-shows, or become overwhelmed due to overbooking. The needs of the dentists' should be given high priority during program planning and throughout the operation of the program.

Design the Overall Approach

The most basic design decision is whether to provide on-site services, community-based services, or both. The decision will depend on facility capacity and the preferences of the volunteer dentists. The Free Clinic of the New River Valley has found success with a mixed approach, which includes two on-site operatories utilized by their part-time dentist and a group of volunteer dentists. In addition, another group of volunteer dentists provide care in their private offices.

Recruit and Retain Providers

The Free Clinic of the New River Valley operates with three paid dental staff (a part-time, on-site Dentist; a Dental Care Coordinator; and a Dental Assistant.) Additional services are provided by volunteer dentists, dental assistants, and lay support staff recruited from the community.

Lessons learned:

Carefully design the program to meet your dentists' practice needs. This is essential for recruiting and retaining an adequate supply of providers.

Recognize that dental programs are distinct from general medical programs in that they require somewhat different approaches to patient processing and program management. For example:

- Dental visits require more time than typical medical visits due to the specialty nature of dental procedures.
- Given the intricate nature of their work, dentists often prefer working in their own operatories with their own staff, hand tools, etc. This can be a barrier to starting on-site clinics.
- There is a relatively high cost per dental patient visit, both in consumable supplies and specialized tools and equipment, as compared to a physician primary care visit.
- The "no show" rate is problematic for dental practices in general, and may be even more prevalent among low-income uninsured populations. Because dental visits typically require 30-45 minutes, several "no-shows" can result in a tremendous lack of productivity and great frustration. However, the no-show rate can be reduced through patient support services, careful scheduling, and proper staffing.

Prospective volunteer dentists are given a Free Clinic Dental Packet that informs them about the Clinic's volunteer opportunities. The Free Clinic also surveys local dentists to open communications about the program and to measure their interest in volunteering.

Another recruitment and retention tool is the availability of Virginia State Tax Credits through the Neighborhood Assistance Program. For any donated professional services to the Free Clinic valued over $900, volunteers are eligible for a tax credit worth 45% of the total value of their donated time.

Keys to retaining dental staff and volunteers include frequent communication, quick response to questions, effective management of appointment scheduling, concerted efforts to reduce no-show rates, and most of all, continuous, heartfelt appreciation.

Other important resources are the dental education and training programs at Wytheville and Virginia Western Community Colleges. They offer free oral hygiene care to Free Clinic patients.

Design the Referral and Delivery Systems

Referrals. Referrals can be made from a wide range of community locations. At the Free Clinic of the New River Valley, referrals come through their own Medical Clinics, health and social service departments, other local health and human service organizations, faith communities, and civic organizations. All of these organizations receive brochures and information about the Clinic, along with a dental newsletter published twice a year. Personal visits and presentations are made to introduce new referral sites to the program.

Prescreening. New patients are pre-screened over the phone to determine if they will meet the Dental Program eligibility criteria (local resident, no dental insurance, income at or below 130 percent of federal poverty guidelines.) At the first appointment, the patient must bring proof of income and sign necessary forms.

Appointments. When the Free Clinic started, it used a traditional individualized appointment system, but experienced no-show rates in the 70 percent range. In response to this, the Free Clinic adopted a "block scheduling" system in which all appointments for the first two hours of the morning are "scheduled" at eight a.m. This allows the Dental Care Coordinator to immediately determine how many no-

shows there will be for that block of time, and fill the time from a stand-by list or from appointments scheduled for later that day. Also, each patient is given a reminder/confirmation call within 24 hours of the appointment time.

Administrative Fee. The overhead cost required to operate a dental program with paid professionals is high compared to most medical programs. To offset some of this cost and build sustainability into the program, the Free Clinic implemented a $20.00 administrative fee for each dental visit. Patients that have broken an appointment are required to prepay the fee before their next appointment. Pre-payment is also required for some of the appointments that are in high demand, such as restorations and periodontal work. As an incentive for patients to keep a return appointment, the administrative fee is reduced to $15.00. If a patient has difficulty paying the fee, community health and human service organizations provide cash assistance vouchers.

Step 4. Design the program evaluation.

The program evaluation should be designed simultaneously with the initial development of the program. It is important to assess the costs, revenues, productivity, and impact of the program:
- Total program costs
- Total facility/equipment costs
- Number of paid or volunteer providers
- Number of paid or volunteer provider hours
- Dollar value of paid and volunteer services
- Average cost and time required to treat specific conditions
- Number of grantors & donors (institutional and individual)
- Amount of grants and donations

Useful productivity indicators include:
- Number of patients served and patient visits
- Number of procedures by type
- Patient and provider satisfaction with the program

Useful impact indicators include:
- Trend in the number/proportion of appointment no-shows (an indicator of impact on patient compliance)
- Trend in the number/proportion of emergency procedures by type (an indicator of impact on prevention)
- Number/proportion of visits by dental disease type (an indicator of impact on patient health status)

An efficient data collection system is needed to produce these types of evaluation measures. The Free Clinic of the New River Valley uses the *Dentrix* software package to enter patient information, collect treatment information, and service data.

A committee should be charged with monitoring and evaluating the quality of the Dental Program. At the Free Clinic of the New River Valley, the board's Health Care Committee reviews program performance, policies and procedures, and assures compliance with acceptable standards of dental care.

Lessons learned:

Develop a program evaluation work plan as part of the overall program design.

Plan from the start to maintain an electronic database for collecting relevant evaluation data.

Build the data collection system into your routine policies and procedures so that data are collected as you go.

Establish a system for routinely collecting data on volunteer hours from dentists and other support staff, and for converting these hours into dollar values. These data are essential for understanding total program impact, as well as for providing matching grant resources.

Consult with volunteer dentists when developing data collection methods to ensure that the data are available and the reporting requirements are not too intrusive or burdensome.

Step 5. Prepare a budget and obtain funding.

Budget. The Free Clinic's budget includes:

- Paid staff including a part-time dentist, a part-time dental assistant, and a dental care coordinator;
- Direct costs including space, equipment maintenance, and supplies for two operatories;
- Indirect costs including administration, fundraising, and other related program overhead;
- In-kind services as provided by volunteer dentists, dental assistants, hygienists, lay support staff, and a local pharmacist. While not a part of revenue or expenses, tracking in-kind services will help determine the overall capacity of the Program.

Funding. The Free Clinic has pursued multiple funding sources for the Dental Program. Initial support was obtained by involving dozens of community organizations in the initial discussions and planning for the project. The Board of Directors' Resource Development Committee spearheads on-going support. This Committee is responsible for a comprehensive Fund Raising Plan to address the sustainability of all Free Clinic programs. The Plan includes diverse fund raising strategies including grants from foundations, civic organizations, businesses, faith communities, personal solicitations, and an annual mail campaign.

Lessons learned:

The costs of establishing a free clinic dental program can be substantial. Much of the budget is driven by two decisions: whether to provide care at the free clinic site, and whether to hire paid staff. Both of these strategies can improve access to care, but both can be costly as well.

If services are to be provided at the free clinic, outfitting an operatory with water, electric, a chair, radiological equipment, basic dental equipment, and supplies can cost $40,000 or more. With effort, much of this cost can be offset through purchase of used equipment or donations from local dentists.

If services are to be delivered by paid staff, costs can be substantial. Although use of part-time paid staff is an option, the supply of candidates may be limited in some communities.

In addition to budgeting for service delivery, remember to budget for the hardware, software, and personnel costs related to data collection.

Given these expenses, it is important to seek multiple sources of funding within the community. It is equally important to seek donations of equipment and supplies from local dentists or dental supply companies.

Judicious use of patient fees can improve patient compliance with treatment, and offset the cost of the program without hindering access.

If the initial cost of starting a full-blown on-site dental program is prohibitive, consider starting small and expanding over time.

View your overall communications plan as an essential component of your fundraising plan.

Also essential to the fund raising effort is an effective Communications Plan. The Free Clinic sets specific objectives for informing the community about the program through print, and public service radio, and television

announcements. In addition, brochures and other program materials are sent directly to community organizations and businesses. Local speaking engagements also are highly effective for informing the community and generating interest in the program.

Step 6. Implement and maintain your dental program.

Starting a Dental Program requires careful planning to align funding, intake, prescreening, scheduling, and service delivery. Key steps include:

- Carefully review the results of the needs assessment with your core group of dental professionals to make sure that the program has adequate facilities, equipment, and staff to meet the expected demand for services.

- If you are purchasing equipment and supplies for one or more operatories, allow enough time between receipt of cash funding and the grand opening to shop for, obtain, and install the equipment and supplies needed for on-site services.

- Before you start, have in place a system for collecting and managing data on patient referrals, appointments, visits, procedures, and provider hours.

- Stay in frequent communication with program volunteers and referral sources to gauge how the program is working early on.

- Establish an appropriate committee structure with board members and health professionals to oversee program resource development, quality assurance, and volunteer recruitment.

Lessons learned:

Commit to the infrastructure of the program initially to support future growth. This includes paying attention to provider needs, referral services, appointment scheduling, and data collection. Also maintain the best physical infrastructure possible, including space, chairs, hand tools, other equipment, and supplies.

Establish clear policies and procedures for managing the practice through the use of triage, block scheduling, waiting lists, and targeted fees.

Recognize the special requirements of operating a dental practice, and be attuned to the program needs of staff and volunteer dentists. This is especially important if they are using your operatories.

Make a concerted effort to reduce or mitigate the effects of " no-show" rates. This is essential for maintaining long-term commitments from volunteer dentists.

Checklist for Implementing a Dental Program

Step 1. Assess whether a dental program would be viable and valuable in your community.

☐ Include local dentists early in the needs assessment process.

☐ Convene a working group that includes members of the local dental care and health care community. Work group members may include:

☐ Dentists and dental care providers
- Physicians and health care providers
- Local hospital personnel
- Local health department representatives
- Social service agencies
- Business community leaders
- Representatives of dental professional training programs
- Local government representatives

☐ Collect information on the need for dental care among low-income, uninsured residents.
- Review information from state and local reports on access to dental care.
- Interview dental care and health care providers who serve low-income, uninsured patients including community dentists and physicians, local health department staff, local hospital ER staff, and other service providers.
- Interview members of the low-income, uninsured population. Individuals who access free clinic, health department, and other community services are a good place to start.

☐ Develop indicators of need.
- Check with the Virginia Department of Health to see if the region qualifies as a health professional shortage area for dental care.
- Research the number of area residents with low income and no dental insurance coverage.
- Estimate the number of local hospital ER visits for low income, uninsured patients with dental problems.
- Describe common barriers to care for low-income, uninsured patients, including transportation, language, and other factors.
- Determine the number of local dentists who may be willing to serve low-income, uninsured patients on a voluntary basis.

☐ Collect information on community resources that might be available to help support the program. This includes private practice dentists and

other dental professionals, public health departments, local dental training schools, and other resources.

☐ Compile the Needs Assessment data into a report or presentation that can be used to educate the community.

Step 2. Obtain Community Support

☐ Continue the working group convened for the Needs Assessment, and add members as necessary to form a community coalition interested in local health access issues.

☐ Educate the community coalition about the need for a dental program. Include:
   o dental provider groups
   o physician groups
   o local hospitals
   o health and human service agencies within the target area
   o accessible education & training programs
   o businesses
   o local government officials
   o faith communities
   o patients
   o volunteers
   o preferred provider and managed care organizations serving the area.

☐ Identify local dental providers interested in serving low-income, uninsured patients. Ask them for their advice on how to effectively structure a new dental program.

☐ Identify local health and human service agencies that could act as referral agents for a new dental program.

☐ Identify prospects for cash and in-kind contributions.

☐ Ask all contacts for letters of support to be included in funding requests for the program.

Step 3. Design the program

☐ Based on careful analysis, decide whether to offer services at the free clinic site, at volunteer dentists' offices, or both.

☐ Again based on careful analysis, decide whether to hire paid professionals or rely entirely on volunteers.

☐ Carefully design the program to meet your dentists' practice needs. Space, equipment, supplies, support staff, appointment scheduling, and other aspects of the program should be designed to meet the specific needs of the paid or volunteer dentists.

☐ Decide program eligibility criteria in terms of age, level of income, and insurance status. Remember that some people with health insurance may in fact lack dental coverage and be low-income.

☐ Decide whether to provide on-site services, community-based services, or both. The decision will depend on your capacity to house a dental program on-site and the level of interest and preferences of dentist volunteers.

☐ Design the service delivery system.
   o Determine the approximate capacity of the program in terms of the number of patients and visits that can be accommodated.
   o If the overall plan includes on-site services, interview local dentists to determine whether it might be feasible to employ a part-time dentist at your clinic.
   o Contact all local dentists to educate them about community needs, inform them about the program, and evaluate their interest in working as a volunteer.
   o Ask prospective volunteers to describe their preferences for where they would like to work (on-site vs. private office), when they would like to work, their staffing preferences, and equipment and supply preferences.
   o Describe any specific benefits available to volunteer providers, such as *Virginia State Tax Credits*.
   o Contact local dental training programs to provide information and evaluate their interest in providing in-kind services and training opportunities for their students.

☐ Design the on-site service facility.
   o If there is to be an on-site service facility, ensure a careful design to meet the needs of the patients and participating dentists.
   o Work with local dentists to determine the types of dental services that are needed by the target population.
   o Work with local dentists to design one or more operatories that meet the basic needs of participating dentists.
   o If your clinic offers a pharmacy program, develop internal mechanisms to provide timely dispensing of medications for dental patients.

□ Design the administrative structure of the program.
  o Design a fee policy that will encourage patient treatment compliance, and offset overhead costs, without discouraging access.
  o Design an appointment system that will maximize the value of volunteers' time. To reduce the no-show rate, consider block scheduling with a stand-by list.
  o Design a pre-screening system to determine whether patients meet the program eligibility criteria.
  o Design a referral system wherein local health and human service agencies are able to send patients to the program.
o Design an administrative staffing plan. Both paid staff and volunteer support will be needed for provider relations, intake management, appointment management, and data collection.

Step 4. Design the program evaluation.

□ Develop the program evaluation simultaneously with the program design.
□ Develop a work plan for tracking the following indicators:
  o Total program costs
  o Total facility/equipment costs
  o Number of paid or volunteer providers
  o Number of paid or volunteer provider hours
  o Dollar value of paid or volunteer providers
  o Number of grantors/donors, and amounts contributed
  o Number of patients, patient visits, and procedures
  o Patient and provider satisfaction
  o Trend in number/proportion of appointment no-shows
  o Trend in number/proportion of emergency visits
  o Number and kind of visits by disease type
□ For each indicator, specify in the work plan the data source, who will collect the data, how the data will be collected, and when the data will be collected.
□ Develop a data collection system to manage, monitor, and evaluate the program.
  o Evaluate commercial software packages such as *Dentrix.*

- o Ensure that program software has the capacity to support patient tracking, appointment management, service tracking, and other management reporting.
- o Evaluate the management reporting component to ensure that it will produce information for daily operations and for overall program evaluation.
- o Work closely with volunteer dentists to develop an efficient process for collecting and entering data into the system.

☐ Develop satisfaction survey tools for patients, providers, and community partners. Establish a schedule for implementation and review of results (i.e., quarterly, semiannually, and annually).

☐ If your clinic offers pharmacy services, collect data on dental-related pharmaceuticals dispensed.

☐ Determine a schedule for regularly monitoring and evaluating all data.

Step 5. Prepare a budget and obtain funding.

☐ Develop an initial cash budget that addresses the services to be offered. Possible expense budget items include:
- o Paid dental and office staff
- o Space, equipment, and supplies
- o Indirect costs e.g., administrative, fund raising, and other staff support

☐ Identify possible revenue sources and obtain information about funding requirements. Include:
- o Foundations
- o Civic organizations
- o Businesses
- o County and municipal governments
- o Health care providers
- o Faith communities
- o Personal solicitations

☐ Obtain letters of support from community providers, agencies, and political entities.

☐ Determine funding opportunities from local governments for services provided to their residents.

☐ Prepare both sustaining and development proposals based on the Needs Assessment and the program design.

☐ Work with your community coalition members to identify in-kind support that will assist in minimizing expenses.

☐ Track the value of in-kind donations of time, equipment, and supplies.

Step 6. Implement and maintain your Dental Program.

☐ Conduct a final planning review to ensure that the program has adequate facilities, equipment, and staff to meet the expected demand for services.

☐ Establish volunteer agreements with dental providers and their administrative staff.

☐ Finalize referral agreements with local referral organizations. Provide information and orientation on an on-going basis.

☐ If offering on-site services, allow enough time to obtain needed equipment and supplies.

☐ Establish and test the system for collecting and managing data on patient referrals, appointments, visits, procedures, and provider hours.

☐ Conduct a continuous publicity campaign.

☐ Establish an appropriate committee structure including board members, community members, or other interested parties to oversee monitor the program's productivity, quality assurance, and to help with "troubleshooting" when necessary.

☐ Start the program.

☐ Cultivate and maintain good working relationships with both the provider community and the community at large.

☐ Continue to seek out funding opportunities at the local, state, and community level.

☐ Review evaluation results on a quarterly basis and make improvements as necessary.

Free clinics and other community health organizations can develop effective dental programs by adopting the successful practices of the Free Clinic of the New River Valley.