

**THE “70/30” MODEL:
A SUSTAINABLE APPROACH TO
COMMUNITY-BASED DENTAL CARE**

Models That Made It

VIRGINIA HEALTH CARE FOUNDATION

Oral Health Care Access in Virginia



Oral health is integral to overall health. Research has shown clear associations between chronic oral infections and other health problems including diabetes, heart disease, and adverse pregnancy outcomes. Individuals with periodontal disease are one and a half to two times as likely to suffer a fatal heart attack and nearly three times as likely to suffer a stroke; and studies indicate that chronic oral infections can foster the development of clogged arteries and blood clots.

Over 3.5 million Virginians lack dental insurance. Hundreds of thousands of them are adults, who have no dental care. Many go without treatment, suffering chronic pain, risking systemic infections and tooth loss, while trying to cope with problems related to swallowing or talking.

A growing number of communities are responding to this tremendous need by establishing dental safety net clinics. Over half of Virginia's 135 localities (71) now have one. These safety net clinics vary dramatically in size, scope of services and method of delivery. Some are open once a week to provide "extraction-only clinics," and rely solely on volunteers. Others are open part-time and offer a broader range of services, relying on volunteers, paid staff, or a combination of the two. Still others are full-time dental practices, operating primarily with paid staff, which focus on serving "safety net" patients.

The practice of dentistry is expensive; it requires high-cost supplies and equipment and highly trained personnel. It can be very challenging to establish a dental safety net clinic, and even more challenging to sustain one. This is typically not possible with grants and contributions alone. To survive, a dental safety net clinic must have an ongoing source of revenue. Patient fees can provide some of it, with patients paying a fee per visit (\$25–\$50). The clinic, however, must have another source of income that covers costs, as well.

The best approach to date for Virginia was conceived, tested, and is practiced at the Augusta Regional Dental Clinic. It is called the "70/30" model, because it sustains itself by relying on an appointment mix of 70% of patient visits reimbursed by Medicaid or FAMIS (typically children), and 30% of visits at a per visit fee (typically uninsured adults).

If managed correctly, with efficient dental personnel and a low no-show rate, the 70/30 model can be very effective in meeting the dental needs of at least some local uninsured adults. Several other organizations have successfully replicated this model since 2006.

This booklet is intended to serve as an implementation guide for those interested in bringing the 70/30 model to their communities.

All the examples given throughout this guidebook assume the following:

- An appointment mix of 70% Medicaid or FAMIS visits and 30% visits by uninsured adults.
- \$30 average per visit fee for low-income, uninsured adult patients.
- Staff of one dentist, two dental assistants, one front desk/office manager and one program director.
- A three-operator dental clinic.
- All numeric examples are averages taken from Virginia clinics which are utilizing the model, and from information gleaned from the *Dental Safety Net Clinic Manual* (<http://www.dentalclinicmanual.com/>). They are intended to be a guide.

Implementing a Sustainable Community-based Dental Safety Net Clinic in Virginia

Step 1: Determine the Need

You would not be contemplating starting a dental safety net clinic if you didn't feel your community had a strong need for one. Nonetheless, it is vital to document this need via a community needs assessment. In addition to data, and anecdotal stories, a needs assessment provides an objective "reality check," ensuring that your perception matches the reality of dental needs in your area, and that the dental program best meets the actual needs of your community. It will provide you with evidence that will help in your fund development efforts, as well.

Everyone involved with creating the dental clinic must be able to effectively communicate its need by sharing local, up-to-date data and real life stories with a wide variety of audiences.

Components of a Community Needs Assessment:

Data necessary to determine the true oral health needs of your community include:

- Population and demographic information of your service area.
- The number of children enrolled in the FAMIS "Smiles for Children" programs in your area (*this number should include Medicaid eligible adults*).
- The number of local dentists who treat Smiles for Children patients and the approximate number needed (*this is critical: you must ensure there is an adequate number of Smiles for Children patients in need of your clinic's services*).
- Area oral health information (*i.e.: prevalence of caries, decay in population*).
- Dentist-to-population ratio.
- Dental resources that currently exist.
- Number of emergency room dental visits to area hospitals.
- Number of patients presenting to area free clinics and community health centers with untreated dental problems and nature of the problems.

(Links are available in text box at right and at www.vhcf.org/dentall.)

Your needs assessment should also include information about existing local resources that are available to help create and operate a dental safety net clinic. This is your chance to find out if the local health department has an unused dental suite that you can use. Dental services are not mandated, and many local health departments' dental programs have been eliminated or cut back as a result of budget cuts, leaving operatories that are not in use. The local free clinic or dental hygiene school may also have dental operatories that sit unused for a portion of each week.

Resources for Data:

Demographic Information:

<http://quickfacts.census.gov/qfd/states/51000.html>

Smiles for Children Data, Contact:

www.dmas.virginia.gov/dental-home.htm

Local Oral Health Statistics:

www.cdc.gov/nohss/about.htm

Oral Health Workforce Statistics:

www.hrsa.gov/data-statistics/index.html

Head Start Information:

www.eclkc.org/ohs.acf.hhs.gov/headstartoffices

Free and Reduced Lunch Statistics:

www.doe.virginia.gov/ss_services/nutrition/resources/statistics.shtml

Virginia Fluoride Mouth Rinse Programs:

www.vahealth.org/dental/communitywaterfluoridation/data.htm



It is also important to involve your local dental society from the beginning (*go to www.vadental.org to find your local chapter*). This will inform local dentists about your purpose and mission so there is no misunderstanding of your focus or intent. This relationship can also help when you are recruiting dental professionals; and provide a network of professionals for the provider(s) you hire.

Area health and social service professionals can provide a wealth of information about dental needs in your area, and help you demonstrate the need through patient stories, waiting lists, or documentation of exorbitant hospital bills individuals have incurred as a result of untreated oral health issues. These individuals can also be a source of patient referrals.

In addition, reach out to local community organizations, elected officials, and large employers. Not only can they provide anecdotal information about dental needs in the community, their support is helpful as you solicit funds, and market your services to patients.

Step 2: Design the Program

Once you have documented and demonstrated the need for a dental clinic that serves adults and children, you have an opportunity to design the clinic that fits your needs and community.

Because the timeline for planning and assembling a fully functional dental clinic using this model can be lengthy (*from one to two years*), it is imperative that those involved in the project are fully committed to seeing it through to implementation. Among the essential steps that will need to be completed are:

- Develop a board of directors.
- Create articles of incorporation.
- Write organizational by-laws.
- Obtain a federal employer identification number.
- Submit an application to the IRS for tax-exempt status.
- Become a Smiles for Children provider (www.dmas.virginia.gov/dental-home.htm).
- Determine how you will handle bookkeeping, auditing, payroll and benefits and other important finance-related issues.
- Register with the Virginia Department of Agriculture and Consumer Services, if you plan to solicit donations (<http://www.vdacs.virginia.gov/>).

Resources for Starting a Virginia Nonprofit Organization:

ConnectRichmond is an online portal (www.connectrichmond.org) for a host of resources for starting and operating a nonprofit organization in Virginia. Throughout the Nonprofit Management section you will find helpful tips about creating a board of directors, writing articles of incorporation, obtaining a federal employer ID number, and the necessary forms to obtain tax-exempt status.

Critical Planning Issues

Part of this early planning and design stage is the careful consideration of critical planning issues, including:

Start-up Costs:

For maximum efficiency, the clinic will need at least three operatories. Throughout this guidebook examples are given based on a three operatory clinic.

According to the *Dental Safety Net Manual* an online resource about starting a dental safety net clinic (<http://www.dentalclinicmanual.com/>) the average cost of remodeling an existing (*non-medical*) space was \$125 per square foot in 2009, while the average cost of building a dental safety net clinic from scratch was \$187 per square foot. Please note that these costs reflect national averages, and will vary depending upon local factors. A three-operatory clinic should be at least 1,800 square feet; with each additional operatory requiring 110 square feet. Estimated costs for clinic renovation/construction based on the number of operatories follow:

	3-Operatory	4-Operatory	5-Operatory
Construction			
• Renovate	• \$225,000	• \$238,750	• \$252,500
• New	• \$336,600	• \$357,170	• \$377,740
Dental Equipment <i>(\$20,000/operatory)</i>	\$70,000	\$90,000	\$110,000
Supplies and Instruments <i>(\$7,500/operatory)</i>	\$22,500	\$30,000	\$37,500
X-ray, sterilization <i>(\$10,000 up to six operatories*)</i>	\$10,000	\$10,000	\$10,000
Total			
• Renovate	• \$327,500	• \$368,750	• \$410,000
• New	• \$439,100	• \$487,170	• \$535,240

* Please note: these numbers do not include the costs of land, office equipment, or computers. If your clinic has more than six operatories you may want to consider additional x-ray and sterilization equipment.

Many dental clinics begin with donated dental equipment. This has its pros and cons. The initial cost-savings can seem like a huge benefit, however older equipment may be in need of costly maintenance and repair. In addition, old equipment can make recruitment of dental personnel very challenging. Dentists are typically reluctant to use outdated equipment; they prefer to perform their intricate work in the small confines of the mouth with up-to-date chairs and tools, which will enable them to achieve the best results. This is not to say that you should refuse all offers of used dental equipment. Simply, that you should have some of your local dentists look at any donated equipment and advise you, before you accept it.

Dental Safety Net Discount

Patterson Dental, in partnership with the Virginia Health Care Foundation, offers its largest discounts to community-based dental safety net clinics of any size: dental supplies (20%), dental equipment (21-34%), and dental practice management software (50%), and reduced fees for service calls and equipment repair. For more information: www.vhcf.org/dental/.



Financing Start-up Costs:

Start-up funds are typically necessary when establishing a 70/30 dental clinic. You should start your search locally. Utilize the data and anecdotal stories that demonstrate the need for dental services, coupled with your business plan, in your approach to area foundations, corporations and individual funders for a one time capital grant or donation. Your local dental society and area dentists may also provide funds.

While it is very difficult to obtain grant funds for ongoing operations, grants are available, even in tough economic times, to begin new programs that are well thought-out and designed to meet a demonstrated need. Once you have at least 25% of the costs covered by local cash and in-kind contributions, you are eligible to apply to the Virginia Health Care Foundation for some financial support, as well (<http://www.vhcf.org/grants/how.php>).

Staffing:

At a minimum, the clinic will need one dentist, two dental assistants, a front desk/office manager, and a program director. Scheduling dental appointments requires an understanding of the services provided by the clinic and how long the services may take. Hiring an office manager with experience in a dental office will go a long way in easing start-up pains; it can also help increase the efficiency and production for the clinic and satisfaction for the patients. The manager is also responsible for scheduling, billing, phone inquiries and eligibility screenings.

The program director manages the daily operations of the practice (*including budgeting and any necessary fundraising*), markets the program, and maintains relationships with local agencies and organizations who refer patients. The director typically reports to the board of directors. One difference between this model and a typical private dental practice is the role of the dentist as employee rather than owner of the practice. A smart director will consult the dentist and work in partnership with him/her.

The importance of engaged and experienced dental assistants should not be underestimated. They assist the dentist in providing dental care, provide for appropriate set-up and clean-up of dental space, and can handle a number of other items depending on their abilities.

Services Provided:

When determining the services your dental clinic will provide, consider the information you gathered in your community needs assessment, as well as what you think your clinic can accommodate. What was the most common adult dental need? Is there a necessary service you can provide that has a particularly high reimbursement rate? Most dental clinics in Virginia that follow this model provide preventive dentistry (*teeth cleaning, fluoride application, sealants, oral hygiene and nutritional counseling*), restorative services and extractions in addition to comprehensive diagnostic examinations. Some clinics provide crowns and/or dentures, but these are expensive and time-consuming procedures. Because they are typically needed by uninsured adults, it is wise to limit the number of these so that more patients can be treated in the small number of slots for the uninsured. The revenue projections outlined in this guidebook are based on this range of services.

Determine Sustainability:

Likely Operating Costs:

For planning purposes, an 1,800 square foot dental clinic with one dentist, two dental assistants, one director and an office/appointment manager may anticipate average costs similar to those listed below (2010 dollars). Costs will vary by locality.

Personnel	\$300,000
Utilities	8,500
Rent/Mortgage	25,000
Dental Supplies ¹	22,500
Equipment Repair/Maintenance ¹	5,000
Administrative	30,000
Total	\$406,000

1 – Utilizing Patterson discounts for community-based dental safety net providers

Potential Revenue:

It is very important to realistically determine the likely revenue of the clinic. The illustration below is based on averages from across Virginia in 2009. In this example, the dentist sees 12 insured patients and 4 uninsured adults per day (note that as the number of dentists increases, the revenue will jump substantially because of the increased number of patients that can be seen per day).

- Days Per Year = 365
- Working Days Per Year = 260 (5-day Workweek)
- Paid Time Off
 - Annual Leave (20 Days)
 - Holidays (10 Days)
 - Sick Leave (12 Days)²
 - **Total Time Off = 42 Days**
- Working Days Per Year – Paid Time Off = Available Revenue Days
 - 260 – 42 = 218 (available revenue days)
 - 218 x 12 = 2,616 (number of insured patient visits per dentist per year)
 - 2,616 x \$160³ (average Medicaid/FAMIS reimbursement per visit) = \$418,560
 - 218 x 4 = 872 (annual number of uninsured adult visits with a \$30 fee/visit)⁴
 - 872 x \$30 = \$26,160
 - \$418,560 + \$26,160 = **\$444,720 Potential Revenue from Patient Care**

2 – Although your dentist may not take 12 sick days, you should use this number for planning purposes. S/he will need to take some time for continuing education, and there may be snow days or other unexpected events.

3 – Range of services this is based on.

4 – See Patient Fees for the Uninsured (page 8).



Ryan White Dental Reimbursement

One dental safety net clinic in Virginia receives revenue by treating HIV-positive patients in need of dental care, who are covered under the Ryan White Dental Reimbursement program. This is a federal program designed to be the payer of last resort for individuals and families suffering from the disease. More information is available from HRSA's website <http://hab.hrsa.gov/>.

Appointment Vouchers

Consider selling appointment vouchers (eg. \$100 for 3 visits) to local Social Service Departments, churches, or other community organizations that interact with low-income adults in need of dental care. In addition to providing an additional revenue source for your clinic, the vouchers provide a way to identify new patients and broaden the reach.



Patient Fees for the Uninsured:

Each clinic establishes its own fee schedule for services, and for charging the uninsured. Some develop a sliding fee schedule based on the Federal Poverty Level for uninsured patients. Others establish a flat fee for uninsured adults ranging from \$25-\$50. In 2010, the average fee charged to an uninsured adult whose household income was below 150% of the federal poverty level was \$30.

Scheduling:

Appropriate appointment scheduling is vital to the successful operation of a dental safety net clinic. In order to remain sustainable, each dentist in the practice must treat 16 patients a day. Twelve of the patient appointments are reimbursable through Smiles for Children and four are adults who pay utilizing a sliding scale.

A good example of a dentists' schedule is:

- Morning (8:00 a.m.-1:00 p.m.):
 - 12 insured patients
 - 7 first visit or 6-month check-up (*recalls*)
 - 5 restorative
- Afternoon (2:00-5:00 p.m.):
 - 4 uninsured adults at 45 minutes each

"No-Show" Policy:

Maintaining continuous patient flow is critical to sustainability and staff morale. Because dental appointments are typically 45 minutes, several "no-shows" in a day can result in significant loss of revenue, lack of productivity and great frustration. You must do everything possible to prevent them and to compensate for them. One effective tool is a consistent no-show policy, which is enforced. Several clinics have established the rule that one no-show results in a six month suspension from the clinic, and two no-shows result in permanent suspension.

Other approaches to reducing the number of no-shows, or mitigating their effect follow:

- Scheduling appointments for no longer than three weeks out. Data has shown that when patients have to wait a long time for their visit they are less likely to keep the appointment.
- Phone call reminders two days prior to the appointment.
- Requiring uninsured patients to pre-pay their appointment fee when the appointment is made, with the understanding that it will be forfeited if they do not show up.
- Many clinics deliberately overbook their appointments each day.

Reduce "No-Shows"

One clinic found that by over-booking the clinic's insured appointments by 20% (*they hope to see 12 patients, so they schedule 15*) they can mitigate the effects of no-shows.

Another clinic found that Monday was a particularly bad day for no-shows. In response, it stopped scheduling individual appointments for Monday mornings, and developed an arrangement with the local Head Start program, which transported a group of children to the clinic each Monday. This not only solved the problem with Monday no-shows, it strengthened the clinic's community ties and served a population in need of care. For local Head Start facilities: www.eclkc.org.ohs.acf.hhs.gov/headstartoffices. The same could be done with Boys & Girls Clubs and other child-serving organizations.

Step 3: Recruiting Dental Professionals

Recruiting a general dentist, especially to rural areas, can be a challenge that can easily take 6-18 months. It is important to identify what type of dentist and skill set you need before you start looking. Some dentists prefer to work with children, others do not. Some prefer working with adults, but may not like to perform extractions. Make sure that you have created a comprehensive job description that articulates the nature of the job and the skills your clinic needs. You want a dentist, who enjoys working with children (*this is your main revenue stream*), but can also handle the oral health needs of adults, including those who have not seen a dentist in a long time. This includes extractions. A sample job description is available from the Virginia Health Care Foundation website: www.vhcf.org/dental/.

First and foremost, be sure to offer fair market compensation for your region (*~\$120K in 2009 dollars*), and a good benefit package (*four weeks vacation, retirement contribution*). It is also a very good idea to incentivize efficiency and revenue generation by establishing a bonus structure, which is tied to revenue and expenses (*not to procedures or patients*).

In addition:

- Reach out to area dental professionals, and let them know of your hiring needs. They may know of a colleague (*or perhaps themselves*) who fits.
- Advertise your position locally and nationally:
 - The Virginia Dental Association (www.vadental.org) will post dental safety net positions free of charge on its website.
 - VCU Dental School Website will also post dental safety net positions for free. (www.dentistry.vcu.edu).
 - 3RNet is a national job-bank for health and dental safety net professionals utilized by the Virginia Department of Health. Posting a job there is free, as well (www.3rnet.org).
- Consider a professional recruiter. The Virginia Community Health Care Association (www.vacommunityhealth.org/) can assist with all aspects of the recruiting process, whether you are an association member or not (*fees apply*). In addition, Virginia is home to other health professional recruiting agencies, including: ETS Dental (www.ets.dental.com) and Team Placement Services, Inc. (www.teamplace.com).

Don't shy away from considering a qualified foreign candidate. Dental safety net clinics in Virginia have successfully navigated the H1B Visa process, and now have a dentist providing care for a population that may otherwise have gone without.

Recruiting encompasses far more than selling a potential candidate on your clinic or the particular position. In order to attract the right candidate, you need to sell your community and you need to appeal to the dentist's family, if applicable.



Recruiting and Retention

The Virginia Health Care Foundation website provides sample job descriptions, recruitment and retention plans, and orientation outlines. It also provides additional tips and links to help with recruiting, such as national loan repayment programs.

Navigating the H1B Visa Process:

The Virginia Health Care Foundation has a primer on its website that provides an overview of the H1B Visa Process and answers frequent questions (www.vhcf.org/dental/). Don't be intimidated by this!



- Create a Community Fact Sheet that offers a quick sell of your community. Include:
 - Amenities and honors (*examples: school accolades, top place to retire, top place to raise a family*)
 - Bragging rights (*examples: beautiful mountains for outdoor activities, climate, proximity to ocean, mountains, Washington, D.C., Blue Ridge Parkway, Appalachian Trail*). Use pictures when you can. Include this community sheet with every position description you disseminate. If you have a website, use this type of information with links for prospective candidates to “view” all that the area has to offer.
- Create a similar sheet that offers particulars about your site. Highlight the positive features (new operatories, congenial colleagues, mix of patients, children...use this as one of your first opportunities to share what is unique and special about your clinic).
- Invite prospects to spend a day or weekend in your community. Arrange tours of schools, if applicable; neighborhoods; and other amenities the prospect and her/his family may be interested in.
- Don't ignore the dentist's spouse! Learn his/her interests and address them. Will s/he need a job? Are there local opportunities to volunteer or pursue interests and avocations?

Step 4: Market the Dental Clinic

The adage, “if you build it they will come” is not necessarily true, even when “it” is a service that a community truly needs. Without revenue the clinic will not be able to survive; and the clinic won't have revenue if it doesn't have patients. Before the clinic opens its doors, a comprehensive marketing plan should be developed and underway:

- Partner with area schools to ensure that all children without a dentist have the opportunity to obtain dental care at your clinic.
 - Send a flier home with students several times a year highlighting your clinic's services; include eligibility guidelines for the FAMIS Smiles for Children program, and application information.
 - Explore providing transportation to and from your clinic from area schools, which have many children in need of oral health care.
 - Participate in career days, carnivals and other local health events to educate children and parents about the importance of oral health care, and to advertise your clinic.
- Develop a written agreement with your local Head Start, Boys & Girls Club, and other child-serving organizations to bring children in need of dental care to your clinic.
- Attend family-oriented community events to meet parents and children, and to advertise your services.

Partnering with Schools:

Many clinics establish partnerships with local schools that have a large student population in need of oral health care. For more information about school partnerships, including sample permission slips and student health forms, check out the dental section of the Virginia Health Care Foundation website: www.vhcf.org/dental/.

- Make certain area dentists and their front desk staff are aware of your services. Specifically identify dental practices that either don't accept Smiles for Children or are no longer accepting new patients.
- Consider fliers in targeted neighborhoods.
- Contact area radio stations about free public service announcements for 501(c)3 organizations advertising your services.
- Reach out to social service workers in your area.
- Post fliers at local libraries, emergency departments, grocery stores, and laundromats.
- Submit op-eds to your local paper highlighting the area's need for dental care, and announcing your services.
- Provide excellent customer service to your patients. They can be your best (*or worst*) referral source for new patients.



Conclusion

The past decade has seen tremendous changes in oral health care access for Virginians. Policy changes have led to a huge increase in the number of children who have access to dental insurance through the FAMIS programs. In addition, public awareness about the importance of oral health and its direct ties to overall health is growing steadily.

While dental access and understanding in Virginia has improved, there is a long way to go before all Virginians can afford dental care and needed treatment. Thanks to the FAMIS programs, children are much better off than their parents and other adults. The model outlined in this guidebook blends care for insured children with care for uninsured adults in a creative and sustainable fashion. While not a panacea, it is a solid model for our times, and can do a lot of good.

Additional Resources

- The *Dental Safety Net Clinic Manual* produced by the Ohio Dental Safety Net Information Center and maintained by the National Maternal and Child Oral Health Resource Center, is a wonderful, in-depth, resource created to help groups start a dental safety net clinic (www.dentalclinicmanual.com).
- The dental access portion of the Virginia Health Care Foundation website is a clearinghouse of information for dental safety net providers (www.vhcf.org/dentall).
- Virginia's *Tooth Talk* community is a group of dental safety net providers throughout the state, who share best practices, pose questions and share resources via a listserv. The group meets twice a year for a roundtable discussion of issues, and presentations from state experts. To participate in *Tooth Talk*, go to <http://lists.vhcf.org/lists/admin/toothtalk> and click "request password" under the login on the upper left.

Thank You!

This guidebook would not have been possible without the insight and expertise of Chris Harman and Margaret Hersh of the Augusta Regional Dental Clinic, and the continued support of Delta Dental of Virginia.



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