THE DENTISTS' PARTNERSHIP:

A Pay-It-Forward Dental Access Initiative

[A Case Study in Policy Development and Assurance]

Donovan Thomas, Mentor
Samantha Pearl
Eric Pessel
Colette Scrimger
Jayson Welter
Holly Wilson

Case Study Abstract

Pearl County, Michigan: The Willow Creek Health System emergency services department was seeing, on average, 112 patients monthly for dental pain and jaw disease. The emergency services department was providing pain and infection control, but no resources were available to treat the root cause of pain and infection.

As a result, a group of community leaders began meeting to discuss the need for increased access to dental care for those with acute or urgent conditions. The group estimated that there were approximately 4,700 individuals in Pearl County who were living at or below poverty and likely to need urgent dental services in any given year. Those individuals, the majority of whom were uninsured, lacked the ability to pay for the services on their own. For them, lack of *funds* meant lack of *access*. On average, each patient would need two and a half visits to resolve the issue. This meant that the community needed to increase access by 11,750 dental visits.

The community believed that one solution could not address the volume of need; that the community could only hope to provide comprehensive access when all those in a position to help were involved and committed. Accordingly, the community worked to join together the community dentists, community funders, Willow Creek Health System, Pessell Hospital, The Welter Clinic, The Wilson Clinic, Scrimger Dental Hygiene School, Willow Creek Public Schools, and the Family Medical Centers of Willow Creek and Harper. Through this partnership of committed organizations and individuals, the community believed it could begin to form a truly comprehensive dental safety net.

The sum of all the initiatives to increase access was collectively called the Community Dental Access Initiative. The Dentists' Partnership, a commitment among community dentists, joined together to serve individuals with the greatest and most urgent needs regardless of their ability to pay. All patients made a personal commitment to serve others. All individuals receiving help through the Dentists' Partnership gave back to their community by donating hours of community volunteer service and completed an oral health education class.

This case study focuses on the public health core function of assurance and policy development to deal with the dental health crisis within the county. It will also address the leadership required to develop and maintain the relationships within the Community Dental Access Initiative.

Case Study Development
The Dentists' Partnership

FUNCTIONAL AREAS OF FOCUS

Policy Development

- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts

Assurance

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable

SETTING

- Pearl County, Michigan: Population 137,000
- Coordinating Agency: Pearl Health Plan, a 501(c)(3) Nonprofit Corporation
- Fiscal Resources: Coordinator, educational materials

MAJOR SUBJECTS INVOLVED

- County health plan
- Private practice community dentists
- Local hospitals
- Local free clinics
- Local service club
- Local public schools
- Local dental hygiene school
- Local community foundation
- Local schools
- Local Federally Qualified Health Centers

BACKGROUND

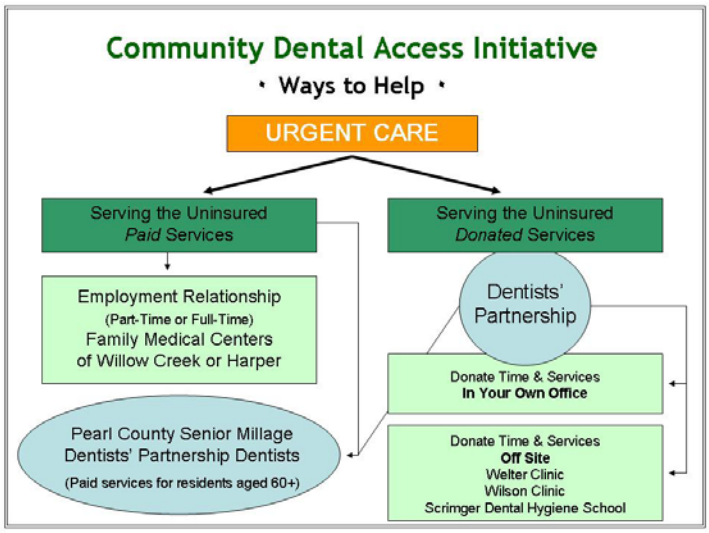
Pearl County, Michigan: The Willow Creek Health System emergency services department was seeing, on average, 112 patients monthly for dental pain and jaw disease. The emergency services department was providing pain and infection control, but no resources were available to treat the root cause of pain and infection.

As a result, a group of community leaders began meeting to discuss the need for increased access to dental care for those with acute or urgent conditions. The group estimated that there were approximately 4,700 individuals in Pearl County who were living at or below poverty and likely to need urgent dental services in any given year. Those individuals, the majority of whom were uninsured, lacked the ability to pay for the

services on their own. For them, lack of *funds* meant lack of *access*. On average, each patient would need two and a half visits to resolve the issue. This meant that the community needed to increase access by 11,750 dental visits.

The community believed that one solution could not address the volume of need; that the community could only hope to provide comprehensive access when all those in a position to help were involved and committed. Accordingly, the community worked to join together the community dentists, community funders, Willow Creek Health System, Pessell Hospital, The Welter Clinic, The Wilson Clinic, Scrimger Dental Hygiene School, Willow Creek Public Schools, and the Family Medical Centers of Willow Creek and Harper. Through this partnership of committed organizations and individuals, the community believed it could begin to form a truly comprehensive dental safety net.

The sum of all the initiatives to increase access were collectively called the Community Dental Access Initiative.



The following plan of action for The Dentists' Partnership describes one way in which we hoped to engage our private practice *community* dentists.

DESCRIPTION (The Dentists' Partnership)

The foundation of the Dentists' Partnership was a commitment among community dentists to join together to serve individuals with the greatest and most urgent needs, regardless of their ability to pay. A key component of the Dentists' Partnership was that the case load be shared equitably among those participating, so that no one dentist bore an undue burden. In addition, support structures were established for the dentists who were serving the uninsured.

A second key component was that all patients make a personal commitment to serve others. All individuals receiving help through the Dentists' Partnership would give back to their community by donating hours of community volunteer service. In addition, every recipient completes an oral health education class.

This model was recommended for community dentist engagement because it has worked well with primary care doctors in the care of the uninsured.

The Dentist's Commitment
Each dentist who joined the Dentists' Partnership chose to participate at one of three levels, depending upon his/her ability to give.

- *Access Level* Members commit two to three (2-3) visits per month;
- *Partner Level* Members commit four to seven (4-7) visits per month;
- *Advocate Level* Members commit eight or more (8+) visits per month;
- All Members:
    - Sign a Letter of Commitment;
    - Commit to one year of service;
    - Commit, upon entering the Partnership, to a schedule (of their own choice) for seeing Dentists' Partnership patients;
    - Provide information to the DPP program (such as services provided, any no-shows, etc.) to allow for evaluation and modification of the program.

Commitment to the Dentists

Access Level Members:
- The DPP worked with each dentist to determine his/her preferences with regard to scheduling of visits, intake and screening paperwork, etc.;
- The DPP scheduled appointments for Dentists' Partnership patients according to the dentists' preferences;
- The DPP placed reminder calls to each patient before his/her appointment;
- Dentists' Partnership members could request priority enrollment in the Pearl Health Plan *Plan B Basic Coverage Plan* for his/her own patients who had an urgent need for access to basic medical care;
- The DPP provided ongoing recognition, including a full-page ad in the five (5) local newspapers during Cover the Uninsured Week, quarterly recognition ads for Dentists' Partnership Members, and other forms of recognition;

Partner Level Members Received all Access Level benefits, plus:
- The DPP worked with each DPP patient to identify and remove barriers to care, including transportation, childcare, language translation, etc.;
- Should a Dentists' Partnership patient fail to appear for a scheduled dental appointment, the DPP paid the dentist a $25 no-show fee;
- The DPP provided a $1000 Commitment Bonus to each participating dentist upon his/her signature of the Letter of Commitment;

- The DPP provided a $1,000 annual Resource Fund for Partner Level members. The Resource Fund could be used for purchases to improve the dentist's practice or enhance patient care, including but not limited to, office and dental equipment, staff training, dental materials, etc.

Advocate Level Members Received all Access and Partner Level benefits, plus:

- The DPP provided an additional $1,000 annual Resource Fund (total of $2,000) for Advocate Level members. The Resource Fund could be used for purchases that improve the dentist's practice or enhance patient care, including but not limited to, office and dental equipment, staff training, dental materials, etc.

INTENDED OUTCOMES

1. Successfully launch the Dentists' Partnership.
2. Engage 20 dentists at the Partner or Advocate level, in addition to those participating at the Access level.
3. Increase community-wide access to urgent dental care by 11,750 visits annually.
4. Decrease utilization of the Emergency Department for dental pain and jaw disease by approximately 50% (to a new average of 60 visits per month).
5. Increase community volunteerism by 4,000 hours per year.

BUILDING THE DENTISTS' PARTNERSHIP

The success of the Dentists' Partnership was dependent upon the ability to build strong relationships with community dentists. Members of the community voiced that an initiative like this would never work – that it had been tried before. The community felt that dentists weren't a "charitable bunch," and weren't likely to participate.

It was initially assumed that much had to be learned. Therefore, exploratory interviews with 10-12 local dentists were scheduled. The aim was to find out what had been done before, what worked and did not work, and what dentists' concerns were with such a program. Each dentist was also asked under what circumstances he/she might find such an initiative 'workable' in his/her practice.

The interviews provided valuable information. At that time, nothing was being asked of the dentists so they were more than willing to share their opinions and experiences, as well as their version of history on such efforts. It was learned what turned them off about volunteering to provide care – the things that were an absolute no-go – as well as what might make such a plan palatable to them and their staff. This process allowed for the building of valuable relationships.

After the interviews were completed, the workgroup reconvened (the Community Dental Access Initiative) and started laying out what a cohesive initiative should look like. The dentist-patient interaction was mapped from start to finish, defining what the patient would do and experience, and what the dentist would do and experience. The human

resources and skills that were necessary to manage the program and what financial resources would be necessary to secure those staff and skills were identified. Emphasis was placed on identifying components of the program that would be essential to addressing the concerns that dentists raised.

For example, every dentist interviewed said that no-shows were high among patients for whom they were donating care. They were very aggravated when they held a "paying slot" open for a pro-bono patient and then that patient didn't show. They found such behavior to be disrespectful and it caused them to decrease the amount of charitable work they did. A mechanism to ensure most people made their appointments as scheduled was necessary.

Other dentists indicated that some patients showed up with nicer cars than the dentist, or lots of jewelry, or a cell phone and pager strapped to their belt. This gave the dentist the impression that the person had resources, and it made them feel aggravated that the patient was expecting free care. Assurance that patients referred to dentists would be both truly needy and properly prepared for the appointment was essential. Cell phones are not necessarily an indicator of means in a time when many people do not have home phones; however, asking the patient to leave his/her cell phone in their car or purse would improve the experience of the dentist and his/her staff.

Some dentists indicated that patients were demanding, asking for cosmetic services and bringing multiple relatives back to the dentist and expecting free care for them too. Dentists felt that patients were ungrateful and had unreasonable expectations. Educating patients on proper expectations and providing a place for any additional family members to be referred (back to us, not directly to the dentist) assisted in reducing these occurrences.

All the components of the initiative were designed to address the concerns of dentists, including the following:

CONCERN(S)

- Lack of patient commitment/contribution ("patients have no 'skin' in it…they give nothing, so it's meaningless to them")
- Lack of appreciation ("Patients don't understand what it means to volunteer your time for someone else.")
- No Show ("Patients don't contribute anything, they lose nothing if they don't show, so they have no incentive to show.")

SOLUTION: Volunteer Service

- Every patient of the Dentists' Partnership was required to complete two hours of volunteer services before he/she received an exam from a participating dentist. The patient then performed four (4) hours of volunteer services for every $100 in value he/she received in treatment. Volunteer service was performed before treatment was received.

CONCERN:

- Lack of access to necessary medications ("Even if I see them, I can't treat them unless they go through a course of antibiotics, and they often can't afford it. I can't afford to buy it for them either.")

Deleted: ,

SOLUTION: Health Assistance Fund

- A Health Assistance Fund was created to provide resources for a variety of needs related to treatment, including medication and transportation assistance.

CONCERN:

- Patients having unrealistic expectations ("They want me to bleach their teeth or pull every tooth they have." "They expect that I'll make them a set of dentures.")

SOLUTION: Patient Education & Preparation

- The enrollment specialist for the Dentists' Partnership spent 30-60 minutes with each patient to prepare them for their experience in the initiative. She ensured that each patient knew exactly what to expect – both rights and responsibilities – and that they had the resources they needed to follow through.

CONCERN:

- Repeat users ("We'll just see them again in six months, because they'll have another problem. They don't take care of their teeth.")

SOLUTION: Oral Health Education

- Every patient received oral health education from a *volunteer* dental hygienist, including a demonstration on proper brushing and flossing.
- Every patient received oral health materials, including tooth brushes, tooth paste, floss, and disclosing tablets.

Once the initiative had been outlined, it was delivered to the same dentists interviewed to get their feedback. Overwhelming support was achieved. Even those dentists who, during our interview, had indicated that they "liked the idea but were too busy to join" signed up to help.

Soon, through this initial network of "trail-blazers" and other community leaders who supported our efforts, relationships with other dentists flourished. The network grew steadily since the program's inception, with a zero drop-out rate. Diligent work by program staff resulted in additional dentists becoming familiar with the initiative and concerns of those already on board being addressed. By growing the network, the commitment to those already participating was honored as equitable distribution of the case load was achieved and no single dentist bore an undue burden.

CONCLUSION

It has been 20 months since the launch of the Dentists' Partnership. In the last calendar year, 628 people were served with 937 donated visits. Those 628 patients performed 4,440 hours of community volunteer service at 58 local nonprofit organizations. The no-show rate among patients of the Dentists' Partnership was less than 2%, which is better than the no-show rate among commercially-insured patients. The utilization of the local emergency services department for dental pain and jaw disease decreased by 51% and

averaged 55 visits per month in the last calendar year. Currently, there are 36 actively participating dentists, 59% of all available general and specialty dentists in Pearl County.

CASE STUDY DISCUSSION QUESTIONS

1. How was policy development implemented to effectively mobilize community partnerships?
2. How were the community partnerships leveraged to accomplish the purpose: identify and solve health problems?
3. Did the group develop policies and plans that supported individual and community health efforts?
4. How did the group utilize assurance to link people to needed personal health services?
5. What did the leaders of the Community Dental Access Initiative do that made the difference between success and failure for the Dentists' Partnership?
6. What leadership skills were demonstrated by these individuals?