



supporting free and charitable clinics and the communities they serve

Dental Services in Free and Charitable Care Settings

2015 Statewide Clinic Survey and Convening

**Washington Healthcare Access Alliance is grateful to
Washington Dental Service Foundation for the generous support of this effort.**

Washington Healthcare Access Alliance

Report compiled by Christine Lindquist, MPH, Executive Director, Summer 2015

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SUMMARY

Since the implementation of the Affordable Care Act (ACA), the number of adults with insurance coverage has increased, but access to care continues to be a challenge.

Patients left out of the healthcare system seek care in free and charitable clinics for many reasons, including the following:

Affordability: For individuals whose income requires them to purchase insurance through the exchanges, there are many who cannot afford it, even with subsidies.

Immigration Status: The ACA does not provide coverage for undocumented workers, and lawfully present immigrants cannot apply for Medicaid during their first five years of residency.

Service Gaps: The ACA does not universally cover dental care, health education, and other specialty services.

Provider Availability: There are insufficient numbers of Medicaid providers to serve the increased number of Medicaid patients.

Patient Transitions: Individuals who lose employer-provided health insurance due to job changes require healthcare services while they navigate to new coverage.

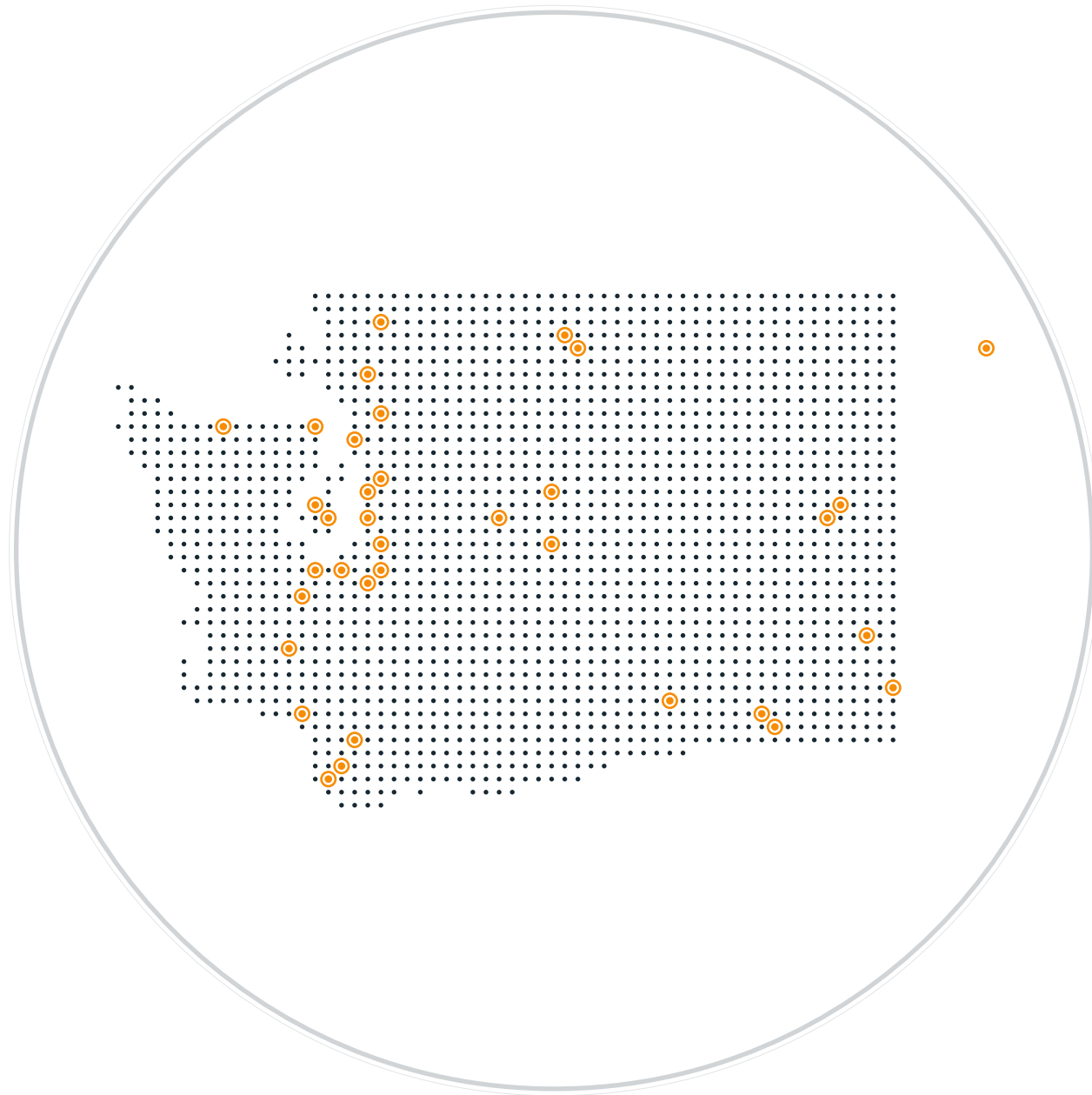
Dental pain is a common reason for free clinic and emergency room visits, however the majority of free and charitable clinics don't provide dental services, and community health centers often have long waits for care. In response to community needs, many clinics are considering adding or expanding dental care lines.

In spring 2015, Washington Dental Service Foundation and Washington Healthcare Access Alliance partnered to assess the landscape of dental care in free and charitable care settings. This effort began with a baseline survey to determine the level of interest in oral health among organizations providing free and charitable care in and around Washington State. The survey was distributed to 98 clinics.

Data gathered was utilized to inform the convening of free clinic leaders. Staff and board members interested in exploring the development or expansion of dental care were brought together in a daylong, facilitated meeting to learn about resources, and to discuss barriers to the provision of dental care.

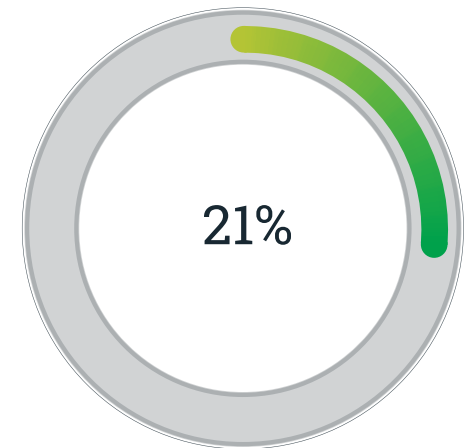
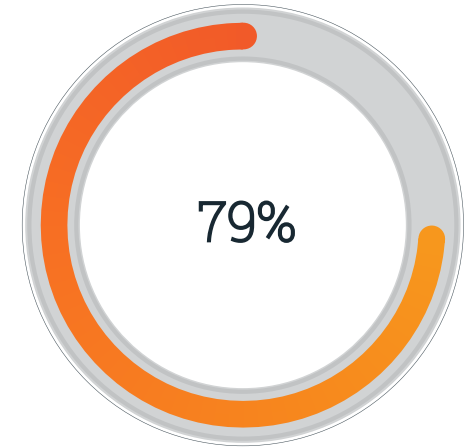
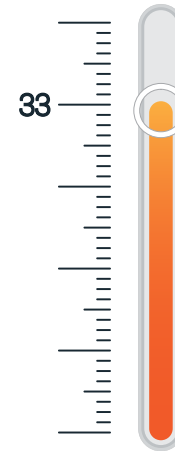
This report includes data collected from 42 respondent clinics in the baseline survey, as well as input from clinics provided in the dental convening discussions. It is hoped that this information will lead to productive and successful investments in dental access across Washington and beyond.

GEOGRAPHIC DISTRIBUTION OF SURVEY RESPONDENTS



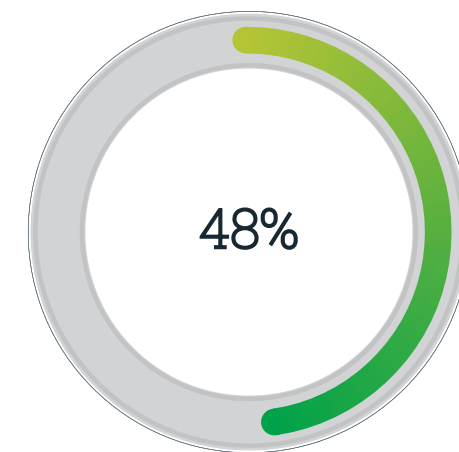
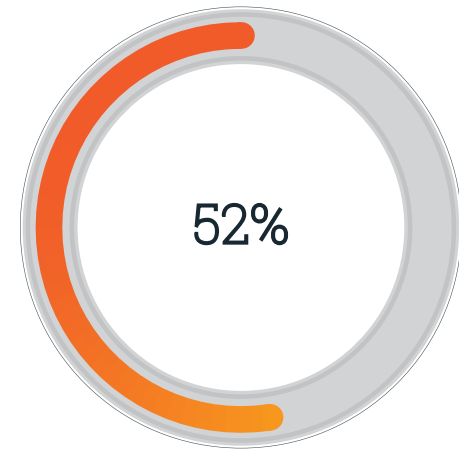
42 clinics responded to this survey on dental services in free and charitable clinics.
This map shows the geographic distribution of all respondents.

DOES YOUR CLINIC PROVIDE MEDICAL SERVICES?



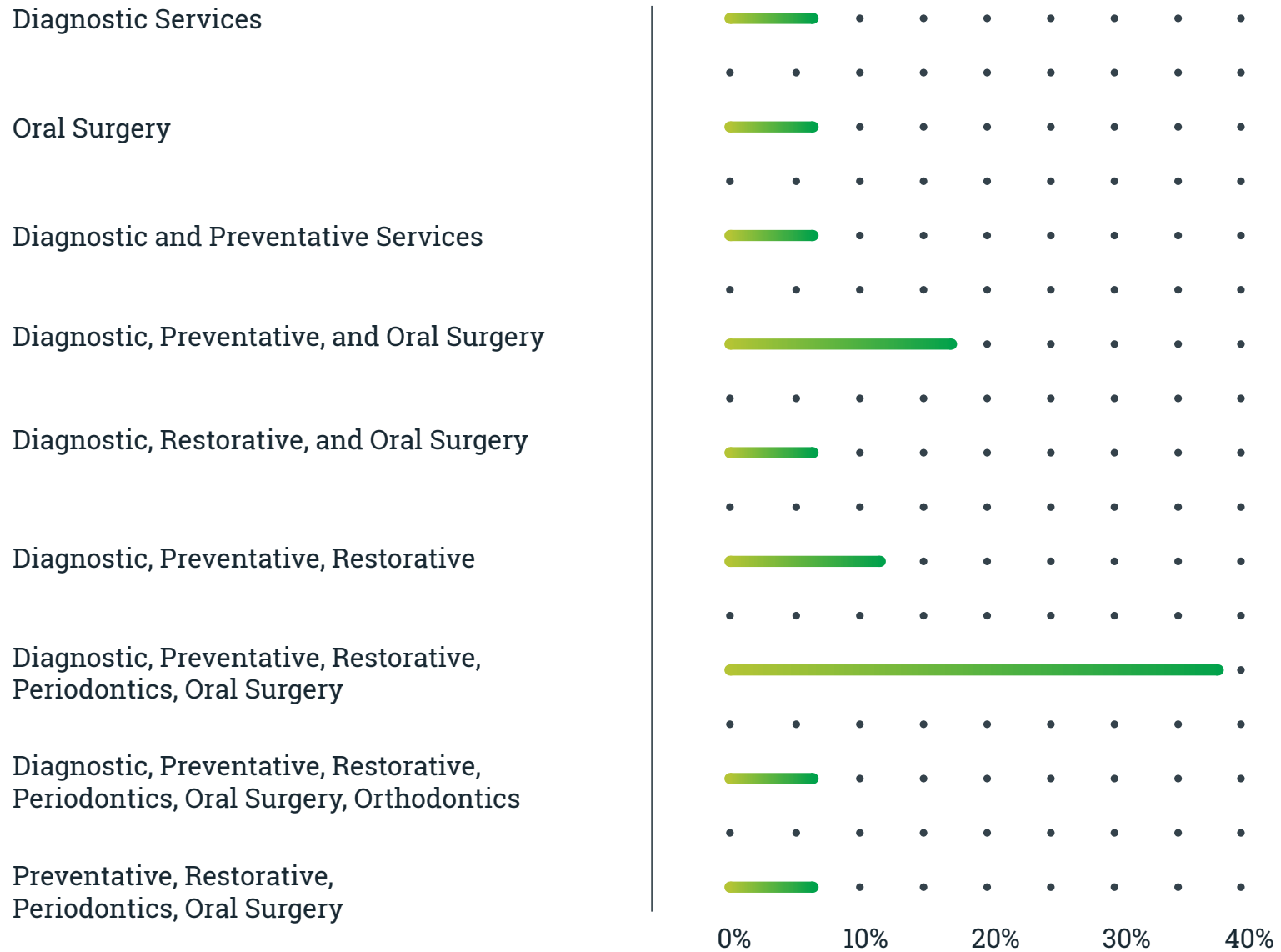
33 clinics (79%) provide medical services, 9 clinics (21%) do not provide medical services.

DOES YOUR CLINIC PROVIDE DENTAL SERVICES?



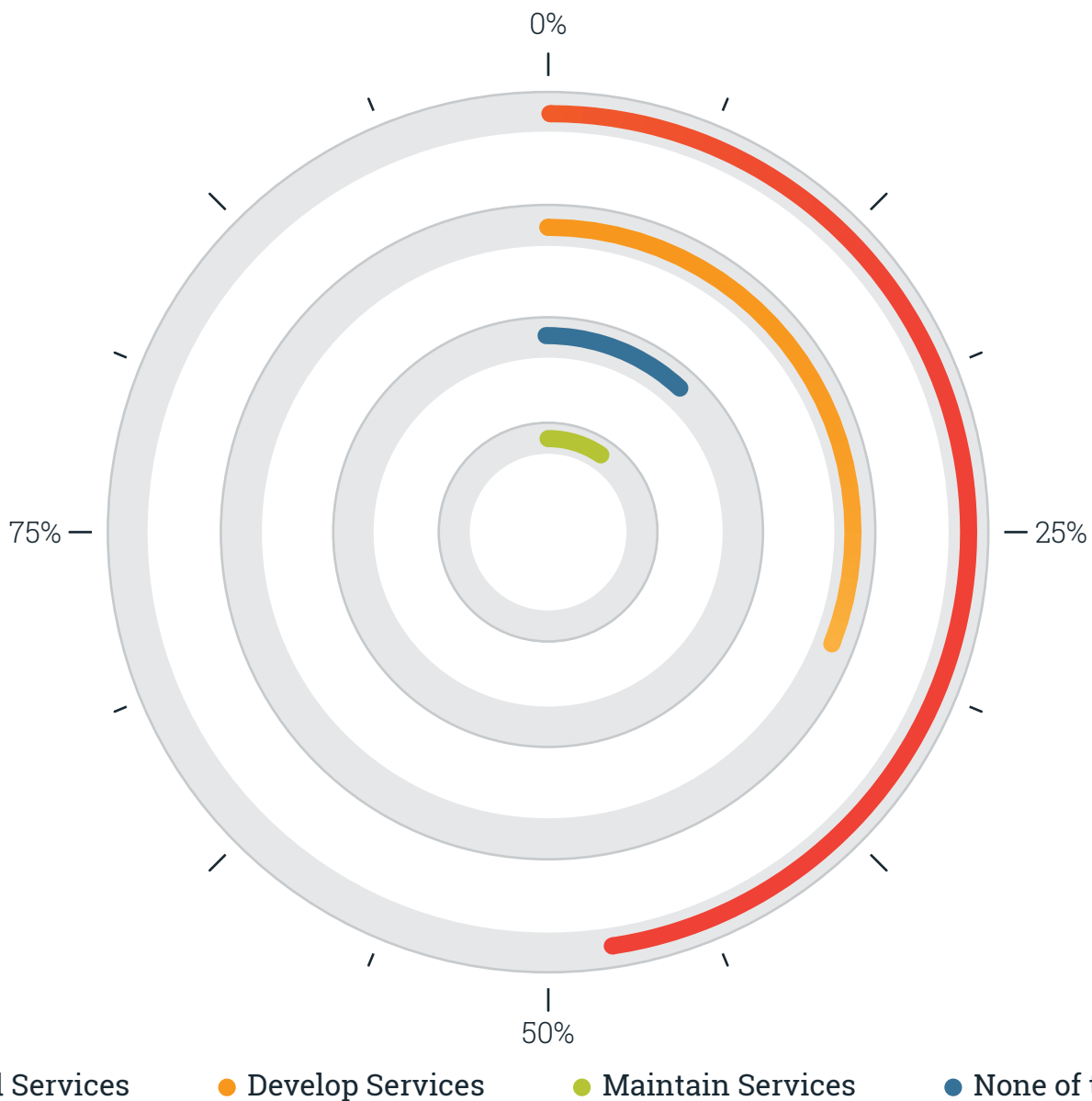
22 clinics (52%) provide dental services, 20 clinics (48%) do not provide dental services.

OVERALL SERVICES PROVIDED BY DENTAL CLINICS



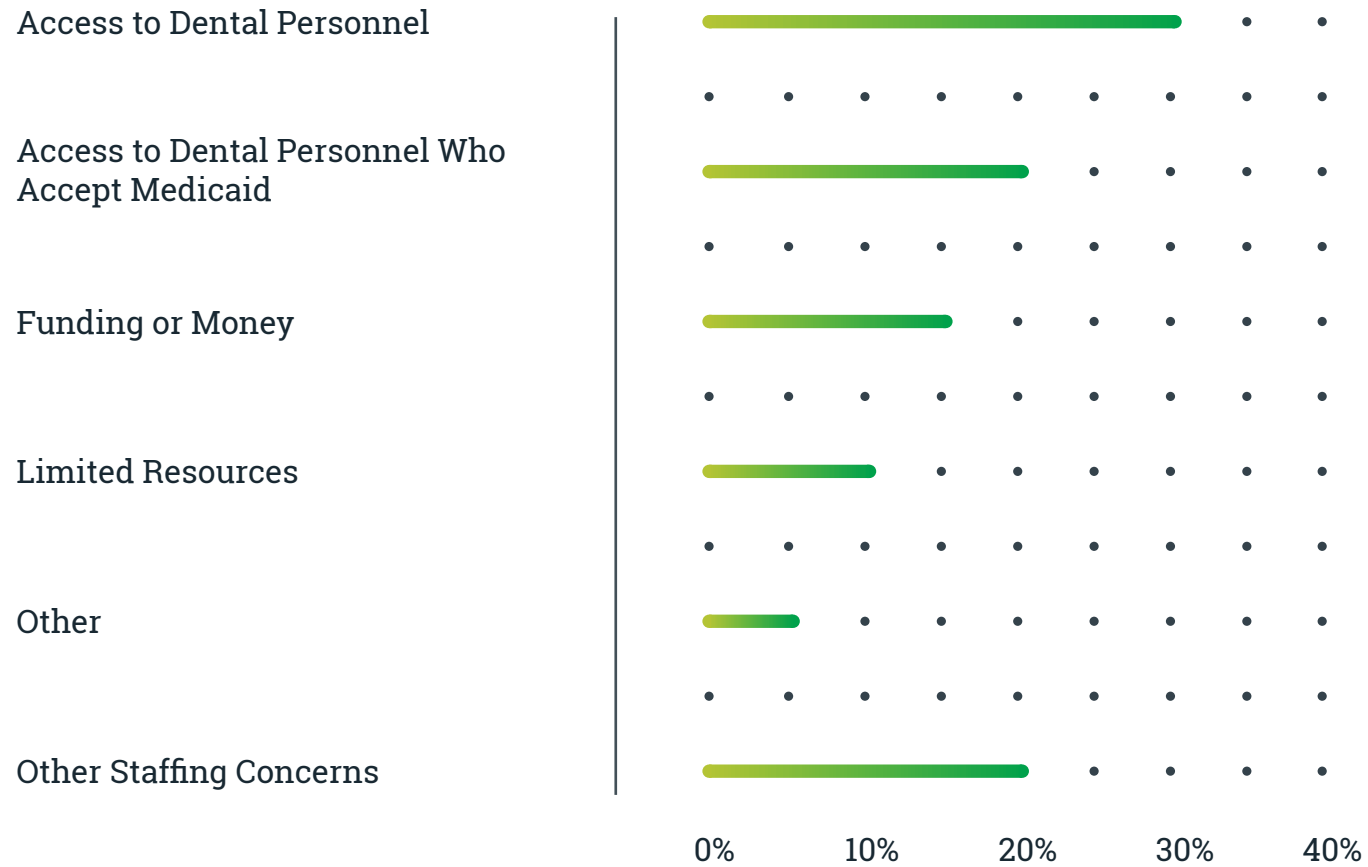
Over 39% of the clinics surveyed provide diagnostic, preventative, restorative, periodontal and oral surgery services. 17% of clinics surveyed provide diagnostic, preventative and oral surgery services.

HOW MANY CLINICS ARE CONSIDERING DEVELOPING OR EXPANDING DENTAL SERVICES?



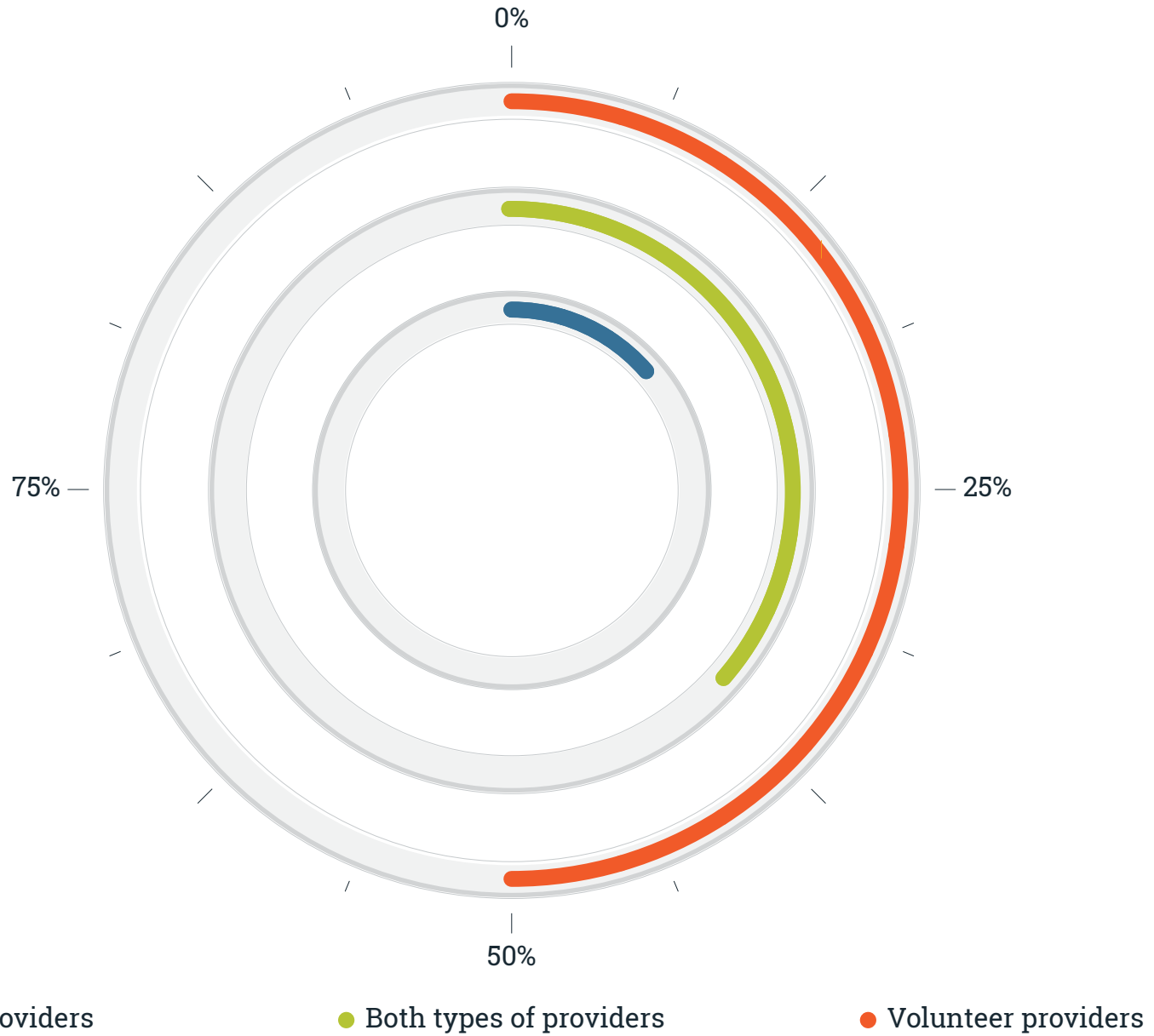
A total of 20 of clinics (47%) are considering expanding current dental services.
13 clinics (30%) are considering developing dental services

WHAT BARRIERS HAVE YOU ENCOUNTERED OR DO YOU ANTICIPATE IN PROVIDING DENTAL CARE?



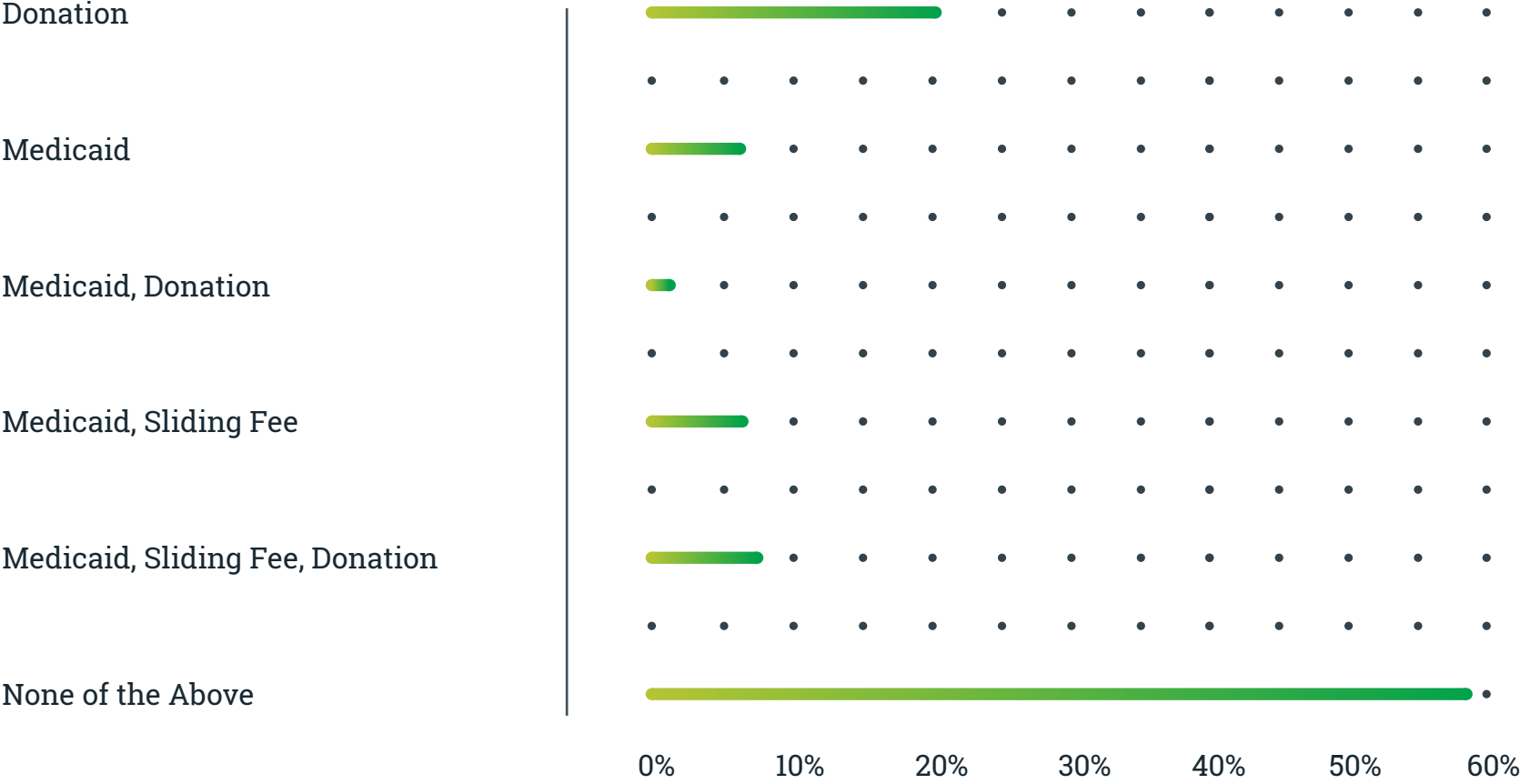
The top barriers identified or anticipated in providing dental services relate to the availability of dental personnel and general volunteers.

HOW DO CLINICS STAFF THEIR FACILITIES?



The most common staffing model among respondent clinics is the use of volunteer dental staff. Only 3 clinics report using all paid dental staff.

WHAT FORMS OF PAYMENTS DO CLINICS ACCEPT?



59% of clinics provide care completely free of charge to the patient. The remaining 41% of clinics utilize combinations of Medicaid billing, sliding fee schedules and patient donations.

BARRIERS, SOLUTIONS, AND RESOURCES

Data gathered in the baseline survey informed the convening of free clinic leaders interested in exploring the development or expansion of dental care within their organization. In May 2015, 32 individuals representing 18 organizations participated in a series of interactive, facilitated discussions about the barriers and solutions to the provision of dental services in free and charitable care settings.

This discussion was conducted in a World Café format to maximize attendee participation, and to capture as many resources as possible. Included below is a summary.

STAFFING

BARRIERS

Difficulties recruiting dental volunteers

- As providers of care
 - Difficulties recruiting volunteers who meet the language and cultural needs of the patient population

SOLUTIONS AND RESOURCES

Develop a communication/outreach plan

- Develop partnerships for dental staff outreach
 - Engage community partners to help with dental volunteer outreach
 - Speak at churches, community groups, schools
 - Connect with the local dental societies
 - Connect with dental, dental assisting programs, and dental hygiene programs
- Have current dental staff reach out to colleagues
- Ask board/staff to approach their own dentist
- Use local marketing, such as sending a postcard to specific zip codes close to the clinic or utilizing local radio

BARRIERS, SOLUTIONS, AND RESOURCES

HUMAN RESOURCES

BARRIERS

Difficulties sustaining dental volunteers

- Clinic systems can seem disorganized and frustrating to volunteers
 - Volunteer sign-up systems can turn off potential volunteers

Difficulties recruiting paid dental staff

SOLUTIONS AND RESOURCES

Enhance current volunteer programs to retain current volunteers

- Streamline systems to avoid confusion and frustration for volunteers
 - Create a simple, volunteer sign-up system with support for volunteers in obtaining any necessary documentation

- Communicate frequently with volunteers
 - Determine how individuals like to be thanked

Make sure that volunteers are regularly recognized and reinforced

- Connect with the Volunteer/Retired Providers Program for Washington State Dental Association conference registration for dentists
- Track hours for continuing education credits

Initiate legislation to incentivize paid dental staff in free and charitable care settings

- Streamline systems to avoid confusion and frustration for volunteers

BARRIERS, SOLUTIONS, AND RESOURCES

HUMAN RESOURCES

BARRIERS

Few dentists in geographic area

- Few dentists who accept Medicaid in geographic area

SOLUTIONS AND RESOURCES

Initiate legislation to increase reimbursement rates for Medicaid providers

Initiate legislation to incentivize new dental school graduates to work in free and charitable care settings

Loan repayment/scholarship programs

POLICY

BARRIERS

Medicaid reimbursement rates for dental care are too low to sustain Medicaid providers

Volunteer hours are not counted toward continuing education requirements for hygienists and dental assistants

SOLUTIONS AND RESOURCES

Initiate legislation to increase reimbursement rates for Medicaid providers

Initiate legislation to allow volunteer hours to be counted for CE for hygienists and dental assistants

BARRIERS, SOLUTIONS, AND RESOURCES

FACILITY/EQUIPMENT

BARRIERS

Expense associated with establishing and maintaining dental practice

Transportation access is difficult for patients

SOLUTIONS AND RESOURCES

Mobile dental programs

- Partner with existing mobile dental programs
- Develop a mobile dental program

Partner with dentists in the community to provide care using a Project Access model

INSTITUTIONAL

BARRIERS

Difficult to know who is doing what within the free clinic network

SOLUTIONS AND RESOURCES

Create opportunities for dental clinic personnel to convene on a regular basis

Engage with organizations that support the free clinic network

- Washington Healthcare Access Alliance
 - Monthly clinic networking calls (last Monday of month at 9:30 am, transcripts available online)
 - Annual networking conference
 - Quarterly newsletters
 - Biweekly member clinic emails
 - Online resources

BARRIERS, SOLUTIONS, AND RESOURCES

INSTITUTIONAL

BARRIERS

Difficult to know who is doing what within the free clinic network (continued)

Lack of oral health information among patients

Dental health perceived as less important than medical health in American culture

SOLUTIONS AND RESOURCES

Engage with organizations that support the free clinic network (continued)

- National Association of Free and Charitable Clinics
 - Annual networking conference
 - Online resources

Partner with organizations that provide oral health education materials and programming

- Washington Dental Service Foundation
 - Mighty Mouth Campaign
 - ABCD Program

Develop a communication/outreach plan to raise awareness of the need for oral healthcare as part of clinic marketing

- Engage community partners to help with dental awareness outreach
- Speak at churches, community groups, schools
- Connect with medical, nursing, public health, dental, dental assisting, and dental hygiene programs to partner with students for dental awareness outreach
- Use local radio

BARRIERS, SOLUTIONS, AND RESOURCES

INSTITUTIONAL

BARRIERS

Little incentive for dental staff to engage in charity care work

SOLUTIONS AND RESOURCES

Initiate legislation to allow volunteer hours to be counted for CE for hygienists and dental assistants

Initiate legislation to incentivize new dental school graduates to work in free and charitable care settings

FUNDING

BARRIERS

Costs associated with dental clinic

- Equipment
- Supplies
- Paid staff
- Infrastructure

SOLUTIONS AND RESOURCES

Seek grant funding

- Washington Dental Service Foundation
- Empire Health Foundation
- Verdant Health Commission
- Boeing
- United Way
- Walmart Foundation
- Bank of America
- Local credit unions
- Tribal foundations

BARRIERS, SOLUTIONS, AND RESOURCES

FUNDING

BARRIERS

SOLUTIONS AND RESOURCES

Costs associated with dental clinic (continued)

Explore alternative models for clinic financial stability

- Medicaid billing
- Sliding fee scale

Costs associated with dental education

Initiate legislation to incentivize new dental school graduates to work in free and charitable care settings

CONCLUSIONS AND NEXT STEPS

Following implementation of the Affordable Care Act in Washington, the need for continued free clinic care has been clear, and the need for dental care has been overwhelming.

Free and charitable clinics have always served patients left out of the traditional healthcare system. As such, they have unique and valuable insights related to where the greatest needs exist, and how those needs may be addressed.

This report is intended to provide the stakeholders of Washington's free and charitable clinic network with a brief overview of dental services in free clinic settings, the perceived barriers to providing dental care, and what opportunities exist to strengthen and grow this system.

It is hoped that this report will inform the ongoing work of all stakeholders to support free and charitable clinics in the provision of dental care. In response to the dental convening discussions, we suggest several possible actions.

1. Increase the capacity and stability of free and charitable clinics by funding paid staff.

- Clinics with even part time, paid staff have a level of stability that is very difficult to replicate in an all-volunteer model. This stability can result in improved clinic operations and a larger community impact.

2. Support opportunities for free and charitable care staff to come together for networking and training in subjects identified as challenging, including:

- Securing funding
- Volunteer recruitment and retention
- Developing formal partnership agreements
- Exploring diversified funding models, including

- Medicaid billing
- Conducting community needs assessments
- Developing a business plan

3. Provide legislative advocacy.

- Initiate legislation to incentivize new dental school graduates to work in free and charitable care settings
- Initiate legislation to allow volunteer hours to be counted for CE for hygienists and dental assistants
- Initiate legislation to increase reimbursement rates for Medicaid providers
- Support increased funding for state and federal loan repayment and scholarship programs

The leaders of Washington's free and charitable care organizations communicate a deep commitment to the dental needs of their patients. We believe that, with support of the larger community, this network of dedicated professionals can make a significant difference in the health of underserved patients across the state and beyond.



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