



Dental Public Health Activities & Practices

Practice Number: 25002
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: University of Michigan Dental School's Partnership with Community Health Centers		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Policies Assurance – Building Community Capacity for Interventions Assurance – Access to Care and Health System Interventions		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children. 21-2 Reduce untreated dental decay in children and adults. 21-10 Increase utilization of oral health system. 21-12 Increase preventive dental services for low-income children and adolescents.		
State: Michigan	Region: Midwest Region V	Key Words: Medicaid, oral health utilization, access to care, grants
Abstract: In April 2000, the Michigan Department of Community Health awarded 22 agencies oral health access grants. Five of these agencies subcontracted with the University of Michigan Dental School to rotate dental students into five community health centers to treat Medicaid beneficiaries. The two main goals of this pilot program was to increase access to oral health care services for Medicaid beneficiaries, and increase dental students' competency as providers in caring for underserved populations. The grants provided for students room and board, transportation, student supervision, and resident stipends. The Michigan Department of Community Health contracted with the University of Michigan for the administration and academic support. From July 2000-June 2001, over 146 dental students, dental hygiene students, and dental residents rotated to five sites, averaging two weeks of service/learning experience at the community health centers. More than 8,606 additional Medicaid beneficiaries were treated at these five sites through this educational partnership. As a result, all five community health clinics have hired dentists who were former students of this program to join their dental staff. The University of Michigan uses this partnership as a recruitment tool to attract students to dental school.		
Contact Persons for Inquiries: Christine M. Farrell, RDH, BSDH, MPA, Oral Health Program Director, Division of Family & Community Health, Michigan Department of Community Health, 201 Townsend St., Lansing, MI 48913, Phone: 517-335-8388, Fax: 517-335-8697, Email: farrellc@michigan.gov		

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In 1997, the University of Michigan School of Dentistry (UMSD) started to pilot partnerships with the Michigan Primary Care Association and community health centers. Senior dental students rotated to the community dental clinics for one-week periods delivering oral health services under the supervision of the local dentists. The experiences for both the clinics and dental students were very positive. The UMSD explored options to expand the program to other sites and approached the Department of Community Health (DCH) for funding opportunities.

In fiscal year 2000, the legislature appropriated an additional \$10.9 million dollars to help create access to oral health care for Medicaid beneficiaries. As a result, the DCH requested grant proposals from safety net providers, such as local public health dental clinics, federally qualified health centers, hospitals, and other safety net providers. In the grant process, the UMSD partnered with a number of clinics to include the student outreach program as a component of their grant proposals. The UMSD subcontracted with the agencies and grant funding paid for room and board, transportation, stipends, and distance learning requirements for the students. The administrative and academic support of staff salaries was negotiated via a separate contract between the UMSD and DCH. Of the 22 Oral Health Access grants awarded, five sites included the student outreach program. Dental students and dental hygiene students were rotated for two-week periods through the five sites: four were federally qualified health center dental clinics and one was a local public health dental clinic. The first year of the student outreach program (fiscal year 2000) had one-time only grants to cover the costs. In the second year (fiscal year 2001), the student contract costs were covered by the cost-based reimbursement mechanisms that exist for local public health clinics and federally qualified health centers.

Justification of the Practice:

A small number of private dental practitioners who are willing to treat Medicaid-enrolled children results in limited access to dental care for Medicaid enrollees. National figures show that only 20-30 percent of Medicaid-enrolled children receive any dental care in a given year, contributing to what the Surgeon General called a "silent epidemic" of oral disease among US children from low-income families.

The student outreach program helps to increase dental access for Medicaid beneficiaries. In addition, students increase their knowledge and foster positive attitudes and behaviors in caring for underserved populations.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The outreach program is a joint partnership with the DCH, UMSD, and safety-net providers. UMSD has hired a community outreach director to oversee the student education and delivery practices. Each of the five community sites has a contract with the UMSD to rotate dental students, dental hygiene students, and dental residents through their programs. Depending on the needs and capacity of the community sites, dental residents may or may not be part of the rotation program. The five sites throughout Michigan are in diverse geographic and population areas. A rotation is usually a two-week period. Students have to coordinate their clinic time at UMSD and outreach rotation assignments. UMSD works with the site to develop appropriate living arrangements for the students, based on university housing guidelines. Contracts with car rental agencies and housing are arranged through UMSD.

UMSD also provides supervision and guidance to the clinic sites regarding student rotations and distance learning. Dental clinic staff are educated in the teaching protocols and skills that are to be used in the teaching process with the students at the clinic sites. Dental staff are also given adjunct faculty staff appointments to support their education and skills development.

The students treat Medicaid beneficiaries and other low-income patients in "real life" practices at the clinic sites.

In the first year of the student outreach program, from July 2000-June 2001, over 146 dental students, dental hygiene students, and dental residents rotated to 5 sites. More than 8,606 Medicaid beneficiaries were treated at these five sites through this educational partnership. At the program's second year mid-point (February 2002), the semi-annual report states that 59 dental

students, 15 residents (Advanced Education in General Dentistry, General Practice Residency and Pediatric Dentistry), and 8 dental hygiene students have actively participated in the program, totaling 3,130 Medicaid beneficiaries (2,121 adults and 1,009 children), 3,896 dental visits and 6,773 procedures.

Budget Estimates and Formulas of the Practice:

UMSD has contracts with each of the five sites. The sites are billed monthly for transportation, room and board, and teaching costs. Included are the educational partnership costs of the student outreach program from their quarterly reports, and the costs are settled by DCH. The educational partnership costs are paid at 100% and are excluded from the cap of the federally qualified health centers. The local health department has a different cost-based reimbursement mechanism and is reimbursed at 55% of their costs. The local agency pays the additional 45% of the cost. The sites bill for the services provided to the Medicaid beneficiaries and receive the allowable fees for the services provided.

A separate contract with the UMMSD and DCH helps to alleviate administrative and staff costs of the program. A formula has been developed to aid UMMSD in receiving a Medicaid administrative match on their Medicaid teaching and education costs. The UMMSD has to report their staff and administrative time spent on Medicaid beneficiaries on a quarterly basis. An annual report for the services is required, along with budget projections and curriculum development for underserved populations.

Lessons Learned and/or Plans for Improvement:

The educational partnership has been a win-win situation for all parties. The students experience “real life” situations and the clinics develop relationships with the students. Clinics have had to adapt to the students’ workload – there is a distinct learning curve at the beginning of each rotation and the workload is not as great as with an experienced dental professional. Two-week rotations versus one-week give the clinics and students more time to acclimate to each other. This has also been a win-win situation for the dental clinics in hiring dental providers. All of the clinics have hired at least one, if not two dentists, who rotated through their sites as dental students. The Marquette Health Department was also able to recruit a dental resident, who completed a rotation for its clinic. UMMSD has also used this partnership as a recruitment tool to attract students to the dental school.

The five sites have been partners with UMMSD for two years. There has been interest from other safety-net providers to explore this educational opportunity but it has to be balanced with the schedules of students and their clinic time needed at the dental school to meet educational requirements. The UMMSD has to accommodate the student rotations and also balance their schedule of new patients at the dental school. The students in the community do constitute a loss of revenue to the dental school and they have to look at ways at improving efficiency and outputs from staff and students at the school clinic.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- MDCH Bulletin for dental community outreach

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

In the first year of the student outreach program, 8,606 additional Medicaid beneficiaries received oral health services at the five sites. In the first six months of the second year, an additional 3,130 Medicaid beneficiaries have received treatment (760 were minority patients). The students are making a significant contribution to the well-being of the patients at the community-based clinics. Further, the student outreach program has facilitated provider recruitment at the sites. All of the clinics have hired at least one, and some have hired two dentists, who rotated through their sites as dental students.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

Based on evaluations of the clinic's staff and the evaluation of the impact on the University of Michigan School of Dentistry (UMSD) patient base, the outreach program has developed a rotation schedule with the teaching and clinic staff to minimize the loss of revenue to UMSD while maximizing educational opportunities for the students at the clinic site. The two-week rotation gives the clinic staff and the students time to acclimate to the clinic protocols.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The student outreach program has been in existence since 2000. Through the partnership with the Department of Community Health (DCH), UMSD and community health clinics, the sustainability for the program has been negotiated using different payment mechanisms such as cost-based reimbursement and an administrative contract between the DCH and UMSD.

Sustainable benefits are observed through the treatment services provided to the Medicaid beneficiaries and through provider recruitment at the five sites which have hired dentists who rotated through their facilities as students.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The program is a partnership of the DCH, UMSD, and safety-net providers. Legislators, the local public health clinics, the Michigan Primary Care Association, and the Department of Community Health have provided support to this program. Educational opportunities exist for students to be integrated into the community health centers and disease management programs that exist at the sites.

Objectives/Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The student outreach program contributes to increasing access to oral health care for Medicaid beneficiaries and therefore supports efforts related to the following Healthy People 2010 oral health objectives: reduce dental caries experience in children, reduce untreated dental decay in children and adults, increase utilization of oral health system, and increase preventive dental services for low-income children and adolescents.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

It is not known the extent of similar student outreach programs in other states.