

# Dental Public Health Activity Descriptive Summary

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**Submitted By:** Apple Tree Dental  
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## Apple Tree Dental

Apple Tree Dental is a non-profit group dental practice founded in 1985. Initially addressing the unmet dental needs of individuals living in long-term care settings in Minnesota, Apple Tree now serves people of all ages and abilities. The mission of Apple Tree is to improve the oral health of all people, including those with special access needs, who face barriers to care. Apple Tree's staff works to achieve its mission by delivering education, prevention, and restorative dental services to vulnerable populations and by providing leadership and innovation to transform the health care system.

Apple Tree's delivery system goal is to reach at-risk individuals while they are still healthy and help them maintain their oral health. Apple Tree's on-site services can be delivered at a wide variety of community sites within a 60 mile / 60 minute travel time radius of each Center for Dental Health (fixed clinic and office functions). Community partnerships allow Apple Tree to co-locate on-site dental services within long-term care facilities and other settings where people live, learn, and receive other health and social services. Sometimes described as a "hub and spoke" delivery system, the model creates an accessible care network linked via a fully certified Electronic Health Record and allows multiple points of accessible care for patients and communities.

Apple Tree uses a two-fold approach for long-term care residents. As the contracted Dental Director for a long-term care facility, Apple Tree assists the facility with mandated oral health requirements for all residents, such as the Minimum Data Set, dental emergency coverage, and staff training. For those residents choosing Apple Tree as their dental provider, community care coordinators assist patients and their caregivers to facilitate comprehensive dental care on-site or at the nearest Apple Tree Center for Dental Health.

In its first 30 years, Apple Tree's five regional programs in Minnesota have delivered 966,500 dental visits and collaborative practice screenings in partnership with approximately 170 collaborating nursing facilities, assisted living centers, Head Start centers, schools, and other sites. More than a third of this care has been provided to nursing facility residents and other older adults. By 2015, the total was over \$170 million worth of dental care.

Apple Tree shares its expertise in geriatric and special care dentistry with educational institutions, researchers, and policymakers. Dental, dental hygiene, advanced/dental therapy, nursing students, and faculty have had rotations at Apple Tree. Apple Tree's longitudinal database that includes records for more than 30,000 nursing facility residents has been used by researchers. Apple Tree has played a key role in important dental access legislation in Minnesota and has been actively involved in the formation and leadership of local and statewide coalitions. Nationally, the sustained success of Apple Tree's programs have been recognized by the American Dental Association, the Surgeon General, the Robert Wood Johnson Foundation, the Kellogg Foundation, and other leading health care organizations.

## Lessons Learned:

Apple Tree celebrated its 30<sup>th</sup> year of operation on July 3, 2015. It has grown to be a significant provider of comprehensive dental care in Minnesota and has been recognized as a model program for overcoming barriers faced by underserved populations, including older adults.

Lessons learned include:

- The importance of a well-defined mission and shared values statement that supports both patients and providers. Mission and values provide a foundation to develop and maintain strategic partnerships with both public and private entities.
- Dental expertise is not enough. Expertise and systems in marketing and communications, development, finance, human resources, and information technology systems are needed and require investment of time and resources.
- “Cookie cutter” replication is not possible. A successful program must be tailored to local needs and resources and take into account state-specific licensure and regulations. Highly specific local data is essential to launch a new program and for ongoing program evaluation.
- Effective public policy requires investment in paid representation at the State Capitol and of leadership’s time.
- Public health care programs (Medicaid, etc.) can be administratively burdensome and have not prioritized adults or the needs of vulnerable adults.
- Diversify sources of grant and gift income, avoiding reliance on a few funders. Under promise and over produce on grants.
- An interdisciplinary team is required to deliver clinical care for older adults with complex needs.
- A non-profit staff model organization with paid dental professional employees allows them to provide the same standard of care regardless of the payer.
- Although successful programs grow over time, in order to have sufficient capacity to generate earned revenue and sustain a team of staff members, start big enough to make an impact.
- Recruit and retain mission-focused leadership at the Board and staff levels to manage the complexities of establishing and sustaining a dental care delivery system for nursing facility residents. The expertise needed goes well beyond understanding geriatric clinical needs.
- Value and reward innovation by creating a culture that welcomes adaptation and change.

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