Foundation Perspectives and Lessons Learned: Safety Net Dental Clinic Sustainability Projects in Ohio and California

Strategies to build capacity and enhance sustainability of safety net dental clinics, in an age of limited resources

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Background and Context

In recent years in America, two young boys died as a result of untreated dental disease, and many more children and adults are at risk for dental-disease-related complications.

Throughout the country, many health funders are beginning to focus on oral health and access to dental care. As a result, they are increasingly being asked to provide ongoing support to community-based safety net dental clinics (SNDCs) while recognizing the importance of making informed funding decisions related to those SNDCs.

The Ohio Oral Health Capacity Building Project and the California Strengthening Community Dental Practices Project were developed to address these issues. These projects focus on building the capacity of dental safety net clinics, allowing them to deliver accessible oral health services efficiently and effectively.

The Ohio Oral Health Capacity Building Project is a collaborative of four funders:

![HealthPath Foundation of Ohio](image)

![ODH](image)

![Osteopathic Heritage Foundations](image)

![Sisters of Charity Foundation of Canton](image)

California Strengthening Community Dental Practices is supported by the:
The bottom line – the reason these projects came into existence – is that funders are continuing to make investments in SNDCs without seeing measurable results, long-term organizational changes, or sustainable changes in operations, thus leading to an ongoing dependence on foundation and other grant funding. The foundations wanted to approach the issue of sustainability in a more comprehensive manner, by looking at the various processes, organizational structure, and use of resources. These projects in Ohio and California arose from a need to find a new way to provide SNDCs with the tools to become sustainable, to help them operate more efficiently and effectively. They felt a responsibility to maximize funding, to create the most impact and hopefully effect systemic change.

To date, 5 California and 20 Ohio SNDCs have been funded, with the goal of building the capacity of dental safety net clinics to sustain the delivery of accessible oral health services in an efficient and effective manner. The projects were established in order to:

- Strengthen return on investment,
- Build practice management skills for dental clinic administration and staff,
- Enhance clinic viability to support mission and service to the community,
- Reduce dependence on foundation funding,
- Maintain access to care for the poor and underserved, and
- Develop performance indicators to evaluate whether the SNDC is meeting community needs

**Program Description and Objectives**

Selected Ohio SNDC sites received funding to participate in a comprehensive organizational assessment and develop a performance improvement plan. Upon the successful completion of the assessment phase, the SNDCs were given the opportunity to submit funding proposals for the purpose of implementing recommendations outlined in the improvement plan.

The California program follows a similar structure to the Ohio model, for which consultants were contracted to perform the following activities related to the projects:

- Develop an assessment tool for use by safety net dental clinics
- Conduct an independent assessment of each selected site’s operations
- Identify areas for operational improvement through use of the assessment tool
- Develop a performance improvement plan at each of the participating OHCB sites
- Support implementation of the performance improvement plans based on successful completion of the assessment phase
- Evaluate the project and make recommendations for refinement and replication

**From a funder’s perspective, SNDCs fail to achieve sustainability because of several factors:**

- The organization may not implement business and clinical practices that facilitate the efficient and effective delivery of dental services
- Existing reimbursement and financial strategies do not maximize the SNDC’s potential for self-sustainability
- Basic financial or patient visit information is not collected on a routine basis
- There is a reliance on “soft money,” namely short-term grants and donations
- State Medicaid and other program budget cuts
Early “lessons learned”

- Determine that clinic leaders, including the CEO and CFO, are committed to improving operational efficiency before funding is awarded
- Identify clinic capacity for data collection and its ability to use it for practice management and performance improvement
- Ensure that quality of care is included the assessment process
- Funder must play an active role in providing feedback to the SNDC throughout the process
- Provide a menu of training and technical assistance services
- Support learning collaborative among SNDCs

Why focus on preventive oral health?

- In Ohio, oral health is the number one unmet health need and the Ohio Department of Health reports that 4.25 million Ohioans lack dental coverage.

- In California, nearly two out of five (39%) of adults do not have dental insurance. As of July 1, 2009, dental coverage for adults enrolled in the state Medicaid program, Medi-Cal, were eliminated except for services related to medical procedures and tooth extraction for relief of pain and infection.

In both states, the problem is particularly acute among low-income, uninsured and underinsured populations, where lack of income and insurance severely limit access to care. For these medically underserved populations, lack of providers, transportation and oral health literacy also present significant barriers to care. Left untreated, oral diseases impact productivity, increase oral health care costs, reduce employability, decrease overall health and can result in pain, malnutrition, disfigurement, and even death. Increasingly, funders are being asked to provide ongoing financial support to community based safety net dental clinics (SNDC) while recognizing the importance of making informed funding decisions.

Ohio’s Oral Health Capacity Building Project (OHCB)

In 2006, HealthPath Foundation of Ohio (HPF- Ohio) launched the OHCB project in collaboration with the Ohio Department of Health, the Osteopathic Heritage Foundations, and the Sisters of Charity Foundation of Canton as a means to addressing the issues of making informed funding decisions related to safety net dental clinics and requests for ongoing financial support.

The project strives to build the capacity of dental safety net clinics to enable them to sustain the delivery of accessible oral health services in an efficient and effective manner. Dental safety net clinics in Ohio are spread out across the state, making them quite isolated from each other. Additionally, each clinic varies greatly in terms of staff experience, with several dental directors at safety net
sites being relatively new to public health dentistry. As a result, there is a great need for mutual support, technical assistance, and training to strengthen opportunities among dental safety net clinic staff.

The project focuses on improving the sustainability of Ohio SNDCs by providing the technical assistance necessary to improve the efficiency and effectiveness of those organizations. A total of 16 clinics have participated in the OHCB technical assistance project; 8 have received funding through HPF-Ohio. An additional 4 clinics are targeted to participate in the project in 2010. Based on the successful completion of the assessment phase of the project, the SNDCs were given the opportunity to submit funding proposals for the purpose of implementing the recommendations outlined in the improvement plan.

HPF-Ohio began its preventive oral health initiative in 2000. **To date, more than $7 million has been awarded to organizations/programs serving 26 Ohio counties.** From that funding, more than half has been awarded for the start-up, expansion, renovation, and operating support of safety net dental clinics (SNDCs). In their service areas, the Sisters of Charity Foundation of Canton and the Osteopathic Heritage Foundation have provided support for oral health initiatives and capacity building efforts for safety net dental clinics totaling over $6 million.

**Strengthening Community Dental Practices in California**

Community health centers play a crucial role in access to dental services for California’s underserved. Dental productivity rates across California’s 245 community clinics vary and visits per FTE dentist can range from a low of 129 visits to a high of 385. Reasons for the variation include staffing model, reimbursement incentives, management of patient flow and scheduling and even the challenges associated with the patients themselves. Poor productivity can impede access to care and compromise a clinic’s overall financial strength.

In 2008, after publishing a report on the best practices of high-productivity safety net dental clinics and exploring clinic technical assistance needs, the California HealthCare Foundation launched a demonstration project focused on improving clinical productivity and financial viability with the intention of increasing access for underserved patients.

The Foundation has awarded a total of $445,000 for the overall project, which includes the following components:

- **Productivity improvement consulting:** A 12-month, four-phase process to include a data-driven practice assessment, enhancement plan, and supported implementation led by practice management consultants.

- **Incentive to provide complete data:** $5,000 to each of the five clinics that completes the 12-month project and supply all necessary quarterly data.

- **Evaluation of results and overall demonstration:** Independent evaluation firm examines clinical and financial performance, organizational changes, and technical assistance model

- **“Spread” planning:** using evaluation results and needs assessment of clinics to determine if project can be "brought to scale"

In exchange for technical assistance, travel support, and incentive payments, grantee clinics are expected to demonstrate commitment from leadership, work with consultants to implement enhancement plans, participate in learning communities, and participate in formal evaluations.
Policy Issues that impact the sustainability of Funded Oral Health Programs

- Policies that impact continuity of eligibility for Medicaid recipients
- Adult dental coverage within Medicaid
- Reimbursement methodologies and availability of support for provision of uncompensated care
- Reimbursement policies for preventive interventions
- Provider retention and recruitment programs, such as loan repayment, placement incentives, alternative licensure programs, and alternative providers
- Reporting structure of dental providers within safety nets and involvement with the community, including the private provider community
- Policies that support brick and mortar development of clinical space, provision of mobile care, and equipment replacement and upgrade.