



February 24, 2003

TO:           WHA Member Organizations  
FROM:        Steve Brenton, President  
RE:           WHA Resource Guide for Increasing Dental Access

There is a dental access crisis in Wisconsin for low income persons...**and it's VERY REAL!** Hospital emergency department personnel all over Wisconsin, rural and urban alike, are telling poignant stories of patients, young and old, who present themselves in pain due to a lack of dental care. This suffering caused by a dire lack of dental care, and dentists and dental hygienists willing to see the uninsured and even Medicaid/BadgerCare patients, must end. By default, lack of appropriate dental care is fast becoming a "hospital issue" and a real concern. Patients are coming to our hospitals for medical care for tooth decay and abscesses. In all too many Wisconsin communities, the emergency room is becoming the safety net for dental care.

The Wisconsin Hospital Association, along with the Rural Wisconsin Health Cooperative (RWHC), has convened a group of passionate individuals representing hospitals and other organizations that have been involved in facilitating, creating and sometimes managing dental clinics and dental services in their market areas. Various models of increasing dental access are prevalent throughout Wisconsin and are included in a resource manual that we are sharing with our members. The manual contains examples of what hospitals can do to promote dental access for low income persons in their communities. These initiatives are **NOT** meant to be long-term solutions to this crisis, but rather are examples of caring community hospitals that are addressing a huge public health crisis.

WHA and RWHC present these ideas to you and your community hoping that they will stimulate and challenge you to launch a program in your community. It is our hope that by sharing these initiatives, you will see fit to engage others within your community to put their heads and hearts together to find a solution.

WHA wishes to thank Tim Size of the Rural Wisconsin Health Cooperative and the other members of the Work Group on Dental Access for their excellent efforts. They are further identified in the manual.

Enclosure



# Dental Access Resource Guide

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## DENTAL ACCESS MODELS

| <b>Project</b>                              | <b>Organization</b>  | <b>Contact</b>                          | <b>Description</b>   | <b>Commencement</b> | <b>Addendum</b> |
|---|--|---|--|---------------------|-----------------|
| Antigo Dental Services                      | Langlade Memorial Hospital<br>Antigo, WI                   | David Schneider<br>(715) 623-2331       | Van transporting dental equipment and staff travels to Forest, Langlade, Lincoln, and Oneida counties to land-based sites to deliver general and preventive dental services to children and adults   | April, 2002         | A               |
| Madre Angela Dental Clinic                  | Columbia-St. Mary's Health System<br>Milwaukee, WI         | Bill Solberg<br>(414) 291-1422          | Community Dental Clinic serves as the dental emergency room for the metro Milwaukee area and provides general dentistry, preventive and restorative services to children and adults. Services provided by part-time staff, as well as dental school residents, dental hygienist and dental assistant students, and community volunteers. Summer plans include mobile dental units for pediatric preventive care. | November, 2001      | B               |
| Ronald McDonald Care Mobile                 | University of Wisconsin Children's Hospital<br>Madison, WI | Sara O'Loughlin<br>(608) 265-7050       | The Ronald McDonald Care Mobile is a 40-foot mobile unit that will travel throughout south central Wisconsin providing preventive and restorative dental care to underserved children who do not have access to care.  | January, 2003       | C               |
| Section 330-funded Community Health Centers | Wisconsin Primary Health Care Association<br>Madison, WI   | Mari Freiburg<br>(608) 277-7477         | Section 330-funded Community Health Centers receive operating grants from the U.S. Public Health Services and can provide primary medical, dental and mental health services for adults, children, and families. 37 counties are served by 14 community centers, 7 of which have on-site dental programs   |                     | D               |
| Wisconsin Tribal Health Centers             | Wisconsin Primary Health Care Association<br>Madison, WI   | Mari Freiburg<br>(608) 277-7477         | Tribal health centers are governed by the American Indian nations and provide health care services to children and adults. Of 11 tribal health centers in Wisconsin, 8 have on-site dental programs.   |                     | E               |
| Ministry Dental Center                      | St. Michael's Hospital,<br>Stevens Point                   | Cherrie Pavelec-Marti<br>(715) 342-8060 |  | January 17, 2002    | F               |

# WHA Dental Access Work Group Report:

## Local Models Hospitals Can Use To Improve Dental Access

Adopted November 20<sup>th</sup>, 2002

### Outline Of Report

- Overview
- Work Group Members
- Matrix Comparing Dental Access Models
- Description Of Individual Models

### Overview

#### Why Should Wisconsin Hospitals Care About Dental Access?

Two reasons. First, Wisconsin faces many health care challenges but there are few basic health care services which are as lacking statewide for such a large proportion of both children and adults. A recently released State report (see below) indicates that 31% of Wisconsin's children have untreated dental disease. Second, Wisconsin's hospitals see approximately 22,000 patients a year in their Emergency Rooms with dental disease that is almost entirely preventable at a cost of over six million dollars, the greater part which is paid, to the degree it is paid, by Medicaid or "private pay."

#### Why Should Hospitals Promote Alternative Models?

WHA, the Rural Wisconsin Health Cooperative and others have been working to develop better State policy regarding the supply of dentists, hygienists scope of practice and adequacy of Medicaid payments. But resistance to change has been and remains substantial. Ultimately, better dental health public policies will hopefully prevail but in the meantime real children and adults suffer needlessly. In the meantime, we need to try to make a difference at the local community level, one unserved child and adult at a time.

**The case studies in this report provide program and contact information about creative approaches to address the dental care crisis—alternative community based dental access models across Wisconsin which have been initiated, frequently with hospital support and participation.**



## Wisconsin's "Make Your Smile Count" Survey Results

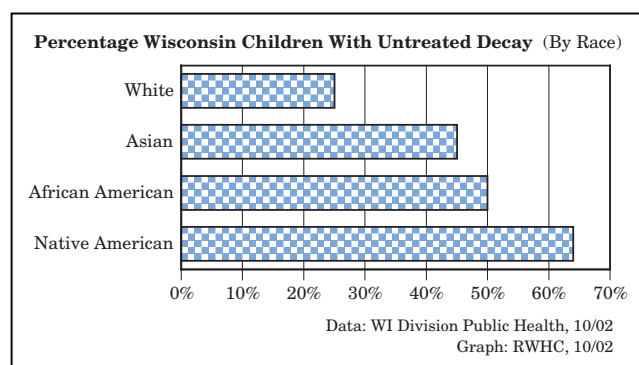
In 2001 and 2002, the Wisconsin Department of Health and Family Services initiated an oral health screening survey of the state's third grade children. The *Make Your Smile Count* survey was funded through a United States Centers for Disease Control and Prevention grant to the Department of Public Instruction and the Department of Health and Family Services. Data from the Make Your Smile Count Survey of Wisconsin's third grade children has just been released as part of The Wisconsin Youth Oral Health Data Collection Report, which is or soon will be available at

[http://www.dhfs.state.wi.us/health/Oral\\_Health](http://www.dhfs.state.wi.us/health/Oral_Health).

"A total of 3,307 third grade children participated in the survey and were screened (with a 67% response rate). The children ranged in age from 7-10 years with the majority (97%) being either 8 or 9 years of age (mean=8.38, standard deviation=0.54). Half of the children (50.0%) were female and 75 percent were white non-Hispanic."

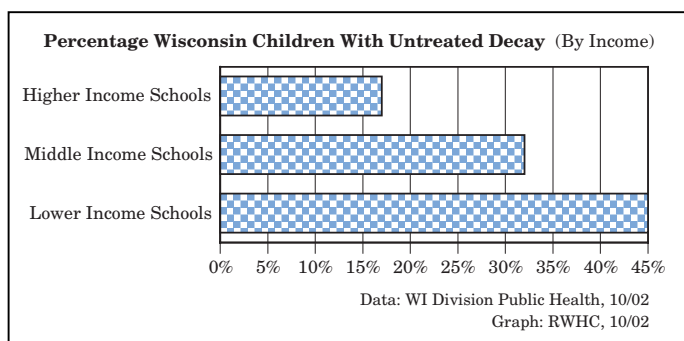
"Compared to state enrollment data, "Make Your Smile Count" may have over sampled lower-income schools. While 34 percent of all elementary school children in Wisconsin are eligible for the free and/or reduced-price meal program, 39 percent of the children attending the participating schools were eligible."

"The percent of children in need of dental care is assumed to be an underestimation because radiographs (x-rays) were not taken."



### Several Key Findings:

- 39.9 percent of the children were caries (cavity) free.
- 31.1 percent of the children screened needed dental care – 27.1 percent were in need of early dental care while 4.0 percent needed urgent dental care.
- Children surveyed who attended lower income schools had significantly more untreated decay (44.5%) compared to children in both middle (31.7%) and higher income schools (16.6%).

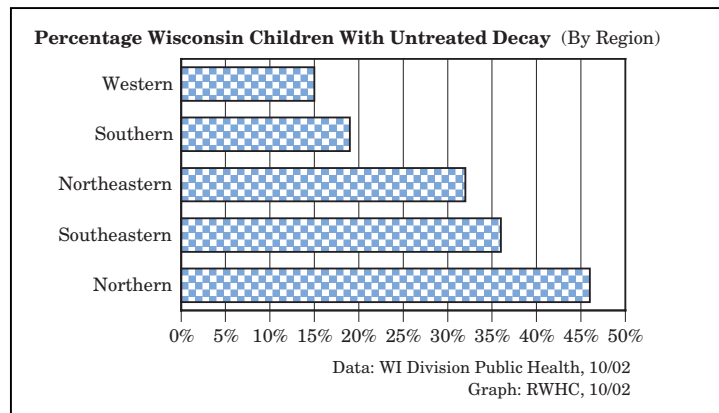


- Twenty-five percent of the white children screened had untreated decay compared to 50 percent of the African-American, 45 percent of the Asian, and 64 percent of the American Indian children.

- 46.1 percent of the children screened in the northern region had untreated decay – significantly higher than any of the other regions ( $p < 0.05$ )\*.

### The National Reality

From the National Center for Chronic Disease Prevention and Health Promotion at <http://www.cdc.gov/>



- Although dental caries (tooth decay) is largely preventable, it remains the most common chronic disease of children aged 5 to 17 years—5 times more common than asthma (59% versus 11%).
- Once established, the disease requires treatment. A cavity only grows larger and more expensive to repair the longer it remains untreated.
- Fewer than 1 in 5 Medicaid-covered children received at least one preventive dental service in a recent year; many states provide only emergency dental services to Medicaid-eligible adults.
- Poor children have nearly 12 times more restricted-activity days because of dental-related illness than children from higher-income families. Pain and suffering due to untreated tooth decay can lead to problems in eating, speaking, and attending to learning.
- Many adults also have untreated dental caries (e.g., 27% of those 35 to 44 years old and 30% of those 65 years and older).

### Financial Impact Of Untreated Dental Disease On Wisconsin' Hospitals

Wisconsin's hospitals see approximately 22,000 patients a year in their Emergency Rooms with dental disease that is almost entirely preventable at a cost of over six million dollars, the greater part which is paid, to the degree it is paid, by Medicaid or "private pay." Extrapolating from a study by Ray Meyers at St. Joseph's Hospital in Chippewa Falls, the chart on the following page estimates the impact on hospitals statewide for the twelve months ending June 30<sup>th</sup>, 2002. Specific statewide data is not known to be readily available and a survey of all of Wisconsin's hospitals is not expected to offer significantly different results.

### What Can Hospitals Do While The Dental Policy Debate Grinds On?

**The WHA Dental Access Work Group hopes that WHA and many of its Member Hospitals will lead or assist in expanding the number and distribution of these practical initiatives.**

**Estimate Wisconsin Annual Emergency Room Charges With Dental Diagnosis**  
**Based On St. Joseph's Hospital, Chippewa Falls, Wisconsin**  
**Dental Diagnosis Treated In The Emergency Room**  
**7/1/01-6/30/02**

| Diagnosis                   | Number Total Patients Treated | Average Charges All Patients | Total Charges All Patients | Number Medicaid Patients | Total Medicaid Charges |
|-----------------------------|-------------------------------|------------------------------|----------------------------|--------------------------|------------------------|
| Anodontia                   | 1                             | \$233                        | \$233                      | 1                        | \$233                  |
| Tooth Eruption Disease      | 3                             | \$195                        | \$585                      | 1                        | \$171                  |
| Dental Caries               | 8                             | \$213                        | \$1,704                    | 3                        | \$744                  |
| Unspecified Dental Caries   | 9                             | \$384                        | \$3,456                    | 3                        | \$587                  |
| Other Dental Caries         | 7                             | \$755                        | \$5,285                    | 4                        | \$1,314                |
| AC Apical Periodontitis     | 6                             | \$430                        | \$2,580                    | 0                        | \$0                    |
| Periapical Abscess          | 56                            | \$257                        | \$14,392                   | 16                       | \$4,996                |
| Chronic Gingivitis          | 1                             | \$171                        | \$171                      | 0                        | \$0                    |
| Acute Periodontitis         | 1                             | \$1,533                      | \$1,533                    | 0                        | \$0                    |
| TM Joint Disorder NOS       | 5                             | \$293                        | \$1,465                    | 1                        | \$223                  |
| TM Joint Arthralgia         | 1                             | \$304                        | \$304                      | 1                        | \$304                  |
| TM Joint Disorder NEC       | 1                             | \$319                        | \$319                      | 1                        | \$319                  |
| Loss of Teeth Due To Trauma | 2                             | \$262                        | \$524                      | 1                        | \$186                  |
| Dental Disorder NEC         | 5                             | \$289                        | \$1,445                    | 1                        | \$185                  |
| Dental Disorder NOS         | 64                            | \$212                        | \$13,568                   | 25                       | \$5,279                |
| Dental Odontogenic Cysts    | 1                             | \$211                        | \$211                      | 1                        | \$211                  |
| Jaw Disease NOS             | 3                             | \$247                        | \$741                      | 2                        | \$547                  |
| Sialoadenitis               | 10                            | \$367                        | \$3,670                    | 2                        | \$285                  |
| Broken Tooth                | <u>17</u>                     | <u>\$373</u>                 | <u>\$6,341</u>             | <u>5</u>                 | <u>\$1,330</u>         |
| Totals                      | 201                           |                              | \$58,527                   | 68                       | \$16,914               |

Estimate Hospital's Percent Of All Wisconsin ER Visits  
 ((15,495/(14,080x124)x100))

0.89%

0.89%

0.89%

0.89%

**Statewide Estimate**

**22,648**

**\$6,594,608.57**

**7,662**

**\$1,905,807.74**

St Joseph's Financial Classificatio

Number Total Patients

Percentage

|                           |          |           |
|---------------------------|----------|-----------|
| Medicaid                  | 68       | 34%       |
| Personal Pay              | 68       | 34%       |
| Health Plans & Blue Cross | 33       | 16%       |
| Medicare                  | 17       | 8%        |
| Commercial Insurance      | 14       | 7%        |
| Workmans Comp.            | <u>1</u> | <u>0%</u> |
|                           | 201      | 100%      |

Data: St. Joseph's Hospital, Chippewa Falls, 10/02  
 Graph: RWHC, 10/02

## DENTAL ACCESS MODEL

Project name: Antigo Dental Services Model

Contact person: David Schneider, CEO, Langlade Memorial Hospital

Address: 112 East Fifth Avenue

City, State, Zip: Antigo, WI 54409

Phone: (715) 623-2331

Email: dschneid@langmemhosp.org

Startup date: April 2002

I. Consumer Target Group: (underline one)

Children      Adults      Both

Comment: About 30 people per week are served; eventual goal is 1500 people per year.

% of privately insured: \_\_\_\_\_

% of Medicaid/Badgercare: 95%

% uninsured: 5%

Geographic area served: Rural; four county area including Forest, Langlade, Lincoln, and Oneida counties

II. Funding Sources: (list contact person, phone number, etc. for each funding source if possible.)

- Public Health Outreach Grant (\$550,000) plus \$400,000 cash and in-kind services
- Langlade Memorial Hospital is fiscal intermediary and puts \$150,000 over three years into the project
- Head Start donated a van which transports equipment to land based sites
- Representative Dave Obey was instrumental in obtaining the Public Health Outreach Grant

III. Sponsors/Collaborators:

Langlade Memorial Hospital  
Public Health Departments from four counties  
Head Start  
Congressman Dave Obey

IV. Services offered: (underline all that apply)

General Dentistry      Preventive Care      Restorative Care  
Periodontal Care      Dentures      Other (specify)\_\_\_\_\_

V. Practitioners/employees connected to the service:

- Project Director (full time) employed by the hospital
- 1 full time dentist
- 1 full time dental hygienist
- 1 full time dental assistant

## **Addendum A**

Description of Unique Features of Resource: (include numbers served, future changes contemplated, potential growth and expansion, role of hospital, use of volunteers and/or employed clinicians, etc.)

The Project was modeled after a mobile dental project in western Wisconsin. A dental care team, employed by Langlade Memorial Hospital, provides full time services at a single site in each of the four counties for one week at a time on a rotating basis. The dental care team utilizes portable operatories and x-ray equipment that are set up on location at each site. The team provides preventive, restorative and general dentistry services five days each week. We anticipate providing general/restorative services to 1,450 people and preventive/oral health education to 5,000 people each year. We bill MA and Badger Care for our services. Others are charged on an income based sliding fee scale.

We are pursuing other options for expanding dental access in Langlade County including development of a local dental clinic utilizing dental residents and/or part time dentists.

## DENTAL ACCESS MODEL

Project name: Madre Angela Dental Clinic – Milwaukee

Contact person: Bill Solberg – Columbia-St. Mary’s Health System

Address: 2323 N. Lake Drive, P.O. Box 503

City, State, Zip: Milwaukee, WI 53201-0503

Phone: (414) 291-1422

Email: bsolberg@columbia-stmarys.org

Startup date: February 2000

I. Consumer Target Group: (underline one)

Children      Adults      Both

% of privately insured: N/A

% of Medicaid/Badgercare: N/A

% uninsured: N/A

Comment: Totally free service; 4,166 dental encounters annually

Geographic area served:

Metro Milwaukee Area

II. Funding Sources:

The Robert Wood Johnson Foundation  
The Greater Milwaukee Foundation  
County of Milwaukee  
Forest County Potawatomi Community Foundation  
Northwestern Mutual Foundation  
Aurora Health Care  
Jane Bradley Pettit Foundation  
Patrick & Anna M. Cudahy Fund  
St. Anthony Foundation  
Gesu Parish  
St. Benedict Community Meal  
Tikkun Olam Foundation, Inc.

Children's Hospital of Wisconsin  
Dr. William Carini, D.D.S.  
The Gardner Foundation  
St. Joseph's Congregation  
The WHA Foundation, Inc.  
Association of the Ladies of Charity of Milwaukee

III. Sponsors/Collaborators:

Aurora Health Care System  
Columbia-St. Mary's Health Care System\*  
Covenant Healthcare System  
City of Milwaukee Public Health Dept.  
Marquette University Dental School  
Marquette University Dental Hygiene School  
Children's Health Alliance of Wisconsin  
Waukesha County Technical College  
Greater Milwaukee Dental Association  
Felician Sisters  
Healthcare for the Homeless  
Milwaukee AHEC  
Wisconsin Hospital Association

\* Also acts as fiscal intermediary

IV. Services offered: (underline all that apply)

General Dentistry      Preventive Care      Restorative Care  
Periodontal Care      Dentures      Other (specify)\_\_\_\_\_

V. Practitioners/employees connected to the service:

1 full time director  
4 part-time dental assistants  
4 part-time dentists  
Marquette University Dental School Residents (650 hours of service annually)  
Marquette University Dental Hygiene School (1500 hours of service annually)  
Waukesha County Technical College (750 hours of service annually)  
Greater Milwaukee Dental Association (714 hours of service annually)

## **Addendum B**

Description of Unique Features of Resource: (include numbers served, future changes contemplated, potential growth and expansion, role of hospital, use of volunteers and/or employed clinicians, etc.)

### **Accomplishments**

#### **Emergency/Urgent Care**

For many patients, the first encounter with the Madre Angela Dental Clinic is to address dental emergencies. This year, the Clinic Coordinator developed a system of triage based on urgency, similar to a system used in hospital emergency rooms. Patients with severe pain and in immediate danger are seen by a dentist first. Those whose pain can be managed with medication are seen later in the day or on the next day, if necessary. The result is that the Madre Angela Dental Clinic functions, in a sense, as the community's dental emergency room, having provided 2,210 urgent care services this past fiscal year.

Patients are seen based on readily accepted urgent care criteria and the demand for services is managed without overwhelming the clinic staff. The triage system utilizes the hygienist's skills to do the initial screening and prioritizing. The success of the system depends on the dentists' trust of the hygienists and close communication in reviewing radiology reports and in dental assessment of patients who are already prepared to receive service. The triage system has helped the clinic serve as a real community asset for dental urgent care.

#### **Restorative Appliances**

Restorative appliances such as bridges, dentures, and crowns were previously unavailable to homeless and impoverished people. Providing restorative appliances involves two strategies: developing a partnership for identifying appropriate candidates and provide funding for dental services and restorative appliances. During this year, 85 dental appliances were created to improve the lives of many people in the community.

#### **Pediatric Preventive Care**

The Madre Angela Dental Clinic has been busy since November of 2001 placing dental sealants on children who reside in impoverished areas of Milwaukee and have no access to dental care. Schools served include Dr. Martin Luther King, Jr. Elementary School, La Causa, Greenfield Elementary, and Mitchell Elementary Schools. Additionally, children of homeless families receiving temporary shelter at the Salvation Army receive sealants. Summer plans include mobile dental units at YMCA Youth Centers and MPS summer school sessions. During the past fiscal year, 966 surfaces were sealed on 259 children. (These numbers are not reflected in the clinic statistics because the services were not received on site.)

### **Equipment Upgrade**

Much of the success of the clinic is in the hands of the dentists and the tools of the clinic. With this in mind, the tools and equipment of the clinic were greatly improved in the past year. New dental operatories were provided to reach the level of equipment available in most private practices. The operatories most often used by dentists are equipped with fiber optic lighting. A cassette system organizes sterilization of tools at reduced risk of needlestick exposure to staff and volunteers. Portable chairs and operatories provide sealants within schools. An intra-oral camera ties the clinic to Marquette Dental School. Plans are under way to expand to another three chairs within the next year.

### **Staff Growth**

As required to meet the expectations of the Local Initiative Funding Partners Grant from The Robert Wood Johnson Foundation, the staff expanded significantly to include one community health worker, four new (part-time) dental assistants, and four part-time dentists. Adding this staff in a very competitive hiring market is a tribute to the spirit and professionalism of the clinic staff that attracted the dental professionals to Madre Angela Dental Clinic.

### **Community Recognition**

Madre Angela Dental Clinic was recognized by the community as an outstanding collaboration for oral health care. The Wisconsin Health and Hospital Association presented the clinic with its Global Vision Community Outreach Award in October of 2001, and the American Hospital Association named the clinic as a finalist for its national NOVA award for community services in May of 2002.

### **Volunteer Services**

The Greater Milwaukee Dental Association (GMDA) has dedicated itself to offering the Madre Angela Dental Clinic as an option for dentists who are willing to provide care to homeless and poor people, but who would like the structure and support of a site within the community. Dentists from the Milwaukee area are encouraged to volunteer one day per year to provide critical care to the patients of the MADC. These volunteer dentists provide permanent fillings, root canals, dentures, and partials to patients at the clinic. Volunteer dentists have provided 714 hours of service over the past fiscal year.

Community based volunteers began serving the clinic during this year as receptionists, dental assistants, and dental hygienists. In this way, another 150 hours of service were provided.

## **Indicators for Improving Dental Care**

### **“No Show” Rate**

The Madre Angela Dental Clinic has an excellent “no show” rate for a clinic that provides free clinical services to the indigent. The average “no show” rate for the 2000-2001 fiscal year was roughly 17%. However, the “no show” rate has been steadily decreasing over the past year – from an average of 25% for the first quarter to 11% for the fourth quarter. If this downward trend continues or if the “no show” rate stays steady at the very respectable rate of 11%, we believe that it is a true testament to patient satisfaction. A lower “no show” rate is a function of not scheduling people too far into the future. The longer people have to wait for an appointment, the less likely they are to show for it.

### **Total Emergency/Urgent Care Services – Triage and Treatment**

The Clinic Coordinator worked hard this year to develop a system of triage based on urgency, similar to a system used in hospital emergency rooms. Through this triage system, those in immediate danger and with severe pain could be seen first, and those whose pain could be managed with medication could be seen later in the day or on the next day, if necessary. The result is that we do function, in essence, as the community’s dental emergency room, having provided 2,210 urgent care services in the past fiscal year.

|                            |
|----------------------------|
| <b>DENTAL ACCESS MODEL</b> |
|----------------------------|

Project name: Ronald McDonald Care Mobile  
Contact person: Sara O'Loughlin, University of Wisconsin Children's Hospital  
Address: 600 Highland Ave., MC8370  
City, State, Zip: Madison, WI 53792  
Phone: (608) 265-7050  
Email: sr.oloughlin@hosp.wisc.edu

I. Commencement Date: January, 2003

II. Consumer Target Group: (underline one)

Children      Adults      Both

% of privately insured: 0% (will be referred to local providers)

% of Medicaid/Badgercare: 75% (est.)

% uninsured: 25% (est.)

Geographic area served:

Initially, the *Ronald McDonald Care Mobile ("Care Mobile")* will begin providing services in Sauk, Rock, and Columbia counties. Once the program is operating well in these counties, the following counties will be considered for future expansion:

|       |           |
|-------|-----------|
| Dane  | Juneau    |
| Grant | Lafayette |
| Green | Marquette |
| Iowa  | Richland  |

III. Funding Sources: (list contact person, phone number, etc. for each funding source if possible.)

|  |                                     |
|--|-------------------------------------|
| University of Wisconsin Children's Hospital: | Sara O'Loughlin (see above)         |
| Ronald McDonald House Charities of Madison:  | Sandy Lampman<br>Executive Director |

IV. Sponsors/Collaborators: University of Wisconsin Children's Hospital  
Ronald McDonald House Charities-Global  
Ronald McDonald House Charities of Madison  
Local Communities to include city and county health departments, local health and dental care providers, businesses, volunteer organizations, etc.

V. Services offered: (underline all that apply)

General Dentistry      Preventive Care      Restorative Care (Basic services only such as fillings, extractions, space maintainers and stainless steel crowns)

Periodontal Care      Dentures      Other (specify)\_\_\_\_\_

VI. Practitioners/employees connected to the service:

Staff providing services on Care Mobile: Dentist, Hygienist and Dental Assistant

Support staff to include: Project Manager and part-time clerical assistant

### Addendum C

(include numbers served, future changes contemplated, potential growth and expansion, role of hospital, use of volunteers and/or employed clinicians, etc.)

The *Care Mobile* is a healthcare initiative for underserved children established by Ronald McDonald House Charities-Global (the charitable foundation of the McDonald's corporation). There are currently eight vehicles in operation throughout the country, with a goal of having 40 more vehicles in operation by 2005.

The *Care Mobile* is a 40-foot mobile unit that will travel throughout south central Wisconsin providing dental services to uninsured and underserved children living within this area. The program is anticipated to begin operating in January, 2003, at which time it will begin providing services in Sauk County, with Columbia and Rock counties scheduled to follow. The program rollout will commence gradually to one county at a time to ensure that the program is operating at optimal efficiency.

While the *Care Mobile* will move directly from community to community, the staff will travel to and from the *Care Mobile* in a "chaser car." To decrease travel time and expenses, the *Care Mobile* will operate four 10-hour days per week. The *Care Mobile* will remain at each host site for a minimum of one week, with the time spent in each county expected to be 2-3 weeks per visit.

The Ronald McDonald House Charities of Madison (RMHC-Madison) is helping support the operational costs for the *Care Mobile* project. The area that supports RMHC-Madison consists not only of the 11 counties in south central Wisconsin, but also 5 counties in north central Illinois. Rockford Memorial Hospital will be the care provider for the territory in Illinois. The UW Children's Hospital will have the *Care Mobile* for 70% of the time with Rockford Memorial having the *Care Mobile* for the remaining 30%.

Initially, the projected patient visits are 45-50 patients/week. However, once operations run smoothly and efficiently, we anticipate 65-75 patients/week. For the calendar year 2003, we estimate having the *Care Mobile* operational in Wisconsin for approximately 32 weeks, with the *Care Mobile* located in Illinois the remainder of the time. Based upon this amount of time, the total estimated number of patient visits for 2003 is anticipated to range from 1,600 to 2,000.

Volunteers will be needed at the "host sites" to assist with the patient flow. The communities will be responsible for the recruitment of volunteers and ensuring that there is a sufficient and steady supply of children that need services. While the goal of our program is to try to treat the greatest number of children in each community as possible, we realize that the demand will be greater than the number of services that can be provided. Therefore, we will attempt to establish a

care delivery network with the local providers for the delivery of follow-up and emergency care.

One of the goals of the *Care Mobile* is to heighten public awareness of the growing problem of lack of dental care for the uninsured and medical assistance population. The intent is to develop a community initiative in an synergistic effort to address this significant issue and improve access to dental care for the underserved.

## DENTAL ACCESS MODEL

Project name: Section 330-funded Community Health Centers Dental Component

Contact person: Mari Freiberg, Associate Director

Address: WI Primary Health Care Association, 49 Kessel Court, Suite 210

City, State, Zip: Madison WI 53711

Phone: (608)277-7477

Email: mfreiberg@wphca.org

I. Consumer Target Group: (underline one)

Children      Adults      **BOTH**

In 2001

% of privately insured: 13%

% of Medicaid/Badgercare: 58%

% uninsured: 29%

Geographic area served: 37 counties served by 14 Section 330-funded grantees  
7 have on-site dental programs

Bridge Community Health Center, Wausau

Family Health Medical and Dental Center/La Clinica, Wautoma

Kenosha Community Health Center, Kenosha

Milwaukee Health Services, Milwaukee

Northern Health Centers, Lakewood

Scenic Bluffs Community Health Center, Cashton and La Crosse

Sixteenth Street Community Health Center, Milwaukee

II. Funding Sources:

Medicaid/BadgerCare

Commercial insurance

US Department of Health and Human Services, HRSA, Bureau of Primary Health Care

Consolidated Community Health Center program

WI Department of Health and Family Services State Community Health Center Grant Program

Various state and federal grants and programs

Various private foundations

III. Sponsors/Collaborators:

Health Centers are private corporations and are governed by consumer-majority Boards of Directors.

Out of the 7 Health Centers with on-site dental programs, 4 serve as an educational site for dental training institutions:

- Milwaukee Area Technical College – Dental Assistant
- Western Wisconsin Technical College – Dental Hygiene
- Gateway Technical College – Dental Assitant
- Fox Valley Technical College – Dental Hygiene

At this time, none of the Health Centers have formal relationships with Marquette University School of Dentistry.

Partnerships with health care providers are possible.

IV. Services offered: (underline all that apply)

- General Dentistry      Preventive Care      Restorative Care  
Periodontal Care      Dentures      Other (specify)\_\_\_\_\_

Services vary based on individual staffing at each Health Center

V. Practitioners/employees connected to the service:

2001 FTEs:    14.6 dentists  
                  13.5 dental hygienists  
                  26 dental assistants

Almost all of these staff are employees of the Community Health Centers.

## **Addendum D**

Description of Unique Features of Resource: (include numbers served, future changes contemplated, potential growth and expansion, role of hospital, use of volunteers and/or employed clinicians, etc.)

### **In 2001:**

Health Centers had 57 dental operatories

16,600 dental patients

40,259 patient encounters

Average number of days between scheduling and appointment: 40 days

Average estimated dental patient percentage by age:

0-18 40%

18-55 45%

>55 15%

Average estimated percent of time devoted to the following areas:

31% preventive services

15% emergency care

54% other treatment services (fillings, extractions, root canals, etc.)

All Section 330-funded Community Health Centers receive operating grants from the US Public Health Services. Health Centers are required to bill third party payers for patients who have coverage.

Health Centers provide comprehensive primary medical, dental and mental health services for adults, children and families. Most services are provided on-site.

## **Federally Funded Health Centers Requirements and Opportunities**

### **➤ What is the Wisconsin Primary Health Care Association?**

The Wisconsin Primary Health Care Association, founded in 1982, is a private nonprofit association of Community and Migrant Health Centers, Health Care for the Homeless Programs and other organizations and individuals concerned about access to health care for underserved rural and urban populations.

- **What is a federally funded Health Center?**

Federally funded Health Centers receive funding (typically between \$450,000-\$650,000) to offer comprehensive primary care services to those in a medically underserved area.
- **What is an FQHC Look-Alike?**

An FQHC Look-Alike receives no section 330 Federal funding but is eligible for cost-based reimbursement under Medicaid and Medicare and may participate in the 340 (b) Federal Drug Pricing program. FQHC Look-Alikes are required to submit a competitive application, be fully operational at application date and meet all requirements of the section 330 grant program.
- **What is the President's Initiative for Growth?**

President Bush has promised to double the number of new and expanded Health Center access points to impact 1,200 new communities by the end of fiscal year 2006.

  - 630 new access points (new grantee organizations or new satellites of existing grantees)
  - 570 significantly expanded existing sites
  - 80% of new access point funding targeted to existing grantees
  - 55% rural / 45% urban distribution
  - 10 million new patients served

**Funding:** \$175 million increase in FY 2002, \$114 million increase requested for FY 2003.
- **What are some key requirements of a federally funded Health Center?**

All Health Center programs must provide, directly or through contracts or cooperative arrangements,

  - Primary care; diagnostic laboratory and radiology services; preventive services including prenatal and perinatal services;
  - Cancer and communicable disease screening;
  - Well child services; immunizations against vaccine-preventable diseases; screening for elevated blood levels;
  - Eye, ear and dental screening for children;
  - Family planning services and mental health, substance abuse, dental services and pharmaceutical services
  - Case management, assist patients in gaining financial support for health and social services, referrals to other providers of care, transportation and interpretive services and community education
  - Relationships with hospitals for admitting privileges
  - After hours coverage
  - Locations and times accessible, including evening and weekend hours

- **What are additional requirements of this model?**

Federally funded Health Centers provide services on a sliding fee scale and accept all types of insurance. They must be located in a Medically Underserved Area (MUA) or serve a Medically Underserved Population (MUP). Health Centers are also required to leverage other resources. The federal contribution is intended to be only a portion of the Center's overall budget.
  
- **What are some advantages to this model?**

Federally funded Health Centers are able to provide comprehensive primary care, while receiving full cost reimbursement from Medicaid and Medicare. This reimbursement allows the federal model to further their mission to serve those who would not have access to health care while being financially sustainable entities. *This also makes the federally funded Health Center model a logical response to the dental access crisis.* A federally funded Health Center serving a high proportion of Medicaid and uninsured dental patients can remain a financially sustainable organization.
  
- **What are the requirements for the Board of Directors?**

The Board must consist of between 9 and 25 members, the majority of whom are users of the Health Center, meet at least monthly, schedule the hours, approve the selection of the director of the Center and establish general policy for the Center. No more than half of the non-consumer representatives may derive more than 10% of their annual income from the health care industry.
  
- **How are Health Centers reimbursed for services?**

Health Centers receive reimbursement for services from patients according to their ability to pay, implemented through a Health Center sliding fee scale. Like other health care organizations, Health Centers receive third party reimbursement from private insurance, Medicare and Medicaid. In recognition of their unique patient populations and service delivery models, Health Centers also receive additional funds from the U.S. Public Health Service, Section 330 to provide care for the uninsured. Federally Qualified Health Centers are eligible to receive enhanced reimbursement from Medicaid. Under Wisconsin's current methodology, Federally Qualified Health Centers bill Medicaid on a regular basis and submit quarterly and annual cost reports to receive supplemental payments that achieve full reimbursement for reasonable costs incurred in providing Medicaid services.

## DENTAL ACCESS MODEL

Project name: Wisconsin Tribal Health Centers

Contact person: Mari Freiberg

Address: WI Primary Health Care Association, 49 Kessel Court, Suite 210

City, State, Zip: Madison WI 53711

Phone: (608)277-7477

Email: mfreiberg@wphca.org

I. Consumer Target Group: (underline one)

Children      Adults      **BOTH**

In 2001,

    % of privately insured: 31%

    % of Medicaid/Badgercare: 22%

    % uninsured: 47%

    Geographic area served: statewide

Of 11 tribal health centers in Wisconsin, 8 have on-site dental programs

    Ho-Chunk Health Department, Black River Falls

    LCO Community Health Center, Hayward

    Menominee Tribal Clinic, Keshena

    Oneida Community Health Center, Oneida

    Peter Christensen Health Center, Lac du Flambeau

    Potawatomi Health and Wellness Center

    St. Croix Health Services, Hertel

    Stockbridge-Munsee Health Center, Bowler

II. Funding Sources:

    US Department of Health and Human Services, Indian Health Service

    Medicaid/BadgerCare

    Private Insurance

    Various private foundations

III. Sponsors/Collaborators:

Tribal Health Centers are governed by the American Indian nations.

Of the 8 tribal Centers with on-site dental programs, 1 serves as an educational training site for dental programs, and it trains students for Fox Valley Technical College, Northeast Technical College and Marquette University School of Dentistry.

IV. Services offered: (underline all that apply)

General Dentistry

Preventive Care

Restorative Care

Periodontal Care

Dentures

Other (specify) \_\_\_\_\_

Services vary based on individual staffing at each Tribal Health Center.

V. Practitioners/employees connected to the service:

2001 FTEs: 12 dentists  
8.4 dental hygienists  
22 dental assistants

Almost all these staff are employees of the Tribal Health Center.

## **Addendum E**

Description of Unique Features of Resource: (include numbers served, future changes contemplated, potential growth and expansion, role of hospital, use of volunteers and/or employed clinicians, etc.)

In 2001: Ran 41 dental operatories.

Average estimated percent of time devoted to the following areas:

28% preventive services

27% emergency care

45% other treatment services (filings, extractions, root canals)

Average number of days between scheduling and appointment – 42 days

Average estimated dental patient percentage by age:

0-18 31%

18-55 46%

>55 23%

## DENTAL ACCESS MODEL

Project name: Ministry Dental Center  
Contact person: Cherrie Pavelec-Marti  
Address: 3504 E Maria Drive  
City, State, Zip: Stevens Point WI 54481  
Phone: (715) 342-8060  
Email: [martic@smhosp.org](mailto:martic@smhosp.org)  
Startup date: January 17, 2002

I. Consumer Target Group: (underline one)

Children      Adults      Both

% of privately insured: \_\_\_\_\_

% of Medicaid/Badgercare: 100%

% uninsured: \_\_\_\_\_

Geographic area served: Portage County, Wood County, southern Marathon County, and western Waupaca County

II. Funding Sources:

A Federal Outreach Grant was secured to assist with the start-up of Ministry Dental Center. Other than the reimbursement from Wisconsin Medicaid, the remaining funding has come from community donations and grants.

III. Sponsors/Collaborators:

Saint Michael's Hospital, Delta Dental Plan of Wisconsin, CAP Services

IV. Services offered: (underline all that apply)

General Dentistry    Preventive Care    Restorative Care

Limited Periodontal Care    Dentures

V. Practitioners/employees connected to the service:

Dr. George Davidson, III

Dr. London Cooper

## **Addendum F**

Description of Unique Features of Resource: (include numbers served, future changes contemplated, potential growth and expansion, role of hospital, use of volunteers and/or employed clinicians, etc.)

Ministry Dental Center opened on January 17, 2002 with one full-time dentist. Collaboration by three community organizations: Saint Michael's Hospital, Delta Dental Plan of Wisconsin and CAP Services made the Center a reality. The waiting list exceeded 500 people from the designated service area within three months of operation. Through donations from local community businesses and organizations, the Center expanded within 9 months of operation. The expansion increased the clinic to three operatories and two hygiene rooms. A second dentist was employed three days a week to provide additional care.

The expansion will initially increase the Center's capacity by 48% to 5,487 patient visits per year. At the end of September over 800 individuals had been treated (many with multiple appointments). Unfortunately, the waiting list has grown to over 1000 with many individuals outside our service area turned away. The unmet need for dental care exceeded our projections. Designation as a dental health-care shortage area was finalized in October 2002.

Future plans include providing a clinical site for North Central Technical College Dental Hygienist students as well as ongoing discussions with Marquette Dental School to consider the possibilities as well. Asking local dentists to volunteer their services is also being investigated.

Ministry Dental Center continues to seek funding sources to make up the shortfall from Wisconsin Medicaid reimbursement. This will be the greatest challenge facing the partners in the next year as we explore linking with community health centers, changing the payor mix, seeking grants, and embarking on an endowment fund drive.