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Proposal 2: Piloting a co-located dental practice program with Perfect Smiles Dental and Burkett Community Health Centers

Related Strategy

Facilitating the Opening of Co-located Dental Practice(s)

Background

Some dentists in Springdale County have noticed that dental spending tracked closely to fluctuations the months of seasonal agriculture and tourism. Local patients who work these seasonal jobs, may have insurance coverage and money during these times, but little time to seek dental care because they are working as many hours as possible. When they had time to seek care, they often the lack dental insurance due to seasonal layoffs and are reluctant to spend their money or ended up paying more money out of pocket for emergency oral problems. The medical sector, however, did not suffer from such seasonal fluctuations. Instead, the medical sector reporting having to increasingly address oral health issues during the “off-season” when patients with dental pain sought care at after-hours urgent care clinics. Both dentists and health centers have noted this to be an interesting area of opportunity.

Proposed action

OSDA will support a dental relocation pilot program in partnership with a large private Medicaid dental group practice, “Perfect Smiles Dental” and a Federally Qualified Health Center (“FQHC”), Burkett Community Health Centers, who currently provides only basic dental services. NOSDA will provide supplemental funds to rent, renovate, and equip three small (1 dental chair) offices located near or within Burkett medical facilities. One dental office is to be located at an urgent health care center where they offered only emergency services during extended evening hours. The second office is planned to be at a community health center where they plan to offer preventive and basic restorative care with evening and weekend hours. The third office is planned at another Burkett medical locale populated with internists, OB-GYNs, and family doctors where they offered comprehensive services during regular business hours, plus occasional extended evening and weekend hours.

Completed dental offices will be held by Burkett who provide Perfect Smiles with affordable renewable leases with the expectation that the dental group will provide care for Burkett patients. Burkett will be responsible for personnel and plans to staff each office with a part time dentist and support staff (approximately 20 hours/week) with the expectation to increase to full time providers within two years. Perfect Smiles and Burkett plan to create mutual referral networks and facilitate relationships between dental and medical staff in an attempt to help patients aggregate their trips to various appointments. Perfect Dental also plans to renegotiate charges to fit with the population and work out payment plans so that patients who needed advanced restorative care could receive the treatment during their seasonal layoffs but amortize the out-of-pocket expense throughout the year.

Anticipated cost

\$425,000 over two years (\$300,000 in Year One and \$125,000 in Year Two)

Description	Year 1 Cost	Year 2 Cost	Ongoing Cost
Supplemental funds to rent, renovate, and equip three dental offices	\$300,000	\$125,000	\$ -
Total	\$300,000	\$125,000	\$ -



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What is a co-located practice?

Co-location is the delivery of dental services within or immediately near a general medical practice. Co-located dental practices can range in size, from a single private practice dentist and his staff working as part-time contractors to full-time dental teams employed by a hospital, health center, or urgent care. Most co-located dental practices offer examinations, preventive services, and basic restorative services, although some offer advanced restorative services, periodontics, dentures, and oral surgeries. Many co-located dental practices treat underserved patients in Federally Qualified Health Centers (FQHCs). However, novel models of co-location are emerging in both safety net and private practice settings. For example, dental practices have set up satellite clinics within primary care medical practices where dental hygienists provide preventive care under remote supervision, then refer patients to the practice's main office for advanced treatment. In addition, some dental teams work in emergency rooms to provide emergency services to patients.

How does a co-located practice work?

Opening a co-located dental practice is similar to opening a new private practice in many ways. It may be motivated by a variety of factors, from internal motivators like a dentist's personal goals to externalities like a medical practice identifying a need and recruiting a dental team to its staff. As with a private practice, a business plan must be developed, operatories may need to be built and inspected for OSHA compliance, and auxiliary staff must be secured, whether by hiring or by allocating time from off-site private practice staff.

Unlike developing a new private dental practice, however, a co-located practice must also work with the medical practice to come to agreement around a variety of topics, for example practice management and administration, financials, regulation, marketing and public relations, dissolution, and records including the use of shared Electronic Health Records to facilitate a "whole health" approach to patient care. The dental and medical practices will likely develop in-practice referral process that serves both practices' income streams while also considering service capacity. If the dental practice is participating as a safety net provider, it will need to work with the medical practice to address payer mix, Medicaid certification, facilitated or coordinated care including translation and transportation services, and other norms and requirements specific to safety net practice. The dental and medical practice will likely work with a lawyer to formalize its agreements in a Memorandum of Agreement, Dental Services Agreement, or other binding document.

Once open, the co-located practice will carry out its work like any other dental practice, generally, although it may also take on some of the characteristics of the medical practice that it agreed to during negotiations, for example doing facilitated referrals or collaborative case management.

What are some things to consider about co-located practices?

What opportunities do you have to recruit one or more dentists and dental staff to open one or more co-located clinics?

- What incentives can you help facilitate to offer dentists who choose to open co-located practices, if any?
- Which model(s) of co-location best fit the community's needs, the dentist's opportunities, and the "personalities" of both practices?
- Where should the co-located practice be opened, taking into consideration the type of co-located practice and the needs/opportunities of the community?
- How will providers negotiate shared financial risks, benefits, obligations, and opportunities, for example capital costs, referral incentives, and enhanced social support to reduce no-show rates?
- How will the providers negotiate those few services that could be provided and billed by either practice, for example the application of fluoride varnish or patient education for pregnant women?
- How will providers address potential differences in practice norms, for example payer mix, business hours, translation and transportation services, and grievance procedures?



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What are some examples of where co-located practices have worked before?

Integrating oral health services into the community health center setting is perhaps the best-known and most successful approach to co-location, to this point.

- http://www.nnoha.org/goopages/pages_downloadgallery/download.php?filename=24023.pdf&orig_name=oral_health_report_final_12-1002.pdf&cdpath=/oral_health_report_final_12-1002.pdf%C2%A0

However, a number of lessons translate to the private sector in terms of productivity, prioritization, and other important components of planning.

- <http://hdwg.org/sites/default/files/resources/FQHC%20Dental%20Clinic%20Operations%20Jay%20Anderson.pdf>