Family Health Center of Marshfield & Marshfield Clinic’s Response to the Surgeon General’s Report: Oral Health in America. - A Presentation to the National Health Policy Forum on Oral Health-

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G Joseph Kilsdonk AuD MS
Administrative Director

Marshfield Clinic
Don't just live. Shine.
You wanted:

- To eliminate oral health disparities
- To demonstrate it could be done
- To develop a reproducible model for our state and nation
We developed a strategy drawing from:

- The latest research linking oral and systemic health
- The 1995 IOM report “Dental Education at the Crossroads
- The Surgeon Generals 2000 report on Oral Health
- The Josiah Macy Study, the recent RWJF / California Foundation pipeline pilot efforts
The basic elements of the strategy include:

- Address capacity to serve those who can not get care now
- Integrate medicine and dentistry
- Train the next generation of dentists to practice with medicine where needed
- Utilize a sustainable business model for education
Move from “Mayhem to Maintenance”

1,000,000 without access to care in a state of 5,600,000.
Texas Beats Wisconsin
Not the ranking we’re wanting to be known for

**FY2008 EPSDT Dental Utilization Rates**
**Percent Receiving a Dental Service**

<table>
<thead>
<tr>
<th>State</th>
<th>Percent</th>
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<tbody>
<tr>
<td>WI</td>
<td>(24.6%)</td>
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**Wisconsin**
- 2006: 21.0%
- 2007: 23.0%
- 2008: 24.6%
- 2009: 26.7%

Source: CMS-416 report, Annual EPSDT Participation Report

No data for Maine and Oregon
Strategy One – Create Access
Unique Dental Patients by Zip Code
Marshfield Clinic/Family Health Center - Dental Centers

November 2002 - August 31, 2010

Legend
- Patient Volume
  - 1 - 50
  - 51 - 150
  - 151 - 300
  - 301 - 600
  - 601 - 4075
- Dental Centers:
  - Chippewa
  - Ladysmith
  - Marshfield
  - Medford
  - Neillsville
  - Park Falls
  - Rice Lake

Between November 2002 thru August 31, 2010, 51,285 unique patients were treated among the dental centers.
Percent of MA Recipients Who Received a Dental Service by County Relative to State Average: State FY08.

Including Recipients Treated by Family Health Center Dental Centers.

Excluding Recipients Treated by Family Health Center Dental Centers.

Legend:
- CHC’s Dental Centers
- Tribal Dental Centers
- FHC Rural Dental Clinics Primary Service Area based on patient origin data.
- Other Safety-net Dental Centers

State Percentage of MA Recipients Obtaining Dental Services: 23.43%

State Percentage of MA Recipients Obtaining Dental Services, excluding MA patients treated by FHC’s dental centers: 22.3%

Map prepared July 2009 by Family Health Center of Marshfield, Inc.
Federal Policies Supporting This Initiative

• Section 330 of the Public Health Service Act, Community Health Center Grant Program
• Medicaid Prospective Payment Rules for Federally Qualified Health Centers (FQHC’s)
• The US Department of Agriculture’s Rural Development Program
• Health Care and Other Facilities Appropriations (Congressman Dave Obey)
• Meaningful Use Incentives
State Level Policies Supportive of Our Programming

- Use of the alternative cost-based reimbursement formula for Medicaid under the prospective payment rules for FQHCs
- Wisconsin’s payment for adult dental services
- Wisconsin’s effort to include a high proportion of their population under 200% of poverty in Medicaid and SCHIP
- A State rural health dental clinic grant program
- A State community health center grant program
- State bonding authority to support the construction of a facility to house our dental education plans
Accountability to the Tax Payer

Capturing the prevention potential of dentistry

- Collaboration with public health on fluoridation initiatives and school-based sealant programming
- Moving from addressing initial high disease burden to a dental home concept providing lower cost preventive maintenance services

Generating medical care offsets

- 20,000 emergency room visits for nontraumatic dental care per year in Wisconsin
- Addressing periodontal disease in high risk populations

Reducing Medicaid caseloads

- Addressing oral health barriers to work
“Dentistry has never been linked to the medical network but unless dentistry becomes part of the solution to the challenge of providing comprehensive patient care, it will be looked on as part of the problem, and ultimately, all dental schools will be called into question.”

- The Ann Arbor Dental Deans Forum: Crafting a Response to the Emerging Tiered System of Dental Education By Peter Polverini, DDS, DMSc Dean, University of Michigan School of Dentistry as reported in Summer 2010 Vol. 12, No. 2, Global Health Nexus, College of Dentistry, New York University
Dentistry + Medicine = Improved Quality & Reduced Costs

How do you get there?
39 (FTE) dentists
26,758 unique dental patients [2009]
40,000 unique dental patients [budgeted 2011]
Number of jobs created in these communities: 88.7 (FTE) plus support staff

2011 - Two additional Dental Clinics will be opening this year.
Marshfield Clinic

- Non-profit organization
- 52 locations and 2 hospitals
- 3,741,308 patient encounters in 2010
- 376,708 unique patients in 2010
- 86 different medical specialties
- 772 physicians
- 400+ research and educational projects
- 30,000 square miles of primary service area
“To visit the Marshfield Clinic, a longtime innovator in health information technology, is to glimpse medicine’s digital future. Across the national spectrum of health care politics there is broad agreement that moving patient records into the computer age, the way Marshfield and some other health systems have already done, is essential to improving care and curbing costs.” New York Times December 26, 2008
Integrated Enterprise Data Warehouse

- Comprehensive data warehouse, supporting business and research queries
- Contains about 9.4 million patient-years of data
- The availability of patient’s medical and dental data enables possibility of several oral-systemic studies
Current & Ongoing Integration

- Medications information (bi-directional)
- Allergies (bi-directional)
- Special conditions (bi-directional)
- Demographics (driven by the medical system)
- HIPAA forms (driven by the medical system)
- Medical appointments in Dental
- Dental alerts in medical systems
- Sharing of medical and dental diagnosis
- Sharing of medical and dental history
- Problem lists
In a Team Based & Integrated Setting

Team based Clinics

- 39 (FTE) dentists
- 39 (FTE) hygienists
- 50 (FTE) assistants

Record integrates providers

Dental Nurses integrate patients

Pediatric Medical Residents [Only 14% of pediatric residents observed dentists as part of their training!]


Marshfield Clinic
Don’t just live. Shine.
Strategy Three: Create & Sustain a Workforce for Rural and Underserved Areas

- Population to Dentist Ratio
  - Urban vs Rural
  - 1500 / 1 vs 2800 / 1

- 48.2% of WI dentists will be at or over the age of 65 in nine years.

- Two dentists retire for every one dentist that’s entering

WI Workforce Study, March 2010
Train in That Environment

Medicine – 3x more likely
RMED Program
Loan Forgiveness

Marshfield Clinic Dental Education Campus Structure

Didactic Campus
Proposed 3rd Year Clinical Campus & Residencies
4th Year Clinical Campus & Residencies
External CHC Clinical Site
Possible Future 4th Year & Residency Clinical Site

Marshfield
Chippewa Falls
Marshfield
Wausau
Medford
Neillsville
Rhineland
Rice Lake
Strategy Four - Use a Sustainable Educational Model

Dental School Economics

Access to Care

Retained Workforce

FHC
Paying Back Public Investment

Reducing the per visit cost as a result of service learning

![Graph showing Payback of State Investment](image)

Payback of State Investment*
*Initial modeling estimates savings equivalent to the State investment after 43 months. These are preliminary estimates.
In summation

● The Marshfield System is cleansing society from oral health disease and leveraging the prevention potential of dentistry.

● One EHR connects dentist to physician, patient to navigator, informatics to infirmary; a formula for increasing quality and reducing costs that society and third party payers anticipate from integration.

● A clinic based school creates a target rich environment for maximizing a public – private partnership to train “physicians of the mouth” and meet population needs.

● It can be done
Future Considerations & Recommendations

● ACO’s while promising for maintaining quality and reducing cost [Marshfield Clinic saved CMS $83,000,000 in management of chronic disease as part of a CMS PGP demonstration] will hit a wall if dental utilization and integration not incentivized.

● Permit public – private partnerships with NHSC Loan Forgiveness

● Although CHCs are required to offer co-located medical, oral, and behavioral health services, there is a lack of focused efforts or incentives to make integrated EHR technology available to CHCs.

● Office of National Coordinator should focus on the Integration of Medical and Dental Records and provide leadership as it relates to National Health Information Network.
Future Considerations & Recommendations

● Meaningful Use incentive programs should also consider and include the practice of Dentistry while developing strategies.

● Possibility of combining medical and dental insurances: There is a strong connection between the oral and systemic health.

● Mandates to support the need of dental diagnostic codes along with the procedure codes as part of reimbursement for the Dentistry.

● Need for Dental Informatics Scientist: Incentives to train additional DI scientist
For more information on dental center expansion plans:

Greg Nycz, Director
Family Health Center of Marshfield, Inc.
1000 North Oak Avenue, Marshfield, WI 54449
715-387-9137
nycz.greg@marshfieldclinic.org

For more information on the integrated EHR and research plans:

Amit Acharya, BDS, MS, PhD, Dental Informatics Scientist
Marshfield Clinic Research Foundation, Biomedical Informatics Research Center
1000 North Oak Avenue, Marshfield, WI 54449
715-221-6423
acharya.amit@mcrf.mfldclin.edu

For more information on dental school and residency plans:

Joseph Kilsdonk, AuD MS, Division Administrator
Marshfield Clinic Division of Education
1000 North Oak Avenue, Marshfield, WI 54449
715-387-5580
kilsdonk.joseph@marshfieldclinic.org