Expanding Access with Not-For-Profit Dental Practices:
Financially Viable Solutions for Improved Access to Oral Health Care





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Community Advocates for Oral Health

Introduction

Washington Dental Service Foundation's (WDS Foundation) is pleased to share this case study as part of its compendium of five case studies on successful not-for-profit (NFP) dental centers throughout the county. The goals of this project are to document how different organizations moved through the process of expanding oral health access, provide tools to increase oral health access for the underserved, and inspire more communities to consider new NFP dental centers.

The implementation of the Affordable Care Act and Medicaid Expansion resulted in the number of low-income adults with medical and dental coverage increasing. However, low Medicaid reimbursement and provider participation rates mean accessing oral health care remains a barrier for many. Dental pain remains a common reason for emergency room visits, and if untreated, can negatively impact overall health and employment opportunities. NFP dental centers are a key resource to expand oral health access, and our desire to understand the factors that contribute to NFP dental centers started with New Day Community Dental Clinic, a dental center in Vancouver, Washington. After seeing New Day grow from an idea to a fully functional dental practice, we commissioned a case study on New Day and began looking for other successful NFP dental centers to profile.

What we found was that there was not one mold for sustainable dental centers. Across the country, we found thriving practices ranging from ones with multiple locations and $13 million in revenues to others with four operatories and less than $500,000 in revenue. These dental centers were all operating at near-capacity and seeking to expand, while serving those in the greatest need including the developmentally disabled, participants in addiction recovery programs, immigrants, and low-income Americans. WDS Foundation approached the leaders of these centers to interview them and document their origins and secrets to success.

Our team included former FQHC Dental Director Martin Lieberman, DDS and health economist MaryKate Scott, MBA. They met extraordinary people at each center, heard inspiring stories and learned their secrets to success. "As we listened to their stories we found the people and their experiences stayed with us," commented Ms. Scott. "Their commitment, passion, ideas and hard work, and their successes stopped us and made us think. In fact they keep making us think," shared Ms. Scott.

While many dental centers had similar strategies for success, each was unique. Nevertheless they all have implemented strategies to reach those in the greatest need of care and to remain viable. Across all five centers common lessons were identified that can be shared and used by others.

Their lessons:

- **Create economies of scale.** Don't go too small. Think big and go big. Scale allows for efficiency and for hiring (and paying) experienced, appropriate dentists and other providers. This also ensures high utilization of providers and chairs and streamlined administrative processes. In addition, use electronic records and operate double shifts when possible.

- **Know your patient group.** Focus on a particular audience and provide care for their unique needs; balance your patient mix to ensure financial sustainability.

- **Develop Partnerships.** Partner with organizations that serve your patient population to increase awareness and create a patient pipeline for efficient operations.

- **Seek partnerships with dental colleges for AEGD residents.** Utilizing the skills of dental students and/or residents is a win-win-win (low provider cost for the center; top learning opportunity for the students; high satisfaction for experienced dentists who enjoy teaching).

- **Find the right providers.** It takes a special provider to deliver quality care with compassion and efficiency in a NFP center setting. Look for providers with common values and a passion for working with your patients. Volunteers can be help increase patients visits, but it is difficult to build a dental center around volunteers.

- **Commit to quality improvement programs:** Develop protocols that deliver and demonstrate quality care that you would want to receive. Engage staff, providers and the board on quality measures.

- **Engage a diversified management team and board.** It is hard to go at it alone. Work to leverage skills and relationships from the community; deliberately, proactively recruit dental center managers and the specifically skilled board members that your center needs.

- **Pay attention to the financials.** Most NFP dental centers cover costs only when the center remains busy. Due to low Medicaid reimbursement rates, a fundraising component is necessary for financial sustainability. It is also critical to know, measure and post your key metrics to engage staff and providers on critical financial goals.

We hope these cases inspire other community leaders to consider opening new dental centers. We also hope these serve as a touchstone to NFP dental center leaders to connect, share best practices and learning, and ultimately improve access to oral care, for all Americans.
Laura Smith President & CEO Washington Dental Service Foundation

About the Washington Dental Service Foundation

Washington Dental Service Foundation is a non-profit funded by Delta Dental of Washington, the leading dental benefits company in Washington. The Foundation's mission is to prevent oral disease and improve the oral and overall health. The Foundation works with partners to develop innovative programs and policies that create permanent change, leading to improved oral health for all. For more information, visit: www.deltadentalwa.com/foundation.

About the Authors

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Martin Lieberman served as Chief Dental Officer at Neighborcare Health in Seattle, Washington from 2002 to 2013. Prior to his community health center work, he worked in private practice in Chicago for 18 years. Dr. Lieberman led a culture change in the way Neighborcare Health's dental program viewed process improvement and quality and has served as faculty member for the HRSA Oral Health Pilot Collaborative, and has also been a faculty member for IHI, HRSA, NNOHA and Dentaquest quality improvement projects. Dr. Lieberman serves on the Board of Directors for NNOHA and chairs the Practice Management Committee. In January 2014, Dr. Lieberman assumed the role of Associate Director of Graduate Dental Education at NYU Lutheran Medical Center in Brooklyn, New York.
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MaryKate Scott is a healthcare economist and business management consultant with experience at McKinsey & Company, Procter & Gamble, and several academic appointments. She works with healthcare leaders in health systems, pharmaceutical and medical device firms, payers, and philanthropic organizations. Focusing at the nexus of health care, business and technology, Mary Kate's work focuses on strategy development, mergers and acquisitions, product launches, competitor response, market shaping campaigns, and economic modeling.

Her oral health work includes supporting The Pew Charitable Trust Children's Dental Campaigns including the ***It Takes a Team*** report and calculator. She has also authored: **IOM: Oral Health Access** (Chapter); **Retail Dental Clinics – a viable model for the underserved**; **The Good Practice: Treating Underserved Dental Patients While Staying Afloat**; and complied **The Oral Health Care Innovation Compendium** for The California HealthCare Foundation. She provided business strategy support for the **Alaska Native Tribal Health Consortium: Dental Health Aide Therapist (DHAT) Program**. She is presenting at NNOHA (2015) **An Economic Model to determine impact of adding a Dental Therapist to a FQHC Dental Clinic**.
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Community Dental Care:

Quality Dental Care and Preventive Education for all

June 2015

Community Dental Care:

Defying the Skeptics; Serving the Needy

"Fifteen dentists and many more bankers told me I'd go bankrupt as a dentist," Dr. Vacharee Peterson recalls from the early days of her practice. "Even the person I hired to make our first sign told me he was wasting his time making it." It was unheard of at the time for an immigrant woman to become a dentist in Minnesota. Dr. Peterson persisted through all the negativity that she faced, citing her faith in God and in herself. "My principle was to serve God, not people who discouraged me," she says.

Thirty-three years later, she leads Community Dental Care (CDC) in the Minneapolis/St. Paul metro area, a thriving practice with four locations.

"… a thriving practice with four locations. In 2014, CDC served 37,500 patients, experienced 85,000 patient visits (111,000 patient encounters), and generated generated 15 million in revenues…"

In 2014, CDC served 37,500 patients, experienced 85,000 patient visits (111,000 patient encounters), and generated ~$15 million in revenues ($19 million in dental service value). They currently employ 215 staff (including 34 dentists) who speak 21 languages. And all of this through a not-for-profit dental practice structure that focuses on education and prevention. So much for the naysayers.

Services provided

CDC provides a full range of services, including prevention, restorative, and complex care. On an average day, they treat 330 patients and 40 emergencies across four clinics.

Services include:

- **Preventive care (exams, x-rays, teeth cleaning, and fluoride treatment)**
- **Emergency care**
- **Fillings**
- **Root canal treatment**
- **Extractions**
- **Implants**
- **Crowns and bridges**
- **Partial and full dentures**
- **Minor orthodontic procedures**

COMMUNITY DENTAL CARE

[1] One patient may be seen by both a hygienist and a dentist during one visit. This would equal two patient encounters.

Snapshot of Community Dental Care Minnesota

Location & Facilities	• 4 locations, including Minneapolis and Rochester. Within two years, expansion at these two locations will add an additional 16 operatories in Rochester and 9 in Minneapolis. • Currently: 4 locations with a total 49 operatories, open 6 days a week, 14 hours per day Monday–Thursday, 7:30 AM–9:30 PM; Friday, 7:30 AM–5:00 PM; and Saturday, 8:00 AM–1:00 PM
Providers & Staff	• 215 employees (175 full-time, 40 part-time)-including 34 dentists (23 FT and 11 PT), 27 dental hygienists, and 66 dental assistants—who collectively speak 21 languages; 63% are of an ethnic minority • 81 administrative staff manage scheduling, appointments, finance, HR, and other non-clinical functions
Patients	85,000 visits annually from 37,500 patients, primarily low-income and immigrant populations; 46% children, 54% adults
Services	Full suite of preventive and restorative services
Total Revenues	~$15m annually
Patient Payments	83% Medicaid beneficiary payments, 7% uninsured, and 9% commercial insurance.

Beginnings

CDC's beginnings were humble, but they were busy from the start. Dr. Peterson's dream of serving low-income and minority dental patients took shape when she found a local orthodontist with a three-operatory practice that was open three days a week. He offered her a room that would house a single chair. A banker then offered her a $23,000 loan for the chair to create her own private practice in the space. She was quickly busy with patients and able to help this orthodontist pay his rent.

Dr. Peterson served a predominantly immigrant population, most of whom were on public program insurance. Within two years, she moved to a new space, expanded to three operatories, and offered space to the very orthodontist who had taken her in: He was now helping to pay her rent.

The 6,400-square-foot space was a shared tenancy: Dr. Peterson's dental practice and a grocery store that served immigrants. The location was ideal because it allowed her room for gradual expansion along with a steady stream of traffic past her doors for a simple but effective marketing campaign. Potential patients found Dr. Peterson very easily.

She expanded six times, adding operatories every few years until the grocery store moved and the entire space was turned into a single tenancy of her practice featuring 16 operatories.

A growing private practice

To meet demand, the practice hired five more associate dentists. And, in a move that was vital to the private practice's solvency and stability, Dr. Peterson's husband Andrew, an Air Force-trained dentist, joined the practice. He focused on the business side, managing collections through Minnesota's Department of Human Services (DHS) for the many patients who received medical assistance.

Says Dr. Peterson, "My willingness to take the Minnesota medical assistance patients and my ability to connect with immigrants brought me patients. But it was my husband who reformed the business side of the practice to ensure we kept the doors open and lights on. He was responsible for adapting or creating innovative operational and administrative systems to increase cost-effectiveness and productivity, including developing dental software that simplified the electronic submission of claims to the state."

Creating long-term plans

After 22 successful years in private practice, Dr. Peterson considered how to ensure the perpetuity of her clinic, which treated so many underserved, working-poor, loyal patients in the immigrant and other socio-economically disadvantaged communities. She says, "My associates were interested in buying our clinic. It was established and busy, and selling to associates is the traditional path many dentists take. But we realized that the associates could transform the practice and while they might take some of our needy patients, they could also shift to a more profitable practice serving mainly patients with insurance."

Exploring options to continue care

The question "How can we ensure that our practice will exist long after we retire and continue serving our community?" kept Dr. Peterson awake at night.

Her first idea was to allow CDC to be purchased by Apple Tree Dental, a not-for-profit dental practice. Apple Tree is a large, successful 501(c)3 that operates dental clinics in Minnesota, but it would have been a large purchase and at the time, it was not the right financial move for them. However, Apple Tree, with its size and success, was a source of inspiration for Dr. Peterson and later proved to be a valuable partner.

Dr. Peterson's second idea was to approach the IRS with the view to becoming a not-for-profit (NFP) practice. It took nine months for the IRS to respond and initiate a long investigation into why Dr. Peterson wanted this transition. "It took hours of questioning," she says. "They couldn't decide if I was an angel or a crook trying to avoid taxes."

One IRS attorney provided a crucial piece of advice. He recommended making an incremental transition to nonprofit status: create a 501(c)3 and operate the private practice as nonprofit for two days a week while continuing to operate the core practice four days a week as a private, for-profit enterprise. This strategy allowed the not-for-profit practice to demonstrate its viability.

The NFP model proved viable

The not-for-profit practice proved financially viable because the State of Minnesota paid higher reimbursement rates to NFP practices that qualified under the Critical Access Dental Payment Program (CADPP). Minnesota provides two price lifts with CADPP participation: they offer an additional 20% on the Medicaid rate for services because Community Dental Care is a community clinic and an additional 35% for providing care under critical access rules. To illustrate: a for-profit practice could earn $1.00 (commercial rate) on a procedure, or $0.27 for the same procedure if they billed it through Medicaid. CADPP rules allowed a not-for-profit practice to earn $0.27 (Medicaid rate) plus 20% for being a not-for-profit community clinic ($0.27 x 1.20 = $0.32 and an additional 35% for providing critical access ($0.32 x 1.35), for a total of $0.43 for the procedure. While the $0.43 is much less that the commercial rate of $1.00 and less what an FQHC (federally qualified health clinic) would be paid, it is enough to cover costs. CDC survives with tight financial controls and hard-working employees.

Operating as a 501(c)3 also offered CDC the opportunity to apply for foundation grants, something not available to a private practice. These grants enable new programs and services, some equipment purchases, and ongoing support.

Partnering with Apple Tree Dental

Transitioning to nonprofit status took a little over a year; in August 2004, CDC was granted its 501(c)3 determination letter. Throughout the process, Dr. Michael Helgeson, CEO of Apple Tree Dental, proved to be a valuable partner. CDC needed the higher rate that was paid to NFPs that were eligible under CADPP and that served Medicaid patients, but the Minnesota DHS could only provide this rate to an existing CADPP entity. The DHS created an exception for Dr. Peterson and allowed her to provide services and then bill for these services through Apple Tree, which then passed the funds to CDC. Explains Dr. Peterson, "The DHS needed us to care for these patients. They told us that CDC can be the sixtieth practice that patients call seeking care and that for many we are a last resort. The department really wanted us to be successful and helped us get our start. Mike Helgeson was a good friend to us and helped us in our early days to establish our clinic as a not-for-profit entity."

CDC can be the sixtieth practice that patients call seeking care and that for many we are a last resort

To qualify as a CADPP provider, dentists must meet certain criteria. Please see this link for current rules: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_147765http://www.dhs.state.mn.us/main/

Transition to NFP status

The practice was professionally valued in accordance with IRS rules, and over time, the not-for-profit practice earned money and bought the practice from Drs. Vacharee and Andrew Peterson. The practice then secured the CADPP status. Thus, "Community Dental Care" was created, and it is managed by a community board. The nine-person board carefully watches the finances and ensures full compliance with the IRS on all 501(c)3 rules.

It takes a team

If you ask Dr. Peterson about "her" practice, she gives you a puzzled look, smiles, and shakes her head.

"It's not my practice. It belongs to all of us and it's run by all of us," she says, gesturing to her three colleagues: Carolyn Bass (General Manager of the St. Paul location), Ann Copeland (Director of Programs), and Bonnie Seymour (General Manager of the Maplewood location). "We have been together since college. We have exchanged Christmas cards for the past thirty years. We attend the same church. It takes all of us to make this work," Dr. Peterson says. Carolyn Bass stresses the importance of collaboration and a team with a wide range of skills. "We respect each other and what we each bring to the team and CDC. It's a team effort—collectively we are good at dentistry, grants, software, business, operations, communication, human resources, and education programs," she says.

"If I were run over by a bus, our clinics will continue...we have a whole team focused on meeting patient needs and ensuring smooth operations."

- Dr. Vacharee Peterson

Providers are also organized in teams. The staffing schedule has each dentist routinely working with the same two dental assistants. Carolyn comments, "When the same people work together, they become familiar with each other's style and can function more efficiently. Also, a bond usually develops between the team, and this also creates an efficient flow with good communication. CDC can't always do this given the long hours and Saturday schedules but when we can, we do so."

Ann Copeland, Bonnie Seymour, Carolyn Bass and Dr Vacheree Peterson

Robbinsdale Office

Rochester Office

East St. Paul Office

Maplewood Office

The board of directors

The board has been with CDC for a long time, and they are a diverse group of nine talented, committed community leaders with backgrounds that include business, investment banking, dentistry, law, interior designer, and community activism. “Our board has been fantastic in guiding CDC into a very healthy direction. They have deep compassion for the patients we serve,” commented Dr. Peterson. She continued, “It’s important to recruit from the heart. Your board members need to believe in the mission and have compassion for the patients you serve.”

Board members have term limits, and when their terms are up, they refer colleagues who are able to provide strong guidance to CDC. Term limits enable recruiting because membership is finite, and they also enable the board to refresh its skills and talents as needed.

One way Dr. Peterson keeps the lines of communication open between managers and the board is by inviting the entire management team to attend all board meetings. "The team always knows what I think and what the board is thinking," she says.

Linda Kay Smith, a board member, talks about joining the CDC board

“I am a fairly new member of the board. I learned about the organization from a friend who serves on the board. My initial meeting with Dr. Vacharee Peterson drove my interest to join the board. The way she started CDC thirty-two years ago and led it to its present important position serving the community is impressive. Dental care is so important to the overall health of children. The role that Community Dental Care plays in the life of the underserved of our area is amazing. I continue to be impressed with the dedication of the staff and the other board members to assure maximum benefit to the community.

One of the reasons I was asked to join the board is to help CDC start a fundraising program with individual donors. They have been successful raising money from foundations but do not yet have an annual or major giving program. The board has traditionally not been involved with development, but we plan to change that by helping board members understand their role in helping the organization raise money from the community. One of the first steps is to approve a Culture of Philanthropy (currently in process) to have an overall guide for the new direction. We have a board retreat planned for September at which we will begin the process of involving board members with this program. I am confident that this will be successful.”

Recruiting and compensating providers

With the viability of the practice confirmed, Dr. Peterson and her team significantly expanded services and hired more associate dentists for their four locations.

Dr. Peterson explains the myriad factors that make CDC attractive to providers: "Some want to practice community dentistry and serve our population. Others appreciate our team-oriented practice model. Others enjoy the challenging dental cases our patients present, along with the education and experience we provide. And many of our providers appreciate that we provide good benefits and support them by considering their whole family situation, providing family-friendly working hours and offering other solutions to enable them to practice."

Dr. Peterson adds that providers don't have to trade off such dividends against compensation. "Our provider compensation is competitive with other nonprofit dental practices," she says. And CDC providers don't have quotas to meet. Their pay is tied to their production, but there is no set expectation of volume or procedures, and the free care they provide counts toward their production.

Currently, CDC employs 34 dentists, a mixture of experienced and young practitioners. "Some stay a long time, while some view us as a stepping stone to other things, like private practice or a different residency," says Dr. Peterson.

CDC Staff and providers

CDC's mission

- Provide access to quality care
- Hire from the community so the whole community wins through employment and education
- Deliver preventive education
- Treat people in a culturally sensitive manner
- Train people for ourselves and our community

Training the next generation

CDC has also carved out an important role for itself training up-and-coming dentists, hygienists, and dental assistants. "I like to hear that young dentists want to start a practice," Dr. Peterson says. "We will help them. We can help them become successful and refer them patients. We value being a provider of dentists, hygienists and dental assistants to our communities."

CDC has also carved out an important role for itself training up-and-coming dentists, hygienists, and dental assistants.

In 2014, CDC trained 131 dental hygiene students, 34 dental assistant students, and 61 nursing students from nine colleges and university programs. Students increase their knowledge and skills through hands-on clinical training and mentoring. They are trained to treat patients who are culturally diverse and have limited health literacy. Students learn to explain complex procedures simply. "We hire people from the community. It's important to raise the skill level and income of people in your community," says Dr. Peterson.

Funding for training comes from several grants and provides some relief for the additional expenses related to training (such as equipment and supplies), but it doesn't cover the cost of lost time in the chair, given the slower pace of providers who are in training. CDC estimates that they invest about $200,000 annually to provide this training, and grants do not cover all these costs.

CDC providers

Patient turned dentist

Aroone Vang was a patient at CDC when she was a child — now she is a CDC dentist.

Many CDC employees began as CDC pediatric patients. Says Dr. Vang, "I feel so fortunate to work at Community Dental Care. I've had the opportunity to hone my skills as a dentist and do so much quality dentistry in a short period of time. It is like dental boot camp where tough, sometimes seemingly impossible, tasks are put before you but the rewards are so amazing. With this experience under my belt, I'm ready for any dental clinical experience to come."

Finding the right role for volunteers

Unlike some not-for-profit dental clinics, CDC does not use many volunteer dentists. While the cost savings are appealing, integrating uneven volunteer schedules is difficult in a large practice that needs to be very efficient with time, given the low reimbursements from the state.

Carolyn Bass explains, "We appreciate the interest from prospective volunteer dentists, but it can be difficult to integrate very experienced part-time volunteers. We need to train them on the new procedures on infection control, new technology, the team-based approach we use, and this can be time-consuming. We remain interested in this option, but haven't yet worked out the details on how to make it work."

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CDC does utilize volunteers who aren't dentists to help them deliver programs, including dental students from the University of Minnesota who help with equipment sterilization and volunteer at outreach events, such as the "Give Kids a Smile" event. Student nurses deliver nutrition education. "We hired a volunteer coordinator about a year ago to help us recruit and integrate these many volunteers," says Bonnie Seymour.

Further Expansion Underway

In 2012, several major foundations supported Community Dental Care in its expansion into Rochester. Six operatories were not enough, however, and with a six-month wait list for 2,500 patients, CDC has started plans for further expansion. CDC has just signed a purchase agreement for land and hopes to build and open a new dental clinic with 16-18 operatories by 2017.

An attempt to expand CDC

"One attitude that shapes us is not fearing expansion, as there are countless needy patients and so much that we can do to help them," says Dr. Peterson.

In 2007, a major space expansion opportunity presented itself when the local library in Ramsey County was put up for sale. Says Dr. Peterson, "I really thought we could offer a lot of patient care in this lovely building. However, our board cautioned that it would be risky to take on such large debt, and the bank would not agree to a loan to CDC. When we look at new locations, we consider the size, space available, the construction we would need to do to create private and semi-private operatories, along with cost, parking, and access to public transportation."

The board and the bankers' points of view were that the thick cement floors were not suitable for a dental practice and that the building was too big for CDC's needs. CDC passed on the opportunity. The building was first sold to a fitness group that later pulled out from the deal, and then to a medical group. Just before the medical group was due to move in and renovate, they too pulled out of the contract.

Persistence pays off

When the purchase of the other practice fell through, Dr. Peterson jumped at the chance to rekindle the deal. "I still wanted this building," she says. "It was a good size with 34,000 square feet and the right location for our patients. I prayed on how we might make this work. Then the county (who was selling the building) offered to be a tenant with a fifteen-year lease for half the building for their visiting nurses. CDC could not afford the down payment, so my husband and I decided to buy it by refinancing our house and putting everything we had into the down payment. The bank was willing to finance the purchase given the steady income from the county. After appropriate scrutiny and due diligence to be certain we were in full compliance with all regulations, Community Dental Care leased the space from us," shared

Dr. Peterson.

Community Dental Care renovated the building and now uses about half of the space; the visiting nurses have the entire lower level, and the Dental Therapist Training College, managed by Metropolitan State University, is another tenant.

Over the years, CDC has perfected a model for successfully managing expansion. They raise funds for the initial renovations and equipment for one or two operatories in a new location. Then they add equipment and staff for additional operatories as they obtain follow-on funding for them. Says Dr. Peterson, "This incremental buildout takes a little more time, but allows CDC to build our patient load and ensure production. In other words, we aren't sitting with empty operatories and staff with nothing to do. It also gives us time for marketing and staffing. Funders have seemed to like this as it shows we can be successful on a small scale before they invest additional funds."

The Maplewood expansion was the first exception to this rule: in 2008, CDC added 16 chairs at once, at a cost of $2 million. They raised funds from foundations and individual donors (~$300,000) and secured a loan for $1.7 million from a local bank. Current patients were diverted from a crowded St. Paul location (five miles away), and to attract new patients CDC placed advertisements announcing the clinic and their acceptance of public insurance. Within six months, this new location was very busy. CDC added another seven chairs in 2013.

CDC dental clinics include several types of operatories including private, semi-private and education rooms. The majority of operatories are semi-private due to both patient and provider preference and to ensure efficient use of space. The busy clinics all use certified electronic health record-keeping with Open Dental software that meets all mandatory Centers for Medicare and Medicaid Services requirements.

The Business Model

Economics are challenging for CDC in Minnesota, but a focus on high utilization of their space and equipment coupled with the higher rates paid for critical access providers and the community clinic add-on ensure viability.

CDC employs five strategies for financial success:

1. **Deliver strong operations:** ensure their operatories and providers are constantly busy with high utilization through double shifts; between the four dental clinics they operate 10-14 hours a day, five days a week; one of the dental clinics is open on Saturday for five hours. CDC tracks several productivity measures including total patients seen, total number of procedures provided, and productivity by provider, all to ensure that their valuable providers and space are thoughtfully utilized by leveraging their IT infrastructure certified electronic health record system.
2. **Ensure strong demand for clinic services:** The need for dental care is extremely high in the community, so CDC proactively manages at least 30–40 partnerships with hospitals, emergency departments, schools, other healthcare clinics, dental offices, and organizations that enable healthcare access for underserved populations.
3. **Work with the state's Medicaid program** to claim the highest fees allowable.
4. **Operate as a 501(c)3**, which allows CDC the opportunity to apply for foundation grants; they raise approximately $500,000 annually. These grants support community programs and services, some equipment purchases, clinic expansion, and ongoing operational support. CDC has built strong skills in grant writing and is able to leverage their data to demonstrate their impact to their funders. CDC has about 160 funders including foundations, corporations, community organizations, and many individual donors.
5. **Hire a highly competent team of dentists, dental assistants, and hygienists and train them well**. The dentists need to be willing to see the whole family, and CDC trains them to do so. CDC hires experienced preceptors to coach newly graduated dentists to empower them. Quality work is of paramount importance to CDC as an organization.

Thoughtful expansion also is a key business strategy for CDC.

1. **Initially, expansion is done slowly to make sure that the clinic will survive the expansion**. CDC will invest in two to three operatories and ensure that these operatories are fully utilized prior to adding additional capacity.
2. **Thoughtful financing for expansion enables long-term security and lower operating costs.** CDC has both leased and owned buildings and, when possible, prefers to buy the building as nonprofit organizations such as CDC do not pay property tax on owned buildings.

CDC is also exploring the use of dental school residents (Advanced Education in General Dentistry program participants) to further expand their ability to care for more patients.

Maintaining efficient operations is CDC's "secret sauce." There is a constant hum of busy providers and patients in the clinic. The walls are lined with dentists' licenses, patient photographs, and posters in four languages. Dental assistants click on the computerized schedule, which is color-coded for each type of room and provider, and the schedule is full. CDC operates the clinic 14 hours a day, with two shifts, maximizing the use of its facilities and equipment. Long hours help meet the needs of working people, many of whom are only able to come before or after work and students so they don't have to miss school.

The double shift also enables economies of scale. Approximately 85% of CDC's patients are served under the state's Medicaid program, which has the unfortunate distinction of paying one of the nation's lowest Medicaid rates: 27% of the usual and customary fees.

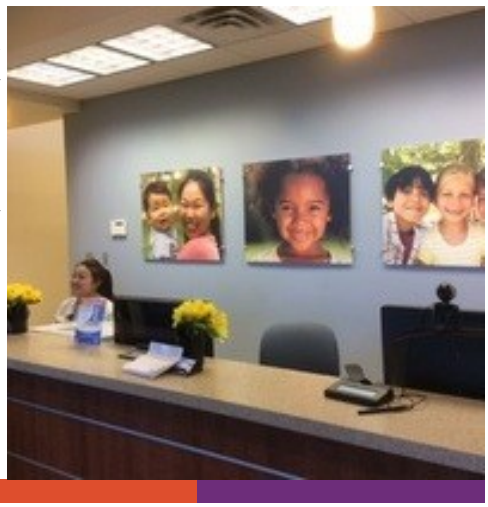
Keeping productivity high enables the practice to extend a helping hand to the truly needy. Says Carolyn Bass, "We don't turn anyone away. While most of our patients have public insurance, some don't but still need emergency care. In those situations we provide mini-grants, that is, free care. Most uninsured people pay the nominal $35 fee, while some people say 'I'll pay you when I get paid.' Most of those

patients come back to us on the day they get paid and pay their bill."

These mini-grants are funded by donations from private donors, foundations, and clinic revenue. In 2014, CDC provided $32,748 in free care for 500 patients, two-thirds of them children. CDC's charity care policy provides for dental care free of charge or at reduced rates based on a sliding fee scale related to the patient's income, household size, and federal poverty guidelines. Because the organization does not collect on qualified charity care, the costs of this type of care are not reported as revenue. The amounts of foregone charges, based on established rates, were approximately $783,000 and $536,000 for the years ending December 31, 2014 and 2013, respectively. CDC received grants and contributions of $13.590 and $8,241 to help subsidize the cost of providing these services for 2014 and 2013, respectively.

The patient schedule is carefully managed. CDC uses statistical measures to predict an average "show" rate for all patients for a given day, and they schedule two patients at once for each provider (and dental assistant team), with some gaps in the appointment schedule. The schedule has a mix of patients, with some complex and some simpler procedures. Unless there is a specific request, patients can be seen by different providers, with the treatment record enabling the provider team to ensure continuity of quality care. The combination of the scheduling gaps, some no-show appointments, emergency appointments (on average 8–12 appointments per day) and providers helping each other out, providers are kept busy.

No-show rates are a fact of life for all practices, including community dentistry. CDC's population has less dependable transportation, often greater child care needs, part-time work with varying schedules, and other lifestyle hurdles. CDC provides compassion along with reminders; after three broken appointments within two years, they advise the patient on their policy to no longer provide reserved appointment times. These patients are placed on a "wait list"; they choose the day to get on the wait list and show up at the clinic, and then they wait until there is a break in the schedule. After they keep their wait-list appointment (by coming in on the day they chose in advance) on three occasions, they can again reserve an appointment time.



Garnering support within the medical, dental, and broader communities

CDC keeps a steady stream of patients flowing by creating partnerships with other not-for-profit organizations, shelters, and hospitals. They partner and collaborate with a number of community organizations and medical and dental providers to increase access to oral health and preventive care for low-income populations. "Our goal is to be a strong partner and receive and provide patient referrals," said Dr. Peterson. CDC also creates partnerships to band together to advocate for increased dental care access and affordability for the underserved, and it is a member of several safety net collaborative groups. Finally, CDC is creating new partnerships to extend the children's prevention and education services with program-related partnerships. By participating on community task forces and committees to improve health access and oral health, the CDC team makes important connections with other healthcare providers that serve their communities, which stimulates further partnership.

...steady stream of patients flowing by creating partnerships with other not-for-profit organizations, shelters, and hospitals.

Finances

Finances in $000s	
Revenues	
Patient-related payments	$14,200
Grants and donations	$520
Other Revenues	$460
Total Revenues	**$15,180**
Expenses	
Provider salaries & benefits	$7,420
Interpreters	$70
Supplies	$900
Misc care expenses	$1070
Total care delivery expenses	$9,460
Management & hourly workers	$2,050
Professional fees	$350
Office supplies	$80
Rent, utilities, depreciation	$820
Total non-care expenses	$3,300
Other Business Expenses	$1040
Total Expenses	**$13,800**

Note: Surplus used for debt services, capital equipment, purchases, and modest staff bonuses.

Referral partners

Referral partners

- Twin Cities FQHCs
- Open Cities
- West Side Community Health Services
- Project Homeless Connect
- The Center for Victims of Torture
- Portico Healthnet
- Victim and domestic abuse agencies
- Public Health Service
- Union Gospel Mission
- Head Start
- St. John's and St. Joseph's hospitals in St. Paul and North Memorial Hospital in Robbinsdale.
- Olmsted Medical Center, Olmsted Public Health, Mayo Clinic
- Rochester WorkForce Center

Advocacy partners

- Minnesota Oral Health Coalition
- Hmong Healthcare Professionals Coalition
- Minnesota Healthcare Access Network
- The Refugee Health Task Force
- Olmsted County Children's Oral Health Task Force
- United Ways

Children's prevention and education partnerships

- Women, Infants, and Children program clinics
- Early Childhood Family Education centers
- Community health fairs
- English language learner classrooms
- 18 metro elementary schools
- Community Health Services Inc.
- Good Samaritan Clinic
- Rochester Community and Technical College's dental hygiene program

Interpreting services*

- Intercultural Mutual Assistance Association
- Surad Interpreting
- Itasca

* - According to CDC surveys, 70% of patients come via interpreter referrals; this is only a small sample of their interpretation providers

Shifting the focus to prevention

Dr. Peterson and other CDC providers were very concerned about the prevalence of oral health problems they treated and had a strong desire to shift their efforts from fixing decay to preventing it in the first place. In response, they created the Program to Improve Community Oral Health (PICOH) to focus on education and prevention. The education program is staffed by CDC providers. "It's sad that we are paid so much less, sometimes nothing, to prevent disease and paid more to fix the problem," says Dr. Peterson.

...they created the Program to Improve Community Oral Health (PICOH) to focus on education and prevention.

Dr. Peterson tells the story of a four-year-old girl from Burma who arrived at CDC with cavities in every tooth. A PICOH health educator worked with the girl's family to understand what was causing this and discovered that it was because she had been bottle-fed sugary fruit juices for extended periods.

Says Ann Copeland, Director of Programs, "We need to go beyond treating cavities and fix the source of the problem. That's not on the operatory side. It's here in our education room where we meet with parents and children together and understand their needs and lives. We have educators and interpreters to help us communicate in a multilingual, multicultural environment and create changes in our patients' daily lives." Ann passes over plastic baby bottles filled with sugar cubes and explains that parents are educated to understand how much sugar is in fruit juice. She picks up the toy alligator and shows how she has children brush the toy's teeth and then helps the child and parent with better brushing techniques. She pulls out an accordion folder with oral health information printed in 11 languages. "It's about understanding the source of the challenge and helping parents provide better care for their children; it's about stopping the decay before it starts."

"It's sad that we are paid so much less, sometimes nothing, to prevent disease and paid more to fix the problem."

Ann Copeland

Medicaid reimbursement does not allow billing for education sessions, and CDC's patients are generally unable to pay for this counseling. CDC makes it work by convincing foundations to support their education programs. Foundations and private donors have donated over $4 million since 2006 for special programs like PICOH, student training, sealant programs, and capital for expansion and equipment.

Program to Improve Community Oral Health (PICOH)

School-based Prevention & Education	2013	2014
Participating elementary schools	10	18
Children receiving classroom education	1,996	2,910
Children receiving fluoride varnish	349	590
Children receiving sealants	223	450
In-Clinic Prevention & Education		
Children served (0–12)	3,394	3,525
Pregnant women served	295	250
Community Outreach		
Number of presentations at schools and community events	76	103
Children, pregnant women, parents, and seniors participating	2,388	5,072

CDC's mission

PICOH received recognition from the Robert Wood Johnson Foundation and ICF International as one of 25 national initiatives that offer innovative solutions to increase access to preventive oral health care.

Dr. Vacharee Peterson has received a number of awards for her exemplary work to eliminate dental health disparities. In 2005, she was one of three small business leaders to receive an award in honor of her leadership, success, vision, and contributions to the community from the US Pan Asian American Chamber of Commerce. Also that year, she was recognized as one of the Twin Cities' top minority business owners by the Minneapolis/St. Paul Business Journal. In 2012, she received the Humanitarian Service Award from the Minnesota Dental Association for "extraordinary humanitarian service to the local and global community." In 2014, she received the Lou Fuller Award for Distinguished Service in Eliminating Health Disparities from the Minnesota Department of Health.

Dr. Peterson receiving the Lou Fuller award

Dr. Peterson's vision for CDC is clear—continued expansion with an emphasis on education. Expansion enables CDC to maintain efficient operations and strong productivity while extending its reach into the community with oral hygiene education and the message of prevention.

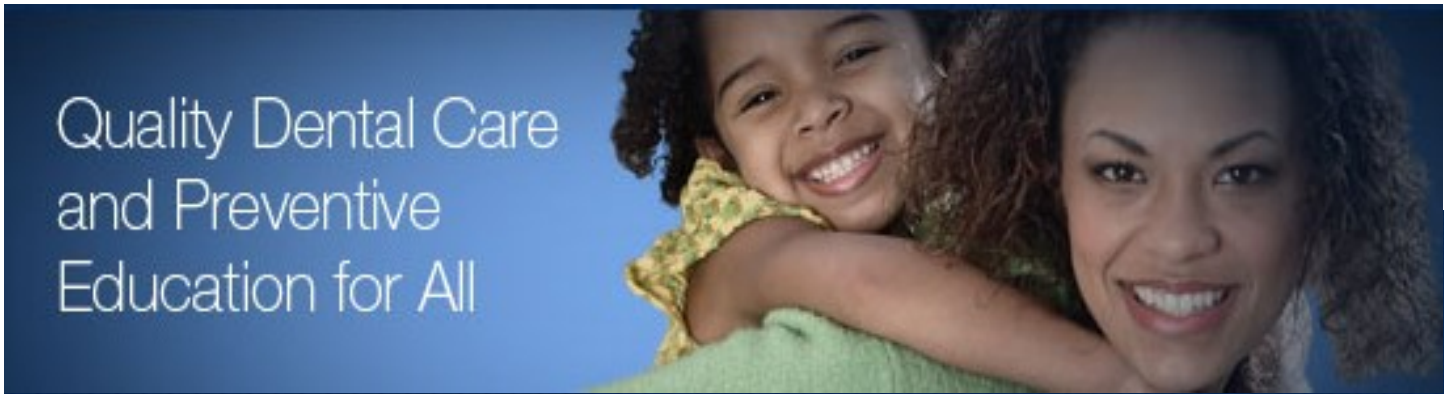
Expansion enables CDC to maintain efficient operations and strong productivity while extending its reach into the community with oral hygiene education and the message of prevention.

"My goal is to get babies and toddlers to develop good oral hygiene habits from their parents," Dr. Peterson says. "We're rethinking how we invest money and effort. I want our clinics to spend less time fixing problems and more time on education and disease prevention. We need to affect behavior in our patients' homes to help them prevent decay and disease."

Community Dental Care is also the sponsor of the Early Dental Prevention Initiative bill, recently passed by the Minnesota legislature. As part of the project, CDC will assist the Department of Health in implementing this "...statewide initiative to increase awareness among, communities of color and recent immigrants on the importance of early preventive dental intervention for infants and toddlers before and after primary teeth appear."

As Dr. Peterson reflects on her legacy with CDC, she sees no shortage of opportunities to improve the community's oral health. "I have four grandchildren, and even my eight-month-old granddaughter gets her newly erupting teeth brushed by her parents," she says. "It's my dream to do preventive dentistry for the two and under population and I am living that dream right now—to really change the health of babies and toddlers. So yes, eventually I'll retire. But we have an experienced team, solid infrastructure, and a great board to ensure that CDC will continue to provide care long after I'm gone."

"We have an experienced team, solid infrastructure, and a great board to ensure that CDC will continue to provide care long after I'm gone."



Lessons to share

1. **Create a deep bench.** Build a team of leaders, managers, providers, and staff with a broad set of skills and a collaborative culture. Include the leadership in board meetings.
2. **Train your team well.** Make sure they understand the importance of quality care and the clinic's mission and vision. Send them to continuing education seminars.
3. **Focus on finding ways to drive efficiencies**. With low fees for service, a nonprofit must streamline its processes and use resources as effectively as possible. Look for economies of scale; operate double shifts to maximize the use of equipment, space, and providers with efficient scheduling management.
4. **Use high-end equipment.** Quality equipment will help you treat patients effectively and efficiently and will last a long time, translating into less down time for clinic operations.
5. **Build capacity.** Once the service model proves itself, continue to invest in additional capacity to serve more patients. The demand is there.
6. **Create partnerships to reach patients**. Reach out to other nonprofits who can help you or who serve people who could be your patients. Work with your state's Department of Human Services to help align your services with their priorities. Talk to county officials about innovative leasing arrangements or real estate opportunities.
7. **Empower patients.** When serving disadvantaged or immigrant populations, it's important to provide them with culturally relevant education on oral health and prevention.
8. **Track your care statistics for quality improvement.** Collecting data on the care you provide helps you to continuously improve the quality and reach of that care.
9. **Leverage your passion and statistics for fundraising efforts.** Share care statistics with foundations to demonstrate your impact and generate additional funds to meet your goals. Communicate the need and your impact with funders.
10. **Ensure that the governing board members share the same dreams and vision** and have a similar passion to serve the underserved with compassion.

About the Washington Dental Service Foundation

Washington Dental Service Foundation is a non-profit funded by Delta Dental of Washington, the leading dental benefits company in Washington. The Foundation's mission is to prevent oral disease and improve the oral and overall health. The Foundation works with partners to develop innovative programs and policies that create permanent change, leading to improved oral health for all. For more information, visit: www.deltadentalwa.com/foundation.

About the Authors

Martin Lieberman

Martin Lieberman served as Chief Dental Officer at Neighborcare Health in Seattle, Washington from 2002 to 2013. Prior to his community health center work, he worked in private practice in Chicago for 18 years. Dr. Lieberman led a culture change in the way Neighborcare Health's dental program viewed process improvement and quality and has served as faculty member for the HRSA Oral Health Pilot Collaborative, and has also been a faculty member for IHI, HRSA, NNOHA and Dentaquest quality improvement projects. Dr. Lieberman serves on the Board of Directors for NNOHA and chairs the Practice Management Committee. In January 2014, Dr. Lieberman assumed the role of Associate Director of Graduate Dental Education at NYU Lutheran Medical Center in Brooklyn, New York.

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MaryKate Scott

MaryKate Scott is a healthcare economist and business management consultant with experience at McKinsey & Company, Procter & Gamble, and several academic appointments. She works with healthcare leaders in health systems, pharmaceutical and medical device firms, payers, and philanthropic organizations. Focusing at the nexus of health care, business and technology, Mary Kate's work focuses on strategy development, mergers and acquisitions, product launches, competitor response, market shaping campaigns, and economic modeling.

Her oral health work includes supporting The Pew Charitable Trust Children's Dental Campaigns including the ***It Takes a Team*** report and calculator. She has also authored: **IOM: Oral Health Access** (Chapter); **Retail Dental Clinics – a viable model for the underserved**; **The Good Practice: Treating Underserved Dental Patients While Staying Afloat**; and complied **The Oral Health Care Innovation Compendium** for The California HealthCare Foundation. She provided business strategy support for the **Alaska Native Tribal Health Consortium: Dental Health Aide Therapist (DHAT) Program**. She is presenting at NNOHA (2015) **An Economic Model to determine impact of adding a Dental Therapist to a FQHC Dental Clinic**.

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