

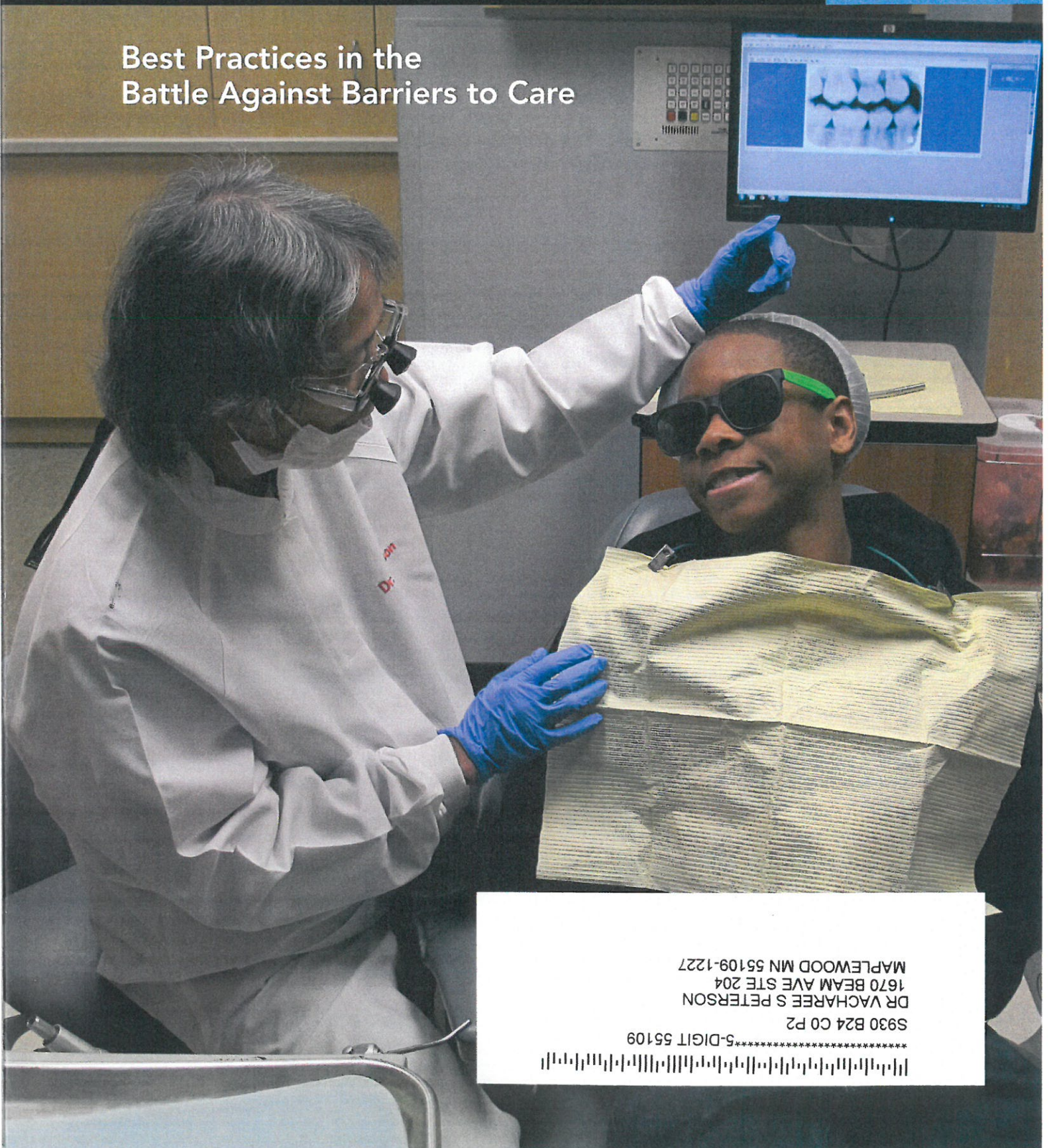
# Northwest

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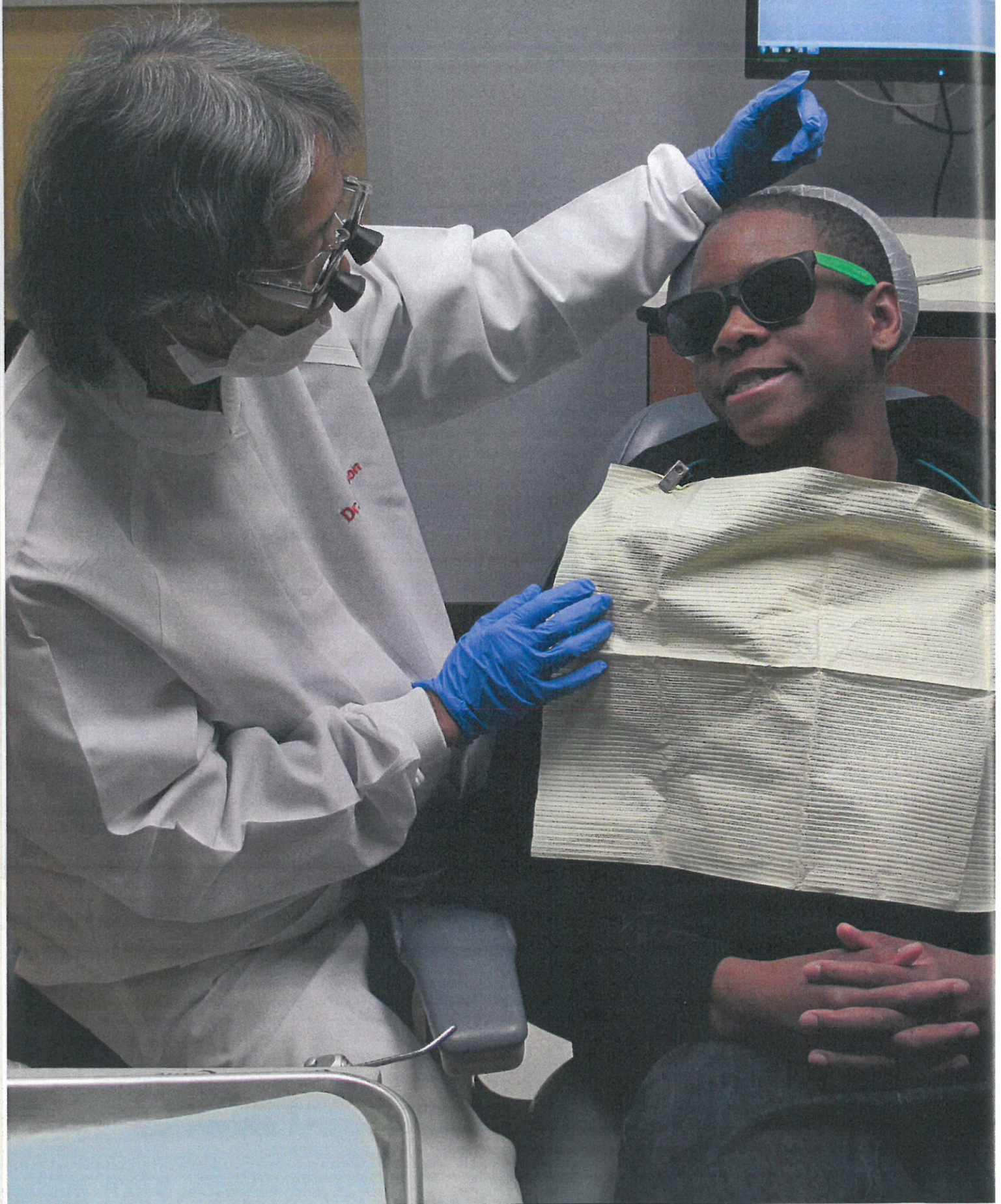
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Best Practices in the  
Battle Against Barriers to Care



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COVER  
Feature



# A Discerning Heart: Saint Paul's Dr. Vacharee Peterson

Northwest Dentistry sat down recently with Dr. Vacharee Peterson of Saint Paul. Whether or not this is a name with which you are familiar, we suggest you pay close attention to the following conversation. First you will hear a soft voice. Then will come an inescapable involvement in a story which, at its heart, will not only introduce you to a remarkable woman, but re-introduce you to chords of a song that perhaps you may have forgotten. She has created a place in her professional community that is exceptional in our experience, and a place in the wider world that she has made available to anyone with the imagination to accept the invitation. Adjectives pale when you sit across from her and listen to her story. When she is done, the word "indomitable" comes to mind, and stays there.

*The Editors*

**NWD: We would like to begin with your background. Though everyone's story is unique, your story, your journey, is markedly different from a lot of your colleagues'. Will you share that with us?**

**Dr. Peterson:** I was born in a small village in Udonthani, Thailand in 1949. My parents moved to the provincial capital in 1956. My province was close to Laos, so I speak Laotian fluently. I am the ninth of 12 children, and I was raised in a Buddhist family. When I was 11, I convinced my father to allow me to go to a movie theater to see "How the West Was Won". After that I was determined to go to America. My parents wanted me to have a better education, so in the 11th grade they sent me to Bangkok. There I met several missionaries who taught me English from the Bible so I could pass the American Field Service exam.



*When not in her scrubs, Dr. Vacharee Peterson is CEO of Community Dental Care, the non-profit organization she created.*

While learning about the Bible, and having a number of arguments about it with the missionaries, I found my faith, and became a Christian. At that time I was very afraid of Hell — [laughs] — and in my heart I knew no one is perfect. In my culture, paying to get into Heaven didn't make a lot of sense to me, but when I found my faith in Christ, that made sense.

After that my life changed completely. I came to Long Prairie on an AFS scholarship, and was placed with a retired pastor and his family. There I grew in the American culture, and in my faith. There was so much love and compassion poured out from my American family and their friends. It was one of the most inspiring years of my life.

My American parents and their friends then offered me a scholarship to Bethel College, an offer I couldn't refuse! There I met my future husband,

Andrew Peterson. He kept breaking beakers, and I kept helping him clean up the mess. We both graduated with chemistry degrees, then went into graduate programs, his in nutrition and mine in biochemistry. But I wanted to be with people, not in a lab. We both then applied to dental school, but he was accepted and I was rejected. I went directly to the dean of the dental school and asked for an explanation. The reason given was, "Well, you are a woman and a wife and you need to go back and think about it. And we have already accepted your husband. You should go home and think about it for a few years to see if this is what you really want to do."

I was sad, fuming mad, but could not do anything about it. A lawsuit, for me, was out of the question, as I know what the Bible was teaching about that. So I became a child care

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# Cover Feature

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counselor for a year, then worked for 3M for a year and a half putting Andy through school. Then I applied to dental school again, and had the opportunity to express my feelings about being rejected the first time. This time around I was accepted within a few weeks.

The very first week I was called to meet the dean. I was frightened at first, not knowing what mistake I may have made – my heart skipped beats all the way to his office. But that was followed by overwhelming joy and happiness when he handed me an envelope stating that I was chosen to receive a scholarship which covered tuition for four years along with all room, board, and books. This scholarship came from the Carter Administration. I was told being Asian was not considered an under-represented minority in the dental profession. The Dean then cited two reasons I was receiving a scholarship I did not even apply for: He had examined my grades and was pleased with them, and he considered me a first-generation immigrant, which qualified me for this “left-over” scholarship! Still, I went back to my classroom singing praise and thanks to my heart’s content. I chose dentistry because a role model, orthodontist Robert Mundt, showed me that not only could I be my own boss, but that I could treat patients such as the Native American population he treated on weekends and have a solid private practice from which to do that. I studied really hard, and was as happy as a clam in the sand when I was given my D.D.S. degree and then passed the Board exam.

**NWD: Please tell us about your practice.**

**Dr. Peterson:** Our practice is very, very different. After I graduated, my husband, who was then an Air Force dental officer, and I wanted to be dental missionaries to Thailand, but we

were rejected by the mission board as my husband had a large student loan (\$23,000) and I had one for \$5,000. We were told to re-apply when the debt was paid. I was looking for an associateship, but everyone turned me down. Fourteen of 15 senior dentists told me I would not make it because I was a woman, and “what made it worse, you are a minority. You don’t look like a dentist. Don’t even start”. I did not lose heart; I just kept pushing doors. At that time I was a Sunday school teacher for recent immigrants from Laos. The idea came that starting a practice to serve them would be equal to being a missionary, so I proceeded with this concept.

Two bankers told me, in effect, “If you were the last dentist in the world I would not go to you, so I will save you the headache of filing for bankruptcy and not lend you the money.” Even the sign company told me, “Save your money; you won’t make it.” Fortunately the third bank, Bremer, said yes, and \$28,000 (33 years ago that was a lot of money!) for equipment and working capital let me establish a one-chair dental clinic to serve my patients. Even with all that rejection, it did not seem to do anything to me. I said, “I have these skills. I know that God can use my gift to serve someone.”

I was able to start the clinic with a very small loan because I did not have to do leasehold improvement. The opportunity to move in with an orthodontist who had three chairs but only used one saved a lot of funding. This is probably one of the best moves I made, as the overhead was low, allowing this young and very new dentist to gain the skills while building the practice. The week before my practice opened I hired a consultant group, who charged \$5,000 for two days instruction of how to see patients “efficiently and effectively”. They asked to see the schedule for our first day. Shaking their heads, they said, “You must reschedule — all these

people are foreigners and refugees, and will probably not speak English. Replace them with only insured patients who speak English. And no Medical Assistance patients.” Refusing to sign their contract was the second best move I made. There is a certain principle in you that you should not cross: It is to be mindful for those who are less fortunate than yourself. Having been to many seminars by various consultants, this remains my focus: You must discern if what they are saying is what you want to follow.

Well, I did see my immigrant patients, and after two and a half years and expansion to two chairs, there was no more room to grow. With the help of Saint Paul mayor George Latimer and Bremer Bank, we expanded to the east side of Saint Paul, the heart of the city’s immigrant population. Our strategy did not change: Be conservative, expand from there, and keep the financial end sound. Outreach to this community was done so simply: handwritten flyers passed out by hand, using our interpreters, our patients, and their children. We must have passed out 100,000 flyers initially. Patients came from everywhere because most dentists refused to see them. We expanded six times at this location, to 16 chairs over 22 years. Even so, we never seemed to have enough operatories to meet the need.

**NWD: The market will help you ...**

**Dr. Peterson:** Yes. And being an MDA member right from the start was, and is, a strong advantage. When you are a new dentist, they refer patients. *Northwest Dentistry* continually runs articles about dental practice, and companies that can help you with just about anything advertised in it. Association meetings and C.E. opportunities are so helpful, as are the connections with colleagues and many other benefits.

**NWD: Was this form of practice always your intention?**

**Dr. Peterson:** Yes, it was. This practice is faith-based in the Bible. For this interview to have any meaning, we have to go here first. I remember saying this prayer: "God, please help me, I want to treat the poor, and I am willing to eat noodle." This is a simpler form of King Solomon's prayer. He asked God, "Your servant is here among the people you have chosen, a great people, too numerous to count or number. So give your servant a discerning heart to govern your people and distinguish between right and wrong. For who is able to govern this great people of yours?"

Treating this population was difficult because cases were so complicated and I was so new. When you treat MA patients, it is hard to attract colleagues to work with you, but we do, and I can only think it is what is in the heart that draws them, especially the young ones who want to do this work but do not know where to go.

When we were in our early fifties, my husband and I discussed retirement, and what would happen to our patients. We discovered that colleagues interested in buying the practice intended not to serve public program patients. We declined to sell. It was soon after that that a chance meeting with Dr. Michael Helgeson introduced us to the idea of becoming a non-profit, and that is what we did, in 2004.

**NWD: Describe your approach to the MA component, and please include specifics about staffing for it.**

**Dr. Peterson:** Serving public program patients has several obstacles. This list is not exhaustive, but they include:

- A high patient failure rate, of about 30%. You have to be creative to manage the variables of what can happen.



*"To make it work," said Dr. Peterson, "we need to make sure that the patient gets excellent care for the available resources."*

- Communication and cross-cultural barriers are time consuming, cutting into production time. Overcome this by studying cross-culture competency. We initially hired staff who speak the language, until the government provided for interpreting service. The goal is to help the patient, so you think about how to do that.
- The low fee payment schedule from the government. Overcome low reimbursement rates by working double-hard, with as little clinic down time as possible. After our first expansions, it was obvious that there is a large advantage to economies of scale. And the more you do the same thing, the better you are at it. The experts who said we wouldn't make it were kind of right and kind of wrong. They do not tell you that if you work hard at it you may be able to make it. So this is when being discerning plays its role.
- Administration is cumbersome. Overcome by delegating. I overcame many administrative obstacles by delegating [laughs] to my husband! Back then he, and with the help of my brother-in-law, wrote software to communicate with the MA system. And of course you improve by repetition and familiarity.
- It is difficult to recruit staff and doctors. Overcome by understanding human circumstances and trying to accommodate needs. With colleagues, be supportive rather than competitive. One wanted to help, but needed to start his practice too, so we

rented space to him in the evening and he practiced for us during the day. For staff, practice respect and transparency. If we do well, they get bonuses; if we don't do as well, we give them bonuses from our salaries. Helping hands appear when you need them if you proceed like this.

The upside of treating public program patients in large volume is that:

- The government is consistent in paying.
- Administration is very do-able once you understand the rules and policies.
- Patients are so grateful that it is always fun and fulfilling to do this work.
- There are more dentists and staff who share this philosophy and enjoy treating this population. This has been surprising to me, but it is happening.

**NWD: How does your practice philosophy embrace the challenge of patients who live in poverty, and how do you adjust your approach to gain compliance and improve health?**

**Dr. Peterson:** Initially I did not intend to see as many children as I did, because I did not have much experience with them. About 85% of my patients then were on public programs. Seeing the suffering they experienced with the high incidence of caries within their first two years, with the help of a friend I wrote a booklet, *Handbook for Baby Teeth, From Pregnancy to Permanent Teeth*. Later,

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# Cover Feature

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with my husband and friends, we took toothbrushes and toothpastes to Ban Vinai Refugee Camp in Thailand, treating about 6,000 children there. It was after we became a non-profit here that we could focus on doing more quality preventive dentistry, especially chairside oral hygiene instruction with recent immigrants. We wrote a grant to support the time needed to instruct our patients not only in that, but in good nutrition. The resulting program was recently recognized by the Robert Wood Johnson Foundation and ICF International as one of 25 oral health prevention programs nationwide that successfully use innovative approaches to increase access to preventive oral health care for children.

**NWD: You have been described as a very good businesswoman. Where did you get these skills, these ideas?**

**Dr. Peterson:** [laughs] Thank you for the vote of confidence! I worked really hard initially, most often 10 to 12 hours a day. Doing that for a long time, I was finally financially stable. So it was not really a skill, but determination. When my professor said, "Take good care of your patients, and all else will follow", he was so right. The skill comes from a lot of practice; the ideas came from being obedient to good teaching. It happened a little bit at a time, like taking a step up a ladder: With each step you see the world a little more with a better understanding, and you take another step. You find out how things should be done, and with minimal risk. [a smile] Don't let the "experts" scare you.

**NWD: What did you have to "go out and learn" to do the job right?**

**Dr. Peterson:** I took a lot of continuing education classes. I do about three times what is required.

Having a spouse who is a dentist helps, because he keeps me on the right track. Having a diversified and talented board who bring a wealth of knowledge and wisdom is a huge asset to Community Dental Care. As for how to run the non-profit organization properly, I have a very experienced consultant to help me.

**NWD: What are the best lessons you have learned; what are some of the surprises?**

**Dr. Peterson:** My most recent surprise is involvement at the Capitol sponsoring bill S.F. 636/H.F.778 on behalf of the 0-2-year-olds for the Early Dental Prevention Initiative. It requests that the Commissioner of Health, in collaboration with the Commissioner of Human Services, implement a statewide initiative to increase awareness among communities of color and recent immigrants on the importance of early preventive dental intervention for infants and toddlers, both before and after primary teeth appear. My deepest desire is to see our populations of color not have caries, so it is easy to work toward this goal. Our bill was placed on the Omnibus Bill, and it was passed! What a joy! We are looking forward to working on this project.

**NWD: What that you had hoped would be true turned out to be, reaffirming your faith? On the other hand, what myths about your practice and patients would you like to debunk?**

**Dr. Peterson:** Treating M.A. patients does not mean quality is overlooked. On the contrary: To make it work, we need to make sure that the patient gets excellent care for the available resources. It was not until I practiced it that I understood the economies of scale. People will tell you these patients are not nice to work with, but the fact is that many of the recent

immigrants are very smart people who have escaped from persecution by their own governments. I have found them to be fun, cheerful, and very receptive to good oral health instruction. A lot of them are high in military rank, or doctors, nurses, teachers, and the like. Most of our patients are truly from the hill tribes without much education, yet they too are very perceptive in learning how to take care of themselves. Many dentists think that treating insured and fee-for-service patients will make them wealthy. Sometimes this works, sometimes it doesn't. I would choose to keep busy and help the patients rather than accumulate down time, which is equal to zero income and not helping anybody. [that smile] I use a lot of muscle in my work.

**NWD: It takes a lot to do what you do. We would like to explore what nourishes you to keep that "going strong".**

**Dr. Peterson:** These three things: Jesus' teaching, my education, and the discernment inside the heart. Initially it takes all your brain power and all your time, but once you get the hang of it, you work smarter, not harder. I learned to trust the gifts and abilities of my staff and let go of power and control as much as the law will allow, and we work together for our patients. I do enjoy my vacation – I don't carry baggage with me. I go home, I sleep very well at night.

**NWD: Who gave you a helping hand when you needed one ... if you did. Is there someone you would like to have a conversation with?**

**Dr. Peterson:** My pastor and his wife prayed for me. As for role models, Abraham Lincoln and Madame Curie. Both had that perseverance to the end. Now I would like to meet Michelle Obama and the Duchess of

## Summary of why she is successful:

1. Create and train a team of managers, providers, and staff with a broad set of skills and a collaborative culture.
2. Invest to create capacity to serve your patients.
3. Drive efficiencies with size, operations, double shifts, and scheduling management.
4. Create partnerships: reach out to other NFPs who can help you, or serve people who could be your patients; work with county and state governments to make systemic changes to oral health care.
5. Empower patients with culturally relevant education.
6. Collect the statistics to continuously improve care.
7. Use the statistics to show your impact with foundations to generate additional funds to meet your goals.
8. Hire consultants whose philosophy is in line with your mission.
9. Have the diversified, wise, and talented board.

Cambridge, and have them endorse our message about early dental care.

**NWD: Experiences: Anything we have not already covered – the best; most heartbreaking; most unforgettable; the ones you learned something important from.**

**Dr. Peterson:** Twenty-one years ago a colleague who had told me he was a recovered alcoholic failed to treat our pediatric patients properly, and we were – I was, as owner – called before the State Board of Dentistry. The clinic spent nearly \$150,000 in the corrective action. I took full responsibility to make it right by the patients. Looking back, I'm glad I submitted to the authority and learned tremendously. The reward is, I feel that incident made me a better leader for our team.

**NWD: What aren't there enough hours in the day for? Do you actually have any hobbies?**

**Dr. Peterson:** While sometimes the workload is overwhelming, I do take time for myself. I exercise four times a week, and play with our grandchildren. I treasure those moments. My husband and I don't have children, but we have adopted my niece. My brother had

two daughters, and he allowed us to adopt one because "my sister doesn't have". I love them both the same – Joy and Jill, both dental assistants. Jill is taking the dental hygiene program at Century College. I have four beautiful grandchildren. Joy has three children, Jill one. It is a wonderful time to be with them and see their beautiful white teeth! [We laugh]

**NWD: What of your accomplishments are you most proud of/happiest with?**

**Dr. Peterson:** I am most proud of being a grandmother to four beautiful grandchildren. As for my work, I am very proud of my staff. They are unique because they are so dedicated, so committed. I am also proud we have been able to expand into areas in the Twin Cities and the state where there is so much need. We now have four clinics in areas where there are many poor people. Each time we have built a new clinic, it has been filled to capacity within a few months.

**NWD: Talk a bit about Saint Paul and the SPDDS. What part does this connection play in your life?**

**Dr. Peterson:** I did not participate much in the beginning, although I

know they referred a lot of patients to me. The organization is extremely helpful. In the last three years I have become a delegate or alternate for the District, and I am a member of the Executive Council. Last year I am very grateful to the SPDDS delegates and student delegates who helped me with the Resolution 7a language, and then later it passed the vote, where at first it was going to be removed. Resolution 7a is similar to S.F. 636/H.F. 778 (early dental prevention in 0-2-year-olds). These experiences have allowed me to learn things I needed for my work at the Capitol.

**NWD: Dream about the future ... We called this interview an opportunity "to speak to what is important to you". What is important to you?**

**Dr. Peterson:** To see children, especially the 0-2-year-olds, without cavities. It really is a heartache to hold down an 11-month-old to do dental work. Deeply personal, spiritually I would like to see the people of Thailand know Jesus. It's inter-related. It is.

**NWD: Conclude with any message you like. Especially include what you would encourage practitioners just starting out to consider, to reach for, to do.**

**Dr. Peterson:** I wish my peers, when starting out that you would accept M.A. patients, and when asked, "When should a child be taken to the dentist?" would answer, "As soon as teeth erupt". I wish for them to be able to do lap exams, oral hygiene instruction, deliver fluoride varnish, and conduct nutrition education for new parents. Most of these procedures can be delegated to either licensed dental assistants or licensed hygienists. Together, let's bring about cavity-free children. ■