


10.21.14 #27



OFFICE OF THE COUNTY ADMINISTRATOR

M E M O R A N D U M

TO: The Honorable Chairman and Members of the Board
of County Commissioners

FROM:  Mark S. Woodard, County Administrator

SUBJECT: Expanded Dental Services – Executive Summary

DATE: October 21, 2014

What does the additional \$500,000 pay for and how many additional clients/encounters will this provide?

- Priority 1: Provides **\$300,000** to fund expanded care for individuals at or below 100% Federal Poverty Level (FPL) that are enrolled within the County Health Program.
 - Services include relief of pain, preventative care, limited restorative care, and extractions.
 - This priority area is expected to provide expanded service to **780** unduplicated clients for **2,750** dental visits at Department of Health - Pinellas (DOH Pinellas) locations throughout the County.
- Priority 2: Provides **\$200,000** for the funding of a community dental team and associated lab fees and supplies to rotate across DOH Pinellas and three (3) community dental clinics to increase dental services, coordinate on volunteer dental services, and expand access to adults between 101% and 200% FPL.
 - The dental team will consist of one part-time dentist (.6 FTE) and one full-time hygienist (1 FTE) at a cost of **\$150,000**.
 - The part-time dentist will also have oversight of volunteer dental operations for reporting and quality assurance.
 - The dental team will rotate to expand service hours at the Homeless Emergency Project (HEP), Community Dental Clinic, and Gulf Coast Dental Outreach.

- The remaining \$50,000 will be used to help cover the cost of lab fees and supplies at the three (3) clinic locations.
 - This priority area is expected to provide an additional **1,920** hygienist visits and **1,536** dentist visits under the DOH Pinellas proposal.
- In addition to the \$500,000 increase to dental services, Pinellas County has funded:
 - Continued DOH Pinellas dental services at \$423,891 in their existing FY15 contract to support an estimated 3,500 dental encounters.
 - \$70,000 in one-time funding in FY15 for the acquisition of a dental sealant van to serve 1,000 youth annually.
 - \$19,577 for a part-time volunteer coordinator in FY15 to support expansion of volunteer programs including dental volunteers.

Community Feedback:

- Pinellas County initially held a dental roundtable in June 2014 to gain stakeholder input.
- Pinellas County forwarded the DOH Pinellas proposal and surveyed roundtable participants for additional feedback on priorities. Eight stakeholders submitted feedback on priorities with the greatest feedback supporting the dental team and funding for lab fees/supplies:
 - Gulfcoast Dental Outreach
 - Community Dental Clinic
 - St. Petersburg Free Clinic
 - DOH Dental Service Manager
 - Homeless Emergency Project
 - Clearwater Free Clinic
 - Commissioner Long's Office
 - Pinellas County Dental Association
- In addition to the roundtable discussion and survey, DOH Pinellas performed outreach to inform and gather input from stakeholders.
 - DOH Pinellas met with Faith and Action for Strength Together (FAST) to discuss proposal and dental services within Pinellas County. While DOH Pinellas reports this was generally supportive, FAST expressed continued interest in significant funding increases.
 - DOH Pinellas presented their proposal at the Oral Health Coalition in September 2014.
- DOH Pinellas and Health and Community Services reviewed stakeholder feedback and developed a series of action items for FY15, including the DOH Pinellas proposal, which address many of the stakeholder priorities received.



MEMORANDUM

TO: The Honorable Chairman and Members of the Board of County Commissioners

THRU: Mark S. Woodard, County Administrator

FROM: Lynda Leedy, Interim Executive Director, Health and Community Services

SUBJECT: Expanded Dental Services Proposal

DATE: October 21, 2014

According to the Florida Institute for Health Innovation (FIHI), in 2010, the State of Florida saw approximately 115,000 emergency room visits for preventable dental conditions at a cost of \$88 million. Complicating this picture, the report outlined that access to care further suffers from a low number of Florida dentists actually willing to accept Medicaid. The significance of this public health impact can be seen in Pinellas County with over 6,000 preventable emergency department visits in 2012 with a cost of over \$7.6 Million. (Attachments 1, 2, & 3)

Several of the policy solutions outlined by FIHI point to expanding preventative services by dental hygienists, supporting expanded county health department dental services, expanding youth dental services in high-risk communities, dental sealants for youth, water fluoridation, and expanding Medicaid rates. Accomplishing lasting solutions to this trend requires coordinated efforts that focus on activities that help to expand access to care and prevention.

Funding Status:

In an effort to focus on solutions and expand critical access to dental care within our community, Pinellas County currently funds dental services through a contractual relationship with Florida Department of Health in Pinellas (DOH Pinellas) totaling \$423,891 in FY15. The funding helps to support at least 3,500 dental encounters through DOH Pinellas and within several community-based clinics. DOH Pinellas also leverages an important volunteer network to increase access. In addition to the existing funding, Pinellas County has allocated \$70,000 in one-time funding in FY15 to help acquire a mobile van, equipment and supplies in partnership with DOH Pinellas and the Juvenile Welfare Board (JWB) to support a dental sealant program with ongoing operations funded through the JWB. This important program has a goal of reaching 1,000 youth within our community.

Finally, Pinellas County has recently allocated an additional \$500,000 to target local priorities and expand access to dental services. This memorandum outlines specific action items, developed with stakeholder engagement, to effectively make use of this additional \$500,000 funding.

Dental Roundtable:

In a coordinated approach to identifying key barriers and needs within the community, on June 26, 2014, Pinellas County held a dental roundtable to solicit input on funding priorities to guide future initiatives. (Attachments 4 & 5)

Core observations made by the stakeholders included:

- Pediatric specialties are needed
- Need to address no shows. Need better coordination when volunteers are available
- Need referral lists for specialized services. Use 2-1-1 more effectively. Train and educate staff and the public
- Funding is needed to help with fees, lab work, and supplies. Relationships with discounted labs.
- Need services to patients in nursing homes – dementia patients
- Support transportation options such as bus passes
- Focus on prevention to alleviate ER use for preventable dental care
- Better utilize DOH Pinellas clinics
- Address legislative concerns so retiring dentists can volunteer
- Expand prevention education – diet, behavior, etc.
- Expand hours at clinics, Community Dental, HEP, etc.
- Explore hospital funding assistance
- Provide lab reimbursements for volunteer dentists
- Allow volunteer dentists to provide services in their own offices

Dental Expansion Proposal:

In response to the input received during the roundtable discussions, DOH Pinellas provided a proposed approach for implementing expanded services. (Attachment 6) The proposal is a two-fold approach that addresses several of the core observations outlined by the roundtable discussions. First, it focuses on serving an expanded number of clients through increasing available encounters/ visits for individuals at or below 100% of the Federal Poverty Level (FPL) at six (6) locations across the county to reduce reliance on emergency room visits. Second, the proposal provides for a dental team and supplies rotating across three (3) community clinics to address the expanded needs of individuals that are below 200% FPL.

Roundtable Participant Survey:

To coordinate feedback and gather final priorities for FY15 funding, Pinellas County forwarded the DOH Pinellas proposal to roundtable participants and surveyed priorities. Responses were received from eight (8) stakeholders and reviewed to inform final recommendations for expanded dental services. (Attachment 7) A summary of these responses, below, outlines the major priorities presented in the responses received by both Pinellas County and DOH Pinellas. While the most frequent response highlighted support for a community dental team and lab cost assistance, each of the priority areas demonstrate a critical system component to address.

General Areas of Priority From Stakeholder Responses (September 2014)		# of Responses
1	Community Dental Team/Part-Time Clinic Dentist (for 101%-200% FPL)	6
2	Unrestricted operating funds for clinic	2
3	More Instruments	1
4	Volunteers	2
5	Increased access for up to 100% FPL	1
6	Dental Navigator/Coordinator	2
7	Affordable Denture Options*	4
8	Funding for Lab/Supply costs*	4
	---Coord. with university/prison system/private labs for 7 & 8	-
9	Transportation	1
10	Legislative Change (re: volunteers)	1
11	Outreach strategy	2
	---Outreach strategy (211 referral/less than \$10,000 to education)	-
12	Pediatric services	1

* 7 & 8 were often combined in responses, but were broken out for charting
 Chart represents combined responses from eight (8) stakeholders received by the SCC & DOH Pinellas

Dental Recommendations for FY15:

After reviewing the DOH Pinellas proposal and reviewing survey feedback, Health and Community Services (HCS) met with DOH Pinellas to discuss opportunities and efforts planned for FY15. Based on these discussions, HCS is recommending a series of action items for FY15 to expand access to dental care within Pinellas communities. These action items leverage both existing and new resources to help further a majority of the priorities that were expressed within the survey responses including a community dental team, pediatric services, volunteers, expanded navigation, outreach, legislative changes, and support for lab fees and supply costs as well as pursuing reduced lab costs.

Action Item 1: Adopt DOH Pinellas Proposal (\$500,000 in New, Reoccurring FY15 Expansion Funding)

The DOH Pinellas proposal has been widely distributed to stakeholders through the dental roundtable and recent discussion at the September 2014 Pinellas Oral Health Coalition meeting. As proposed, it is a two-fold strategy which expands access to care for adults under 100% FPL and establishes a community dental team to expand available hours of operation and access for individuals below 200% FPL while providing for offsetting costs of supplies at local clinics.

Under the first component, access to dental care is anticipated to increase with 2,750 additional encounters for 780 unduplicated individuals at or below 100% FPL. These services will be delivered throughout the County through expanded dental services covering pain, preventative, limited restorative procedures, and extractions within DOH Pinellas locations. This expansion of DOH Pinellas service capacity matches opportunities raised at the roundtable discussion and aligns directly with the policy recommendations made by the Florida Institute for Health Innovation in their February 2014 report.

For the second component, significant support was demonstrated for establishing a community dental team to expand hours at community clinics. The current proposal accomplishes this dental team goal while also providing for \$50,000 in associated lab fees and supplies at three (3) community locations. The dental team will rotate across designated dental clinic locations within the community including the Homeless Emergency Project (HEP), the Community Dental Clinic, and Gulf Coast Dental Outreach. This component is expected to expand access to dental care by an additional 3,456 encounters (1,920 hygienist/1,536 dentist) for individuals between 100% and 200% FPL.

***Action Item 2: Expanded Pediatric Services/ Dental Sealant Van
(\$70,000 in One-Time Funding in the FY15 HCS Budget)***

As outlined previously, Pinellas County has allocated \$70,000 in one-time funding in FY15 to help acquire a mobile van, equipment and supplies for an expanded dental sealant program. DOH Pinellas will operate the dental sealant van with annual operating funds provided by JWB. It is expected that the dental sealant program will treat at least 1,000 unduplicated youth annually.

***Action Item 3: Expanded Navigation/ Referral System
(Within Existing DOH Pinellas Budget)***

In FY15, DOH Pinellas will seek to establish an expanded navigation/referral component serving dental operations. The capability currently exists within DOH Pinellas for call intake and referrals, however, DOH Pinellas hopes to implement a full-time position within their call center to more effectively handle dental referral needs. In addition to DOH Pinellas resources, efforts will be made to keep information up-to-date with 2-1-1 Tampa Bay to help individuals find the resources they need.

***Action Item 4: Expanded Information/Outreach
(Minimal Cost for Materials within Existing DOH Pinellas Budget)***

Currently, DOH Pinellas leverages websites and other information distribution channels for outreach. In FY15, efforts will be strategically expanded to include distribution through community partnerships. Along with maintaining current information with 2-1-1 Tampa Bay, DOH Pinellas will seek to distribute dental resource information at local emergency rooms, through the new dental sealant van visiting schools, and through avenues available to FAST.

***Action Item 5: Address Legislative Changes
(No Additional Cost)***

Two priorities that were presented through the roundtable and during BCC meetings include legislative changes to allow retiring dentists to volunteer and the need for additional dental funding at the state level. It is recommended that Pinellas County add these two dental priorities to the FY15 legislative priorities for the County to ensure they are voiced to the State of Florida.

***Action Item 6: Expanded Volunteer Opportunities
(FY15 DOH Pinellas Primary Care Contract Includes \$19,577 for Volunteer Coordinator)***

Health and Community Services has allocated \$19,577 for a half-time volunteer coordinator within the DOH Pinellas FY15 primary care contract. This allocation was seen as a cost-effective strategic investment for enhancing volunteer opportunities within our community targeting primary care, behavioral health, specialty care, and dental service needs. No additional funds are required from the expanded dental funding.

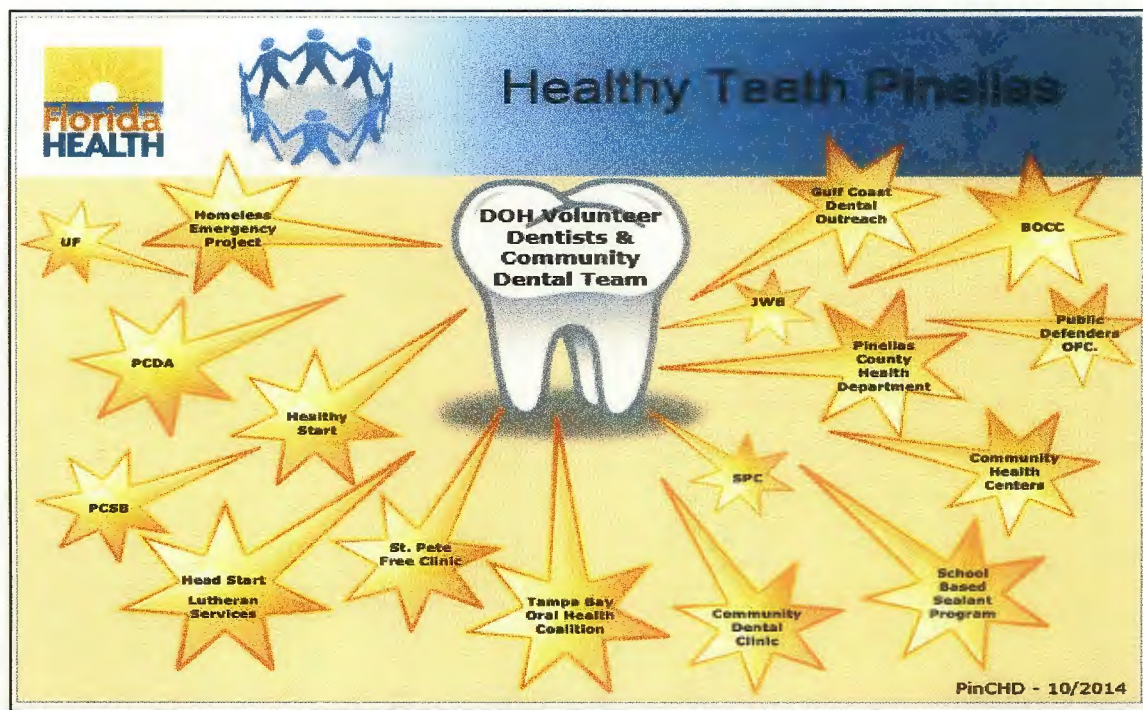
***Action Item 7: Reducing High Laboratory Fees Through Cost Saving Relationships
(No Additional Cost)***

Beyond the \$50,000 currently included within the DOH Pinellas dental proposal, there is a need to pursue reduced lab costs for local stakeholders. DOH Pinellas will coordinate with the Tampa Bay Oral Health Coalition to seek their collaboration in establishing relationships and agreements with local labs, university systems, and the Florida prison system to secure access to discounted pricing to make these services more affordable.

***Action Item 8: Continued Stakeholder Collaboration/Resource Coordination
(No Additional Cost)***

While each of the above action items can help to improve access to dental care, it is important to recognize that ongoing discussion, coordination, and collaboration within the system is key to realizing these improvements. Pinellas County is fortunate to have engaged stakeholders that are committed to working together to expand access to dental care within our communities.

As outlined in its “Healthy Teeth Umbrella”, the DOH Pinellas volunteer and dental team model will seek to coordinate efforts across local clinics and community partners through shared referral opportunities, facilitating resources, and encouraging participation where appropriate. This collective approach provides opportunities to maximize access to care for clients by expanding resources, reducing barriers, and navigating qualifying criteria.



Along with the coordination of expanded services by DOH Pinellas, the ongoing efforts of the Pinellas Oral Health Coalition provide an important venue for input and facilitation on recommended action items. Through their participation, DOH Pinellas will provide ongoing updates on action item progress to further local collaboration.

Conclusion

The recommended action items outline an approach to achieve progress on dental service delivery within Pinellas County. It has been derived through an inclusive process designed to gather community input and priorities. The activities that have been laid out leverage both new and existing resources to help further a majority of the priorities expressed in the roundtable survey responses. By coordinating resources across community partners through community dental teams, supplies, enhanced navigation, and other efforts, the approach expands access to care while working to reduce preventable dental visits to the ER. If approved to move forward, DOH Pinellas will immediately seek

to implement the expanded services in coordination with the County and will provide a mid-year update to the BCC in March/April 2015.

Attachments:

1. Florida Institute for Health Innovation (Formerly Florida Public Health Institute): Oral Health Emergency Room Spending in Florida
2. Florida Public Health Institute (Formerly Florida Public Health Institute): Pinellas County Oral Health Fact Sheet
3. Florida Institute for Health Innovation: Florida Pediatric Emergency Department Visits for Preventable Oral Health Conditions
4. Dental Roundtable Information Packet
5. Dental Roundtable June 26, 2014 Minutes
6. Dental Funding Proposal from the Florida Department of Health in Pinellas County
7. Dental Survey Summary Comments



ORAL HEALTH EMERGENCY ROOM SPENDING IN FLORIDA*

AN AVOIDABLE HEALTHCARE COST

HOSPITAL EMERGENCY ROOM DENTAL CARE VISITS DRAMATICALLY INCREASING

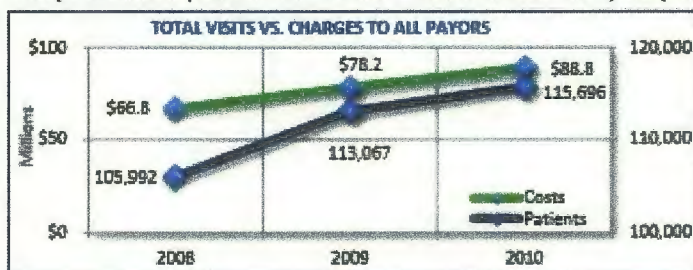
More than 115,000 hospital emergency room visits in 2010 were for dental care with charges exceeding \$88 million. Much of it may have been avoided with proper preventive care.

An analysis of emergency room visits from 2008 to 2010 for dental conditions generally considered preventable found the number of patients seeking emergency-room dental care increased over the three years by about 10,000, and charges have increased by more than \$21 million. More than half of the increase—\$12.9 million—was to Medicaid and Medicaid Managed Care. In contrast, charges to private insurance increased by only about \$800,000. The data is a conservative estimate of the true cost of care as it reflects only a subset of the most common billing codes used to charge for dental services.

LACK OF ACCESS DRIVING EXPENSIVE EMERGENCY ROOM VISITS

Hospital emergency rooms are among the most expensive sources of dental care yet typically provide only temporary relief of the problem. Peak times for emergency room visits are during business hours, an indication of lack of access to providers willing to take Medicaid patients. While dental practices may refuse to accept Medicaid patients due to low reimbursement rates, hospital emergency rooms must treat all patients regardless of their ability to pay.

The average age of emergency-room dental patients is 32, when a lifetime of neglect may manifest as significant health issues. This may be exacerbated because routine dental services for adults are not covered under Medicaid. Better access for low-income patients to preventive and restorative services may be a cost-effective solution to reducing hospital and overall healthcare spending.



PUBLICLY FUNDED EMERGENCY-ROOM DENTAL CARE OF CHILDREN DOUBLED FROM 2008 TO 2010

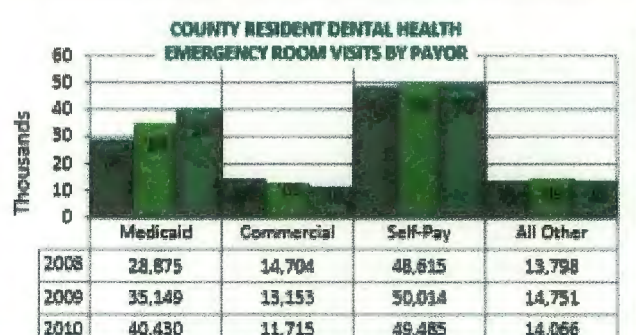
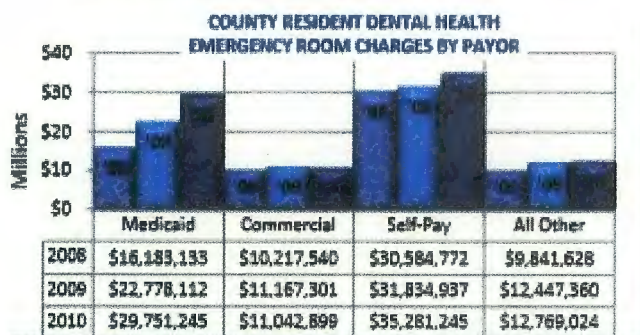
Visits charged to child-specific payors – KidCare, Healthy Kids, MediKids and Children's Medical Services – more than doubled over the years reviewed while charges almost tripled. Unlike adults, routine dental services for low-income children are covered by Medicaid and other public-payor sources. These findings may reflect a lack of community providers and the need to better inform parents—in all income brackets—of the vital importance of preventive dental care.

STATE ORAL HEALTH ER VISITS BY CHILD AGE GROUP		0-4	5-9	10-14	15-19	TOTAL
	2008	4,286	2,795	1,670	5,852	14,603
	2009	4,617	2,866	1,734	6,241	15,458
	2010	4,588	2,922	1,845	6,173	15,528

POLICY SOLUTIONS

The relationship between oral and overall health is well documented. As the cost of healthcare mounts, increasing access to preventive oral health services would help avoid more expensive care. Recommended policy actions include:

- ✓ Expand preventive services by dental hygienists
- ✓ Support and expand county health department dental services
- ✓ Expand pre-school- and school-based preventive dental services in high-risk communities
- ✓ Increase Medicaid reimbursement rates for preventive and restorative dental care
- ✓ Cover routine dental services for adults under Medicaid
- ✓ Work toward 100 percent community water fluoridation



*Source: The Health Council of Southeast Florida, on behalf of the Florida Public Health Institute, analysis of emergency-room Ambulatory Care-Sensitive dental data submitted to the Florida Agency for Healthcare Administration (AHCA).

Funding for this study made possible through a grant from the DentaQuest Foundation

To join the Florida Oral Health Coalition or for more information, please visit www.oralhealthflorida.com

www.flphi.org

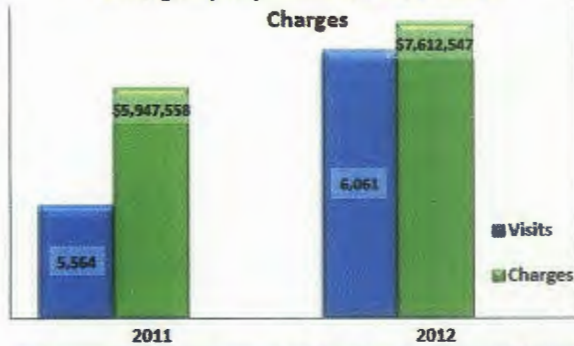
DentaQuest
FOUNDATION

Attachment 2

PINELLAS COUNTY ORAL HEALTH FACT SHEET¹EMERGENCY DEPARTMENT USE BY RESIDENTS FOR PREVENTABLE CONDITIONS:² 2011 & 2012

Emergency Department Dental Visits &

Charges

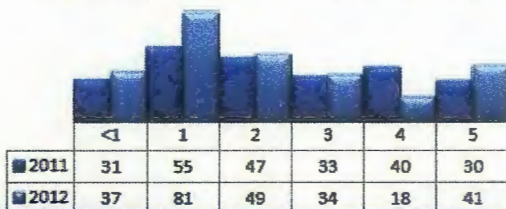


Ambulatory Care Sensitive oral health conditions (ACS) are those considered largely avoidable with adequate prevention and primary care. The use of hospital emergency departments – among the most expensive form of medical care – for the treatment of ACS conditions may indicate lack of access to primary dental care. Among the reasons Floridians do not receive regular preventive care include lack of dental coverage for adult Medicaid patients, lack of private-practice dentists willing to accept Medicaid's low payment rates, lack of county health department resources, lack of affordable dental insurance or inability to meet high co-pays, and lack of awareness of the importance of dental health to overall health.

Floridians absorb the cost of Medicaid and uninsured ER dental visits in several ways including higher health insurance premiums and healthcare costs, increased tax dollars needed to fund the state Medicaid program, increased local tax dollars to support local public hospitals, and lost productivity.

Visits by Payor & Age						Charges by Payor & Age					
	0-19	19-34	35-49	50-64	65+		0-19	20-34	35-49	50-64	65+
2011	672	2,905	1,382	502	103	2011	713,253	2,873,738	1,586,912	581,915	191,740
Medicaid/Managed	469	997	355	100	3	Medicaid/Managed	483,952	1,035,245	413,487	133,130	22,439
Commercial	62	221	143	84	7	Commercial	87,744	221,171	188,005	107,969	8,772
Self-Pay/Uninsured	116	1,540	690	180	7	Self-Pay/Uninsured	109,028	1,457,515	749,554	167,288	18,164
Kidcare	10	0	0	0	0	Kidcare	17,720	-	-	-	-
Medicare/Managed	0	86	141	103	86	Medicare/Managed	-	80,862	142,228	129,711	142,365
All Other	15	61	53	35	0	All Other	14,809	78,945	93,638	43,817	-
2012	757	3,096	1,475	586	147	2012	861,364	3,901,323	1,862,955	766,778	220,127
Medicaid/Managed	513	1,120	360	114	2	Medicaid/Managed	591,109	1,428,609	485,522	135,023	1,983
Commercial	70	211	167	81	3	Commercial	94,652	300,881	237,566	124,230	3,825
Self-Pay/Uninsured	139	1,600	752	237	5	Self-Pay/Uninsured	130,695	1,970,957	892,921	301,668	4,564
Kidcare	22	0	0	0	0	Kidcare	22,553	-	-	-	-
Medicare/Managed	0	87	134	111	136	Medicare/Managed	-	81,346	175,955	141,914	208,401
All Other	13	78	62	43	1	All Other	22,355	119,530	70,991	63,943	1,354

Visits for Young Children for Preventable Conditions



Charges for Young Children for Preventable Conditions



Highest ED Dental ACS Visits by Zip Code

	2011		2012	
	Visits	Charges	Visits	Charges
33705	387	424,776	397	467,022
33712	318	392,836	376	485,830
33713	270	291,570	276	402,430
33755	269	153,731	272	177,366
33756	261	210,184	296	262,483
33711	256	306,607	247	339,486
33714	242	338,930	288	499,443
33709	223	364,600	227	435,677
33781	214	286,807	291	471,644

Policy Indicators

Indicators to consider in shaping policies to increase the overall health of Floridians while decreasing costs to the state's healthcare system:

- High numbers of Medicaid patients visiting the ER for ACS dental problems suggest a lack of access to dentists or oral healthcare clinics accepting Medicaid for both preventative care and for treatment.
- ER visits during the regular work day and traditional business hours, combined with ACS diagnoses, suggest visits being made to the ER in lieu of a clinic or dental office.
- Rates of adult tooth decay are higher in older adults yet patients aged 20 to 34 years comprise the largest segment of ER visits, suggesting that lack of dental insurance or an inability to meet high co-pays is driving such visits.

¹ Source: Emergency Room Database, Florida Agency on Health Care Administration

² Ambulatory care sensitive dental conditions, i.e. "preventable condition," are based on the ICD-9 (International Classification of Diseases, 9th Edition) codes from the published work of Dr. John Billings http://wagner.nyu.edu/files/admissions/acs_codes.pdf.



Florida Pediatric Emergency Department Visits for Preventable Oral Health Conditions: 2012

Ambulatory Care Sensitive oral health conditions (ACS) are those considered to be largely avoidable with adequate prevention and primary care. The high numbers of hospital emergency department pediatric visits by Medicaid and uninsured patients may indicate a lack of access to or utilization of primary dental care as well as the need to provide parents and caregivers with information about proper dental hygiene, practices that contribute to tooth decay (such as putting a baby to bed with a bottle) and the importance of preventive dental visits during pregnancy, during the first few years of life and throughout the life span.

Floridians absorb the cost of Medicaid and uninsured ED visits through higher health insurance premiums and health care costs, increased tax dollars to support the state's Medicaid costs, local public hospitals and lost productivity. Policy solutions that are designed to improve dental care for Medicaid-eligible children will most likely result in a reduced number of pediatric visits to the emergency department.

Total Pediatric Visits and Charges by Payor: Birth-18			
	Visits	Charges	Avg. Charge
Medicaid/Managed	12,066	\$10,462,862	\$867
Self Pay	2,185	\$1,753,906	\$803
Commercial Health Insurance	1,768	\$1,878,686	\$1,063
Kidcare	302	\$301,289	\$998
TriCare or Other Federal	234	\$199,927	\$854
Other State & Local	110	\$123,899	\$1,126
Non-Payment (Charity)	93	\$81,788	\$879
Medicare/Managed	72	\$48,322	\$671
Other	44	\$37,155	\$844
Grand Total	16,874	\$14,887,834	\$882

Visits and Charges by Age

	Visits	Charges	Avg. Charge
0-1	1,040	\$745,303	\$717
1	1,876	\$1,474,865	\$786
2	1,438	\$1,184,170	\$823
3	921	\$762,098	\$827
4	940	\$821,848	\$874
5	1,019	\$820,970	\$806
6	1,037	\$932,988	\$900
7	796	\$698,796	\$878
8	877	\$619,181	\$915
9	582	\$503,016	\$864
10	514	\$450,056	\$876
11	445	\$395,418	\$889
12	448	\$413,827	\$924
13	508	\$490,711	\$970
14	504	\$458,930	\$911
15	628	\$659,464	\$1,050
16	799	\$862,195	\$1,079
17	983	\$960,700	\$977
18	1,721	\$1,633,700	\$949

Policy Solutions

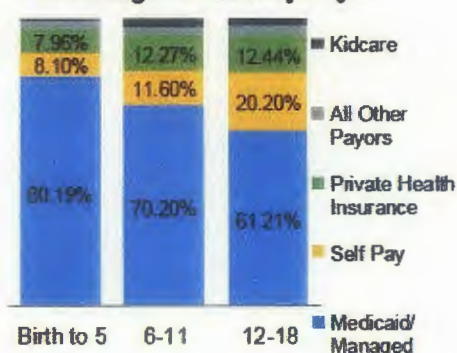
Effective policies for decreasing pediatric emergency department utilization for preventable oral health conditions include:

- School-based sealant programs (S-BSPs)
- Community water fluoridation
- Fluoride varnish programs for at-risk children
- Including oral health education in perinatal guidelines to stress transmission of bacteria from parent to child

Methodology

Ambulatory care sensitive dental conditions (ACS) i.e. "preventable conditions" used in this study are based on the ICD-9 (International Classification of Diseases, 9th Edition) codes from the published work of Dr. John Billings (http://wagner.nyu.edu/files/admissions/acs_codes.pdf) and include all primary diagnoses or reason for ED visit within the categories 521–523, 525 and 528. This methodology is referenced on the website of the U.S. Agency for Healthcare Research and Quality as a tool for monitoring the health care safety net and is cited on the Florida Department of Health CHARTS website.

Percentage of Visits by Payor



Top Five Reasons for Oral Health Related Visits by Infants and Toddlers (< 2 Years Old)

	Visits	Charges
528.9 - Other and unspecified diseases of the	1,244	\$ 896,823
780.6 - Fever, unspecified	646	\$ 627,232
528 - Stomatitis and mucositis, unspecified	185	\$ 105,298
525.9 - Unspecified disorder of the teeth and supporting structures	174	\$ 99,898
523.1 - Chronic gingivitis, plaque induced	76	\$ 49,953

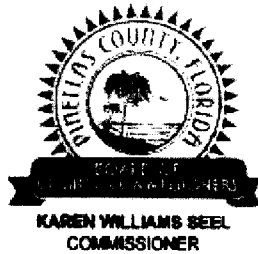
Though more research is necessary, the data suggests that parents and caregivers may not recognize the need for dental care for very young children and may not recognize that the underlying reason for the child's illness is oral health related.

Top Five Primary Diagnoses for Oral Health Related Visits by Infants and Toddlers (< 2 Years Old)

	Visits	Charges
528 - Stomatitis and mucositis, unspecified	895	\$ 713,696
112 - Candidiasis of mouth	403	\$ 268,130
523.1 - Chronic gingivitis, plaque induced	390	\$ 322,583
528.9 - Other and unspecified diseases of the oral soft tissues	153	\$ 98,207
528.2 - Oral aphthae (ulcer)	148	\$ 101,563

The second-most common diagnosis for very young children whose parents or caregivers are seeking emergency room care for what appears to them to be a dental-related condition is thrush, a yeast infection of the mouth. More research is needed but this suggests the family lacks access to a primary care provider.

Attachment 4



PINELLAS COUNTY
BOARD OF COUNTY COMMISSIONERS

PHONE (727) 464-3278 • FAX (727) 464-3022 • 315 COURT STREET • CLEARWATER, FLORIDA 33756
www.pinellascounty.org

August 29, 2014

Dear Dental Roundtable Participants:

Thanks you for attending the roundtable on June 26, 2014. Attached are the official minutes, the list from the SWOT charts, a proposal from the Pinellas County Health Department and questions/answers for this proposal.

Please use the attached list to rank your top three priorities. If you have a different priority, please explain. If you have feedback on the Health Department's proposal, that would be helpful.

Please email your responses to me (by responding to Cyndi's email) by September 15, 2014.

Our next steps will be to provide your feedback to Lynda Leedy, Dr. Dharamraj and Mark Woodard to determine the best way to deliver services, address the needs and develop the program for the budgeted funds. The Commissioners will then discuss at a regularly scheduled meeting, tentatively set for October 21, 2014.

Thank you so much!

Most sincerely,

KAREN WILLIAMS SEEL, Chair
Pinellas County Commission

"PINELLAS COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"



LIST FROM SWOT CHARTS

Infrastructure in place
Geographic coverage

WEAKNESSES

- Pediatric specialties needed
- No shows. Need better coordination when volunteers are available
- Referral list for specialized services (resource guide was provided, see attached). Use 2-1-1 more effectively. Train staff and educate the public.
- Funding is needed to help with fees, lab work and supplies, i.e. dentures. Consider using Pride of Dental laboratory Systems (Department of Corrections)
- Lacking services to patients in nursing homes - dementia patients
- Transportation not available to those in need
- Emergency rooms for dental urgencies provide pain management only

OPPORTUNITIES

- Better utilize the Health Department clinics
- State Statute - change so that retiring dentists to Florida can volunteer
- Prevention education - diet, behavior, etc.
- One more day open at Clinics, Community Dental, HEP and/or weekend hours
- Ask hospitals to match County funding
- Provide bus passes/other transportation
- Lab reimbursements for volunteer dentists
- Allow volunteer dentists to provide services in their own offices
- ER diversion - focus on alleviating pain before an emergency room visit becomes necessary

OTHER PRIORITY - PLEASE EXPLAIN

Pinellas County Resource Guide for Dental Services (updated 2013)

Community Health Centers of Pinellas
Federally Qualified Health Center
www.chcpinellas.org

Income Requirements: Sliding fee scale based on FPL
Population Served: All ages
Dental Services: General dental care
Fees: Based on procedure and sliding fee scale based on income

Johnnie Ruth Clarke Health Center
1344 22nd St. S., St. Petersburg, FL 33712
Contact Number: (727) 824-8177

Pinellas County Health Department
Department of Health Dental Centers
www.pinellashealth.com

Income Requirements: 200 percent of FPL or less; Medicaid eligible patients also seen
Population Served: Children and limited adult services
Dental Services: Diagnostic, preventive, basic restorative and surgical services
Fees: Sliding fee scale between 100 percent and 200 percent FPL.

6 Locations in Pinellas County:
St. Petersburg Center
205 Dr. Martin Luther King St. N.
Contact Number: (727) 824-6975

Pinellas Park Center
6350 76th Ave. N., Pinellas Park, FL 33781
Contact Number: (727) 547-7780 Ext. 7103

Clearwater Center
310 N. Myrtle Ave., Clearwater, FL 33755
Contact Number: (727) 469-5800 Ext. 5122

Largo Center
12420 130th Ave. N., Largo, FL 33774
Contact Number: (727) 588-4040 Ext. 3131

Mid-County Center
8751 Ulmerton Rd, Largo FL 33771
Contact Number: (727) 524-4410 Ext. 7680

Tarpon Springs Center
301 S. Disston Ave., Tarpon Springs, FL 34689
Contact Number: (727) 942-5457 Ext. 6111

Volunteer Programs offering dental services

Healthy Teeth Volunteer Clinic
Health Department in Pinellas
Services are offered at the Largo and Mid-County locations

Income Requirements: 200 percent of FPL or less
Population Served: adults
Dental Services: Exams, preventive care, fillings, extractions
Fees: eligibility is determined by the clinics, call for additional information

Largo Center
12420 130th Ave. N., Largo, FL 33774
Contact Number: (727)588-4040 Ext. 3131

Mid-County Center
8751 Ulmerton Rd, Largo FL 33771
Contact Number: (727) 524-4410 Ext. 7680

Gulf Coast Dental Outreach
North Pinellas County, FL 34698
Contact Number: (813) 579-3935
www.gulfcoastdentaloutreach.org

Income Requirements: Low incomes residents
Population Served: open to all adults
Dental Services: Exams, preventive care, fillings, extractions, some root canals, crowns, and denture repair
Fees: Reduced fees, call for additional information

Homeless Emergency Project (HEP)
Dental Office
1120 N. Betty Lane, Clearwater, FL 33755
Contact Number: (727) 442-9041, Ext. 112
www.ethep.org

Income Requirements: 200 percent of FPL or less

Population Served: Permanent and temporary residents of HEP
Dental Services: General dental care Fees: Lab fees on a sliding fee scale
Fees: Reduced fees, call for information

St. Petersburg Free Clinic
863 3rd Ave N, St. Petersburg, FL 33701
Contact Number: (727) 821-1200
www.stpetersburgfreeclinic.org

Income Requirements: has no private insurance, Medicare, Medicaid who do not qualify for low income assistance
Population Served: adults aged 18-64
Dental Services: basic dental needs (cleanings, simple fillings and extractions)
Fees: call for information

Dental Schools offering dental care at reduced fees

University of Florida, College of Dentistry St Petersburg
Educational Facility Clinic

9200 113TH St. N., Seminole, FL 33772
Contact Number: (727) 394-6064
Income Requirements: None
Population Served: Open to all ages
Dental Services: Currently only offering relief from pain through extractions
Fees: Dental procedures begin at \$141
Additional Information: Emergency clinic opens at 7:30 a.m. on Monday-Friday. The clinic will treat first eight emergency patients

St. Petersburg College, College of Dentistry
Educational Facility Clinic

7200 66th St. N., Pinellas Park, FL 33781
Contact Number: (727) 341-3668
Income Requirements: None
Population Served: Open to all 5 years of age and older
Dental Services: Cleaning, X-Rays, sealants
Fees: call for information

Dental Insurance Programs for Children

There are many options available for dental care. Florida Kidcare offers health insurance for children from birth through age 18, and there are four parts. When you apply for insurance, Florida Kidcare will determine which part your child may qualify for based on age and income.

Apply online at www.floridakidcare.org
Or call toll free at: 1-888-540-5437

Medikids: Children ages 1 through 4.

Healthy Kids: Children ages 5 through 18.

Children's Medical Service Network: Children birth through 18 who have special health care needs.

Medicaid: Birth through 18. A child who has other health insurance may still qualify for Medicaid.

Resource Listings

www.smileflorida.org

www.areyoumouthwise.com

www.pinellashealth.com

www.ada.org

www.cdc.gov

www.tampabayoralhealth.com

Proud Promoters



Meinck, Cyndi M

From: Dharamraj, Claude [Claude.Dharamraj@flhealth.gov]
Sent: Wednesday, July 09, 2014 12:09 PM
To: Seel, Karen
Cc: Leedy, Lynda; Burns, Tim L; Scott, Clark R; Moeller, Bruce; Woodard, Mark S; Vongsyprasom, Christina A
Subject: CountyWidePlan - Increase500K.doc -
Attachments: CountyWidePlan - Increase500K.doc

Follow Up Flag: Follow up
Flag Status: Flagged

Here is a proposal for your consideration prepared by our dental manager as a follow up of the dental round table on how to allocate the additional county \$500,000 for indigent and homeless dental health care and creating a more coordinate system of care. Do not hesitate to contact us for questions.

Christina Vongsyprasom

Dental Services Manager

Department of Health in Pinellas

8751 Ulmerton Road, Largo, FL 33771

E-Mail: Christina.Vongsyprasom@flhealth.gov

Direct Line: 727-524-4410

Internal Ext: 7685

Fax: 727-538-7290



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public, with records available to the public and media upon request. Your e-mail communications may, therefore, be subject to public disclosure.

Access to Care Plan – Initiative to Increase Dental Services County-wide

Priority 1 - \$300,000

Increase access to care for clients at or below 100% of the Federal Poverty Level and enrolled in the Pinellas County Health Plan. Increased access will include additional services to 780 unduplicated clients for 2,750 encounters/visits, which averages 3.5 visits per client. Services will include relief of pain, preventative, limited restorative, and extractions. The cost per encounter is estimated at \$109 and will be billed to the County as encounter based reimbursement. Dental services will be provided at the Department of Health in Pinellas at one of the six clinic locations across the county.

Priority 2 - \$200,000 - Clinical Team and Supplies

\$150,000 will be to provide support to not-for-profit community dental clinics utilizing dental volunteers to allow increased access to dental care for adults in Pinellas that are between 101% - 200% of the Federal Poverty Level.

A clinical team of one part-time dentist and one full time hygienist will be scheduled and rotate through community based clinics on a weekly basis. Scheduling in clinics will be determined by the greatest need and operational schedule of dental clinics included in the rotation. The dentist and hygienist will provide services to clients within the scope of each clinic. In order to report data to the county all community dental clinics utilizing Department of Health volunteers and the new clinical team will be required to report specific data on a monthly basis. Required data will include all unduplicated patients seen and the number of encounters provided in dental facilities by both volunteers and staffed dentists and hygienists. The staffed dentist on the clinical team will have oversight of volunteer operations at each site and will report quarterly or as requested for quality assurance of services being provided (chart audits).

Clinical rotation schedules will include the following clinics: Pinellas CHD to serve MMU clients, Homeless Emergency Project (HEP), Community Dental Clinic, and Gulf Coast Dental Outreach. Rotation schedules will be coordinated by the Department of Health in Pinellas, Dental Division Manager on a monthly basis. Additionally, \$50,000 will be provided to participating community based dental clinics for lab fees and clinical supplies. Funding to each clinic is determined by hours of operation, funding from other sources and ability to increase capacity.

Funding Plan for 500k - County Dollars

Priority 1 \$ 300,000

Increase Access to Care for County Health Plan Clients, Up to 100% of FPL
Provide both preventative and comprehensive services to all County Health Plan clients
780 Unduplicated Clients/2750 Encounters/Visits
Average 3.5 visits per client

Priority 2 \$ 200,000

Dental Services for Uninsured and Homeless County Residents	\$ 150,000
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Dental Team:

OPS Dentist (.60 FTE) 24 hrs per wk @ 48 wks	\$ 65,952
Hygienist (1 FTE) 40 hrs per wk	\$ 77,172
Pinellas CHD Travel Expenses and Supplies to support dental team	\$ 6,876

Increased Access Projection, Dental Hygienist: 1,920 encounters/visits
Increased Access Projection, Dentist: 1,536 encounters/visits

Dental Supplies for County-wide Dental Programs - Up to 200% FPL	\$ 50,000
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Homeless Emergency Project (HEP)	\$ 25,000
Community Dental Clinic	\$ 15,000
Gulf Coast Dental Outreach	\$ 10,000

*Funds Based on Clinic Schedule of Operations

EMAIL WITH QUESTIONS/ANSWERS
DENTAL CARE – EXPANSION OF SERVICES IN 2015 BUDGET

Commissioners,

One of your budget priorities for FY15 was to more than double funding for adult indigent dental care. Additional information responsive to Commissioner Justice's request can be found below. My thanks to Dr. Dharamraj and her team for preparing responses to the questions found at the bottom of the email thread.

Please contact Dr. Dharamraj or me with any questions.

Thanks,

Mark

Mark S. Woodard
County Administrator
Pinellas County
(727) 464-3093
315 Court St. Clearwater, FL 33756
mwoodard@pinellascounty.org

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www.pinellascounty.org
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Begin forwarded message:

From: "Dharamraj, Claude" <Claude.Dharamraj@flhealth.gov>

Department of Health in Pinellas County response related to increasing County funding for dental services:

1. Q: Will the additional funding (\$500K) be focused in the Health Department clinics?

A The additional funding will focus on increasing access to care for the Pinellas County Health Plan clients seen in the Health Department dental clinics. Instead of serving only high risk and relief of pain clients on the County Health Plan, the Health Department Dental Program will provide preventative and restorative services to the County Health Plan clients. This funding will also provide additional services through community clinics serving low income uninsured adults (up to 200% FPL/ DOH volunteer statutes)) with the addition of dental professionals such as a dentist and hygienist to provide services above what is currently available.

2. Q: Will more patients be served or will the value of the procedures per patient simply increase?

A: 780 more clients will be served and an additional 2,750 encounters/visits will be offered by the Health Department dental staff.

3. Q: What clinics will experience expanded days/hours? How many hours per week for each clinic?

A: The Health Department dental clinics will expand hours and days as necessary. The Health Department clinics will expand hours on weekdays and add a Saturday clinic once per month to increase access to care; an estimated 2 to 4 hours of expanded clinics per week as well as the addition of a six hour Saturday clinic per month. Community dental clinics will have an expanded workforce at least one day per week each to expand dental services. Expansion of clinics will include both treatment with a dentist and/or a hygienist.

4. Q: How many more patients will be served?

A: The Health Department estimates increasing adult encounters/visits by 2,750 from October 1, 2014 through September 30, 2015. Community Dental clinics will expand services increasing adult encounters/visits by 1,845 from October 1, 2014 through September 30, 2015. Encounters to clients are estimated to increase as follows:

□ Gulf Coast Dental Outreach estimates 945 additional dental encounters annually.
Baseline: 855 encounters 2012/13

□ Homeless Emergency Project estimates 700 additional dental encounters annually.
Baseline: 2,403 (April-December)

□ Community Dental Clinics estimates 1,200 additional encounters annually. Baseline: 344 encounters since September 2013.

□ Pinellas County Health Department estimates 2,750 additional encounters annually.
Baseline: 8,088 encounter 2013/2014

Total increase in encounters for all clinics participating in the access to dental care initiative is estimated at 5,600 annually. With an estimated 3.5 average visits to approximately 1,600 unduplicated clients.

5. Q: With a doubling in the funding, how will the HD deploy resources differently?

A: The Health Department will increase clinic staff and hours by adding a clinical team to expand services and programs to County Health Plan clients as well as at the community dental clinics.

6. Q: In what way will outcomes improve?

A: Access to care will improve through an increase in workforce, increase in clinical hours and dental sites and increase in types of services. Overall dental health will improve for the adult dental clients served by this expansion who have experienced limited access to dental care through emergency room care.

Please let me know if you have any questions or concerns, note that the community dental clinics are very excited about the plan.

Attachment 5

DENTAL ROUNDTABLE

June 26, 2014

The following persons met at 2:00 P.M on this date in the Clerk's Conference Room, Fourth Floor, Pinellas County Courthouse, 315 Court Street, Clearwater, Florida:

Karen Williams Seel, Chairman, Board of County Commissioners (BCC)
Marcie Biddleman, Ph.D., Executive Director, Juvenile Welfare Board (JWB)
Dr. Susan Hudak Boss, DMD, Seminole
Karen Buckenheimer, Executive Director, More Health, Inc.
Dr. Claude Dharamraj, Director, Pinellas County Health Department
Susan Easter, Director of Health Center, St. Petersburg Free Clinic
Harry Gross, Executive Director, Gulfcoast Dental Outreach
Dr. Johnny Johnson, DMD, Pinellas County Dental Association
Charlie Justice, BCC
Susan Latvala, BCC
Lynda Leedy, Interim Executive Director, Health and Community Services
Janet C. Long, BCC
Bruce Moeller, Pinellas County Interim Chief of Staff
Dr. James Pitts, DMD, Upper Pinellas Dental Association
Dr. Tom Porter, DMD, St. Petersburg College of Dentistry, Seminole Campus
Joe Santini, Director, Community Health Centers of Pinellas, Inc.
Allison Sapiega, Executive Director, Community Dental Clinic
Jeannie Shapiro, Executive Director, Clearwater Free Clinic
Christiana Vargysprasom, Health Department, Partners for Smiles
Kenneth T. Welch, BCC
Theresa White, Homeless Emergency Project, Inc. (HEP)
Other Interested Individuals

Also Present:

Laura Todd, Board Reporter, Deputy Clerk; Cyndi Meinck, Mary Scott Hardwick, and Ralph Reed, BCC Executive Assistants. Minutes by Helen Groves, Senior Board Reporter, Deputy Clerk

AGENDA

1. Welcome and Introductions
2. Review Input Received on Worksheets
3. Discuss System Design to Improve Coordination of Services
4. Funding Options and Next Steps
5. Other Discussion
6. Adjournment

WELCOME AND INTRODUCTIONS

Commissioner Seel welcomed the attendees and upon her request, those present introduced themselves.

Commissioner Seel stated that the BCC has committed about \$500,000 to dental services for Fiscal Year 2015, and one of the reasons for the meeting is to decide the best way to spend the money. She related that the BCC is also considering partnering with the JWB by funding the capital costs for a sealant program in the elementary schools; whereupon, Ms. Biddleman related that, historically, the JWB has not been active in the dental community; and that she is excited about the sealant program, as it will further preventive care, and Dr. Dharamraj echoed her enthusiasm.

REVIEW INPUT RECEIVED ON WORKSHEETS

Commissioner Seel indicated that based on the input she received from the different organizations, the county has the infrastructure in place to provide sufficient geographic coverage, as well as the ability to provide care, but perhaps needs coordination among the providers to help a patient enter the system and obtain a referral; whereupon, Ms. Buckenheimer related that the American Dental Association (ADA) has established a Community Dental Health Coordinator position with a two-year certificate program and is looking to place a school in Florida, and discussed a pilot program in Palm Beach.

Dr. Dharamraj referred to a similar medical coordinating program called WeCare that has been very successful in Gainesville, and discussed point of entry and coordination in relation to the Health Department, the eligibility requirement, and liability of the dentists. Commissioner Long discussed the dental school on the Seminole campus of St. Petersburg College and a dentist who provides services to children each year before they enter school; whereupon, in response to query by Commissioner Welch as to whether the focus of today's discussion is to be people at or below 200 percent of the poverty level, the group agreed that the conversation today is relative to the population in total.

In response to queries by Commissioner Seel and Ms. Shapiro as to how a person gains entry to the dental care system, Dr. Dharamraj, with input by Ms. Vargysyprasom, explained that by calling the 2-1-1 Tampa Bay Cares number, a person is directed either to the private sector or the public sector. She related that the Health Department receives many calls requesting treatment; that the first determination is whether it is a true emergency and whether a chronic disease is involved or the person is in pain; that it is then determined whether the caller would be eligible

June 26, 2014

for one of the Health Department programs; and that if it is determined that the Health Department is not an option, a referral is made to an appropriate agency.

Thereupon, at the direction of Commissioner Seel, a short synopsis was given of each agency represented:

Homeless Emergency Project, Inc. (HEP) – Ms. White indicated that HEP is currently a homeless shelter and serves only its residents, who must be 200 percent or more below the poverty level, have no insurance, and cannot use Medicaid, noting that HEP partners with the two area veteran hospitals and the American Association of Retired Persons (AARP).

St. Petersburg Free Clinic – Ms. Easter indicated that the Free Clinic has a dental program in conjunction with the Health Department and the Pinellas Technical Education Centers, which schedule appointments for the Free Clinic; that it basically serves those at or below the 200 percent poverty level; and that there are no fees and no sliding scales.

St. Petersburg College of Dentistry, Seminole Campus – Dr. Porter indicated that part of the post-graduate dental program is patient care; that the program is completely self-sufficient; that it provides Medicaid care and emergency services to patients in St. Anthony's and All Children's Hospitals; that it serves a significant number of special needs patients that no other facility will serve; that the General Dentistry residents participate in several pro bono programs each year and do mostly specialty care work that is beyond the scope of most facilities; and that while it is a community service, the program exists to provide post-graduate training for the residents.

Health Department - Dr. Dharamraj indicated that the Health Department has a very large dental program and serves an average of 12,000 unduplicated patients annually; that it has historically focused on children, but now provides services to pregnant women and eligible low-income adults; and that it provides preventive dental education. She indicated that the Health Department has dental clinics located throughout the county, with about seven to ten dentists, five dental hygienists, and additional support staff; and that it works closely with and covers volunteer dentists; whereupon, she discussed the Free Clinics and the Community Health Centers, and Ms. Vargasyprasom provided information about the Partners for Smiles program for adults and children that do not fit into a specific program or agency.

Gulfcoast Dental Outreach – Mr. Gross indicated that Gulfcoast Dental Outreach has served the community since 2007; that it works out of the office of a private dentist who leases his facility to them on Fridays; that it has over 100 doctors who volunteer or have signed up to volunteer and has both paid and volunteer workers; that it treats adults over 18 years of age; and that it does

fairly comprehensive dentistry, such as crowns, partials, and dentures. He related that there is a flat fee of \$25 and an open enrollment; and that the program has an annual golf tournament that raises about a third of its operating money, and the rest comes from grants and contributions. In response to query by Commissioner Welch, Mr. Gross said that approximately 550 clients are seen annually.

Community Health Centers of Pinellas – Mr. Santini indicated that the Community Health Centers of Pinellas has two dental facilities, one in St. Petersburg and one in Clearwater; and that the centers serve anyone over three years of age, whether insured or uninsured. He related that for the uninsured, there is a sliding fee scale available; and that through the Federal Torts Claims Act, which governs the clinics' liability insurance, the federal government prohibits the centers from providing discounts to those over the 200 percent federal poverty level.

Community Dental Clinic – Ms. Sapiega indicated that the Community Dental Clinic has been open just under one year; and that it provides basic dental needs such as hygiene, composites, and extractions, but the intent is to add other services in the future. She indicated that the clinic has intake days on Mondays and Wednesdays; that there is not a waiting list; that all the dentists are volunteers and typically work Tuesdays and Fridays; and that the clinic does not serve the homeless population, and usually refers patients it cannot serve to the Health Department.

Discussion

Ms. Vargasyprasom discussed changes to the Florida Statutes that allow hygienists to administer anesthetics and to provide certain services without a dentist being present; and Commissioner Seel added that there has been discussion about changing the Statutes to allow retired dentists living in Florida to do volunteer work; whereupon, discussion ensued regarding limited licenses that allow retired dentists to work in a public setting, reciprocity with other states, the need to safeguard the practices of the active, licensed Florida dentists, and the reimbursements rates, with Ms. Buckenheimer noting that Florida has one of the lowest rates in the country.

Ms. Buckenheimer provided information about the Mission of Mercy event, noting that many calls were received from out-of-state dentists that wanted to participate. She related that the event is expected to be even bigger next year, and limited licenses might be issued through the Health Department. At the direction of Commissioner Seel, Ms. Buckenheimer discussed the More Health, Inc. program, relating that it is a non-profit organization in Tampa that, as a result of receiving some large federal grants several years ago, has established coalitions in Hillsborough and Pinellas Counties and has a very extensive dental health prevention program

June 26, 2014

for school children of all ages in Hillsborough, Pinellas, and Pasco Counties; whereupon, she discussed Federally Qualified Health Centers (FQHCs).

Dr. Pitts related that the Dental Associations are promoting volunteerism, and a coordinator would be valuable. He remarked that dentists in Pinellas are very responsive to requests for their services; and agreed that the infrastructure is here, but perhaps needs to be tweaked. Discussion ensued wherein Mr. Santini observed that getting children in to see pediatric specialists can be problematic. Dr. Johnson stated that in order to increase access to health care, he would support the County setting up a structure to coordinate the volunteers; and related that the Dental Association in south county has historically automatically signed up its dentists for volunteer hours and is considering reinstating the practice.

Dr. Johnson stated that coordination is the key to getting dentists to volunteer; and that when a dental team volunteers for a well-organized event and can actually provide care to a patient, it is a pleasant experience and a win-win for all. He related that, oftentimes, things are in disarray, no patient is in the chair, and no one shows up; that such experiences leave the dentists and hygienists frustrated and reluctant to volunteer again; and that the stories quickly spread throughout the dental community and discourage volunteerism overall; whereupon, he stated that it is the uppermost reason dentists hesitate to volunteer, much more so than the low rate of reimbursement, as most feel that 38 cents on the dollar is not worth the paperwork involved and do not charge anyway.

Agreeing with Dr. Johnson, Mr. Santini related his experience with Give Kids a Smile, and stated that the Health Centers are now focusing on providing free dental care on certain days throughout the year, which gives them more control and results in more people being helped.

Commissioner Seel requested that each agency provide her office with the number of patients served each year and the eligibility requirements; whereupon, she recommended that the group issue a plea for volunteer dentists and hygienists; and that a system be established so that volunteers can sign up through the Health Department, and no objections were noted.

SYSTEM DESIGN TO IMPROVE COORDINATION OF SERVICES

Commissioner Welch indicated that his understanding of the conversation today is that the infrastructure is in place and that the money should be spent to increase volunteer hours and for a coordinator. Commissioner Justice expressed concern that he had not been aware of the problems the dentists encounter when volunteering, and noting the need for better coordination

when volunteers are available, he requested more information about the ADA training and coordinator position mentioned earlier; whereupon, Ms. Buckenheimer provided input, noting that it is a new program; that a community dental health coordinator would route patients; and that the cost to train the coordinator would be low.

Dr. Dharamraj agreed that there is a need for a coordinator and for more volunteers, noting that volunteers alone cannot solve the problem, and the process is not without cost, as support staff is necessary; whereupon, she recommended that a portion of the money be invested in dentists and hygienists and that the hospitals be asked to match or provide funding. She referenced dental care for the homeless, and discussion ensued with input by Ms. Buckenheimer.

Commissioner Seel stated that the BCC funding would probably be recurring and asked for suggestions on how the money should be spent; and the ideas offered included:

- Better utilize the Health Department clinics.
- Provide more bus passes/other transportation.
- Solicit help with fees, lab work, and supplies, i.e., dentures, from commercial dental laboratories. Consider using Pride of Dental Laboratory System (Department of Corrections).
- Provide services to patients in nursing homes. The need is tremendous.
- Provide services to those who have jobs, but cannot afford dental care.
- Allow volunteer dentists to provide services in their offices.
- Focus on alleviating pain to keep people out of the emergency rooms.
- Develop a marketing campaign to educate the public on preventive care. Continue prevention training past early elementary school.
- Emphasize behavior modification.
- Use the 2-1-1 number more effectively. Train staff and educate the public.
- Provide a referral list of volunteers that will provide specialized services (i.e., dentures) either pro bono, at cost, or for a reduced fee. (Ms. Buckenheimer provided input on legislation about charging for services).

FUNDING OPTIONS AND NEXT STEPS

Commissioner Seel reiterated that the BCC has committed about \$500,000 to dental services in Fiscal Year 2015, noting that Commissioners Morroni and Welch have suggested even more funding be provided. In response to queries by Dr. Boss, discussion ensued as to whether the groups represented today are competing for grants and volunteers. In response to query by

June 26, 2014

Commissioner Welch regarding Faith and Action for Strength Together (FAST) and the \$6 million in funding, Dr. Dharamraj indicated that she was uncertain how FAST had arrived at the number of people that will be served, noting that there are many people who have low incomes and are uninsured, but also many people who have medical insurance but no dental insurance, and Commissioner Seel provided input.

Thereupon, Commissioner Seel thanked the representatives for their ideas, reiterated her request that the agencies email her the number of patients they serve each year and the eligibility requirements, and asked that each person let her know what they think is their agency's greatest need, noting that she would put the information in a report and get back with them.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:12 P.M.

Attachment 6

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Access to Care Plan – Initiative to Increase Dental Services County-wide

Priority 1 - \$300,000

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\$150,000 will be to provide support to not-for-profit community dental clinics utilizing dental volunteers to allow increased access to dental care for adults in Pinellas that are between 101% - 200% of the Federal Poverty Level.

A clinical team of one part-time dentist and one full time hygienist will be scheduled and rotate through community based clinics on a weekly basis. Scheduling in clinics will be determined by the greatest need and operational schedule of dental clinics included in the rotation. The dentist and hygienist will provide services to clients within the scope of each clinic. In order to report data to the county all community dental clinics utilizing Department of Health volunteers and the new clinical team will be required to report specific data on a monthly basis. Required data will include all unduplicated patients seen and the number of encounters provided in dental facilities by both volunteers and staffed dentists and hygienists. The staffed dentist on the clinical team will have oversight of volunteer operations at each site and will report quarterly or as requested for quality assurance of services being provided (chart audits).

Clinical rotation schedules will include the following clinics; Pinellas CHD to serve MMU clients, Homeless Emergency Project (HEP), Community Dental Clinic, and Gulf Coast Dental Outreach. Rotation schedules will be coordinated by the Department of Health in Pinellas, Dental Division Manager on a monthly basis.

Florida Department of Health

in Pinellas County
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109
PHONE: 727/824-6900 • FAX 727/820-4285
www.pinellashealth.com

www.FloridaHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Additionally, \$50,000 will be provided to participating community based dental clinics for lab fees and clinical supplies. Funding to each clinic is determined by hours of operation, funding from other sources and ability to increase capacity.

Funding Plan for 500k - County Dollars

Priority 1 \$ 300,000

Increase Access to Care for County Health Plan Clients; Up to 100% of FPL
 Provide both preventative and comprehensive services to all County Health Plan clients
 780 Unduplicated Clients/2750 Encounters/Visits
 Average 3.5 visits per client

Priority 2 \$ 200,000

Dental Services for Uninsured and Homeless County Residents	\$ 150,000
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Dental Team:

OPS Dentist (.60 FTE)	24 hrs per wk @ 48 wks	\$ 65,952
Hygienist (1 FTE)	40 hrs per wk	\$ 77,172
Pinellas CHD Administrative costs to support dental team		\$ 6,876

Increased Access Projection, Dental Hygienist: 1,920 encounters/visits
 Increased Access Projection, Dentist: 1,536 encounters/visits

Dental Supplies for County-wide Dental Programs - Up to 200% FPL	\$ 50,000
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Homeless Emergency Project (HEP)	\$ 25,000
Community Dental Clinic	\$ 15,000
Gulf Coast Dental Outreach	\$ 10,000

*Funds Based on Clinic Schedule of Operations

Attachment 7

Combined Response Summaries Dental Roundtable Stakeholders September 2014

GULF COAST DENTAL OUTREACH

Expressed support of the Pinellas County proposal to create a Dental Team to assist selected area dental clinics.

COMMUNITY DENTAL CLINIC

1. Unrestricted, recurring operating funds - estimated total is about \$75,000 annually.
2. Instruments. Right now we need more instruments for extractions.
3. Affordable denture options for patients, this would be ideal.
4. Dental Hygienist Team Support

ST PETERSBURG FREE CLINIC

- 1) A continuous source of dental professional volunteers (dentists, hygienists, technicians)
- 2) Increased funding to sustain the dental program
- 3) Access to a prosthodontist to treat patients needing dentures

DOH DENTAL SERVICES

1. Increase access for adult population that is up to 100% of the Federal Poverty Level.
2. Community dental team, for the adult population that is from 101% - 200% of the FPL
3. Dental Navigator to offer assistance

HEP

- 1- Funding for lab/supplies cost
- 2-Transportation- provide bus passes/other transportation
- 3-State Statute- Change so that retiring dentists to Florida can volunteer.
- 4-Community Dental Team Support

CLEARWATER FREE CLINIC

1. Provide services to those who have jobs, but cannot afford dental care.
2. Solicit help with fees, lab work, and supplies, i.e., dentures
3. Provide a referral list of volunteers that will provide specialized services (i.e., dentures) either pro bono, at cost, or for a reduced fee.

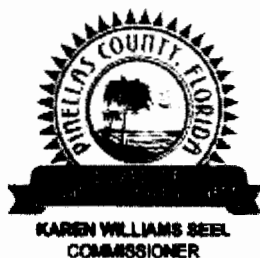
COMMISSIONER LONG

1. Overall outreach strategy
2. Pediatric specialties needed.
3. Funding needed to help with fees, lab work and supplies, i.e. dentures.

PINELLAS COUNTY DENTAL ASSOCIATION

1. 211 Referrals
2. **full time dental coordinator** for the county.
3. **hiring a part-time dentist** or dentists that will provide care to patients at each of the established clinics in Pinellas County.
4. **clinical supplies and laboratory costs** associated with providing dental care. The dental laboratory costs can be reduced by using the laboratory services associated with one of the universities or the State of Florida prison system.
5. **\$10,000 or less toward dental education.**

Attachment 4



PINELLAS COUNTY
BOARD OF COUNTY COMMISSIONERS

PHONE (727) 464-3278 • FAX (727) 464-3022 • 315 COURT STREET • CLEARWATER, FLORIDA 33756
www.pinellascounty.org

August 29, 2014

Dear Dental Roundtable Participants:

Thanks you for attending the roundtable on June 26, 2014. Attached are the official minutes, the list from the SWOT charts, a proposal from the Pinellas County Health Department and questions/answers for this proposal.

Please use the attached list to rank your top three priorities. If you have a different priority, please explain. If you have feedback on the Health Department's proposal, that would be helpful.

Please email your responses to me (by responding to Cyndi's email) by September 15, 2014.

Our next steps will be to provide your feedback to Lynda Leedy, Dr. Dharamraj and Mark Woodard to determine the best way to deliver services, address the needs and develop the program for the budgeted funds. The Commissioners will then discuss at a regularly scheduled meeting, tentatively set for October 21, 2014.

Thank you so much!

Most sincerely,

A handwritten signature in cursive script that reads "Karen".

KAREN WILLIAMS SEEL, Chair
Pinellas County Commission

"PINELLAS COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"



LIST FROM SWOT CHARTS

Infrastructure in place
Geographic coverage

WEAKNESSES

- Pediatric specialties needed
- No shows. Need better coordination when volunteers are available
- Referral list for specialized services (resource guide was provided, see attached). Use 2-1-1 more effectively. Train staff and educate the public.
- Funding is needed to help with fees, lab work and supplies, i.e. dentures. Consider using Pride of Dental laboratory Systems (Department of Corrections)
- Lacking services to patients in nursing homes - dementia patients
- Transportation not available to those in need
- Emergency rooms for dental urgencies provide pain management only

OPPORTUNITIES

- Better utilize the Health Department clinics
- State Statute - change so that retiring dentists to Florida can volunteer
- Prevention education - diet, behavior, etc.
- One more day open at Clinics, Community Dental, HEP and/or weekend hours
- Ask hospitals to match County funding
- Provide bus passes/other transportation
- Lab reimbursements for volunteer dentists
- Allow volunteer dentists to provide services in their own offices
- ER diversion - focus on alleviating pain before an emergency room visit becomes necessary

OTHER PRIORITY - PLEASE EXPLAIN

Pinellas County Resource Guide for Dental Services (updated 2013)

Community Health Centers of Pinellas
Federally Qualified Health Center
www.chcpinellas.org

Income Requirements: Sliding fee scale based on FPL
Population Served: All ages
Dental Services: General dental care
Fees: Based on procedure and sliding fee scale based on income

Johnnie Ruth Clarke Health Center
1344 22nd St. S., St. Petersburg, FL 33712
Contact Number: (727) 824-8177

Pinellas County Health Department
Department of Health Dental Centers
www.pinellashealth.com

Income Requirements: 200 percent of FPL or less; Medicaid eligible patients also seen
Population Served: Children and limited adult services
Dental Services: Diagnostic, preventive, basic restorative and surgical services
Fees: Sliding fee scale between 100 percent and 200 percent FPL.

6 Locations in Pinellas County:
St. Petersburg Center
205 Dr. Martin Luther King St. N.
Contact Number: (727) 824-6975

Pinellas Park Center
6350 76th Ave. N., Pinellas Park, FL 33781
Contact Number: (727) 547-7780 Ext. 7103

Clearwater Center
310 N. Myrtle Ave., Clearwater, FL 33755
Contact Number: (727) 469-5800 Ext. 5122

Largo Center
12420 130th Ave. N., Largo, FL 33774
Contact Number: (727) 588-4040 Ext. 3131

Mid-County Center
8751 Ulmerton Rd, Largo FL 33771
Contact Number (727) 524-4410 Ext. 7680

Tarpon Springs Center
301 S. Disston Ave., Tarpon Springs, FL 34689
Contact Number: (727) 942-5457 Ext. 6111

Volunteer Programs offering dental services

Healthy Teeth Volunteer Clinic
Health Department in Pinellas
Services are offered at the Largo and Mid-County locations

Income Requirements: 200 percent of FPL or less
Population Served: adults
Dental Services: Exams, preventive care, fillings, extractions
Fees: eligibility is determined by the clinics, call for additional information

Largo Center
12420 130th Ave. N., Largo, FL 33774
Contact Number: (727)588-4040 Ext. 3131

Mid-County Center
8751 Ulmerton Rd, Largo FL 33771
Contact Number (727) 524-4410 Ext. 7680

Gulf Coast Dental Outreach
North Pinellas County, FL 34698
Contact Number: (813) 579-3935
www.gulfcoastdentaloutreach.org

Income Requirements: Low incomes residents
Population Served: open to all adults
Dental Services: Exams, preventive care, fillings, extractions, some root canals, crowns, and denture repair
Fees: Reduced fees, call for additional information

Homeless Emergency Project (HEP)
Dental Office
1120 N. Betty Lane, Clearwater, FL 33755
Contact Number: (727) 442-9041, Ext. 112
www.ethep.org

Income Requirements: 200 percent of FPL or less

Population Served: Permanent and temporary residents of HEP
Dental Services: General dental care Fees: Lab fees on a sliding fee scale
Fees: Reduced fees, call for information

St. Petersburg Free Clinic
863 3rd Ave N, St. Petersburg, FL 33701
Contact Number: (727) 821-1200
www.stpetersburgfreeclinic.org

Income Requirements: has no private insurance, Medicare, Medicaid who do not qualify for low income assistance
Population Served: adults aged 18-64
Dental Services: basic dental needs (cleanings, simple fillings and extractions)
Fees: call for information

Dental Schools offering dental care at reduced fees

University of Florida, College of Dentistry St Petersburg
Educational Facility Clinic

9200 113TH St. N., Seminole, FL 33772
Contact Number: (727) 394-6064
Income Requirements: None
Population Served: Open to all ages
Dental Services: Currently only offering relief from pain through extractions
Fees: Dental procedures begin at \$141
Additional Information: Emergency clinic opens at 7:30 a.m. on Monday-Friday. The clinic will treat first eight emergency patients

St. Petersburg College, College of Dentistry
Educational Facility Clinic

7200 66th St. N., Pinellas Park, FL 33781
Contact Number: (727) 341-3668
Income Requirements: None
Population Served: Open to all 5 years of age and older
Dental Services: Cleaning, X-Rays, sealants
Fees: call for information

Dental Insurance Programs for Children

There are many options available for dental care. Florida Kidcare offers health insurance for children from birth through age 18, and there are four parts. When you apply for insurance, Florida Kidcare will determine which part your child may qualify for based on age and income.

Apply online at www.floridakidcare.org
Or call toll free at: 1-888-540-5437

Medikids: Children ages 1 through 4.

Healthy Kids: Children ages 5 through 18.

Children's Medical Service Network: Children birth through 18 who have special health care needs.

Medicaid: Birth through 18. A child who has other health insurance may still qualify for Medicaid.

Resource Listings

www.smileflorida.org

www.areyoumouthwise.com

www.pinellashealth.com

www.ada.org

www.cdc.gov

www.tampabayoralhealth.com

Proud Promoters



Meinck, Cyndi M

From: Dharamraj, Claude [Claude.Dharamraj@flhealth.gov]
Sent: Wednesday, July 09, 2014 12:08 PM
To: Seel, Karen
Cc: Leedy, Lynda; Burns, Tim L; Scott, Clark R; Moeller, Bruce; Woodard, Mark S; Vongsyprasom, Christina A
Subject: CountyWidePlan - Increase500K.doc -
Attachments: CountyWidePlan - Increase500K.doc

Follow Up Flag: Follow up
Flag Status: Flagged

Here is a proposal for your consideration prepared by our dental manager as a follow up of the dental round table on how to allocate the additional county \$500,000 for indigent and homeless dental health care and creating a more coordinate system of care . Do not hesitate to contact us for questions .

Christina Vongsyprasom

Dental Services Manager

Department of Health in Pinellas

8751 Ulmerton Road, Largo, FL 33771

E-Mail: Christina.Vongsyprasom@flhealth.gov

Direct Line: 727-524-4410

Internal Ext. 7685

Fax: 727-538-7290



Please note: Florida has a very broad public records law. All written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Access to Care Plan – Initiative to Increase Dental Services County-wide

Priority 1 - \$300,000

Increase access to care for clients at or below 100% of the Federal Poverty Level and enrolled in the Pinellas County Health Plan. Increased access will include additional services to 780 unduplicated clients for 2,750 encounters/visits, which averages 3.5 visits per client. Services will include relief of pain, preventative, limited restorative, and extractions. The cost per encounter is estimated at \$109 and will be billed to the County as encounter based reimbursement. Dental services will be provided at the Department of Health in Pinellas at one of the six clinic locations across the county.

Priority 2 - \$200,000 - Clinical Team and Supplies

\$150,000 will be to provide support to not-for-profit community dental clinics utilizing dental volunteers to allow increased access to dental care for adults in Pinellas that are between 101% - 200% of the Federal Poverty Level.

A clinical team of one part-time dentist and one full time hygienist will be scheduled and rotate through community based clinics on a weekly basis. Scheduling in clinics will be determined by the greatest need and operational schedule of dental clinics included in the rotation. The dentist and hygienist will provide services to clients within the scope of each clinic. In order to report data to the county all community dental clinics utilizing Department of Health volunteers and the new clinical team will be required to report specific data on a monthly basis. Required data will include all unduplicated patients seen and the number of encounters provided in dental facilities by both volunteers and staffed dentists and hygienists. The staffed dentist on the clinical team will have oversight of volunteer operations at each site and will report quarterly or as requested for quality assurance of services being provided (chart audits).

Clinical rotation schedules will include the following clinics: Pinellas CHD to serve MMU clients, Homeless Emergency Project (HEP), Community Dental Clinic, and Gulf Coast Dental Outreach. Rotation schedules will be coordinated by the Department of Health in Pinellas, Dental Division Manager on a monthly basis.

Additionally, \$50,000 will be provided to participating community based dental clinics for lab fees and clinical supplies. Funding to each clinic is determined by hours of operation, funding from other sources and ability to increase capacity.

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Gulf Coast Dental Outreach	\$ 10,000

*Funds Based on Clinic Schedule of Operations

EMAIL WITH QUESTIONS/ANSWERS
DENTAL CARE - EXPANSION OF SERVICES IN 2015 BUDGET

Commissioners,
One of your budget priorities for FY15 was to more than double funding for adult indigent dental care. Additional information responsive to Commissioner Justice's request can be found below. My thanks to Dr. Dharamraj and her team for preparing responses to the questions found at the bottom of the email thread.

Please contact Dr. Dharamraj or me with any questions.

Thanks,
Mark

Mark S. Woodard
County Administrator
Pinellas County
(727) 464-3093
315 Court St. Clearwater, FL 33756
mwoodard@pinellascounty.org

Follow Pinellas County:
www.pinellascounty.org
Subscribe to county updates and news

Begin forwarded message:

From: "Dharamraj, Claude" <Claude.Dharamraj@flhealth.gov>

Department of Health in Pinellas County response related to increasing County funding for dental services:

1. Q: Will the additional funding (\$500K) be focused in the Health Department clinics?

A: The additional funding will focus on increasing access to care for the Pinellas County Health Plan clients seen in the Health Department dental clinics. Instead of serving only high risk and relief of pain clients on the County Health Plan, the Health Department Dental Program will provide preventative and restorative services to the County Health Plan clients. This funding will also provide additional services through community clinics serving low income uninsured adults (up to 200% FPL/ DOH volunteer statutes)) with the addition of dental professionals such as a dentist and hygienist to provide services above what is currently available.

2. Q: Will more patients be served or will the value of the procedures per patient simply increase?

A: 780 more clients will be served and an additional 2,750 encounters/visits will be offered by the Health Department dental staff.

3. Q: What clinics will experience expanded days/hours? How many hours per week for each clinic?

A: The Health Department dental clinics will expand hours and days as necessary. The Health Department clinics will expand hours on weekdays and add a Saturday clinic once per month to increase access to care; an estimated 2 to 4 hours of expanded clinics per week as well as the addition of a six hour Saturday clinic per month. Community dental clinics will have an expanded workforce at least one day per week each to expand dental services. Expansion of clinics will include both treatment with a dentist and/or a hygienist.

4. Q: How many more patients will be served?

A: The Health Department estimates increasing adult encounters/visits by 2,750 from October 1, 2014 through September 30, 2015. Community Dental clinics will expand services increasing adult encounters/visits by 1,845 from October 1, 2014 through September 30, 2015. Encounters to clients are estimated to increase as follows:

☐ Gulf Coast Dental Outreach estimates 945 additional dental encounters annually.
Baseline: 855 encounters 2012/13

☐ Homeless Emergency Project estimates 700 additional dental encounters annually.
Baseline: 2,403 (April-December)

☐ Community Dental Clinics estimates 1,200 additional encounters annually. Baseline: 344 encounters since September 2013.

☐ Pinellas County Health Department estimates 2,750 additional encounters annually.
Baseline: 8,088 encounter 2013/2014

Total increase in encounters for all clinics participating in the access to dental care initiative is estimated at 5,600 annually. With an estimated 3.5 average visits to approximately 1,600 unduplicated clients.

5. Q: With a doubling in the funding, how will the HD deploy resources differently?

A: The Health Department will increase clinic staff and hours by adding a clinical team to expand services and programs to County Health Plan clients as well as at the community dental clinics.

6. Q: In what way will outcomes improve?

A: Access to care will improve through an increase in workforce, increase in clinical hours and dental sites and increase in types of services. Overall dental health will improve for the adult dental clients served by this expansion who have experienced limited access to dental care through emergency room care.

Please let me know if you have any questions or concerns, note that the community dental clinics are very excited about the plan.