Strategic Clinical Workforce Partnerships
Lutheran Medical Center Dental Residency

No-Cost Webinar

Tuesday, September 16, 2014

12 noon PST
1 PM MST
2 PM CMT
3 PM EST

Achieving clinical workforce partnerships are an essential aspect to long term recruitment and retention at health centers. With it becoming more and more difficult to recruit clinicians, innovative training models and collaborations are imperative to train the health center workforce of tomorrow.

This webinar is sponsored by Education Health Center Initiative (EHCI), CHAMPS, NWRPCA and Washington Association of Community and Migrant Health Centers

EHCI
The Education Health Center Initiative

CHAMPS
Community Health Association of Idaho Oregon Alaska

Northwest Regional Primary Care Association
Alaska Oregon Idaho Washington

Washington Association of Community and Migrant Health Centers
Guest Speaker:
Dr. Martin Lieberman, DDS
Associate Director of Graduate Dental Education, Lutheran Medical Center, former Dental Director, NeighborCare Health

This interactive webinar will provide you the opportunity to:

- Develop an understanding of the Lutheran Medical Center's postdoctoral dental residency program model
- Discuss how incorporating a postdoctoral training program can improve access for patients at Community Health Centers and other safety net systems of care
- Explore how dental residency programs serve as a workforce resource in recruitment and retention of residency graduates in FQHCs
STRATEGIC CLINICAL WORKFORCE PARTNERSHIPS

Martin Lieberman, DDS
Associate Director of Graduate Dental Education
Lutheran Medical Center
150 55th Street
Brooklyn, NY 11220
Background:

• Access to oral health services remains a critical problem for the underserved in the US
• The Lutheran Medical Center (LMC/LFHCN) a Federally Qualified Health Center (FQHC), started in 1976 has developed innovative post-doctoral residency programs. The distributed educational program places residents in over 200 FQHCs within 25 states, territories and internationally as a means of increasing access; ameliorating recruitment and retention issues
• This service/learning initiative has been a national resource for workforce solutions
• Accreditation of all training sites by CODA/ADA is a major objective
• One of the largest Dental School Health programs in the country, 30 schools.
Issues:

• Health policy issue: To increase access to oral health care; workforce solutions
  ✓ Difficult to recruit & retain providers
  ✓ Limited resources

• Solution: Collaborative Partnerships
  ✓ Each resident provides dental services for 1 to 3 years at an assigned CHC (clinical training site, over 200 in the system)
  ✓ Salaries/Fringes/Benefits of residents paid by LMC
  ✓ Stable and ongoing manpower resources
  ✓ Create alternative career pathway

• Integration of service learning within FQHC
• Economic viability and sustainability
• Educational entrepreneurship
• Distance learning/Information system requirements
• Faculty development and loan repayment
Vision/Mission:

• Mission of LMC Dental: “Institution Without Walls”
• Consistent with assuring equity and increasing access for community residents
• Consistent with HRSA oral health areas of focus
  ✓ Access to quality through community partnerships
  ✓ Eliminate disparities
  ✓ Improve oral health outcomes
• Consistent with goals/objectives of many state/county oral health plans and the US surgeon general’s report (Healthy People 2020) and IOM
Our Mission

To develop and grow a national oral health program that sets global standards for technologically advanced, culturally competent, patient-centered dental training; is grounded in service and collaboration; and delivers exceptional oral health care to the world’s neediest citizens and its most underserved communities.
History of LMC:

- Founded in 1883 by Sister Elisabeth Fredde
- Lutheran Medical Center is a 476+ bed teaching hospital
- Level 1 Trauma Center
- Largest hospital-based Federally Qualified Health Center in the country (1968)
- 600,000+ medical encounters at main site
- 106,000+ dental encounters at main site
- 750,000+ dental encounters at extramural partnership sites
- School Health Program
- Culturally Diverse Patient Populations
Lutheran Medical Center
DENTAL MEDICINE

COMMUNITY SERVICE + LEARNING
Department of Dental Medicine:
• The first dental chair was added in 1932.
The Lutheran HealthCare System

- Lutheran Medical Center
- Lutheran Augustana Center for Extended Care and Rehabilitation
- Lutheran Family Health Centers
- School-based Dental Clinics
- School-based Health Centers
- Health Plus Offices
- Lutheran HealthCare Medical Arts Pavilion
- 58th Street Administrative Offices
- Senior Housing

Indicates new, renovated or expanded site
The largest community health center-based residency program in the world

Lutheran Medical Center Dental places new postgraduate dental residents in fully equipped extramural Clinical Healthcare Centers (CHC) and Indian Health Services (IHS) affiliate clinics in the United States and internationally.
Collaborative Partnerships:

- Community Health Centers
- Health Departments
- Indian Health Services
- Correctional Health Systems
- United States dental schools
- International dental schools
- Group practices (profit & non profit)
- Managed Care Organizations
- Veterans Administration
- Community Hospitals
- Health Science Centers
- Area Health Education Centers
- Other Ambulatory Care Organizations
- Corporate Practices
<table>
<thead>
<tr>
<th>PRIMARY CARE DENTAL RESIDENCY (INITIAL PROGRAM YEAR)</th>
<th>ADA COMMISSION ON DENTAL ACCREDITATION (LATEST APPROVAL)</th>
<th>LENGTH OF PROGRAM</th>
<th>NUMBER OF RESIDENTS ENROLLED 2014-2015</th>
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<tbody>
<tr>
<td>GENERAL PRACTICE RESIDENCY 1974</td>
<td>2011</td>
<td>1 YEAR / OPTIONAL 2ND YEAR</td>
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<td>ADVANCED EDUCATION IN GENERAL DENTISTRY 1988</td>
<td>2011</td>
<td>1 YEAR / OPTIONAL 2ND YEAR</td>
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<td>2 YEARS</td>
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<td>2009</td>
<td>25 MONTHS</td>
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<td>ADVANCED EDUCATION IN DENTAL ANESTHESIOLOGY 2008</td>
<td>2010</td>
<td>2 YEARS</td>
<td>12</td>
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<td>3 YEARS</td>
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<td>ADVANCED EDUCATION IN OROFACIAL PAIN 2012</td>
<td>2012</td>
<td>2 YEARS</td>
<td>6</td>
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<tr>
<td>ADVANCED EDUCATION IN DENTAL PUBLIC HEALTH 2014*</td>
<td>2014*</td>
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<td>ADVANCED EDUCATION IN ORTHODONTICS 2015*</td>
<td>2015*</td>
<td>2 YEARS</td>
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Developing a new clinical training site:

- LMC program administrators visit the training site
- Complete LMC site evaluation packet
- Formal affiliation agreement
- Locate regional video teleconferencing site
- Recruit and retain an Associate Director
- Faculty development and program orientation
- Recruit and accept residents
- Training site development throughout the first year
- Commission on Dental Accreditation by the American Dental Association (CODA) performs a site visit and approves each clinical training site
Distance Learning (DL) Equity in education:

- LMC sponsors innovative curriculum models for post doctoral residency training programs.
- Synchronous DL via live video teleconferencing is one of several telecommunication methodology used to provide the didactic education to residents that are separated geographically.
- Conversion to asynchronous modules (Sakai/2011)
- Provides equity in the didactic education across all programs
- Curriculum meets Commission on Dental Accreditation Standards
LMC Outcomes Assessment System/Sakai:

- LMC Outcomes is an online evaluation and assessment system for residents and faculty.
- It tracks all data (visits and services etc.) and evaluations of all types to comply with CODA Standards for each program.
- It is integrated with Sakai (Blackboard) that houses curriculum modules and exams; literature review, threaded discussion groups etc.
- It allows development of Dashboard process in areas deemed essential for programmatic and individual resident review.
- It features a Portfolio application for all residents.
Curriculum Hours:

- **2000**
  - sync: 100%

- **2007**
  - Sync: 400 distance learning hours via VTC
  - async: curriculum forums for literature review and case presentations.

- **2013**
  - sync:
    - 4th Tuesday each month from 1-5 PM ET
    - core curriculum (40 hours)
    - regional curriculum (40 hours)
    - Biomedical sciences and Peds (156 hours)
  - async: 216 modules equivalent to 216 hours
Residents perception of Distance Learning

- Overall grade for DL component
- 2010 survey results N=81
  - 69% Excellent or above average
  - 20% Average
  - 11% Below average

Community Health Center perception of accreditation
2013/2014 Clinical Dashboard

Pediatrics Hawaii PGY1

Support

Patient Visits: 620 (5.9 per day)

<table>
<thead>
<tr>
<th>Name</th>
<th>Completed</th>
<th>Required</th>
<th>Status</th>
<th>Due Date</th>
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<tr>
<td>Conscious Sedation/ IV and Non-IV</td>
<td>0</td>
<td>10</td>
<td>Off-Track</td>
<td>2014-06-30</td>
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<tr>
<td>Any of: D8241, D8242, D9248</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic - Comprehensive Oral Eval</td>
<td>80</td>
<td>20</td>
<td>Satisfied</td>
<td>2014-06-30</td>
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<tr>
<td>Any of:</td>
<td></td>
<td></td>
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</table>

Clinic Days: 105
2013/2014 Scores

Accessed: Friday, April 25, 2014

- 107 Passing
- 24 Pending
- 16 Overdue

Total: 147

<table>
<thead>
<tr>
<th>Course</th>
<th>Module</th>
<th>Score</th>
<th>Status</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Behavior Guidance for the Pediatric Dentist 1314</td>
<td>Behavior Guidance for the Pediatric Dentist</td>
<td>100.0%</td>
<td>required passing</td>
<td>2013-11-30</td>
</tr>
<tr>
<td>Dental Public Health 1314</td>
<td>Adverse Pregnancy Outcomes</td>
<td>0.0%</td>
<td>required overdue</td>
<td>2014-03-31</td>
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<tr>
<td>Dental Public Health 1314</td>
<td>Cardiovascular Disease</td>
<td>0.0%</td>
<td>required overdue</td>
<td>2014-05-31</td>
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Responsibilities of Health Center:

- Provides faculty supervision for residents
- Provides auxiliary support, equipment and supplies
- Provides patients and clinical experiences consistent with CODA standards
- Complies with assessment and evaluation policies
- Completes affiliation agreement
Responsibilities of Lutheran Medical Center:

- Pays salaries and fringe benefits for residents
- Health Center retains revenue
- Provides comprehensive curriculum through distance learning.
- Provides on line outcomes assessment and evaluation
- Provides accreditation and orientation support
- Faculty appointments
- Faculty development
Advantages to FQHC’s with Residents as Providers

- Increased opportunity for cultural diversity of clinicians
- Increased productivity
- Improved morale
- Recruitment opportunities following graduation of residents
- Academic and/or hospital appointments for faculty
- CDE opportunities for faculty
- Potential opportunities for enhanced status as participant in educational consortium
- Potential opportunities for future placement of “specialist” trainees
Advantages to Residents placed in FQHC for Clinical Experience

- Diversity of patients
- Work in true “Group Practice” – environment applicable to future practice
- Learn practice management skills
- Can include rotations to neighboring or affiliated CHC’s to maximize clinical experiences
- High faculty to student (resident) ratio
- Opportunities for F/T or P/T placement at CHC following graduation
- Research opportunities
- Work with multiple healthcare providers and paraprofessionals
Patients in 2012 by Ethnicity

- Hispanic: 39%
- White: 20%
- African American: 12%
- Native Hawaiian/Pacific Islander: 9%
- Asian: 7%
- Native American/Native Alaska: 9%
- Unknown: 4%
Patients in 2012 by Age

- 31 - 40: 12%
- 41 - 50: 12%
- 51 - 60: 10%
- 61 - 70: 6%
- 71 - 80: 2%
- 81 - 90: 1%
- Over 90: 0.1%
- 1 - 5: 12%
- 6 - 12: 20%
- 13 - 20: 13%
Patients in 2012 by Payment Options

- Medicaid: 50%
- Medicare: 2%
- Selfpay: 14%
- Federal Assistance (IHS): 11%
- Managed Care: 8%
- Insurance: 10%
- HMO: 4%
- No charge: 1%
In the operating room, Pediatric residents perform multiple restorations on a pediatric patient.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # OR Cases</th>
<th>Total # of Residents</th>
<th>Total OR’s Per Resident</th>
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<tbody>
<tr>
<td>*2010 – 2011 (*PGY1 data only)</td>
<td>419</td>
<td>16</td>
<td>26.2</td>
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<tr>
<td>2011 - 2012</td>
<td>1258</td>
<td>56</td>
<td>22.5</td>
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<tr>
<td>2012 - 2013</td>
<td>1566</td>
<td>70</td>
<td>22.4</td>
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<tr>
<td>2013 – 2014 (7/1/13 – 4/22/14)</td>
<td>2564</td>
<td>86</td>
<td>29.8</td>
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</table>

Dr. Kenneth Reed administering anesthesia in the operating room.
Results: Vulnerable Populations Benefit:

Increase Number of Providers (recruitment/retention)

- Increased number of patient visits/year
  - ~ 1300-2000 patient visits/year/resident
- LMC Network provides > 750,000 safety net dental visits/year

Increase in Access to Oral Health Care

Improved oral health service outcomes
The Goal

Resident recruited and assigned to clinical training sites in CHC/IHS facilities

Resident exposure to community health & alternative career pathways

Resident becomes teacher, mentor, role model & administrator

Resident develops commitment to community health
Leadership

Service Learning

Enhancing the Safety Net

Community Based Partnerships
Barriers:

• State Dental Practice Acts
• Politics
• Inadequate infrastructure
• Resident recruitment
• Mandatory PGY 1
Current Strategies:

- Post doctoral primary care clinical campus
- Comprehensive online post doctoral curriculum development and evaluation (Sakai)
- Multiple service learning models/Inter-professional education
- Integration of pre-doctoral/post-doctoral/specialty
- Remote mentoring
- Faculty development
- MA; MPH; MBA Certificate and Degree Programs
Summary:

- Residents are a significant source of oral health services for the nation’s underserved within a teaching milieu.
- Residents can address recruitment and retention issues that continue to plague CHCs and other safety net providers.
- Residents provide an educational framework and stimulant within a service/learning environment.
- Residents foster collaborative, sustainable and economically viable partnerships between a major teaching hospital/FQHC and other FQHCs.
- Residents treat more complex cases and 12% of patient visits are to special needs patients.
The Why: Overall Desired Outcome
The “Triple Aim”

- Improved Health
- Improved Care
- Reduced Cost
Questions?
Upcoming Events

CHAMPS/NWRPCA Fall 2014 – Primary Care Conference
October 19-22, Denver CO

Special Full Day Intensive

**Achieving Clinical Workforce Partnerships – Leadership, Business and Strategy**

Tuesday, October 21, 2014

Register for Session 20, at nwrpca.org or champsonline.org

Cost: One day registration - $300 member/$450 non-member

*Please contact Trish Bustos for any additional information at tbustos@nwrpca.org*
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