

**TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<p><i>Identify point person, telephone number, e-mail address</i></p> <p>Mary Hogan, Executive Director Volunteers in Medicine of the Olympics (VIMO) 360-457-4431 mhogan@vimoclinic.org</p> <p><i>Which organizations were involved in developing this project suggestion?</i></p> <p>Olympic Medical Center (OMC) VIMO</p>
<b>Project Title</b>	<p><i>Title of the project/intervention</i></p> <p>VIMO Dental Office Expansion</p>
<b>Rationale for the Project</b>	
<p><i>Include:</i></p> <ul style="list-style-type: none"> <li>• <i>Problem statement – why this project is needed.</i> In a rural, low-income, predominantly Medicare/Medicaid insured area, access to dental care is a challenge. Few dental providers in the region accept Medicaid for adult patients, Medicare does not offer dental coverage, and even for patients with means to pay, new patient wait times can be excessive. Based on information collected from the Clallam County Health Department and other dental offices in the region, more than 10,000 patients in Clallam County do not currently have a dental provider. Many of these patients have dental issues which must be addressed but they are unable to find a provider that accepts their dental insurance and/or lack the means to pay for treatment. Patients with dental pain are often forced to visit the emergency room, which is ill-equipped to handle dental cases. Patients in the VIMO demographic are also unlikely to have the financial means to pay for an ER visit, increasing the bad debt expense borne by OMC. VIMO, a two-chair dental clinic staffed an average of four days per month by volunteer dentists, is the only dental office serving low-income patients in Clallam County or neighboring Jefferson County regardless of ability to pay. Current backlog for new VIMO dental patients or patients scheduling follow-up appointments is 2-3 months.</li> <li>• <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.</i> VIMO dental expansion would create a transitional care option for those Medicaid patients who now have no treatment option other than the ER. ER patients with a dental-related primary complaint will be referred to the VIMO dental office for care and treatment, reducing or eliminating return ER visits. The dental office expansion will also act as a diversionary program, providing a dental home for Medicaid patients who will no longer be forced to seek care in the ER.</li> <li>• <i>Relationship to federal objectives for Medicaid<sup>1</sup> with particular attention to how this project benefits Medicaid beneficiaries.</i> An expansion of the VIMO dental office to four days per week (from the current average of four days per month) will provide much more comprehensive dental care for Medicaid patients. VIMO will accept new adult Medicaid patients for emergency, comprehensive and routine treatment. The VIMO dental clinic will also hold referral/emergency scheduling slots open to accept referrals from the OMC emergency room, reducing return ER visits and improving overall patient care.</li> </ul>	
<b>Project Description</b>	

*Which Medicaid Transformation Goal are supported by this project/intervention? Check box(es)*

- X Reduce avoidable use of intensive services
- X Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

*Which Transformation Project Domain(s) are involved? Check box(es)*

- X Health Systems Capacity Building
- X Care Delivery Redesign
- Population Health Improvement – prevention activities

*Describe:*

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*

The impact region for this project is primarily Clallam County but approximately 10-15% of current VIMO dental patients are residents of Jefferson County. The target population are those patients who do not have dental insurance or have Medicaid but cannot find a provider. It is estimated that 50% of our patient base will be Medicaid, 40% charity care and 10% patient-pay (sliding scale).

- *Relationship to Washington's Medicaid Transformation goals.*

This project will focus on two Transformation Goals: reduce avoidable use of intensive services, and improve population health, focused on prevention. Providing a dental home for approximately 2,000 dental patients will reduce the number of patients seeking care for dental pain in the ER. As a dental home, VIMO will also be able to provide continuing care, including annual exams and prophylactic care, improving the overall dental health of the population served.

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity/reducing health disparities.*

The project goal is to provide a dental home for up to 2,000 dental patients in Clallam and Jefferson Counties while providing emergency/acute care for another 1,500 patients who are left with no dental option but the ER. Project intervention includes:

- Partnering with OMC to create a referral program for ER patients whose chief complaint is dental pain
- Outreach to low-income community members advertising the clinic
- Partnerships with local dentist and primary care offices to encourage Medicaid and other low-income patient referrals to VIMO

Expected outcomes are:

- 20% reduction in ER visits by patients whose chief complaint is dental pain
- 75% reduction in return ER visits by patients whose chief complaint is dental pain
- 2,000-2,500 patient reduction in number of dental patients without a dental home
- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*

VIMO is partnering with Washington Dental Services Foundation (WDSF) to completely remodel our dental office, doubling our patient seating capacity. Local dentist offices provide volunteer dentists to staff our office four days per month. Having a standard set of equipment and supplies will improve our ability to recruit new volunteer dentists to complement a full-time staff dentist. Local offices also donate a portion of the supplies required to keep the office functioning.

<b>Core Investment Components</b>
<p><i>Describe:</i></p> <ul style="list-style-type: none"> <li>• <i>Proposed activities and cost estimates (“order of magnitude”) for the project.</i></li> </ul> <p>The project will commence with the equipment and supply purchase during the remodel of the VIMO dental clinic. Staff dentist will also be hired during the remodel, which will take approximately 6-8 weeks. Equipment and supply cost during remodel is projected at \$121,250. Fully-burdened staff dentist cost for the first year of operation will be \$180,000, equally divided over 26 bi-weekly pay periods after hire.</p> <ul style="list-style-type: none"> <li>• <i>Best estimate (or ballpark if unknown) for:</i> <ul style="list-style-type: none"> <li>○ How many people you expect to serve, on a monthly or annual basis, when fully implemented.</li> </ul> </li> </ul> <p>Project scope covers 2,000-2,500 continuing-care patients and up to 1,500 emergency/acute care patients per year after full implementation.</p> <ul style="list-style-type: none"> <li>○ How much you expect the program to cost per person served, on a monthly or annual basis.</li> </ul> <p>Estimated cost per patient depends on the number of volunteer dentists willing to donate time to the clinic. Based on current volunteer patterns, fully-burdened cost to the clinic per patient would be approximately \$125. With increased volunteerism we project a reduction in cost per patient to as little as \$96. Because the VIMO client base is 50% Medicaid, 40% charity care and 10% sliding scale, at either level the clinic will require grant or donor funding in order to continue to provide services to Medicaid patients.</p> <ul style="list-style-type: none"> <li>• <i>How long it will take to fully implement the project within a region where you expect it will have to be phased in.</i></li> </ul> <p>Project phase-in to full implementation will take approximately one year while the clinic remodel takes place and the patient base is built up. ER referrals (the most immediate need) can begin as soon as a staff dentist is hired.</p> <ul style="list-style-type: none"> <li>• <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i></li> </ul> <p>The financial ROI will be realized both by decreased Medicaid ER payments and a reduction in bad debt incurred by OMC. A typical visit to the ER for a patient complaining of oral pain would be billed to Medicaid at \$23.81-\$100.45, depending on the severity. That ER visit may result in a prescription for antibiotics and/or pain relief but would not correct the underlying issue, often leading to return ER visits. Because of the lack of dentists in the area accepting Medicaid for new adult dental patients, this process may repeat many times over. A Medicaid patient receiving services at the VIMO dental clinic would incur an exam cost of \$18, followed with timely service to correct the problem(s) identified. Cost savings per patient to the Medicaid system may exceed \$80. In addition, patients who have no insurance coverage would be referred to VIMO for care, reducing the bad debt exposure for OMC. OMC estimates 10-15 dental patients per week in the ER. A 20% reduction in first-time ER visits and 75% reduction in return visits would reduce the ER dental patient count to 5-7 per week, allowing the ER to focus on medical patients.</p>
<b>Project Metrics</b>
<p><i>The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.</i></p> <p><i>Wherever possible describe:</i></p> <ul style="list-style-type: none"> <li>• <i>Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <a href="http://www.hca.wa.gov/hw/Documents/waiverappl.pdf">http://www.hca.wa.gov/hw/Documents/waiverappl.pdf</a> pages 46-47<sup>ii</sup>.</i></li> <li>• <i>If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?</i></li> </ul> <p>No specific benchmarks are available so VIMO will work with OMC to determine the actual reduction in first-time and return patients to the ER whose chief complaint is dental (oral) pain.</p>