Orcas Island Health Care District P O Box 226 Eastsound, WA 98245

DENTAL CARE ACCESS FOR ORCAS ISLAND MEDICAID ADULTS & CHILDREN

Today, there are no options for Medicaid and other low-income adults and children to access dental care on Orcas Island during most of the year. If they can, these individuals must travel off island to Mt. Vernon and beyond. With current ferry issues, it often requires at least a full day of travel time, and for many, lost wages. This project proposal is for a partnership of the Orcas Island Health Care District with Island Health, an Anacortes, WA based rural health system, community-based organizations on Orcas Island, San Juan County Health & Community Services and other regional stakeholders to establish a sustainable model for dental care to reduce the need for travel and to improve the oral health of our Medicaid community members.

For too long, Orcas and the other San Juan Islands have lacked adequate access to dental services for our Medicaid and uninsured populations. Dental access, even for those with acute needs, has been progressively inadequate in serving the population of permanent and semi-permanent Orcas community members. Through the partnership of Island Health, the operator of the Provider Based RHC on Orcas Island, providing billing services and community-based organizations creating an operational structure to provide dental services on a consistent basis, we will be able to establish a financially and operationally sustainable model for Orcas Island which could also expand to cover dental services on other islands throughout San Juan County.

Grant Project Stakeholders -

Orcas Island Health Care District – (Project Lead Contact) Superintendent – Chris Chord (360) 317-3545 – <u>Chrisc@orcashealth.org</u>

Orcas Island Community Foundation Executive Director – Hilary Canty (360) 376-6423 – <u>hilary@oicf.us</u>

Orcas Community Resource Center

Executive Director – Erin O'Dell (360) 376-3184 - <u>erin@orcascrc.org</u> Island Health Director of Practice Administration – Marcy Shimada (425) 508-3594 – <u>mshimada@islandhospital.org</u>

San Juan County Health & Community Services Health & Nutrition Coordinator – Kristen Rezabek (360) 370-7518 – <u>kristenr@sanjuanco.com</u>

Focus Population

Medicaid, Uninsured or Underinsured Population:

As of 2023, San Juan County is home to just over 17,000 residents, with Orcas Island making up 5,500 permanent residents or roughly 30-35% of the county. This population increases threefold during the Summer, with some of those individuals utilizing health resources on the island while visiting or here for seasonal residence.

Available Medicaid data indicates that the county has somewhere between 3,000 – 3,800 county residents currently enrolled in Medicaid. Amongst that population, at least 1,400 of those individuals are under the age of 19. The estimated population of uninsured residents is at least 1,300 people. Data from our San Juan County 2021 Point-in-Time-Data survey, suggest that roughly 25% of our households fall into the Asset Limited, Income Strained, Employed (ALICE) category. Orcas itself has roughly 39% of their households falling into the ALICE category. Additionally, roughly 12% of our population live in poverty. San Juan County is a HPSA designated shortage area for dental care access. The Health Rankings Database estimates a dentist ratio of 1,690:1 for San Juan County, restricting dental access when compared to both the Washington state and national averages. Orcas has three dental offices on the island, with three dentists and four hygienists between those offices. All of these offices are near capacity, with a 3-6 month waiting list for new patients seeking dental cleanings. None accept Medicaid patients. Amongst 14 total dentists working in San Juan County, only one dental office accepts Medicaid. That office is currently at capacity and will generally serve a limited population on San Juan Island only. Additional dental access data reveals an even larger challenge for Medicaid individuals in San Juan County. According to the Arcora Foundation data from 2021, San Juan County Medicaid adults accessed their dental benefits only 8.7% of the time, which was far below the state average of 19.8%. Medicaid children under 20 accessed dental at a rate of 43.6%, still well below the state average of 51.1%.

Geographic Background:

Despite the proximity of the San Juan Islands to the mainland of Northwest Washington, the logistical challenges are formidable. The ferry schedule shows only a 40–75-minute ferry ride from one island to the adjacent mainland and only a few trips each day. In reality, it ends up being an all-day commitment, resulting in lost income for many. A single trip off-island for a 20-minute dental cleaning in Mount Vernon (the closest location for Medicaid dental access) can end up taking 3 hours one way, not to mention the \$45 – \$65 ferry fee for a single passenger vehicle. The situation has been compounded by frequent ferry cancellations and delays.

History of Medicaid, Uninsured & Underinsured Dental Access Initiatives:

San Juan County Department of Health & Community Services has put in considerable efforts to ensure

some dental access for Medicaid, uninsured and underinsured patients.

Initiative	Focus Population	Results in 2022	2022 Cost						
Medical Teams	Medicaid Adults	Orcas Island – 16 days of service -	\$139,207						
International	Uninsured/Underinsured	204 Total Encounters							
(MTI) Dental	Adults	San Juan County – 36 days of service -							
Van		423 Total encounters							
- Vans were provided at a daily van lease rate									
- Vans were staffed by volunteer Dentists & Hygienists curated by San Juan County Department of									
Health & Human Services									
- San Juan County staff provided patient scheduling support									
- Funded by North Sound ACH, San Juan County, Orcas Island Community Foundation, Fish for									
Teeth foundation on San Juan Island, and others									
Arcora Smile	Children & Pregnant or	Orcas Island – 3-4 days a year	\$0						
Mobile	Post-partum Mothers	About 40 patients served							
- Previously Arcora foundation visited 2x a year for 3-4 days, now reduced to 1x a year									
- Scheduling through Arcora Foundation									
School Based	K-12 school children	San Juan County – 748 students	\$20,0000						
Dental Sealant		screened – 328 students received	(ACH Grant &						
Program		sealants (Orcas 23 students of 328)	billings)						
- Van, dentists & hygienists provided by CHC Snohomish									
- Opt-out model for public elementary school students, opt-in for public middle/high school & non-									
public school students									

The Orcas Community Resource Center(OCRC) also helps with transportation, logistics, registration, amongst many other services. In 2022, OCRC assisted 232 patients with scheduling at the dental vans that visit the island. OCRC also supported 28 other clients with assistance in finding dental services offisland, with over \$750 of support for transportation and other expenses to access those dental services.

Project Approach

Participant Organizations:

Orcas Island Health Care District (OIHCD)-

San Juan County Public Hospital District #3 DBA Orcas Island Health Care District owns the land, building and equipment at the Island Primary Care – Orcas Clinic. OIHCD has a service and lease agreement with Island Health, which operates the Island Primary Care – Orcas Clinic, a Provider-Based Rural Health Clinic on Orcas. OIHCD is committed to ensuring island-appropriate, quality primary, acute, and after-hours medical care is available to all community members in a financially sustainable and cost-effective manner. Included in OIHCD's Strategic Plan, adopted in Fall of 2022, ensuring dental access is a high priority as the district works to ensure equitable care and access for residents and visitors.

Island Health -

Skagit County Hospital District #2 DBA Island Health is a non-profit health system based in Anacortes, WA. Island Health operates Island Hospital, one of the top 100 rural hospitals in the United States. Along with their specialty clinics, Island Health operates several primary care clinics, including Island Primary Care – Orcas. Island Health has been operating Island Primary Care – Orcas since early 2021, and has made significant contributions towards ensuring a stable primary care clinic on Orcas Island.

San Juan County Health & Community Services -

Health & Community Services works to promote, protect, and preserve, with dignity, the health and well-being of the people and communities of San Juan County. They provide a variety of services around community health, and partner with organizations to improve the health of the county residents and

visitors. The department has partnered with multiple county foundations to help support dental access initiatives, in addition to providing staff to support scheduling for those initiatives.

Orcas Island Community Foundation (OICF) -

Founded in 1995, OICF works to help build and strengthen our community by encouraging and supporting local philanthropy and by connecting people and organizations who want to make a difference by improving the quality of life on Orcas Island. OICF is recognized nationally as having one of the highest per capita gift rates in the country. Through semi-annual fundraising drives and funds dedicated for specific services, they help support community initiatives, non-profits and public entities serving Orcas Island. OICF has partnered with San Juan County to fund the MTI van for the past several years, and has a commitment to continue to do so into the future.

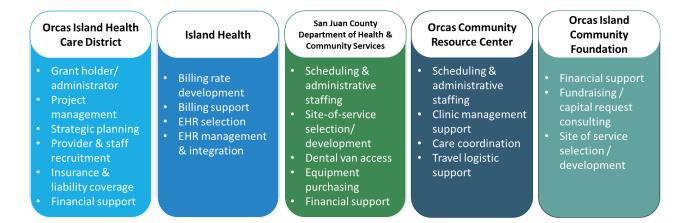
Orcas Community Resource Center (OCRC) -

With ongoing help from OICF and private donors, OCRC continues to develop a complete public/private safety net for Orcas' most vulnerable residents, connecting them with housing support, food, healthcare, transportation, and more. OCRC's eight full-time staff serve as community connectors and provide coordination of care across multiple sectors. OCRC has historically supported access to dental services whether through scheduling assistance for dental vans visiting Orcas, or helping clients with expenses to access dental care elsewhere.

Proposed Operational Structure:

Consistent with our island character and lifestyle, initiatives that serve the island are most successful when supported by a coalition of community-based organizations. These entities struggled and succeeded to provide some level of access to dental for vulnerable populations, but a more coordinated approach will help to ensure a successful transition to a more dependable and sustainable model of dental care continuing into the future.

The diagram below shows the proposed contributions that each organization will provide, as we navigate the steps to creating an RHC integrated dental service line.



As the grant holder or administrator for our proposal, OIHCD will help to organize meetings/tasks. Island Health as the operator of the Provider Based RHC will provide billing and development of our Medicaid billing rate. Because of the close interaction with billing, they will likely support selection of the EHR. Building on previous dental access structures, San Juan County Health & Human Services will partner with OCRC for scheduling support. The County and OICF have previously helped with and will continue to provide support with identification of locum tenens/PRN/Per diem dental clinical staff, utilizing a large list of previous volunteers or temporary workers. Additionally, OCRC staff will help with keeping the dental clinic in order following the daily services provided. Finally, based on their expertise OICF will serves as our lead in fundraising and capital request campaigns as we look into future developments of the services. With Island Health collecting reimbursement for these services, eventually a service charge will be arranged between Island Health & the Orcas Island entities for clinic administrative expenses.

Project Approach w/Timeline & Alternatives:

Orcas Island can support a single full-time dentist who provides dental services to Medicaid, and eventually uninsured or underinsured patients (non-Medicaid paid for through additional funding support). The provider could be supported by a single FTE hygienist, and support from a part-time to full-time dental assistant. It could be discussed whether these providers support more regular visits to Lopez Island, and eventually to supplement dental care provided on San Juan Island. Ultimately, this would be the ideal state, but current RHC Medicaid experience in Washington has limited Medicaid dental reimbursement to a physical site of care, with eventual expansion into mobile dental services. Based on consultations with other RHCs, consultants and organizations around the state, however, we understand that Medicaid in Washington is very interested in creating new models to providing dental access for Medicaid patients. Our collaboration on Orcas Island and with other San Juan Island patients could serve as a great test environment for those opportunities.

Because we understand current limitations, we have developed our approach with a few alternatives: **Alternative A** – Full investment in a mobile dental unit as the ultimate site of care for Orcas Island RHC dental services. We would seek to obtain or lease a three operatory dental bus with space for x-ray as the ideal state, which could allow us to support dental services on additional islands in future years. **Alternative B** – Partnership with Washington Medicaid HCA and DOH to establish a limited number of alternative sites of service for the Island Primary Care – Orcas RHC. This would likely be in the County Health Department clinic on Orcas, at the Orcas Island Public schools or on limited days/times at already established dental offices on Orcas. This would likely be a short-term strategy, which could be used in the interim while a permanent location was built, or a dental van/bus acquired.

Alternative C – If Washington Medicaid must stick to current requirements, OIHCD & Island Primary Care – Orcas would investigate the feasibility of establishing a permanent clinic adjacent to or as an addon to the primary care clinic, to provide dental services. This would likely take several years to initiate and likely require additional capital funding requests through the public or grants.

Regardless of the alternatives, we see the first year of our grant funding as an opportunity for the collective organizations, in partnership with DOH and other RHCs in the state, to develop a strategy for the future. If we were able to utilize different sites of care, this could be a great learning opportunity for other future RHCs limited by geographic or capital constraints.

Despite the option chosen, we will see a delay in being able to operate and bill for Medicaid services in the next year. In the interim, and as support for the initiative, we have engaged with regional dentists' offices and have begun to discuss other models such as tele-dentistry with occasional visits to the island, and plan to continue to contract with MTI until an option for dental access longevity is established.

	Year 1					
Task	Sep-Nov	Dec-Feb	Mar-May	Jun-Aug	Year 2	Year 3
Consultations w/HCA to determine recommended site of service						
Engagement w/consultants to work on Medicaid episodic						
payment estimate						
Evaluation and decision on EMR software						
Evaluation, recruitment or contracting of dental billing employee						
or contracted billing service						
Recruitment of temporary/contract dentists, hygienists, dental						
assistants						
Developing operational hours, schedule, and services detail based						
on site of service requirements						
Strategies around recruitment timing for long-term dentists,						
hygienists, dental assistants						
Alternative A - evaluating lease vs buy for dental van operations						
Alternative A - search for dental van to purchase or lease						
Alternative A - purchase of additional dental equipment for van						
Alternative B - location and lease agreement for alternative site						
of care (county health clinic, other)						
Alternative B - purchase of mobile / semi-permanent equipment						
for alternative dental site of care						
Alternative C - evaluation of modular vs traditional build physical						
building for dental clinic						
Alternative C - Contracting with modular or traditional build						
contractor						
Alternative C - Design & Build of traditional build dental clinic						
Alternative A & C - Development of capital grant proposal for						
submission to state legislature, ACH, Arcora and others.						
Ensure continued designation as National Health Service Corp						
designated site, and add dental as eligible clinicians for site						
Purchase of dental supplies and other inventory for operations						
Strategic Planning for referral systems to dental service line,		1				
development of future service scope on adjacent county islands,						
fundraising/grant funding requests to cover						
uninsured/underinsured patients						
Development of managerial structure to operate dental clinic						
into future						
Collaborations with Bellingham Technical College for Dental						
Hygienist & Dental Assistant program recruitment						
Partnering with DOH, HCA and other RHCs to identify role of						
Dental Therapists in RHC dental clinics						
Connecting with Skagit Valley College Dental Therapy program						
administration to establish referral network for dental clinic						

• •

Expected Reach in first year:

Regardless of the alternative, we expect to maintain current dental van visits, which was close to 260 patients on Orcas and 800 patients in the county.

Alternative A – At most 3 months of services through dental van, around 10 visits per day (based on previous dental van throughput on Orcas), 2 – 3 days a week, could increase patient impact by roughly 350 patients on Orcas Island. Total impact of 600 patients on Orcas Island.

Alternative B – 6 months of service, 10 visits per day, 1 day per week, could increase patient impact by roughly 250 patients on Orcas Island. Total impact of 500 patients on Orcas Island.

Alternative C – Facility not likely operational in first grant funding year. Continued operations of dental van contracts with MTI and other county services. Total impact of 260 patients on Orcas Island. Both alternative A & B would create a quickly productive model on Orcas Island, and year 2 would result in significantly higher volumes, with more regularly scheduled hours and days. Alternative C obviously would still be in construction, and likely would open sometime in Year 2.

Budget and Funding Match

As previously stated, Orcas intends to continue to support the initiatives currently being offered for dental access. Those initiatives also generally serve the surrounding San Juan County as well, but if we were to begin to move towards supporting dental access through the Orcas RHC, a considerable amount of county resources could begin to shift towards that initiative. Because of that, we feel it necessary to include the costs of those programs in the budget proposal as well.

Additionally, expenses for this first year will be considerably different based on the staffing model of contract providers rather than staff clinical providers. The estimates we used for staffing expenses were towards the high percentile range in our region, but represented the need to adequately compensate these workers for the contract type structure of their work. Additionally, Orcas has had great success in bringing clinicians to the island for contract work by offering them accommodations and food stipends.

We expect to utilize that strategy for the first period of operations, until we can find permanent clinical

staff. The Medicaid encounter rate is based on the lower current range of RHC episodic rates.

A rough breakdown of expected costs are below:

Ore	cas Island Health Care District & Island Primary Care – Orcas				
Pe	riod of Performance: September 1, 2023 – August 31, 2024				
Exp	pected Project Expenses				
Α.	Maintain Current Orcas Island MTI Dental Van Access	\$90,000			
	-Dentist/Hygienist volunteers, travel, MTI dental van rental, supplies, fees to MTI for billing support				
Β.	Personnel – expected max operations 3 days/wk for 3 months = 36 days in Year 1				
	-Contract Dentists – 10 hours/day up to 36 days @ \$100/hr	\$36,000			
	-Contract Hygienist – 10 hours/day up to 36 days @ \$60/hr	\$21,600			
	-0.5 FTE scheduling support staff (6 months of 0.5 FTE @ \$35/hr)	\$17,500			
C.	Fringe Benefits				
	-0.5 FTE scheduling support staff benefits (\$1,750/month)	\$10,000			
	-Lodging/meals expense for contract dentists/hygienists (36 days x \$250/person)	\$18,000			
D.	Supplies & Equipment				
	-Based on KVHS estimates from Dental Services Toolkit, with 30-40k reduction	\$100,000			
	due to some equipment available through San Juan County clinical van, and				
	expected 1-2 operatories rather than 3 operatory structure such as KVHS, and				
	only 3 months of operations of using disposables, anesthesia, etc.				
E.	Contract Services				
	-Consultant fees (assistance in developing prospective Medicaid episodic				
	payment, other consultant fees)				
	-EHR development & service fee (rough estimate)	\$25,000			
	-Medicaid billing service contract (\$1,500 initiating fee, \$315/month x 3 months)				
	7% of Medicaid collections fee on billed services (up to 350 visits @ \$300/visit				
	encounter rate * 0.07 collection fee)				
F.	Clinic Building Lease (if utilizing alternative sites of service)				
	-6 months, 1 day/wk - @ \$1,000/day (MTI Van rental is \$1,700/day)	\$24,000			
	Total Expenses	\$371,450			
Ca	sh match:				
Orcas Island Community Foundation					
Orcas Island Health Care District					
Medicaid Reimbursement for 3 months of operations – (350 visits @ \$300/visit)					
Other potential sources of grant funding – North Sound ACH, Fish for Teeth					
Foundation (San Juan Island, if services provided on San Juan Island)					
Total Match					
Requested DOH Grant Funds					