NNOHA NEWS

NATIONAL NETWORK FOR ORAL HEALTH ACCESS QUARTERLY NEWSLETTER

NNOHA NEWS, Volume 3, Issue 4 **Fall 2010**

Churning

Steve Geiermann, DDS
NNOHA Board Member

Churning…according to *Webster's Ninth New Collegiate Dictionary*, the primary definition of churning is to agitate milk or cream violently in order to make butter. Interestingly, a secondary meaning is to make (the account of a client) excessively active by frequent purchases and sales primarily in order to generate commissions. In investment circles, the term refers to an unethical practice employed by some brokers to increase their commissions by excessively trading. In Health Centers, churning can be defined as the systematic, institutionalized practice of maximizing revenues by maximizing visits/encounters, when payment is determined by number of encounters and not by procedures accomplished.

In other words, a Health Center could be viewed as "churning" if a patient was brought back four times to complete restorations in the lower right quadrant instead of opting to complete all of the fillings at one time…solely for the purpose of securing four times the reimbursement. Taking a full mouth series of radiographs over two visits, examining the patient at another, and providing a simple prophylaxis at a fourth visit before any restorations are begun might be perceived as churning. A mother bringing her cooperative son into the clinic 8 times for individual sealant placement is another example. Contrast these examples with what we know to be a reasonable standard of care when practicing dentistry.

Some Health Centers view churning as a necessary means of doing business, of making the bottom line, and maintaining financial viability for the dental program. This is an interesting stance as churning is often viewed as unethical and immoral. Is it illegal? That is a question that federal and state authorities are considering. Does it serve the best interest of the patient? Definitely not!

Patients seen within Health Centers often overcome numerous barriers to access care. To further their frustration by extending treatment time solely for the opportunity to enhance revenue is disheartening. It is no surprise that the number of "no shows" appears to increase proportionally to the incidence of churning. There is also a "cost" to repeatedly breaking down and cleaning dental operatories, sterilizing equipment, and replacing disposable items. This is "down time" that is not contributing to greater productivity and efficiency within the dental program. There is also an additional cost to the patient in increased transportation costs, missed days of work etc.

Incidence of churning is not commonly found within Health Centers, but if the growing number of allegations is true, the practice may be occurring more frequently than originally believed and is becoming more visible. Unfortunately, a

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NOTE: The NNOHA newsletter is for information sharing & discussion purposes. NNOHA does not endorse all included viewpoints or authors.

Inside this issue:

Thank you: Dr. Steve Geiermann, Mitsuko Ikieda, Shelly Gehshan, Rebecca Alderfer, Dr. Huong Le, Greg Nycz, Katrina Holt, Dr. James Patsis, Luana Harris-Scott, and Karen Lauder for contributing articles or information.

Editorial Board: Dr. Dan Brody, Ellen Gould, Dr. Irene Hilton, Dr. Lisa Jacob, Dr. Dennis Lewis, Dr. Amos Deinard, Dr. Neal Demby, Dr. Amy Lalick-Tomes, Luana Harris-Scott, Colleen Lampron, Mitsuko Ikedo, And Editor Terry Hobbs

If you have a **suggestion for articles or authors** to include in future newsletters, please contact Terry Hobbs at terry@nnoha.org.

Churning continued...

(Continued from page 1)

"couple of bad apples" can spoil the entire basket. Critics often *paint with a broad brush* and Health Centers practicing churning cast the remainder of Health Centers in a jaundiced light.

Questions to ponder when one wonders if your Health Center is churning:

- Is one of the goals of the dental program to complete patient treatment plans in a timely manner?
- Is there a separate dental cost center within your Health Center budget that allows for an appropriate allocation of 330 grant funding that meets the needs of the dental program?
- Does your program encourage the provision of quadrant dentistry whenever possible?

IS ONE OF THE GOALS OF THE DENTAL PROGRAM TO COMPLETE PATIENT TREATMENT PLANS IN A TIMELY MANNER?

- If your incentive program is tied into number of encounters, do you notice providers constantly having short appointments during which only a single procedure is performed?
- Does guidance for the dental program emanate from an experienced Dental Director or are Health Center administrative officers providing oral health leadership from a distance? Have you been instructed to increase the number of patient visits in order to maintain program sustainability?

This article is to whet your appetite as churning is not in the best interests of your patients — it delays care and could also add additional costs to the patient in increased transportation costs, child care, and missed days of work. If you suspect that your Health Center is churning patients, start asking questions...

NNOHA at IOM Oral Health Access to Services Meeting

Mitsuko Ikeda
NNOHA Project Coordinator

The Institute of Medicine (IOM) Oral Health Access to Services meeting took place on July 27-28, 2010, in San Francisco. Dr. John McFarland, NNOHA President, was invited to speak about challenges and opportunities faced by Health Center oral health providers. He talked about disparities in oral health in terms of disease, access, and funding. He also stressed that there are disparities within Health Centers, e.g., compared to medical users, the number of dental users is still low, and utilization of oral health services among Medicaid recipients is also low. Despite the challenges, he stressed that Health Centers are a solution to disparities in oral health access, and he shared some highlights of NNOHA's work.

Dr. McFarland also talked about some obstacles. First, oral health programs in Health Centers exist on weak statutory and regulatory mandates. The statutory authority under Section 330 of the U.S. Public Health Service Act is for preventive services only and the regulatory authority by HRSA/BPHC is for preventive and emergency services. Also, IOM's definition of primary care does not explicitly include oral health: "Provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." Dr. McFarland remarked that when legislation or funding goes out for primary care, because oral health care is not specifically included in the definition, it is detrimental to expansion of services for patients who rely on the safety net for their care. Given this challenge, he asked for inclusion of oral health in the definition to strengthen providing comprehensive primary care services. After his presentation Dr. McFarland shared that "The IOM is a highly respected organization which strongly influences health care policy at all levels. It is because of this fact that we were grateful to be able to present our concerns of including oral health in the definition of primary care." NNOHA members Dr. Larry Hill, Greg Nycz, and NNOHA Board members Dr. Bob Russell and Dr. Steve Geiermann were also in attendance.

Dr. John McFarland

NNOHA is grateful to Dr. McFarland for passionately representing oral health at this important meeting. The IOM committee meets again on November 22, 2010, and will continue to work on their charge to describe a desired vision for the oral health care system and recommend strategies to achieve that vision.

Health Care Reform – The Oral Health Highlights

Shelly Gehshan, Project Director, Pew Children's Dental Campaign
Rebecca Alderfer, Senior Associate, Government Relations, The Pew Center on the States

The Affordable Care Act (ACA) presents an opportunity to provide quality dental care to millions of children who are currently not being served. As of 2014, dental insurance coverage for children will be almost universal. Pediatric dental insurance will be a requirement in Medicaid, the Children's Health Insurance Program (CHIP), and in new private insurance marketplaces operated by each state.

In addition, the law authorizes a variety of oral health prevention and workforce measures, including programs to bolster state and community oral disease prevention, as well as support for the education and training of traditional and new dental providers. The authorized programs, if funded, build the foundation for reducing the incidence of disease and turning dental coverage into care received.

Pew Center on the States, 2010

In late July 2010, the Pew Children's Dental Campaign partnered with NNOHA, the American Association for Community Dental Programs, and DentaQuest Institute to present a webinar for their members entitled, "Health Care Reform Oral Health Provisions and the Safety Net." The presentation is archived on the NNOHA website at the following link: http://www.nnoha.org/practicemanagement/webinars.html.

During the webinar, discussion centered on the importance of oral health advocates--including individual providers, clinics, and professional associations--consistently pushing Congress and the Obama administration to not only *authorize*, but to *appropriate* funding for oral health programs in ACA.

The Six-Month Mark and FY 2011 Federal Funding:

The implementation of various components of the ACA is underway at the federal and state levels, while the major Medicaid expansions, operation of state insurance exchanges, and the individual requirement to carry qualified insurance do not take effect until January 1, 2014. Actions to date, related to enhancing oral health include:

- The Senate Appropriations Committee voted to increase funding for oral health in the budgets of the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention and the National Institutes of Health. The House Appropriations Committee has yet to vote on FY2011 funding for health.
- As required in the ACA, a new dental professions funding opportunity was created under Title VII of the Public Health Service Act for dental training and faculty loan repayment.
- The Department of Health and Human Services (HHS) requested comments on issues including how to integrate enrollment processes for state-based exchanges with Medicaid and CHIP.
- HHS announced awards totaling $727 million of funds appropriated in ACA for the construction and renovation of community health centers.
- HRSA is soliciting applications for grants to pay for **construction, renovation, and/or equipment expenses** for school-based health centers with funding from the ACA.
- The Administration continues to develop the Oral Health Initiative and a dental strategy within the Centers for Medicare and Medicaid Services, and also issued strong statements supporting oral health in a draft of a new HHS strategic plan for 2010-2015.

"AS OF 2014, DENTAL INSURANCE COVERAGE FOR CHILDREN WILL BE ALMOST UNIVERSAL."

Pew Center on the States, 2010




2010 Conference Wrap-Up

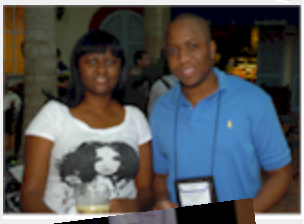
Huong Le, DDS
Dental Director, Asian Health Services Community Health Center
NNOHA Conference Planning Committee Chair

The 2010 National Primary Oral Health Conference recently wrapped up and what a full week we all had in Florida! The conference took place October 24-27 at the Gaylord Palms in Orlando and was attended by 500 participants. This year's conference included some new features like the cybercafé, Centers of Excellence awards from Safety Net Solutions and a very special guest, Franco Harris, who joined NNOHA for the welcome reception and awards ceremony. So far, the feedback has been tremendous and we are chalking up a successful experience.

Some highlights of the conference included hands-on rotary endo and mini implant courses, a trip to the Orange Blossom Family Health Center/Health Care Center for the Homeless Health Center, an early morning "Board walk" (Who knew it could be so hot at 6:00a.m.?), a bevy of sessions related to leadership, practice management, and clinical best practices, and dignitaries from the American Dental Association (ADA) and Health Resources and Services Administration (HRSA).

For those that did attend the conference, keep in mind that you have until December 10, 2010, to complete your CE requirements. Visit www.ceevaluations.net to get started. The CE# is located on the conference name badges. If you are unable to locate your CE number, please contact Luana Harris-Scott, NNOHA Meeting Planner, at adminsupport@nnoha.org. The CE certificates initially did not list separate clinical and administrative hours, but that has now been changed; if you have already printed your certificate and would like it to reflect clinical/administrative hours, you may log back in and reprint your certificate.

Thanks everyone for joining us in Orlando – your presence is so important for us to have a great conference and to continue to build support systems with providers at safety-net programs across the country. Registration is already open for next year's conference: October 23-26, 2011, in Washington D.C.!
http://www.nnoha.org/conference/npohc.html





Additional photos from the conference are available on our Facebook page: http://www.facebook.com/nnoha.org

Member Spotlight: Family Health Center of Marshfield, Inc.

Mitsuko Ikeda
NNOHA Project Coordinator

NNOHA interviewed Greg Nycz, Executive Director of the Family Health Center of Marshfield, Inc., who received the NNOHA Oral Health Champion Award at the 2010 National Primary Oral Health Conference this past October. Family Health Center of Marshfield started with a planning grant it received in June of 1972 and began services in an area in and around Marshfield, Wisconsin, in March 1974. The center serves a geographic area that is similar in size to the State of Maryland with thirteen counties in north central Wisconsin.

Q: What is your community like?

A: We serve in a predominantly rural area comprised of 305 municipalities, 70% of which are populated by less than 1,000 people. Eighty-six percent of the communities are federally designated as medically underserved areas and/or medical, dental, or mental health professional shortage areas. Based on 2010 population estimates, 343,523 people live in the service area. Of those, 95,021 have incomes below 200% of the federal poverty level. In comparison to the state average, the population in our service area tends to be older, poorer, and have lower levels of higher education attainment. In addition, our service area population has a higher unemployment rate and higher percent of Medicaid enrollment than the state-wide figures. The region is 97% Caucasian with a small but growing Hispanic minority population, and a small Somalian population.

Q: What is unique about your program?

A: While we face many of the same challenges as other Health Centers, such as distance, lack of public transportation and recruitment and retention issues, we are also very fortunate in working in a state where our Governor, Jim Doyle, has succeeded in providing access to our state's Medicaid and SCHIP (BadgerCare) program for a very high percentage of our state's poor and near-poor population. The Governor and our legislature have also recognized the important role oral health plays in overall health, maintaining Wisconsin as one of the few states that has adult dental benefits for its Medicaid population. Finally, the state has invested through a direct grant program to its Health Centers and in a separate rural dental clinic grant program. We are also fortunate to have a growing state governmental public health dental infrastructure headed by Dr. Warren LeMay.

Q: What are you doing well that you'd like to share with us?

A: At the invitation of then Secretary Kevin Hayden, of Wisconsin's Department of Health Services, Barb Snell, who was then Director of Access Community Health Centers in Madison, and I prepared a comprehensive ten-year plan where Wisconsin's Health Centers could partner with the state to make significant inroads in dental access, not just for the state's Medicaid population, but also for the uninsured or underinsured low-income population. I often refer to a Louis Carroll quote in my presentations on our oral health system as being relevant: "If you don't know where you are going, any road will take you there." We have a good plan that is comprehensive in nature and designed to get us to a finish line of a preferred future where the very serious oral health disparities that now exist are minimized and everyone has access to oral health services that are integrated with other primary care services.

Q: Do you have any strong partnerships in the community?

A: Our region's rural hospitals have been quick to understand the importance of lack of access to oral health services because many patients with untreated oral disease end up at their emergency rooms. The local governmental public health directors have been incredibly helpful as well. We use tele-dental to assist Head Start programs in 11 communities and also work with a number of area nursing homes.

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Greg Nycz

"IF YOU DON'T KNOW WHERE YOU ARE GOING, ANY ROAD WILL TAKE YOU THERE."

Family Health Center of Marshfield, Inc.

Member Spotlight Continued...

"THINK BIG. DETERMINE WHAT THE NEED IS IN YOUR COMMUNITY AND DETERMINE WHAT IT WILL TAKE TO SATISFY THAT NEED."

Family Health Center of Marshfield, Inc.

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Q: How do you interface with the medical department?

A: We have many more medical patients than dental patients, although we're rapidly trying to increase dental capacity to normalize this. Currently, we prioritize referrals from the medical department and in March of 2010 we implemented a comprehensive dental/medical electronic record system. With dental fully integrated into the medical record, we are now exploring approaches for decision support in both the dental and medical areas in order to begin to achieve a much closer working relationship between the physician and dental communities. We have back loaded all of our previous data so we have significant data warehouse capabilities on both the medical and dental side to allow us to utilize our data to drive population health initiatives.

Q: Has NNOHA been helpful to you in some way?

A: NNOHA's very existence is critical to us, as we believe that Health Centers are the ideal vehicle to address longstanding issues related to the lack of coordination between medicine and dentistry, severe oral health disparities between "haves" and "have-nots", and ultimately even our long-term workforce challenges. Through the passage of health reform with its extension of Medicaid benefits, coupled with the $11 billion investment in Health Centers, the future bodes well for the Health Center movement to play a major role in addressing our nation's oral health disparities. The existence of NNOHA and its ability to convene like-minded individuals and organizations will help us maximize these opportunities for the benefit of patients all across America.

Q: What advice would you give to a new Health Center Dental Director?

A: Think big. Determine what the need is in your community and determine what it will take to satisfy that need. Keep open communications with the Executive Director, Medical Director, and the Board. The model we have to sell the nation is a good one, but for it to be real, we have to be able to assure that all of our patients have access to oral health services and other important primary care services. This is clearly not the case today, but that should not stop us from articulating what needs to be done to resolve this current discrepancy between what we believe in -- comprehensive primary care services incorporating medical, behavioral, oral health, and appropriate pharmaceutical and specialty referral -- and what we currently have. Our patients are depending on us and the Congress and the President have given us a unique opportunity to realize our goals.

Q: What would you like the decision makers in DC to know about Health Center oral health programs?

A: We believe that we have an opportunity here in North Central Wisconsin to demonstrate what all Health Centers are capable of doing if they are given adequate resources and time to develop their programs. We need to demonstrate to decision makers in DC and at our State houses that a generation of neglect coupled with significant health literacy issues cannot be overcome overnight. Health Centers, if properly invested in, can overcome the "primacy of the rescue" as Dr. Michael McGinnis of the Institute of Medicine refers to it, and champion prevention in dentistry. As our patients who initially come to us with serious oral health problems are cared for and remain in our system, the population health profile improves dramatically and costs drop off equally dramatically. We need to get to a finish line where we can demonstrate to the taxpayers the benefits of a good integrated oral health program in reducing medical care costs, preparing people for work, enhancing health esteem, and providing students with a better opportunity to learn. Too often we hear we can't afford to do dental but this comment ignores the costs we are paying today for neglect in the oral health of our citizens.

National Maternal and Child Oral Health Resource Center Helps You Help Others

Katrina A. Holt, MPH, MS, RD, Director

The National Maternal and Child Oral Health Resource Center (OHRC) is pleased to announce the availability of two updated resources, which were developed to stimulate thinking about and the use of dental sealants to prevent tooth decay.

Dental Sealants: A Resource Guide, 3rd edition provides information about the use and application of dental sealants. The resource guide offers annotated lists of journal articles, materials, and organizations that may serve as resources. The guide is available at http://www.mchoralhealth.org/PDFs/DentalSealantGuide.pdf.

Preventing Tooth Decay and Saving Teeth with Dental Sealants, 3rd edition (fact sheet), provides information about dental sealants and their uses, their effectiveness, service delivery, disparities, public awareness, cost-effectiveness, and programs. The fact sheet is available at http://www.mchoralhealth.org/pdfs/OHDentSealantFactsheet.pdf.

All OHRC resources are available at no charge at http://www.mchoralhealth.org. Publications such as brochures, fact sheets, tip sheets, resource guides, and resource bulletins can be viewed, printed, and ordered online. OHRC's online order form allows you to specify how many copies you would like and for what purpose.

There are also other resources on OHRC's Web site, including distance learning curricula developed by OHRC and partners. These curricula are an important source of free continuing education credits for oral health professionals.

OHRC's library contains over 2,300 items about oral health care services that were produced by and for the public health community. We gather reports, manuals, policy guidelines, practice guides, and educational materials from states, projects, foundations, and many other sources; these items might otherwise go unnoticed. Browse OHRC's library online by keyword, author, or publication date, where you can view bibliographic information including how to access the item. OHRC will point you to the document URL or will mail you a copy for loan or a photocopy.

Resource Highlights is a new series from OHRC to help you explore a topic via journal articles, materials, and Web sites. Currently, we offer *Resource Highlights* on early childhood caries, fluoridated community water, fluoride varnish, Head Start, health literacy, pregnancy and periodontal health, and school-based and school-linked services. These are brief introductions to current, high-quality information.

OHRC staff are available to help with your information requests. Please contact us via e-mail at OHRCinfo@georgetown.edu or phone (202) 784-9771. We are interested in your questions and in how we can assist you in your work. We welcome your ideas about how you would like us to communicate with you, what products you need, and what issues and topics are important to you.

OHRC is supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

National Maternal & Child Oral Health RESOURCE CENTER

"WE ARE INTERESTED IN YOUR QUESTIONS AND IN HOW WE CAN ASSIST YOU IN YOUR WORK."

Caries Prevention, Risk Assessment, Diagnosis, and Treatment

This series of modules was developed for clinicians working in safety-net dental clinics. The modules provide a framework for assessing patients' risk for dental caries and determining prevention, treatment, and education strategies based on that patient's risk category. The modules also include information about dental caries prevention, examination, restorative treatment, and recall intervals. Free, nationwide CE credits are now available through partnership among OHRC, Ohio Department of Health, Lutheran Health Center, and NNOHA.
http://www.ohiodentalclinics.com/curricula/caries/

A Panorex Redesign Using A Spaghetti Diagram

James Patsis, DDS, MBA, LSSBB

The Problem:

So what do pasta, paper and pen, and patient flows have in common? They are the combined ingredients of how to capture and improve practice delivery and patient flow. A spaghetti diagram (also known as a layout and/or time-motion diagram) is a Lean Six Sigma tool that is helpful in analyzing the flow of patients, people, and procedures. As a continuous practice improvement method it drives down both variable and fixed operational costs. It can capture actual costs of performing work in terms of time, money, and motion and allows practices to determine the resources expended in executing work activities.

Every day dental offices work a busy schedule filled with many work activities. Hurried staff are not contemplating how to reduce costs within a loaded patient schedule but are focused on the struggle to get to the end of the day. Most dental staff do not realize how much time is wasted and used as travel. The actual waste in a practice and all practice inherently contain waste because no practice is perfectly designed for efficiency and effectiveness. Waste is present in everyday practice activities and is most visible in dental practice when observing how a practice stores, places, and positions supplies and materials. It is the start point of 'stop and go', 'I can't find it?' and 'do you know where it is?' and results in a daily work schedule filled with interruptions, wait times, and bottlenecks.

So, if your staff is looking for supplies, instruments, information, and materials to complete a patient procedure, then your work flows are generating a pile of tangled noodles of waste. It's not about having staff work in straight lines. A spaghetti diagram plainly and simply visualizes actual patient flow. The keyword here is ACTUAL, not what it should be or what should it be improved to; that will come later.

The Solution:

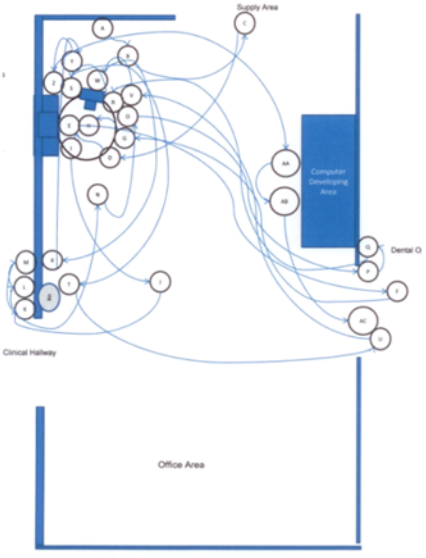
In redesigning the panorex area, we used a spaghetti diagram to display and understand that 'practice waste' is about lost time and wasted motion. It shows how in a given workspace a staff moves a 'process,' or a given operational work task, from start to finish. It allows us to analyze problems and identify how existing procedures adversely impact delivery. 'Practice waste' is more about people going to get things, rather than people moving things to a finish point. Simply put, it is about:

Wastes => Costs => Practice Improvement Opportunities

Spaghetti Diagrams are Easy to Make

1. Get a rough layout or blueprint of the work area.
2. Pick a Subject/Object to Follow: This subject could be anything: materials, patients, providers or procedures.
3. Record Every Movement of the Subject until It's Finished.
4. Finish Tracking the Subject/Object, then Brainstorm Ways to Eliminate Waste (Time, Motion, Materials, and Cost).
5. Improve the Work Space and Redesign the Flow of Work.

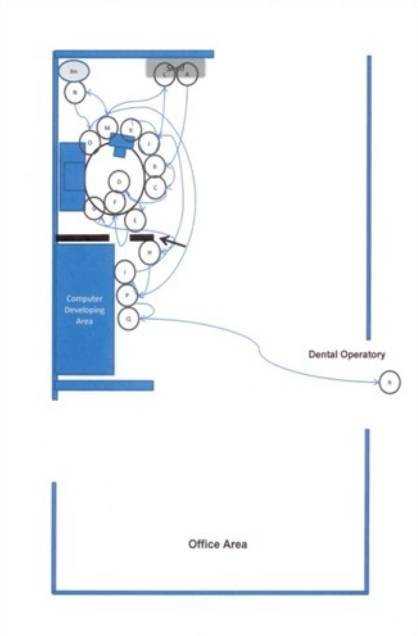
Before Improvements



Redesign continued...

Improvements Made	Time, Cost, and Motion Savings
Time to Complete Panorex (Before)	12 Min
Time to Complete Panorex (After)	5 Min
Total Time Savings per Panorex	7 Min
# of Panorex Films Taken	1200/Yr
Total Time Savings/Yr	8400 Min (140 Hrs/yr)
Overhead Cost/Hr	$156/Hr
Total Cost Savings/Yr	$21,840
# of Additional Patient Visits	= 8400 Min/ 45 Min =187 Patient Visits/Yr

After Improvements



The Outcome:

This panorex redesign project significantly improved the time needed to take a panorex film from 12 minutes to 5 minutes, a 58% reduction in time to complete. The total improvement project cost was $896.00 and returned a time savings of 140 hours/year. This translates to a $21,840.00 time cost savings or the equivalent of 187 additional patient visits.

The project allowed this dental staff to define how many extra steps were taken in looking for and getting supplies, to move work activities from one area into other work areas, and lastly, the inconsistency of their work flow patterns. Using a spaghetti diagram makes 'practice waste' more visible and identifies what steps, motion, and materials can be removed to ultimately improve the inefficiency and effectiveness of a dental space.

The 'hidden cost' of waste in taking a panorex film becomes 'seen' and in plain sight. Employees are no longer 'blinded' by the 'busyness' of their work but can actually contribute in decreasing the cost of doing work in a dental setting. Feeling hungry for a practice improvement project? Pull out a piece of paper and pen; create a spaghetti diagram to see how well your practice is organized and how well you serve your patients!

Results	Actions	Description
1	Completion Time Reduced	11 Steps Eliminated From 29 to 18, or a decrease of 61%.
2	Streamline and Consolidation of Steps	Grouping of Supplies Results in Less Steps Taken.
3	Defined Work Area	Staff Stays in One Area to Complete Work.
4	Visibility of the Workplace	When Materials are Easier to See Supplies Are Less Likely to Run Out.
5	Work Interruptions	The Entry into 2 Different Dental Work Areas and a Main Hallway is Reduced to One Focused Work Area.

Front of Pelton & Crane

Pelton & Crane lobby

Operatory

Embracing the KAVO Group Experience

Karen Lauder
Community Health Account Manager
Kavo Group

Pelton & Crane/KaVo North America, a member of The KaVo Group of dental equipment companies, offers an in-depth product experience with a visit to the NEW Charlotte Center of Excellence.

The "VIP Experience" provides Health Center dentists, private practice doctors, assistants, dental hygienists, academia, clinical affairs leaders, and various members of the dental industry a chance to personally interact with the leaders, factory personnel, and engineers at the Pelton & Crane/KaVo facility in Charlotte, NC. Time spent in Charlotte allows any visitor to quickly realize the unique breadth of product range that the KaVo Group offers---from the traditional operatory equipment of Pelton & Crane to the best in class Imaging products of DEXIS, i-CAT, Gendex, Instrumentarium and Sorodex as well as the world renown KaVo hand pieces and instrumentation. The experience allows for a robust hands-on learning environment that yields the ability to make informed product selections. The interaction includes a tour of the facility to see the level of quality and workmanship that goes into each item, presentations and interaction with company leaders as well as ample time to explore the state-of-the art product showroom that highlights each of KaVo Group's product families.

A complete solution to the Health Center dental clinic operatory is available from a single manufacturer, which allows for one point of contact and a single day of training on all brands. The various offerings from the brands included are DEXIS sensors & software, Gendex intra-oral x-ray units, sensors, and digital pan, Kavo hand pieces and small equipment, Pelton & Crane and Marus treatment units and cabinetry. The solutions presented focus on improving work flow, greater return on investment, sustaining programs, improved quality of care and growing access to the community with world class products that meet the demands of Health Center needs.

The KaVo Group was proud to host prominent NNOHA organizational member Heart of Texas Community Health Center in May of 2010 for a VIP experience as described above. In attendance were Allen Patterson CFO/COO, and Dr. John Shultz, Dental Director. Both Mr. Patterson and Dr. Schultz indicated they enjoyed the event. Mr. Patterson summed up the experience by saying, "The factory tour portion of the VIP was absolutely outstanding. Dr. Shultz and I were both mightily impressed. Danaher is the publicly traded corporation that owns, among other companies, Pelton & Crane, Kavo, Dexis, i-CAT, Gendex, and Marus. Some of those companies own some familiar names too. For example, Dexis owns the imaging software called Dentrix Image. We were given valuable information on all of it. Given how interesting the tour was, and my natural desire to keep learning all things dental, Dr. Shultz and I are even more excited about the didactic portion and plan to attend a DTE (Driven to Excellence course) in the future. We are tentatively scheduled to complete that course in December."

> "THE FACTORY TOUR PORTION OF THE VIP WAS ABSOLUTELY OUTSTANDING. DR. SHULTZ AND I WERE BOTH MIGHTILY IMPRESSED."

To explore your own experience at the Charlotte Center of Excellence, please contact Karen Lauder, Community Health Account Manager, Kavo Group, 318-259-8055, Karen.lauder@kavo.com.

Upcoming Conferences & Events

- **The National Coalition Consensus Conference: Oral Health of Vulnerable Older Adults and Persons with Disabilities** will take place November 18, 2010 in Washington, DC. Full information regarding the conference can be found at http://www.ada.org/consensusconference.aspx.
- The **2011 Association of Maternal & Child Health Programs (AMCHP) Annual Conference** will convene February 12-15, 2011, at the Omni Shoreham Hotel in Washington, D.C. For further information, check back at http://www.amchp.org/EVENTS/AMCHP-CONFERENCE/Pages/default.aspx.
- The **American Academy of Dental Practice Administration** (AADPA) 2010 Annual Meeting, "A Time for New Ideas" will take place March 2-6, 2011, in San Antonio, Texas. For more information, visit http://www.aadpa.org/.
- The **2011 American Dental Education Association** (ADEA) Annual Session will be March 12-16, 2011, in San Diego, California, at the Manchester Grand Hyatt San Diego. Visit: http://www.adea.org/events/upcoming_meetings/Pages/default.aspx for more information.
- The **American Association for Dental Research** (AADR)/IADR General Session will take place in San Diego, California, March 16-19, 2011. For more information, visit http://www.iadr.org/i4a/pages/index.cfm?pageid=3912.
- The **23rd Annual Meeting on Special Care Dentistry will take place** April 1-3, 2011, at the Swissotel Chicago in Chicago, Illinois. For more information, visit http://www.scdaonline.org/displaycommon.cfm?an=1&subarticlenbr=83.
- The **2011 National Oral Health Conference**, sponsored by ASTDD, AAPHD, Health Resources and Services Administration, and the Centers for Disease Control and Prevention will occur on April 11-13, 2011, in Pittsburgh, Pennsylvania. For more information visit: http://www.nationaloralhealthconference.com/.
- The **2011 National Farmworkers Conference** will take place in Delray Beach, Florida, on May 11-13, 2011. For more information, visit http://www.nachc.com/farmworker-health-conference2.cfm
- The **Business of Dentistry Conference** will be returning to the Red Rock Resort in Las Vegas, NV, on June 9-11, 2011. Visit http://www.businessofdentistry.com/ for more information.
- **American Dental Hygienists' Association (ADHA) Annual Session** will take place June 15-21, 2011, in Nashville, Tennessee. For more information, visit http://www.adha.org/annualsession2010/index.html.
- The **2011 USPHS Scientific and Training Symposium** will take place June 20-23, 2011, in New Orleans, Louisiana. Visit http://www.phscofevents.org for details.

Mark Your Calendars for NNOHA's 2011 NPOHC!

The **2011 National Primary Oral Health Conference** will be October 23-26, 2011, at the Gaylord National in National Harbor, MD (Near Washington, DC). Registration is already available at: http://www.nnoha.org/conference/npohc.html.

"ACTION IS THE PROPER FRUIT OF KNOWLEDGE."

ENGLISH PROVERB

Congratulations to...

...The DentaQuest Institute Oral Health Center

Exciting news from the recent American Dental Association convention in Orlando, Florida. The DentaQuest Institute Oral Health Center was awarded the ADA's *Prevention Practice of the Year* award. Dr. Pete Blanchard and Dr. Joy-Ann Deane presented to a highly respected group of ADA and 3M ESPE Dental Corporation Executives in a morning presentation and that afternoon were given the good news and the award. NNOHA commends Dr. Blanchard and Dr. Deane and all of the Dentaquest Institute Oral Health Center staff.

...Clinica Family Health in Colorado

Clinica Family Health became the first Colorado Health Center to receive Level 3 recognition from the National Committee for Quality Assurance (NCQA). The Level 3 designation is the NCQA's highest standard for the medical home model which emphasizes a team-based approach to care delivery and depends heavily on the use of clinical information technology tools such as electronic health records and electronic prescribing.

...Dr. Bob Russell

Dr. Russell was recently formally listed as a member of HRSA Title VII's Medicine and Dentistry Advisory Committee. More information can be found at the following link: http://bhpr.hrsa.gov/medicine-dentistry/actpcmd/.

...Forums Raffle Winners

Mary Ann Andrew, RDH, the Dental Services Manager at Health Care Center for the Homeless and David Schlottman, DDS, of First Choice Community Healthcare were the winners of our October Forums raffle. They each won $50 gift cards to Amazon.com. Thanks to everyone who has signed up and started the discussion with your peers. We hope you are finding the tool useful: http://www.nnoha.org/forums.html.

...NNOHA Annual Outstanding Achievement Awardees

- Lifetime Achievement Award: Dr. Juris Svarcbergs
- Oral Health Champion Award: Greg Nycz
- Outstanding Leadership Award: Dr. Ronald Salyk
- Outstanding Clinician Award: Dr. David Breese

On a Mission

In Orlando, the NNOHA Board of Directors met to update the strategic plan and also approved a new mission statement:

"The mission of the National Network for Oral Health Access (NNOHA) is to improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems."

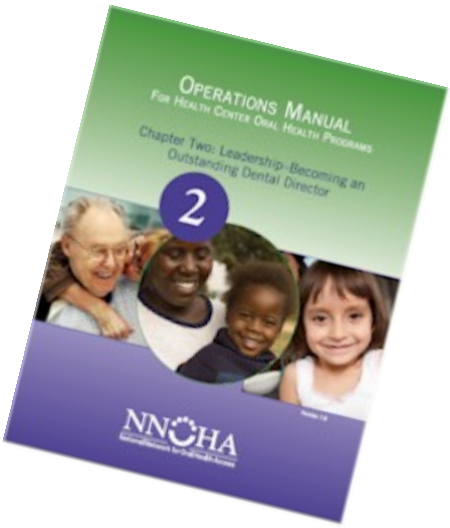
Leadership Webinar

If you missed the chance to listen in to Dr. Dan Watt's presentation on Leadership at the National Primary Oral Health Conference, here's your second chance!

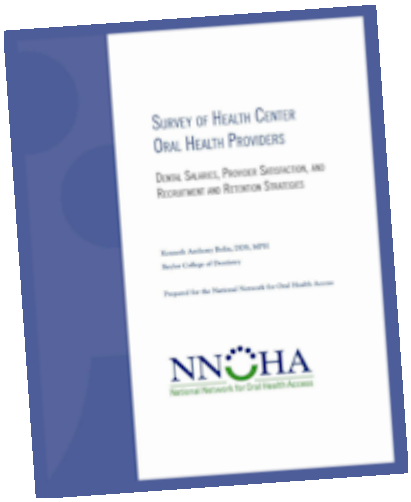
NNOHA presents:
Leadership – Becoming an Outstanding Dental Director
Friday, December 10, 2010 Noon - 1:30 ET
Presented by Dan Watt, DDS, Dental Director at Terry Reilly Health Services in Idaho and NNOHA Practice Management Committee Member

Summary
To effectively lead a Health Center oral health program, one needs to acquire a unique set of clinical and administrative skills, as well as the vision and overall picture for program development. No matter how skilled someone is in leadership, there is always room for improvement. NNOHA recently published Chapter 2: Leadership - Becoming an Outstanding Dental Director in the Operations Manual for Health Center Oral Health Programs, and recommends this chapter for new Dental Directors, experienced Dental Directors, and anyone with an interest in developing their leadership skills. The presenter, Dr. Dan Watt, was the primary author for this chapter and has been in leadership roles for almost 50 years. This presentation will delve into leadership principles that should benefit anyone in a leadership position no matter what their level of experience. The materials presented reference some of the nation's leading experts in leadership training, as well as drawing on the vast experiences of the presenter.

1.5 CE credits are available for this webinar. An archive of this webinar will be available for on-demand viewing after the initial broadcast.
To register, or to review previously archived webinars, visit NNOHA's webinar web page at http://www.nnoha.org/practicemanagement/webinars.html.



New Resources!!



NNOHA recently released two valuable resources: Chapter two in the Health Center Operations Manual, *Leadership: Becoming an Outstanding Dental Director*; and the final results from our salary and retention survey. Both publications were given to attendees of the 2010 National Primary Oral Health Conference in Florida and one copy of the Leadership chapter was mailed to the Executive Director of each Health Center in the country. Electronic versions are now available on NNOHA's website at http://www.nnoha.org/generalpage.html. Some of NNOHA's resources are available for on-demand printing through the website as well.
Look for chapter three, *Financials*, coming soon.

Member Recognition

These organizations became 2010 Organizational Members of NNOHA between July 16 and October 15, 2010. We recognize their commitment to supporting NNOHA and improving access to oral health services for underserved populations.

GOLD CIRCLE ORGANIZATIONAL MEMBERS

- California Primary Care Association - Jamila Edwards, MMP, Asst. Director of Policy
- Citrus Health Network, Inc. - Mario Jardon, LCSW, President & CEO
- Comprehensive Community Health Centers – Robert Steward, Vice President
- Harbor Health Services – David Reidy, Executive Director
- Heartland Health Outreach – Jennifer Soh, DDS
- KU Medical Center – Laurie Scott, Office Coordinator
- La Clinica Del Carino – Elizabeth Aughney, DDS
- Open Door Family Medical Center – Janet Bozzone, DMD, MPH, Director of Dentistry
- Quality Systems, Inc. – James Lasaponara
- Salud Para La Gente, Inc. – Zetti Page, CEO

INDIVIDUAL MEMBERS

NNOHA currently has over 1,200 members. The following people have initiated or renewed their NNOHA membership between July 16 and October 15, 2010, and we recognize them for their commitment:

Cordelia Achuck-Saito, Edwin Acosta, Francis Afram-Gyening, Ayele Ajavon-Cox, J. Michael Allen, Robyn Alongi, Robert Anderson, MaryAnn Andrew, Kate Audette, MaryLou Bagby, Dennis Baluyut, Mostafa Barakzoy, Holly Bartman, Hayley Beaudette, Marian Gaye Bentley, Rudy Blea, Susan Bogni, Lisa Bozzetti, Lou Brady, Patricia Braun, Arturo Bravo, David Breese, William Burns, Stewart Butler, Cathy Cabanzon, Maureen Calvo, Sharon Carter, Debora Castillo, Natalie Chamberlain, Lorelei Claiborne, Mike Clement, Jennifer Cleveland, Sharon Clough, Richard Crout, Christina Dahlke, Jamie DeGraw, Jan Delassen, Heather Dent, Phyllis Detwiler, Andrea Dickhaut, Marcia Ditmyer, Tyler Doyle, Becky Driscoll, Kristine Drummond, Tara Dunn, Andrea Ellis, Carolyn Eubanks, Chet Evans, Kelly Everett, Amy Farrar, David Ferguson, Hugo Ferlito, Bryan Fields, Brian Fischer, Robert Fletcher, Beverly Foster, Annette Franta, Tena Geis, Omar Ghoneim, Annie Gibbs, Gregg Gilbert, Sarika Gill, Jane Gillette, Paul Glassman, Danielle Goldsmith, Judy Gong, Ann Graney, Orthella Gray-Butler, Joyce Grayson, Diana Greenough, Amy Greenstein, Wynne Grossman, Earl Ernest Guile, Nicole Harris, Lawrence Hill, Jason Hiramoto, Jenny Hjelmstad, April Hoggard, Sharae Huff, Lisa Jacob, Rosalinda Jimenez, Petr Kadera, Roger Kane Jr., Anna Kenney, Grant Korsmo, Robin Langston-Smith, Daniel Lassley, Charla Lautar, Michael Lee, Issac Lines, April Little, Inez Lopez, Jack Luomanen, Steve Lyzenga, Jean Macajoux, Regan Mackintosh, Monica MacVane-Pearson, Dan Madden, Tamela Manns, William Matthews, Ginger Melton, Anthony Mendocino Jr., Adrian Miller, Silkeya Miller, Anita Mitchell, Frazier Moore Jr., Debra Morrissette, Joseph Mountain, Erin Mullaney, Quynh Nguyen, An. T Nguyen, Kathleen Noll, Steve Noll, Jon Norton, Kelli Ohrenberger, Andy Olsson, Rob Orr, Brett Pack, Charlotte Peterson, Thomas Plamondon, Stephanie Poynter, Meliza Quesa, Jim Ransom, Nancy Read, Catherine Reno, Marco Reyes, Rebecca Rice, Auburn Rickman Weber, Lynda Roberts-Riddle, Michael Robinson, Kirsten Roling, Noel Root, Ronald Salyk, Tomoral Sams, David Schlottman, Kim Schwartz, Claudia Serna, Buddhi Shrestha, John Shultz, Melissa Smith, Bianca Smith, Vicki Soule, Brian Souza, Nancy St. John Smith, Rhonda Stephens, A'Lise Steward, Stacey Stirling, Daria Nicole Stone, Brandi Thompson, Nathan Turnbow, Julie Vavruska, Yokanda Wai, Gregory Waite, Debra Wallace, Nancy Wexler, Frances White, Margaret Whitehead, Lulu Williams, Carter Wright, Mary Ellen Yankosky, Manhal Yazji.

Get 2010 Membership Rates for 2011!

After several years at the same membership rate, NNOHA has decided to increase annual membership dues. We hope that you still find it to be a reasonable rate and that the value you receive from NNOHA is worth the amount. Individual Memberships are now $50, and Organizational Memberships, which include up to 20 staff members, are $350 annually. We also have a new membership rate of $30 for dental hygienists or dental assistants. Student membership remains free. If you or your organization sign up for 2011 membership by December 31, 2010, you can still use the 2010 rates listed below. Please send any comments or concerns to info@nnoha.org. Thanks as always for supporting NNOHA and showing your commitment to providing care for your communities.

Do you know of a new Health Center dental clinic or new Dental Director? Help us share the resources available to them through NNOHA. Forward this newsletter or let a NNOHA staff member know who to contact: info@nnoha.org. Let's stay connected!

2011 NNOHA MEMBERSHIP APPLICATION

Please complete the following information and mail to:
PMB: 329, 3700 Quebec Street, Unit 100,
Denver, CO 80207-1639

SIGN UP FOR YOUR 2011 MEMBERSHIP BY 12/31/10 AND YOU CAN STILL USE THE 2010 RATES BELOW!

Select one:

_____ Annual Individual membership $25.00

_____ Annual Organizational membership $250.00

(If you select organizational membership, please attach a separate sheet with names, titles, and E-mail address of those included.)

Contact Information:

_____
Name

_____
Title

_____
Organization

_____
Address

_____

_____
Phone

_____
E-mail

Committees:

_____ I am interested in receiving committee information.

_____ I am not interested in participating on a committee at this time.

Method of Payment:

_____ Check
_____ Bill Me
_____ Credit Card

_____
Credit Card # Security Code Exp. Date

_____
Signature

PMB 329, 3700 Quebec Street, Unit 100, Denver, CO 80207-1639
Phone: 303.957.0635, E-mail: info@nnoha.org

Dr. Anderson at the 2010 National Primary Oral Health Conference.

New Adventures

Dr. Jay Anderson will be leaving his position as the Health Resources and Services Administration's (HRSA) Chief Dental Officer on November 24, 2010. Dr. Anderson will be moving to Boston to work at DentaQuest. Dr. Anderson relayed that "I have been at HRSA 17 years and have enjoyed the opportunities to contribute to our profession's role to increase access to quality primary oral health care." Dr. Anderson was a founding member of NNOHA and has been NNOHA's Project Officer for the past three years. NNOHA Executive Director, Colleen Lampron, expressed her thanks to Dr. Anderson: "NNOHA will be forever grateful to Dr. Anderson for his leadership, vision, support, exceptional expertise and dedicating his career to increasing access to high quality primary oral health care services. We look forward to expanding our successful partnership in Jay's new role at DentaQuest." We hope all NNOHA members join us in wishing Dr. Anderson best of luck in his new role!

Get Your Message Out!

Would you like to advertise to the community of safety-net providers and support NNOHA at the same time? Advertising opportunities are available on NNOHA's website and in upcoming publications. To find out more, visit: http://tinyurl.com/NNOHA-ad.

Parting Shots...

NNOHA Executive Committee (From l to r): Secretary, Dr. Huong Le; Vice-President, Dr. Wayne Cottam; President, Dr. John McFarland; Treasurer, Dr. Rene Rosas.

NNOHA Board & staff

NNOHA President Dr John McFarland and NNOHA Executive Director Colleen Lampron

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