This edition of the HVDP Newsletter is largely dedicated to a current analysis of the funded initiative. The HVDP Assistant Director, Carol Yakimo, and I are frequently asked about how best a facility can utilize the Initiative funds. The answer always starts with: “Well, it depends.” What seems to be the most cost-effective method that provides the most control and oversight is keeping the dental care on station. However, we know that is not always feasible. So, it depends.

It depends on the resources and environment in that particular facility. We usually ask lots of questions to assist and guide the facility in reaching the best decision for its Veterans and providers. What we have been able to do now, though, is provide hard data based on the 2009 Initiative obligations that may assist a facility in making a more educated decision on how best to utilize Initiative dollars. We hope that this data and cost analysis will provide information that can be discussed with local leadership and eventually translate into the optimum choice for your facility.

We have highlighted a few different modes of dental care delivery in this edition, including hiring on-station providers and entering into collaborations with community clinics and a dental school.

Also, we have gotten remarkable data from CHALENG, the national program that surveys the needs of homeless Veterans. For the last 10 years, dental care has been ranked as one of the top 3 unmet needs of homeless Veterans. With the onset of the Dental Initiative, that ranking has dropped dramatically.

So thanks to all of you that participate in the Initiative - we’re doing the job of taking care of the dental needs of homeless Veterans and putting smiles on many faces!
When the Homeless Veterans Dental Initiative proposal was first drafted in 2005, it was deemed necessary that the funds, which were carved out of the Office of Mental Health budget, had to be strictly tied to direct patient care costs.

Therefore, inclusion in the Initiative requires that funds be utilized using two main methods: on-station fee basis or contract and off-station fee basis or contract. Within those two main groups there is some latitude. If a facility decides to go the on-station route, a dentist, hygienist, assistant and/or laboratory technician can be brought into the VA dental clinic on a fee-basis or contract assignment. If a facility chooses to send the Veterans off-station, the site options include private dentist, community clinic, dental or hygiene school and/or a private laboratory.

There are many factors that play into the decision that the facility makes; primarily it boils down to availability of local resources. For example, if there is a community clinic next door to a Grant and Per Diem transitional housing center where the Veterans reside, then that might be the best option; whereas, another facility that is tight on space or short on staff might find fee-basing off station to be the best option. The following are some questions that a facility should consider when making the decision to keep the veterans on station for treatment or having treatment rendered in the community.

- How many HVDI Veterans are eligible for dental treatment at this facility?
- Do we have enough space in the VA dental clinic to hire HVDI provider(s)?
- Can we create space by utilizing compressed work schedules for our FTEE providers or by having a Saturday or after hours clinic?
- Are there any community clinics or dental schools in the area that we can use?
- How do we ensure that quality and appropriate care will be provided at an off-station option?
- What is the average cost per veteran for the different modes of dental care?

It is this last question that we have been able to analyze and publish here. Along with the breakdown of mode of dental care utilization by facility, the data in the following two tables is based on 101 out of 108 facilities involved in the HVDI program that had reported activity in the first two quarters of FY 2009. (Seven facilities got a late start and did not have any data at the mid-year point.)

Table 1 shows that 63% of the facilities are sending the Veterans off-station, with approximately half of those utilizing private dentists only. Thirty seven percent of the facilities have hired on-station dental providers.

Table 2 displays the average cost per veteran by mode of dental care delivery. It is important to note that the data, relative to the average cost per Veteran, only captures costs that were reportable. In other words, any treatment that was done by VA dental staff is considered an absorbed cost and, therefore, not reflected in this data. In general, utilizing on-station providers appears to be the most cost-effective manner to provide the courses of treatment, followed by community clinics, dental schools and finally private dentists.

See next page for charts.
Modes of Dental Care Delivery in 101 Participating Facilities

Average Cost per Veteran by Mode of Dental Care Delivery
The San Francisco VAMC is in its 3rd year of operating a Saturday Dental clinic three times monthly for patients in the Homeless Veterans Dental Program. Some traditionally eligible dental patients are scheduled as well. This very successful endeavor has allowed the Dental Service to provide comprehensive services to patients that could not otherwise be accommodated during the week due to lack of sufficient operatory space and busy clinical schedules. When faced with a choice of sending veterans out for fee basis with community providers, versus opening up clinic time on Saturdays within the VA facility, the decision was easy. We felt strongly that the best care and the best environment for our Veteran population was within our own clinic. Concurrence with the plan was sought from the Chief of Staff and Medical Center Director and they agreed. We also coordinated with Police and Pharmacy Services.

Staff dental assistants working on Saturday earn valuable overtime pay. As a result, there

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The Tampa Family Health Center Dental Clinic has treated over 75 homeless Veterans to date through the VA-funded initiative. All in all, we really enjoy treating the homeless Veterans. It has been such a rewarding experience for all of us. At the end of their treatment, it is so incredible to know we made such a difference in their lives. We have heard them say so many times, “Now I can go get a job!” We are just happy to help put a smile on their faces, and that is what we found makes this program so wonderful.

I do not take all the credit myself, though. My team is wonderful. Recola is the dental assistant who has been here since the clinic opened over 4 years ago. She is the one who deals with the Grant and Per Diem Liaison and the Veterans at the James A. Haley VA to make sure appointments are made and the process stays organized and running smoothly. The Veterans get along with her very well too! Who wouldn’t? She has such a great sense of humor.

Secil, also a dental assistant, has been working a little over a year at our facility. All of the lab cases are handled by her, and she makes sure they come in at the appropriate time. She was a dentist in Cuba, and is currently studying to take her Boards in the United States. Her warm smile and friendly demeanor help the Veterans feel at ease.

Elizabeth started out as a dental assistant for our company almost 4 years ago. One and a half years ago, she passed her hygiene exam and now serves as our hygienist. She works with the Veterans to ensure that proper oral hygiene is practiced and that they understand how to maintain it. The Veterans always praise her on what a wonderful job she does. She was also a dentist in Cuba and plans to pursue her goal to become a dentist in the United States.

We look forward to continuing our involvement in treating the dental needs of the Veterans.
The Homeless Dental Initiative has been an important part of the VA psychosocial rehabilitation programs. For many of our patients, receiving necessary dental care removes the final barrier to employment and a return to a satisfying life. For many, the rejections by potential employers continue until disfiguring dental conditions are addressed. And for many, the jobs come through shortly after their smiles return.

At the Orlando VAMC, there exists a collaboration between the Mental Health programs, Dental Service and a community partner, Orange Blossom Family Practice. The relationship allows coordination between the 3 services and provides seamless care for the veterans. The Veterans have been receiving such excellent dental care that a Memorandum of Understanding (MOU) is presently being pursued with the Orange Blossom Clinic. At the clinic, Veterans receive the respect and gratitude that is owed to the men and women who have served our country. The experience of being treated with that respect and dignity means almost as much to them as the quality of the dental work. This is truly a model of how to provide the right service in the right way.

Below are photos of a small token of gratitude from the Vets in the Orlando Domiciliary. The Dom is a residential psychosocial treatment program that serves homeless Vets who have multiple problems. The residents appreciated the service and the approach of the Orange Blossom Dental Clinic staff so much that they made a plaque expressing their gratitude. In March of this year, all 60 residents signed the back and it was presented to the clinic staff. The picture tells much more of a story than what is seen at first glance.

The Veteran presenting the plaque is a gentleman who had not smiled during the first months of his stay due to a disfiguring dental condition. The smile in this picture was literally provided by the joint effort of the Homeless Dental Initiative, the Orange Blossom Dental Clinic, the OVAMC Dental Service, the Orlando Homeless Veterans Program and the Orlando Domiciliary. A job did follow this smile. Today, this Vet is employed, has his own place and is living the kind of life he was aiming for when he showed up at the VA looking for some help.

Smiling Veteran, Joe Perio, thanks Mario Rivera, Expanded Functions Dental Assistant, for a job well done.
Since February 2007, the VA Maryland Health Care System (VAMHCS) has collaborated with the University of Maryland Dental School in Baltimore to treat homeless Veterans eligible for fee-basis care under the Homeless Veterans Dental Initiative. This Veteran population is treated expeditiously by the 25 dentists enrolled in the Advanced Education in General Dentistry (AEGD) Program at the Dental School under the supervision of experienced attending dentists.

The VAMHCS Dental Business Manager, Ms. Julie Bitzel, has developed a close working relationship with the School to help streamline the approval process and to assure that the proper scope of care is provided to the Veteran patients. The fee schedule utilized is that of the AEGD Program, which is set at approximately 40% of the private practice fees in this Baltimore area.

This cooperative relationship between VAMHCS and the School has resulted in the timely delivery of appropriate quality dental care in a cost-effective manner while also providing valuable clinical experience for the AEGD residents.

Veterans have reported a high level of satisfaction with this arrangement, as has the School and everyone involved at VAMHCS. Our Veteran patients, the School, and VAMHCS have all benefited from this joint effort.
Each year Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) publishes a report summarizing the results of annual surveys of both local VA community providers and homeless Veterans. These surveys capture current perceptions of homeless Veterans’ needs including permanent housing, mental and medical healthcare, job assistance, etc. For the last 10 years, dental care has been ranked as one of the top 3 unmet needs of homeless Veterans. The HVDI (Homeless Veterans Dental Initiative) began late in 2006 when funding was approved. Since then, perceived dental needs, as ranked by both homeless Veterans and providers, have dropped from one of the top 3 to number 10 because of the dental treatment being rendered through the Initiative.

To learn more about Project CHALENG, or to see more detailed reports of homeless needs, go to the intranet website at http://vaww1.va.gov/homeless/page.cfm?pg=17 or http://www1.va.gov/homeless/page.cfm?pg=17 on the internet.
The Broward Veterans Stand Down was held on June 27th in Ft. Lauderdale, Florida. The event was coordinated by Margaret Ingram and Gerald Pritikin from the Broward Coalition to End Homelessness and by homeless providers, Cheryl Smart and Gina Queen from the Miami VA. Many volunteers assisted in the event in which 123 food packages were distributed, 300 meals were served and an array of VA and community services were rendered to needy Veterans. The Volunteers of America mobile service center, equipped with a fully functional dental unit, was present to support the dental volunteers from the Miami and Broward VA. Forty-six Veterans presented to the dental van. All were given oral cancer and dental exams with appropriate follow up resources. Many Veterans expressed interest in entering VA sponsored rehabilitation programs and were referred to the Homeless Coordinators at the event where they completed intake forms. Thanks to the volunteers for all the efforts to assist these veterans!

To participate in a Stand Down in your area check the website at http://www1.va.gov/homeless/page.cfm?pg=6.
is never a shortage of assistants in the pool. A variety of on-station fee dental providers were recruited to work intermittent hours. Some of our providers have been former VA residents or part-time VA dentists who were interested in working Saturdays for extra pay. In those cases, HRMS helped us create dual appointments for them; one as a part-time staff dentist and another appointment as a fee provider, for their Saturday hours. This allowed us to pay a fair hourly wage for Saturday.

At this time, clinical services provided on Saturday to the Homeless Veterans Dental Program members are general dentistry, oral surgery, and dental hygiene. Although outpatient pharmacy is closed on the weekend, we worked out a plan for getting needed patient prescriptions from the inpatient pharmacy. The dental lab technician also works Saturday overtime on the lab cases.

In the beginning, we did have a fair number of no-show patients and perhaps this was due to confusion regarding which day of the week to come in and lack of VA-provided transportation on weekend days. But knowledgeable dental providers and assistants knew how to provide value-added care for patients who did show up. For example, an exam patient would be slotted into an open hygiene spot on the same day or a restorative patient would have needed extractions done on the same day if another patient didn’t show up.

Experience has taught us how to schedule smarter and now the missed opportunity rate is very low indeed. Other clinics have since followed our lead. Ophthalmology has used Saturday clinic hours to work down a backlog in the past and now the Chronic Pain clinic is also meeting on Saturdays to work down a huge backlog.

Overall, we feel that our Saturday “Homeless” clinic is a win-win situation. The patients love it, auxiliary dental staff members enjoy earning overtime pay, and the professional dental staff is pleased to have a nice working environment with an excellent dentist:dental assistant ratio.