“Starting a Dental Project Using the Clinic Model”
I.M. Sulzbacher Clinic

Case Study
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volunteers in health care
A report written by organizers of volunteer-based health care programs serving the uninsured.
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“Starting a Dental Project Using the Clinic Model”

I.M. Sulzbacher Dental Center

THE IDEA

The idea for the I.M. Sulzbacher Dental Center at the Salvation Army (Dental Center) came about during the grant writing process for a Robert Wood Johnson Local Initiatives Grant during the fall of 1995. The first meeting of the Dental Advisory Committee was in February of 1996. The Dental Center opened in January of 1997. The process proceeded rapidly because of the already existing infrastructure of the I.M. Sulzbacher Center for the Homeless. But the story really begins much earlier with addressing the entire health needs of the homeless.

In the early 1990s, a gap in health care services was identified by the Emergency Services and Homeless Coalition of Jacksonville. While there were health care services available to the indigent who could show proof of residency, the homeless could only access health care through hospital emergency rooms.

In 1991, the Emergency Services and Homeless Coalition conducted the first annual census of homeless people. Adequate health care was identified as one of the most important needs of homeless people, along with affordable housing and jobs/job training. In 1992, the Health Care Committee of the Emergency Services and Homeless Coalition requested help from the Duval County Medical Society Indigent Care Committee (We Care Jacksonville) to collaborate in a focused effort to provide primary health care to the homeless. These two organizations solicited the cooperation of the Department of Health & Rehabilitative Services; the Duval County Health Department; area hospitals, churches, and government and business leaders.

In June of 1993, Health Care for the Homeless was founded, and the first health clinic specifically for the homeless was opened in downtown Jacksonville. While there were numerous community agencies contributing to the effort, five organizations accepted primary responsibility for oversight, implementation, and resource development. They include:

- The I.M. Sulzbacher Center for the Homeless – a 24 hour emergency shelter facility providing case management. As a program of the I.M. Sulzbacher Center, Health Care for the Homeless is governed by the Center’s Board of Directors and receives in-kind goods, services, and space.
- We Care Jacksonville – a program of the Duval County Medical Society. A network of volunteer physicians who staff five health care clinics that provide medical care to the indigent and homeless at no charge.
- Baptist/St. Vincent’s Health System – the community’s largest not-for-profit medical centers, providing no-charge hospitalization and outpatient services, and donation of supplies, equipment, and money.
- Public Health Department of Duval County - provides HIV/AIDS counseling and testing, tuberculosis screening, pregnant women and children’s health services, and dental services for children.
- Department of Health – assures compliance with all regulatory and legislative mandates regarding provision of health care for the homeless, provides sovereign immunity and worker’s compensation to all volunteer physicians, dentists, nurses, allied health professionals, and clerical staff providing health care services to the homeless. Additionally, the Department provides screening of all volunteers and volunteer training and review of patient medical records for compliance with state and federal regulations.
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One of the recurring health problems faced by Health Care for the Homeless volunteers was dental disease. Often, patients would present with abscessed teeth and swollen faces. They could be treated for infection with antibiotics, but nothing definitive could be done about their caries or periodontal disease.

A Dental Advisory Committee was formed as part of the I.M. Sulzbacher Center for the Homeless’ Health Care Advisory Committee. The committee consisted of the Health Department Dental Director, a dental supply dealer, faculty from the local community college’s dental hygiene program, the Salvation Army and a representative from the area health education center, which provides funding to enhance partnerships between health profession training programs and community health centers that serve the underserved. The Dental Advisory Committee was instrumental in planning and designing the dental center.

Funding

The I.M. Sulzbacher Dental Center is a project of the I.M. Sulzbacher Center for the Homeless. The administration is handled by a full-time staff dentist, who is a member of the senior staff of the Center. Input is received from the Dental Advisory Committee, the Health Care Advisory Committee, and the Board of Directors. The Dental Advisory Committee has been the body that has had the most influence on the success of the Dental Center. The Committee has several individuals who are very committed to the project and have a clear vision for developing the Dental Center.

During the Emergency Services and Homeless Coalition’s annual census of the homeless, a section of questions is included about health care. The second highest ranking need was dental care. In 1995, 64% of the homeless population reported immediate dental problems and 76% reported no dental care in the past year.

The I.M. Sulzbacher Center for the Homeless received tax-exempt status by applying to the IRS in 1994. The IRS determined the center was a publicly supported organization and not a private foundation.

Facility Location

The project is housed in the Salvation Army’s Senior Citizen Center. The 800 square foot space is provided at no cost to the program. The Salvation Army also provides maintenance, electric, water, waste disposal, local phone service, and security for the Dental Center. The space consists of a reception area, an appointment desk, a private office, 3 dental operatories, a sterilization area, darkroom, storage, and restroom. The space had previously been used as an office area and had to be renovated. The most difficult part of the renovation project was to remove part of the 18” thick concrete slab to install plumbing for the operatories. The Dental Center was constructed with a Habitat for Humanity concept. The dental supply dealer on the dental advisory committee had a close working relationship with a contractor who agreed to renovate the space for the cost of materials only. The contractor then recruited and organized subcontractors who donated their services to the project.

Clinic’s Governing Body/Administration

The Dental Advisory Committee relied on the experience of the Health Department with their 3 dental clinics for budget planning. It was estimated that the start-up cost for permanent equipment would be approximately $60,000; however, many donations were solicited and the total renovation and permanent equipment cost came to only $35,000. A grant for this was obtained jointly by the I.M. Sulzbacher Center for the Homeless and the Salvation Army from the Riverside Foundation of Jacksonville.

The I.M. Sulzbacher Center for the Homeless applied for and received a Robert Wood Johnson Local Initiative Funding Partners Program. This was a three year matching funds grant that provided start-up and ongoing support for the Dental Center, as well as a primary health care clinic and vision clinic. The grant was matched by local funding from the Edna Sproull Williams Foundation, Baptist/St. Vincent’s Health System, the Riverside Foundation, the Ida M. Stevens Foundation, and C. Herman Terry.
Case Study: I.M. Sulzbacher Dental Center

These original partners have continued to support the Dental Center as well as the health clinic component. Additional funding comes from the general revenue of the I.M. Sulzbacher Center. The Dental Center has an annual budget of approximately $250,000.

Business Plan
The I.M. Sulzbacher Center has a business plan that is updated each year. The Dental Center does not have its own plan.

RECRUITING VOLUNTEERS

Start-up
The Dental Advisory Committee had a vision of the Dental Center being a comprehensive care facility, not just a “point and pull” type of clinic. They recognized the need to have continuity and full-time coverage. They recommended a full-time dentist, a full-time assistant, and part-time hygienist assisted by whatever volunteer clerical and professional help could be obtained. Volunteers provide care approximately 1.5 days per week.

- Dentists – We have had about the same number of volunteers and hours since the beginning of our program. Each year, there are about 50 different people (currently, there are 53) who volunteer about 220 hours. We have had really good support from the oral surgery community. The periodontist began with us about a year into our program, and the endodontist began about two years into our program. We do not have retired dentists volunteering. Most of the retired dentists do not keep their license active.

- Dental Assistants – The dental assistants who have volunteered with us have been the staff of the volunteer dentists. About 50% of the volunteer dentists bring an assistant, which works well, as they are used to working with each other. In Jacksonville, we do not have a dental assistants’ professional organization, so that has been a group that is hard to target for volunteering.

- We have had maybe one or two hygienists volunteer over the course of our existence. We haven’t really had the need to recruit them because of the hygienist on staff.

Who recruits volunteers?
Volunteer dentists are recruited through an arrangement with the Jacksonville Baptist Association. The Baptist Association had in the past recruited volunteers for a mobile dental unit that traveled around the state. They decided as an organization that recruiting volunteers for existing, local programs would be of greater benefit.

Each year, the Baptist Association sends a letter to the Northeast District Dental Association (our regional dental society). The letter lists what volunteer opportunities exist and includes a postage-paid card that the dentist marks as to what facility and how often they are willing to volunteer. The Baptist Association then contacts dentists who have agreed to volunteer and schedules the dentists for a half or a whole day. This has been one of the greatest relationships we have in the community.

The volunteers complete an application and go through a background check that is conducted by the Department of Health to ensure that they have a valid Florida dental license and that there is no action against their license. The Health Department also provides workmen's compensation coverage and sovereign immunity from liability, as provided by Florida Statutes.

Recruitment Strategies
We have found that the best way to contact practicing dentists is by being active in the local dental association and committees associated with access to care. We have the past president of the regional dental association on our Dental Advisory Committee, as well as two other practicing dentists.
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As an incentive, the Florida Board of Dentistry provides one hour of continuing education credit for three hours that the dentist or hygienist volunteers. Additionally, the Department of Health promotes volunteerism by hosting a luncheon and awards reception for volunteers each year. The Dental Center nominates a Volunteer Dentist of the Year and a Volunteer Dental Specialist of the Year. This award is also publicized through the state and regional dental association newsletters.

**Volunteer Supervision**
A full-time, paid dental director ensures continuity of patient care and serves as a liaison between the dental project and the dentist community. The greater the range of services and more patients served, the more important it becomes to have a full-time dentist on staff.

**Provider Licensing/Malpractice Insurance**
Volunteers are covered from liability by the State of Florida’s sovereign immunity law. This law states that a volunteer providing care to the indigent may not be named in a lawsuit, the State of Florida must be named, and the maximum claim is $100,000. This law has been in effect for 8 years and, to date, has never been tested.

Volunteer dentists and hygienists must have a valid Florida dental license. Florida law also provides for a permit for dentists licensed in other states without action against their license to work or volunteer with a nonprofit organization. While some of our dentists are retired, most are working full-time. Many retired dentists do not keep their license active.

**Equipment/Supply Preferences**
The full-time dentist developed a list of materials and equipment before opening the clinic. As volunteers expressed a desire for a specific material or piece of equipment, we have evaluated and added those items where practical. Since our start up, we have added very little in the way of materials but have added several major pieces of equipment for root canals. Many dentists have expressed that they enjoy trying a different product without having to purchase a whole kit for their office.

**Dental Ancillary Volunteers**
The dental assistants that volunteer in our Dental Center almost always come with the doctor for whom they work. They usually have a comfortable working relationship and can work faster than the dentist can with a new assistant. The Dental Center’s full-time assistant then sets up and breaks down the operatories, seats patients, handles the paperwork, and can find specific instruments or materials for the volunteers.

While we have good response from the dentists and their assistants, we have had very few hygienists volunteer. In Florida, the hygienist must have on-site supervision from a dentist. An effort directed towards the hygienists similar to what is done for the dentists would probably be very effective. With a full-time hygienist, this has not been a major need.

**Volunteer Recognition**
The volunteers are recognized each Spring through the Department of Health’s Volunteer Services program. The annual luncheon recognizes the Volunteers of the Year. All volunteers are sent a certificate for their contribution.

**OPERATIONS**

**Dental Services Offered/Clinic Hours**
The I.M. Sulzbacher Dental Center provides comprehensive dental care. This means we do everything from exams, x-rays, cleanings, and extractions to root canals, crowns and bridges, and dentures. This was the vision of the Dental Advisory Committee and is one reason that the program is so well received by the dental community. By providing primary (exams, prevention, relief of pain), secondary (restorations, extractions, root canals), and tertiary (restoration of missing
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teeth through bridges or dentures) services, our patients have an end point of dental health that is maintainable with
minimal effort and expense over time.

Our Dental Center is open Monday-Friday from 8:00 am to 4:30 pm. We tried some Saturday hours in the past but
found the no-show rate to be extremely high.

Clinic Eligibility Requirements
The initial population we targeted were the homeless men, women, and children living at the I.M. Sulzbacher Center for
the Homeless and the Salvation Army. We were very quickly approached by many other social services organizations. Our
requirement is that the patient be below 150% of the Federal Poverty Level. This is required by the State of Florida to
ensure sovereign immunity. We now have over 40 organizations that refer clients to us for care.

To become a patient at the Dental Center, the patient must be referred from an agency with which we have agreed to
work. The referring agency completes a referral form and a financial evaluation. It is preferred to have documentation of
the past month’s income, but it may be self-declared.

Staffing
Our Dental Center began with a full-time dentist, a full-time assistant, and part-time hygienist. An office manager was
added about 4 months into the program, and the hygienist position was increased to full-time about 2 years into the
program.

Patient Fees
Patients who are homeless are asked to pay $10 per visit. Patients who are indigent but not homeless, are asked to pay
$25 per visit. The referring agency can request that we waive that fee for the patient. Additionally, if any lab work is
needed, the patient pays for the cost of the lab work. An upper and lower denture are $400. A crown is $100. These
payments are split into smaller payments over time. A grant from a dental honor society covers the cost of lab fees for
patients who cannot afford them.

Translation/Transportation
Our biggest challenge has been to communicate with non-English speaking populations. We have many Bosnian and
Russian immigrants who are patients. We have had post-surgical instructions translated into these languages. Some
social service agencies have also been helpful in providing translators. The Dental Center staff has also had in-service
training on these languages with an audio tape series.

Because the majority of our patients come from the immediate downtown area, we do not have any type of transporta-
tion arrangements. Some of our patients do ride the city bus or are eligible for community transportation through their
agency.

Prescriptions
The Dental Center provides antibiotics and non-narcotic pain medication to patients. The medications are from a vendor
who sells pre-packaged and labeled medications. Florida law does not require any special permit for dispensing medica-
tions, as long as they are not sold to the patient. We decided to provide only non-narcotic medications because of the
drug abuse history of many of our patients, as well as for the safety of the clinic. We have avoided many problems with
patients who are only seeking narcotics. Our patients do extremely well following surgery with ibuprofen for pain control.

Clinic Computerization
We were fortunate to have a computer and dental office management software donated in the beginning of our pro-
gram. The software handles scheduling and patient information. We set a fee schedule from a national fee survey, so
Case Study: I.M. Sulzbacher Dental Center

that we can track the value of services provided, by patient, by age group, and by referral source. We can also get information based on age and race, which is extremely helpful for grants.

We use an old-fashioned tag system for keeping track of supplies. The minimum amount of an item is determined and how much should be ordered when the supply reaches that level. A tag with the order number is then put around that item. When someone grabs an item that has a tag, it is placed in the "to be ordered" box. It works very well.

Our fiscal information is handled by the controller of the I.M. Sulzbacher Center for the Homeless.

Dental Education

We received a grant from the Florida Dental Health Foundation for educational materials. With this grant, we purchased pamphlets on prevention, periodontal disease, root canals, crowns, bridges, dentures, oral cancer, and other topics from the American Dental Association. We also have used materials available free from the National Oral Health Information Clearinghouse (telephone 301-402-7364).

Our hygienist provides one-on-one oral hygiene education to patients at their initial visit, each cleaning visit, and recall visits. She uses models and has the patient demonstrate the skills they are learning.

Specialized Dentistry/Medical Back-up

We have a core group of specialists who are integral to our patients’ care. We have five oral surgeons who routinely volunteer. Their surgical expertise and knowledge of pathology are extremely helpful. They are able to treat some things that we simply could not do without them: wisdom teeth extraction; surgical removal of pathology from inside the mouth, the lips, and the face; and management of medically compromised patients. Our oral surgeons prefer to see the patients in our Dental Center but will sometimes see a special patient in their office.

We have a periodontist who volunteers two times each month. He provides surgical and non-surgical treatment to patients with moderate to severe periodontal disease and provides treatment planning assistance for all patients. Our periodontist sees most patients at our Center, but often prefers to do surgery at his office.

Our other specialist is an endodontist. He volunteers every 8-12 weeks and provides assistance with difficult root canals. He prefers to see all patients at our Center. When this doctor was purchasing surgical microscopes for his office, he agreed to do so only if the company would donate one to our center. This is another way that volunteers can be very helpful!

We refer patients who need medical attention to the medical clinic at the I.M. Sulzbacher Center. Anyone who is eligible for our Dental Center is also eligible for the medical clinic. The most common reason for referral is hypertension.

Policies & Procedures

We have a policy and procedure manual that includes position descriptions and procedures for the administration of the Dental Center.

Licensure

Credentialing of the office is not required. There are some regulatory licenses that must be obtained for the office as required by Florida law. Radiography (x-ray) equipment must be registered and inspected each year. The fee is approximately $85 each year for our panoramic x-ray and three intra-oral x-ray units. A biohazardous waste generator permit is also required. Staff must receive training in the handling of biohazardous waste, and a fee of $55 is paid each year. For our county, we must also comply with requirements for the disposal of waste from our x-ray developer. There is an annual inspection and a fee of $150. We also pay a fee of $76/year for the company that disposes of the waste.
LOOKING BACK

The need for dental care is overwhelming in the indigent population. In an effort to try to take care of everyone, we have overextended ourselves beyond our original target population. If I could go back, I would focus more effort on fewer agencies. The result has been that we have a long wait (6-8 weeks) for new patients to be treated, which slows down the treatment for everyone.

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Volunteers in Health Care
A program of the Robert Wood Johnson Foundation
“Starting a Dental Project Using the Clinic Model”
Harambee Dental Clinic

Case Study

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A report written by organizers of volunteer-based health care programs serving the uninsured.
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THE IDEA

The idea for a free/low cost dental clinic came about in the early 1990s, when public health hygienists from the City of Madison and Dane County were being inundated with phone calls from adults living with dental pain and no resources to obtain treatment. A free dental clinic was (and still is) available for low income/uninsured children, but no clinic existed for adults. Realizing something needed to be done, the hygienists met with the State of Wisconsin Public Health Dental Director to address the issue. They soon learned that the Wisconsin Dental Association had issued a directive to it’s component societies to address the lack of access to dental care for low income people living in their areas. The Dane County Dental Society acted immediately on the directive and formed an ad hoc committee of local dentists to address the issue. The public health hygienists joined the dental society committee. After many meetings and much brainstorming, it was decided to recruit volunteer dentists to provide treatment in available dental facilities within the Madison Area Technical College’s Dental Hygiene Clinic.

Funding and Our First Facility:

With a gift of $7,500 from a large insurance company, the clinic began to see patients on a very limited basis in 1994. The following items were in place to allow clinic operation with no cost to the committee:

- **Rent free dental facility**: Madison Area Technical College’s School of Dental Hygiene/Assisting allowed the clinic to use one dental treatment room and associated clinic supplies on days when it was not being used by students.

- **Clinic Coordinator/Staff**: As the clinic was initially in session only 1-3 half days per month, the duties of screening patients, scheduling patients and being present on clinic days to orient volunteer dentists and assist if necessary, was shared by the two local public health hygienists. These duties became part of their existing full-time employment. A dental assisting instructor, and an occasional dental assisting student, were also available on clinic days.

- **Volunteer Dentists**: Dentists from the Dane County Dental Society were recruited to provide dental treatment at no charge.

Limitations of this arrangement:

**Hours**: Frequently, the technical college’s utilization of the dental treatment room conflicted with the times dentists were available to volunteer. That eliminated some dentists from being able to volunteer.

**One Clinic Room**: Having only one dental treatment room greatly restricted the number of patients that were scheduled and the dentists’ sense of productivity. Most dentists, in their private offices, were accustomed to working out of two rooms and wanted to be kept busy when they volunteered. A dentist could have initiated treatment on a patient in one room while a patient in the other room was having radiographs taken or waiting for anesthetic to take effect.
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effect. That would have allowed for efficient use of the volunteer dentists' time and for more patients in need of
dental treatment to be seen.

The Clinic Expands - New Location/Funding

New Location: In order to accommodate more volunteer dentists and to see more patients, a facility was needed
with at least two treatment rooms and 100% availability. As luck would have it, a partnership of public and
private agencies was remodeling a large facility on Madison's south side which would eventually become known
as the South Madison Health and Family Center - Harambee. (Harambee is Swahili for "coming together" or
"community," which is a fitting way to describe all of the different agencies housed under one roof.) With the
help of the Madison Department of Public Health, two dental treatment rooms and shared space for the lab,
office, reception desk, and storage were included in the remodeling plans for the facility. During 1995 and 1996,
donated and purchased office and dental equipment was installed in the newly remodeled dental treatment
rooms and lab. The clinic then became known as Harambee Dental Clinic and is housed within the same facility
today.

Expansion Funding: As very little funding was needed for the original clinic set-up, the expansion funding actually
seemed like start-up funding. The amount of funding needed was determined to be approximately $45,000,
which would cover:

• Equipment (Office and Dental)
• Supplies (Office and Dental)
• Staffing (The clinic now needed the attention of a full-time clinic coordinator.)

Fortunately, the City Health Department provided the dental clinic space rent-free!

Expansion Funding Sources: Expansion funding was obtained from public and private sources who were already
familiar with the clinic from it's early days at the local technical college. Obtaining public funds from the City and
County required several appearances before their respective health commissions to plead our case. Private
funding came from the clinic's original corporate donor (the large insurance company) who was happy to offer
additional financial support.

Current Budget: Expenditures for 1999 totaled $66,929.35, budgeted expenses $72,477.00, and total income
$75,906.10.

Clinic's Governing Body/Administration

The early clinic was governed by the original ad hoc committee. With the move to the clinic's current location, the
committee decided to form a board of directors, incorporate, and hire a clinic coordinator to administer the day-to-
day operation of the clinic. The board of directors then obtained 501(c)(3) status.

Without a doubt, Harambee Dental Clinic would not exist today if not for the work and dedication of a local dentist
who organized the original ad hoc committee. She has played a continuous and integral part in the clinic's growth
and evolution, held each office of the Board of Directors (she is currently the treasurer), recruited many of the board
members, successfully solicited funds from private sources, has been a tireless advocate for the clinic's mission and
goals, and volunteered to treat Harambee patients. Wow!

A Business Plan and Strategic Planning

Harambee Dental Clinic is in the process of writing a business plan. This will be the first business plan for the clinic.

In December of 1999, and again in January of 2000, the Harambee Dental Clinic board of directors met for the
purpose of strategic planning. This was a very valuable process that helped the board define the clinic's mission and
vision, set priorities and goals, and develop an action plan. Having a strategic plan provides a basis to develop a
business plan.
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Now that we have defined our priorities and goals, the business plan will help us determine if our goals are realistic, and/or how and what it will take to achieve those goals. Not only will a business plan be beneficial for the board, it will be helpful for prospective donors. In fact, several donors have requested a 5-year business plan from Harambee.

O P E R A T I O N S
Dental Services Offered/Clinic Hours

Due to the number and variety of dentist volunteers, the limited number of appointment times available, and the ever-growing list of people waiting for a dental appointment, the clinic is not able, at this time, to provide comprehensive dental care. Treatment is mostly limited to what can be accomplished in one visit, such as restorations, extractions, and some endodontics. First priority is given to patients with pain and swelling.

As previously mentioned, Harambee is housed under the same roof and shares a waiting room with several other medical, public health, and social service agencies. For the convenience and security of clients and staff, all agencies keep similar hours. Most agencies are open Monday - Friday with hours spanning from 7:30 am to 7:00 pm.

Although Harambee's 2 full-time employees are on duty Monday - Friday, from 8:00 am - 5:00 pm (sometimes earlier, sometimes later), patients are seen only when a dentist is available to volunteer. Currently, volunteer dentists staff the clinic an average of 2.5 days each week. The days vary depending on the availability of volunteer dentists.

Clinic Eligibility Requirements

The purpose of the clinic is to treat people with dental emergencies who have no other access to dental care. In addition to needing dental treatment a patient must:

A. live in Dane County,
B. not have dental insurance, and
C. be low income (income at or below 200% of poverty guidelines).

Patients give only a verbal report of their hourly, monthly or annual income. Undoubtedly the clinic has treated patients who have not been truthful about their income. Although we are proud of the quality of our dental treatment, we believe most patients would not choose to be seen at Harambee if they could afford to get dental treatment elsewhere. As the clinic and the demand for our services grows, we are open to the possibility of patients completing an application, providing proof of income, and using a sliding fee scale.

Patients with Medical Assistance are eligible for the clinic as so few area dentists accept new Medical Assistance patients.

Staffing

As stated earlier, the initial clinic was staffed by volunteer dentists, dental hygienists from the city and county health departments, and a dental assisting instructor from the local technical college. No staff members were paid by the clinic.

Current Staffing:

A. 44 volunteer dentists (#'s from 1999 - 25% of all dentists/oral surgeons in the county)
B. 2 full-time paid staff:
   - Clinic Coordinator:
     This position was created in 1997 after the clinic moved into its present location. Up until that time, the clinic had been run by the two hygienists from the city and county health departments. Managing the clinic in its new home was more than what the public health hygienists could incorporate into their existing full-time jobs. The clinic coordinator is responsible for recruiting and scheduling volunteer dentists, staff supervision, writing grant proposals, program development, facilitating efficient clinic operation, seeking outside dental resources for
Case Study: Harambee Dental Center

patients, and, as the current clinic coordinator is a dental hygienist, dentally screening patients in order to appoint them with the appropriate dentist or specialist.

Dental/Staff Assistant/Receptionist/Translator:

This position was added in the Fall of 1999. The woman filling this position, as the title indicates, wears a variety of hats. Her Spanish speaking abilities are intertwined with all of her duties as 27% of Harambee patients are Latino. When dentists volunteer, she functions as a dental assistant. This provides organization and consistency for dentists who may be unfamiliar with Harambee's set-up and materials. During non-dentist hours, she functions as a staff assistant and, most importantly, as a receptionist. She screens hundreds of people who call or walk up to the clinic counter seeking dental care. This enormous task was previously done by the clinic coordinator, which prohibited much else from being accomplished.

Patient Fees

Harambee does not charge patients for dental treatment. Initially, patients were given a donation envelope and asked to contribute what they could to help defray the cost of clinic operation. That system did not produce very many donations.

Recently we’ve tried a new approach - a suggested donation of $25.00. The patient is given this information at the time of their initial clinic contact and again when they are scheduled for an appointment. The assistant/receptionist follows-up with the patient on the day of their appointment and collects any donation that the patient may have for the clinic. More often than not, the patient contributes the full suggested donation of $25.00. If not the full $25.00, it is usually more than what a patient would have donated in the past. If a donation is not collected on the day of service, it is unlikely that the patient will return with a donation. Most patients are able to contribute something for their dental treatment. We try to be sensitive to those who truly cannot afford a donation so they will not be made to feel intimidated or embarrassed. The donations go into the general operating fund.

Translation/Transportation

As mentioned under staffing, one Harambee staff member speaks Spanish, which addresses most of the clinic’s translation needs. Translators are available, and paid for, through the coordinating office of the South Madison Health & Family Center where Harambee is housed.

If a client needs help with transportation, the coordinating office, mentioned above, can provide bus tokens or cab rides. The coordinating office of the South Madison Health & Family Center receives funds from their board of directors to pay for transportation and translation services for clients of all agencies in the building. The money comes from the center’s general fund raising efforts.

Clinic Computerization

Since moving to the current location, the clinic has used a computer(s) in ever-increasing ways. Initially, a donated computer was used for word processing and compiling various statistics and information on disk. In 1998, a dental software program was purchased which allows us to schedule patients, enter treatment, generate billing forms for Medical Assistance, compile daily/monthly/annual statistics, and track production of each volunteer dentist. Quatro Pro is used for spread sheets. The clinic plans to install QuickBooks to handle all financial matters from payroll and bill paying to tax documents.

Specialized Dentistry/Medical Back-up

Harambee has volunteer oral surgeons, endodontists, prosthodontists, pedodontists, and periododontists. All but the periodontist prefer to see Harambee patients in their own offices.

Harambee has not done many lab cases, so no donation agreement has been established. On the few occasions when a flipper has been made, the patient has paid the lab fee.
Case Study: Harambee Dental Center

Harambee is fortunate to share space with the Madison Community Health Center, where medical doctors, physicians assistants, and nurse practitioners are available.

Prescriptions
Patients are given prescriptions for medication when needed. Most patients have their prescriptions filled at the pharmacy located across the street from the clinic. Patients purchase their own prescription medications unless they indicate that they cannot afford the prescription. For those patients, Harambee has an account with the pharmacy to purchase their prescriptions.

Dental Education
With so many people in need of emergency dental treatment, the clinic's time is devoted to bringing pain relief to as many people as possible. Although one-on-one dental education is provided when possible, we have found that it is difficult for a patient to hear the message of prevention when they have a tooth ache. It is Harambee's goal to someday have a full-time dentist, which would enable us to provide comprehensive care, including preventive dental care and education.

Policies and Procedures
Harambee has a Policies and Procedures Manual that states the clinic’s purpose, patient eligibility requirements, protocol used for screening and scheduling patients, and the Center for Disease Control’s protocol for infection control and needle sticks. An employees’ manual is being developed.

Licensure
Each volunteer dentist provides proof of licensure. The clinic’s x-ray machine is registered with the state.

RECRUITING VOLUNTEERS

Start-up Volunteers
The number of volunteers needed was never calculated. I guess we were optimistic that if we asked dentists to volunteer, they would!

<table>
<thead>
<tr>
<th>Start-up #</th>
<th>Current #</th>
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</thead>
<tbody>
<tr>
<td>Practicing Dentists</td>
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</tr>
<tr>
<td>Retired Dentists</td>
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</tr>
<tr>
<td>Specialists</td>
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</table>

<table>
<thead>
<tr>
<th>Start-up #</th>
<th>Current #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assistants</td>
<td>2</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>0</td>
</tr>
<tr>
<td>Other Support Staff</td>
<td>0</td>
</tr>
</tbody>
</table>

Specialists work well at Harambee once they are familiar with the clinic; however, almost all of the volunteer specialists prefer to treat Harambee patients in their own office.

Who Recruits Volunteers?
Officially it is the role of the clinic coordinator to recruit volunteers. Dentist board members casually recruit volunteers when they see their colleagues at dental meetings/functions.

Some initial barriers to volunteering, as voiced by dentists who had volunteered, were lack of a dental assistant, unfamiliarity with the equipment and materials, not knowing locations of instruments/supplies, limited supplies and equipment, old poorly working equipment, and lack of over-all organization. Hiring a full-time dental assistant has solved many of the problems previously associated with volunteering. The assistant has organized the clinic rooms, is knowledgeable about the equipment and supplies, and is able to smoothly acclimate the dentist to an unfamiliar environment. Through grants and donations, much of the old equipment in poor condition has been replaced. Now our greatest barrier is overcoming the negative opinion about volunteering, which was established in the early days!
Case Study: Harambee Dental Center

Having the ability to help the less fortunate in our community seems to be the greatest incentive for dentists to volunteer. One volunteer states that it reminds her of the reasons she went into dentistry — true care and appreciation.

Recruitment Strategies

As the clinic’s focus is mostly pain relief, dental hygienists have not yet been actively recruited. The clinic coordinator sends an annual appeal to all dentists in the county asking for donations of time and/or money. All responses are followed-up by the coordinator.

Volunteer retention seems to be best accomplished by making productive use of the volunteers’ time. It has been our experience that a dentist is more likely to volunteer again, or more frequently, if they leave with a sense of accomplishment — that their time spent at the clinic made a difference. Dentists, like many professionals, are very busy. When they choose to donate their valuable free time, they want it to be used as efficiently and effectively as possible. With this in mind, it is important to carefully screen patients financially and dentally to appoint patients appropriately. It is also important to have a well stocked, well staffed, and well organized clinic. These factors facilitate a positive experience for the volunteer and, hence, the patient!

Volunteer Supervision

Harambee does not have a formal volunteer provider agreement. The clinic coordinator schedules, orientates, and supervises the volunteers. Harambee’s current clinic coordinator (dental director) is a dental hygienist. It is important to have a coordinator who understands dental procedures, terminology, and how an efficient dental office operates.

Provider Licensing/Malpractice Insurance

Each volunteer dentist must provide proof of their license to practice dentistry in the State of Wisconsin and that they are covered by malpractice insurance.

Equipment/Supply Preferences

Indeed, all dentists have their favorite instruments and materials. Harambee stocks materials and instruments that are commonly used in most dental offices. For volunteer dentists who can’t work without a specific instrument or material, we ask that they bring it along when they come to the clinic. We always make sure their instruments are bagged, sterilized, and sent with them when they leave. This system has worked well for Harambee.

Use of Students

When the clinic first opened, it was located in the dental hygiene/assisting clinic of the local technical college. Assisting students were used occasionally at that time. Given that instructors need regular days to schedule their students, and that Harambee’s schedule changes weekly, dental hygiene/assisting students are not presently used in the clinic. Dental students from Marquette University, in Milwaukee, are not currently an option due to distance and the small size of our clinic.

Volunteer Recognition

In addition to copious expressions of gratitude from clinic staff and patients, volunteers have been given certificates of appreciation and recognition. We hope to do something a little more exciting and are seeking a sponsor to help us do just that.
Case Study: Harambee Dental Center

LOOKING BACK
Although Harambee Dental Clinic is growing and thriving today, I believe it could be even stronger if more attention had been given to two key areas during the clinic's early years of development:

1. Board Composition/Responsibility/Expectations - Board members were recruited without careful consideration as to how they would strengthen the board. Basic expectations such as term length, meeting attendance, financial contributions, and chairing a sub-committee were never given. The current board is in the process of implementing some of these expectations. This, of course, is a difficult and tedious task. It is best to establish sound board structure right from the start.

2. Staff With Dental Knowledge/Background - During the first several years at the clinic's current location, the only paid staff position was that of Clinic Coordinator. It was the Clinic Coordinator's responsibility to organize the dental clinic; however, neither of the first two Clinic Coordinators had a dental background. By not having knowledge of dental procedures and dental office operation, it was difficult for them to provide the level of organization required for dentists volunteering in a strange environment. Some volunteer dentists, due to a negative first experience at the clinic, have chosen not to return.

I hope this account of Harambee Dental Clinic's trials and triumphs has provided insight for other projects. If the tremendous level of need that we see in our relatively affluent community of Madison, Wisconsin, is a barometer of the dental need nationwide, then we've all got a lot of work to do. Best of luck with your efforts!

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Volunteers in Health Care
A program of the Robert Wood Johnson Foundation
“Starting a Dental Project Using the Clinic Model”
Interfaith Dental Clinic

Case Study

volunteers in health care
A report written by organizers of volunteer-based health care programs serving the uninsured.
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DENTAL

“Starting a Dental Project Using the Clinic Model”
Interfaith Dental Clinic

THE IDEA

Our founder, Dr. Tom Underwood, participated in many mission trips to foreign countries. These experiences convinced him that more dentists would be enriched by volunteer work if an outlet existed in their own city.

Dr. Underwood realized that the working poor do not have access to quality dental care for their families. Uninsured by their employers and left out of government programs, these hard working folks didn’t have anything left at the end of the day to pay for dental services.

Statistical information was gathered from the local health dept. It was found that over 165,000 persons in Davidson County live at or below 200% poverty and there are only 7 public health dentists to serve this population. A ratio of 23,572:1. The federal government considers a ratio of 4000:1 a professional shortage area. Therefore, a gross disparity existed. Also, most health department services are emergency in nature (extractions only) and provide very little if any preventive and comprehensive restorative care.

Moved by his Christian faith, Dr. Underwood wanted to help his neighbors in need. He developed the vision of the clinic and brought people together he knew could make it a reality. This included a board of directors with representatives from the business, faith and dental communities. Also, a top notch executive director/dentist with experience in public health was hired. Perhaps the single most important key though, was enlisting the full support of the local dental society.

It took four years before the vision was realized and the clinic was able to see patients. Numerous challenges were faced and overcome. Dr. Underwood and his team had to convince the church where the facilities were to be located, that they would not be liable for anything the clinic did.

Funding

With only an idea it was difficult to get the seed money, so it was decided to start off small with a pilot project. This would give the clinic time to establish itself. It was necessary to raise $50,000 for startup costs such as equipment and supplies. As Board members and volunteers joined the project, and the high quality work performed by the clinic became evident, it gained credibility within the community.

Facility Location

The initial set up of the clinic included two treatment areas. All equipment was purchased brand new at cost and installed for free.

Current annual budget is $457,000. The sources of funding include; patient fees 31.25%, grants 42.5% (foundations and service organizations), churches 5%, individuals and corporations 12.5%, and tenants 8.75%.

Initially the clinic rented space in the lower level of a local church for the cost of custodial service. The space, less than 200 square feet, was renovated specifically for its use. The clinic operated out of the church for four years but eventually outgrew it.

In 1996, a capital campaign was initiated and over 1.2 million dollars was raised. This allowed the clinic to purchase its
Case Study: Interfaith Dental Clinic

own building and renovate and equip it with six treatment areas, office space, a lab, and large reception area.

Clinic's Governing Body/Administration
The clinic has had 501(c)(3) status from the beginning and is incorporated. The executive director is a licensed dentist and is ultimately responsible for all aspects of the program's operation and strategic plan. She joined the clinic two months after it opened, and she reports directly to the board of directors.

Business Plan
There is not a formal business plan; in retrospect, it may have helped us in the early stages.

OPERATIONS
Dental Services Offered/Clinic Hours
The Interfaith Dental Clinic offers comprehensive care and specialty services making it unique from other services in its region. Basic services were already being provided for the indigent population through the health department. The only way to get the entire dental profession involved was to make the care comprehensive.

Our target population was the group not covered under public financing mechanisms. We wanted to reach those that fall between the cracks, such as uninsured, low income, working families. The eligibility requirements were based on a clinic we modeled ourselves after: the Church Health Center of Memphis, TN. We copied what they used because it was successful for them.

The clinic is open 44 hours a week. Volunteers extend the hours of the clinic and complement the staff. The clinic hours are Monday 12 pm to 8 pm, Tuesday 8:30 am to 8 pm, Wednesday 11 am to 8 pm, Thursday 8:30 am to 8 pm, and Friday 8:30 am to 12 pm. These hours accommodate hard working patients whose employers may not be willing to give time off – especially if many appointments are needed. The hours also give a selection of volunteer opportunities outside regular private practice hours.

Clinic Eligibility Requirements
When a prospective patient calls or visits the clinic, they are pre-screened with a preliminary set of questions to see if they may qualify. They are then asked to fill out an application. The applications are closely reviewed on an individual basis. In order for eligibility to be established, income must be verified by providing a current tax return or, in some cases, a W2 or pay stub.

Our eligibility requirements are:

- Adults (21 and over) must be employed 30 hours per week or more
- Single parent families must be employed 20 hours a week or more unless they have children under the age of six
- Must not have any dental insurance

Staffing
During the first 2 months of operation, a retired dentist volunteered as the executive director. Following this, the fulltime, practicing dentist/executive director took over. She provided patient care as well as administrative duties. After one year, a paid dental assistant/receptionist was hired. Currently there are 8 paid staff members: a dentist/executive director, a development director, a dental hygienist, two dental assistants, a receptionist, and two part-time dentists.

The clinic operates with 6 equipped treatment rooms and 315 rotating volunteers. As funding increased, staff was added. The need for our services is so great that funding for staffing is our only roadblock at this time.

Patient Fees
Case Study: Interfaith Dental Clinic

The patients pay for services on a sliding fee scale based on income and family size. Fees are due at the time of treatment. For larger priced treatment involving lab fees like dentures and crowns, one half is due up front and the remainder at delivery. Payment plans are offered. If payment is not made as agreed, treatment is terminated. All collected fees are put into the general operating fund.

Translation/Transportation

Our staff includes several visible minorities with language skills in Spanish, French, German, and Bosnian. We do have access through translation services for other languages through a program run by the American Red Cross. Transportation services are not offered, but we do put our patients in touch with various transportation programs upon request. We are also conveniently located on a bus route.

Clinic Computerization

After operating for four months, a computer was purchased. Initially it was used for keeping a database and word processing. In the second year of operation a dental software package called Dentrix was donated. It is used for patient appointments, volunteer tracking, patient information, billing, and accounting. We still use paper charts, however, to accommodate our many volunteers who may not be familiar with the system. Also, it would require a terminal in each treatment room, which is prohibitively expensive at this time.

Specialized Dentistry/Medical Back-Up

The clinic has the services of 64 dental specialists. In order to provide true comprehensive care, this is vital. Our lab services are contracted out to two main labs, each of which offer us discount rates. One of them does our crown and bridge and the other one does our dentures. In addition, some local labs will do work for free for us occasionally on special requests.

We do not have medical backup. Information on affordable medical care is made available and every effort is made to keep it current.

Prescription Medication

Prescription drugs are not kept or dispensed at our facility. Written prescriptions are given to patients, and it is their responsibility to get them filled.

Dental Education

All patients must participate in one-on-one oral hygiene instructions before any treatment is begun. In addition, it is reviewed regularly. Failure to practice adequate oral hygiene can result in dismissal from the program. Written materials are given out routinely. These materials are obtained through the local dept. of health and the American Dental Association. Oral hygiene products such as toothbrushes, floss, rinses, and fluorides are commonly donated and given to the patients.

Licensure

The dental professional volunteers, as well as our staff, are under the governance of the Tennessee Board of Dentistry and, therefore, our project does not require a separate license.

RECRUITING VOLUNTEERS

Start-Up Volunteers

The number of volunteers needed to start the project was based on the number of volunteer hours we were planning to generate. To avoid burnout, we only ask our volunteer dental professionals to give three hours at a time, four times a year. Many volunteers do more than this at their own request.

Our initial and current volunteer numbers are as follows:
Case Study: Interfaith Dental Clinic

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists (currently practicing)</td>
<td>62</td>
<td>97</td>
</tr>
<tr>
<td>Dentists (retired) serve as board members</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dentists (specialists)</td>
<td>22</td>
<td>64</td>
</tr>
<tr>
<td>Dental assistants</td>
<td>34</td>
<td>65</td>
</tr>
<tr>
<td>Dental hygienists</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>Other support staff</td>
<td>17</td>
<td>36</td>
</tr>
</tbody>
</table>

We use the services of volunteer specialists for treatments beyond the scope of general practitioners. We have found it works best for them to deliver their care in their own offices, as they often require special equipment and supplies. The specialists are the most willing to participate in the project, as they know that the patient’s other dental needs and follow-up care will be provided at our clinic. For example, an endodontist giving a root canal feels really good about it knowing that the tooth will be crowned following his care and, therefore, save the tooth. We make it easy to volunteer by doing all the paperwork and billing through our office for them.

Who Recruits Volunteers?

The executive director recruits the volunteers by talking to dental study clubs and associations. A personal call is then made to the dentists to solicit their support. It is relatively easy to get their agreement to volunteer; however, despite their good intentions, their reliability and consistency in showing up on a continued basis is difficult to maintain.

Recruitment Strategies

In order to overcome this, we try to make it as easy as possible for them to volunteer. Having a trained staff to assist them is imperative if they can’t bring their own. New equipment, current supplies, and a fun atmosphere is also important. In addition, we give regular reminders of their volunteer commitments just like our patients are reminded of their appointments. However, the best incentive for recruiting dental professional volunteers is recognition amongst their peers. In recruiting dentists, a little peer pressure doesn’t hurt. For example “everyone else is doing it except you”. Our “bring a buddy with you” appeal has worked well. Dentists who may not have the time to get together with old classmates, find it fun to come together and practice side by side, something they never usually get to do.

Our staff hygienist recruits our hygienist volunteers. The facility is used for hygiene meetings, which also helps the recruiting process.

Volunteer Supervision

It takes time and effort to keep up with scheduling volunteers. One of our dental assistants currently serves as our volunteer coordinator. Notes are made as to their favorite procedures, treatments they aren’t comfortable with, and the days of the week and times they are available. We have developed a quick call list like we do for patients. The key is to show them how much they are needed. Keep them busy and keep them coming. It’s like going to a gym – you have to get them into a routine.

We do not use a formalized provider agreement process. I don’t think it’s necessary, and it may even scare some providers away. The volunteer coordinator/dental assistant and the receptionist work closely in the volunteer scheduling. All patients are not appropriate for all volunteers for various reasons. For example, some treatments require provider continuity. Other treatments are too complex. In addition, a real effort is made to ensure a staff dentist is on site during volunteer dentist care giving. This helps continuity of care and assists when treatment plans change or lab cases are involved.
Case Study: Interfaith Dental Clinic

From our experience, it is imperative that the dental director be a dentist, as they can play the following roles:

- Peer-to-peer recruiter
- Able to maintain continuity of care
- Understands duties of all staff
- Able to care for the challenging patients and complex treatments
- Able to fill in readily if a volunteer does not show up

Provider Licensing/Malpractice Insurance

All providers must be licensed to practice in the state. We screen our volunteers to ensure current licensure, unrestricted DEA#, and malpractice liability insurance of 1-3 million dollars. Hygienists must also provide licenses.

We keep our insurance company current as to who is working at the center and their credentials.

Equipment & Supply Preferences

Every effort is made to standardize treatment equipment and supplies. A tray and tub system is used so the volunteer can easily view what is available. Often a staff assistant works with the volunteer, and the volunteer assistant with the staff dentist. Volunteers are notified as to the treatments they will be providing in case they want to bring some of their favorite tools. The equipment and supplies at the clinic are state-of-the-art, but you can't please everyone.

Use of Students

We do not have dental students provide care at our facility. There are students who help out in reception and assisting that want to get into the field. Although we want to encourage people to join our profession, our main goal is not to be a teaching center since we do not have the resources to support this. General practice residents (licensed dentists doing further study) would work well and need minimum supervision, but there is currently not a program in Nashville. We do have contracts with the dental assisting school to place a student for an externship from time to time. In addition, we have had bachelor of dental hygiene students (graduated and doing further study for a bachelor degree) placed with us as part of their training.

Volunteer Recognition

Volunteer efforts are recognized at a party for them and their families held in their honor every year. Some special and playful awards are presented. The volunteer names are listed in our newsletter and other dental publications. We are working on getting some recognition by the state association entitled “mission work at home.” Patients are encouraged to write a note of thanks. Ultimately though, volunteers don’t give their time for recognition, they do it because it’s in their hearts.

LOOKING BACK

Looking back, there are two areas where we didn’t really see the big picture and have since improved. This is in the area of billing and oral hygiene. We thought we were acting on the following philosophies, but in actuality we were letting a few things slide. Presently, all staff members and volunteers are aware of the following and it is enforced.

- patient billing — It does not do anyone any favors to carry accounts. From the outset we offer payment plans and have a maximum balance that can be carried before further work is done. It’s tough love, no exceptions. The only way to stay viable is to have each patient contribute their share, and the only way patients will value the quality of the work and feel empowered to question procedures and services and get involved is by payment.
Case Study: Interfaith Dental Clinic

• oral hygiene — If the oral hygiene techniques and recommendations taught by the clinic are not being practiced by the patient, no further restorative care is given. If there is not significant improvement following additional oral hygiene instruction and follow-up reevaluation, the patient is released from the program. A contract is signed by the patient at the first appointment that this is part of the agreement.

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