

“Creating a Volunteer-Dental Van Project”
Northwest Medical Teams International, Inc.

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DENTAL

“Creating a Dental Van Project”

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THE IDEA

Northwest Medical Teams International was established in 1979 when a volunteer team of medical professionals from the Pacific Northwest traveled to Thailand to care for refugees from Cambodia. Out of that effort grew an organization which now: 1) responds to international and domestic disasters through teams of volunteers, 2) collects, ships, and distributes medicine, supplies and food world-wide, and 3) operates a fleet of mobile dental clinics which brings dental care to children and adults in 23 counties in Oregon and Washington. We have a spiritual base, and serve anyone in need regardless of race, religion, creed, or nationality. Our Mobile Dental Project was conceived in 1989 to serve migrant farm workers and migrant Head Start programs in rural, northwest Oregon after the NWMTI founder and the board of directors (representing medicine, law, business, banking, and the community) decided that the organization should devote a percentage of its efforts and resources to domestic needs.

Our first partners were social service agencies which supported our target population. We began the program with 8 volunteers and our first patients were migrant Hispanic, Head Start children. During our first four years, clinics were sporadic and averaged 8 to 10 per month. Dental screenings would be performed on 200-300 children, then treatment clinics would be scheduled for 8-10 children per day. The first mobile clinic worked primarily in two counties adjacent to the City of Portland. It consisted of a medium size truck and a portable dental operator. We have grown considerably so that currently (fall 2000) we operate seven mobile units in 23 Counties within the states of Oregon and Washington. From July 1999 through June 2000, we provided treatment for 10,330 patients.

Start-Up Funding

Our first unit was a donated truck and dental operator. Our expenses were low because we utilized only one paid employee and donated supplies. One year after start-up we replaced our truck version with a 34 foot custom built van. The upgrade of equipment was prompted by a desire for better chair, delivery, and sterilization systems. In addition, two chairs made the dentist more productive by allowing him/her to move from chair to chair as each patient was prepared by the dental assistant or hygienist. We utilized funding received through grants from local foundations.

Operating funds were obtained from general and restricted donations from our local donor base of approximately 30,000 donors. Now, our operating and capital budget for the FY2001 period is \$1,900,000! This budget is designed to support seven mobile units and place two additional units in service in the first half of 2001. Our funding sources today are many and varied: major donors and corporations which prefer to fund local and domestic projects, direct mail appeals, private donors and grant requests to local foundations. We also receive some fees paid by partner agencies.

Field Report

Since 1989, Northwest Medical Teams International, Inc. of Portland, OR has operated a dental van program in Oregon and Washington. With a budget of \$1.9 million and seven vans, NWMTI sees low income, uninsured children and adults living throughout the area. The majority of care is delivered by volunteer dental professionals and local agencies assist NWMTI with program operations. This report was prepared by Dick Roland, Director of Mobile Health Care.

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To Rent or Purchase?

All of our mobile units were new at the time of purchase. They are fully equipped and prepared for the volunteer dentist. Each cost approximately \$275,000. We insure them in two components, vehicle/installed equipment and contents (much like a home is insured).

Our decision to purchase new vehicles and equipment is based on three issues:

1. We want the dentist to have a wonderful, fulfilling time when volunteering their valuable services.
2. The clients we serve today are generally more knowledgeable about what a dentist's office should be.
3. We are very aware of the professional liability issues that could bring harm to our program.

Project Governance

Northwest Medical Teams International is a 501(c)3 non-profit organization. All of our domestic and international projects are included in this designation. The Mobile Health Care program is operated very much like a small business unit or division, having total operating and fundraising responsibility. The Director of Mobile Health Care reports to the president and to the board of directors.

This program, as with others, functions and blossoms best in the hands of someone with a knowledge of and passion for the desired outcome - specifically the elimination of pain and suffering, especially in children who are living at the poverty level. Social support programs will fail unless led by a person who either has or can develop a passion for helping the needy populations we serve. We find that if an agency or church leadership feels that our program would benefit their target population and it appoints a staff person to facilitate the clinic, that staff person must also believe in the project or it will wither and die at that location. Our experience in simply appointing the nearest or least busy warm body did not and does not work!

Agency Partners

Local partners are crucial to the success of the program. They generally approach NWTMI with a request to consider them for a clinic site. In return they will provide a site to park and set up, organize the site's patient load, control eligibility determination, retain patient records, and make medical referrals. We ask that they are able to provide economic screening, a full 10-15 patient load, and accommodate record retention. All of our partner agencies are *asked* to provide a site fee of \$600 per visit. We have found that federally or state funded agencies will budget our expense and can pay. Privately funded non-profit agency partners are usually asked for \$300 per visit with the balance coming from NWTMI. Schools generally cannot pay at all and are completely subsidized. The most common way for agency partners to raise funds for our program is to ask their local Rotary Club, Kiwanis, church, local small businesses or foundations to sponsor a clinic once or twice a year.

Business Plan

Northwest Medical Teams International produces an annual business and fundraising plan which is approved by our board for action.

OPERATIONS

Services Offered

Northwest Medical Teams International provides a fully equipped platform upon which a properly licensed dentist may provide any dental service that they would normally provide in their dental practice.

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Therefore, in some regions we offer a wide range of dental services including:

| | |
|---------------------------|----------------------------|
| oral examination | endodontics |
| oral surgery (extraction) | crowns |
| Restorative | some removable prosthetics |
| Periodontics | |

Prevention and education activities are available through properly licensed dental hygienists. We take care to match a specific volunteer dentist with the appropriate patient group, such as children or adults, heavy extractions or prosthetics.

Scheduling Clinics, Days and Hours

Each mobile unit is based within its practice area. We begin our scheduling with the premise that each mobile clinic will operate a minimum of four days per week for 50 weeks per year. Our basic clinic day consists of 5-6 hours of dentistry plus clean-up and travel time. The great majority of our clinic sites are a maximum of 11/2 hours away from the home base. Occasionally, we provide clinics further away and the manager and dentist are authorized to stay overnight near the site.

First, we establish a date when a volunteer will be willing to serve. Then we approach an agency partner to organize a clinic patient load for that day. If a specific agency cannot comply on that day, we approach agency partner #2 and so on. Currently, scheduling is generally completed 60-90 days in advance.

The climate in Western Washington and Oregon is suitable for year-round operation. Eastern Washington and Oregon, however, experience very cold weather so the vans used in those areas have been specially outfitted with four wheel drive and propane heating. Although our programs are new in the eastern areas, we believe there will be few interruptions.

Program Development and Eligibility Determination

All of our programs are developed utilizing demographic data collected and published about every two years by the Oregon Health Division. This data includes information on those living below the 200% FPL, migrant farm workers, and homeless populations. All of our clinic visits are coordinated by social service agencies or public schools who are responsible for economic and dental need screening. For example, students who receive free or reduced price lunches under the Federal Title I programs are selected by the school administration to be admitted to our volunteer program. The eligibility requirements are consistent within all of our regions; however, the local agency partner is in control of who may participate under these requirements.

Staffing

When we first began the dental program our staffing consisted of one paid clinic manager/operator and five or six volunteer dentists. Now, our current staff consists of eleven salaried positions which support seven mobile clinics in two States and approximately 350 volunteer dental professionals.

Each mobile unit has a salaried manager. Usually, this person is a lay staff member responsible for the operation, maintenance and scheduling of clinics for volunteer dentists and in some situations, volunteer recruitment. In one area which is rural, we have found that it works best to pay a dentist to manage all facets of the program including the provision of dental treatment. In addition, our headquarters staff includes program management and development as well as fundraising responsibility. Staffing must be sufficient to coordinate and manage our corporate standards and program image in remote rural program regions which can be 50 to 200 miles from our headquarters. This model requires regular travel to remote program areas in order to have contact with the local manager, as well as key local community leaders to insure local support of our mission.

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Record Keeping

We interface with the patient only through a social service agency or public school and make the partnering agency responsible for retaining the patient records. In the beginning of our program we did not have a computer record of available volunteers. However, now we use "Raisers Edge" software to track volunteer information.

Ancillary Service Referral

Our active volunteer dentists have developed a comprehensive, free specialty referral system primarily for extensive (three root) root canal work, prosthetics and orthodontia. These referrals are for the most part made colleague to colleague. Medical referral is made by the partnering agency as part of their responsibility to the patient. Dental aftercare is provided by the attending volunteer dentist who is contacted by our clinic managers who wear 24 hour pagers which receive patient calls.

Policies and Procedures

NWMTI has developed "corporate" policies and procedures which include: a Vision Statement, Basic Strategies, Strategic Alternatives, Operating Procedures, Partner Responsibilities, Mobile Clinic Responsibilities, Fundraising by Mobile Clinic Managers, Donor Logo and Signage Restrictions, and Mobile Unit Maintenance and Repair Policy.

Licensing Requirements for the Mobile Van

Our mobile clinics are 37 feet long and do not require a special driver's license to operate. In the metropolitan areas of Portland and Seattle, our vehicles must pass an annual Department of Environmental Quality testing procedure. No other governmental testing or inspections are required.

Equipment and Supplies

We have made a practice of equipping and supplying our mobile clinics with top-of-the-line components, selected with the help of our dental consultant. This has drastically reduced the number of special requests by individual dentists. We provide equipment that is used for specialized procedures by a small number of volunteers, such as nitrous oxide, Air Abrasion, The Wand, articulators, etc. Our seven vans are not identical. They range from 34'-37' and contain two or three operatories. One of them has two operatories and a medical exam room.

Patient Fees

All of our programs provide appropriate dental services without regard for the patient's ability to pay.

Cultural Issues

Patients needing help with language translation are connected to services provided by social service agencies. We have produced our health history, consent and instructional documents in Spanish, Russian, Cambodian, Chinese, and Vietnamese.

Medications

Attending dentists prescribe medications if indicated. The patient is responsible for obtaining the prescription. Normally, we do not provide medication; however, we *do* have one local trial program in which we will provide a voucher entitling the patient to free medication at local chain pharmacies.

Education

Dental education and prevention information is given with the help of the Oregon State Hygiene Association. We periodically schedule clinics at schools for educational purposes where we distribute tooth brushes and brochures. Any child coming to our clinics and not owning a toothbrush is given one by the dental team and

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instructed on how to use it properly. At some locations we use posters and videos produced in Spanish in order to give instruction in good oral health practices to our non-English speaking patients.

RECRUITING VOLUNTEERS

Volunteer Personnel

The number of volunteer dentists required is determined by the number of days per week, month, or year we wish to operate clinics. Our program target of 4 days per week for 50 weeks per year or 200 days per year for each operating mobile unit, requires approximately 35-40 dentists volunteering an average of 5-6 times per year. Most active dentists, assistants, and hygienists will volunteer an average of nearly one day per month. Some of our retired dentists volunteer an average of about two days per month. This model works well in metropolitan areas like greater Portland and Seattle metro areas where approximately 80% of the state's dentists practice. Dentists located in rural areas *do* volunteer - usually in small towns where we hold clinics 4-6 times per year. We utilize dental specialists primarily in their offices as referrals from volunteer general practitioners who are working on the mobile unit. These referrals are generally arranged colleague to colleague.

| Volunteers | Start-up # | Current # |
|---|-------------------|------------------|
| General dentists (currently practicing) | 5 | 220 |
| General dentists (retired) | 2 | 30 |
| Dentists (specialists) | 0 | 0* |
| Dental assistants | 2 | 140 |
| Dental hygienists | 0 | 100 |
| Other support | 0 | 0 |

* Some of our volunteer dentists have created a referral system among their colleagues for special services provided by endodontists, oral surgeons and orthodontists, in their offices, which we do not record at this time.

Volunteer Location

Every effort is made to recruit dental volunteers from areas not more than one hour's drive from the clinic site. When it is appropriate to schedule clinics at sites more than 1 1/2 hours away from our mobile units normal area, we schedule two or three days in a row and both the clinic manager and dental staff will stay overnight at local hotels. We will pay for over-night stays upon request, but most of our volunteers pay their own expenses as a donation to the program. In situations requiring over-night stays we often call upon a volunteer retired dentist to travel with the van. We also believe that it is important to recruit culturally competent volunteer dental professionals.

Recruitment Strategies

Recruiting for our existing programs is done primarily by word of mouth from colleague to colleague. In new and rural areas recruitment must be done by the mobile unit manager who is assisted, sometimes, by headquarters personnel utilizing video and other prepared documents which illustrate our mission and its results. Many of our volunteer dental professionals serve because they support our faith-based mission. Volunteer record keeping and retention issues are the responsibility of the area mobile program coordinator - a full time staff position which supports two to four mobile units.

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Barriers and Solutions to Recruitment

- **Barrier:** Volunteers might not be comfortable in the mobile situation, seeing patients they do not know and will probably not see again. **Solution:** We have found that not all dentists work well with indigent, transient patients and we honor that decision. Often this becomes apparent after a trial volunteer clinic.
- **Barrier:** Volunteers might not be comfortable giving up a family day to serve. **Solution:** We schedule most of our clinics from 8:00am or 9:00am to 2:00pm, so that the volunteers feel that they can be free for other family activities in the afternoon of the clinic day.
- **Barrier:** Volunteers might not have professional liability insurance coverage outside their professional office. **Solution:** The States of Oregon and Washington and some municipalities make professional liability insurance available to those who volunteer for a non-profit agency.
- **Barrier:** Volunteers might not be comfortable with available clients, i.e. children or homeless adults, other cultures, etc. **Solution:** We make every effort to match the dentists preferences to the available clients in order to make the volunteer experience meaningful and fulfilling.

Provider Agreements

We have a small number of agreements in place with social service agencies who solicit grant funding to offset our costs of providing a set number of clinics during a period. These “provider contracts” are with cities and counties which treat us like any other vendor of services. Generally, they require evidence of liability insurance, an agreement to provide the specified service, and identification of the responsible parties in case any further discussion is required. Often these contracts are then used to support requests for funding from the agencies other sources i.e. annual budget, foundations, etc. In order to facilitate our volunteer based model, these agreements do not contain set dates for the agreed number of clinics. The actual clinic dates are negotiated based on the availability of a volunteer dentist.

Scheduling Volunteers

All of our volunteers are scheduled by a combination of the local clinic manager and the program coordinator for the region. The volunteer dental staff is supervised by the clinic manager with input and assistance from our dental program professional consultant. “No show” patients are relatively common among the populations we serve. We accommodate for no-shows in a number of locations by over-booking. Our volunteers would rather work a little longer than quit early for lack of patients. If a large no-show problem persists at a particular site, we may review the viability of the site.

Licensing Requirements for Volunteers

All of our volunteers must hold appropriate dentistry licenses in the state in which they are practicing. Our volunteer dentists are allowed to practice dentistry to the extent of their state licensed qualifications. Licenses must be current and we must have a copy in our files. We regularly check with the state licensing agency to become aware of any disciplinary actions taken and we must have evidence of professional liability insurance in our files. If a dentist does not have professional liability insurance coverage, we have the following options:

- In Oregon, state funding is available to provide commercial insurance to retired, licensed dentists who volunteer for a non-profit agency.
- Washington also has the ability to provide insurance to any dentist who volunteers for a non-profit agency.
- In addition we have some private funding available to assist our volunteers in obtaining the required insurance coverage.

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Support Staff

We have several ways to provide dental assistant support (we are fortunate to have, as volunteers, the past and current presidents of the Oregon State Hygiene Association. They are instrumental in obtaining volunteer hygienists for our clinics):

- Our clinic managers are trained to assist.
- A volunteer dentist recruits a volunteer assistant from his/her staff.
- We recruit a volunteer assistant from our resource list. This is particularly important to our retired volunteer dentists.
- Lastly, if necessary, we will hire a temporary assistant from a specific area on a day to day basis.

Volunteer Recognition

We recognize the impact our volunteers make in our monthly publications, videos, and other documents. Since we are a faith-based, non-profit organization, existing totally on private donations, our volunteers generally do not feel comfortable being recognized with dinners or gifts; however, we recognize volunteer service when they begin volunteering by giving them a NWMTI T-shirt. After five years of service a volunteer is recognized with a presidential citation. As a side note, we have found that dental volunteers generally do not like to be made into public personalities, and rarely consent to be interviewed by the media.

LOOKING BACK

- Be sure that your supporting organization has a clear picture of your program concept.
- Be sure you can and have clearly identified your target populations.
- Be sure that you can interface with the professional dental community in a way that is complementary and not confrontational or threatening.
- We believe that it is best to work through existing social service agencies for eligibility screening and dental need. This relieves your organization and your volunteers from being responsible for scheduling and after care services.
- Be sure that you concentrate on providing the volunteer with a meaningful and satisfying volunteer opportunity.

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