

OBJECTIVES

- To contrast the perspectives of the private practitioner and the community practitioner
- To explore linkages and opportunities for collaboration between the private practice sector and the community practice sector
- To become aware of opportunities for community practice for private practitioners
- To learn first hand about the experience of developing a community practice that addresses the needs of a special population(s)

**CONTRASTING THE PERSPECTIVE OF THE
PRIVATE PRACTITIONER AND THE
COMMUNITY PRACTITIONER**

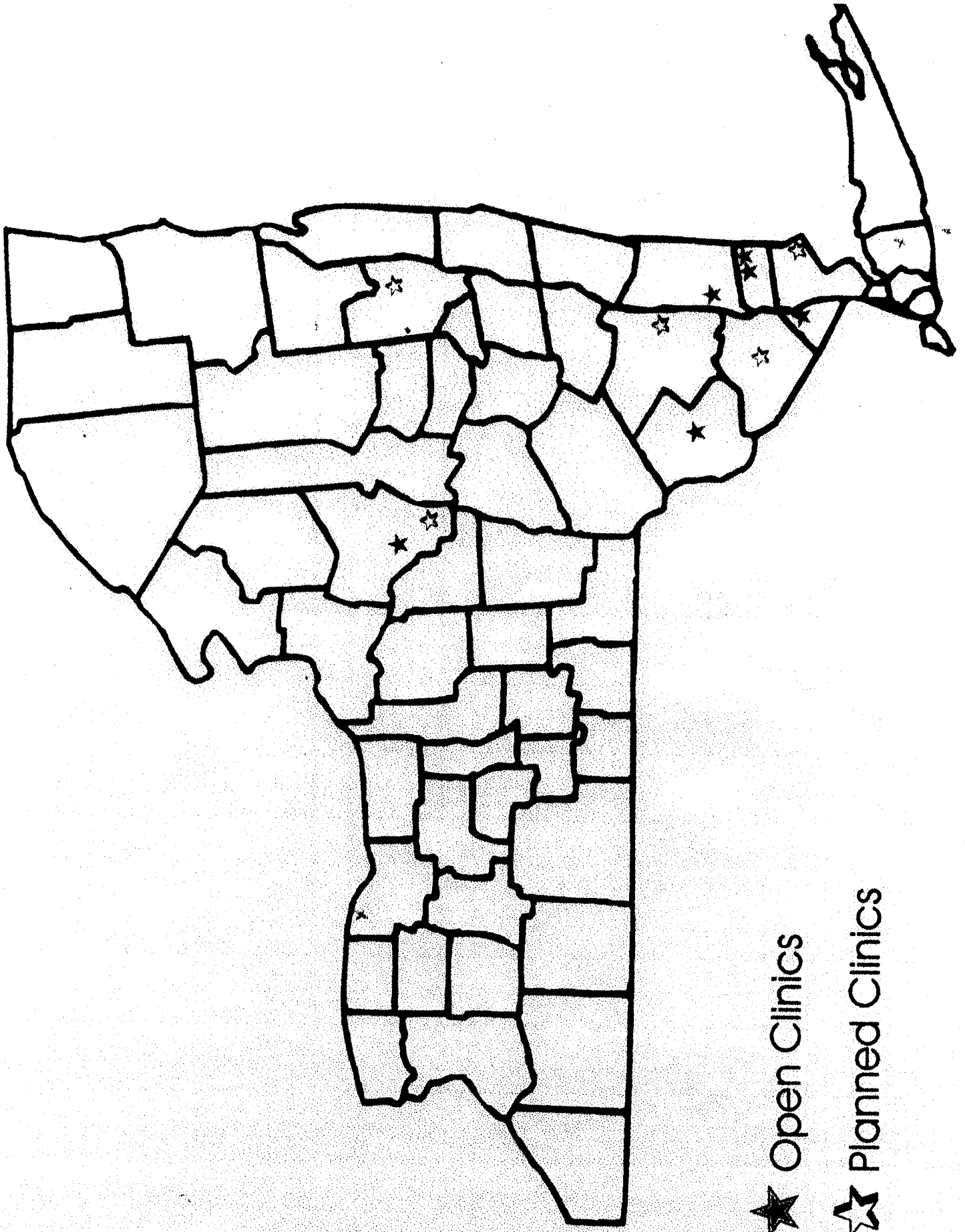
**EVERY PRIVATE PRACTITIONER
IS A
PUBLIC HEALTH DENTIST**

IN THE PRIVATE PRACTICE MILIEU:

- We treat the public at the most basic units of the community:
the individual
the family
- We examine, diagnose, plan treatment, treat and refer.
- We may extend these activities to teach good dental practices in elementary schools and health fairs, probably the deepest incursion made by most private practitioners into the public health arena.
- These activities are discrete and finite.
They don't usually constitute an ongoing activity but they do bring current dental thinking to a broader segment of the population and are, in fact, community dentistry activities.

IN THE CONTEXT OF A PRIVATE PRACTICE MIX WITH COMMUNITY DENTISTRY:

- We perform the previously noted functions.
- We create methods that are ongoing.
- Working with a human services agency, we may approach from a population cc, rather than a disease incidence cc
- We reach a broader segment of the population than is usually seen in a traditional practice setting and treatment usually delivered outside the office in a community based clinic.
- We serve as a bridge to the community, eg, involve local dental society, serve as facilitator, etc.
- We may be able to shape public policy.
- We continue to attend patients in our private practice.



★ Open Clinics

☆ Planned Clinics

LINKAGES AND OPPORTUNITIES

- Private sector - Public Sector (Fed, State, Local Agencies)
- Private Sector - Private Sector (UCP, ARC)
- Private Sector - Hospital Based (Teaching Hospital, Dental Service in Community Hosp)
- Private Sector - Academic Affiliation (Clinics)

Service may consist of joining an existing staff or creating a new operation

DEVELOPMENT OF A PRIVATE PRACTICE WITH COMMUNITY PRACTICE ACTIVITIES

A. Training and practice location

Advantages of a GPR -Added opportunity to hone skills

OR AEGD

- Learn professional poise, doctor-patient interaction
- Expand one's professional circle
- Interaction with medical colleagues

B. Green Chimneys -Not entirely altruistic

- Served as a nucleus for my new practice
- Became aware of other public health issues in the community

C. Invitation to organize a dental service at Putnam Hospital Center

D. Treatment of developmentally disabled patients

E. Request by UCP to organize a special needs dental service

Recognition of the economic realities of practice management and time/income ratio

F. Become a resource in the area of dental health provision

G. Often we must seek out the opportunity to provide services of this type but very often if we just listen, something will present itself.

WHY DO WE DO IT?

- Because it is there
- Because the private practitioner constitutes the bulk of dental manpower
- Because there is an enormous unmet need

The Latin root of the word 'DOCTOR' is 'DOCERE'
TO TEACH

ADVOCATE

To: Division of Community Health
CC: Howard Yager, Executive Director, Hudson Valley Community Services
From: Roderick MacRae III, DDS, FAGD
Re: Description of Dental Activities in the Mid-Hudson area and upstate New York under the auspices of Hudson Valley Community Services, a Division of United Cerebral Palsy Associations of New York State and affiliate United Cerebral Palsy Associations.

The following is a summary of existing and planned activities of dental services of my agency. Since we have a number of projects in progress, I have broken their descriptions down geographically.

PUTNAM COUNTY

Patterson

The original site was established in 1992 and has served as a model for similar clinics in Rockland County, the Rome-Utica area, Sullivan County, Orange County and Glens Falls. The clinical core is built around private practitioners who also have an interest in providing care for special needs and community indigent patients including migrant workers and HIV+ individuals.

The clinic is in operation full time with provision for after hours emergency care and currently there are four part time dentists, one part time hygienist and a full time dental assistant. There are approximately 2500 patient visits per year and this number could easily be increased significantly but for space limitations restricting us to two operatories.

HOSPITAL SERVICES

We utilize Helen Hayes Hospital and Danbury (CT) Hospital where one of our Attendings is on staff for OR support for patients who require sedation or general anesthesia for treatment. Waiting time for appointments is significant and in the two to three month range. Because of this delay and because, coincidentally, I have been invited by Putnam Hospital Center to revitalize its moribund Dental Service, we are seeking to institute a regional hospital dental service for special needs patients. This service could be ready during late 2002. We are in touch with an oral surgeon who is interested in joining staff and will help round out our service array.

Planning is in progress by the agency to move all of its Putnam County clinical services (dental, medical, mental health, etc) to a new facility to be constructed for this specific purpose. The target date for completion is late 2003.

There are two significant features in the Dental Department in this new facility:

1. The Agency has traditionally been a training site for many of the disciplines included in its service array. We hope to include space for an additional operatory to accommodate a student or doctor in training.
2. An OR for sedation or general anesthesia for patients who are unable to receive conventional treatment. If arrangements with Putnam Hospital can be worked out, this OR facility may not be needed.

DUTCHESS COUNTY

Poughkeepsie

We began operations in this three operatory clinic in Oct, 2000. This facility was opened as a three day a week operation and was expanded to full time operation as demand grew. We are in negotiation with a Oral Surgeon to provide services in his office and will utilize either Vassar or Putnam Hospital Center for sedation/GA cases.

This clinic is currently staffed by one dentist and one dental assistant. A hygienist will be added as demand increases and project this addition to be made in the mid-late, 2002 period.

Ultimately, the annual number of patient visits in this clinic should approximate the number presently seen in the Patterson clinic.(2500)

PUTNAM COUNTY

Green Chimneys Childrens' Services

This one chair clinic has been in service since 1979 but the agency contracted with us in 1995 to operate the department and provide dental care. It services a pediatric population of 88 children and an adolescent population of 14. These children are in residential care with psychiatric and emotionally disturbed diagnoses.

Because the number of children in residence remains constant, there are no present plans to expand this facility. There are approximately 450 visits per year.

ORANGE COUNTY

Goshen

Inspire-The United Cerebral Palsy Association of Orange County

This three chair clinic is in planning with a projected opening date of early 2002. I have been working with this group since summer, 2000 and their clinic will be based on the model of our Patterson site with an identical mission: to provide dental care for special needs and underserved patients. Total patient visits can only be estimated but should be in the neighborhood of 2000-2500 per year.

It will be operated full time and staffing will include a Dental Director, a full time dentist or part time equivalents, hygienist and dental assistant.

ULSTER COUNTY

Kingston

This facility is in the discussion stage. We are presently reviewing the options of operating it as a satellite clinic of the Patterson facility or linking with a pediatric group. There is no firm timetable for this clinic and funding must be explored.

WESTCHESTER COUNTY

Rye

We have recently been approached by the UCPA of Westchester County to establish a dental facility. The final decision has received Board of Directors approval and discussions are underway with Greenwich (Ct) Hospital for the clinical site.

ROCKLAND COUNTY

New City

Jawonio- The United Cerebral Palsy Association of Rockland County

This dental facility has been in operation since 1995 and was modeled on the original Patterson, N.Y. facility. I was advisor for its establishment. It is a full time, three chair site.

MONROE COUNTY

Rochester

Our Agency (Hudson Valley Community Services) has been approached by the UCPA of Monroe County to provide technical assistance for the creation of a dental service at this site. Discussions are underway.

NASSAU COUNTY

This facility is converting from a voluntary clinic to an Article 28 basis and will use our Putnam County dental service as a model.

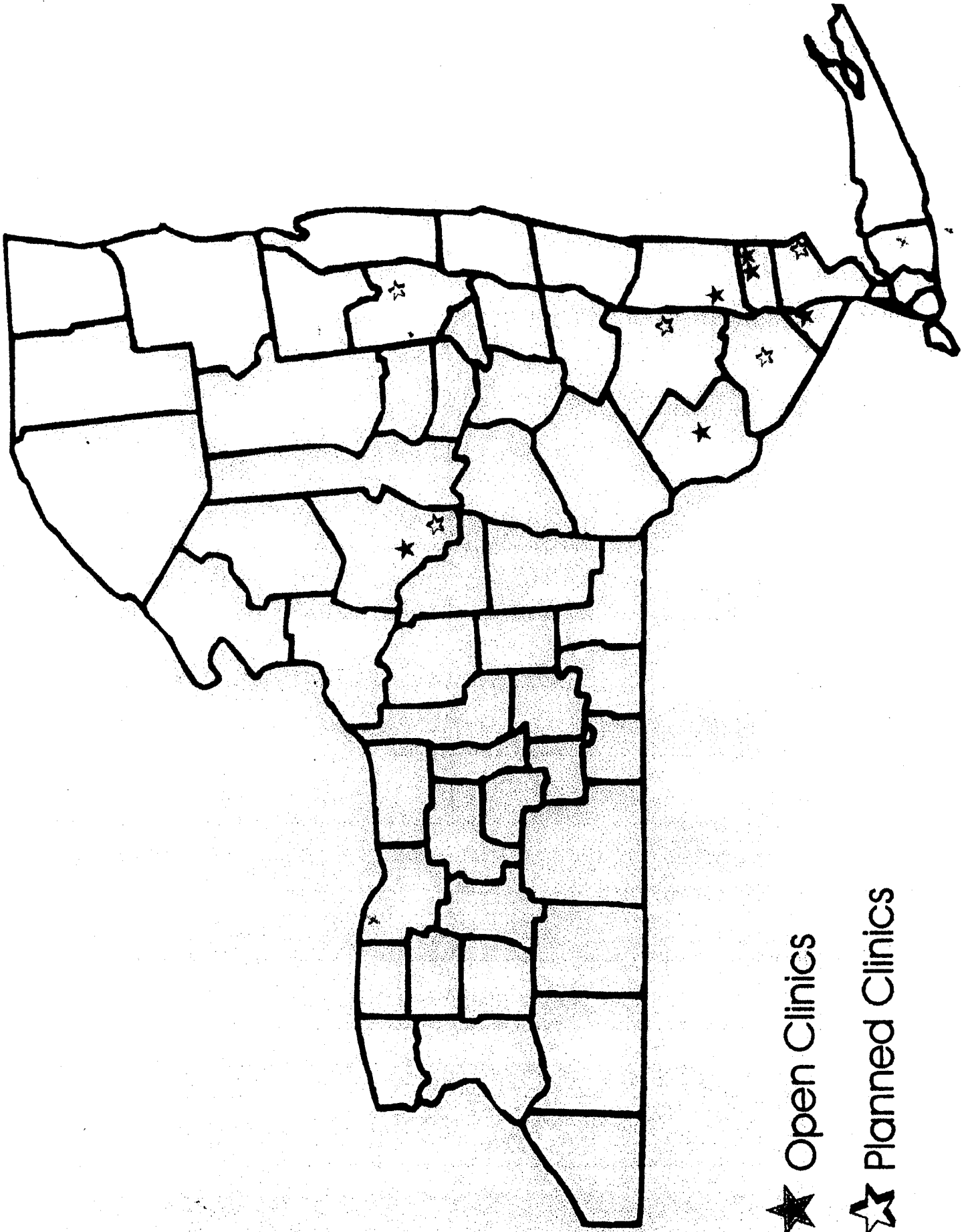
OTHER SITES USING OUR MODEL:

Sullivan County UCP

Glens Falls Center

Utica UCP

I organized an annual dental conference which is held concurrently with the annual UCP State Convention in October.



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