



PROVIDING CARE
PROMOTING HEALTH
PREVENTING DISEASE
PROTECTING THE ENVIRONMENT

**PRICE COUNTY DEPARTMENT of
HEALTH & HUMAN SERVICES
PUBLIC HEALTH DIVISION
104 South Eyder Avenue
Phillips, WI 54555**

September 30, 2010

Honorable Frederick Kessler, Chairman
Special Committee on Health Care Access
One East Main Street, Suite 401
P.O. Box 2536
Madison, Wisconsin 53701-2536

Dear Honorable Special Committee Members:

As the Price County Public Health Hygienist I understand your committees charge to develop potential solutions that address the shortage of health care providers in Wisconsin. It is my intention to discuss these issues from an experienced rural point of view, stressing the importance of utilizing the existing workforce to their fullest extent. Price County is designated federally as a medical, dental and mental Health Professional Shortage Area. Following a community needs assessment conducted ten years ago I was contracted by Price County to develop oral health programming that focused on the disparate that lacked access to dental services throughout the county. Price County has made much progress since 2000 (2005 Price County *Make Your Smiles Count Survey*).

In Dr. Howard Bailit's Oral Health Education Study Project: 0913D (March 31, 2010) Price County was described as one of the counties with the highest rate of Medicaid utilization for children in 2008. This success is a combination of public health working closely with Federally Qualified Health Centers and Community Health Centers. However it has been ten years of public health *frustration* when Local Health Department's (LHD) have to take two steps forward to then go ten steps back.

In my work I have proven success by following creative, cost efficient, evidence-based preventive practices and collaboration with many organizations. Through the public health department Price County has trained their public health nursing staff and area primary care providers (nurses, physicians, nurse practitioners) to do oral screenings, education and fluoride applications with referral back to us when need is identified. We then work (case manage) with those residents with needs into those organizations who will deliver the treatment services. The Price County Public Health Department has developed strong partnerships with dental providers, especially the Marshfield Dental Centers (federally qualified health center), The Lakes Community Dental Center, and others who constantly work with us to treat all people and give them choices.

The Price County Department of Health and Human Services has the capacity and experience to deliver population based prevention programs that include a school-based fluoride mouth rinse program in areas with non-fluoridated water systems, a county-wide dietary fluoride supplement program with well water testing, a school-based dental sealant program, an early childhood cavity prevention program, a Prenatal Care Coordination oral health program for high-risk pregnant women, and a nursing home program that delivers oral health services to the elderly. Price County has developed a mentoring program that works with nursing students, interns, pre dental students and dental hygiene students to assure a continuing workforce in rural areas. So what is the problem? There is not enough infrastructure and resources in Wisconsin to take this model and replicate it throughout the state. Even Price County get *sparks* of funding that funders admit "This is not meant to fund the entire program". So who does fund the programs? LHD's work to utilize Medicaid codes and dental codes that will stabilize and help fund the programs and often we experience change in policy and those funding sources are taken away from us. LHD's recognize their ethical obligation to do follow-up services, but are we

Promoting and Protecting the Health and Well-Being of Price County Residents Throughout the Life Span

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paid to do this? There is often ambiguity in the Wisconsin public health system which establishes program infrastructure and then with leadership changes loses sight of what has been historically in place.

Here is an example of stable funding that was snatched away from public health:

In 2001 Price County worked with the Department of Health and Family Services as a Health Check agency to utilize a code for an interperiodic screening exam. The code definition explains it could be utilized when a specific need was addressed in youth and children. The reimbursement rate is about \$10.86 per visit (follow-up). We have recently been informed that this may change. Not only can Health Check agencies that employ dental hygienists not use this code for oral health problems, but neither can trained public health nurses use this code when applying fluoride varnishes. A fluoride varnish program covers the following:

1. Developing policy and protocols
2. Developing forms used in the program i.e. informed consent, HIPPA, mouth charts
3. Clerical support
4. Oral screening
5. Fluoride varnish placement
6. Hand gloves, face masks, lab jackets
7. Data collection
8. Data entry
9. Data and program evaluation
10. Referral and follow-up
11. Staff salary and benefits
12. Grant monitoring
13. Grant writing

The Medicaid and HMO reimbursement funding is what public health uses to sustain these programs. Public health is very efficient, but we do need consistency in our funding.

Price County Public Health Solutions:

1. ***Consistent, stable, equitable public health funding that covers the costs of programs in rural Wisconsin. Funding LHD demonstrates that the mission and goals of public health are understood, supported, and are a priority.***
2. ***Policy and regulatory decisions that support using existing workforce to its full potential.***
3. ***Consideration of a model mid-level dental provider program in Wisconsin that would increase production through FQHC's and community health centers.***
4. ***Support the mission and efforts of organizations such as Area Health and Education Centers and the Wisconsin Academy for Rural Medicine (WARM) program in mentoring students that will return to rural areas.***
5. ***Support the incorporation of incentives for primary care providers working in rural underserved areas. This demonstrates a commitment to educating and expanding the public health workforce to produce leaders and leadership in the area of Public Health. Public health should attract and retain the best and the brightest.***
6. ***Increase reimbursement for the provision of Medicaid dental services in Wisconsin.***

Respectfully yours,



Nancy J. Rublee, R.D.H., CDHC
Price County Health and Human Services
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