June 15, 2012

Dear Executive Director:

The American Dental Association (ADA) and the National Association of Community Health Centers (NACHC) encourage collaboration between dentists working in private practice and those providing care within federally qualified health centers (FQHCs) in order to increase access to dental care for underserved populations. Increasing public/private partnering among oral health professionals is a positive step towards strengthening the local dental public health infrastructure.

Increasing contractual relations between health centers and private dentists is a viable option for health centers that wish to establish or expand their oral health service capacity. In 2010, the ADA endorsed and NACHC expressed its support for the “Increasing Access to Dental Care through Public Private Partnerships: Contracting Between Private Dentists and Federally Qualified Health Centers” handbook, developed by the Children's Dental Health Project with support by the California Health Care Foundation, in recognition of the important role private contracting can play in ensuring that health center patients are provided with cost-effective, high quality oral health care services.

Private contracting offers advantages to all parties. Health center patients benefit because quality care can be quickly and efficiently delivered, alleviating much of the backlog experienced by many health center dental programs. Health centers are able to meet their patients’ oral health needs without the costly capitalization expenditures of building and maintaining additional dental operatories. Staffing overhead is reduced and health centers have more flexibility in meeting peak demands by contracting with more dentists in the community when they are needed. Access to dental specialty services can also be increased. Private practitioners benefit because they can participate in providing care to underserved populations without having to contend with many of the administrative issues of the Medicaid program. The dentist is paid by the health center pursuant to the terms of their contract, so the dentist is relieved of all responsibilities to bill patients, insurance plans or Medicaid. Dentists can also predetermine the portion of their practice devoted to providing care to health center patients and, unless expressly required by a state, will not have to register as a Medicaid provider.

This joint recommendation of public/private collaboration could serve as a catalyst for private practice dentists and those working in health centers to explore new ways to work together, such as networking and pursuing continuing dental education at local dental society activities. Not many realize that nearly 70% of health center dentists are already members of organized dentistry.

With the substantial expansion of health centers over the past decade and the expectation of further growth under the current healthcare reform law, there will be continuing opportunities for meaningful collaboration. Experienced local dentists could mentor health center dental directors

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1 Executive directors of state and local dental societies, state and regional primary care associations, and the National Network for Oral Health Access.

2 For additional information, see http://www.cdhp.org/system/files/FQHC_Handbook%204-2010.pdf.
nurturing their clinical and managerial expertise. FQHCs could investigate opportunities for retired dentists to continue to utilize their skills and promote part-time loan repayment opportunities for new dental graduates within health centers. Also, dentists could be encouraged to serve on health center advisory committees as a steppingstone to potential participation on FQHC boards of directors.

Increasing familiarity among oral health professionals with the community is an important step towards improving the oral health of all Americans. Such collaboration could also encourage state dental societies and state primary care associations to explore joint advocacy on issues of common ground.

Sincerely,

William R. Calnon, D.D.S.
President
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WRC:TJV