

Basic Operating Support - Six Month Progress Report**Program Information and Status**

Instructions

Thank you for complying with the reporting requirements under your grant contract. The Foundation recommends that you save information regularly when filling out this report. To prevent data loss, you may wish to type responses into a word processing format first, copy them to the online report, and then save the word processing file. Some fields can expand to accommodate the information typed by the applicant. To expand these fields, click and drag the shaded triangle in the lower right corner of each field.

This report is due no later than: Friday, July 20, 2018 at 12 p.m. (noon).

Program Information

Organization Name
Olde Towne Medical & Dental Center

Program Title
Basic Operating Support

Grant Amount
450000.0000

Grant Number
2017048

Project Start Date
1/1/2018

Project End Date
12/31/2018

Program Status

Describe the program goals for the grant period (Response from Grant Application).
Our continuous and consistent goal continues to be increasing access to quality health care for our target population, the uninsured and underinsured of the city of Williamsburg, York and James City counties.

To do this, we are continuing to offer extended hours into the evening for medical patients, and we are expanding our dental staff to provide more appointments for oral health care for adults and children. We are currently open 34 hours a week, and are seeking another part-time dentist with the goal of being open 40 hours a week. We have developed a close working relationship with both of our local ERs who rely on us to provide emergency dental care. We frequently see emergency dental referrals from both hospitals.

We have also now made oral health exams a routine part of diabetic and prenatal care. During the past fiscal year, 160 of our diabetic patients were offered and referred to our dental staff for free oral health exams and dental care. Seventy-three of those patients (46%) agreed to make an appointment. Of those 73 patients, 15 failed to show for their appointments, an additional 24 cancelled their appointments, and 34 were actually seen by our dental staff. This shows that overall 15% of diabetic patients offered free oral health exams actually accepted them. Dental care provided to those 34 patients included 22 fillings, 15 oral surgical procedures and one root canal. Clearly, the patients who were successfully referred to our dental staff were patients who had significant dental problems, but lacked access to care.

In 2015, 278 pregnant women were offered free dental care. Of these, 155 scheduled an appointment to be seen by our dentists. Forty six subsequently cancelled their visits and did not reschedule, 28 failed to show up for their dental appointment and did not reschedule, and 81 patients were seen. We continued to emphasize to our patients the free access to care, and to emphasize its importance. In 2016, 284 pregnant patients were offered dental care, 134 scheduled appointments, 39 cancelled, 23 no-showed: and 72 were seen. Beginning in 2017, we began offering a dental appointment the same time we scheduled the first prenatal visit, before the patient was actually seen by a provider. In the first 6 months of 2017, of 149 prenatal patients, 117 made a dental appointment, 20 cancelled, 25 "no-showed" and 62 were seen. Overall, patient willingness to schedule an appointment was 56% in 2015, 47% in 2016 and 78% in the first six months of 2017. Patient failure to keep an appointment was 48% in 2015, 46% in 2016 and 47% in the first 6 months of 2017. The percentage of prenatal patients who actually received dental care, either a screening exam or treatment for a problem, was 29% in 2015, 25% in 2016 and 42% in the first 6 months of 2017.

We also reviewed the results of dental visits in 67 pregnant patients. All received teeth cleaning, and 20 received fillings, 9 extractions and 3 scaling (scraping teeth and gums). Clearly significant dental problems were identified in patients without prior access to care.

We now offer two full days of prenatal care, and have expanded our open scheduling, which allows medical patients to walk in without an appointment five days a week. We hope by offering open appointments each day to reduce our patients use of local ER's, and staff at Sentara Williamsburg Regional Medical Center have reported a drop off in uninsured patient visits coincident with our initiating open scheduling.

These goals speak to patient access, by making the clinic hours more supportive of those who work during the day or only have transportation in the evening, by actually increasing the numbers of hours providers are available in the clinic to provide patient care and by

allowing patients to access care for acute problems.

We are also focusing on having all of our paid providers meet Meaningful Use. "Meaningful Use" of Electronic

Health Records focuses providers on improving the quality, safety, and efficiency of care while reducing

disparities; engages patients and families in their care; promotes public and population health; improves care

coordination; and promotes the privacy and security of patient information. Ultimately, it is our goal that all

OTMDC providers meet the meaningful use compliance which will result in better clinical outcomes and

incentive payments to our center

We are also expanding our panel of volunteer and paid medical specialists who will see our patients at OTMDC.

This addresses directly ongoing problems with specialty physician access. By seeing our patients at Olde

Towne, we have resolved significant transportation problems related to getting our patients to physician offices

they had not previously visited, and this also makes patient scheduling, under our control, more manageable.

We now offer gynecology, psychiatry, pulmonology, nephrology, HIV/AIDS management, cardiology, sports

medicine, family practice, ophthalmology and prenatal care. This is another effort focusing on increasing patient

access to care, made even more important since the collapse of Project Care, which we had anticipated. We

are reaching out to our local medical society to seek more volunteers, and also are exploring how we might

incorporate tele-medicine into our clinic. We have had equipment installed which will allow free access to UVA medical consultants and conferences.

As part of our goal to improve the patient experience, we increased our availability of trained medical

translators to facilitate patient access, particularly for our Hispanic patients who comprise ~18% of our patient

population, but over 30% of our prenatal patients.

Timely access to our services is important to our patients and our mission. We are now able to offer new

patients a scheduled appointment with one of our full time medical providers in less than two weeks; a return

appointment is available within one week. Our dental patients can all be seen within two weeks, and we

continue to take walk in emergency dental patients. We have streamlined our registration process, and walk-in

patients are registered and seen by a provider the same visit. We continue to track random patients to insure

prompt service.

Describe the progress made towards each of these goals for the grant period.

We continue with evening hours on Tuesday and Thursday, and also have open scheduling daily.

The federal government ended the meaningful use program.

While we continue to recruit volunteer providers, we have also lost through illness, retirement and relocation providers who previously came to OTMDC. We now have six volunteer dentists, down from eight, and five volunteer physicians (cardiologist, nephrologist, gynecologist, and two family practitioners) down from eight. We continue to utilize a part time psychiatrist and obstetrician to see our patients, along with our five family nurse practitioners.

We have added a 4th part-time dentist, and our dental service is now open 40 hours/week. For the past 6 months we had 7583 clinic visits, of which 2048(27%) were to our dentists. We are now getting referrals from other safety net clinics, as well as our two local ERs and word of mouth. Oral health exams are now part of our routine management of prenatal and diabetic patients. See attachments "OTMDC Oral Health Project..." and "OTMDC OB Oral Health..."

The monthly and total demographics and volume summaries are in attachments "CSR Jan-Jun 18 totals" and "CSR Jan thru June 18."

Has the program progressed as anticipated?

Yes

If the program has not progressed as anticipated, please explain what has changed and why.

(Please limit responses to 150 words or less).

If the program has not progressed as anticipated, please explain how your organization plans to proceed.

(Please limit responses to 150 words or less).

Sustainability

Sustainability

What if any, are the specific plans to sustain this program beyond the scope of this grant?

(Response from Grant Application).

Sustainability remains a challenge we have faced for 23 years. Grants provide 41% of our revenue,

jurisdictional support 20%, patient revenue 13%, public donations 10% and endowment transfer 16%. All grants are annual, with no guarantee of continuance. Jurisdictional support reflects tradition, local politics and regional economy.

There is significant competition from many community non-profits for public donations.

Patient collections are

13% of revenue, down from 24% two years ago and 19% last year, falling as our uninsured patient numbers

increase. Prior to the Affordable Care Act, 62% of our patients were uninsured, and now 80% are. Many of the "insured" are treated as if uninsured since they cannot afford their co-pays and their deductibles are high.

Our revenues sources are uncertain, and our approach emphasizes the need we serve, caring for ~30% of the uninsured in our area; that we deliver quality care; and, that we are fiscally responsible in using our assets to deliver cost efficient treatment.

Our board and director of development are aggressively pursuing additional donor, foundation and grant sources of revenue.

We continue collaborate with VCU and EVMS Schools of Medicine, Hampton University's School of Pharmacy, Old Dominion's nurse practitioner program and the College of W&M, as well as community and faith based organizations, attempting to become a community keystone of care for the indigent.

Please explain any changes to the sustainability plan outlined in the application.

(Please limit responses to 100 words or less).

We received increases in funding from the three jurisdictions, and are requesting increases in the next budget. JCC made major and significant improvements in our building. See attachment "Jurisdiction Funding."

We are seeing a slight increase in revenue from insured patients, primarily employees of JCC and York County.

Major grant funding has been flat.

Personnel costs have markedly increased, and we anticipate withdrawing \$247,803 from our endowment/investment fund.

Our optimism about Medicaid expansion is tempered by our experience with the ACA, which after being passed was associated with a paradoxical significant decrease in our patient revenue.

We are approaching the Rapoport, Huston and Clark Foundations, and also Bank of America, Newport News Shipbuilding, Wells Fargo and Ferguson.

Please address the status of each of the anticipated sources of funding listed on the Program Income Form submitted with the application.

There have been no changes in anticipated funding. See attachment "Funding Chart 1718."

Have any additional sources of funding been identified?

Yes

If yes, list the source(s) of funding, the amount(s), and whether they are anticipated or committed.

We are celebrating our 25th anniversary in September 2018, and are holding a raffle, auctions and gala to celebrate this, with a target of \$55,000 additional revenue for OTMDC. This amount is anticipated, and we have \$32,275 committed thus far.

The Virginia Department of Health awarded us \$17,500 to support our efforts at incorporating oral health into prenatal care, and we at their behest have applied for identical funding for the coming fiscal year. This funding is anticipated.

Collaboration

Collaboration

Please list the agencies that your organization collaborates with and briefly describe how that collaboration is taking place.

(Please limit responses to 150 words or less).

We are expanding our collaboration with James City County Social Services (JCCSS), through a WHF grant for a Child Health Initiative. We will provide medical and dental care to participating families, assist in hiring and supporting the grant funded nurse case worker and will provide office space. Our collaboration with JCC/Williamsburg Head Start is expanding to include York County. We now train ODU student nurse practitioners.

We continue to collaborate with the three jurisdictional human services departments, two local hospitals, TPMG, local safety net clinics, CDR, Peninsula Agency on Aging, Literacy for Life, Faith in Action and other community faith based organizations, Sentara Women's Auxiliary, United Way, Avalon, Bacon Street, College of William and Mary, VCU medical school, EVMS, CHKD, Hampton University School of Pharmacy (HUSP), Thomas Nelson Community College, Junior Women's League, Peninsula Food Bank, Virginia Department of Health, Olde Towne Pharmacy, Lawanga and Natasha Houses and Colonial Williamsburg.

If applicable, please indicate which of these partners are in the organization's referral network and indicate how many referrals were both made to and received from each partner in the last six months.

Our collaboration with VCU, EVMS, W&M, ODU, HUSP and Thomas Nelson involves training their students on site, exposing them to the experience of functioning in a safety net clinic. We are also exploring research opportunities with HUSP and W&M.

All of our other collaborators utilize OTMDC as a resource for referring patients in need of our services, but we do not track where are patients come from and our patient surveys indicate ~97% of our patients are referred "by word of mouth, friends or family."

We have begun tracking Head Start and last fiscal year saw 292 children from JCC/Williamsburg and 62 from York County. Our goal for the next year is to expand services offered to these children to include immunizations, physical exams, fluoride applications and oral health exams, and possibly testing for lead poisoning. With Head Start and Colonial Williamsburg we are exploring bringing OTMDC staff off site to reach out to patients.

Grant Conditions

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Grant Conditions (From Grant Contract, if applicable).

- Report outcome data based on the Indicators of Success metrics and targets.
- Cooperate with the WHF-contracted auditors to ensure that the policies and procedures guiding financial management are comprehensive and clear and that grantee is in full compliance.

Report on the above Grant Conditions, if any.

We cooperated with the WHF-contracted auditors in their review, but have not been provided with the results of their study. Indicators of Success are attached.

Program Services Data

Units of Service

Please provide the following information for the program.

For the purposes of this program the Unit of Service is: (Please contact your Program Officer if you need assistance).

UNIT OF SERVICE

Clinical encounters with a medical professional

How many units of service were provided over the first six months of the grant period?
7583

How many units of service were provided over the first six months of the grant period to individuals living in the WHF service area (City of Williamsburg, James City County, York County, and City of Poquoson)?
6624

How many unduplicated individuals received that service in the first six months of the grant period?
3101

How many of those individuals live in the WHF service area (City of Williamsburg, James City County, York County, and City of Poquoson)?
2725

Are the program data and tracking methods working as planned as indicated in the grant application?
Yes

If data and progress tracking methods are not working as planned, what will be adjusted moving forward in an effort to better track data?

Additional Information

The Foundation would like to know more about this program. Please attach as an addendum on the next page any relevant program data you would like to share in a format convenient to your organization.

Attachments

Title	File Name
Six Month Progress Report Expenditure Form (online submission required)	CSR Jan - June 18 totals.pdf
Six Month Progress Report Expenditure Form (online submission required)	CSR Jan thru June 18.pdf
Six Month Progress Report Expenditure Form (online submission required)	Jurisdiction funding.docx
Six Month Progress Report Expenditure Form (online submission required)	Six Month Progress Report Expenditure Form CY 18.xlsx
Six Month Progress Report Expenditure Form (online submission required)	Jan 1, 2018- June30,2018.xls Quality Metrics.docx
Six Month Progress Report Expenditure Form (online submission required)	Funding Chart 1718.pdf
Additional Information 1	Indicators of Success clinical disease markers for chronic disease Jan 2018 thru Jun 2018.doc
Additional Information 2	Indicators of Success Dental Clinic Jan 18 thru Jun 18.doc
Additional Information 3	Indicators of Success Enhanced access to patients Jan 18 thru Jun 18.doc
Additional Information 1	Indicators of Success ExHours Jan 18 thru Jun 18.doc
Additional Information 2	Indicators of Success Financial Management Jan 2018 thru Jun 18.doc
Additional Information 3	Indicators of Success Geriatrics and Acute Medical Problems Jan 2018 thru Jun 2018.doc
Additional Information 1	Indicators of Success OB-Prenatal Jan 18 thru Jun 18.doc
Additional Information 2	Indicators of Success Patient Experience Jan 18 thru Jun 18.doc
Six Month Progress Report Expenditure Form (online submission required)	OTMDC Diabetic Oral Health Project Jan to Dec 2017 and Jan-Jun 2018.docx

Six Month Progress Report Expenditure Form (online submission required)	OTMDC OB Oral Health Jan to Dec 2017 Jan- Jun 2018.docx
Additional Information 1	Patient-Profile 1-1-18 to 6-30-18.docx

Files attached to this form may be deleted 120 days after submission.