



2019 Emerging Opportunities Program Application

Submit Application to: EOPapplications@cityofmadison.com

Deadline: 12:00 pm CST (noon) on October 16, 2018

Late applications will not be accepted

Please limit your proposal and responses spaces provided in this form. Any materials submitted in addition to this application form will not be considered in the evaluation of the proposal. *Do not attempt to unlock or alter this form.*

If you need assistance with this proposal or are unclear about how to respond to any questions listed below, please contact CDD staff at 266-6520.

Agency or Group:	More Smiles Wisconsin	Amount Requested:	\$7,000
Title of Proposal:	Reducing Patient Access Barriers		
Project Type	Capacity Building		
Project Description:	This project will add technology that allows patients to access and complete registration forms and health history questionnaires online which they will submit to the More Smiles dental clinic through a secure portal.		
Contact Person:	Stacy Nehmer	Email	stacy@moresmileswi.org
Address:	630 E Washington Avenue	Telephone:	608-665-2752
Is this Group a 501 (C) (3)?	Yes or No Yes	If no, applicant will need to secure a fiscal agent with 501 (C) (3) status	
Applicant Organization founded (Year):	2009		
Name of Fiscal Agent (if Applicable):		Fiscal Agent Phone:	
Fiscal Agent Contact Person:		Fiscal Agent Email:	

1. Project Description

a. What is the goal of your project? (500 characters)

The goal of this project is to reduce barriers for new low-income dental clinic patients by allowing them to complete all registration forms online through a secure portal versus having to come into the office to complete them. This saves them one trip to the clinic reducing travel expenses and lost work time. At the same time, the project will increase staff efficiency, reduce paper waste and printing costs, in turn increasing the clinic's ability to put more dollars into direct patient care.

Contact Us! CDD staff are committed and willing to help interested groups understand and work through program requirements. Call Nancy Saiz at 266-6520 or check out the staff directory on our website for a list of staff, their focal areas, and contact information.

- b. Intended Service Population: (500 characters) Describe the intended service population that will be impacted by this project (e.g., location, ages, ethnicities, income ranges, English language proficiency etc.). The intended service population for this project is those who lack or struggle with transportation, those who have no set mailing address (i.e. the homeless), and those who read and write in Spanish only. However, the project will benefit all potential patients which includes low-income earners that are 200% of the Federal Poverty Level or below, those receiving Medicaid (Badgercare) benefits or are uninsured. The clinic accepts people of all ages from Madison and surrounding areas.
- c. Project Design: (5000 characters) Describe your proposed project activities. How will these activities help you accomplish your stated goals? Include information about key parts of your project that help us understand how you will accomplish your goals and how these funds would be used.

The computer equipment at More Smiles is very dated. Our current computers and server were purchased in 2007. In order for us to implement the encryption and have the ability to transmit protected health information from the online registration and for us to electronically convert Spanish forms to English, the clinic would need to upgrade its server and the two office computers that would be receiving the health information. We would also need to upgrade our email service to allow uninsured patients to send in proof of income (check stubs) which we use to verify their eligibility for the program. These upgrades will also allow our referral sources to transmit patient information to our clinic through secure email.

More Smiles was chosen to participate in a pilot study on no-show reduction through a partnership between UW Engineering and Marquette University. Upon performing a number of rapid cycle tests and evaluating the resulting data, it was learned that one of the most effective ways to reduce new patient no-shows is to have patients complete their registration forms in advance of scheduling an appointment. More Smiles began to require this of patients and we have since discovered that this has proven to be a burden on some of our population and is putting a larger workload on staff as well. For patients who do not have transportation to get to the clinic to complete forms, we have been mailing the registration packets which takes time and costs us postage. Not only that, if someone does not have a mailing address, it is impossible to get the registration forms to them. From visits to the Beacon, a comprehensive day resource center for people who are experiencing homelessness in Dane County, we have learned that many of the homeless population that utilizes the More Smiles dental clinic also utilize the Beacon's services and are accessing the Beacon's public computers during the time they are there. On a different note but to the same point, with the clientele that we serve, time is important in helping us to address toothaches, relieve infections, and to help patients avoid missing appointments. The mailing of paperwork back and forth can take days. Research has shown that no-show rates decrease as the time from registration to first visit decreases. In other words, the longer a patient has to wait to be seen, the more likely they are to no-show to an appointment. This also raises the risk that they will utilize an emergency room for care. Unfortunately, emergency rooms cannot address dental pain outside of prescribing an antibiotic and an opioid for short-term pain relief. More Smiles places a high value on helping people avoid this route. If our technologies were improved we could reduce patient wait time and also could have a secure referral system in place for emergency room providers which would help ensure that the patient is immediately connected to dental care.

The company that would be transmitting the completed registration forms to us would be doing so through an email link to their HIPPA secure server for us to access the registration forms. Patients who do not have access to computers but do have access to cell phones are able to complete the forms from their phones as well since the platform is mobile friendly. The forms would then be directly transferred into the patient's electronic health record.

These improved efficiencies will help us accomplish our goal of reducing patient access barriers to dental care by making it easier for patients to request care. It will also make it easier for them to complete the necessary registration forms to receive care. In addition to this, keeping strong partnerships with the private practice dentists that we utilize for our referrals is imperative to ensuring continued access for our patient

population. The upgrade of our technology will make referrals and the sharing of protected patient health information seamless. It would also streamline the emergency room referral process where a high number of low-income minorities go for emergency dental care before being referred by emergency room staff to our clinic.

More Smiles has received a quote from the IT company that we work with and also the company we would like to contract with for form creation and management. The information from those quotes are itemized below with the costs that would be associated with such an upgrade:

- Server, installed with 3-year parts warranty: \$1,500
- 2 Workstation computers with monitor, keyboard, mouse, 2-year antivirus, surge protector, preconfiguration, installation and testing: \$2,300

In addition, the following software and set up costs would be associated with the upgrade:

- Microsoft Outlook for encryption, a 2-year plan for each patient interfacing computer: \$800
- Initial set up and creation of fillable form: \$1,000
- Monthly server access to fillable forms: 2-year plan=\$1,400

d. Proposed Timeline for Implementation

Activity	Estimated Start and Completion Dates
Installation of new server and computers	February 28, 2019
Installation of Microsoft Outlook on workstations	February 28, 2019
Fillable Registration Forms added to website	February 28, 2019

2. Applicant Organization or Group: (2500 characters) Briefly describe the structure of your organization. Include information about your board and/or volunteers. Please describe any successes you have had that relate to the proposed project. (10 Pts)

More Smiles Wisconsin is a non-profit 501(c)(3) organization that operates two low-cost dental clinics in the Madison area. The organization was started in 2009 by two local dentists who saw a growing need for dental care for the poor and uninsured. Since that time, More Smiles has grown to become a vital part of the safety net system with more than 30 volunteer dentists. The clinic now also has employed clinical providers which include one dentist, two hygienists, and three dental assistants. More Smiles also has both volunteer and employed administrative staff members. Paid administrative positions include an Office Coordinator, a Director of Operations, and a Community Care Coordinator. The Community Care Coordinator works closely with Dane County Public Health and local emergency rooms to connect patients to dental care. Through the formation of a coalition in 2013, More Smiles has been able to work closely with emergency room staff to ensure that low-income patients receive information about our clinic to have their dental needs addressed.

In 2017, More Smiles was able to serve more patients than any previous year with a patient visit count of 1700. In addition to significant growth of patient visits, More Smiles has been successful in running other programs including a UW student-led patient education committee, and the formation of a partnership with

the Boys and Girls Club of Dane County where we opened a second clinic site earlier this year. This relationship with the Boys and Girls Club is similar to the relationship we have with the Salvation Army Homeless Shelter at our downtown location. Both partners host our clinics inside of their buildings rent-free and are located in high-need areas.

The organization is governed by a highly qualified board of directors, two of which are local dentists who represent More Smiles and its mission to provide quality dental care to the patients we serve. The background and strengths of some of the other board members include expertise in finance, benefits administration, legal issues, and community outreach.

3. Alignment: (2500 characters) Briefly describe how your proposed project aligns with City, neighborhood or community based planning processes, data, or reports. (10 Pts)

According to the Neighborhood Indicators Project Report, "the poverty rate among Madison families was 8%, significantly higher than the rate of 5% for the combined Dane County area outside of Madison". For these families, ensuring no lost work time is essential to their financial survival. The report also notes an average unemployment rate of 4.8%. Upon close inspection of the map, both of the populations in these categories are diversified geographically throughout Madison. Some are in areas that have no transportation solutions. These are the patients that need an easy way to access registration forms. We understand that not every potential patient would be a candidate for online registration form completion, but it is a viable solution for many of our patients. For those who it is not a fit for, we would still work with them to ensure we find a way to meet their needs so that they can get their forms completed. More Smiles works closely with the dental division at Dane County Public Health whose goal is, "for everyone in Madison & Dane County to have access to appropriate and affordable health care so health outcomes are not determined by race, class, gender, income or other group status". Offering our registration forms in Spanish will help to reduce a barrier and will help to promote more equal access contributing to Public Health's health outcomes goal. The updating of our technology would also reduce shortened appointments that are cut into due to cumbersome registration paperwork, therefore allowing us to see more patients per clinic day and allow us to provide more services during those appointments.

4. Community Engagement: (2500 characters) Briefly describe how residents and the community who may benefit from this project have been involved in the development of this proposal. (10 Pts)

We regularly have potential patients that call into the clinic ask us if there is a way to complete the registration forms online or if they can email them back to us after they have it completed to speed up the process of getting an initial appointment scheduled.

We also conduct patient interviews. One of the questions we ask is: how do you think we could improve the services we provide? We have had a variety of answers pertaining to paperwork. When we probed a bit further and asked exactly what about the paperwork was a problem for patients, here are a couple of the responses we received:

1) It would have been easier for me to complete the paperwork at home where I have my medications sitting right in front of me to list on the health history. (This came from a patient who opted to come into the clinic to fill out the forms to speed up the process of getting an appointment scheduled)

2) I had to go to the store to buy a box of envelopes to mail the packet back because I didn't have an envelope at home. (This came from a patient who opted to have the packet mailed due to distance from home to the clinic)

It has been this type of patient input that has helped us to recognize the need for this project and got us thinking about ways we could reduce burdens when it comes to completing registration. From there we were able to identify all of the other benefits this project would produce like translation, and ease for our referral sources and emergency departments.

5. Collaboration: (2500 characters) Briefly describe any collaboration or coordination with other organizations or service providers in the development of this proposal. (5 Pts)

Through the addition of encrypted email and a secure server we will be able to accept referrals, x-rays, and sensitive patient information from other dental providers who are referring patients to our clinic, and we will be able to transmit such information from our end to them as well. For example, if a patient needs a specific procedure that we are not able to complete at our office (sedation, removal of impacted wisdom teeth, posterior root canals), we have established referral sources for those cases. Currently, we are not able to transmit sensitive patient information to these providers which in turn costs our referring providers time having to redo x-rays and evaluations. The addition of secured email could strengthen our referral network further increasing access to care for the patients served. The same is true for patients seen in the local emergency departments as mentioned above. While this proposal was not created from a collaboration, the collaborations we already have in place to serve the low-income population's dental needs would benefit from our enhanced technological capabilities.

6. Funding: (5 points)

- a) Has your organization received funding from the City of Madison Community Development Division, City of Madison CDBG office, Community Resources, or the Emerging Opportunities Program in the last 5 years? (Please note: Amount and frequency of funding will be considered in scoring this criteria)

Yes No

- b) What other funding do you anticipate pursuing if the project is expected to continue? (500 characters)

This project will be a one-time expenditure outside of the annual costs for encryption. In the future, we will need to either look to funders or donors to support that annual cost or we will need to add this as an ongoing administrative expense in our yearly budget. We will also be exploring other technology grants to upgrade more of our computers down the line.

7. Budget (5 points):

- a. Summarize your project budget by estimated costs, revenue, and fund sources.

BUDGET EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CITY \$ REQUESTED	AMOUNT OF NON-CITY REVENUES	SOURCE OF NON-City FUNDED PORTION
A. Personnel Costs (Complete Personnel chart below)				
1. Salaries/Wages (show detail below)				
2. Fringe Benefits and Payroll Taxes				
B. Program/Project Costs				
1. Program/Project supplies and equipment	7000	7000		
2. Office Supplies				
3. Transportation				

BUDGET EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CITY \$ REQUESTED	AMOUNT OF NON-CITY REVENUES	SOURCE OF NON-City FUNDED PORTION
4. Insurance				
5. Other (explain)				
C. Space Costs				
6. Rent/Utilities/Telephone				
7. Other (explain):				
D. TOTAL (A + B + C)	7000	7000		

Explanation of "Other" expenses: (500 characters)

b. Personnel Chart: List all paid staff that will be working on the proposed program/project.

Title of Staff Position	F.T.E.*	Proposed Hourly Wage*
		\$
		\$
		\$
		\$
		\$
TOTAL		

*FTE = Full Time Equivalent (1.00, .75, .50, etc.) 2080 hours = 1.00 FTE Please identify FTE that will be spent in this project.

-SIGNATURE PAGE-

City of Madison Contracts:

The following information is provided in order to outline city requirements that will apply if your proposal is funded. All allocated funds will be administered through contracts with the City of Madison, Community Development Division. If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected organization. If funded, applicants will be required to attend a **mandatory meeting** on contracting requirements. City purchase of service contracts include requirements regarding non-discrimination, consideration of vulnerable populations along with specific requirements in the following three areas:

1. Affirmative Action:

If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02, an Affirmative Action Plan with the City Department of Civil Rights (DCR) or an exemption if allowed by City DCR. For more information on these requirements, please visit the Department of Civil Rights website: <http://www.cityofmadison.com/dcr/programsCCP.cfm>.

2. Insurance

If funded, applicant agrees to secure insurance coverage in the following areas to the extent required by the City Office of Risk Management:

- Commercial General Liability
- Automobile Liability
- Worker's Comp
- Professional Liability

The cost of this coverage can be considered in the request for funding. The Certificate of Insurance that will be required at the time of contracting is available on the City of [Madison Risk Management website](#).

A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at (608) 266-6520.

3. Signature:

(Any applications submitted without a signature will be considered incomplete and will not be considered for funding.)

Applicant Signature:

Enter Name: Stacy L Nehmer

Date: 10/9/2018

By entering your initials in the box,

SLN

You are electronically signing your name and agreeing to the terms above.