underwood+lee
CLINIC

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My name is Dr. Matthew Holder, I am writing in support of the Community Resource Center model, as recently proposed by VOR, a national advocacy organization for persons with intellectual and developmental disabilities. I am the Chief Executive Officer of what is arguably the most successful patient care, teaching and research model of dental care designed for people with neurodevelopmental disorders (ND) in the United States, the Underwood and Lee Clinic in Louisville, Kentucky. I would like to share with you our experience in starting, maintaining, growing and transforming this clinic over the past decade.

The Community Resource Center Model is not a new concept. It has been around for over a decade. In 1999 our clinic founder, Dr. Henry Hood, first started working on the idea of building an outpatient clinic on the campus of the Hazelwood Intermediate Care Facility for Mental Retardation (ICF/MR) in Louisville. Originally, the concept was to have a medical and dental outpatient clinic focusing exclusively on adults with neurodevelopmental disorders and/or intellectual disabilities (ND/ID) living in the community. One of the benefits of the model was that existing ICF/MR infrastructure could be utilized, thereby reducing the cost of care provided.

As a concept in 1999, the Underwood and Lee clinic met some significant resistance. There was resistance from those in the state who felt that ICF/MR infrastructure was untouchable ground – that people in the community would be so repelled by the thought of setting foot on ICF/MR grounds, that the clinic would be destined to fail. There was resistance from those who had the incredibly misguided notion that community-based healthcare was adequate for this population and that a specialized clinic would only represent redundant care – after all, there were Medicare clinics and Federally Qualified Health Centers (FQHC) who were supposedly taking care of this population. There was resistance from those in the state who only examine finances. Their objection was that the cost of such care simply was not a sensible investment for the state. And of course, there was resistance from within state government itself, because what was being proposed was an unproven and untested concept.

After a lot of negotiating, what started off as a proposal for a medical/dental outpatient clinic (with a proposed operating budget of $2,000,000 per year) became whittled down to a dental clinic that started with only a $350,000 annual operating budget. The general consensus among the detractors of the project was that the Underwood and Lee clinic would be lucky to survive more than two years and that surely no more than 300 patients would ever come to the clinic.

I am happy to report that the detractors of the original project, from all areas, have been proven wrong. The Underwood and Lee Clinic now serves over 1,000 patients from 45 counties in the state. Despite the fact that some of our patients drive 4 to 5 hours each way to access care at our clinic, we have a 97.2% patient satisfaction rate (the other 2.8% only rated their opinion of our clinic as just “average” – none ranked it as “below average” or “poor”).

The Underwood and Lee Clinic’s research program established, early on, that it was not performing redundant care. Frequently, the clinic would see patients who had been unable to access adequate care for over 10 years. Some patients arrived at the clinic with more than a dozen painful dental abscesses in their mouths – a testament to their long-standing inability to find care at any other medical or dental facility in the state.

The teaching program at the clinic has positively affected the entire community of dental providers in the state. Since inception, nearly 500 dental students and dental hygiene students have rotated through the clinic, learning how to care for our special patient population.

Word of the success of the clinic has spread around the nation. The founders of the Underwood and Lee Clinic have been asked to consult with Senator Ted Kennedy, Senator Tom Harkin, the Surgeon General of the United States, the President's Committee on People with Intellectual Disabilities, HRSA, CMS, multiple governors and other government offices, to share their expertise in shaping this unique area of healthcare policy.

The soundness of the clinic as a fiscal investment has been recognized by both public and private insurance entities. In 2003, the clinic received an award from CMS for its innovative approach to patient care, and in 2007 the clinic received the Kentucky Area Health Underwriters award. This award has been historically reserved for the most innovative physicians: Dr. Jarvik for his work on the world's first artificial heart, Drs. Kutz and Kleinert for their work on the world's first hand transplant, and C. Everett Kopp for his work as Surgeon General are some of the previous recipients. 2007 marked the first year ever that this award was given to a dentist. That dentist was Dr. Henry Hood – for his ground breaking work at the Underwood and Lee Clinic.

The feedback from patients of the clinic has been so positive that in 2008, the state approved a $10 million appropriation to help expand the clinic. This is perhaps the most amazing part of the story of the Underwood and Lee Clinic. In these tough economic times, in a political environment of extraordinary budget shortfalls, massive budget cuts, and even a major political shift from a Republican administration to a Democratic administration, the Underwood and Lee Clinic prevailed as one of the few projects worthy of capital investment in the Commonwealth of Kentucky.

By 2012, the Underwood and Lee Clinic will open the doors of its new clinic. At that time, it will have the capacity to serve over 4000 people with ND/ID, in the fields of medicine, dentistry and psychiatry / behavioral care. It will have an annual operating budget of between $4 -$5 million.

To be sure, as with any new venture, there is no guarantee of success. Creating a successful Community Resource Center requires the proper vision, funding stream, personnel, knowledge base and management. Over the past 10 years, we have learned many of these lessons through trial and error. Should New Jersey choose to invest its resources into a similar model of care, however, I can assure you through personal experience that with the proper attention to these factors, the CRC model can be successful in New Jersey as well.

If you would like to speak with us in more detail about our experience with the Underwood and Lee Clinic we would be happy to answer any questions. Please feel free to contact us at anytime.

Sincerely,

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