

Penny wise, pound foolish with dental care for needy

By **NICK COLEMAN**, Star Tribune

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The governor of Minnesota got a lot of love from the Burnsville Chamber of Commerce last week when he said Minnesota is spending too much money on social services and welfare for poor people.

Not to worry: We're going to give those people just what we really think, right in the teeth.

Literally.

Hennepin County Medical Center, under pressure to trim services that incur losses, is shutting a desperately needed dental care program at its community clinic in Richfield. Located in the Hub shopping center, the small clinic serves 2,000 special-needs patients, 70 percent of them developmentally disabled adults with conditions such as Down syndrome and brain injuries, residents of group homes or poor children.

They are the kind of patients that most private dentists do not accept, because they are on medical assistance programs that cover only 40 percent of the cost of a procedure, and because treating the developmentally disabled can be very challenging and take much longer than treating other patients. And not treating them is an expensive option: Untreated dental problems lead to emergency room visits and operations under general anesthesia.

"These patients do not understand why you are trying to look into their mouth," said Dr. Rick Markowski, one of two HCMC dentists at Hennepin Care South, a primary care clinic in the Hub. "They don't understand why you are sticking them with a needle."

"They are afraid. But after they get used to coming here, they trust me. It may take twice as long to treat them, but I get a lot of hugs and kisses, too."

Not always, though. Recently, a 60-year-old patient with Down syndrome got upset while Markowski was taking a mold to make a denture. Suddenly, the patient lashed out at Markowski and punched him in the chest. The punch didn't hurt the dentist, but it illustrates the challenge in treating special-needs patients.

Some developmentally disabled adults may go years without letting a toothbrush or a dentist inside their mouths. Many end up in operating rooms (the county performs about 300 surgeries on dental patients each year). But Markowski, who is 48 and has served at the clinic since it opened in 1996, treats patients with a gentle manner and patience, and has a real knack for getting them to open up.

And for saving taxpayer dollars: One of Markowski's patients who used to end up in the operating room

every two years has been able to stay out of the hospital for eight years, thanks to regular care by a dentist who is able to treat him.

Long-term savings

That's the irony here. The clinic in the Hub "loses" about \$100,000 a year. But in reality, it saves much more than that by keeping its patients out of the hospital. One more way in which Minnesota has become penny wise and pound foolish:

Cutting preventive services to the neediest among us, so that when we finally provide treatment, it will be more expensive and possibly involve life-threatening illness.

Minnesota, Genius State.

The clinic was told last week that it would close by April 1. That date may be delayed somewhat: HCMC administrators are now discussing how to handle the needs of the displaced patients.

Markowski says the HCMC dental clinic in downtown Minneapolis, which serves 18,000 patients, is "maxed out" and can't handle 2,000 new ones.

HCMC, meanwhile, is pinning its hopes on plans to build another family medical center that includes a dental clinic during the next year or two. The site, however, has not been chosen and there is no money for a dental clinic, although HCMC plans to seek grants to pay for one.

'Give the county a black eye'

In other words, there are a lot of "ifs." And cost-cutting by the state and federal government is the biggest one.

"We are not going to walk away from the developmentally disabled," says Dr. Anthony DiAngelis, chief of dentistry at HCMC. "But this is part of a big issue. There is a tremendous crush in this state, and the safety net is under tremendous economic pressure. We are getting spending cuts from every direction."


One reality is political: Down syndrome patients who need root canals do not applaud cost-cutting governors at chamber of commerce meetings. Needy dental patients occupy one of the lowest rungs on society's ladder.

"Abandoning children and patients with disabilities is going to give the county a black eye," Markowski says. "It's going to look just terrible."

Yes. It'll look bad. But we'll be able to brag that we're cutting the fat out of government.

Along with the heart.

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