DENTAL MEDICINE CONSULTING

Practice Enhancement Recommendations for the Oral Health Program at

Guilford County Health Department

Executive Summary

Guilford County Department of Public Health is NC's first full time health department and our nation's second. According to former Guilford College History Professor Alexander R. Stoesen's historical compilation, typhoid fever, smallpox, infant mortality, and vaccinations for school children were major local issues that desperately needed to be addressed. Guilford's county health department continued to add programs and services to meet the community's needs and assure compliance with state public health laws. HIV/AIDS was a new disease that challenged the system while old issues like infant mortality continued, becoming an even a greater problem. Services have been reorganized and sometimes outsourced in order to best serve the community. An example of this was the privatization of the children's acute care clinic which became Guilford Child Health, today known as Triad Adult and Pediatric Medicine, Inc. Access to health care for the working poor continues to be a significant need today, but in 2010, the establishment of the Evans-Blount Community Health Center in southeast Greensboro was an example of a Guilford County public-private partnership making quality services more accessible and affordable. GC has 2 dental clinics located in Greensboro and High Point. The Dental Program serves children and adult emergencies with 3,606 patients seen in the most recent year. The Payer sources are 76% Medicaid, 8% Health Choice, 16% Self-pay.

GC joined with the Cabarrus Health Alliance as part of a Robert Wood Johnson grant. The two entities selected the name "Project Smile" for this initiative. It was through this project that a practice assessment was completed. The assessment of GC's dental program was completed in August 2013 by Chief Consultant, Sean Boynes, DMD, MS and lead analyst, Amah Riley, RDH as part of Dental Medicine Consulting (DMC). The assessment included an in-depth analysis of dental practice data, followed by a site visit. During the site visit, the DMC team met with executive management, senior leadership, as well as clinical and front office personnel. Charts were reviewed, data confirmed, and an exit interview conducted.

At the site visit, administrative leadership expressed the need to maximize access while maintaining financial sustainability. The administrative leadership also stated a strong desire to increase the number of new patients into the dental program and expanding capacity. Administrative and dental staff unanimously agreed that they needed to see improvements with marketing and community involvement. Concern was also stated as to the ability of recruitment and retention of dentist providers. Everyone also agreed that no-shows were an issue for the dental program, hindering productivity and creating unpredictability in the daily schedule.

Guilford County Health Department's dental program is a valuable asset for the people who live and work in the Greensboro, NC area. Given its current size, the dental program needs to be maximally efficient and effective. The strategies outlined in the following pages are designed help to guide GC as they work to make their dental program stronger and more effective.

Recommendations

Area	Issue	Recommendation	Action Step	Due Date
Program Mission and Vision	Currently the dental program has new leadership after a period of uncertainty.	Leadership is paramount at this time for the GC dental program. Creating a strategic plan that allows the dental team to understand what the program is about and what it hopes to achieve will strengthen the application of dental care.	Develop a 3 year strategic plan.	
No-Shows/Last-Minute Cancellations	Patients who fail to keep their scheduled appointments are the biggest issue facing the dental program. In the sample week, the no-show rate was 33%. Thus, the clinic was only able to achieve 67% of its potential capacity, which means a shortfall of over 1,500 visits. This means that at least 600 area residents who needed dental care were unable to receive it because appointments had been reserved for patients who failed to honor their commitment to the clinic.	GC should RE-develop a strong no-show policy and enforce it consistently to weed out the patients who do not value the opportunity they are being given as patients of the dental clinic. The goal is to develop a stable base of patients who understand the value of the care they are being offered and are willing to abide by practice rules.	RE-create a strong no-show policy	
		In the month before the “new” policy goes into effect, begin educating staff and patients. Post the new policy in patient waiting areas and provide written copies to new and returning patients. Include the new policy in all new patient materials, require patients	Post the new policy in all patient waiting areas; provide copies of the new policy to all new and returning patients; have new patients review and sign off on the policy and place the signed document in their charts	

				to review and sign off on the policy and place the signed document in their chart.		
					Do not schedule multiple family members on the same day unless these are established patients with a proven track record of reliability. Never do this for new patients as they are at highest risk of being no-shows	
					Designate the staff responsible for making reminder calls	
					Make reminder calls 48 hours in advance. Consider removing appointments for patients who don't have a working phone.	
					When forced to leave a voice mail message, require the patient to call back no less than 24 hours before their scheduled appointment to confirm their intention to keep the appointment. Remove appointments for patients who fail to call back in time	
				New patients are at highest risk of being no-shows. To limit the potential damage to the daily schedule, only designate one or two new patient slots in the hygienist's schedule	Schedule no more than one or two new patient visits in the hygienist's schedule each day	
				Emergency patients are also at very high risk for not keeping scheduled appointments. To limit	Ask emergency patients needing follow-up care to call back when they are ready to	

				this risk, consider not giving emergency patients follow-up appointments the day of the emergency visit. Give patients a card with the clinic number and ask them to call back when they've had a chance to check their calendars and are ready to schedule their follow-up care. Many will never call back, but these patients would most likely have failed to keep those scheduled appointments. If the dentist feels the emergency patient's clinical situation warrants a follow-up appointment be scheduled before they leave the clinic, that should be done. If an emergency patient asks to be given an appointment before they leave, that should be done as well. In either event, the patient needs to be reminded about the no-show policy and counseled about the consequences of failing to keep the scheduled appointment or provide more than 24 hours' notice of cancellation.	schedule their follow-up appointment (with exceptions as noted in the recommendations section)	
				No-shows should be tracked as the percentage of scheduled appointments for which the patient failed to show or cancelled with less than 24 hours' notice. The goal should be to decrease the no-show rate to 15%-18%.	Track the no-show rate as a performance improvement initiative	
Dental Program Capacity		Currently the GC dental program has adequate space and chairs to produce a		For now, the focus should be on reducing no-shows and other program improvements to improve	Establish daily, weekly and monthly productivity goals for the dentist and hygienist (SNS	

		higher level of sustainability.		current provider productivity.	can help with this)	
				Dental providers (dentist and hygienist) should understand what their productivity goals are and that they are being held accountable for achieving these goals. There should be an incentive plan in place to reward providers and support staff for meeting goals (assuming the overall dental program has reached financial sustainability)	Track and report actual provider productivity vs. established goals as a performance improvement initiative	
					Consider an incentive plan to reward staff once financial sustainability has been reached	
		Many dental programs where demand exceeds capacity struggle with how to manage requests for new patient appointments. Bringing in more new patients than can be accommodated has unintended negative results: patient and staff dissatisfaction, inability to complete treatment on existing or new patients, increased no-shows and overall chaos		New patients coming into the dental clinic need to be balanced with those whose treatment plans are completed (and who are thus moved to recall status). The best way to manage new patients is to begin tracking when existing patients' Phase I treatment plans are completed. Phase 1 treatment includes diagnostic, preventive and basic restorative services, non-surgical periodontal care and the extraction of hopeless teeth	Create a no-charge dummy code that goes on the encounter form and is checked off when the last service in the patient's treatment plan is completed	
				To determine the number of new patients that can be incorporated into the practice on a weekly or monthly basis, run reports on the the treatment completed dummy code. If 10 treatment plans were completed in a given month, that is	Run monthly reports on the treatment completed dummy code to determine the number of new patient appointments that are available (eg, run the report for the month of January to determine how	

				the number of new patients that can be given appointments	many new patient spots are available in February)	
		The current FTE for Dentist providers is very low versus projected need. The additional FTE is needed to improve patient load.		Consider a floater or mobile based dentist that can be “stationed” at head start programs in the area.	Evaluate the ability for a dentist share program through Project Smile.	
				Due to decreases in available services over the last year, an increase patient load is needed.	Consider opening a specific portion (time and/or day) to families of the children seen for dental care.	
		Currently uninsured patients do not have an opportunity to be enrolled in Medicaid on site. This results in a missed opportunity for income as well as a missed opportunity to improve the patient experience.		An on-site Medicaid intake specialist can provide the patient with an opportunity to have coverage for medical and dental. This will result in a better experience and possibility of new patients coming in the door for this service.	Evaluate the possibility of having a staff member become a certified intake specialist.	
		Currently the number of patients with private insurance is negligible if not non-existent.		Private insurance carriers are a decreasing commodity in dentistry however a number of the “working poor” have limited coverage. By accepting private insurance you can provide a great service for patients in need of care that have coverage but need assistance with fee schedule payments.	Evaluate accepting private insurance (decide if GC will be an in network or out of network provider as well as gauge the interprofessional politics of such a decision)	

Quality Management		There is no formal quality assurance and quality improvement focus in the dental program.		Create a quality management policy for dental detailing all aspects of quality assurance and quality improvement. This policy will spell out the essential elements to be included in all charting of patient visits.	Create quality management policy (DMC can provide sample)	
				The dental program should identify at least one quality outcome indicator to track and report. Recommend it be completed treatments as discussed above	Track completed treatments as a formal quality outcome measure. Outcome goals relating to clinical aspects should be created and tracked by the dental manager.	
				Additional tracking of outcomes such as a failure rate of fillings can be tracked on a quarterly basis at least once a year.	Use dummy codes for adverse events such as replacement of filling prior to two years and track to evaluate the quality of the fillings being placed (this should be entered chairside by an assistant only)	
				The dental program should identify at least one quality outcome indicator to track and report. Recommend it be completed treatments as discussed above	Track completed treatments as a formal quality outcome measure. Outcome goals relating to clinical aspects should be created and tracked by the dental manager.	
		There is currently a limited evaluation of chart integrity. No formal chart auditing process is present.		Chart auditing at even a minimum of annually provides decrease liability and appropriate checks and balances to improve the patient experience.	Create a formal chart auditing procedure that includes peer review.	

					Consider using an independent agency or organization for chart review (DMC or through Project Smile)	
Clinic Maintenance		The current maintenance (clinic breakdown for cleaning) system is questionable in the number of FTE used and the amount of time dedicated to tasks.		A log of what maintenance is needed is necessary and should include daily, weekly, monthly, and yearly tasks and recordings. Each day tasks should be completed to eliminate clinic shut down.	Establish objectives for staff and providers.	
Medical-Dental Integration		The current payer mix leaves room for enhancement. The best way to manage the payer mix is to identify priority populations for care in the dental clinic. Evaluation of patient's that can use CHA for multiple uses demonstrates low numbers of total use.		Add questions to the medical health history, WIC, etc..: do you have a regular dentist? (Y/N) When was the last time you received dental care? Train medical staff to review this question and offer to make a referral to the dental program for priority patients without an ongoing dental home.	Add questions to the medical health history and in-service staff on how to make referrals to dental	
					Track referrals from medical to dental and vice versa as a health center-wide performance improvement initiative	
Scheduling		The schedule is the single most important strategic tool for achieving practice goals, and yet in many safety net dental programs, it is often done without much thought or planning.		Create a formal scheduling policy defining all aspects of the scheduling process (including who may and may not schedule appointments). Create a new scheduling template designed to maximize access and the attainment of financial, productivity and outcome goals. Train staff in how to use the schedule.	Create a new scheduling policy	
					Create a new scheduling template and train staff in how to utilize the template ***[This will need to be altered between the two sites]***	
				The needed use of the Language	Develop a specific written	

				Line system at High Point causes a slow-down in scheduling and getting patients in on time.	procedure of how to handle these patients. Possible to have certain days or times when these patients can be scheduled.	
Fee Schedule		The fee schedule is currently below the 40th percentile for usual and customary rates for Greensboro and surrounding area. As a result, GC is devaluing the contributions made to the community by the dental program. This could also place GC at a competitive disadvantage with possible grant or county reviewers that may look at gross charges as one measure of effectiveness of health centers.		Consider increasing fees to at least the 60th or 70th percentile of usual and customary fees	Revise fee schedule and get board approval	
Accountability and Buy-In		The entire dental staff needs to understand the current situation, what it costs to run the dental program, where the opportunities lie and what the goals for the program are going to be. They have to understand that participation in the departmental improvement initiative is not optional, and that their individual and collective performance will be measured and reported		Share the proposed goals established to attain program success for discussion and feedback. Track performance in meeting goals on a monthly basis and update staff regularly on how things are going. Discuss barriers and strategies for overcoming Celebrate success openly and coach setbacks privately. Keep shining the light on program performance to keep staff focused on the work at hand	Educate dental staff; set program goals; monitor progress and provide regular feedback to staff; reward success and coach setbacks	
					Create a morning huddle system for both sites. Consider a quarterly or bi	

					annual joined huddle using IT technology such as Skype or conferencing. (Use Cabarrus Health Alliance morning huddle system as a model)	
Rewarding Performance		Financial rewards can be a powerful incentive to make change happen. We recommend that the entire dental team be rewarded when the program reaches financial sustainability as this fosters teamwork and shared accountability.		When financial sustainability is reached, the entire dental staff should be rewarded. Rewards can be a percentage of salary or a straight cash bonus. Staff should know this reward is available once sustainability is reached	Consider creating an incentive plan	