



**Practice Enhancement Recommendations  
for the Oral Health Program at**

**Project Smile**



## Executive Summary

The Cabarrus Health Alliance (CHA) and Guilford County Health Department (GCHD) will partner to explore innovative mechanisms for re-organizing and re-structuring the management and delivery of public health dental services to enhance efficiency and capacity across the jurisdictions of Cabarrus County and Guilford County in North Carolina. Both counties are located in the central Piedmont region of the state and are major hubs for intra- and interstate commerce. CHA and GCHD view this project as an opportunity to explore sharing mechanisms as part of a Learning Community that will ultimately result in the provision of increased dental care for a significantly larger underserved population from baseline. Public health dentistry is a critical safety net service targeted to low-income and underserved groups who lack access to the private dental market. Access to dental care is challenging for these populations because of poor provider participation in the Medicaid program due to low reimbursement rates as well as the general shortage of providers in Cabarrus and Guilford. As is the case in many communities in North Carolina and across the nation, private for-profit dentists treat clients with insurance and those who have the ability to pay, thus leaving little room for the indigent.

Ultimately, the CJS arrangement will meet the following long-term objectives:

- *Increase patient volume*- Increase the number of underserved clients receiving care.
- *Improve efficiency*- Decrease dental service expenses by capitalizing on shared services and processes.
- *Provide innovative new services*- Identify and provide new dental services needed by the community that are not currently being offered.

To achieve these objectives, the CJS team will use the two-year grant period to analyze and subsequently plan for re-organizing the management and delivery of dental services across the jurisdictions of Cabarrus and Guilford counties. The team will study this arrangement from economic, political, legal, and community need-based perspectives.

Cabarrus health Alliance joined with the Guilford County Health Department 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 practice assessments were completed. The assessment of both programs in relation to Project Smile 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 assessments included an in-depth analysis of dental practice data, followed by a site visits. 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 with both sites..



<b>Recommendations</b>				
Area	Issue	Recommendation	Action Step	Due Date
<b>Accountability and Buy-In</b>	The entire dental staff needs to understand Project Smile at the least on a basic level and for more involved staff at an advanced level. They have to understand that participation in the project is supported across all aspects of both CHA and GC.	Share the proposed goals with all staff ensuring that all team members understand their role in the success of the program	Educate dental staff; set program goals; monitor progress and provide regular feedback to staff; reward success and coach setbacks	
<b>Expectant Mother Oral Health Education Initiative</b>	Both organizations have strong WIC programs but poor utilization of dental services by WIC enrollees. Oral health services and education are considered very impactful in improving child birth outcomes and decreasing caries rates.	Create an educational program that can be presented within the service communities that will educate expectant mothers in oral health care and encourage them to use dental services.	Develop educational materials and course using the Oral Health in Pregnancy National Consensus Curriculum with materials provided by the National Children's Oral Health Foundation.	
			Track epidemiological information to gauge success of program. Compare and contrast successes/failures between the two systems to gauge variables.	
		Get complete buy in by each WIC program to refer clients to have care provided by each dental clinic.	Track referrals and evaluate patient demographics.	
<b>Dentist Sharing Program</b>	With practice enhancement plans, both sites are in need of additional FTE dentist. Both sites will need growth in patient load to support full time FTE. CHA will most	Hire a new dentist through CHA that can be shared by both organizations. This will limit total financial impact while assisting GC in immediate need for practice growth. Both sites can benefit	Hire 1 FTE dentist through CHA with split of FTE to be decided by both parties.	



	likely see this increase the quickest.	from mobile usage and the share program can highlight that portion of the dental program. This will also allow the dentist to work in both communities and he/she can act as a liaison between the two communities.		
<b>Orthodontic Scholarship Initiative</b>	GC currently offers orthodontic procedures to patients as part of a billed volunteer program. CHA has good referral source for covered patients; however, there exists limited-to-no offer to under- or un- insured families for orthodontic coverage. CHA can offer a scholarship program through GC for a set number of patients to receive ortho- care <i>(Note: Would have to consider a voucher system for gas payments as part of scholarship)</i>	Create a "scholarship" program for needing and warranted patients in order to receive life changing orthodontic care. <i>(Note: Could tie this into a workforce development grant if willing to apply to expected, recent, new graduates heading into workforce)</i>	Evaluate the ability to begin offering a cross county orthodontic scholarship program.	
<b>Dental Technology (Dentrix Dental Health Record)</b>	GC to initiate new Dentrix Enterprise system. CHA with substantial experience with program. CHA can assist with integration of program into operations	A Front office/billing leadership exchange can lead to across the board improvements for both organizations. Sharing of information and training of staff can lead to a better cohesiveness and also improve morale with visiting colleagues.	Create a front office exchange over a set time table. Sharing between organizations should be determined and may include but not be limited to: sharing of scheduling of patients and templates; data entry; use of billing monitoring and reporting; filing of insurance claims.	
			Exit interviews with staff members after site visits should occur to gauge	





				experiences.	
				Explore opportunities for possible peer review between dentists.	
<b>Dental Supply Ordering</b>		Although both sites should be receiving government pricing for supplies, some materials do not fall under those contracts (i.e. composite materials, anesthetics, etc...)	Establish commonalities in ordering of specific materials that do not fall under government discount and evaluate a joint bulk order process.	Consider a joint bulk order process (evaluate the financial impact from an FTE/shipping aspect prior to committing)	

