“A Sustainable Dental Clinic Business Model which Achieves the Triple Aim while Meeting Your Community`s Oral Health Needs”
What Does Executive Leadership Need to Know and Do to Capture OH Success?

Our mission is to improve the oral health of all.

Mark Doherty DMD MPH
Executive Director
Safety Net Solutions
A Tale of Three CHCs
Who?

1. Teaches us dental business in the Safety Net?
2. Gives us the knowledge and guidance we need to run a sound dental department?
3. Even defines what a sound dental department would be?
4. Gives us the tools, policies and operational strategies we need?
5. Defines how many dental visits we should have?
6. Defines the types of dental services we should provide?
7. Describes how to determine a nominal dental fee?
8. Teaches us how to create the sliding fee schedule in dental?
9. Defines how to create a scope of project in dental and then.... What our correct scope of service should be within that SOP?
10. Who determines for us and shares with us what each service we provide in dental will cost us?
What We Share and Teach

• For Administrators/Executives/C-Suite members of an FQHC: what a practical, successful HC oral health program should look like in relation to balance in: Access, Quality, Affordability and Outcomes within governance compliance and with a sound financial plan

• How an effective executive team could provide proper support and infrastructure to help create an efficient and effective oral health program

• What we need to know before we create a business plan and then how to create a sound business planning approach to an FQHC oral health program

• What a dental director and/or oral health program practice manager should know to establish clarity around program and individual goals; roles; responsibilities and timelines

• The 10 most important areas to prioritize for the development of an efficient and effective FQHC oral health program as learned from the analysis and work with of over 400 safety net dental programs
5 Nuggets

What gets measured gets done

We get the results we tolerate

Clarity around Goals, Roles, Responsibilities and Timelines

Evaluation of individuals is around how they fulfill their: Goals, Rolls, Responsibilities and Timelines

The biggest challenge in HCs is Health IT
What does success look like?
Sound Business Plan Development
Our Largest Failure

Understanding Our Capacity
<table>
<thead>
<tr>
<th>Day</th>
<th># of FTE Providers</th>
<th>X 1.7 Visits/FTE/Clinical Hour</th>
<th>X # of Clinical Hours</th>
<th>Potential Visit Capacity</th>
<th>Actual Visits</th>
<th>% of Capacity Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon.</td>
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<td>Tues.</td>
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<td>Thurs</td>
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<td>Fri</td>
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</tbody>
</table>
Benchmark Budget Breakdown

- **Practice Overhead:** 66%
- **Payroll** (salary, taxes, & fringe benefits): 55%
- **Lab fees:** 5%
- **Office Supplies:** 1%
- **Depreciation:** 4%
- **Facility Costs:** 5%
- **Dental Supplies:** 17%
- **Repairs:** 2%
- **Marketing/Promotion:** 1%
- **Recruitment:** 1%
- **Building, Utilities, telephone:** 8%
Benchmark Accounts Receivable

- Current A/R: 68%
- A/R less than 90 days: 20%
- A/R greater than 90 days: 9%
- A/R written off as uncollectible: 2-4%
Benchmarks

- 2500-3200 encounters/year/FTE dentist
- 1300-1600 encounters/year/FTE hygienist
- 2700 encounters/year with 1100 patient base
- 1.7 patients/hour or 13.6 patients per day per dentist
- 8-10 patients/day for hygienists
- Gross Charges = >$400K- $500K per dentist per year
Benchmarks cont.

• 230 work days/year (or 1600 work hours/year after holidays and vacations)
• $171 average cost per encounter (UDS 2014)
• 330 Allocation = 11% average
• 2 Chairs/dentist (3:1 is ideal)
• 1.5 Assistants/dentist (1 DA per chair is ideal)
• 2.5 ADA coded services/treatment visit
• 2 ADA coded services as the diagnostic part of a recall or comprehensive visit (exam, FMX)
Benchmarks cont.

• 2 ADA coded services as preventive part of a recall/comp exam visit (Prophy, FL)
• All sealants needed (1,2,3 or 4) at sealant visit or as part of recall or comp exam visit.
• Blood Pressure on all new patients, rechecked annually, at every visit with anesthesia on hypertensive patients, and at all extraction/surgical visits.
• Services should not be unbundled. The community standard of care needs to be upheld.
The Five Areas to Understand and Own

- Access
- Affordability
- Outcomes
- Quality
- Financial Success
Sound FQHC Oral health Business Plan Development
Oral Health in the Safety Net 101 for Executives
<table>
<thead>
<tr>
<th>Medical</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 80% of clinic volume</td>
<td>• 20% of clinic volume</td>
</tr>
<tr>
<td>• 80% of visits= similar</td>
<td>• 80% of visits varied</td>
</tr>
<tr>
<td>• 80% of visits=shorter</td>
<td>• 80% of visits=longer</td>
</tr>
<tr>
<td>• 80% of billing similar</td>
<td>• 80% of billing varied</td>
</tr>
<tr>
<td>• 80% of visits diagnostic</td>
<td>• 80% of visits treatment</td>
</tr>
<tr>
<td>• 80% of RVU similar</td>
<td>• 80 % of RVU different</td>
</tr>
<tr>
<td>• 100% of governance is designed around Med.</td>
<td>• 0% of Governance is designed around dental</td>
</tr>
<tr>
<td>• EMR silo</td>
<td>• EDR silo</td>
</tr>
<tr>
<td>• Familiar with medical model</td>
<td>• Not familiar with dental model</td>
</tr>
<tr>
<td>• Confident Leadership</td>
<td>• Lack of Confidence</td>
</tr>
</tbody>
</table>
Are Different!!!

Dental

DentaQuest Institute

Safety Net Solutions
Defining Success:

- Access
- Finance
- Health Outcomes
- Quality
## What Data Should We Collect?

<table>
<thead>
<tr>
<th>Left Column</th>
<th>Right Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Visits</td>
<td>No-Show Rate</td>
</tr>
<tr>
<td>Gross Charges</td>
<td>Emergency Rate</td>
</tr>
<tr>
<td>Net Revenue</td>
<td># of Completed Treatments</td>
</tr>
<tr>
<td>Expenses</td>
<td>% Children seen Receiving a Preventive Service</td>
</tr>
<tr>
<td># of Services(CDT)</td>
<td>A/R out 90 days</td>
</tr>
<tr>
<td>Revenue per Visit</td>
<td></td>
</tr>
<tr>
<td>Cost per Visit</td>
<td></td>
</tr>
<tr>
<td>Services per Visit</td>
<td></td>
</tr>
</tbody>
</table>
Other Data to Consider?

- Gross Charges
- Net Revenue
- Expenses
- Number of Visits
- Revenue per Visit
- Cost per Visit
- # of Unduplicated Patients
- # of New Patients
- # of Transactions
- # of Transactions/visit
- No-Show Rate
- Emergency Rate
- # FTE Providers
- # FTE Billing Staff
- # of Completed Treatments
- # of Children Receiving Sealants (under 21)
- # of Sealants Applied
- % Children seen Receiving a Preventive Service
- A/R out 90 days
Top Priorities for Dental

1. Understanding What Success Should Look Like in Dental
2. Collecting Data that is: Accurate, Meaningful and Timely.
3. Computing and Understanding your actual Capacity
4. Setting Clear: Goals, Roles and Timelines for both the Dental Team as a whole and Individuals in: Productivity; Access; Quality; Finance and Health Outcomes.
5. How to use the Dental Schedule Strategically!
6. Having the right policy for “Everything”!!!!
7. How to actively Manage: No-Shows/Last Minute Cancellations; Self Pay Patients; Front Desk; Payer Mix; Customer Service; Billing; Emergencies; priority populations; scope of service
8. How to Create a Dental Culture of Accountability
9. How to Execute a Quality Management System including CQI and QA in Dental and in the CHC
10. What your own Executive Leadership should look and feel like to best enable and support Dental
SNS is: (L) Danielle, Laura, Dori, Mark, Da-Nell and Caroline
What is NOHIIN?

• Purpose – Build connections among PCAs, and create value for the PCAs that are participating in this network through the development and sharing of resources, tools, and in-person convening meetings.

• Vision – We envision an innovative, equitable safety net healthcare system where:
  • Oral health is an integrated, critical component of person-centered, comprehensive healthcare and wellbeing
  • Health outcomes are improved for all
  • PCAs and safety net providers are part of a network and have access to the tools and resources needed to elevate oral health

• Mission – To unify and empower a network of PCAs and safety net providers to be champions of oral health as a part of overall health.
How did NOHIIN Come About?

• NOHIIN would not have been possible if it were not for the generous contribution from the DentaQuest Foundation
• Grew out of the Strengthening the Oral Health Safety Net (SOHSN) initiative (which started in 2011)
• SOHSN was designed to help health centers with their dental practice
• Each of the five states selected up to five health centers to receive free technical assistance from Safety Net Solution (SNS)
• SNS conducted site visits to each of the health centers and created a Practice Enhancement Plan
• Health Centers were required to submit progress report for 24 months
<table>
<thead>
<tr>
<th>PCA</th>
<th># of Org</th>
<th>% w/ Dental</th>
<th>Medical Sites</th>
<th>Dental Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>25</td>
<td>68.0%</td>
<td>145</td>
<td>50</td>
</tr>
<tr>
<td>Georgia</td>
<td>32</td>
<td>58.8%</td>
<td>194</td>
<td>20</td>
</tr>
<tr>
<td>Illinois</td>
<td>48</td>
<td>70.0%</td>
<td>450</td>
<td>82</td>
</tr>
<tr>
<td>Kansas</td>
<td>20</td>
<td>65.0%</td>
<td>52</td>
<td>23</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>48</td>
<td>70.1%</td>
<td>260</td>
<td>52</td>
</tr>
</tbody>
</table>
Common Challenges

- Provider productivity
- Inefficient scheduling
- Staffing issues
- High broken appt. rates
- Fee schedules
- Billing & collection issues
- Policies & procedures
- Medical & dental integration
- Staff buy-in
- Accountability
- Quality Management
- Dental Leadership
- Technology issues
- Scope of practice
Information from Year 1 Health Centers

**Gross Charges**
- Baseline: 1,090,281
- 24 Months: 1,453,237
- Difference: 362,956
- % Change: 33.29%

**Net Revenue**
- Baseline: 932,890
- 24 Months: 1,132,734
- Difference: 199,845
- % Change: 21.42%
Information from Year 1 Health Centers (cont.)

Visits

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>24 Months</th>
<th>Difference</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>6,269</td>
<td>6,444</td>
<td>174</td>
<td>2.78%</td>
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</table>

Unduplicated Patients

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>24 Months</th>
<th>Difference</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>2,705</td>
<td>3,443</td>
<td>738</td>
<td>27.28%</td>
</tr>
</tbody>
</table>
Information from Year 1 Health Centers (cont.)

**New Patients**

- Baseline: 1,048
- 24 Months: 786
- Difference: -262
- % Change: -24.99%

**Transactions**

- Baseline: 12,596
- 24 Months: 15,023
- Difference: 2,427
- % Change: 19.27%
Information from Year 1 Health Centers (cont.)

**Broken Appt./No-Show Rate**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>24 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Show Rate</td>
<td>24.40%</td>
<td>20.13%</td>
</tr>
</tbody>
</table>

**Bottom Line**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>24 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom Line</td>
<td>-96,401</td>
<td>-46,229</td>
</tr>
</tbody>
</table>
Key Messages

• For PCAs
  • Get with your health centers and work with them on improving their operations
  • If your PCA is not involved with NOHIIN, submit an application next grant period

• For Health Centers
  • Don’t get discouraged, you can turn it around
  • Put more of an emphasis on oral health
  • Integrate with your medical practices
Our Mission

To provide accessible, affordable, comprehensive, quality primary healthcare in an atmosphere of respect, dignity, and cultural sensitivity. The health and well being of patients and community alike are promoted through direct services, training/education, outreach and advocacy.
How can my center support and create a successful, well balanced dental program?
Steps to Success

• Relationship, relationship, relationship
• Knowledge, education
• Environment
• Encouragement
Relationship, Relationship, Relationship

- Build trust
- Show interest
- Be open to new ideas
- Equity
Knowledge and Education

- Listen to your dental director and learn from them
- Reach out to your PCA for help
- Attend dental conferences
Environment

- Empowerment
- Equity
- Physical space
Encouragement

- Time
- Equity
- Communication
- Celebrate successes
It can be done through hard work and perseverance.
Thank you!
Jenny Englerth, CEO
Family First Health
York, PA
Our 10 year journey to viable oral health services
Reasons to Celebrate:
Key elements of our current program

• Facilities upgrades and expansion
• Engaged dental team, great leadership
• Broad community recognition
• Loyal patients
• Thriving pediatric practice

Lots more work to do!
We got by with a little help from our friends...

- DentaQuest Institute/Safety Net Solutions/PACHC
- Local public health department
- Local oral health coalition
- FFH medical staff
- Private funders/local foundations
- Peers & colleagues
Transition to Hub & Spoke Model for pediatric care
Expanding Pediatric Dental Access Using a Comprehensive Hub & Spoke Model

Dental Home

- Specialty Dentists and/or Auxiliary Workforce
- Head Start, Day Care Agencies, Charter Schools, Public School Districts
- Pediatricians, Primary Care Physicians
- York and Gettysburg Hospitals
- Local dental residencies, HACC
- Pcoh, HYCC Oral Health Task Force
The “Spokes”

Each spoke has been crafted and developed to provide:

- Care where it is needed
- Decrease barriers to care
- Cultivate community partnerships
- Support the hub with patient flow and revenue
- Provide service to a larger demographic
30 minutes from entry to patient care
Since 2010 our pediatric new patients has increased 400%

• Each year we had at least 33% growth
Challenges of Hub and Spoke dental model

• Increased management/planning
• Reimbursement
• Sacrificing production at brick and mortar site
• Need for equipment
  – Clinical and IT infrastructure
• Transportation
  – Of staff and equipment
• Capabilities of partner site
  – Electrical/IT/Space
  – Parental support
  – Partner Staff involvement/influencing patient (negative perception of dental care)
Advantages of Hub and Spoke Model

• Cheaper than brick and mortar expansion
• Staff are interested in non-traditional work day
• Community partners enjoy the convenience of having a dentist come on site
• Great exposure for organization
Is the juice worth the squeeze?
Questions?

THANK YOU!