Improving Community Health Center Operations: Lessons from Financial Analysis, Technical Assistance and Delivery Systems

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The National Dental Pipeline Program

Reduce Disparities in Access to Dental Care and Oral Health Through:

• Recruitment of URM/LI Students
• Preparation of all students to treat diverse population
• Community-based education
The National Pipeline Phase I Schools

- Connecticut
- Boston
- North Carolina
- Ohio State
- Illinois
- Howard
- Washington
- Temple
- West Virginia
- Meharry
  - U. C. San Francisco
  - U. C. Los Angeles
  - U. Southern Cal.
  - U. Pacific
  - Loma Linda
Chapter 2:

Ana Karina Mascarenhas and Michelle Henshaw
Infrastructure for a Community-Based Dental Education Program: Students and Clinics
J Dent Educ. 2010 74: S17-24. [Abstract] [Full Text] [PDF]

Chapter 3:

Caswell A. Evans, Aljemon J. Bolden, Christine Hryhorczuk, and Khativa Noorullah
Management of Experiences in Community-Based Dental Education
J Dent Educ. 2010 74: S25 32. [Abstract] [Full Text] [PDF]

Chapter 4:

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Financial Impact of Community-Based Dental Education
J Dent Educ. 2010 74: S33-41. [Abstract] [Full Text] [PDF]

Chapter 5:

Ronald P. Strauss, Margot B. Stein, Jeffrey Edwards, and Kevin C. Nies
The Impact of Community-Based Dental Education on Students
J Dent Educ. 2010 74: S42-55. [Abstract] [Full Text] [PDF]

Chapter 6:

Michael Perry
The Experiences of Community Dental Clinic Directors with Dental Students and Dental School Collaborations
J Dent Educ. 2010 74: S56-61. [Full Text] [PDF]

Chapter 7:

Janet Grobe Hood
Reflections on the Dental Pipeline Program’s Efforts Regarding Community-Based Dental Education
J Dent Educ. 2010 74: S62-66. [Abstract] [Full Text] [PDF]
Rationale for Community-based Education

• Increase Care to Underserved
• Students/Residents More Productive
• Excellent Education
• More Graduates in Community Clinics
Results

• Community Days Increased 10 to 50 Days
• URM Enrolled Increased 55%
• Students, Residents, Faculty, Staff Trained Cultural Competency

The California Dental Pipeline II

- Community-based Education
- Cultural Competency
- Recruitment of URM/LI Students
- Health Policy Initiative
- Build an effective coalition
  - Dental schools
  - CPCA
  - CDA
  - Community Clinics
The California Dental Pipeline II Community-based Education

- 9 “Phase II” partnerships have been formed
- Intermesh clinics and schools activities
- Clinics actively engaged in the Pipeline work.
- We have a lot of data and are engaging these clinics in further learning
- Have formed a “learning community”
The California Dental Pipeline II
Community-based Education

• Practice management and operations consultation
  – Partnership with the California Health Care Foundation
  – 9 community clinics
    • 5 Clinics funded by CHCF
    • 4 Clinics funded by Pipeline
  – Statewide advisory committee
  – Is consultation effective?
  – How can it be taken to scale?
The California Dental Pipeline II Community-based Education

• Partnership with National Network for Oral Health Access (NNOHA)
  – Collected computer and financial data from clinics across the country
  – Significant source of information about financial operations
Practice Management and Operations Consultation

A California Collaborative Study Between
The California Health Care Foundation
And
The California Dental Pipeline Program

Paul Glassman DDS, MA, MBA
University of the Pacific School of Dentistry
Background

• California Pipeline Phase II Partnerships
• Initial Partnership Evaluations
• Need for Operations Improvement
• California Health Care Foundation Study
• Consulting Firms
Community Clinic Project

• 5 Clinics Sponsored by CHCF
  – Consultant – Safety Net Solutions (5)

• 4 Clinics Sponsored by Pipeline
  – Consultants – Safety Net Solutions (2)
  – and Pride Institute (2)
Methodology

• Application
• Clinic selection
• Data collection/Assessment
• Recommendations
• Coaching
Common Issues

• General Problems
  – Management of self-pay patients
  – Low fee schedules
  – High no-show rates
  – Front Desk confusion
Common Issues

• Billing Problems
  – Collections past 90 days
  – Eligibility determination
  – Denials for uncovered services
  – Clinical protocols
    • standardize services
    • complete treatment plans
Common Issues

• IT Problems
  – Obsolete practice management systems
  – Restricted access to systems
  – Limitations electronic dental record systems
    • not set up correctly
    • staff not fully trained
    • incorrect data entry
Common Issues

• Leadership Problems
  – Mission and goals
  – Job descriptions
  – Alignment of incentives and goals
  – Management change process
    • urgency
    • empowerment
    • shared vision, strategy, budgets
Strategies

• Adjust fee schedules
• Modify patient mix
• Alter scheduling practices
• Establish policies and procedures
• Clarify roles and expectations
Evaluation

A Fine Balance: Mitigating the Financial Challenges Faced by Safety Net Dental Clinics

Findings from an Evaluation of the Strengthening Community Dental Practices Demonstration Project

October 2010
Evaluation

“In this evaluation, success is defined as the added value of consulting services to clinic management and operations rather than an assessment of the clinic itself.”
Evaluation

• Success was based on a review of clinic staff interviews and self-reported financial and operational measures.

• Ranked along four dimensions:
  – breadth of implementation, or the degree to which clinics implemented the recommendations
  – financial improvement (e.g., changes in revenue, patient load, or patient mix)
  – operational improvement as indicated by no-show rates, wait time for appointments, and clinic staff reports
  – anticipated longevity of improvements over time
### Results

**Exhibit ES1: Assessment of Consulting Success**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Overall Success</th>
<th>Breadth of Implementation</th>
<th>Improved Finances*</th>
<th>Changes to Operations</th>
<th>Longevity of Improvements</th>
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Results

• High degree of variability
  – 1/3 high level of success
  – 1/3 moderate level of success
  – 1/3 low level of success

• This level of variability would be considered unacceptably high in most processes

• It is critical to understand the factors that led to this degree of variability
Ingredients for Success

Exhibit 2: Clinic capacity and sustainability are influenced by factors at multiple levels

- **Practice level factors**: Policies and procedures, operational efficiency, director and line staff support.
- **Organization level factors**: Patient population, executive leadership and support for oral health as a priority.
- **Systems level factors**: Policies prioritizing community oral health as a medical need, leadership and networks between community oral health partners.
- **Economy level factors**: Availability of public and private funding to subsidize cost of care.
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Is the clinic administration really committed to providing leadership, resources, and other support for dental clinic improvement?
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic
Ingredients for Success

- Executive Level Buy-In
  - CEO
  - CFO, COO

- Culture that Supports Change
  - Health Center
  - Dental Clinic

Is there a culture that rewards (rather than kills) innovators? Is it safe and encouraged to speak up, raise new ideas, try new things? Does this culture exist at both the health center and dental clinic levels?
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic

Clear and Compelling Goals
Health Center
Dental Clinic
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic

Clear and Compelling Goals
Health Center
Dental Clinic

Is it clear to everyone at the health center and dental clinic level what the goals of consultation is? Key ingredients:
• Sense of urgency
• Clear benefits for change
• Shared vision for change
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic

Clear and Compelling Goals
Health Center
Dental Clinic

Project Champion(s)
Health Center
Dental Clinic
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic

Clear and Compelling Goals
Health Center
Dental Clinic

Project Champion(s)
Health Center
Dental Clinic

Is there someone at both the health center and dental clinic level who will lead and support change and provide resources and support when needed?
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic

Clear and Compelling Goals
Health Center
Dental Clinic

Project Champion(s)
Health Center
Dental Clinic

Availability of Resources
IT, staff time, facilities
Ingredients for Success

- Executive Level Buy-In
  - CEO
  - CFO, COO
- Culture that Supports Change
  - Health Center
  - Dental Clinic
- Clear and Compelling Goals
  - Health Center
  - Dental Clinic
- Project Champion(s)
  - Health Center
  - Dental Clinic
- Availability of Resources
  - IT, staff time, facilities

Are existing resources, including IT support and facilities adequate to support change? Will the dental director or change leader(s) have time to work on change?
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic

Clear and Compelling Goals
Health Center
Dental Clinic

Project Champion(s)
Health Center
Dental Clinic

Availability of Resources
IT, staff time, facilities

Dental Clinic Operations
Staffing and care delivery system
Fees schedule and patient mix
Patient scheduling
Roles, policies, and procedures
Ingredients for Success

Executive Level Buy-In
CEO
CFO, COO

Culture that Supports Change
Health Center
Dental Clinic

Clear and Compelling Goals
Health Center
Dental Clinic

These are the areas the consultants were charged to work on. We can explain the variability in results based on understanding that many of the clinics did not have the other needed ingredients in place.

Project Champion(s)
Health Center
Dental Clinic

Availability of Resources
IT, staff time, facilities

Dental Clinic Operations
Staffing and care delivery system
Fees schedule and patient mix
Patient scheduling
Roles, policies, and procedures
Suggestions for Future Work

• Financing Issues – Who will pay? How much?

• Phased Approach

• Detailed analysis of health center situation
  – Initial site visit, interviews, data
  – Analyze factors that support change -
    • Leadership and buy-in
    • Culture that supports change
    • Clear and compelling goals
    • Project champion(s)
    • Availability of resources
    • Dental clinic operations

• Determine intervention based on problem
  – Create more predictable outcomes based on understanding and creating an adequate environment