Helping Community Health Centers
Make Quality Dental Care Accessible for ALL

Andrea Hight, Special Markets Mgr, National CHC Liaison
Goal: A Robust CHC Oral Health Delivery Model.

- The SWOT Approach: Evaluating Strengths, Weaknesses, Opportunities, Threats:
  1. Funding Sources, the potential impact of ACA
  2. Market Share: Patient Mix
  3. Scope of Practice
  4. Practice Operations
A Robust CHC Oral Health Delivery Model: Funding Sources: SWOT

- **Strength**: You are not-for-profit & qualify for Grants.
- **Weakness**: Relying on only one or two funding sources makes any program vulnerable (note recent Federal Cuts).
- **Strength**: CHCs have long had the vision of preventive care, creating a health home for everyone regardless of ability to pay.
- **Weakness**: The community at large often does not know who you are and just how good your care is.
- **Weakness**: CHCs can be inundated by an imbalance of unfunded vs. funded patients. This threatens care to all.
- **Opportunities**: Find other revenue sources to create funding balance between paying & non-paying patients.
- **Opportunities**: Identify Market Niches that fit your CHC vision & Scope.
- **Opportunities**: ACA will expand Medicaid eligibility to more children: more funding…. Hopefully.
- **Threats**: Who will be your competition for Medicaid pts with changes to ACA?
- **Threats**: CHCs have been afraid to advertise through fear of being inundated by patients, but changing times require new strategies: Social Media.
- **Opportunities**: Making sure your clinic is a place many different types of patients would want to come to.
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity: Market Niches.

- Serve limited market areas in your community which have funding:
  1. You may be already doing Headstart. If not contract a per child rate for preventive services.
  2. County Jails & Juvenile Detention programs often need additional dental services. They have funds to pay.
  3. Foster Care is legally required to provide a dental exam in the first 30 days after a child is admitted to the program. Then needed TX services. A program that reduces trauma for the child & addresses health needs, perhaps in combination with your Medical Team has great benefit.
  4. Private Insurance. CHCs provide excellent quality care. There may be benefit in providing services to employees of a nearby business or two, and developing a relationship with such businesses to provide services in a way that limit employee time off: blocking out TX times early in the morning or offering early evening services.
  5. Note: expanding your base to paying customers, requires that the clinic appearance & operations invite and encourage such patients to return.
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity or Threat: Affordable Care Act and Your Program

- ACA is a moving target. Who knows what it will be in 2 years??
- We know that funds dedicated to low income children most stable, least likely to be cut.
- ACA increases poverty limits for children to be Medicaid eligible. Millions more children may receive Medicaid eligibility.
- Dental Service Organizations (DSOs) which specialize in care to Medicaid children are growing as a result.
- How do you position your program to keep the right percentage of ‘funded’ children when DSOs come your way, so you are not left purely with unfunded patients?
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity or Threat: Affordable Care Act and Your Program

- If ACA expands Medicaid eligibility to children, how will you assure these patients are part of your CHC?
- DSOs will be your biggest threat.
- What is a DSO?
- What are their Strengths?
- What are yours?
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity or Threat: Affordable Care Act and Your Program

- **Strength**: DSOs have sophisticated business plans with aggressive marketing.
- **Strength**: DSOs have no requirement to take uninsured.
- **Strength**: DSOs know how to make their practice appear very welcoming/desirable.
- **Strength**: DSOs often have very tight, standardized purchasing controls/manage expenses well.
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity or Threat: Affordable Care Act and Your Program

- **Weakness**: DSOs do not tend to focus on evidence-based interventions to make pts healthier. CHCs do.
- **Weakness**: DSOs do not integrate oral health care with other primary care to treat patient as a whole. CHCs do.
- **Weakness**: DSOs are not about being a patient-centered health home. CHCs are.
- **Weakness**: Certain (not all) DSOs often just focus on dental mechanics (procedure based) to assure profit.
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity or Threat: Affordable Care Act and Your Program

- **CHC Strength**: Focus on improving oral health & making patient healthier.
- **CHC Strength**: Understand and implement CAMBRA approach.
- **CHC Strength**: Focus on quality of care, with high standards, focus on compliance, and often have JCAHO accreditation.
- **CHC Strength**: Strong administration so dental staff can focus on providing care.
- **CHC Strength**: Attract high quality & skilled staff who care about making a difference, changing their community.
Clinical Programs that Attract Broader Patient Base: Your are judged first by appearance.

- A number of CHCs have used recent capital grants to build facilities that will compete with other delivery models.
- What can you do?
- Not necessary to spend a fortune on most expensive equipment. There are great choices that look good and are workhorses.
- Older facilities benefit from paint & repair.
- If you are replacing floor coverings consider: wood laminate, carpet squares (they can be moved around, replaced).
- Print all signage nicely & frame it. Avoid torn signs pinned or taped to walls etc.
- Keep surfaces clear of clutter.
- Spot clean upholstery regularly. Choose waiting room fabrics that are easily washable. 409 will clean just about anything.
- Remove fingerprints and dirty marks regularly.
- Have a gallery or local artist donate artwork or rotate artwork through your waiting room.
- When you do update, make space very kid-friendly: include video games for kids as well as educational videos for all patients.
Clinical Programs that Attract Broader Patient Base: Then you are judged by performance.

- Front Desk: the most important first impression.
  1. Smile and acknowledge all people when they arrive. Don’t keep your head down to avoid talking.
  2. Smile when you answer the phone.
  3. Never ever be inconvenienced.
  4. Love your patients to bits. You are very good at this.
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity: Benefits of Social Media

Social Media provide ways to communicate with funding sources/get your story out.

1. Organizations that may want to donate, need to know about you/what you do/why contribute to you/not others, your special events.
2. Patients who can afford to pay should be part of your mix. Facebook, & other sites can help your community know you are a superb place to get care.
3. Tell your story: how you focus on disease prevention and intervention: Pts. want to know about your CAMBRA approach for instance.
4. Social Media provide ways to connect with your current patients to educate them on disease prevention & encourage less expensive preventive services.
CHCs become vulnerable when the balance of sliding fee, Pts who cannot pay outnumber funding sources: Opportunity: Strategize Together on Effective Use of Social Media

- Facebook,
- Twitter,
- Groupon,
- Improve your webpage,
- Tools Like Demand Force or other automated Patient contact software: email messages to patients or sponsors, remind of appts, do quality care surveys to identify positives/negatives of patient experiences?
- Email blasts: to funders, legislators, news media, patients.
Goal: A Robust CHC Oral Health Delivery Model.

- Evaluate practice elements that assure program strength: efficiency, productivity, reduced provider stress and quality patient care:
  1. Organizational & Process Efficiencies
  2. Technologies that enhance efficiency, accuracy, productivity, quality of care
  3. How facility design & layout play their part
  4. Dentist and Support Team Compensation
Productivity & Revenue, the Result of Quality Practices

- Some years ago the president of Mercedes Benz was asked how the company could afford to continually produce such a highly superior vehicle. The president stated that if you build quality, revenue is a natural outcome.

- We are going to explore how that relates to clinical care and the viability of dental programs in the CHC setting.
Building In Work Flow Efficiencies Definition

- **Being Efficient** means:
  - “Being effective without wasting time, effort, or expense.”
What Efficient Processes do for you & your Patients:

- Increase productivity without needing to wear roller blades.
- Increase revenue/program viability. We all keep our jobs & maybe we get bonuses.
- Decrease operating costs. Get more done with less. Maybe program can afford improvements that make job even better.
- Decrease clinician stress: unnecessary waiting, feeling like things are backing up, everything out of control.
- Increase employee job satisfaction thru use of skills & development. Its much better to work with happy campers.
- Increase Pt. satisfaction: Patients have quality experience, happy & want to return. Less likely to fail appts.
Demands on Dental Programs will continue to increase.

Federal leaders estimate that Dental Programs need to increase their efficiency by 25% to remain viable as well as in assuring improved access.
Organization & Process Efficiencies: Patient Expectations

- Make patients your partner for success: Start at the beginning w/communicating realistic expectations to patients. Help them understand how your clinic works, its challenges & how they can contribute, how their behaviors impact their health and health of others:
  Things they need to do/expect (complete forms), be on time, fact they may have to wait at times and why. (Mr Brown, as we see many people with serious problems, sometimes treatment or an emergency takes longer than anticipated, but please be assured we will devote the same special attention to you).

- Assure waiting room is inviting, even fun. Consider Café style with tables & chairs where parents can help kids w/school work, video games, educational films.

- Consider a Health Resource Library where patients can research their own health issues, medications and become more informed.
Organization & Process Efficiencies: Use Staff Capabilities Strategically

- Largest portion of overhead is???
- And can you effectively reduce this part of overhead???
- Basic principle of work assignment: the qualified person who has the skills & can legally perform the function, has primary responsibility for that function.
- Keep clinicians with patients doing clinical care at all times they are scheduled for clinical care.
- This doesn’t mean that no-one chips in during staff shortages/emergencies. It simply establishes where to assign primary responsibility.
Organization & Process
Efficiencies: Use Staff Capabilities
Enhance Productivity, Pt. Experience

What can your dental assistant legally do in this state?
- Set-up/cleanup
- Sterilization
- Pass instruments/suck spit
- 4-handed assisting
- Coronal polish
- Fluoride varnish apps
- Suture removal
- Irrigate/dressing dry socket
- Temp crowns
- Place sealants
- Place rubber dam

- X-rays
- Triage emergencies
- Alginate impressions
- Pour ups/study models
- Minor denture & partial repair
- Temp fillings
- Irrigate & retemp RCT teeth
- TMJ splints
- Post-Op instructions
- Explaining TX plans
- Pt. Education on brushing & flossing.
Organization & Process Efficiencies: Use Staff Capabilities Strategically

- Identify tasks your staff should do, and are not:
  1. Assess skills
  2. If competent, assign
  3. If not, train, assess, then assign
Organization & Process Efficiencies: Use Staff Capabilities Strategically

- Help your program directors see the value of hiring very skilled clinical support: assistants
Organization & Process Efficiencies: Use Staff Capabilities Strategically: 4 Handed Dentistry

- 4-Handed Dentistry: it's not just the fact that between you & your asst, you have 4 hands!

- Basic principles of true 4-handed dentistry:
  1. Position Pt.
  2. Position DDS
  3. Position Asst
  4. Position Tray
  5. How You/Asst Coordinate
  6. Precise Instrument Passing Technique
Organization & Process Efficiencies: Standardize - Everything

- Why?
Organization & Process Efficiencies: Standardize - Everything

- Constantly new & changing parameters require us to focus more on process, less on patient.
- They cause increased stress.
- They slow us down.
- Make us think harder.
- They are uncomfortable.
- Less efficient & lack refinement.
- They are more likely to be subject to error.
- Over-learned, and repetitive processes (like tying a shoe) are optimal speed, result of best efficiencies, low to no stress, low to no errors, feel easy. In Dental, we can focus better on the patient because we are less tied to the actual treatment process.

Let’s talk what should be. This is not it.
Organization & Process Efficiencies: Standardize – Everything - Procedures

- Do you have a standard way you do each procedure?
- If you need to deviate, do you have a standard deviation?
- If not, develop one.

- Mirror, explorer double check DX
- Swab w/topical
- Syringe
- Rinse pt mouth
- 330 bur in high speed
- 4 round in low speed
- Prep while asst suctions/visibility
- Check caries w/mirror explorer
- Rinse, isolate tooth
- Band, wedge
- Amalgam carrier, small
- Condenser small end

- Amalgam carrier both ends.
- Condenser end Large
- Acorn burnisher
- Explorer remove amalgam from matrix.
- Remove wedge w/cotton pliers
- Remove band w/cotton pliers
- Explorer to clean up interproximal
- Discoid cleoid to carve
- Rinse, dry
- Check bite
- Carve, Check bite again
- Rinse
Organization & Process Efficiencies: Standardize – Procedures: Example

- If you have not done so, establish standard ways to do each procedure w/your preferred instrument
- Limit lots of different instruments
- Standardize deviations when things go awry so that assistant can watch/anticipate what you need, have it ready before you know you need it.
Organization & Process Efficiencies: Standardize – Procedure Set-Up

- Standard instrument cassette or packet
- Standard set-up w/ unit dosing for every procedure
- Use procedure tubs also to set standards/color coded
- Operatory organization should be the same in every operatory.
Organization & Process Efficiencies: Standardize – Example: Simple Extraction

- Correct PPE
- Double-glove for all surgical procedures
- Mirror
- Explorer
- Cotton pliers
- Cotton swab w/topical
- Syringe, aspirating w/correct anesthetic for pt/procedure
- 2x2 gauze
- Surgical suction tip
- HVE suction tip
- Surgical curette
- Straight elevators: small, large
- Forceps: choose for appropriate tooth: 150 for upper, 151 for lower etc

- Sterile gauze in little packet
- Post op instructions

- If suspect chance of surgical have back up tray with unopened and covered additional instruments:
- Root tip picks, additional elevators, surgical bur, Bard Parker w/preferred blade, suture, suture holder or hemostats, scissors, cold pack, sterile water, irrigating syringe

- Help assure nothing forgotten
- Color code so easily grabbed
- Standardize contents & quantities
- Laminate a check list & label side of procedure tub for restocking
- Have Assistants start process on down time, one procedure at a time, dds review and then implement.
Organization & Process Efficiencies: Standardize – Example: Composite Procedure Tub

- 2 tubes etch
- 6 disposable bonding agent or 1 bottle
- 6 each shade composite compules
- Shade guide
- Composite gun
- Mandrel w/12 disks each f,m,coarse
- 6 strips: f/m
- Mylar matrix strips
- Wedges
- 10 cotton rolls
- 2X2 gauze

- 6 Dri Aids
- Articulating paper
- Floss
- Disposable wells

Assistant unit doses from tub to procedure tray.

- NOTE: Instruments are in sterilized bag or cassette:
  - Mirror, explorer, cotton pliers, plastic instrument
  - Bur Block w/favorite burs
Funding is finite. Specialized operatories lack flexibility.

Gordon Christensen (CRA) has stated that all operatories should be able to do all functions.

All operatories need exactly the same layout, & storage so that you & your assistant do not have to begin each patient encounter by relearning your environment first.

If Operatory A is not available then any dentist, hygienist or assistant should be able to work in Operatory B blindfolded.

Don’t store lots of items in operatories. Its not necessary & its more expensive.
Organization & Process Efficiencies: Standardize: Example: Operatory

- Handwashing, sanitizer & gloves at the ready
- Sharps container
- Lead apron w/or near xray unit.
- Amalgamator/curing light easily accessed.
- Container w/ surface disinfecting swabs or equal.
- Have few things out as a standard. They are subject to splatter.
Organization & Process Efficiencies: Standardize: Example: Operatory

- Top drawer: anesthetics, cotton swabs, topical, syringes,
- Next drawer: 2x2s, 4x4s, cotton rolls, cotton pellets, disposable HVE and saliva ejectors.
- Next drawer: favorite nonstandard instruments, couple extra mirrors, explorers, cotton pliers, plastic instruments; glass slab, spatula, dappen dishes, mixing pads, favorite temp cement, lining cement, floss, articulating paper
- Next drawer: pt bibs, tray covers.
- Next drawer: basic infection control barriers, room cleaning materials.
Organization & Process Efficiencies: Standardize: Manufacturing Fact

Did you know that manufacturing plants, such as those that produce dental chairs are excited when they trim 1 second off each chair they make?!
Organization & Process Efficiencies: Standardize: Our Experiment

- For a month we tracked every time a DDS had to wait for an assistant to set-up, leave DDS & pt, to find something that should have been ready but was not.
- Average was 23 minutes per day per DDS (2 assistants)
- Our Overhead Cost $2.87 per minute = $66.01 per day, $1188.18 per month, per DDS
- 12 FTE DDS x $1,188.18 = $14,258.16 per month.
- $171,097.92 per year.
- **But once corrected, average increased productivity was 2.5 times that. Each DDS averaged $165 per day more.**
Organization & Process Efficiencies: Your Schedule: Challenges

Pts fail appts – Average for Medicaid is 30%.

- Most CHCs that work on appt failures can reduce to between 17-23%.
- I asked DDSs in private practice about their no show rates: typically 8%.
- Failed appts make every one unhappy. Problem-solving w/dental team to try different strategies is important.
Organization & Process Efficiencies: Your Schedule: Challenging Patients

- Pts are late
- Psycho-social issues
- Do not bring their payment portion
- Medically compromised
- Dentally more complex
- Time to complete required forms
- Literacy and comprehension levels
- English is a second language
- Failure to comply with pre/post op instructions
Organization & Process Efficiencies: Your Schedule: Challenges

- Know what your schedule needs to achieve in terms or encounters/revenue (depending on how reimbursed).
- Establish standards with your schedulers on how to achieve.
- Have lead assistant review your schedule for the next two days, at least on day in advance and identify where improvements are needed.
- Use this information for training, not beating up schedulers.
Organization & Process Efficiencies:
Your Schedule: Some Good Rules

- Double-book a big procedure pt. with a small procedure pt. at beginning of day & first time slot after lunch. You will catch up.
- If you deal with lots of palliative needs, consider emergency emer blocks - after lunch best so you have all afternoon to catch up. Do not do right before lunch unless you are on a diet.
- Schedule by operatory
- Schedule most large/difficult cases in first operatory.
- Overlap beginning and end of those with smaller TX needs in second op.
- Have a third op for work-ins: denture adjusts, suture removal, dry socket treatment, other palliative.
- Third op can also be used for assistant tasks: sealants, coronal polish, fluoride varnish etc.
Organization & Process Efficiencies: Your Schedule: Some Good Rules

- When scheduling, especially if electronically, indicate part of appt that is asst time vs DDS time. Helps everyone know where to work in emers. Helps them know how to overlap appts without committing you to be in two-three places at once.
- Schedule truly difficult cases in the morning when you are fresh, or first thing after lunch, never no matter how much pts beg, at 4:30 in the afternoon.
- Many dentists do not like to do two to three RCTs in a row. Ask team, to separate procedures that are physically &/or mentally taxing.
- If you are terribly behind, find a way to change your TX plans for one of the patients: do only urgent, do less, do something different.
- Catch up by not waiting for asst. to completely set up. Do anesthesia, she sets up, you come back.
- Have a clock wall mounted in operatory to keep tabs on time.
Organization & Process Efficiencies: Your Schedule: Some Good Rules

- You all have patients who are behaviorally challenging. Ask team not schedule such one after the other.
- Young children do best when treated in the morning, when fresh and it is not nap time.
- Most children do best with morning or early afternoon.
- Assistants should anticipate possible changes with challenging TXs. For example you note an RCT that may need to be extracted. Assistants should have a back up set up for ext, surgical ext, unopened but ready to go. Or you note a composite that might end up being RCT.
<table>
<thead>
<tr>
<th>Time</th>
<th>OP 1</th>
<th>OP 2</th>
<th>OP 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am</td>
<td>Miss, Fitts</td>
<td>Mr., Wong</td>
<td>Ronald, McDonald</td>
</tr>
<tr>
<td>:15</td>
<td>RCT 9</td>
<td>Recall Exam</td>
<td>Denture adjust</td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00am</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00am</td>
<td></td>
<td>Johnny, Depp</td>
<td>Mrs. Rasputin</td>
</tr>
<tr>
<td>:15</td>
<td></td>
<td>Child recall prophy</td>
<td>Post op: dry socket</td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00am</td>
<td></td>
<td></td>
<td>Assistants - Lreed</td>
</tr>
<tr>
<td>:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00pm</td>
<td></td>
<td>Sara, Lee</td>
<td></td>
</tr>
<tr>
<td>:15</td>
<td></td>
<td>#30 buccal pit</td>
<td></td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00pm</td>
<td>Emergency - Jsmith</td>
<td>Butch, Cassidy</td>
<td></td>
</tr>
<tr>
<td>:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00pm</td>
<td></td>
<td>Margeret, Thatcher</td>
<td>Sealants 2,3,14,15,29,30,31</td>
</tr>
<tr>
<td>:15</td>
<td></td>
<td>Ext Simple #15</td>
<td></td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00pm</td>
<td></td>
<td>The, Joker</td>
<td>George, Bush</td>
</tr>
<tr>
<td>:15</td>
<td>Composites: 22,23,28</td>
<td>Occlusal #12</td>
<td></td>
</tr>
<tr>
<td>:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>:45</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Organization & Process Efficiencies: Inventory Control

Disposable Supplies are 4-8% of budget, depending on scope of services. In Community Health, no more than 6% is a good goal.

- Identify most cost-effective choices for your site.
- Reduce or eliminate ordering errors.
- Assure appropriate quantities of products on hand.
- Reduce or eliminate waste, including rotation of products to prevent expiry.
- Positive budget impacts.
Organization & Process Efficiencies:

Inventory Control: To Identify All Products Used.

- Use your scope of services & list items by category, for example:
  a. Alloys
  b. Composites
  c. Diagnosis
  d. Endodontics
  e. Prevention
  f. Sterilization
  g. Surgical
  h. Removable Prosthetics
Organization & Process Efficiencies:

Inventory Control: Identify One Appropriate Product for Each Purpose

- Dentists, staff give input on most suitable product; need consensus.
- Review literature & science.
- Use safe products, safety sharps whenever possible.
- Absolutely avoid buying each clinician a different product for an identical function.
- Cost-effective products sometimes cheapest.
- Cost-effective products sometimes most expensive, but give best results, are least technique sensitive & fastest.
Organization & Process Efficiencies: Inventory Control: Principle of ‘Cost-Effective’

- Cost-effective means the best result for the least possible investment.
- It is different from cheapest.
- Cost-effective in dental is often achieved with products that save staff time, do not fail easily, use fewer steps to do, easy to use on difficult patients or adverse oral conditions, give acceptable to superior results for the patient.
- Price is off-set by salary savings, decrease repeat usage, less product waste, & pleasing results.
- Private Label products are cost-effective for paper, cotton, infection control, gloves, preventives & other areas. Provide huge savings.
Organization & Process Efficiencies: Inventory Control: To Make a Formulary or Shopping Guide

- Make a shopping guide with items grouped by use category of authorized products.
- Establish the maximum amount of any product to be kept on hand to prevent over-stocking, waste (enough for one month-6 weeks).
- Establish re-order points for each product to prevent running out (enough for two weeks). Know how much your office can afford to order, should order each month.
- Track the cost of every order & item on the order to assure compliance.
- Have a process to stay within budget.
Organization & Process Efficiencies:
Inventory Control: Know What You Have On Hand

- Store items by use category: alloy together, cotton & paper products together, etc.
- Have only one location per un-opened product type.
- Have only one location for small expensive products whether opened or unopened. Example: Dry socket paste.
- Define allowed products & product quantities for operatory storage.
- Order once every one or two weeks.
- Place new items at back of older products.
- Automate ordering.
Enhancing Your Program with the Right Technologies

- There are proven solutions on the market that meet CHC needs and which will:
- Increase productivity as much as 30%
- Improve quality of care
- Decrease errors
- Decrease risk and liability
- Improve communication between staff
- Improve your clinical treatment experience
- Improve the patient experience
- Help patients understand care better
Enhancing Your Program with the Right Technologies

- Soft-tissue lasers to help with periodontal care, surgical healing in diabetic patients, and more
- Digital radiography solutions that suit your facilities’ resources and protocols
- Imaging software that integrates with practice-management software
- Educational software
- Caries-detection tools
- Soft-tissue lesion detection tools

Click here for more information
Enhancing Your Program with the Right Technologies: Digital Radiography

- Sensors (direct digital) or Phosphor plates (indirect digital).
- Imaging software: EDR is not imaging software.
- But: Most desirable when digital imaging software can be integrated with EDR.
- Network infrastructure.
Enhancing Your Program with the Right Technologies: EDR

- Do not purchase an EDR written for private practice, even if it's just about free. You have unique requirements.
- HL7
- Dicom
- UDS and other reporting
- Integrates with medical software
- Network multiple sites
- Intuitive and easy to learn
- Scheduling system to promote optimum care and productivity
- Automatic tools to for improving and meeting quality protocols, risk management
Enhance Your Program with the Right Technologies: EDR and Radiography

- Receive expert infrastructure consultation to assure your network will support desired solution.
- When creating a budget, obtain quotes for everything: running cables, connectivity, server, PCs, monitors, monitor mounts, monthly and annual usage and maintenance fees, and technical support.
Dentist Compensation

- Many dentists are at least a little entrepreneurial at heart.
- Rewarding productivity while maintaining quality of care standards, acknowledges those dentists who really produce and care for patients above the norm.
- However, incentive plans should also include something for support team members.
Dentist Compensation

- Determine your hourly overhead so you know what you need to have in revenue to break even:
- Total hours for full-time DDS = 2020 (remember overhead must cover all hours, not just clinical hours)
- Subtract estimated hours for annual vacation, typical sick leave and public holidays (approx 320)
- Subtract estimated hours for admin, staff meetings, CE and other support activities (approx 260)
- Estimated max. clinical hours = 1440.
- Take total cost of operations for DDS and divide by 1440. This will give you a baseline for productivity.
## Dentist Compensation

- Now establish Clinical QA standards and review methodology that occurs each month: Chart review, data review, observation by clinical director.
- Example: Take baseline hourly overhead (let’s say $170 PH) and develop an incentive pay chart-based on clinical hours worked:

<table>
<thead>
<tr>
<th>CURRENT MONTH HOURLY PRODUCTION</th>
<th>$10 ph more</th>
<th>$20 ph more</th>
<th>$30 ph more</th>
</tr>
</thead>
<tbody>
<tr>
<td>$185-$200 PH Previous 3 Mo. Ave.</td>
<td>$1.5 ph</td>
<td>$2.25 ph</td>
<td>$3.50 ph</td>
</tr>
<tr>
<td>$201-$225 PH Previous 3 Mo Ave.</td>
<td>$4 ph</td>
<td>$6.50 ph</td>
<td>$8 ph</td>
</tr>
<tr>
<td>$226-$250 PH Previous 3 Mo Ave.</td>
<td>$9 ph</td>
<td>$11.50ph</td>
<td>$14 ph</td>
</tr>
<tr>
<td>$251+ PH Previous 3 Mo Ave.</td>
<td>$15 ph</td>
<td>$18 ph</td>
<td>$20 ph</td>
</tr>
<tr>
<td>Support Staff Each</td>
<td>$50 for Month</td>
<td>$100 for month</td>
<td>$150 for month</td>
</tr>
</tbody>
</table>
New Clinics and Expansions: CD Manual

Essentials of Clinic Planning and Construction

360° SOLUTION
Resources

- Clinic planning manual on CD
- Inventory and Materials Control training powerpoint: just provide me your email and I will send it.
- NNOHA.org
- OSAP.org
- ASTDD.org
- My email: andrea.hight@henryschein.com