Increasing Oral Health Access Through Process Redesign: 
A NNOHA Promising Practice

Ohio Hills Health Services

Ohio Hills Health Services (OHHS) is a Federally Qualified Health Center located in Eastern Ohio. OHHS serves a 30+ community region spanning five counties (Belmont, Guernsey, Harrison, Monroe, and Tuscarawas). The total population of the five counties is 232,865; however, the primary service area of OHHS is closer to 60,000 residents. OHHS has four clinical sites in Woodsfield, Barnesville, Freeport and Quaker City. The dental center, consisting of three operatories, is part of the Freeport site. According to their 2015 UDS report, OHHS has a total patient population of 7,007, of which 1,619 patients received dental services, and 5,732 patients received medical services.

In 2014, Ohio Hills Health Services was one of five health centers chosen by the Ohio Association of Community Health Centers to participate in Year 4 of a five-year capacity-building initiative sponsored jointly by the DentaQuest Oral Health Foundation and DentaQuest Institute’s Safety Net Solutions program. The goal of the “Strengthening the
Oral Health Safety Net” (SOHSN) initiative was to build local, state and national capacity to improve safety net dental care. As a participating health center, Ohio Hills Health Services underwent a comprehensive evaluation of its dental program, which included analysis of dental practice data, an in-person site visit by a Safety Net Solutions Expert Advisor, development of an individualized dental program performance improvement plan, formal oversight and support from SNS throughout the process of implementing the performance improvement plan and submission of dental practice evaluation data at 6-month intervals for two years following creation of the dental performance improvement plan.

OHHS's dental program is located in the Freeport Family Health Center

Goals

In their application to participate in the SOHSN initiative, Jeff Britton, CEO of Ohio Hills, defined the following goals he hoped would be accomplished as a result:

- Improvement in operational efficiency of the dental program
- Development of a formal quality assurance/quality improvement program for dental
- Reduction in broken appointments
- Reduction in dental program costs
- Increase in dental program revenue
- A financially sustainable dental program

Mr. Britton’s ultimate goal was to create an efficient and effective dental program in the Freeport clinic that could be replicated in a hoped-for future expansion of dental services to their Barnesville Family Health Center.

Opportunities

There were several improvement opportunities identified through the SNS data analysis and site visit:

1. Maximizing provider productivity (visits/day and procedures/visit) by reducing broken appointments and improving scheduling processes
2. Allocating dedicated administrative time for their dental director
3. Providing networking/educational opportunities for their dental director, who was a recent dental school graduate
4. Defining program goals (access, outcomes and finance)
5. Tracking quality outcomes measures
Strategies

CEO Jeff Britton gave his full support to his dental director, including allowing her five hours per week of dedicated time for administrative duties. Dr. Doyle made good use of this time, first tackling the broken appointment rate. “We restructured the no-show policy to incorporate some success strategies other health centers had incorporated,” said Dr. Doyle. “We started making confirmation calls 48 hours in advance instead of 24, which gave us more time to refill slots if patients told us they weren’t planning to make their appointments. If we were unable to reach the patient to confirm their intent to show, we removed their appointments and placed someone else in that spot. We stopped scheduling hygiene appointments out six months. We thought that strategy would be a problem, but it’s actually working very well.” These strategies have resulted in a decrease in OHHS’s broken appointment rate to 10%.

The next strategy they tackled was the scheduling process. “We were told there was an art to scheduling, and that was for sure,” Dr. Doyle said. “We had no idea how tough it was to create a template that maximized visits but also gave dentists and hygienists enough time to provide meaningful care.” After several tweaks, they found a template that worked, and as a result, OHHS has been able to increase the number of dental services provided per visit from 2 to 3.5 and the overall number of dental services provided from 8,738 to 12,907.

Dr. Doyle, in collaboration with Mr. Britton, defined dental program goals, including the daily production needed to ensure financial sustainability of the program. Once defined, Dr. Doyle set up a dry erase board in the dental staff lounge showing the calendar for the month, with each day’s production goal written in. Whenever the dental program achieves its daily production goals for the week, Dr. Doyle brings lunch in for the team. Keeping goals in front of staff and providing real-time feedback on progress in meeting goals, as well as recognizing and rewarding staff for meeting goals, can be a tremendous way to build accountability and ownership of dental program performance.

Dr. Doyle led her team to begin tracking completed Phase I treatments in addition to the required UDS sealant measure, and the dental program is now completing 62% of Phase I treatment plans within 12 months of comprehensive or periodic exam. At the time of the baseline assessment, Ohio Hills dental was not tracking completed treatments.

Results

As a result of these and other dental program redesigns, Dr. Doyle and her team nearly doubled gross charges, from a baseline of $488,655 to $919,655. They increased net program revenue from the baseline of $469,081 to $745,890 and increased their positive bottom line from $3,458 at baseline to $195,502.
While the overall number of visits has not increased (largely because Dr. Doyle was out on maternity leave for three months during the evaluation period), the number of unduplicated patients and new patients getting access to dental care has nearly doubled.

Work on revenue cycle management has decreased accounts receivable past 90 days from $55,000 at baseline to just under $9,000.

OHHS became a member of the National Network for Oral Health Access, and Dr. Doyle attended NNOHA’s annual fall conference in Denver in the fall of 2016 for networking and professional development. While there, Dr. Doyle accepted a Centers of Excellence award from the DentaQuest Institute for her hard work in leading the successful dental program redesign at Ohio Hills Health Services.

“The words ‘game-changing’ come up all the time when we talk about the improvement plan we received from Safety Net Solutions,” Dr. Doyle reported. “We’ve worked hard to streamline our operations, which has really increased our efficiency. We determined the goals we needed to achieve, and we monitor much more closely how we’re doing in meeting those goals. When we meet our weekly goals, we celebrate as a team. It’s been hard work, but I am enjoying my job so much more now than I did two years ago.

Dental Director Dr. Amber Doyle accepting the Centers of Excellence Award on behalf of Ohio Hills Health Services at the NNOHA Conference in November 2016