Redesign Dental for Maximum Efficiency

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Oral Health Center
Chief Dental Officer, Trident USA
Mobile Oral Health Services

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National Governor’s Council on Oral Health
Chair, Online Safety Net Dental Clinic Manual, Steering Committee
MassHealth Dental Joint Committee for Federal Remediation Agreement, U.S. Federal District Court;
MassHealth Remediation Settlement
Knowing What Success Looks like
Safety Net Solutions Centers of Excellence
## Centers of Excellence Results

<table>
<thead>
<tr>
<th>Access</th>
<th>Before SNS</th>
<th>After SNS</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Visits</td>
<td>10,329</td>
<td>12,675</td>
<td>2,346</td>
</tr>
<tr>
<td>Unduplicated Patients</td>
<td>5,363</td>
<td>7,237</td>
<td>1,874</td>
</tr>
<tr>
<td>Number of Procedures</td>
<td>24,122</td>
<td>39,148</td>
<td>15,026</td>
</tr>
<tr>
<td>Procedures per Visit</td>
<td>2</td>
<td>3</td>
<td>1.00</td>
</tr>
<tr>
<td>Broken Appointment Rate</td>
<td>26%</td>
<td>21%</td>
<td>5% points</td>
</tr>
</tbody>
</table>

*Average of 7 dental programs*
## Centers of Excellence Results (average per site), cont.

<table>
<thead>
<tr>
<th>Finance</th>
<th>Before SNS</th>
<th>After SNS</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Charges</td>
<td>$2,698,844</td>
<td>$3,534,817</td>
<td>$835,973</td>
</tr>
<tr>
<td>Net Revenue</td>
<td>$1,725,917</td>
<td>$2,547,146</td>
<td>$821,229</td>
</tr>
<tr>
<td>Bottom Line</td>
<td>-$75,423</td>
<td>$319,443</td>
<td>$244,020</td>
</tr>
<tr>
<td>% of sites operating in the red</td>
<td>57%</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>
## Centers of Excellence Results (average per site), cont.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Before SNS</th>
<th>After SNS</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Plan Completion Rate</td>
<td>16%</td>
<td>50%</td>
<td>34%</td>
</tr>
<tr>
<td># of Sites Tracking Completed Treatments</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Number of Sealants</td>
<td>684</td>
<td>1,517</td>
<td>833</td>
</tr>
</tbody>
</table>
Where Do We Start?

... with a reality check
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 (SOP)** in dental and then... what our correct **scope of service** should be within that SOP?

10. Determines and shares with us what each service we provide in dental will **cost** us?
The answer...
Five Domains to Understand and Own

1. Access
2. Finance
3. Outcomes
4. Quality
5. Governance
Medical and Dental are different! Different care plan and different business plan.
<table>
<thead>
<tr>
<th>Medical</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80% of clinic volume</strong></td>
<td><strong>20% of clinic volume</strong></td>
</tr>
<tr>
<td>80% of visits = similar</td>
<td>80% of visits = varied</td>
</tr>
<tr>
<td>80% of visits = <strong>shorter</strong></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 <strong>diagnostic</strong></td>
<td>80% of visits <strong>treatment</strong></td>
</tr>
<tr>
<td>80% of RVU similar</td>
<td>80 % of RVU different</td>
</tr>
<tr>
<td><strong>100% of governance is designed around medical</strong></td>
<td>0% of governance is designed around dental</td>
</tr>
<tr>
<td>EMR silo</td>
<td>EDR silo</td>
</tr>
<tr>
<td><strong>Familiar with medical model</strong></td>
<td><strong>Not familiar with dental model</strong></td>
</tr>
<tr>
<td><strong>Confident leadership</strong></td>
<td><strong>Lack of confidence</strong></td>
</tr>
</tbody>
</table>
Top Priorities for Dental

1. Understanding What Success Should Look Like in Dental
2. Compiling data that is: Accurate, Meaningful and Timely
3. Computing and understanding your actual “Capacity”
4. Setting clear Goals, Roles, Responsibilities and Timelines
5. Utilizing the dental schedule strategically
6. Having the right policy for “Everything”
7. Owning management of No-Shows and Emergencies
8. Creating a “Culture of Accountability”
9. Executing a CQI and QA System
10. What your own Executive Leadership should look and feel like to best enable and support Dental
Administrator’s Top Priorities for Dental

1. **Defining Your Capacity**
2. **Knowing What Everybody Else is Doing**
3. **Setting Productivity Goals in Access**
4. **Setting Productivity Goals in Finance**
5. **Setting Productivity Goals in Outcomes**
6. **Getting your Quality House in Order**
7. **Getting your Governance House in Order**
8. **Running Dental as a Cost Center**
9. **Measuring and Sharing ALL Results**
10. **Setting Limits of Tolerability**
11. **Communicating Regularly and Meaningfully with Dental**
Capacity = Quality
Prior to Setting Access Goals

Define Your Capacity
Defining Capacity/Visits

- We are limited by our structure
  - Chairs-Rooms-Ops., Dentists, RDHs, DAs, Staff, Hours of Op
- Our structure determines our capacity not our hearts
- We only have 20% of the capacity of Medicine
- We cannot be everything to every patient of the CHC
- Equitable, quality, care mandates that we work within our capacity
- We need to decide WHO gets the care
- When we understand and define capacity we then create our business plan
Other Considerations Impacting Capacity/Visits

• **Our patient population**
  • Serve primarily adults, children or a mix?

• **Provider skill levels**
  • Students/externs
  • Recent graduates
  • Advanced dentists

• **Staffing Model**
  • General Dentists, RDHs, Pediatric Dentists, etc.
The Business Plan

There is Productivity in Access-Finance-Outcomes

Remember: **We Get What We Measure**
And.......... **We Get the Results We Tolerate**

We now establish productivity goals for the program as a unit and for each individual

Remembering: Clarity around Goals, Roles, Responsibilities and Timelines establishes how we will hold the program and each individual

**Accountable**
Our Program Goals are ____________________________
My Goals are _________________________________
My Role is _________________________________
My Responsibilities are _____________________
Your Goals, Roles, and Responsibilities are_______
We need to get this done by _________________

And... by the way:
THIS IS HOW WE ARE EVALUATED
Access Benchmarks

1300-1600 encounters/year/FTE hygienist

1.7 patients/hour
or 13.6 patients/day/dentist

2500-3200 encounters/year/FTE dentist

2700 encounters/year with 1100 patient base/DMD

2.5 ADA coded services/treatment visit

1 patients/50 min.
9 patients/day/hygienist
Access Benchmarks, cont.

- 15% No-Show rate
- <6% Emergency Rate
- 33% Comp TX. Plan is Fair
- #New Patients = #Completed Treatments
- 2.5 Visit/Year/Patient
Financial Benchmarks

$450,000-$500,000 Gross Charges/FTE Dentist

$250,000-$350,000 Gross Charges/FTE Hygienist

$191 Cost/Visit
Benchmark Dental Budget Breakdown

**Total Budget: 100%**
- **Dental Practice Overhead: 70-85%** (77%)
  - See breakdown below*
- **Allocation for Administrative Costs: 5-10%**
  - Costs for CEO, CFO, COO, etc.
- **Health Center Support Allocation: 10-20%** (23%)
  - Costs for Human Resources, Security, Medical Records, IT, etc.

**Breakdown of the 70-85% Dental Practice Overhead:**
- Payroll (salary, taxes, & fringe benefits): 68%
- Building, Utilities, telephone: 9%
- Dental Supplies: 7%
- Lab fees: 5%
- Depreciation: 4%
- Office Supplies: 2%
- Repairs: 2%
- Marketing/Promotion: 1%
- Recruitment: 1%
- Continuing Education: 1%
2016 UDS National Data Averages

- 2,614 visits/year/FTE DDS for a panel of 1100 patients
- 2,200 visits/year/FTE RDH
- 2.55 visits/year/unduplicated dental patient
- Each dentist treated a panel of 1100 patients
- Unduplicated dental patients make up 21.9% of all health center unduplicated patients.
- 2.5 services by ADA code per patient/visit
- Number of new patients should be similar to the number of completed treatments
- Cost/dental visit=$191.00

Access is everything associated with the visit:

**Visit Measures**
- Services: Type – diagnostic, preventive, therapeutic, specialty
- How many services by ADA code?
- Charges for the services
- Revenue received for the charges
- Health Outcomes as a result of the services
- Quality of the services and of the customer service
- Compliance with Governance
- Safe-Equitable-Efficient-Effective-Timely-Patient Centric

**Access Outcomes**
- Health Outcomes
- Oral Health Outcomes
- Financial Outcomes
- HRSA Goal Outcomes
- Treatment Plan Completion Outcomes
- Focus Population Care Outcomes
## Scope of Service Benchmarks

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Procedure Codes</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>D0100-D0999 (excluding D0140)</td>
<td>35%</td>
</tr>
<tr>
<td>Preventive</td>
<td>D1000-D1999</td>
<td>33%</td>
</tr>
<tr>
<td>Restorative</td>
<td>D2000-D2999</td>
<td>20%</td>
</tr>
<tr>
<td>Specialty (endo/perio/prosth)</td>
<td>D3000-D6999</td>
<td>2-6%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>D7000-D7999</td>
<td>5-10%</td>
</tr>
<tr>
<td>Emergency</td>
<td>D0140, D9110</td>
<td>2-6%</td>
</tr>
</tbody>
</table>
## Scope of Service Example

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CHC Sample</th>
<th>Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>50%</td>
<td>35%</td>
</tr>
<tr>
<td>Preventive</td>
<td>10%</td>
<td>33%</td>
</tr>
<tr>
<td>Restorative</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Specialty</td>
<td>0%</td>
<td>2-6%</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>1%</td>
<td>0-2%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>13%</td>
<td>5-10%</td>
</tr>
<tr>
<td>Emergencies</td>
<td>14%</td>
<td>&lt;6%</td>
</tr>
</tbody>
</table>

**WHY?**

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[CHC Sample Benchmarks Image](#)
Success in Finance, Outcomes & Quality

Finance

Vision
Creation of a high-quality, affordable, oral health program that documents the improvement of the oral health status of the patients we treat while being financially responsible.

Financial Plan
What the dental practice needs to accomplish to be financially sustainable, maximize patient access and provide meaningful quality outcomes.

If I had only one report!

REMEmBER: Knowing who you are and being able to define that with data; defining who you want to be and what success looks like for you; creating a simple and clear plan to achieve that success and then communicating that plan to the team and thus creating a culture of accountability is the road to accomplishing financial success.
# Variance Report

## Revenues:

<table>
<thead>
<tr>
<th>Description</th>
<th>Month - To - Date</th>
<th>Year - To - Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td>Gross Charges</td>
<td>410,093</td>
<td>487,190</td>
</tr>
<tr>
<td>Insurance adjustments</td>
<td>(145,552)</td>
<td>(183,671)</td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>22,917</td>
<td>22,917</td>
</tr>
<tr>
<td>Capitation payments</td>
<td>4,446</td>
<td>5,198</td>
</tr>
<tr>
<td>Interest/Other Income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>291,904</td>
<td>331,634</td>
</tr>
</tbody>
</table>

## Expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>Month - To - Date</th>
<th>Year - To - Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>232,954</td>
<td>238,549</td>
</tr>
<tr>
<td>COMMISSIONS</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>RENT, BUILDING EXPENSE, OFFICE EQUIPMENT</td>
<td>15,636</td>
<td>13,542</td>
</tr>
<tr>
<td>PRINTING &amp; ADVERTISING</td>
<td>-</td>
<td>250</td>
</tr>
<tr>
<td>POSTAGE &amp; SUPPLIES</td>
<td>14,378</td>
<td>35,808</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>2,574</td>
<td>1,708</td>
</tr>
<tr>
<td>OPERATIONAL EXPENSE</td>
<td>2,855</td>
<td>1,542</td>
</tr>
<tr>
<td>PROFESSIONAL SERVICES &amp; CONSULTING</td>
<td>17,224</td>
<td>18,417</td>
</tr>
<tr>
<td>INITIATIVES</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>COMPANY INSURANCE</td>
<td>-</td>
<td>2,900</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>-</td>
<td>67</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>2,721</td>
<td>3,193</td>
</tr>
<tr>
<td>DEPRECIATION</td>
<td>30,722</td>
<td>32,223</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>319,064</td>
<td>348,198</td>
</tr>
</tbody>
</table>

## Change in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>Month - To - Date</th>
<th>Year - To - Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Net Assets</td>
<td>(27,160)</td>
<td>(16,563)</td>
</tr>
</tbody>
</table>
Common Factors Impacting Finance

- Not having goals!
- Not having a Profit and Loss statement
- Productivity Busters: Empty chairs = missed opportunities
- Reimbursement environment: Low encounter rate or low fee for service
- **Issues in the billing & collections process (High AR)**
- Fee schedules & SFDS/Nominal fee: Fees below market rate, nominal fee too low
- Patient/Payer Mix: high number of uninsured adult patients
Outcomes

- HRSA Sealant Measure Compliance for FQHCs
- Children seen 0-5 years old
- Pregnant women seen and treated
- Children seen getting a preventive service
- # Fluoride Varnish applications
- Diabetic patients with HbA1C > 7 seen
- Patients seen who have not been seen for 12 months
- Patients seen getting a Risk Assessment
- Patients with moderate or high risk who lower risk at recare
- #Sealants provided
- Completion of phase 1 treatment plans

Phase 1 Treatment Completion

• **What is Phase 1 Treatment?**
  • It is also known as “Elimination of dental disease”
  • This includes: Oral cancer prevention and early diagnosis; prevention education and services; emergency treatment; diagnostic services and treatment planning; restorative treatment; basic periodontal therapy (non surgical) and basic oral surgery that includes simple extractions
Tracking Phase 1 Treatment Completion

• **Create a dummy code in your EDR that will signify that phase 1 treatment is complete**
  - Phase 1 treatment is complete when the patient has no active dental disease in their mouth; or when that disease is being actively managed.
  - Note: If the patient receives a prophy, exam, fluoride, and radiographs and has no active disease, the front desk can and should code for all treatment and the tx complete dummy code on the same day of service. This patient’s Phase 1 treatment has been completed.
  - Note: If the patient chooses to discontinue Phase 1 therapy, then the treatment would be considered complete. This must be clearly documented in the patient’s chart when the treatment completion dummy code is entered.

• **Educate all dental providers/staff on the proper use of this code**
  - Consistent, accurate use of this code is imperative.
Finding Your Treatment Completion Rate

- Divide the total number of completed treatment plans (tracked by a dummy code) by the sum of all periodic exams (D0120), oral exams for children under age 3 (D0145), and comprehensive exams (D0150) for a given time period. (Within 12 months) This percentage is your Phase 1 Treatment Completion Rate.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description:</th>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 Treatment Completion Rate</td>
<td>Percentage of phase 1 treatment plans that are completed within a given time period. Phase 1 treatment = all procedures needed to help the patient achieve dental disease-free oral health.</td>
<td>Number of all completed treatment plans (This # needs to be tracked by a dummy code that is entered when all needed phase 1 treatment for the patient is completed.)</td>
<td>Total of all D0120, D0145, and D0150 visits. (These are visits when the patient receives a treatment plan)</td>
</tr>
</tbody>
</table>
Tracking Phase 1 Treatment Completion

• **Setting a Goal:**
  • Step 1: Establish your baseline
  • Step 2: Create an initial goal (33% to start)
    • Seek to raise the treatment completion rate by 5% or better in each succeeding 12 month period
  • Step 3: Assess your program to understand the barriers and work on solutions
  • Step 4: Set your ultimate goal: 75% completion rate
Quality

- Quality Management System
  - Quality Assurance Policy and Tool
  - Continuous Quality Improvement Policy
- Dental Quality Compliance Officer
- Dental Representation on FQHC CQI team
- Credentialing Policy
- Privileging Policy/Competencies
- Policy and Procedure Manual
- Patient Satisfaction Survey (At least 1X year)
Patient Satisfaction Surveys

• Can use a paper form – example: http://dentalclinicmanual.com/docs/Patient_Survey3.pdf

• Must have a valid # surveys per provider

• Must report the results to the staff (Staff Meeting)

• Must act on results: document actions
Guidelines

• ADA Radiograph
  [guidelines](http://www.ada.org/~/media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx)

• ADA Clinical Practice Guidelines

• American Association of Endodontists:
  [http://www.aae.org/colleagues/](http://www.aae.org/colleagues/)

• American Academy of Pediatric Dentistry:

• Agency for Healthcare Research and Quality (135 dental guidelines)

• ADA code of ethics and conduct
  [www.ada.org/about-the-ada/principles-of-ethics-code-of-professional-conduct](http://www.ada.org/about-the-ada/principles-of-ethics-code-of-professional-conduct)
Issues Most Important to Patients

• Friendliness of ALL staff
• Timely appointments
• Wait times in the waiting room
• Provider listening
• Provider addressing their concerns
• Appearance of the office
• No pain!
• Understanding the bill!!!
• Good communication
Governance

- Compliance with Federal, State and Local Regulations and with the State Practice Act
- Quality Compliance Officer
- Policy and Procedure Manual
- Credentialing Policies and CEU Compliance
- Privileging Policy/Competencies
- Annual Safety/infection Control/Hazardous Waste Training
- Preparation for a OSV/ Regulatory Site Visit
- After Hours Coverage Policy
- Extended Service Hours
- Malpractice and Liability Policies and Coverage/Gap Ins.?
- FTCA Deeming/Annual Redeeming/Compliance
Credentialing and Privileging

- **HRSA Pin 2002-22** Requires Credentialing and Privileging of providers including dentists.
- **Credentialing** is the process of establishing and ensuring that a provider is qualified to practice in your center.
- Your health center should own and control the credentialing process
- **Privileging** is establishing the right of a provider to perform specific procedures
- The Dental Director should own and control the privileging process
- Defines, for the incoming dentist, what procedures are allowed at the clinic and for that dentist
- Required for FTCA insurance and many other malpractice insurers
Accessible Hours of Operation/Locations:
Health center provides *services at times and locations that assure accessibility* and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)

**After-Hours Coverage:** Health center provides professional *coverage during hours when the center is closed*. (Section 330(k)(3)(A) of the PHS Act)
Operational Site Visit Dental Compliance Issues, Cont.

**Budget:** Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25)

**Scope of Project:** Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. (45 CFR Part 74.25)
Sliding Fee Discounts: Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.

- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.*
- No discounts may be provided to patients with incomes over 200% of the Federal poverty guidelines.*
- No patient will be denied health care services by the health center due to an individual’s inability to pay for such services, assuring that any fees or payments required by the center for such services will be reduced or waived. (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)), and 42 CFR Part 51c.303(u))
What is Churning?

Churning is defined as the systematic, institutionalized practice of maximizing revenues by maximizing visits/encounters where payment is determined by number of encounters, not by number of procedures encountered.
Checklist to Dental Redesign

- Define What Success Should Look Like in Dental
- Gather Data that is accurate, timely and meaningful
- Compute and Understand your actual Capacity
- Set Clear Goals, Roles and Timelines for both the Dental Team as a whole and Individuals in: Access, Finance and Outcomes
- Have a policy for “Everything”!!!!
- Set fees at the usual and customary of the market rate in your service area
Checklist to Dental Redesign

- Execute a Quality Management System including CQI and QA in Dental and in the CHC
- Create a Dental Culture of Accountability
- Actively Manage: Broken Appointments/Last Minute Cancellations; Self Pay Patients; Front Desk; Payer Mix; Customer Service; Billing; Emergencies; Priority Populations; Scope of Service
- Use the Dental Schedule Strategically!
- Know what your own Leadership should look and feel like to best enable/support Dental
SNS Technical Assistance Resources

• Dental Policy & Procedure Manual Template
• Sample Clinical Protocols
• Sample Dental Job Descriptions
• Sample Broken Appointment Policies
• Scripting for CHC Dental Staff
• Profit & Loss Budget Variance Tool
• Financial and Productivity Goals Tool

• Payer Mix Projection Tool
• Dental Program Performance Tracking Tool
• Productivity Benchmark Guide
• Sample Scheduling Policy
• Sample Emergency Policy
• Sample Quality Assurance Policy
• And much, much more!

https://www.dentaquestinstitute.org/learn/online-learning-center/resource-library
https://www.dentaquestinstitute.org/learn/safety-net-solutions
NNOHA Technical Assistance Programs

- Website: [www.nnoha.org](http://www.nnoha.org)
- Dental Clinic Operations Manual/Publications
- Webinars
- Promising Practices
- Annual Conference
- National Oral Health Learning Institute
- Listserv
- Speaker’s Bureau
- Consultation/Referral
SNS Online Practice Management Series

  - Developing Billing Excellence
  - Fee Schedules, Sliding Fee Scales, & Management of the Self-Pay Patient
  - Safety Net Dental Program Finance and Productivity: Your Mission and Your Margins
  - Front Desk Customer Service
  - The Front Desk: Creating Your Dream Team
  - Managing Chaos in the Dental Program
  - Scheduling by Design

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