Redesign #1: Defining and Measuring Success

Pathways to Dental Program Success

Dr. Mark Doherty, Executive Director
Dori Bingham, Program Manager
D4 Practice Solutions
Dr. Julia Hadley, Dental Director, Coöts County Family Health Services
Learning Objectives for Today

1. The common FQHC benchmarks relevant to oral health
2. How to set appropriate goals for your dental program
3. What data to track to evaluate the performance of your dental program
4. Where this data is often found
5. How to create an effective process for dental program evaluation
6. How to use data to drive decision-making
Part I: Defining Success

- Benchmarks
- Goals
- Milestones
- Data
FQHC Benchmarks

1,300-1,600 encounters/year/FTE hygienist

2,500-3,200 encounters/year/FTE dentist

8-10 patients per day for hygienists

1.7 patients/hour or 14 patients per day for dentists

2,700 encounters per year with 1,100 patient base

Gross Charges = >$500K-$600K per dentist per year
### FQHC Benchmarks

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$209 average cost per encounter</td>
<td>(UDS 2018)</td>
</tr>
<tr>
<td>2 Chairs/dentist</td>
<td>(3:1 is ideal)</td>
</tr>
<tr>
<td>2.5 ADA coded services</td>
<td>/treatment visit</td>
</tr>
<tr>
<td>330 work days/year</td>
<td>(or 1600 work hours/year after holidays and vacations)</td>
</tr>
<tr>
<td>1.5 Assistants/dentist</td>
<td>(1 DA per chair is ideal)</td>
</tr>
<tr>
<td>2 ADA coded services</td>
<td>as the diagnostic part of a recall or comprehensive visit (exam, FMX)</td>
</tr>
</tbody>
</table>
FQHC Benchmarks

- $30-$40 Nominal fee
- % of total A/R due past 90 days = < 15%
- 3 Slide Categories 101-199% FPG
- Full Fee Schedule 70-80% of UCR
2018 FQHC UDS National Averages

- 28.3 million unduplicated FQHC patients
  - 84% accessed medical services (23.8 million patients)
  - 22.6% accessed dental services (6.4 million patients)
- 2,630 visits/year/FTE Dentist
- 1,151 visits/year/FTE Dental Hygienist
- 2.6 visits/year per unduplicated dental patient
- Average cost/visit in dental = $209 per visit
- Sealant metric average = 52.8%
Setting Practice Goals

- Access
- Productivity
- Revenue
- Outcomes
- Site-Specific

GOAL SETTING
SPECFIC MEASURABLE ATTAINABLE RELEVANT TIME-BOUND
Capacity = Visit Goals = Access

- Finite
- Resource-based
- Differs from medical
- Step 1: Determine potential capacity
- Step 2: Manage to that capacity

Capacity = Visit Goals
Structure = Capacity

Operators
Hours
Staff
Benchmarks
Determining Capacity Goals Based on Our Structure

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Number of Operatories</th>
<th>Number of Dental Assistants</th>
<th>Visits/Clinical Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Dentist, 1 Op</td>
<td>1</td>
<td>1-2</td>
<td>1</td>
</tr>
<tr>
<td>General Dentist, 2 Ops</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>General Dentist, 2+ Ops</td>
<td>2+</td>
<td>1.5-2</td>
<td>1.7</td>
</tr>
<tr>
<td>General Dentist w/ EFDA</td>
<td>3+</td>
<td>3</td>
<td>2.5-3</td>
</tr>
<tr>
<td>Unassisted Hygienist</td>
<td>1</td>
<td>0</td>
<td>1-1.2</td>
</tr>
<tr>
<td>Assisted Hygienist</td>
<td>2</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>4th Year Dental Student</td>
<td>1</td>
<td>0-1</td>
<td>0.5</td>
</tr>
<tr>
<td>GPR Resident, Q1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>GPR Resident, Q2</td>
<td>2</td>
<td>1.5-2</td>
<td>1.2</td>
</tr>
<tr>
<td>GPR Resident, Q3</td>
<td>2</td>
<td>1.5-2</td>
<td>1.5</td>
</tr>
<tr>
<td>GPR Resident, Q4</td>
<td>2</td>
<td>1.5-2</td>
<td>1.7</td>
</tr>
</tbody>
</table>
## Determine Potential Daily Visit Capacity, Dentists

<table>
<thead>
<tr>
<th></th>
<th># of FTE Dentists</th>
<th>X Benchmark</th>
<th>X # of Chairside Hours</th>
<th>Potential Visit Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon.</td>
<td>1</td>
<td>1.7</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Tues.</td>
<td>2</td>
<td>1.7</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>Wed.</td>
<td>4</td>
<td>1*</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Thurs.</td>
<td>4</td>
<td>1.7</td>
<td>30</td>
<td>51</td>
</tr>
<tr>
<td>Fri.</td>
<td>2</td>
<td>1*</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

*Only one assistant per dentist; the standard is one dentist, two operatories and at least 1.5 assistants*

Weekly potential capacity = 136 (162 with more assistants)
Annual potential capacity = 136 x 46 = 6,256 visits (7,452)
Dentist Benchmark

- Could range from 1 visit per hour to 2 or more
- Dentist variables (experience, specialty)
- Support variables (number and type of DAs per dentist)
- Structure variables (Number of operatories and hours of operation)
- Norm: General dentist with two operatories and 1.5 conventional assistants = 1.7 visits/hour
## Determine Potential Daily Visit Capacity, Hygienists

<table>
<thead>
<tr>
<th></th>
<th># of FTE Providers</th>
<th>X Benchmark</th>
<th>X # of Chairside Hours</th>
<th>Potential Visit Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon.</td>
<td>2</td>
<td>1.2</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Tues.</td>
<td>2</td>
<td>1.2</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Wed.</td>
<td>2</td>
<td>1.2</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Thurs.</td>
<td>2</td>
<td>1.2</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Fri.</td>
<td>1</td>
<td>1.2</td>
<td>7.5</td>
<td>9</td>
</tr>
</tbody>
</table>

Weekly potential capacity = 81

Annual potential capacity = 81 x 46 = 3,726
Hygienist Benchmark

- Could range from 1 visit per hour to 2 or more
- Hygienist variables (experience, assisted vs. non-assisted, dentist to hygienist ratio, age of patients)
Capacity Determines Visit Goals

- Weekly = 136 dentist + 81 hygienist = 217 visits
- 217 visits/week x 46 weeks = 9,982 annual visits

THIS is what we shoot for, not more and not less
Capacity Determines Number of Unduplicated Patients

• Our STRUCTURE gives us 9,982 annual visits
• 9,982 annual visits ÷ 2.6 visits/patient (2018 UDS) = 3,839 unduplicated patients

THIS is what we shoot for, not more and not less
Capacity Determines Number of New Patients

- Depends on new vs. established practice
- Balance of new vs. existing patients critical

Tracking completed treatments tells us how many new patients we can bring in
Access Productivity Goals

• More than just the number of visits
• What happens in the visit!
• Number and types of procedures
• Goal = 2.5 ADA coded services per visit
Why Access Productivity Goals Matter

• Calculate potential dental capacity precisely—no guesswork
• Identify gaps (opportunities to increase access by changing structure)
• Identify overcapacity (too many patients/encounters for current structure)
• Evaluate potential vs. actual capacity (identify missed opportunities to maximize access)
## 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>30-40%</td>
</tr>
<tr>
<td>Preventive</td>
<td>D1000-D1999</td>
<td>25-35%</td>
</tr>
<tr>
<td>Restorative</td>
<td>D2000-D2999</td>
<td>18-25%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>D3000-D3999</td>
<td>1-2%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>D4000-D4999</td>
<td>2-5%</td>
</tr>
<tr>
<td>Removable Prostho</td>
<td>D5000-D5899</td>
<td>1-3%</td>
</tr>
<tr>
<td>Fixed Prosthodontics</td>
<td>D6200-D6999</td>
<td>&lt;1%</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>
Why All Productivity Goals Matter

• Are we providing **enough** meaningful care in each visit?
• Are we providing the care our **patients** need?
• Are we providing the care the **practice** needs?
• Are we providing care at the **top of our license**?
• Are there any red flags? (eg, too few procedures/visit, high rate of emergency care, low rate of preventive or therapeutic care)
What Are the Financial Goals?

- Break Even
- Operating Surplus
- Operating Loss
- If Loss, How Much?
Operating Costs of Dental

**DIRECT**
- Personnel (salaries, benefits, payroll taxes)
- Dental supplies
- Lab costs
- Occupancy (rent/mortgage, utilities, phone/internet, maintenance)
- Other

**INDIRECT**
- Administrative Allocation
- Agency/Support Allocations
Benchmark Dental Budget Breakdown

Total Budget: 100%

- **Dental Practice Overhead**: 70-85%
  - *See breakdown below*
- **Allocation for Administrative Costs**: 5-10%
  - Costs for CEO, CFO, COO, etc.
- **Health Center Support Allocation**: 10-20%
  - 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%
Setting Revenue Goals, Breakeven

- Daily, weekly, monthly, quarterly, annually
- Total costs (direct and indirect) ÷ time
- For example:

<table>
<thead>
<tr>
<th>Total Annual Cost of Dental Operations</th>
<th>÷ Time</th>
<th>= Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000,000</td>
<td>230 days</td>
<td>$4,348/day</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>46 weeks</td>
<td>$21,740/week</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>12 months</td>
<td>$83,334/month</td>
</tr>
</tbody>
</table>
Setting Revenue Goals, Surplus

- Determine desired amount of surplus
- Add to total annual cost and divide by time
- For example:

<table>
<thead>
<tr>
<th>Total Annual Cost of Dental Operations</th>
<th>÷ Time</th>
<th>= Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000,000 + $100,000</td>
<td>230 days</td>
<td>$4,783/day</td>
</tr>
<tr>
<td>$1,000,000 + $100,000</td>
<td>46 weeks</td>
<td>$23,914/week</td>
</tr>
<tr>
<td>$1,000,000 + $100,000</td>
<td>12 months</td>
<td>$91,667/month</td>
</tr>
</tbody>
</table>
Outcome Goals

• Did We Make Patients Better?
• Many Available
• Meaningful, Measurable AND Accurate
• Process vs. Outcome
• Start with one or two
Quality Metrics

- What metrics are required?
- What metrics document the improved health of our patients?
- What metrics are evidence based?
- What metrics are others using?
- What measures are meaningful, accurate and timely?
Sample Outcome Goals

- Phase I Treatment Completed
- Reduction in Risk Status
- HRSA Sealant Measure
- Preventive Services (eg, Fluoride, SDF)
- National Quality Alliance lists many
Developing a Sound Plan for Program Success

- Patient/Payer Mix
- Visit Projections
- Revenue/Payer Type
- Revenue Projections
- Cost Estimates
## Impact of Payer Mix on Sustainability

<table>
<thead>
<tr>
<th>Payer Mix</th>
<th>Visits</th>
<th>Revenue</th>
<th>Expenses</th>
<th>Operating Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>35%</td>
<td>2,800 visits</td>
<td>$350,000</td>
<td>($18,000)</td>
</tr>
<tr>
<td>Self-Pay/SFS</td>
<td>55%</td>
<td>4,400 visits</td>
<td>$132,000</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>10%</td>
<td>800 visits</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td></td>
<td>$582,000</td>
<td><strong>$600,000</strong></td>
<td>($18,000)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payer Mix</th>
<th>Visits</th>
<th>Revenue</th>
<th>Expenses</th>
<th>Operating Surplus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>40%</td>
<td>3,200 visits</td>
<td>$400,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Self-Pay/SFS</td>
<td>50%</td>
<td>4,000 visits</td>
<td>$120,000</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>10%</td>
<td>800 visits</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td></td>
<td>$620,000</td>
<td><strong>$600,000</strong></td>
<td>$20,000</td>
</tr>
</tbody>
</table>
Obstacles to Program Success

- Unfavorable Payer Mix
- Working under- or over-capacity
- Lack of goals and accountability
- High broken appointment rate
- Scheduling issues
- Insufficient support staff (dental assistants/front desk/dedicated billers)
- Billing and collections issues
- Fees are set too low
Success Tree

LEADERSHIP

COMMUNICATION

TEAMWORK

ACCOUNTABILITY

GOVERNANCE

QUALITY

CONTROL

EVALUATION

STANDARDIZATION

GOALS

EVALUATION
Part II: Measuring Success

“What gets measured, gets managed.”
Peter Drucker
Operating a Dental Practice Without Data is Like Driving a Car Without a Dashboard
Success Metrics

- Gross Charges
- Net Revenue
- Expenses
- Number of visits
- Revenue per visit
- Cost per visit
- A/R past 90 days
- # of Unduplicated Patients
- # of New Patients
- # of Procedures
- Scope of Service (types of procedures)
- % of Phase I Treatment Plans Completed
- % of children ages 6-9 at moderate or high-risk receiving sealants (UDS)
- Broken Appointment Rate
- Emergency Rate
- Payer/Patient Mix Percentages
Important Reports

- Profit & Loss Statement
- Aging Analysis
- Production Summary Report (procedures)
- Master Provider Schedule
- Utilization/UDS reports
- Practice Analysis
Profit & Loss Statement

- By site
- Gross charges, contractual or other adjustments, net patient revenue, grant/other income and total net revenue
- Payer mix?
- Direct and indirect expenses
- Bottom line
Payer Mix

- Huge impact on program success
- Not always contained in P&L
- Tracked for UDS reporting
- Critical information!
Aging Analysis

- Money owed to the practice
- Usually broken out by current, then 30, 60, 90, 90+ days
- Big focus: 90 days or beyond
- By payer type
- Sheds light on billing/collections
- 90 days or beyond as % of total A/R (goal <10-15%)
Production Summary Report

- Dental services by ADA code
- Number of times each code was used
- Usually includes total gross charges for each code
- By site
- Total procedures
- Procedures per visit
- Scope of practice
- Outcomes (e.g., Phase I treatment completion, sealants)
Master Provider Schedule

- Monitor clinical staffing each day
- Compare potential visit capacity vs. actual visits each day
- Quantify FTEs
- Quantify clinical provider hours each week
- Identify provider gaps
- Evaluate provider performance against goals

<table>
<thead>
<tr>
<th>Smithfield Clinic</th>
<th>Staff Name</th>
<th>Staff Type</th>
<th>Start AM</th>
<th>End PM</th>
<th>Lunch Break</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Johnson, M</td>
<td>Dentist</td>
<td>8</td>
<td>5:12-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Murphy, S</td>
<td>RDH</td>
<td>10</td>
<td>6:1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rogers, T</td>
<td>DA</td>
<td>8</td>
<td>5:12-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ouelette, J</td>
<td>DA</td>
<td>8</td>
<td>5:12-1</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Johnson, M</td>
<td>Dentist</td>
<td>8</td>
<td>5:12-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanchez, M</td>
<td>Dentist</td>
<td>10</td>
<td>6:1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Murphy, S</td>
<td>RDH</td>
<td>10</td>
<td>6:1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rogers, T</td>
<td>DA</td>
<td>8</td>
<td>5:12-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ouelette, J</td>
<td>DA</td>
<td>8</td>
<td>5:12-1</td>
<td></td>
</tr>
</tbody>
</table>
Utilization/UDS Reports/Practice Analysis Reports

- Patient Demographics
- Patient Age
- Number of Unduplicated Patients
- Number of New Patients
Evaluating Program Performance

• Which reports?
• How often?
• Who will run them?
• How will data be collated?
• How will it be shared?
• How will it be USED?
Dashboards

- Simple to Sophisticated
- Excel Spreadsheet to Power BI
- NNOHA has a great dashboard
- Many vendors sell reporting software
- Decide what to use and start tracking!
Part III: Case Study--Coös County Family Health Services
Some Background

• Started dental program in 2016
• No institutional experience with operating dental
• Started small but are steadily growing to meet huge demand for care
• Challenging operating environment (very rural and limited Medicaid coverage for adults)
• Lots of adults in the practice
Clinic Profile

Monday – Thursday
8 AM – 6 PM

36 clinical hours/week

4 Operatories
Current Staffing

- 1.2 FTE General Dentists
- 1.8 FTE Hygienists
- 2 FTE Dental Assistants
- 1 FTE EFDA
- 2 FTE Reception Staff
- 1 FTE Dedicated Dental Biller
- 0.5 FTE Practice Manager
Revenue vs. Expenses for FY2019

• Operating in the black with grant support
• BUT we had a large workforce development grant ending in June (end of our fiscal year)
• Concerned about how the loss of that grant would impact our financial sustainability
# Potential Dentist Capacity Based on Current Staffing

<table>
<thead>
<tr>
<th>Day</th>
<th># of Providers</th>
<th># of total clinical hours worked</th>
<th>Recommended # of visits/clinical hour</th>
<th>Potential Visit Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>1</td>
<td>9</td>
<td>1.9*</td>
<td>17</td>
</tr>
<tr>
<td>Tue</td>
<td>2</td>
<td>15</td>
<td>1**</td>
<td>15</td>
</tr>
<tr>
<td>Wed</td>
<td>1</td>
<td>9</td>
<td>1.9</td>
<td>17</td>
</tr>
<tr>
<td>Thu</td>
<td>1</td>
<td>9</td>
<td>1.9</td>
<td>17</td>
</tr>
<tr>
<td>Fri</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>66</td>
</tr>
</tbody>
</table>

*Increased to 1.9 to reflect increased productivity with EFDA*  
*Lowered to reflect that two dentists are each working out of one operatory*
**Potential Hygienist Capacity Based on Current Staffing**

<table>
<thead>
<tr>
<th></th>
<th># of Providers</th>
<th># of total clinical hours worked</th>
<th>x recommended # of visits/clinical hour</th>
<th>Potential Visit Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>2</td>
<td>18</td>
<td>1*</td>
<td>18</td>
</tr>
<tr>
<td>Tue</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Wed</td>
<td>2</td>
<td>18</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Thu</td>
<td>2</td>
<td>18</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Fri</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>

*Lowered from 1.2 to reflect that the majority of patients are adults*
Dental Productivity, FY2019

Potential capacity/week
129 visits (32 patients/day)

129 visits x 46 weeks
5,934 potential visits

Actual visits
5,058 (27 patients/day)

32-27 = only off by 5 patients
Dental Procedures, FY2019

• 9,720 transactions (defined as procedures with ADA codes attached to them)

• 9,720 transactions ÷ 5,058 visits = 1.9 procedures/visit

• Could we do something to increase procedures/visit?
# Patient and Payer Mix, FY2019

<table>
<thead>
<tr>
<th>Patient Mix*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 0-18</td>
<td>18%</td>
</tr>
<tr>
<td>Ages 21 &amp; Over</td>
<td>82%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payer Mix**</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>28%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>45%</td>
</tr>
<tr>
<td>Commercial</td>
<td>26%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
<tr>
<td>Total Accounts Receivable (A/R)</td>
<td>$158,292</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Total Outstanding A/R &gt; 90 Days</td>
<td>$37,179</td>
</tr>
<tr>
<td>Commercial ($7,600 uncollected patient co-pays)</td>
<td>$20,905</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$1,387</td>
</tr>
<tr>
<td>Self-Pay/SFS</td>
<td>$14,887</td>
</tr>
<tr>
<td>Percentage of A/R &gt; 90 days = 23.5% (opportunity for improvement)</td>
<td>Goal is &lt;12-15%</td>
</tr>
</tbody>
</table>
Our Major Challenges

• Medicaid in New Hampshire only covers emergency care for adults
• Because we have a high percentage of adults in the dental practice, we have a high percentage of uninsured patients
• Our biggest challenge (and frustration) was our inability to get data related to dental
Major Challenges

• Some improvement needed in billing and collections (esp. Commercial and collection from patients at the time of the visit)
• Some room to increase number of visits (~5 more per day)
Major Opportunities

• Work on identifying patients with open treatment plans and getting them in to complete treatment
• Begin tracking completed treatments as a quality measure and way to determine how many new patients can be brought in
Major Opportunities

• Get Loretta and I the data we need to keep track of our dental program!

• Begin using a dashboard to track performance data and a process for the sharing of performance data

• Set access, productivity, finance and outcome goals for dental
Major Opportunities

• Work on improving commercial billing and collecting from patients at the time of the visit (dental front desk)
What We’ve Been Up to Lately
Important Takeaways

• Gather timely and accurate data for the dental program
• Make sure this data is available to dental program leadership
• Analyze the data to understand what it can tell you
• Use the data to identify the major challenges and opportunities you might be missing
• Develop strategies to overcome challenges and take advantages of opportunities
• Monitor program data to see if the implemented strategies are working and tweak as necessary
Questions/Discussion
D4 Practice Solutions

• Individualized Assessments of Oral Health Programs
• Expert Guidance and Planning for New Dental Programs
• Practical and Achievable Strategies for Success
• National Experts on Oral Health Program Access, Outcomes, Quality and Financial Viability

www.d4practicesolutions.com

Dr. Mark J. Doherty
Dori Bingham
D4 Practice Solutions

c. (508) 776-1826 (Dori)
c. (508) 958-0959 (Mark)
doribingham@d4dimension.com
markjdoherty@d4dimension.com