Redesign #3: Top 10 Priorities for Dental Success

Pathways to Dental Program Success

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Learning Objectives for Today

• Understand the top 10 priorities for dental program success
• Learn strategies to remove barriers to success and optimize opportunities
• Learn how to structure an FQHC dental program that is results-oriented, effective and HRSA-compliant
Our Top 10 Priorities for Success

1. Determine Actual Program Capacity
2. Set Realistic and Achievable Program Goals
3. Develop a Sound Plan for Sustainability
4. Maximize Productivity
5. Maximize Access
6. Minimize Chaos/Unpredictability
7. Maximize Revenue
8. Measure Performance
9. Embrace Continuous Quality Improvement
10. Get Buy-In and Accountability
#1 and 
#2: 
Capacity and Goals
# 3: Develop a Sound Plan for Sustainability
The Dental Business Plan: Road Map to Success

- Direct/Indirect Costs
- Patient Revenue
- Other Revenue
- Bottom Line
- Staffing Model(s)
- Service Delivery Model(s)
- Visit Projections
- Payer Mix
- Revenue/Payer Type
## Impact of Payer Mix on Sustainability

<table>
<thead>
<tr>
<th>8,000 visits</th>
<th>8,000 visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>35% Medicaid = 2,800 visits x $125 = $350,000</td>
<td>40% Medicaid = 3,200 visits x $125 = $400,000</td>
</tr>
<tr>
<td>55% Self-Pay/SFS = 4,400 visits x $30 = $132,000</td>
<td>50% Self-Pay/SFS = 4,000 visits x $30 = $120,000</td>
</tr>
<tr>
<td>10% Commercial = 800 visits x $125 = $100,000</td>
<td>10% Commercial = 800 visits x $125 = $100,000</td>
</tr>
<tr>
<td><strong>Total revenue = $582,000</strong></td>
<td><strong>Total revenue = $620,000</strong></td>
</tr>
<tr>
<td><strong>Total expenses = $600,000</strong></td>
<td><strong>Total expenses = $600,000</strong></td>
</tr>
<tr>
<td>Operating loss = ($18,000)</td>
<td>Operating surplus = $20,000</td>
</tr>
</tbody>
</table>
# Interactive Budget Planning Tool

## Payer Mix Tool

<table>
<thead>
<tr>
<th>Financial Projections</th>
<th>Projected Visits</th>
<th>Actual Visits</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6500</td>
<td></td>
<td>-6500</td>
</tr>
</tbody>
</table>

## Patient/Insurance mix:

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percent</th>
<th>Yearly Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>60%</td>
<td>3,900</td>
</tr>
<tr>
<td>Self Pay</td>
<td>30%</td>
<td>1,950</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>5%</td>
<td>325</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>325</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>6,500</td>
</tr>
</tbody>
</table>

## Reimbursement Rate (per visit):

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Rate</th>
<th>Yearly Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$125.00</td>
<td>$487,500.00</td>
</tr>
<tr>
<td>Self Pay</td>
<td>$50.00</td>
<td>$97,500.00</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>$220.00</td>
<td>$71,500.00</td>
</tr>
<tr>
<td>Other</td>
<td>$90.00</td>
<td>$29,250.00</td>
</tr>
<tr>
<td>Total Projected Revenue</td>
<td>$656,500.00</td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$800,000.00</td>
<td></td>
</tr>
<tr>
<td>Projected Bottom Line</td>
<td>$(143,500.00)</td>
<td></td>
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</table>

https://www.dentaquestpartnership.org/learn/online-learning-center/resource-library?type%5B0%5D=226&type%5B1%5D=261
<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visits</td>
<td>Visits</td>
<td>Visits</td>
<td>Visits</td>
<td>Visits</td>
<td>Visits</td>
</tr>
<tr>
<td></td>
<td>4,000</td>
<td>5,000</td>
<td>6,000</td>
<td>4,000</td>
<td>5,000</td>
<td>6,000</td>
</tr>
<tr>
<td>Self-Pay (&gt;100% FPL)</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>$48,000</td>
<td>$40,000</td>
<td>$48,000</td>
<td>$52,000</td>
<td>$56,000</td>
<td>$58,000</td>
</tr>
<tr>
<td>Medicaid</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
<td>20%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>$152,000</td>
<td>$237,500</td>
<td>$342,000</td>
<td>$190,000</td>
<td>$315,000</td>
<td>$315,000</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>$210,000</td>
<td>$262,500</td>
<td>$315,000</td>
<td>$150,000</td>
<td>$150,000</td>
<td>$150,000</td>
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<tr>
<td>Nominal fee patients (20%)</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>$48,000</td>
<td>$60,000</td>
<td>$72,000</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Total Patient Net Revenue</strong></td>
<td>$458,000</td>
<td>$600,000</td>
<td>$777,000</td>
<td>$480,000</td>
<td>$680,000</td>
<td>$777,000</td>
</tr>
</tbody>
</table>

**Grant Revenue**
- 330 Grant: $0
- Other Grants/Fundraising: $0

**Total Revenue**: $458,000

**EXPENSES**

**Direct Expenses**

**Personnel Related**
- Clinical staff: $381,100
- Administrative staff: $96,875
- Malpractice Insurance: $0

**Subtotal Personnel Costs**: $477,975

**Support costs**
- Dental Supplies: $40,000
- Dental Lab Services: $5,000
- Equipment Repair/Maintenance: $2,000
- Conference/Travel (NNNOA): $2,000
- Office Supplies: $3,500
- Membership Dues (NNOHA): $350
- Recruitment Expenses: $500
- Insurance: $5,000
- Printing: $1,500
- Postage: $1,000
- Depreciation: $20,000
- Utilities: $5,000
- Telephone: $7,000
- Other (Maintenance, housekeeping): $10,000

**Total Support Costs**: $102,850

**Total Direct Expenses**: $580,825

**Administrative Allocation (15%)**: $87,124

**TOTAL Expenses**: $580,825

**TOTAL REVENUE**: $458,000

**PROFIT /(LOSS)**
- $458,000
- $600,000
- $777,000

**PROFIT /(LOSS)**: ($122,825) ($87,175) $66,600
<table>
<thead>
<tr>
<th>Year 1</th>
<th>Clinical Staff</th>
<th>Salary</th>
<th>E.B.</th>
<th>Leadership Stipend</th>
<th>Net</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Dentist</td>
<td>$155,000</td>
<td>$38,750</td>
<td>$10,000</td>
<td>$203,750</td>
<td>1.0</td>
<td></td>
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<tr>
<td>Hygienist</td>
<td>$67,000</td>
<td>$16,750</td>
<td>$83,750</td>
<td>1.0</td>
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<td></td>
</tr>
<tr>
<td>Dental Assistant (CDA)</td>
<td>$74,880</td>
<td>$18,720</td>
<td>$93,600</td>
<td>2.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>Salary</td>
<td>E.B.</td>
<td>Net</td>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/Registration</td>
<td>$32,500</td>
<td>$8,125</td>
<td>$40,625</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>$45,000</td>
<td>$11,250</td>
<td>$56,250</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2</th>
<th>Clinical Staff</th>
<th>Salary</th>
<th>E.B.</th>
<th>Leadership Stipend</th>
<th>Net</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Dentist</td>
<td>$158,000</td>
<td>$39,500</td>
<td>$10,000</td>
<td>$207,500</td>
<td>1.0</td>
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</tr>
<tr>
<td>Hygienist</td>
<td>$68,500</td>
<td>$17,125</td>
<td>$85,625</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floating Hygienist</td>
<td>$68,000</td>
<td>$17,000</td>
<td>$85,000</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>$76,960</td>
<td>$19,240</td>
<td>$96,200</td>
<td>2.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>Salary</td>
<td>E.B.</td>
<td>Net</td>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/Registration</td>
<td>$33,500</td>
<td>$8,375</td>
<td>$41,875</td>
<td>1.0</td>
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<td></td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>$46,500</td>
<td>$11,625</td>
<td>$58,125</td>
<td>1.0</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Clinical Staff</th>
<th>Salary</th>
<th>E.B.</th>
<th>Leadership Stipend</th>
<th>Net</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff dentist</td>
<td>$161,000</td>
<td>$40,250</td>
<td>$10,000</td>
<td>$211,250</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Hygienist</td>
<td>$70,000</td>
<td>$17,500</td>
<td>$87,500</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floating hygienist</td>
<td>$69,500</td>
<td>$17,375</td>
<td>$86,875</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>$79,040</td>
<td>$19,760</td>
<td>$98,800</td>
<td>2.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>Salary</td>
<td>E.B.</td>
<td>Net</td>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/Registration</td>
<td>$34,500</td>
<td>$8,625</td>
<td>$43,125</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>$48,000</td>
<td>$12,000</td>
<td>$60,000</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$82,500</td>
<td>$103,125</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Visit Projections (based on proposed program structure)**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Dentist four 9-hour days = 36 hours; 4 hours admin time/week</th>
<th>x 1.7 v/hour</th>
<th>56 v/week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hygienist five 8-hour days = 40 hours</td>
<td>x 1 v/hour</td>
<td>40 v/week</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>96 x 46 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years 2 and 3</th>
<th>Dentist four 9-hour days = 36 hours; 4 hours admin time/week</th>
<th>x 1.7 v/hour</th>
<th>56 v/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Hygienist five 8-hour days = 40 hours</td>
<td>x 1 v/hour</td>
<td>80 v/week</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>136 x 46 weeks</td>
</tr>
</tbody>
</table>
# 4 and #5: Maximize Productivity and Access
## Best Practices for Improving Productivity and Access

<table>
<thead>
<tr>
<th>Action</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease</td>
<td><strong>Broken Appointments</strong></td>
</tr>
<tr>
<td>Improve</td>
<td><strong>Scheduling</strong></td>
</tr>
<tr>
<td>Hire</td>
<td><strong>More Dental Assistants (if necessary to meet benchmark)</strong></td>
</tr>
<tr>
<td>Share</td>
<td><strong>Goals and Provide Feedback</strong></td>
</tr>
<tr>
<td>Consider</td>
<td><strong>An Incentive Program</strong></td>
</tr>
<tr>
<td>Resolve</td>
<td><strong>Instruments, Supplies, Equipment Barriers</strong></td>
</tr>
<tr>
<td>Train</td>
<td><strong>Staff on EDR</strong></td>
</tr>
</tbody>
</table>
Broken Appointments: Our #1 Problem

- Lost productivity
- Lost revenue
- Wasted chair time
- Diminished access
- Incomplete treatment
- Chaos/unpredictability
- Staff/provider frustration
- Patient frustration
Broken Appointment Best Practices

• A strong policy
• Consistent enforcement
• Scripting
• Same-day only
• Alerts
• Track
Minimizing the Risk of Broken Appointments

- 48 Hour reminder calls
- Multiple touchpoints
- Strategies for patients you couldn’t reach
Minimizing the Risk of Broken Appointments

- Limit new patients
- Emergency patient F/U
- Multiple family members
- Limit how far out to schedule
15%

BHAG
BIG HAIRY AUDACIOUS GOAL - WE GOT THIS
memegenerator.net
So, What About Scheduling?

- One of the biggest contributors to dental program success or failure
- Huge strategic tool
- Often given least amount of thought
- Dental schedulers: friend or foe?
- We need to be ALL over that schedule!
What Are We Trying to Accomplish?

• Fill schedule!

• Yes, BUT also:
  ✓ Patients who are likely to show up
  ✓ Right patients in the right slot
  ✓ Appropriate balance of new and existing patients
  ✓ Right amount of time each patient needs
The Dental Schedule...

- Maximizes access
- Maximizes outcomes
- Maximizes revenue
Staff Benchmarks, Typical Practice

- 2 Operatories for each dentist (min.)
- 2 Assistants for each dentist (min. 1.5)
- 1 PSR for every 5,000 visits
- Dedicated dental director
- Dedicated dental practice manager
- Lead Clinical and Administrative Staff at Satellite Sites
Impact of Staffing on Program Success

- Too few PSRs at Front Desk one of the biggest mistakes we see
  - Delays at check-in/check-out causes logjams
  - Critical work doesn’t get done
- Too few assistants slows down dentists and overall operations
- Lack of dedicated dental leadership undermines accountability (no direction, no feedback)
- Insufficient number of providers undermines access and outcomes for the population
Insufficient Dental Assistants

- Minimum is 1.5 per dentist (2 is better)
- Difference between 8 visits/day and 14/day
- Difference between a happy dentist and a stressed out dentist
Cost of Adding Dental Assistant

$20/hour \times 40 \text{ hrs} = \$800/\text{week}

\text{Fringe benefits @ 25\%} = \$200

\text{Total cost} = \$1,000/\text{week}
Cost vs. Benefit of Adding Dental Assistant

Additional 25 Visits per week

- 20% Self pay visits = 5 @ $40 = $200
- 65% Medicaid visits = 16@ $135 = $2,160
- 10% Commercial Insurance = 3 @ $165 = $495
- 5% Homeless (Free Care) = $0
- Total Revenue = $2,855 - $1,000 (cost of adding a Dental Assistant)

Weekly profit = $1,855

Yearly profit = $85,330

Increases access by providing nearly 1,150 additional visits for the year!
Goals/Accountability

- Providers need to know what goals they are each expected to achieve:
  - Revenue goals (gross and net)
  - Visit goals
  - Procedure goals
- Progress in meeting goals should be shared regularly (at least monthly) with each provider
- Entire dental staff should also know the practice goals
# Individual Provider Goals (Tracked and Shared Monthly)--Dentists

<table>
<thead>
<tr>
<th>Provider</th>
<th># of Encounters</th>
<th># of Procedures</th>
<th>Gross Charges</th>
<th>Net Revenue</th>
<th>Days Worked</th>
<th>Encounters per Day</th>
<th>Procedures per Encounter</th>
<th>Gross Charges per Visit</th>
<th>Net Revenue per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals</td>
<td>224</td>
<td>560</td>
<td>$53,000.00</td>
<td>$34,000.00</td>
<td>16</td>
<td>14</td>
<td>2.5</td>
<td>$237.00</td>
<td>$152.00</td>
</tr>
<tr>
<td>Dr. O</td>
<td>180</td>
<td>354</td>
<td>$50,000.00</td>
<td>$32,000.00</td>
<td>15</td>
<td>12</td>
<td>2</td>
<td>$278.00</td>
<td>$178.00</td>
</tr>
<tr>
<td>Dr. T</td>
<td>200</td>
<td>280</td>
<td>$38,000.00</td>
<td>$24,320.00</td>
<td>16</td>
<td>13</td>
<td>1.4</td>
<td>$190.00</td>
<td>$122.00</td>
</tr>
<tr>
<td>Dr. H</td>
<td>220</td>
<td>550</td>
<td>$66,000.00</td>
<td>$42,000.00</td>
<td>16</td>
<td>14</td>
<td>2.5</td>
<td>$300.00</td>
<td>$191.00</td>
</tr>
</tbody>
</table>
## Individual Provider Goals (Tracked and Shared Monthly) -- Hygienists

<table>
<thead>
<tr>
<th>Provider</th>
<th># of Encounters</th>
<th># of Procedures</th>
<th>Gross Charges</th>
<th>Net Revenue</th>
<th>Days Worked</th>
<th>Encounters per Day</th>
<th>Procedures per Encounter</th>
<th>Gross Charges per Visit</th>
<th>Net Revenue/Visit</th>
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</thead>
<tbody>
<tr>
<td>Goals</td>
<td>128</td>
<td>320</td>
<td>$28,000.00</td>
<td>$16,640.00</td>
<td>16</td>
<td>8</td>
<td>2.5</td>
<td>$219.00</td>
<td>$130.00</td>
</tr>
<tr>
<td>RDH A</td>
<td>80</td>
<td>200</td>
<td>$15,000.00</td>
<td>$10,000.00</td>
<td>16</td>
<td>5</td>
<td>2.5</td>
<td>$188.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>RDH B</td>
<td>100</td>
<td>225</td>
<td>$19,000.00</td>
<td>$12,800.00</td>
<td>16</td>
<td>6</td>
<td>2.3</td>
<td>$190.00</td>
<td>$128.00</td>
</tr>
<tr>
<td>RDH C</td>
<td>125</td>
<td>312</td>
<td>$25,000.00</td>
<td>$16,500.00</td>
<td>16</td>
<td>8</td>
<td>2.5</td>
<td>$200.00</td>
<td>$132.00</td>
</tr>
</tbody>
</table>
Incentives

• Effective method of rewarding/motivating providers
• Be strategic (what behavior do you want to reward?)
• Beware unintended consequences
• Please consider rewarding all staff (fosters teamwork and shared accountability)
• Getting to at least break-even should be the threshold
Incentive Models—Pros & Cons

Pros:
• Providers highly motivated to be productive
• Monitor to assure quality of care
• Need equitable scheduling process and controls on who schedules appointments
• Monitor completed treatment plans, patient outcomes and patient satisfaction

Cons:
• Providers might be tempted to overtreat
• Providers might try to cherry-pick patients
Incentive Models—Making it Work

• Hard wire the cost of commissions/bonuses into dental budget (define potential bonus pool)

• Define the goals that need to be met (individual and overall practice goals)

• Not just visits and not just revenue—should be a mix of goals: visits, net revenue, number of procedures, quality goals (eg, % of completed treatments, patient satisfaction scores, compliance with documentation)
# 6: Minimize Chaos and Unpredictability
Contributing Factors

- Broken Appointments
- Overdemand
- Overscheduling
- Emergencies
- Insufficient Staffing
Overdemand for Care
What’s the Problem?

• Finite capacity
• Usually way less than medical
• Few other access points to affordable care
Common Pitfalls

- Bring in more and more new patients
- Shorter appointments = more patients, right?
- Overschedule (they won’t all show up!)
What Happens?

- Schedule becomes clogged
- Long waits for appointments
- Diagnosing but not treating
- Unhappy patients
- Unhappy staff
What to Do?

- Define potential capacity based on current structure
- Manage to your potential capacity
- Track completed treatments
- Maximize efficiency to prevent wasted capacity
- Change structure (more operatories, more staff, more hours, more dental sites) to increase capacity
Why Manage Emergencies?

- Dental ER or Dental Home?
- Unpredictability
- Extra Work
- Reimbursement
- Disruption
- Patient/Staff Satisfaction
Quantify Demand

• Average Per Day
• Reality vs. Perception
• Tracking
Have A System In Place

- Where do emergencies fit?
- Who will provide care?
- What care will be provided?
- Morning huddle
Beware of Walk-ins
Definitive vs. Palliative Care

- Definitive whenever possible
- Time
- Impact on BAs
- Patient/provider satisfaction
#7: Maximize Revenue

BILLING AND COLLECTIONS

Why do we leave money on the table?

- Non-covered services
- Non-covered patients
- Failure to submit clean claims
- Flaws in billing process
- Don’t collect from patients
Key Factors Impacting Billing/Collections

- Management of self-pay/SFDS patients
- Eligibility process
- Documentation
- Check-in/check-out
- Prior authorization process
- Revenue cycle processes
- Scripting
- Fees/SFDS
- Ongoing evaluation of performance
Billing/Collections Best Practices

• Closely monitor A/R past 90 days

• Scripting for front desk staff

• Formulate/sequence treatment plans

• Maintain insurance tables in EDR

• Faithfully document eligibility
Billing/Collections Best Practices

• Communicate clearly and accurately with patients
• Schedule appointments WHEN prior auths have been approved
• Stay abreast of dental codes
• Review daily encounters for accuracy/completeness
#8-10: Measure, Track and Improve Dental Performance
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
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!
Creating a Culture of Accountability and Buy-In

- Have a PLAN for success
- Monitor and analyze dental program performance
- Provide regular feedback to staff
- Get everyone at the table and engage them in establishing solutions and goals
- Reward success, coach setbacks
- Lead by example
- Make it fun!
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