Digging Deeper: Growing an Academic Health Center Practice

NNOHA ANNUAL CONFERENCE

NEW ORLEANS 2018

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Chief Dental Officer- Yakima Valley Farm Workers Clinic
Director- Northwest Dental Residency
Partner- Dental Quality Consulting LLC
My Journey into Dental Education: The Beginning

NACHC Conference 1987
University of WA 1988
First student rotations 1989

Dr. John McFarland
Yakima Valley Farm Workers Clinic - An Academic Institution

Student externships- 700 to 900 annually: dental, medical, nursing, pharmacy

- Sollus Northwest Family Medicine Residency
- Sollus Northwest Family Medicine Residency
- Sollus Northwest Nurse Practitioner Residency Program
- YVFWC Fellowship Program
- NYU Langone Pediatric Dental Residency
- NYU Langone AEGD Residency
- Northwest Dental Residency- Advanced Education in General Dentistry
Student/ Resident Finances
Production: 3 Operatory Model

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Economics of Students and Residents - Dental Productivity 101

Revenue/ Operatory/ Hour
- Provider type: dentist, specialist, hygienists
- Operatories/ provider ratio 1:1, 2:1, 3:1 or 3+:1
- Patient insurance type:
  - Adult/ children mix
- Billable Encounter #s (assuming quadrant dentistry)
- Adequate patient panel for continual work flow
- Support staff
- Supply costs
- Provider incentives

Understand the variations at each clinic of Revenue/ Operatory/ Hour
If ratio is negative- more encounters will mean higher losses
Estimate Your Revenue/ Cost Of Having Students or Residents

Estimate student revenue by multiplying your average revenue/encounter X 6-7 encounters/day

Compare that to the average dentist revenue/encounter multiplied by the average # of encounters/day divided by the number of chairs assigned

Example: Assume an average revenue of $130.00/encounter and a dentist is assigned 3 chairs and averages 22 encounters per day worked

- DDS average daily productivity/operatory = $2,860/3 = $953.00
- Student average daily productivity/operatory = $780.00 to $910.00
Additional Potential Costs or Revenue For Consideration

Include any payback a school may require
Include any transportation or housing costs
Potential malpractice costs (residents)
Add any additional revenue outside of the operatory i.e. grants
Why We Host Students and Residents

Not for production/revenue although that may likely be different for your health center

Pipeline development of our future workforce

Recruitment

Retention: Dentist and staff job satisfaction

Improved quality- professionally challenging to teach

Giving back to the profession
Things To Think About
Issues for Consideration

Housing
Orientation to clinic
Training on EDR
Issues for Consideration

Rights to the EDR
Continuity of care issues
Patient concerns
Issues for Consideration

Behavior in general
Dental Temperament- too aggressive/ too timid
Legal responsibility/ State Board issues
Issues for Consideration

Allowing freedom with adequate supervision
Students and residents are not FTCA covered
New procedures (molar endodontics)
Issues for Consideration

Patient type/ procedures that are needed
Technical skill set of Faculty
Varying mentoring abilities
Issues for Consideration

Office space
Sporadic student placement
Transportation (to site and during stay)
Orientation

Residents receive the same orientation as any new staff member

Students: position specific orientation form is sent to the dental clinic supervisor to be filled out and returned to our Student Placement Officer

EDR training
Faculty Issues

Calibration of faculty (**You are faculty**)

Impressing dentists that they are faculty

Concerns of faculty: loss of control, law suits, Loss of patient relationships

Need to build faculty- especially specialist support for residents

Must have a full spectrum of procedures for residents

Must keep informed of changes in dentistry: Read the literature!!!
Faculty- Level of Supervision

The student is working on YOUR patients and YOU must supervise accordingly.

The higher invasive the procedure is, the more one-on-one supervision is needed.

The newer the procedure is, the more one-on-one supervision is needed.

You’re FTCA covered but not immune from state board investigations.

The school should give you a summary of the student’s skill set.
Teaching Skills

Those who can-do. Those who can and know how to explain what they do- Teach!

Not every provider will make a good mentor

Developing your faculty

In-house Faculty meetings
Productivity and Scheduling

Ramp up time varies
May need to adjust your schedule in the beginning
You will need more time with the EDR
Longer appointments for higher end procedures
Student/ Resident Needs

They generally know what to do - they do need to do more of it
Teach them the skill sets you’ve picked up since dental school
Involve them in treatment planning decisions
Teach them how to handle difficult situations and patients
Talk to them about the profession and community health
Teach them what being a professional is all about
Take time to point out ethical moments
Teach them to be patient centered
You Are Shaping the Future of Our Profession!!!
Build Your Own Residency

Why would I ever want to do that???????????????
Build Your Own Residency

Tremendous amount of work and time involved
Need a Director who has successfully completed a residency
Decision for a fulltime Director or carved-out one
Need strong administrative support
Build Your Own Residency- Getting Started

Do you have the operatories needed?
Do you have full administrative support
Do you have the faculty experience and expertise?
Does your program provide a full array of dental procedures
Should have implant placement
Build Your Own Residency- Getting Started

Do you have the support of local specialists?

Do you have expertise/support for a Website build?

Does your current state regulations allow this and if not do you have support for legislative changes?

Do you have support of your state dental association?

Plan to visit other programs
Build Your Own Residency- Staffing

Residency Director- must have completed an AEGD or GPR

Residency Coordinator- Administrative staff

Other possible positions:

- Chief of Professional Services
- Chief of Oral Surgery
- Chief of Endodontic Services
Build Your Own Residency - Other Resources Needed

- Outside support
- Electronic library
- IS support/ capabilities for new equipment
- Grant writing support
- Data collection/ processing capabilities
Developing Tracking Processes

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Video-Conferencing

- Literature reviews
- Treatment Plan presentation
- Case Presentation
- Distance learning - not ideal
- IS back-up is critical
- Tracking resident participation
Complex and Upper-end Procedures

Easy to find but.....

Difficult for patients to pay for

Mentoring expertise not always available
Technology
Build Your Own Residency - Funding

GME
Title 7
Teaching Health Center grants
In-kind funding: residency fund
Funding uncertainties and planning
CODA

The Commission on Dental Accreditation develops and implements accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

The Commission develops standards for educational programs and makes accreditation decisions about individual educational programs.

The Commission has been granted accreditation authority for dental and dental-related education by the United States Department of Education.
CODA

Programs That Are Not Fully Operational: Have not enrolled or graduated at least one class

Initial Accreditation: the accreditation classification granted to any dental education program which is not yet fully operational.
Criteria For Granting Accreditation

A Program Director has been employed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit.

The program is sponsored by an institution that complies with the discipline-specific accreditation standards related to institutional accreditation.

A strategic plan/outcomes assessment process, which will regularly evaluate the degree to which the program's stated goals and objectives are being met, is developed.

Documented long and short-term financial commitment of your CHC

Signed contractual agreements from any outside entity providing assurance that a program has adequate support.
Criteria For Granting Accreditation

A defined student/resident admission process and due process procedures are developed.

A projection of the number, qualifications, assignments and appointment dates of faculty is developed.

An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum.

The first-year curriculum with general course and specific instructional objectives, learning activities, evaluation instruments (including, as applicable, laboratory evaluation forms, sample tests, quizzes, and grading criteria) is developed.
Criteria For Granting Accreditation

As applicable, evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed.

As applicable, policies and procedures such as a patient recruitment system; patient classification system; an ionizing radiation policy; an infection control policy; and a student/resident tracking system are developed.

As applicable, the adequacy of the patient caseload in terms of size, variety and scope to support required clinical experiences is available.

As applicable, diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and clinical facilities, and equipment needs are developed to support the anticipated enrollment date.
CODA- Ongoing Evaluation Process

Site visits every seven years unless a new clinical site is added

Reviews the programs adherence to CODA standards:
https://www.ada.org/~/media/CODA/Files/Advanced_Education_General_Dentistry_Standards.pdf?xd_co_f=MmMyZDJlOTNlNWI3N2QzZTU3MzE1Mzl0ODk2ODQzNjU=&la=en

Self study report prepared and sent in 4 months before site visits

Site visit

Site visit report: may have Recommendations

Accreditation status: Approval with Reporting Requirements or Approval without Reporting Requirements (progress reports needed)
Quality Improvement Process

Procedure tracking
Resident Interviews: program and faculty
Faculty interviews: program and residents
Triannual resident evaluations
Post residency reviews
Annual program reviews
Worth the Effort!!

YOU GET TO KEEP ALL THE MONEY

Budget for additional equipment: clinical microscopes; digital impression units, Cerac units and other fun toys!!!

Provides unique opportunities to expand access: Union Gospel Mission; private sector, tribal programs

Contracting with outside specialists
Worth the Effort!!

37% of our current dentist staff are former residents

Easier to recruit highly trained dentists

Positions fill faster- cost savings

Staff satisfaction increases- less turnover

Reputation of the clinic increases

More cohesive staff: Faculty meetings, more acceptance of calibration etc.
Worth the Effort!!

CE funding for faculty development
Better patient care
Better relations with local dental society and state dental association
Sense of accomplishment
Future Considerations

Consistent placement of student throughout the year
More equity with the dental schools
Bring in more continuing education for the dentists and staff
Increased use of technology to build portfolios and competency evaluations
International residency program
Partner with a medical school to start a dental school

The future is wide open- don’t limit yourself
Contact Information

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Yakima Valley Farm Workers Clinic- http://www.yvfwc.com/

Northwest Dental Residency http://www.yvfwc.com/join-our-team/residency-programs/northwest-dental-residency

Dental Quality Consulting LLC- http://dentalqualityconsulting.com/