Objectives

• To understand the **Chronic Care Model** as a quality improvement framework and how it can be applied to dental practice transformation.

• To understand the “**Big 6”** redesign elements and how they have been leveraged to improve quality of processes and outcomes in patient-centered ways in Clinica’s dental program.

• To identify the importance of **change management** in supporting system redesign.

• To identify a **process change** to take back home to consider or test.
• Clinica’s Journey: A Transformative Process
• A Quality Improvement Framework
  – Chronic Care Model
  – Patient Centered Medical Home
  – “The Big 6”
Our Mission

To be the medical and dental care provider of choice for low income and other underserved people in south Boulder, Broomfield and west Adams counties. We believe that health care shall be culturally appropriate and prevention focused.
**Dental**
- Established 2002
- 17 Providers
  - General Dentistry
  - Pediatric Dentistry
  - Integrated Dental Hygiene
- 2 Clinic Locations
- 13,000 Patients

**Clinica**
- Founded 1977 in Lafayette, CO
- Integrated Physical, Behavioral, Dental Health Care
- NCQA PCMH Level III and Diabetes Recognition
- 50,000 Patients & 240,000 Visits
- 56% Medicaid, 30% Uninsured, 6% Private, 5% Medicare
- 42% Non-English Preference; 75% Hispanic or Minority
- 6 Clinic Sites
- 530 Employees (120 Providers)
“Every system is perfectly designed to get the results it gets.”

Paul B. Batalden, MD
Co-Founder
Institute for Health Care Improvement
Chronic (Planned) Care Model

- Foundation for Patient-Centered Medical Home Model
- Interventions that contain one or more Chronic Care Model elements improved clinical outcomes and processes of care.\(^1\)

The Chronic or Planned Care Model
Key Redesign Elements: The “Big 6”

To improve patient-centered, population health management.

NOTE: Not sequential in nature.
Redesign Element #1

CONTINUITY
“Continuity of care is rooted in a long-term patient-physician partnership…with the goal of high quality, cost effective medical care…in which the physician knows the patient’s history from experience and can integrate new information and decisions from a whole-patient perspective efficiently without extensive investigation or record review.”

American Academy of Family Physicians

**Continuity is King!**
Continuity

“If a primary tenet of the Medical [or Health] Home is the continuous relationship between a team of providers and an informed patient…then we must provide a mechanism for allowing that relationship to happen in our systems.”

Amit Shah, MD, Medical Director, Multnomah County Health Department

That mechanism is empanelment.
Continuity

• Most important!¹
• Data shows that improved continuity results in:
  – Fewer visits to the emergency room.²
  – Improved patient satisfaction.³
  – Improved rates of preventive services completion (pap, mammograms, vaccinations).⁴
Continuity

- Assigned Primary Dental Provider (PDP)

- Defined Dental Panels
  - Group of unique patients, whose care for which a provider is responsible.
  - Inclusion of only:
    - Active Patients
    - Comprehensive Care Patients
  - Adjusted by:
    - Provider Type
    - Provider FTE
    - Patient Age
Continuity

A Simple Formula for Panel Size

1. **Determine capacity.**
   
   Average Visits per Day by Provider Type \( \times \) # of Working Days per Year

2. **Determine panel size.**
   
   # Visits Available per Year
   
   Average Visits per Year by Patient Type
Continuity

- Adjustments for Panel Size

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>EXAMPLES</th>
<th>ADJUSTMENT FACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type</td>
<td>General Dentists</td>
<td>Visits per Day</td>
</tr>
<tr>
<td></td>
<td>Pediatric Dentists</td>
<td>Visits per Year</td>
</tr>
<tr>
<td></td>
<td>Hygienists</td>
<td></td>
</tr>
<tr>
<td>Provider FTE</td>
<td>Any FTE Worked</td>
<td># of Working Days per Year</td>
</tr>
<tr>
<td>Patient Types or Risk Factors</td>
<td>Age* Gender Comorbidity</td>
<td>Patient Visits per Year</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Periodontal Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

*Age is most predictable determinant of visits per year.

- Requires understanding your patients and program.
Continuity

An Example: Clinica’s Panels (Based on 1 FTE)

1. Determine capacity.

**General Dentist:** 14 Visits per Day $\times$ 240 Working Days per Year = 3360 Visits per Year

**Pediatric Dentist:** 22 Visits per Day $\times$ 240 Working Days per Year = 5280 Visits per Year

**Hygienist:** 7 Visits per Day $\times$ 240 Working Days per Year = 1680 Visits per Year
## Continuity

**An Example: Clinica’s Panels (Based on 1 FTE)**

### 2. Determine panel size.

<table>
<thead>
<tr>
<th>Role</th>
<th>Visits per Year</th>
<th>Patients per Panel Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Dentist</td>
<td>3360</td>
<td>~1,200</td>
</tr>
<tr>
<td></td>
<td>2.75 Visits per Year per Patient ≥ 12YO</td>
<td></td>
</tr>
<tr>
<td>Pediatric Dentist</td>
<td>5280</td>
<td>~2500</td>
</tr>
<tr>
<td></td>
<td>2.1 Visits per Year per Patient &lt; 12YO</td>
<td></td>
</tr>
<tr>
<td>Hygienist</td>
<td>1680</td>
<td>~950</td>
</tr>
<tr>
<td></td>
<td>1.77 Visits per Year per Patient ≥ 12YO</td>
<td></td>
</tr>
</tbody>
</table>
An Example: Clinica’s Panels (Based on 1 FTE)

3. Determine adjustments.

- **By Age – YES!**
  - Children under 12YO consume half the number of annual dental visits.
    - Visits per Year for <12YO = 2.1.
    - Visits per year for ≥12YO = 4.58.
  - Panels adjusted by <12YO = 0.5 ≥12YO.
  - Adjusting by age, panel sizes are larger when they are comprised of more patients <12YO.

- **By Comorbidity – NO!**
  - Visits per year based on comorbidity (e.g., diabetes, periodontal disease, etc.) were distributed according to age.
  - Therefore, panel sizes are adjusted according to age, rather than diagnosis.
### Continuity

- **General Dentist Panel Report** *(If ≥12YO Only = 1200 Pts)*

<table>
<thead>
<tr>
<th>Organization</th>
<th>Primary Dental Provider</th>
<th># of Patients Assigned (NextGen, PDM who had a Comp Exam (D0120, D0145, D0150) in the last 3 years AND who were seen in the last 18 months by any dental provider)</th>
<th>FTE</th>
<th>Goal</th>
<th>Number of Patients</th>
<th>Adjusted Number of Patients</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinica</td>
<td>Allen, Matthew</td>
<td>Unassigned Location</td>
<td>0</td>
<td>0</td>
<td>58</td>
<td>49.5</td>
<td>49.5</td>
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<tr>
<td></td>
<td></td>
<td>Dental Pecos</td>
<td>0.8</td>
<td>960</td>
<td>1,169</td>
<td>1022.5</td>
<td>62.5</td>
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<tr>
<td></td>
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<td></td>
<td><strong>0.8</strong></td>
<td><strong>960</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1,227</strong></td>
<td><strong>1072.0</strong></td>
<td><strong>112.0</strong></td>
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</tbody>
</table>

- **Pediatric Dentist Panel Report** *(If <12YO Only = 2500 Pts)*

<table>
<thead>
<tr>
<th>Franco, Jose Roberto</th>
<th>Unassigned Location</th>
<th>CNSC</th>
<th>Pecos</th>
<th>Thornton</th>
<th>Dental Pecos</th>
<th>Dental Thornton</th>
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<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.5</td>
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<td></td>
<td>0.0</td>
<td>0</td>
<td>21</td>
<td>0</td>
<td>957</td>
<td>721</td>
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<td>0.0</td>
<td>0</td>
<td>274</td>
<td>0</td>
<td>1,250</td>
<td>1,250</td>
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<tr>
<td></td>
<td>0.0</td>
<td>0</td>
<td>220</td>
<td>0</td>
<td>1,250</td>
<td>1,250</td>
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<tr>
<td></td>
<td>0.5</td>
<td>1,250</td>
<td>511.0</td>
<td>0</td>
<td>793.0</td>
<td>793.0</td>
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<td>1.0</td>
<td>2,500</td>
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<td>2,229</td>
<td>1171.5</td>
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</tbody>
</table>
Other Important Metrics & Processes

- Patient Deactivation Process
- Attrition Rate
- Continuity will never be 100%
- Process Barrier Removal
  - Simplified scheduling processes.
  - Scripts for staff for when patients request appointments with “Anyone.”
  - Contingency plans for challenges to continuity.
    - Defects in Schedules
    - Provider Time Off & Turnover
Redesign Element #2

ACCESS
Access

- 150,000 medically and 170,000 dentally underserved...folks who can’t get in.

High Leverage Changes for Access

a. Match demand & supply daily.

b. Decrease appointment types & times (reduce “carve-outs”).

c. Develop contingency plans.

d. Reduce demand for visits.

e. Optimize the care team.
Match Supply & Demand

• Backlog of Demand: Lack of Medical & Dental Parity
• Managing Demand: Populations of Focus
  • Comprehensive Care
    • Diabetics
    • Pregnant Women
    • Children
• Acute Care: Panel size adjustment to allow for acute care patients.

In 2016, 27% of all Clinica patients were able to access Clinica’s dental services.
Comprehensive Care Populations of Focus

- Executive and Board support are essential.
- Support the team to implement.
  - Feels like saying “no.”
  - Scripts for staff.
  - Education for all staff.

Match Supply and Demand
Scheduling: The “Old” Way

- Procedure-based scheduling.
- Procedure carve-outs.
  - Demand may not match supply.
  - Unfilled slots filled with new patients and LOEs.
- Simple for staff to implement.
## Access

### Scheduling: A New Way

<table>
<thead>
<tr>
<th>Appt Type (Code)</th>
<th>Time Options (20 min increments)</th>
<th>Scheduling “Rule”</th>
<th>Example Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perio (P60, P80)</td>
<td>60 - 80 mins</td>
<td>Max 3 per day per hygienist.</td>
<td>SRPs, Gross Debridements</td>
</tr>
<tr>
<td>Dental Routine Procedure (D20, D40, D60, D80)</td>
<td>20 - 80 mins</td>
<td>None</td>
<td>Exams, FVs, Sealants, Prophies, Perio Maintenances, Fillings, Extractions, Crowns</td>
</tr>
<tr>
<td>Complex (C20, C40, C60, C80, C100, C120)</td>
<td>20 - 120 mins</td>
<td>All other columns blocked.</td>
<td>ARTs, Root Canals, Immobilizations</td>
</tr>
</tbody>
</table>

### Features
- Appointment type-based scheduling (“building blocks”).
- Minimal procedure carve-outs.
- Clinical staff control time allotted per appointment.
- Scheduling rules are implemented and owned by operations team.

### Considerations
- Team commitment to access.
- Monitor outcomes with data.
Access

An Example: Patient needs a filling.

Provider
- Diagnoses need for filling.
- Determines time needed.
- Plans OP40 in EDR.

Scheduler
- Sees provider’s request for OP40.
- Finds opening for OP40 in EPM.
Access

Dental Call Center

- Standardized tools and pre-determined flows are essential.
- Empowered/trusted to manage the schedule.
- Improved patient satisfaction.
  - Average Wait Time = 25.4 seconds.
  - Calls Answered within 90 Seconds = 93%.
  - Dropped Calls = 4.7%

Dental Call Center Attendants use assessment tools and simplified scheduling procedures to optimize access in patient-centered ways.
Managing Acute Needs

- When access is limited, acute care needs increase.
- Gap in dentistry for nurse triage functions.
  - Assessment tools for non-clinical dental team members.
  - Right appointment at the right time.
  - Ensures routine vs. acute care capacity is balanced.

Dental Urgent Care Triaging

Very Urgent Questions

1. SWELLING: “Does one side of your face look different than the other side when you look in a mirror?”
2. TRAUMA: “Is there pain, bleeding, or a broken tooth as a result of trauma that has occurred in the past 24 hours?”

Priority Questions

1. REFERRAL: Is there a documented referral from a PCP for an acute need? Consult dentist if unsure if need is acute.
2. URGENT: “Do you have a bump on the gums with pus, fever, or difficulty swallowing?”

Secondary Questions

1. LIMITED: “Is your problem related to a tooth?”
2. LOCALIZED: “Is your problem localized to one area?”
3. ACUTE: “Does your problem keep you from sleeping?”
4. CHRONIC: “Is more than half of your tooth missing?”

YES—to:
- Any very urgent question

VERY URGENT

Patient requires appointment within 2 hours.

Book appointment and summarize trauma in appointment details.

If not available, consult dentist. 
Provide as much pertinent information as possible.

YES—to:
- Any priority question
- Any 2 secondary questions

URGENT

Find limited oral evaluation (LOE) appointment.
Patient requires urgent care within next 2 days
Explain LOE: exam of only 1 area, not on 1st visit.

LOE appointment is available within next 2 days.

Schedule LOE appointment (Max of 5 LOEs per day).

Did patient answer YES to any PRIORITY question?

YES.
Consult a dentist.
Provide as much pertinent information as possible.

NO.
Suggest comprehensive care.
Patient DOES NOT require urgent care/limited oral evaluation (LOE).

Appetite in population of focus (POF):
- Patient under 1870, diabetic, pregnant, or has a documented referral from a PCP?
SEE SCRIPT!

YES.
If available within 2 days, make app. 
If not, place on explain SHORT waiting list or give comprehensive care appointment.

NO.
If available within 2 days, make app. 
If not, place on explain LONG waiting list. 
Suggest alternative locations for care.

Patient has problem addressed elsewhere.

Patient calls back. Restart triaging process from beginning. Patient may still not be given an appointment.

Ensure routine vs. acute care capacity is balanced.

Suggest patient seek care elsewhere. 
Give information for other clinics.
## Access

<table>
<thead>
<tr>
<th>QUESTIONS TO ASK</th>
<th>YES</th>
<th>NO</th>
<th>ACTIONS TO TAKE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) To Patient: “When you look in the mirror, does one side of your face look abnormally larger than the other side?”</td>
<td></td>
<td></td>
<td>If yes to at least 1 red questions: URGENT. Schedule patient to be seen within 2 hours. Include notes about trauma in the appt details in EPM. If an appt is not available, consult with the care team. Document “per provider” in appt details in EPM.</td>
<td></td>
</tr>
<tr>
<td>2) To Patient: “Is there pain, bleeding or a broken tooth as a result of injury or trauma that has occurred in the past 24 hours?”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) To Yourself: Has the patient been referred to dental by a PCP for an acute need? (Confirm by checking pop-up in EDR.)</td>
<td></td>
<td></td>
<td>If yes to at least 1 orange questions: URGENT. Schedule patient to be seen within 2 days. If appt not available, consult with care team. Document “per provider” in appt details in EPM.</td>
<td></td>
</tr>
<tr>
<td>4) To Patient: “Do you have a bump on your gums with pus, fever or difficulty swallowing?”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) To Patient: “Is your problem related to only one tooth?”</td>
<td></td>
<td></td>
<td>If yes to at least 2 yellow questions: URGENT. Schedule patient to be seen within 2 days. If appt not available, consult with care team. Document “per provider” in appt details in EPM.</td>
<td></td>
</tr>
<tr>
<td>6) To Patient: “Is your problem localized to one area? Where is the pain located?”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) To Patient: “Does your problem keep you from sleeping?”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) To Patient: “Is more than half of your tooth missing?”</td>
<td></td>
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</tr>
</tbody>
</table>

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*Note: If the patient answers “no” to all of these questions and/or does not meet the “urgent” categories above, he/she does not need an LOE.*
Optimize the Care Team

• Ask:
  – **Who** can do the care?
  – **What** care can each team member render?
  – **Where** can the care happen?
  – **How** can we optimize the Dental Practice Act?

• In Colorado/At Clinica…
  – Independently practicing hygienists.
  – Expanded duty dental assistants (EDDAs).
  – Reimbursement for same-day medical & dental encounters.
  – Emerging teledental models.
Access

• Other Considerations
  – Advanced Access for Dentistry
    • Challenging in a procedure-based field.
    • Elements can be applied.
  – Measure Access: Time to Third?
  – Improving continuity reduces demand for visits by 5% (IHI 2000).
Continuity + Access = Outcomes!

Clinica Trimester of Entry of Prenatal Care

- 1st Trimester
- 2nd Trimester
- 3rd Trimester

Year:
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991
- 1990
- 1989
Continuity + Access = Outcomes!

Completion of Dental Treatment Plan (within 6 Months)

% Completed

Time

Empanelment

Access Management

Goal

11/10 0.42 1.48 2.63 2.50 4.00 26.42 35.73 38.26 40.53 53.48 70.73
12/10 13.36 2.50 4.00 11.38 14.47 32.30 38.26 40.53 53.48 70.73
1/11 70.04
1/12 70.73
Nurstoons

MY CHANGE MODEL FOR CLASS WAS:
1. IMPETUS FOR CHANGE
2. DEFEND CULTURE
3. WAIT TWO YEARS
4. REVIEW EVIDENCE
5. REJECT EVIDENCE THAT CONFLICTS WITH CULTURE
6. WAIT TWO YEARS
7. REVIEW EVIDENCE
8. CONSIDER REMOTE POSSIBILITY OF CHANGING

by Carl Elbing

AND YOU FAILED?

YES, AND MINE WAS THE ONLY REALISTIC MODEL!!

www.nurstoontoon.com
Redesign Element #3

IMPROVED CARE DELIVERY MODEL
Improved Care Delivery Model

Alternative Care Modalities & Settings

• Engage the activated patient.
• Health happens in any/many environment(s).
  • Effective, consistent, overlapping messaging.
  • Put “the mouth back in the body.”
• Avoid the “high cost surgical suite.”
  • Change the treat to maintain paradigm.
  • Lowers overall cost of care.
  • Increases appropriate access to care in the dental operatory.
  • Improves outcomes.
Improved Care Delivery Model

Dental Integration

- Hygienists on medical care team.
- Scope
  - OB, Peds Education
  - Caries Risk Assessment, Self-Management Support
  - Preventive Services
  - Direct Dental Scheduling
- Minimal dental equipment needs.

Average Age at First Dental Visit
(Pediatric Dentist Visits Only)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td>6.9</td>
<td>4.9</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Average Age (In Years)
Improved Care Delivery Model

Group Visits

- Facilitated group process for patient activation.
- Care in space designed for groups.
- Patients invited on basis of chronic disease history and utilization patterns.
- Goal is patient activation.
- Patients remain in same group for continuity.
- Improved access & outcomes!

- Access Group Visits: New Patients, Back-to-School, Flu
- Cohort-Based Group Visits: Pregnancy, Parenting, Diabetes
Improved Care Delivery Model

Team-Based Care

• **Who** can do the care?
• **What** care can each team member render?
• **Where** can the care happen?
• **How** can we optimize the Dental Practice Act?
Improved Care Delivery Model

Team-Based Care
The Jelly Bean Game

Who on the team…
1. SETS the intervals for exam recalls for high caries risk patients?
2. DECIDES when to call a patient with periodontal disease to come in for a visit?
3. SELECTS the types of preventive care to be given to a 12-month-old patient?
4. DECIDES to arrange a referral for oral biopsy?
5. ORDERS the placement of sealants for a 14-year-old patient with caries?
6. INITIATES the application of fluoride varnish?
7. FINDS the patients with chronic periodontitis who have not been in for routine periodontal maintenance and brings them in for an appointment?
8. DECIDES when an appointment can be double-booked?
9. DECIDES when a patient with an acute need should get an appointment?
10. ADMINISTERS caries risk assessments?
Team-Based Care
Jelly Bean Game: Debrief
• What are your AH-HAs?
• What are some OH-NOs?
• Were there any differences between groups?
Improved Care Delivery Model

Team-Based Care
When providers work without teams...

- Most providers deliver only 55% of recommended care; 42% report not having enough time with their patients.\(^5\), \(^6\)
- Providers are spending 13% of their day in care coordination and only using their clinical knowledge 50% of the time.\(^7\), \(^8\)
- Patient care is fragmented and patients are dissatisfied with the level of attention they receive.\(^9\)

Source: From Building Teams in Primary Care: Lessons Learned (California Healthcare Foundation, 2007)
Improved Care Delivery Model

Team-Based Care
From triple to quadruple aim.
IMPROVED OFFICE EFFICIENCY

Redesign Element #4
Improved Office Efficiency

Facility & Process Design

• Medical-Dental Clinic Colocation
• Shared, Centralized Processes
  • Financial Screening
  • Call Center
Improved Office Efficiency

The “Dental Pod”

- Color-coded, team-based seating.
- Team owns outcomes and productivity for a panel of patients.

Operatories
Workstations
Blue Team
Red Team
Yellow Team
Improved Office Efficiency

- Team-Based Seating
- Top of License Work
- Real-Time Huddling
- Efficiency → Fewer Visits per Patient
Redesign Element #5

IMPROVED INFORMATION SYSTEM DESIGN
Improved Information System Design

Organizational structure supports collaboration and clinical quality.
Improved Information System Design

- Electronic records and standard data entry processes.
- Monthly review of quality outcomes by care team and administrative staff.
- Business intelligence tools that help plan care for individual patients and focus populations.
## Improved Information System Design

### Caries Management Protocol ≥21 Year Olds

<table>
<thead>
<tr>
<th>Risk Category Ages 21+ Yrs</th>
<th>Diagnostic</th>
<th>Preventative Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRA</td>
<td>Periodic Oral Exams</td>
<td>Fluoride</td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td>At least every 6 months</td>
<td>6-12 months</td>
</tr>
<tr>
<td><strong>Moderate Treatment Complete</strong></td>
<td>At least every 6 months</td>
<td>6 month</td>
</tr>
<tr>
<td><strong>Moderate Treatment Incomplete</strong></td>
<td>At least every 6 months</td>
<td>6 month (to be combined with restorative treatment when possible)</td>
</tr>
<tr>
<td><strong>High Treatment Complete</strong></td>
<td>At least every 6 months</td>
<td>6 month</td>
</tr>
<tr>
<td><strong>High Treatment Incomplete</strong></td>
<td>At least every 6 months</td>
<td>6 month (to be combined with restorative treatment when possible)</td>
</tr>
</tbody>
</table>
**Improved Information System Design**

### BI Tool

**Top Ten**
- Search
- New Request
- Web Tools
- Admin
- Intranet
- Help

#### Commonly used BI Reports
- *more reports...*

**NEW TOOLS**
- Population Health Dashboard

<table>
<thead>
<tr>
<th>CLINICAL</th>
<th>OPERATIONS</th>
<th>FINANCE</th>
<th>DENTAL</th>
<th>UDS</th>
</tr>
</thead>
</table>
| Admin...
  - Immunizations
  - CarePlan SSRS
  - Diabetes Recognition Program Summary
  - Nurse Labs
  - Patients with ER or Hospital Visit SSRS
  - Optimal Monthly Site Goal
  - Planned Care Alert Based Patient Search
| Appointment Event Usage Graph SSRS
  - Confidential Minor - Clean Up
  - Co-Visit
  - My CLINICA Connection - Incomplete Messages Report
  - My CLINICA Connection - Dependent Cleanup
| Billing Denials Breakdown
  - Billing Snapshot
  - Cost Report - Visits
  - Front Desk Collections
  - HRM Budget Plan File
  - HRM New Business File
  - HRM Payments and Adjustments File
  - HRM Recon File
| Advanced Clinical Transformation Measure - DETAIL Report
  - Advanced Clinical Transformation Measure - Patient Centric - SUMMARY
  - Advanced Clinical Transformation Measure - PROCEDURE Centric - Summary
  - Caries at Recall Graph
  - CCHN Risk Ratio
  - Completion of Dental
| UDS Missing Data
  - UDS Monthly Organization Goals
  - UDS Monthly Site Goals
  - UDS Quality Indicators Table 6B and 7 2013 5 SRRS
  - UDS Site Charts with Goal - Lipid
  - UDS SPP - Lipid
  - UDS Table 3B
  - UDS Table 4

**Improved Information System Design**

### Dental CarePlanner

<table>
<thead>
<tr>
<th>Person Nbr</th>
<th>Patient Name</th>
<th>PCP/ Status</th>
<th>Phone Number</th>
<th>Age/ DOB</th>
<th>Gender</th>
<th>Last Visit</th>
<th>ACO</th>
</tr>
</thead>
</table>
|            | Maria        | PCP: Keenan, Chris  
Dental: Past Due - Periodic Exam  
Dental: Past Due - Periodontal Maintenance  
Dental: Past Due - Self Management Goal Review  
Dental: Past Due - Caries Risk Assessment  
Dental: Past Due - Radiographs, Bitewings  
Dental: Due Now - Fluoride Application Global No Body Mass Index in last Year |              |              | 27 Year(s) | F       | 11/06/2015 Keenan, C Last WCC: CarePlan Rvw: |     |

**Alerts**
- BMI: Due Now - Nutritional and Exercise Counseling - Last counseled (11/06/2014)
- Dental: Past Due - Periodic Exam
- Dental: Past Due - Periodontal Maintenance
- Dental: Past Due - Self Management Goal Review
- Dental: Past Due - Caries Risk Assessment
- Dental: Past Due - Radiographs, Bitewings
- Dental: Due Now - Fluoride Application Global No Body Mass Index in last Year

**Global: Past Due - Yearly Substance Risk Screening (SBIRT)**

**Active Problem List**
- 10/05/2015 - Chronic periodontitis, generalized
- 10/05/2015 - Dental caries on smooth surface limited to enamel
- 10/05/2015 - Dental caries on smooth surface limited to dentin
- 10/05/2015 - Dental caries on pit and fissure surface penetrating into pulp

**Active Medications**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Stop Date</th>
<th>Prescribed Elsewhere</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Dose</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/5/2015</td>
<td>10/5/2016</td>
<td></td>
<td>PREVIDENT 5000 BOOSTER PLUS</td>
<td>SODIUM FLUORIDE GEL</td>
<td>1.1%</td>
<td>Brush on teeth twice a day in place of regular toothpaste. Spit but do not rinse, eat, or drink for 30 minutes.</td>
</tr>
<tr>
<td>04/14/2016</td>
<td>05/14/2016</td>
<td></td>
<td>IBUPROFEN</td>
<td>IBUPROFEN</td>
<td>800 mg</td>
<td>Take 1 tablet by oral route 3 times every day with food.</td>
</tr>
<tr>
<td>09/29/2015</td>
<td>09/27/2016</td>
<td></td>
<td>COZAAR</td>
<td>LOSARTAN POTASSIUM</td>
<td>50 mg</td>
<td>Take 1 tablet by ORAL route 2 times every day.</td>
</tr>
</tbody>
</table>

**Dental – Caries High Risk**

- Treatment Plan Completion Status: Incomplete
- Fluoride Date of Last Application: 7/5/2015
- Fluoride Applications Received in Year: 1 of 4
- Sealants: Resin materials recommended on deep pits and fissures.
- Enamel Caries Management - Pit and fissure lesions: Seal and treat w/ fluoride products as indicated to promote remineralization.
- Enamel Caries Management - Smooth surface lesions: Treat w/ fluoride products as indicated to promote remineralization.
- Carious Lesions (Time Since Last Lesion, #): 11 Months, 2 Lesions
Redesign Element #6

PATIENT ACTIVATION & SELF-MANAGEMENT
Patient Activation & Self-Management

• We take care of 99.995% of our own health care decisions…so do our patients.

• It is our job to find ways to help motivate patients to make the necessary behavioral change: smoking, exercise, **brushing**, seeking dental care!

• What to do? Adopt an approach to:
  – Support patients’ autonomy and responsibility for their behavior.
  – Increases the likelihood that patients will make healthier choices.
Patient Activation & Self-Management

If you’re interested in outcomes, then you have be invested in the biggest part of the pie that we can influence.

Determinants of Health

- **Social & Economic Factors**: 40%
- **Health Behaviors**: 30%
- **Clinical Care**: 10%
- **Physical Environment**: 10%
- **Genes & Biology**: 10%
Patient Activation & Self-Management

Table 1. Approaches to Counseling in the Primary Care Setting

<table>
<thead>
<tr>
<th>Counseling approach</th>
<th>Problem type</th>
<th>Patient characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five A’s</td>
<td>Health risk behavior</td>
<td>Highly responsive to medical authority; benefits from education alone with concrete plan</td>
</tr>
<tr>
<td>FRAMES</td>
<td>Health risk behavior</td>
<td>Requires objective evidence to consider change; benefits from emotional support and recognition of personal strengths</td>
</tr>
<tr>
<td>Stages of change</td>
<td>Specific behavior (positive or negative)</td>
<td>May be at various stages with respect to readiness for change; needs to consider pros and cons of changing</td>
</tr>
<tr>
<td>(transtheoretical model)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivational interviewing</td>
<td>Applies to specific behavior; however, range of behavior is broad</td>
<td>Highly ambivalent, at best, about change; core values and behavior often are inconsistent; responds to empathy</td>
</tr>
<tr>
<td>Problem-solving therapy</td>
<td>Anything that can be formulated as a “problem”</td>
<td>Able to view life issues from an intellectual perspective; not overwhelmed by emotional expression; able to process information sequentially and brainstorm</td>
</tr>
<tr>
<td>BATHE*</td>
<td>Any type of psychosocial problem</td>
<td>Reasonable verbal skills; able to meaningfully respond to questions; benefits from emotional support</td>
</tr>
</tbody>
</table>

BATHE = background, affect, troubles, handling, empathy; five A’s = ask, advise, assess, assist, arrange; FRAMES = feedback about personal risk, responsibility of patient, advice to change, menu of strategies, empathetic style, promote self-efficacy.

*—Developed specifically for family physicians.
Patient Activation & Self-Management

Motivational Interviewing (MI)

- Sets aside the tendency to educate patients.
- Emphasizes eliciting from patients what they know and what most concerns them.
- Leads to patient behavior change goals that are more likely to be realistic and attainable.
- Reduces provider frustration and burnout due to patient nonadherence to treatment or recommended lifestyle change.
- Nurtures better-quality provider-patient relationships.
- Has some evidence of effectiveness (grade B).\(^5\)
Patient Activation & Self-Management

• Motivational Interviewing training for all dental team members.
  • Orientation
  • Champions
  • Pocket Cards

• Widely popular amongst dental provider team.
  • Hunger for strategies to improve health.
  • How to have “tough” conversations.
6. Patient Activation & Self-Management

5 Questions for MI Practitioners

1. Why would you want to make this change?
2. How might you go about it in order to succeed?
3. What are the three best reasons for you to do it?
4. On a scale of 1-10, 1 being not confident and 10 being completely confident, how confident are you that you can make this change?
5. So what will you do?
**DOs of SMG Setting**

- Be curious.
- Ask questions.
- Go with the flow.
- Trust the patient.
- Let the patient pick one.

**DON’Ts of SMG Setting**

- Assume.
- Tell them.
- Diminish the patient’s ideas.
- Use fear.
Patient Activation & Self-Management

• Change Talk: “I don’t want to have more cavities, but I don’t brush regularly.”

• I Will Get This Done By: “I think I can start brushing in the morning in the shower and rinse with ACT after I eat dinner at work.”

• Confidence (1-10): “8 out of 10, because rinsing is something that I already do.”

• Patient leaves with documentation of chosen goal.

• Provider documents goal, and team follows up on progress.
Potential in the System

Caries at Recall: Clinica’s Journey

- Clinica % Caries Median
- Clinica % Caries
Universal Quality Improvement Language

Plan-Do-Study-Act (PDSA) Cycle

Ideas ➔ Action ➔ Learning ➔ Improvement

- Demonstrate improvement
- What changes are to be made?
- What is the next cycle?

- Complete the data analysis
- Compare data to predictions
- Summarize what was learned

- Identify problems and create a plan
- Implement the plan
- Monitor and document results
- Begin analysis of the data

• Identify problems and create a plan
• What changes are to be made?
• What is the next cycle?
MULTIPLE successful PDSA cycles build knowledge and accelerate the adoption of proven and effective changes.
Measurement

Number of Scheduling Rules

% Unbooked Dental Appointments
Clinica Family Health
Leadership & Vision

When leaders are at their personal best there are five core practices common to all:

1. Model the Way
2. Inspire a Shared Vision
3. Challenge the Process
4. Enable Others to Act
5. Encourage the Heart.
Leadership & Vision

Leadership and vision.

“A vision is not just a picture of what could be; it is an appeal to our better selves, a call to become something more.” (Rosabeth Moss Kanter)

Data is a powerful storyteller. Give it a voice, and let it speak frequently.

Support good habits.
1. Access
2. Continuity
3. Care Delivery Model
4. Office Efficiency
5. Information Systems
6. Patient Activation & Self-Management

HEALTH OUTCOMES
Thank you!

Questions?

An Nguyen, DDS, MPH
Vice-President of Dental Services

anguyen@clinica.org
(303) 412-8180, Ext. 4035
References