

Opportunities for Leadership and Effective Management in Oral Health Networks

*Our mission is to improve
the oral health of all.*

Sean G. Boynes, DMD, MS
Director of Interprofessional Practice



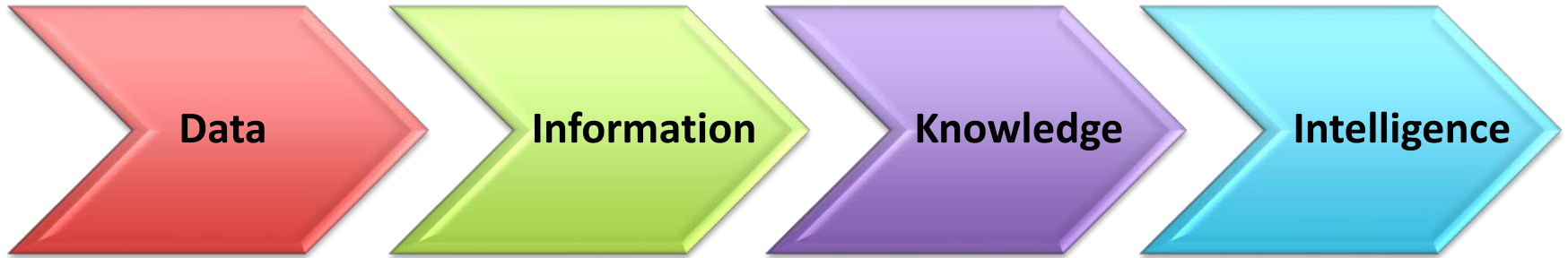
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INSTITUTE

What is Leadership?

- **Leadership**
 - Varied views
 - Tangibles
 - Intangibles
- **Effective Management**
 - Manage with integrity and consistency
 - Cohesion, togetherness, solidarity
 - Clarity and strong communication
 - Recognize achievement
 - Vision and Mission
 - Have a basic understanding of the human free spirit
 - **BE AN EXAMPLE (REFLECTION EFFECT)**



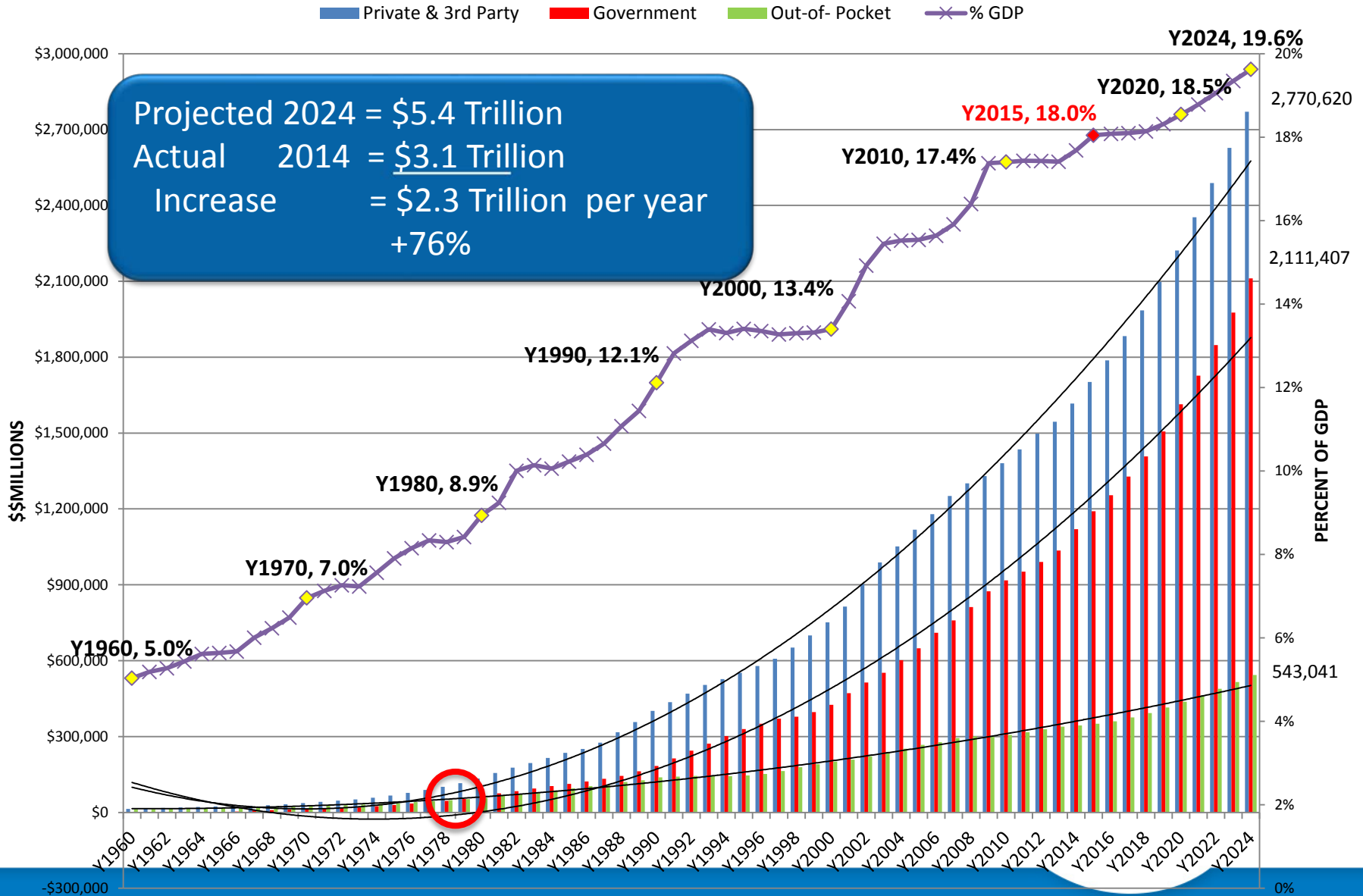
A process of effective management



&

OWNERSHIP

Escalating Health Care Costs



TEETH AND GUMS

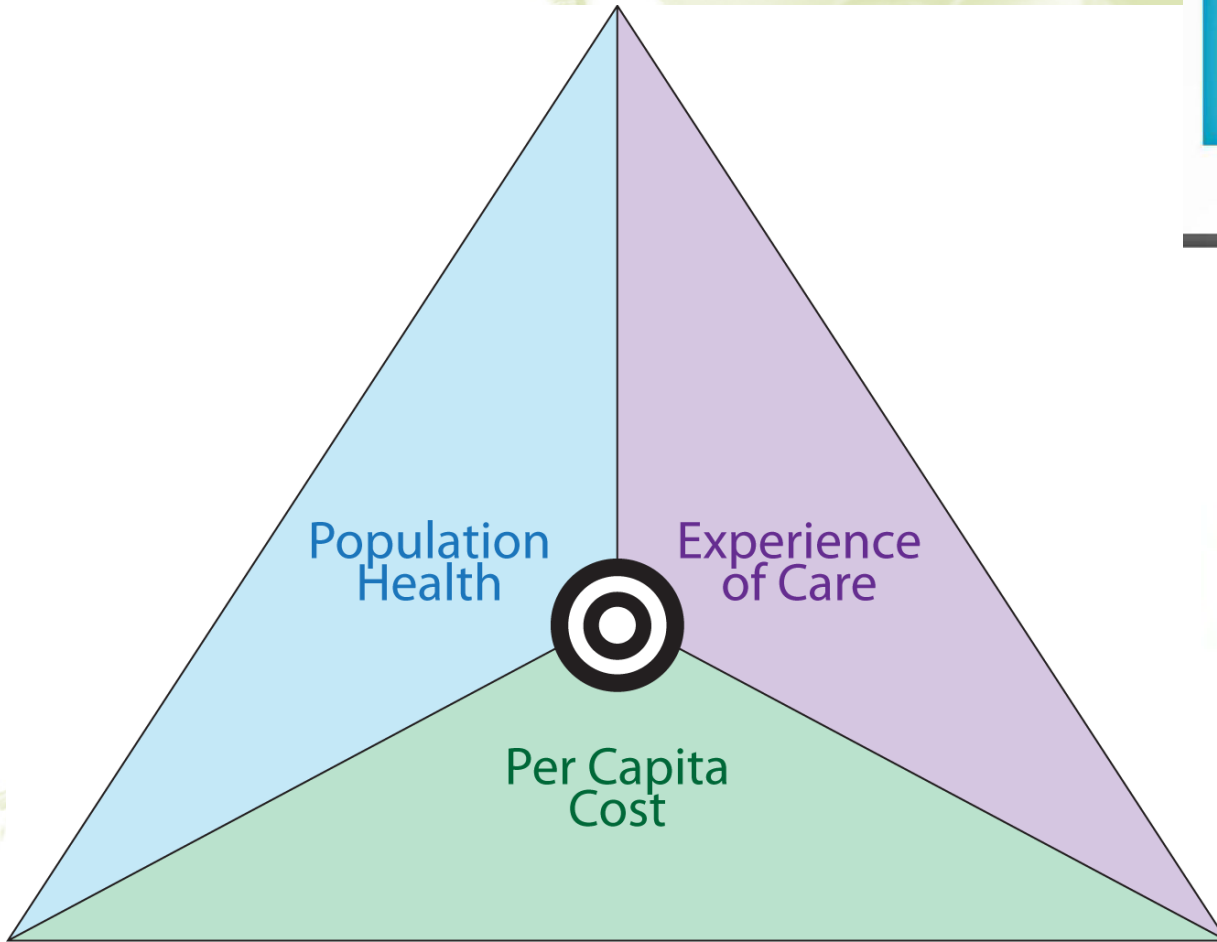


“90% OF SYSTEMIC DISEASES HAVE ORAL MANIFESTATIONS.”
THE ACADEMY OF GENERAL DENTISTRY, 2002

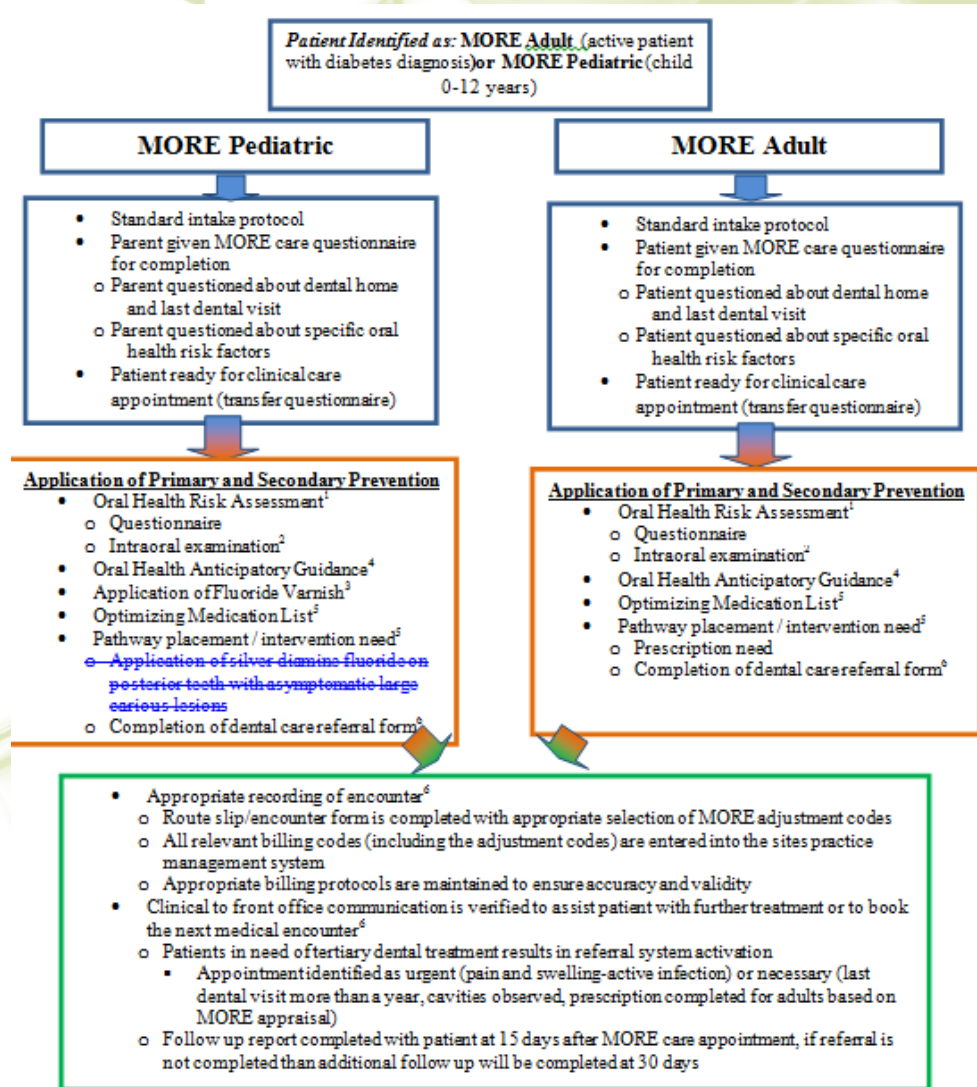


40% of those who had chemotherapy have oral symptoms, such as sore gums, cavities, mouth infections and dry mouth.

The Triple Aim



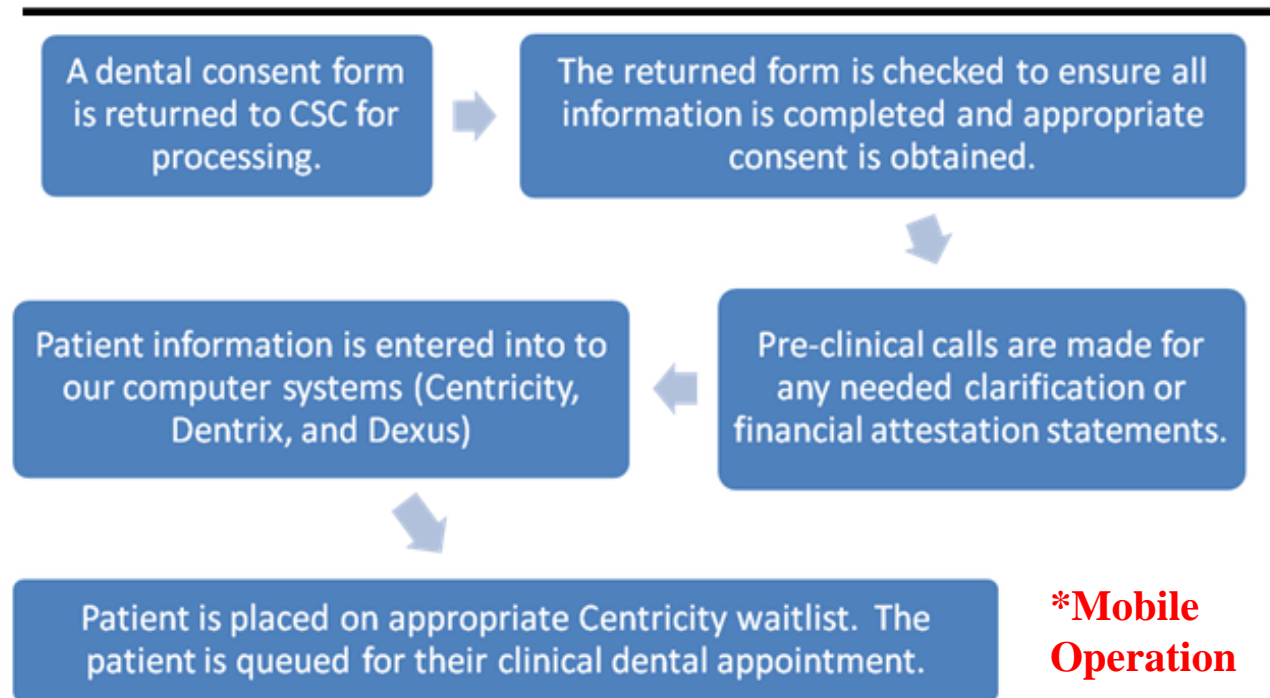
The Patient Experience & Satisfaction



Experience of Care

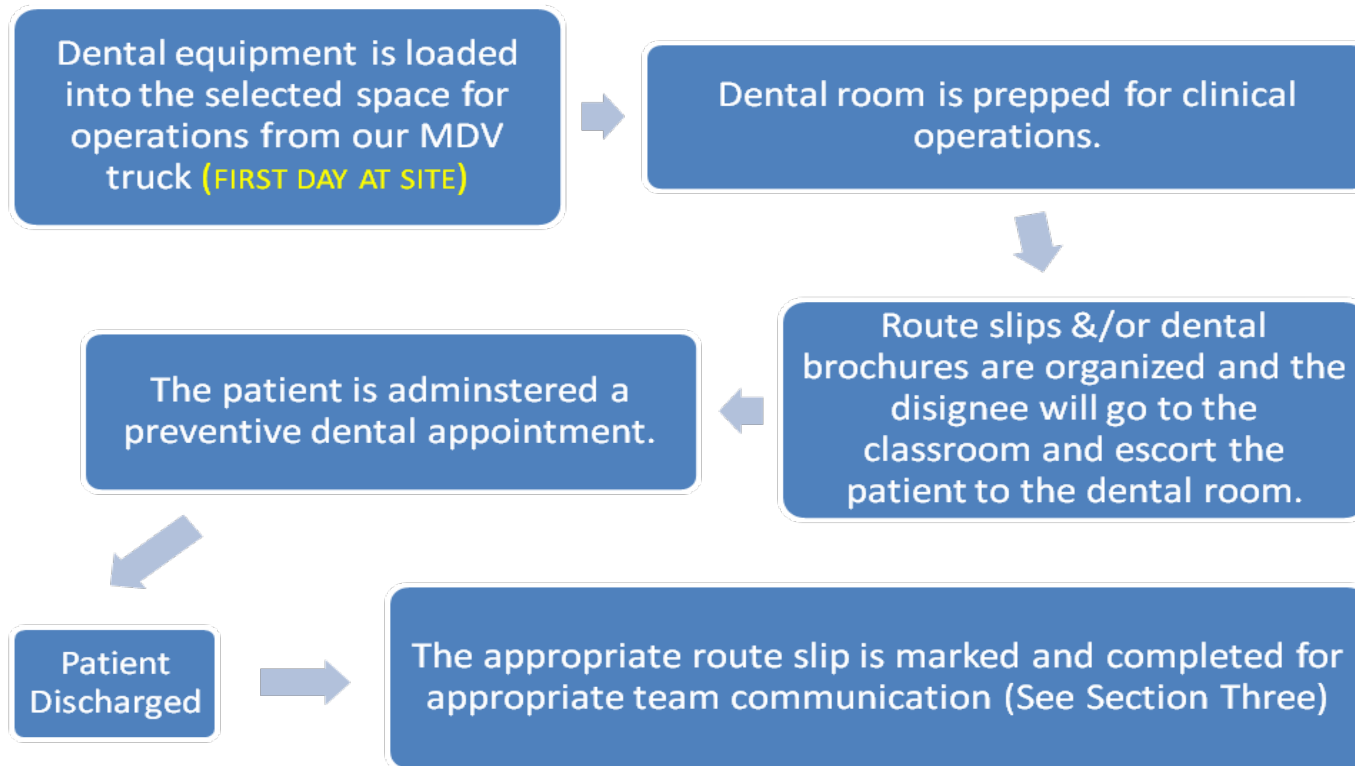
- 1- Patient Processing (Front Office) Experience

Section One (Patient Processing): Breakdown



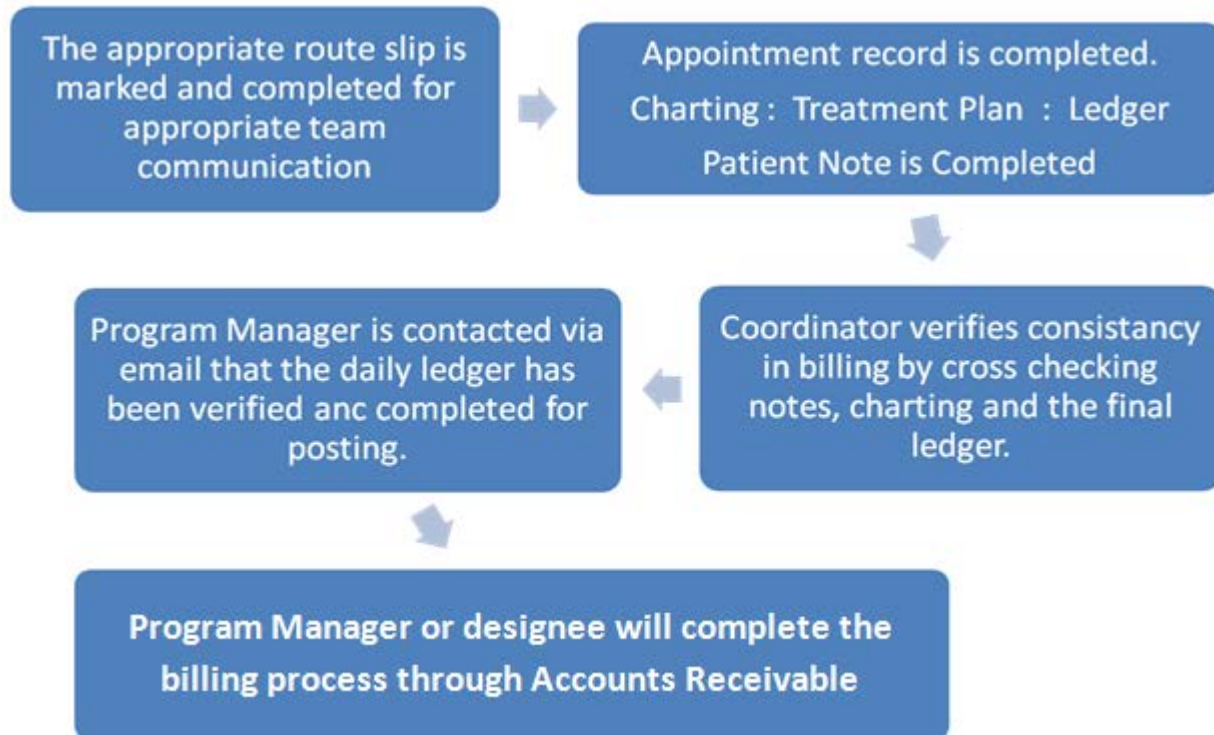
Experience of Care

- 2- Clinical Care Experience



Experience of Care

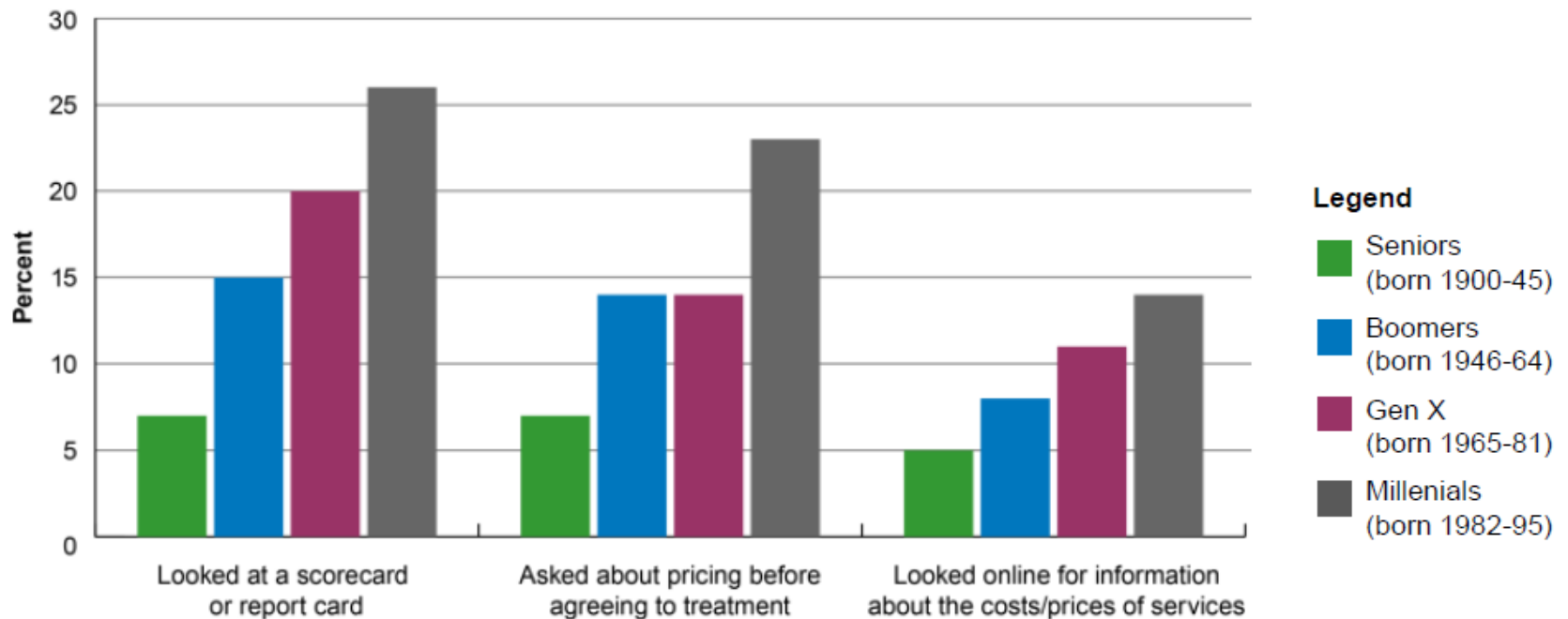
- 3- Patient and Account Management



Increased Consumerism

Looking for Value: Asking About Pricing, Searching for Quality

Which of the following, if any, have you done in the last 12 months?



Source: Deloitte Center for Health Solutions: 2013 Survey of U.S. Healthcare Consumers

Media Navigation

- The “YELP Era”

- In 2010, more than 112,000 individual doctors were reviewed, compared with 2,475 in 2005
- 23% of 2137 adults surveyed for JAMA use rating sites such as Healthgrades, Vitals, RateMDs, and ZocDoc.
- Harvard business school found a one-star drop in a rating can reduce revenue by almost 10%

Negative Patient Reviews – Count to 10

- **Responding to online complaints (scripting)**
 - “Because of privacy regulations, we can’t discuss any specifics about your comments. However, we want you to know that we are committed to providing high quality care and we take your feedback very seriously. [*Reducing wait times is one of the most challenging aspects of our practice, so we recently [did what to improve the next patient experience]...]*”
 - “We apologize that you had that experience, Hulkamania1993. We’re committed to providing the best experience possible for people, so please call our office and we (Dr. Smith) will personally make this right.”



Prevention is always best!

- **Patient priorities for favorable experiences:**
 - **Anesthetic injection is the #1 way dentists are judged clinically**
 - **Cleanliness**
 - 2/5 of parents are more likely to ask about sterilization practices since national reports of infection transmission in dental offices
 - **Wait times**
 - National average wait times for dental care ≈12-15 minutes
 - Wait times directly effect perception of care
 - **Additional areas:**
 - Parking
 - Clinical summaries
 - Billing/Collections

Patient Satisfaction Evaluation Tools

- **Subjective patient outcomes can be assessed with validated patient surveys**
 - Oral Health Impact Profile (OHIP-14)
 - These surveys measure a patient's own perception of the effect of care on their oral health status.
 - **Considered an augmentation to the OHC's current patient satisfaction review process**
 - **NEED BOTH TOOLS**
- **Can outsource data collection and reporting**
 - Multitude of companies that work with individual institutions to obtain patient experience information

OHIP-14

DIMENSION	QUESTION
Functional limitation	<p>Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?</p> <p>Have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?</p>
Physical pain	<p>Have you had painful aching in your mouth? Have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?</p>
Psychological discomfort	<p>Have you been self-conscious because of your teeth, mouth or dentures?</p> <p>Have you felt tense because of problems with your teeth, mouth or dentures?</p>
Physical disability	<p>Has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?</p> <p>Have you had to interrupt meals because of problems with your teeth, mouth or dentures?</p>
Psychological disability	<p>Have you found it difficult to relax because of problems with your teeth, mouth or dentures?</p> <p>Have you been a bit embarrassed because of problems with your teeth, mouth or dentures?</p>
Social disability	<p>Have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?</p> <p>Have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?</p>
Handicap	<p>Have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?</p> <p>Have you been totally unable to function because of problems with your teeth, mouth or dentures?</p>

Population Health and Better Outcomes

- **Population health**
 - Identifies target (at risk) populations
 - Includes outcomes, patterns of determinants, and policies and procedures that involve the aforementioned
 - Opportunity for health care delivery systems, public health agencies, community-based organizations, and many other entities to work together
- **Pediatric**
 - Majority of innovation focused on children
 - Dental financial system in U.S. leans toward pediatric care
- **Adult**
 - Usually organized according to systemic illness
 - Primary diagnosis
 - Limited intervention models being evaluated
 - Research on systemic / oral health linkage not resulted in consensus



Organizing Populations for Care



miles of smiles pediatric clinic

Provides comprehensive dental care to children 18 years of age and younger throughout the Pee Dee Region. (Includes comprehensive emergency care.)

oral health diabetic clinic

Provides oral health care and education to patients diagnosed with diabetes or considered pre-diabetic currently being treated at CareSouth Carolina.

oral health cardiovascular clinic

Provides oral health care and education to patients diagnosed with CVD or considered pre-CVD currently being treated at CSC.

ryan white dental care clinic

CareSouth Carolina HIV/AIDS integrated dental medicine clinic.

persons with special healthcare needs dental clinic

Through partnerships and affiliation with individual county boards of the South Carolina Department of Disabilities and Special Needs to provide oral health services.

adult dental care cooperative — dental clinic

Provides comprehensive dental care to adults within our contracted system.

adult oral emergency clinic

Provides a referral base to CareSouth Carolina health providers for their patients in need of dental services.

Healthcare and Business Opportunities

- **Improving Care Outcomes (EARLY DETECTION AND INTERVENTION)**
 - Engstrom et al. found that dental based blood pressure screening was efficient & effective for detecting unknown hypertension
 - 1 out of every 18 screened had confirmed hypertension.
 - 1 in 4 people with type II diabetes that remains undiagnosed
 - Bossart et al. found that 34% (N = 17) presented with positive screening for prediabetes or type II diabetes with dental screening

The Business Case:

- Financial impact under the ACA
- Cascade effect
- Assists in improving UDS numbers (monitoring and screening)
 - Increases access and improves total institution encounter numbers

What is Quality Assurance, Really?

- Quality assurance (QA) contains the progression of:
 - Quality assessment (measurement),
 - Identification of issues,
 - Developing a strategy for resolving problems,
 - Implementation of changes.

What do you measure, right now?

- Gross Charges
- Net Revenue
- Expenses
- Number of visits
- Revenue per visit
- Cost per visit
- # of Unduplicated Patients
- # of New Patients
- # of Transactions
- Broken Appointment Rate
- Emergency Rate
- Payer Mix Percentages
- Scope of Service
- # FTE Providers
- # FTE Billing Staff
- A/R past 90 days
- # of Completed Treatments
- # of children receiving sealants (under 21)
- # of sealants applied
- % Children seen receiving a preventive service

The P&L report

	Fiscal YTD	May 31, 2013	April 30, 2013	March 31, 2013	February 28, 2013
Fringe Benefits	\$ 71,458	\$ 5,068	\$ 6,898	\$ 4,782	\$ 5,000
Travel	\$ 623	\$ 24	\$ -	\$ 66	\$ -
Supplies	\$ 29,127	\$ 1,644	\$ 5,611	\$ 2,186	\$ 9,000
Contractual	\$ 2,174	\$ -	\$ (63)	\$ -	\$ -
Other	\$ 27,718	\$ 1,819	\$ 2,695	\$ 2,435	\$ 2,000
TOTAL EXPENSES	\$ 468,290	\$ 36,738	\$ 47,604	\$ 38,900	\$ 44,000
NET INCOME	\$97,237	\$ 38,382	\$ 1,939	\$ 21,591	\$ 14,000
Patients	2,486	223	302	204	100
Cost per Patient	\$ 188.37	\$ 164.74	\$ 157.63	\$ 190.69	\$ 199.00
Encounters	3,957	413	505	397	100
Cost per Encounter	\$ 118.34	\$ 88.95	\$ 94.27	\$ 97.98	\$ 111.00
Encounter / Patient	1.59	1.85	1.67	1.95	1.00
Revenue per Patient	\$ 227.48	\$ 336.86	\$ 164.05	\$ 296.52	\$ 266.00
Revenue per Encounter	\$ 134.02	\$ 125.60	\$ 94.15	\$ 147.34	\$ 143.00
Charges	\$ 1,072,385	\$ 100,452	\$ 124,359	\$ 118,997	\$ 111,000
Actual Collections	\$ 598,332	\$ 56,957	\$ 76,806	\$ 71,809	\$ 64,000
As of date	30-Jun-14	30-Jun-14	9-Jun-14	8-May-14	17-Apr-14
% Collected	55.79%	56.70%	61.76%	60.35%	57.00%
Profit / Loss	\$ 130,042	\$ 20,219.00	\$ 29,202.00	\$ 32,909.00	\$ 19,402.00

Reports and Summaries

1

Production Summary

6/1/2013 - 5/31/2014 Procedure Date

Clinics: <ALL>

Provider: <ALL>

Billing Types: <ALL>

Report Date: 6/2/2014

Report Generated By: RILEYA

	Quantity	Total	Average	Percent
EVTUNCP - Uncooperative pt - first visit				
Total	4	0.00	0.00	0.00%
EVTUNCP2 - Uncooperative Pt - second visit				
Total	3	0.00	0.00	0.00%
EVTUNCP3 - Uncooperative Pt - third visit				
Total	1	0.00	0.00	0.00%

Practice Implications

- There should always be a measurement plan
 - **DO NOT MEASURE JUST TO MEASURE**
- What outcome or goal are we trying to achieve?
 - What information is going create knowledge?
- The goal is to achieve practice translation!



Example: Sealant Retention Rates

- **Wide range of sealant retention rates reported (45-85%).**
 - A **52.7% retention rate** was found with school based placement on children from low income backgrounds
- **Identified variables include:**
 - Patient cooperation
 - Isolation techniques
 - Age of patient
 - Operator experience
 - Tooth location
 - Field of view
 - Number of operators

Quality Application/ Practice Translation

- Even though retention was at approx. 85%: the clinic felt a need to address is loss of sealant
- Replace each sealant that is lost (3 year maintenance)
 - Increase time
 - Cost of materials
 - Caries susceptibility
 - Lost revenue
- Next step is to identify variables & possible issues to improve these percentages
 - Manually looked at patient base – overweight/obese patients made up approximately 50% of patient's with lost sealants in first year
 - **PRACTICE TRANSLATION**– patients that fit Obese/OW status when possible have team to place sealants

Cost Effective Care

A Boston Children's Hospital ECC management endeavor reports drops in operating room use, new cavity occurrences, and pain experience (figure below).

	Historical Control	Rate Target	ECC Improvement Rate Achieved	Improvement % Achieved
Operating Room Utilization	20%	16%	9%	55%
New Cavitation	72%	48%	22%	69%
Pain	20%	10%	10%	50%

SCREENING FOR CHRONIC DISEASES IN DENTAL OFFICES COULD REDUCE U.S. HEALTH CARE COSTS BY ...

up to **\$102.6** MILLION per year




United Concordia Medical-Dental Link

Impact of Periodontal Therapy on General Health Evidence from Insurance Data for Five Systemic Conditions

Marjorie K. Jeffcoat, DMD, Robert L. Jeffcoat, PhD, Patricia A. Gladowski, RN, MSN,
James B. Bramson, DDS, Jerome J. Blum, DDS

Background: Treatment of periodontal (gum) disease may lessen the adverse consequences of some chronic systemic conditions.

Purpose: To estimate the effects of periodontal therapy on medical costs and hospitalizations among individuals with diagnosed type 2 diabetes (T2D); coronary artery disease (CAD); cerebral vascular disease (CVD); rheumatoid arthritis (RA); and pregnancy in a retrospective observational cohort study.

Methods: Insurance claims data from 338,891 individuals with both medical and dental insurance coverage were analyzed in 2011–2013. Inclusion criteria were (1) a diagnosis of at least one of the five specified systemic conditions and (2) evidence of periodontal disease. Subjects were categorized according to whether they had completed treatment for periodontal disease in the baseline year, 2005. Outcomes were (1) total allowed medical costs and (2) number of hospitalizations, per subscriber per year, in 2005–2009. Except in the case of pregnancy, outcomes were aggregated without regard to reported cause. Individuals who were treated and untreated for periodontal disease were compared independently for the two outcomes and five systemic conditions using ANCOVA; age, gender, and T2D status were covariates.

Results: Statistically significant reductions in both outcomes ($p < 0.05$) were found for T2D, CVD, CAD, and pregnancy, for which costs were lower by 40.2%, 40.9%, 10.7%, and 73.7%, respectively; results for hospital admissions were comparable. No treatment effect was observed in the RA cohorts.

Conclusions: These cost-based results provide new, independent, and potentially valuable evidence that simple, noninvasive periodontal therapy may improve health outcomes in pregnancy and other systemic conditions.

(Am J Prev Med 2014;47(2):166–174) © 2014 American Journal of Preventive Medicine

Introduction

There is a growing body of evidence that periodontal (gum) disease is associated with negative systemic health consequences for individuals with certain diseases and conditions. To the extent that this is true, it is reasonable to expect that successful treatment of periodontal disease might prevent or mitigate at least some adverse effects associated with

medical conditions such as type 2 diabetes (T2D); rheumatoid arthritis (RA); cerebral vascular disease (CVD); and adverse pregnancy outcomes.

Direct confirmation of such links generally poses formidable difficulties arising from the long time course of chronic disease, the complex and multifactorial nature of the medical outcomes, and the ethical issues surrounding controlled clinical trials. Nevertheless, the potential preventive value of such a simple and low-risk intervention as dental hygiene in the management of patients with serious medical conditions justifies efforts to determine whether, and to what degree, a causal link exists.

Periodontal disease is a chronic inflammatory disease in which a pathogenic bacterial biofilm develops on the tooth root surface in a susceptible patient. If untreated, it can lead to alveolar bone resorption, infection, and tooth loss. It has been suggested that periodontal disease may also have an impact on systemic health via dissemination

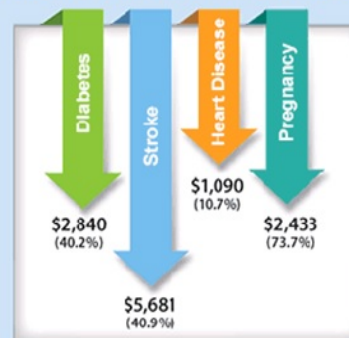
From the School of Dental Medicine (M. Jeffcoat) and Mechanical Engineering and Applied Mechanics (R. Jeffcoat), University of Pennsylvania, Philadelphia; Research Department (Gladowski), Highmark Incorporated, and the United Concordia Companies Incorporated (Bramson, Blum), Harrisburg, Pennsylvania

Address correspondence to: Marjorie Jeffcoat, DMD, Department of Periodontology, University of Pennsylvania School of Dental Medicine, Levy 115, 240 South 40th Street, Philadelphia PA 19104-6030. E-mail: jeffcoat@dental.upenn.edu

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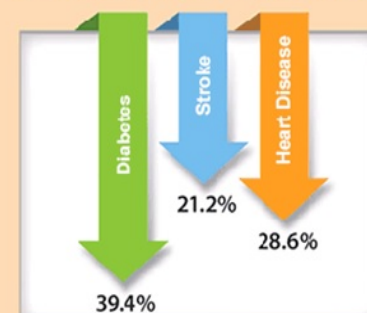
<http://dx.doi.org/10.1016/j.amepre.2014.04.001>

Treating Gum Disease Means Lower Annual Medical Costs



Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

Treating Gum Disease Reduces Hospital Admissions



Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received dental treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et al., Periodontal Therapy Improves Outcomes in Systemic Conditions,

Abstract, American Association of Dental Research, March 21, 2014

Increased Care Coordination: 50 New Patients

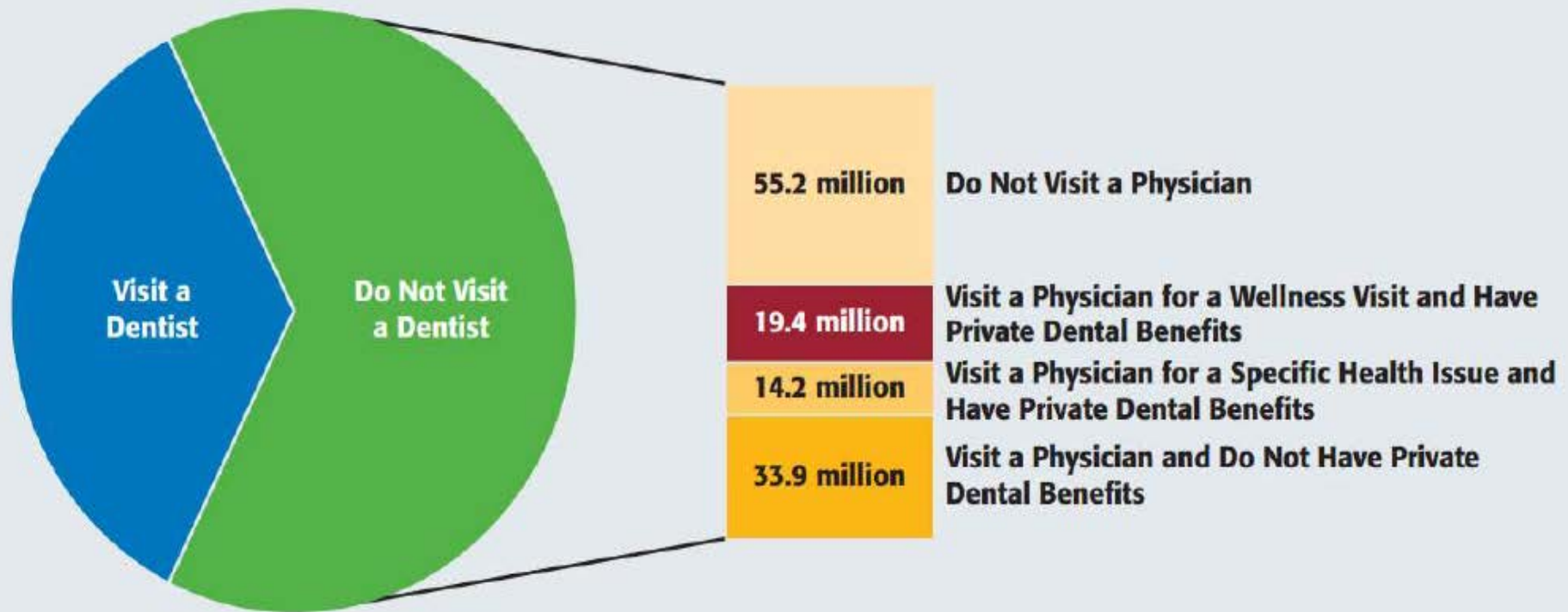


Figure. Breakdown of the US adult population (aged 19-64 years) by whether they visit a dentist or physician during the year and whether they have dental benefits. Source: Agency for Healthcare Research and Quality.¹⁷

Clinician Experience



NNOHA Provider Satisfaction Survey

- Many intangible factors play roles in determining the providers' satisfaction in their career.
 - The number one reason for choosing the Health Center career indicated among dentists and dental hygienists was that they “Felt a mission to the dentally underserved population.”
- While some of the factors contributing to provider dissatisfaction are pre-existing, others are adjustable.
 - Daily work environment – profession's personality is detail oriented and controlling 😊
 - Reporting structure
 - Salary (majority of FQHC dentists report: \$95,000 - \$125,000)
 - Benefits such as vacation time, paid holidays, tax-advantaged retirement plans



FTE - Positive Time Management

- **Blue et al. (2013): Expanded duty hygienists and assistants are underutilized according to maximum legal ability, although they have a positive impact on dental care quality.**
- **FTE (Full time equivalent hours worked by an employee) positive time management includes placement and usage of personnel according to highest level of licensure/training**
 - Core of this methodology: optimizing the time of the most costly (and usually most profitable) provider
 - Many safety net dental and group practice models have adopted this prototype, resulting in improved capacity, patient satisfaction and happier clinicians

Shifts in Place of Service

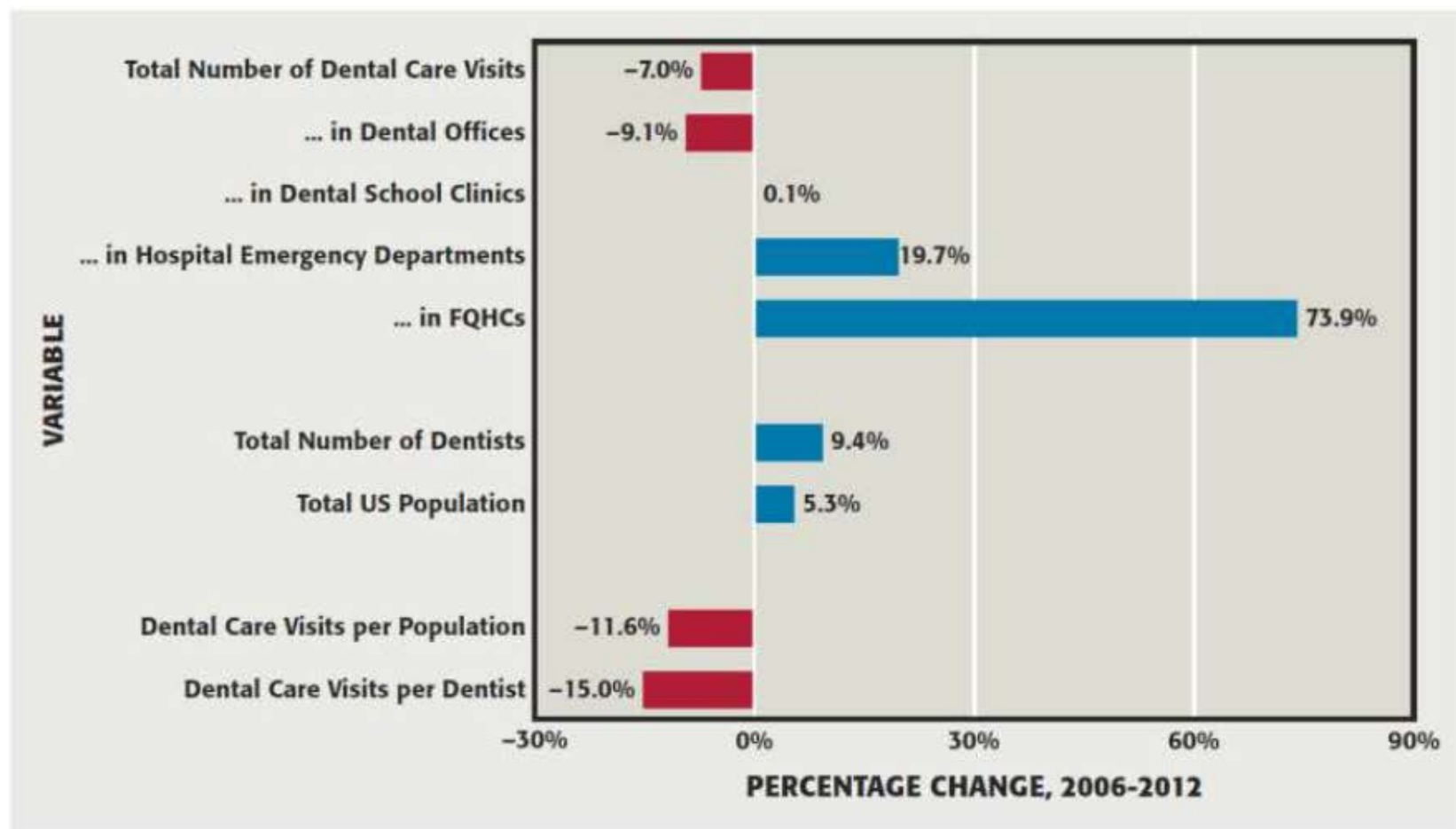


Figure. Changes in dental care visits, number of dentists, and US population from 2006 to 2012. FQHC: Federally Qualified Health Center. Sources: Agency for Healthcare Research and Quality,^{1,2} Health Resources and Services Administration,³ American Dental Association Health Policy Institute,^{4,5} and the US Census Bureau.⁶

Questions?