Welcome to the learning series “Improving the Quality of Oral Healthcare through Case Management”, Module 3 entitled “Goal Setting”. Modules 1 and 2 provided a good baseline of information on the importance of setting practice goals designed to improve many aspects of your dental practice. Now, this session specifically focuses on how important setting & achieving goals in your practice is to improving the quality of the service provided to patients. In addition, we will work on the mechanics of setting a specific goal.
Since this training program was developed to advance the knowledge, competency and skills of the dental workforce, a number of state-wide entities are responsible for its creation and implementation.

The curricula is made up of 6 training modules which have been made available through the generous support of the following organizations and agencies:

- Rhode Island Department of Health
- Rhode Island Executive Office of Health and Human Services
- Rhode Island Dental Association
- Medicaid | Medicare | CHIP Services Dental Association
- Health Resources and Services Administration
Goals of the Course

To provide professional education and training to dental personnel in an effort to:

1. Improve the quality oral healthcare services;
2. Improve the oral health outcomes of all;
3. To lower the costs of oral healthcare across the healthcare delivery system.

Let’s review the overarching goals of this series of learning modules:

We want to provide professional education and training to dental personnel in an effort to:
1. Improve the quality oral healthcare services;
2. Improve the oral health outcomes of all;
3. To lower the costs of oral healthcare across the healthcare delivery system.
Next, let’s take a look at the Overview of the Course:

I. Introduction

II. Learning Modules:
   1. Principles of Quality Improvement
   2. Principles of Medicaid Dental Practice Management-Part 1
   3. Goal Setting
   4. Process and Outcome Measurement
   5. Principles of Medicaid Dental Practice Management- Part 2
   6. Principles of Case Management
   7. Module Post-tests

III. 1.5 Continuing Education Units (CEU) will be granted upon completion of each module and submission of the respective post-test.

IV. RI EOHHS Certification will be granted upon completion of all modules and post-tests and submission of all post-tests.
This is a list of the team that developed the on-line program. The team consists of both state-based individuals and individuals from national or federal organizations, giving the group a broad depth of expertise.

- Robert Bartro, DDS
- Paul Calitri, DMD
- Marty Dellepenna, RDH, MEd
- Jeff Dodge, DMD
- Mary Foley, RDH, MPH
- Deborah Fuller, DMD
- Mary Ann Heran, RDH, BS
- Marie Jones-Bridges, RDH, BS
- Laurie Leonard, MS
- Beth Marootian
- Timothy Martinez, DMD
- Lynn Douglas Mouden, DDS, MPH
- Joan Pillsbury
- Renee Rulin, MD
- John Verbeyst, DMD
Module 3 Learning Objectives:

- Upon completion of this learning session, teams will:
  - Understand goals designed for dental office sustainability.
  - Define overall dental office capacity.
  - Set practice goals for their dental office based on their capacity.
  - Identify at least 3 barriers that might prevent them from achieving those goals.

The learning objectives for this session will help you:

1. Understand goals designed for dental office sustainability.
2. Define overall dental office capacity.
3. Set practice goals for their dental office based on their capacity.
   and finally,
4. Identify at least 3 barriers that might prevent them from achieving those goals.
When implementing any major practice improvement project, it is critical to set achievable goals to work toward. These are four common focus areas under which practice goals are set.

**Access** - or the # of patients
Visit totals, # of unduplicated patients and # of new patients

**Productivity**, that is...
Visits, procedures and revenue per day and the number of No-Shows

**Financial** - these are, of course things like:
Gross charges, net revenue and the bottom line for your practice

... And lastly,

**Quality**
Some examples of the types of quality measures you can use to set your practice goals are:

- # of children ages 6-9 years and 12-14 years who receive a dental sealant on a permanent molar
- Number of at–risk children who receive 2 or more fluoride varnish treatments in a year
- Number of pregnant women who received a dental exam, and at least one preventive service
- Percentage of dental patients with a Phase 1 Completed Treatment Plan
First, let’s take ACCESS as an overarching practice goal, considering this area is something you’ll want to improve and walk through setting some actionable goals for your practice...
Access Goals

- Based on capacity
- Total number of visits
- Total number of unduplicated patients who have had at least one visit [for anything]
- Total number of new patients

Access Goals are based on the capacity that exists in your practice. What’s the ability of your practice to provide more dental treatment to more people?

In order to improve this, you should consider access measures like:

- The number of patient visits

- The total number of unduplicated patients who have had at least one dental visit in your practice--- this includes any type of visit

- And another important measure of access is the total number of new patients being treated in your practice
That done, next, you can determine the annual potential capacity (or total number of visits) that are possible if every dental professional in your practice was working to a level that is feasible for him/her.

To calculate the total number of unduplicated patients per year, use the total number of visits per year and divide it by 2.5. **2.5 is used because this is a widely accepted industry standard in practice management programs and reflects the average number of times a person has a dental visit.**

Another critical measure of access that’s simple to identify and is used to determine the total number of new patients per year. That is to monitor and analyze the total number of certain **completed treatments per year**. Looking at completed treatments that only a new patient would receive on an initial visit, like a comprehensive or a problem-focused exam and certain X-rays codes or a palliative treatment or an emergency exam might be ways to capture the number of patients per year who are new to your practice.
The goals you establish for dental visits in your practice should reflect a realistic assessment of each dental provider’s own capacity and capability. Some of the resources to consider for each dental provider are things like: # of operatories, the hours that patients are scheduled, and what support staff is linked to each of these resources.

Other variables to consider when you are assessing access capacities in your practice are:

• What are the scope and breadth of dental services provided (For example, are more complex periodontal services like root planing and curettage and posterior tooth endodontics available)?

• Who are the patients being treatment in your practice? Are there age restrictions in place that could be altered? Does you office have a high proportion of certain population groups (consider all that apply)?

• Look at what the nationwide benchmarks related to dental service access are to determine how close or how far your practice may be from them

Again, it’s critical to define access (or visit) goals based on your actual practice capacity.
Here is a good place to stop the Session and consider, for a moment, what access goals you would like to set for your practice.

Write them down in a draft form so you don’t forget them.
Next let’s take a critical practice goal area, Productivity and walk through setting some actionable goals for your practice...
From a previous exercise (3), please consider these to determine the total number of procedure per visit. This can be done by taking the:

\[
\frac{\text{Total number of procedures}}{\text{total number of visits}} = \frac{\text{procedures}}{\text{visit}}
\]

Once you’ve got this, you have a very important measure of productivity and ability to complete dental treatment.

Another defining strategy is to measure the dental services by procedure type. First, break out procedures by type (diagnostic, preventive, restorative, specialty, prosthodontics, oral surgery, and emergency)

Then, calculate the percentage of each type to reveal the **scope of service**.

Determining this will help you bring the capacity component together with the productivity so these two types of goals are aligned with each other.
Here is a good place to stop the Session and consider, for a moment, what productivity goals you would like to set for your practice.

If you are able to articulate them, it’s helpful to write them down for safe-keeping.
Next, let’s take a critical practice goal area, FINANCE and walk through setting some actionable goals for your practice...
Financial goals in a dental practice reflect a myriad of areas, all dependent on the practice. Your practice may be comfortable taking on a new patient population and breaking even financially; however, if the goal is to turn a profit, then those surplus funds can be used to expand the practice capacity with new equipment or and/or personnel or to create incentives for the current staff to reward performance, based on a set of pre-determined practice goals.
Financial Metrics
Gross charges
Net revenue
Profit and Loss
Balance Sheet

Here’s a list of some financial metrics that would be most useful to your practice as you consider bringing on new population groups and with that, new case management services.

Considering an analysis of:

• Total **gross charges** in your practice

• Your practice **net revenues**

• Your **profit and loss statement**

• Your practice’s **balance sheet**
The concept of “breaking even” is quite simple. This example shows the goal you’d set for net revenue if both direct and indirect expenses were need to increase in your practice. You’d make a plan of action or a strategy to increase those the office revenues to meet the increase in expenses. One balances the other out, so no additional profit is seen.

### How to Break Even

<table>
<thead>
<tr>
<th>I. Net Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Revenue</td>
<td>$1,290,000</td>
</tr>
<tr>
<td>Non-patient-care Revenue</td>
<td>300,000</td>
</tr>
<tr>
<td><strong>Total Net Revenue</strong></td>
<td><strong>$ 1,590,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>$1,639,500</td>
</tr>
<tr>
<td>Indirect</td>
<td>125,000</td>
</tr>
<tr>
<td><strong>Total Direct and Indirect Expenses</strong></td>
<td><strong>$ 1,764,500</strong></td>
</tr>
<tr>
<td><strong>Loss</strong></td>
<td><strong>($ 174,500)</strong></td>
</tr>
</tbody>
</table>

Net Revenue Goal = $1,764,500
When factoring in an increase in patient revenues, it’s important to consider the cost per day in your practice.

This is done by dividing the total net expenses in the practice by the total number of days “clinic days” when clinical dentistry is performed.

*For example:*

If one has a five day work week multiplied by 46 weeks worked each year, that equals 230 “clinic days”

If your net revenue is $1,764,500 and you divide that by 230 clinic days, the practice’s break even amount per day is $7,672. This is the number the practice needs to remain “budget Neutral”, if you will --- expenses are covered but no profit is gained.
Here are some good working examples of important numbers to determine in your practice. One is the Average Revenue and the other is the Cost per Visit.

Let’s take the Average Practice Revenue first. To determine your average revenue, divide the total net revenue by the total number of patient visits. In the example below, the $1.5 M is divided by 13,018 to equal $122.13 --- which is the average revenue amount the practice needs per visit to break even.

Now, the next number is the average cost to the practice per patient visit. This number determines what it actually costs your practice every time a patient sits in the dental chair. First, divide the total net expenses by the total number of patient visits. The example shows $1.7M divided by 13,018 to get a $135.15 expenses per visit.
So, from these calculations, we've determined that since the average revenue per visit is $122 and the average cost to the practice per visit is $136, then the revenue needed to break even is $136 per visit.
To define the words gross charges in the context of this discussion, we are referring to the full practice charge or the amount billed to the insurance companies and also charged to your patients. This is not the amount the practice collects for payment.

That said, in terms of access to care, your practice must determine whether it’s billed charges are perhaps too low and might be affecting your productivity numbers. Sometimes issues like not having the rate schedules reflected properly in the Electronic Dental records (EDR) can be the culprit.

Lastly, determining the collection rate is a critical aspect to determining your practice’s gross charges. You will look at gross charges and compare to net revenue to determine the percentage of net revenue collected.

(This calculation is: Net Revenue x 100/Gross charges.)
So, in summary, setting your practice’s financial goals will usually follow one of two pathways: 1. Break even and 2. Profitability.

Read examples on slide...
Exercise 3 is a Worksheet called: “Creating Financial Goals”. You can talk through doing some examples for the 3 goals listed below:

Goal 1-Revenue per Year
Goal 2- per day
Goal 3- per visit
Exercise #4: Setting Financial Goals

**Goal 1: Revenue per Year**
Refer to the profit and loss statement using the sample provided (for your dental office) to fill in the blank.

Determine if your goal is to break even, or to generate a surplus to add additional staff, equipment, or other resources. Fill in Option 1 if your goal is to break even. Fill in Option 2 if your goal is to generate a surplus.

**Option 1 Goal: Break Even**
What is your total indirect plus direct expenses? $______________

Financial Goal 1: Revenue per Year Goal 5 (Same as direct & indirect expenses)

**Option 2 Goal: Generate a Surplus** (Skip if your goal is to break even)
How much do you expect the dental program to generate in profit? $______________
Add the amount you expect the dental program to generate in profit to your total indirect and direct expenses:

Financial Goal 1: Revenue per Year Goal 5

**Goal 2: Revenue per Day**
Divide the “Revenue per Year” Financial Goal 1, by the number of clinic days your program operates per year:

Financial Goal 2: Revenue per Day $______________

**Goal 3: Revenue per Visit**
Divide the “Revenue per Year” goal Financial Goal 1, by the “Visits per Year” goal. Productivity Goal 2.

Financial Goal 3: Revenue per Visit

Take a moment to work on setting some financial goals for your practice. Please start by determining some practice revenue numbers for each of the three goals on this worksheet.
Now, ask yourself these related questions..

Read the questions on the slide, one by one, contemplating a specific practice response.
Realistically, financial goals can be hindered by numerous barriers, some of which include:

- Billing process is flawed -> high number of unreimbursed or denied claims
- Inconsistent collections from self-pay patients
- Payer mix is unfavorable and is negatively impacting financial sustainability
- Revenue per visit too low
  - Revenue per visit and or by payer type
- Full fee is below the usual and customary for your area
Please take a moment to think about what some of your practice’s financial goals will be and for what timeline. When doing so, please keep in mind some of the barriers identified previously that could have a negative effect on your practice reaching its goal/s.
And last, we will consider setting some quality improvement goals for your dental practice.
We’ll start by exploring some typical quality improvement goals that can have a significant effect on the health of your dental patients.

Consider measuring the:
• Number of children ages 6-9 years and 12-14 years who receive at least one dental sealant on a permanent tooth
• Number of at–risk children who receive 2 or more fluoride varnish treatments in a year
• Number of pregnant women who received a dental exam, and at least one preventive service
• Percentage of dental patients with a Phase 1 Completed Treatment Plan

How can these measures be gathered via the current practice management system your office is using? The system, as it affects the ability to complete the desired data inquiries is most important in meeting the quality goals you set for your practice.
Here’s a great example of how much your practice management system plays a key role in determining whether you can gather certain data elements necessary to determine whether you’ve met a particular goal.

Think about the management system in your office as we walk through this example:

On a regular basis, try tracking completed treatment plans to determine the number of patients (daily, weekly, monthly) whose dental problems are eliminated– this number will help you determine the number of new patients that can be brought into the dental practice without bogging things down.

Tip- A good office Benchmark to use for this is 75% patients with dental treatment completed.

Example of Quality Measurement

- **Track:**
  - **Completed treatment plans** to determine the number of patients (daily, weekly, monthly) whose dental problems are eliminated– this is the number of new patients that can be brought into the dental program without bogging things down.
  - Benchmark=75% patients treatment completed
Please stop here and write down at least two or three actionable quality-related goals your practice should consider in the upcoming year.
This learning session has covered these four types of practice goals and how you may go about setting them specifically for your practice. We have given you the tools to design goals that are both feasible and actionable in the next 12-24 months. Because these four areas intersect as various points, we recommend setting at least two goals in each area to get you started.

Measuring frequently (weekly, monthly) can tell a valuable story about whether the goals you've set are within your reach, or whether you need to re-evaluate them as a practice team.

Good luck!
Goal Setting

Take Module 3 Post-Test Now

Please Stop here to take the Post-test for this Module. Simply cut and paste the blue link above into a browser address line and the Post-test will open for you in Survey Monkey.

Thanks for your participation!
Faculty
Marty Dellapenna, RDH, MEd

Ms. Martha Dellapenna is the MSDA Center Director. In this role, Ms. Dellapenna provides oversight to the projects and activities of each the five divisions within the Center. She is the former Project Manager for the Rhode Island Oral Health Access Project. Ms. Dellapenna joined the RI Department of Human Services in the Center for Child and Family Health in 2003 through its project management contractor, Xerox. Ms. Dellapenna’s primary role at that time was to manage the development of Rite Smiles, the state’s first managed care dental program for young children. Ms. Dellapenna is also the current Chair of the Center for Medicare and Medicaid Services (CMS) Oral Health Technical Advisory Group.
Faculty

Mary E. Foley, RDH, MPH

Ms. Mary E. Foley is the Executive Director of the Medicaid | Medicare | CHIP Services Dental Association (MSDA). Ms. Foley is a dental hygienist and holds a Masters Degree in Public Health with a concentration in Epidemiology and Biostatistics from the University of Massachusetts School of Public Health and Health Policy. Earlier in her career, she served as the Director of the Massachusetts Department of Public Health, Office of Oral Health. In this role she had oversight of state dental public health programs addressing surveillance; access; prevention; and education. Just prior to her current position, Ms. Foley served as the Dean of the Forsyth School of Dental Hygiene at the Massachusetts College of Pharmacy and Health Sciences in Boston, Massachusetts. Since joining the Medicaid | Medicare | CHIP Services Dental Association, Ms. Foley has been instrumental in broadening national stakeholder collaboration, and advancing state program policy and protocols to improve the health, health care and costs for all Medicaid programs and their beneficiaries.
Faculty

Timothy S. Martinez, D.M.D.

Timothy S. Martinez, DMD, is the Associate Dean of Community Partnerships and Access to Care at the UNE College of Dental Medicine. Dr. Martinez recently relocated to the New England area after spending six and a half years developing the community-based dental programs for Western University of Health Sciences College of Dental Medicine in Pomona, California. He served as program evaluator at the Forsyth Institute from 2010 to 2011; state dental Medicaid director at the Commonwealth of Massachusetts, Executive Office of Health and Human Services from 2006 to 2009; and dental consultant at the Office of Public Protection, Board of Registration in Dentistry, Massachusetts Department of Public Health from 2005 to 2009. Dr. Martinez also served as dental director for Harbor Health Services Inc. from 1999 to 2003 and dental director at Boston Healthcare for the Homeless from 1994 to 2003. He earned a Doctor of Dental Medicine degree from the Harvard School of Dental Medicine.