Improving the Quality of Oral Healthcare through Case Management

Module 2

Principles of Medicaid Dental Practice Management - Part 1
Acknowledgements

*Improving the Quality of Oral Healthcare through Case Management* is a professional education and training program designed to advance the knowledge, skill, and competency of the dental workforce.

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.
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.
Advisory Team and Faculty

- Robert Bartro, DDS
- Paul Calitri, DMD
- Marty DellaPenna, RDH, MEd
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- Marie Jones-Bridges, RDH, BS
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- Beth Marootian
- Timothy Martinez, DMD
- Lynn Douglas Mouden, DDS, MPH
- Joan Pillsbury
- Renee Rulin, MD
- John Verbeyst, DMD
Module 2 Learning Objectives

Participants will gain understanding, knowledge, skill, and competency regarding (the):

- Current economics of the dental healthcare delivery system
- Changes in Medicaid dental programs
- New opportunities for dental practices
- Specific considerations for the delivery of dental care to adult Medicaid beneficiaries
- Dental office capacity
- Why setting goals is important for dental office sustainability
- Barriers that might prevent the achievement of goals
Economics Forces
Impact of Economy on Dental Visits
Average Rate of Increase In Dental Spending

Consumers are not spending money on dental care.

National Healthcare Expenditure, January 2011. HealthAffairs
Increased Medicaid Eligibility = Increased Adult Medicaid Patients

Opportunity → Time to diversify patient mix.
Annual Rate of Change in Dental Spending

Note Increases in Medicaid Spending

Out of pocket  Private Health Insurance  Medicaid (Title XIX)

2004  2005  2006  2007  2008  2009
7.0%  5.6%  3.5%  8.7%  22.3%  22.8%

National Healthcare Expenditure, January 2011. HealthAffairs
Dental Office Economics

- Office Capacity
- Goal Setting
- Process and Outcome Measurement
- Practice Exercises
Defining Capacity

Why is this important?

- Awareness of maximum capacity
- Problems associated with underachieving and overachieving capacity
- Need to set goals based on maximum capacity
- Goals must have measurable outcomes
- Focus on process in achieving outcomes
- Understand results: outcome and impact
  - Productivity: Access; Quality; Clinical; and Financial
- Need to measure process; progress; outcomes; and impact
- All team members should participate in goal setting
- All team members should be held accountable for goal attainment.
Defining Program Capacity

- Every dental office has a finite capacity.
- Capacity depends on the number of type of staff, number of dental chairs and hours of operation.
- While most dental offices have more demand than can be met, that is not always the case.
- Many factors can negatively impact an office’s ability to maximize its potential capacity.
- Very important to manage capacity strategically.
Typical Factors Determining Dentist Capacity

- Level of provider experience
- Number of available operatories
- Number, type, and experience of dental assistants.
- Scope of services provided
- Age and type of patients
- Effectiveness of scheduling
- Failed appointment rate
- Number of expected visits/hour can vary from 1 to 2
### Dentist Benchmarks

- 1.7 visits/hour for general dentists (at least two operatories and 1.5 dental assistants)
- 1 visit/hour for general dentists (one operatory/one assistant)
- 1 visit/hour for GP residents (beginning of year)
- 1.5 visits/hour for GP residents (mid-year)
- 1.7 visits/hour for GP residents (end of year)
- 1.9 visits/hour for general dentist with 2-3 operatories, 1 EFDA and 1-2 conventional assistant
- .5 visit/hour for 4th year dental student (one operatory, one assistant)
## Determine Daily Visit Capacity
(Example for Dentist Capacity)

<table>
<thead>
<tr>
<th>Day</th>
<th># of FTE Dentist Provider(s)</th>
<th>X 1.7 Visits/Clinical Hour</th>
<th>X # of Clinical Hours</th>
<th>Potential Visit Capacity</th>
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<td>3</td>
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<td>38</td>
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<td>1.7</td>
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Exercise #1
Determine Dentist Capacity
**STOP RECORDING:** Exercise # 1: Determine *Dentist* Daily Visit Capacity in Your Office

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<th># of FTE Dentist Provider(s)</th>
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<th>X # of Clinical Hours</th>
<th>Potential Visit Capacity</th>
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Typical Factors Determining Hygienist Capacity

- Level of provider experience
- Do they take x-rays? Conventional or Digital?
- Do they work out of more than one room? Do they have a dedicated assistant?
- Responsiveness of dentists for exams
- Age and type of patients
- Effectiveness of scheduling
- Failed appointment rate
- Number of expected visits/hour can vary from 1 to 2
Hygienist Benchmarks

- 1.2 visits/hour for hygienist treating mix of adults and children (one operatory, no assistants)
- 1 visit/hour for hygienist treating primarily adults (one operatory, no assistants)
- 1.5 visits/hour for hygienist with two operatories and an assistant (mix of adults and children)
- 2 visits/hour for hygienist treating primarily children (two operatories and an assistant)
Determine Daily Visit Capacity  
(Example for *Hygienist Capacity*)

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<th># of FTE RDH Provider(s)</th>
<th>X 1.7 Visits/ Clinical Hour</th>
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<th>Potential Visit Capacity</th>
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<td>1</td>
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<td>7.5</td>
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Exercise #2
Determine Hygienist Capacity
**STOP RECORDING: Exercise #2:**
Determine *Hygienist* Daily Visit Capacity in *Your* Office

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<th># of FTE Providers</th>
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<th>Potential Visit Capacity</th>
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Determine *Visit* Capacity (Example)

- Monday: 26 dentist visits + 18 hygienist visits = 44 visits
- Tuesday: 38 dentist visits + 18 hygienist visits = 56 visits
- Wednesday: 51 dentist visits + 18 hygienist visits = 69 visits
- Thursday: 51 dentist visits + 18 hygienist visits = 69 visits
- Friday: 26 dentist visits + 9 hygienist visits = 35 visits
- Total weekly visit capacity = 273
- Total annual visit capacity (273 x 46 weeks) = 12,558
- 12,558 annual visits / 2.5 = 5,023 unduplicated patients
Exercise #3:
Determine Total Office Visit Capacity
Precursor Step Toward Setting “Productivity” Goals
Goal 1: Number of Visits per Week

Refer to the data in your office profile to fill in the blanks below. Enter the appropriate benchmarks and complete the calculations. Average benchmarks are provided below based on national UDS data from dental clinics. This information may differ from your experience. If you need assistance, ask your Expert Advisor.

- Total weekly dentist hours _____ x 1.7 = _______ weekly dental visits
- Total weekly hygienist hours _____ x 1.2 = _______ weekly hygiene visits
- Total weekly “other” provider hours _____ x 2.0 = _______ weekly visits

Tips: Benchmark visits per hour:

- Use 1.5 as the visit per hour benchmark for dentists if your office is low on Dental Assistants or support staff change
- Use 1.0 for Hygienists depending on patient population (ex. High number of adults who have not been to the dentist in a long time)

Add up the weekly visits for each provider:

Productivity Goal 1: Total Visits per Week _______
Exercise #3: Setting Productivity Goals

Capacity and Office Visits

Goal 2: Number of Visits per Year

Multiply the total weekly visits by 46 weeks.

• Total weekly visits _______ x 46 weeks.

Productivity Goal 2: Total Visits per Year _______

Goal 3: Number of Visits per Day

Determine the number of clinical days your dental office operates per year. Take the number of clinical days you operate per week and multiply by 46 weeks.

Example: If the clinic is open 5 days per week: 5 x 46 = 230 Clinic days per year.

Divide the “Visits per Year,” Productivity Goal 2, by the number of clinic days per year:

Productivity Goal 3: Total Visits per Day _______
Principles of Dental Practice Management - Part 1

Take Module 2 Post-Test Now
Ms. Martha Dellapenna is the MSDA Center Director. In this role, Ms. Dellapenna provides oversight to the projects and activities of each of 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 Rlte 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.
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.
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.