

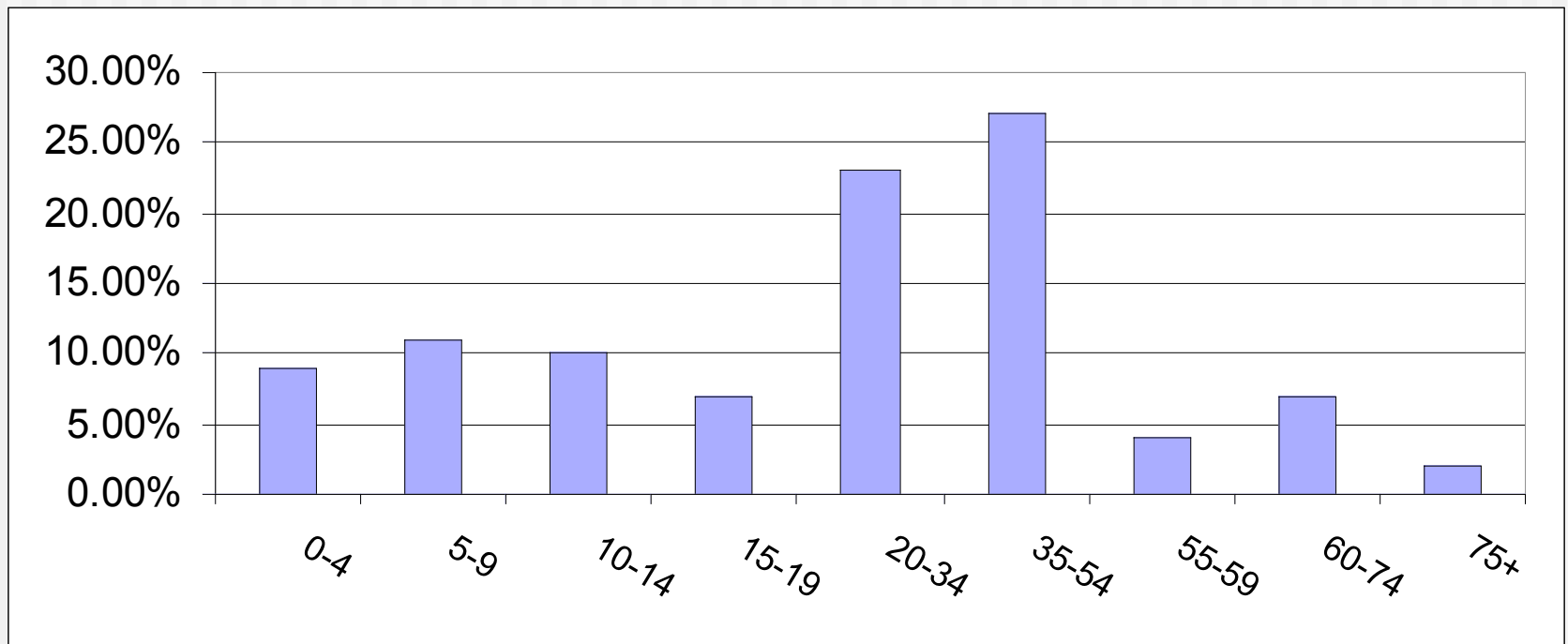
National Primary Oral
Health Conference
Scottsdale, Arizona
December 11, 2006

“Driven Clinical Leadership.
Why Data is our Friend.”

Who am I? Who is PSNHHC?

- Marty Lieberman
- Private Practice 1983-2002
- Dental Director Puget Sound Neighborhood Health Centers (PSNHHC) 2002-present.
- 5 dental clinics, 7 medical clinics, 5 teen health centers, 1 midwifery clinic.
- 15.5 FTE dentists. 2.5 FTE hygienists
- 47,000 encounters 2006

PSNHC provides care to a primarily adult population.



Chaos: Georgetown Dental Clinic

- Schedules fully booked the day they were opened. If you didn't have speed dial you didn't get an appointment.
- Production was low.
- Patient complaints were high.
- Staff turnover was high.
- Low medical dental integration.

Where do you begin?

- Collaborative: Outcomes
- PSNHC: Efficiency
- It doesn't matter where you begin, you can't have one without the other

Learning Objectives

- PDSA cycles
- Using data to implement and monitor improvement
- Redesign activities can lead to increased efficiencies and improved outcomes

PDSA: plan, do, study, act

- **Plan** the change predictions and data collection.
- **Do** carry out the change /test, collect data, begin analysis.
- **Study** what the data shows?
- **Act**, amplify, implement, spread, improve.

Our First PDSA

- Warm towels
- What are you trying to change?
- How do you know the change is going to be an improvement?
- How are you going to measure it?
- Surveyed patients (with and without)
- Results: Biggest lesson learned

Purpose of this cycle: To improve patient satisfaction

PLAN the change, prediction(s) and data collection	
THE CHANGE:	
What are we testing?	We want to see if patients will find a difference in their dental appointment satisfaction if we give them a haot towel after they receive dental care.
On whom are we testing the change?	All patients seen on 10-15-02
When are we testing?	10-15-02
Where are we testing?	Georgetown Dental Clinic
PREDICTION(s):	
What do we expect to happen?	Patient satisfaction scores of patients who receive hot towels to increase.
DATA:	
What data do we need to collect?	Answers to patient satisfaction survey from patients who receive hot towel and those that don't.
Who will collect the data?	Front desk staff.
When will the data be collected?	Immediately following dental visit.
Where will data be collected?	Patients will fill out survey in waiting room and deposit in box in waiting room.
DO: Carry out the change/test, collect data, and begin analysis	
What was actually tested?	Use of hot towels after dental exam.

Don't Assume!

- First PDSAs should be small.
- There are no bad ideas!
- All improvement ideas should be able to stand up to the PDSA test.
- Always ask: What are you trying to change? How do you know the change is going to be an improvement? How are you going to measure it?

Francisco Ramos-Gomez



Francisco's PDSA

- Marty You've got to help me!
- Recalls!
- No operatory.
- One room, 2 DAs
- They don't think I'm productive enough!

What Francisco's recall appointments were.

- Forms filled out (10 minutes)
- Risk Assessment(5 minutes)
- Tooth Brush Prophylaxis(5 minutes)
- Dental Exam/Varnish(5 minutes)
- Visit with parents(5 minutes)
- Self-management goals/anticipatory guidance (10 minutes)

DA

- Forms filled out (10 minutes)
- Risk Assessment(5 minutes)
- Self-management goals/anticipatory guidance (10 minutes)

Francisco

- Tooth Brush Prophylaxis(5 minutes)
- Dental Exam/Varnish(5 minutes)
- Visit with parents(5 minutes)

-
- What are you trying to change?
 - How do you know the change is an improvement?
 - How are you going to measure it?
 - Provide more access for recalls.
 - Pts. Can get in for their recall appointments.
 - Increased production, 3rd available appt, pt satisfaction.

Francisco's results

- 3 months
- 9 months
- FQHC is happy!

IHI

- International Healthcare Institute
- IMPACT
- 2 CHCs
- Only dental participant (ever)
- Focus on redesign
- Focus on continuous improvement

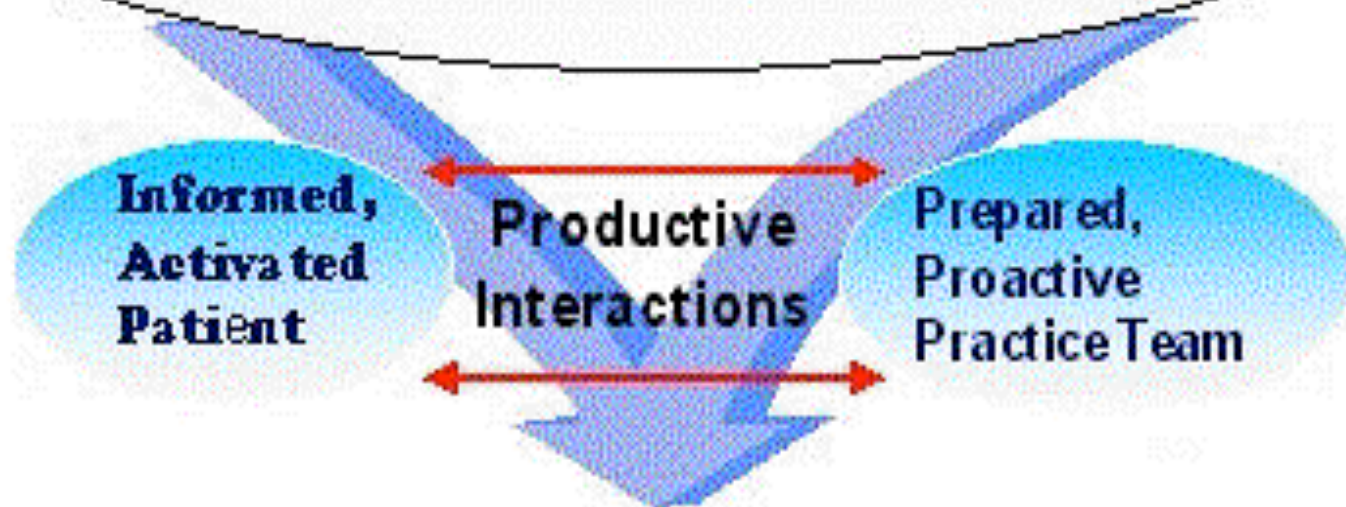
IMPACT

- Improvement team
- Focus was on office practices
- Teams, similar to what we see in the room today. 1 DDS, 2DAs, 1 Front Desk, Clinic Manager, Improvement Manager.
- Georgetown Dental Clinic

Aims

- Increase Productivity
- Decrease Unit Cost
- Decrease No Shows
- Increase Access
- Increase Treatment Plan Completion Rate
- Increase Medicaid Revenue
- Increase Medical and Dental Integration
- Increase Patient Satisfaction
- Increase Staff Satisfaction

Care Model



Functional and Clinical Outcomes

Where do we begin?

- Surveyed our patients
- Surveyed our staff

Schedules were full .
Production was low.

High no show rate.

Access didn't match demand. No way
it ever could.

Dentist to DA ratio was off.

Exam
Appointment
Scheduled

Exam
Appointment &
Treatment Plan

Treatment
occurs until
treatment plan
completed

Demand Study

- Calculate the number of appointments in a given day.
- At Georgetown 10 restorative slots, 7 initial exam or recall appointments.
- Average of 4 new patient exams a day and 3 recalls.
- Every new patient exam generated an average of 5.3 restorative appointments.
- Every recall exam generated an average of 1.4 restorative appointments.

Do the Math

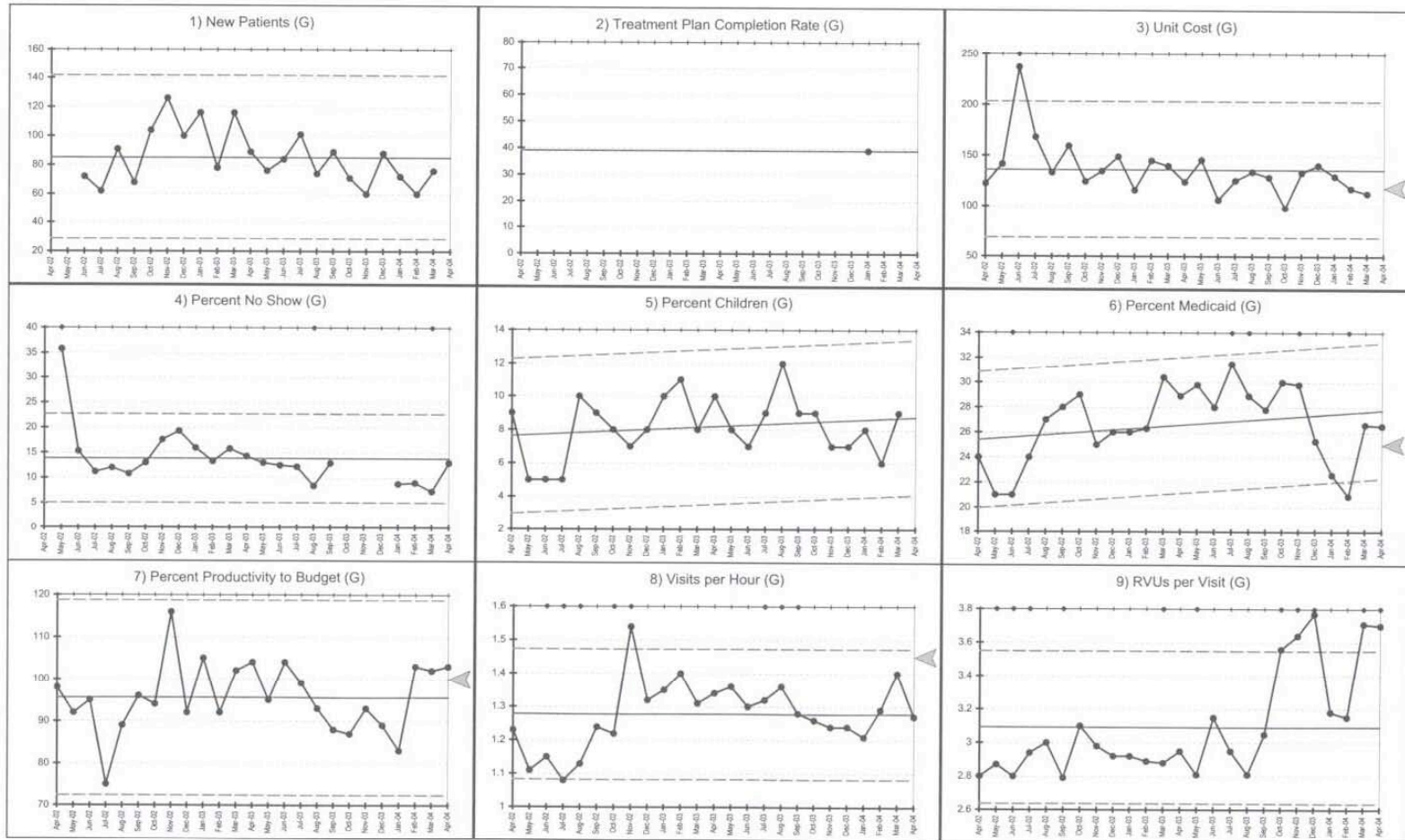
- $4 \times 5.3 = 21.2$ restorative appointments
- $3 \times 1.4 = 4.2$ restorative appointments
- $21.2 + 4.2 = 25.4$ restorative appointments
- We only had 10 restorative slots per day!

Time for some PDSAs

- Only 1 new patient per/day per provider
- Rolling schedule openings
- Giving patients more than one appointment at a time
- Dentist to DA ratio
- DA inservices on pt. education

-
- Shaped our demand to match our access.
 - What are we trying to change?
 - How do you know the change is an improvement?
 - How are you going to measure it.
 - Instrument panel.

Georgetown Dental Clinic



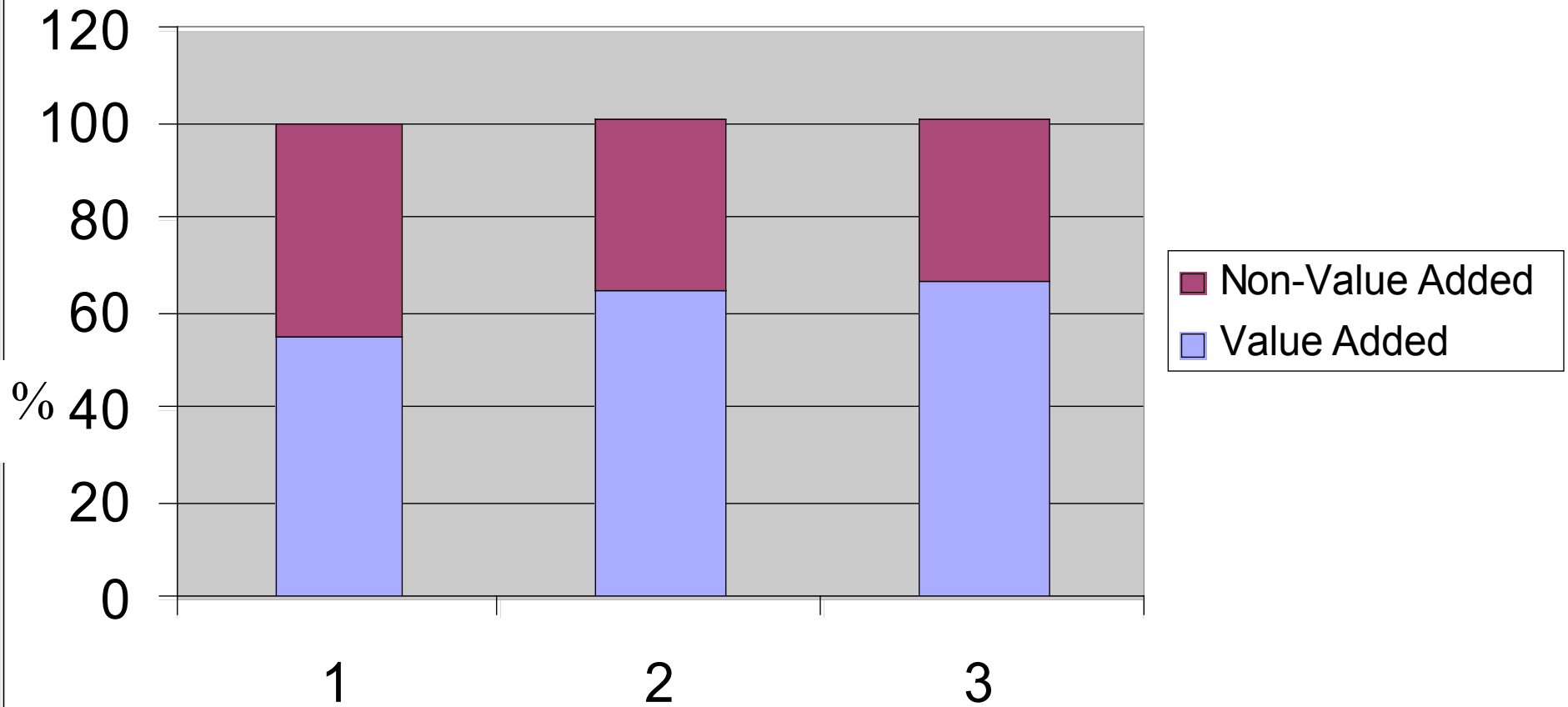
Patient Flow Study

- How much time was value added for the patient?
- How much time were we wasting?

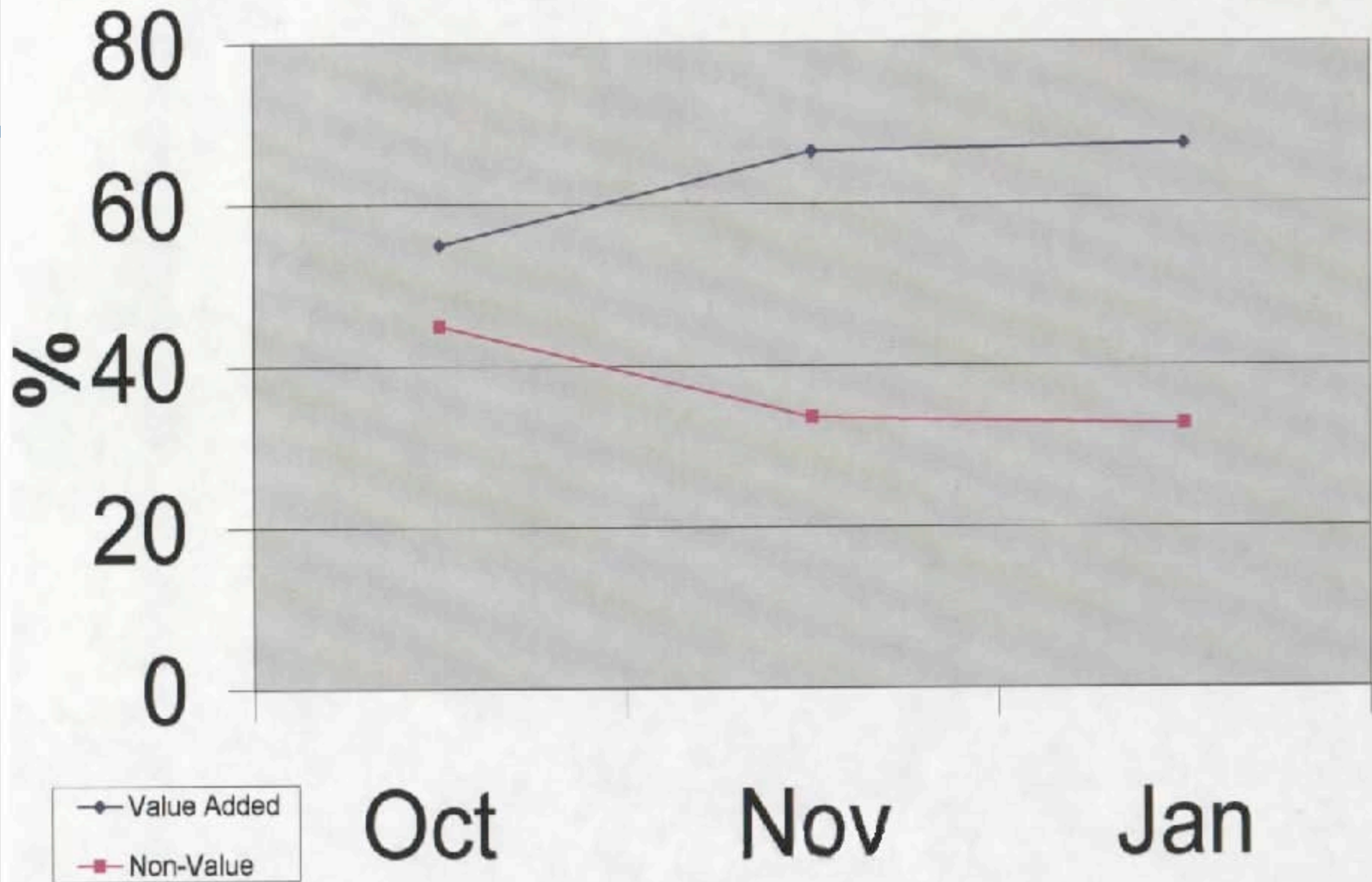
Patient Cycle

Primary Care Practice Patient Cycle Time	
Day: _____ Date: _____	
Scheduled Appointment Time _____	Provider you are Seeing Today _____
Time	
<input type="text"/>	1. Time you checked in.
<input type="text"/>	2. Time you sat in the waiting room.
<input type="text"/>	3. Time staff came to get you.
<input type="text"/>	4. Time staff member left you in exam room.
<input type="text"/>	5. Time provider came in room.
<input type="text"/>	6. Time provider left the room.
<input type="text"/>	7. Time you left the exam room.
<input type="text"/>	8. Time you arrived at check out.
<input type="text"/>	9. Time you left practice.
Comments:	

Cycle Time Through Clinic



Cycle time through the Clinic



Flow Study for Staff

- Value added time for assistants
- Value added time for dentists

Dentist to DA ratio

- Dentists were limited by the availability of DAs.
- Schedules were limited by availability of DAs.
- Other flow issues.
 - Not starting on time.
 - DA always getting up for things.

More PDSAs:

Scheduling models with increased Dentist to DA ratios.

3 dentists, 4 assistants, 6 operatories.

3 dentists, 5 assistants, 6 operatories

3 dentists, 6 assistants, 6 operatories

2 dentists, 4 assistants, 6 operatories

2 dentists, 5 assistants, 6 operatories

Operator Standardization

- Dental Assistants were getting up for things in the middle of procedures.
- All operatories were set up for the assistants that worked in them.
- Tub and Tray Systems.
- Cassette systems
- Dental Formulary

Patient Satisfaction

- Patient centered care
- Increased RVUs
- Incident Reports
- Patient Survey

Patient Survey



Puget Sound Neighborhood Health Centers

4th St. Dental Central Area Dental Georgetown Family Dental High Point Dental Southeast Family Dental

DENTAL PATIENT SURVEY

Date ____/____/____

Today's Office Visit

Here are some questions about the visit you (or your child) just made to this office. Your care is important to us. We would like to know how you would rate each of the following:

- | | | | | | | | | |
|----|--|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Are you a walk-in emergency patient today? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | |
| 2. | An amount of time between making appointment and date of appointment. | | | Excellent | Very Good | Good | Fair | Poor |
| 3. | Getting through to the dental office by phone. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Length of time waiting in the clinic reception area. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Time spent with the person(s) you saw today. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Explanation of what was done for you. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | The personal manner (courtesy, respect, sensitivity, friendliness) of the person(s) you saw. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | How do you feel about the overall quality of care received at your visit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions

9. If you could go anywhere to get dental care, would you choose this clinic or would you go someplace else?
 Would choose this clinic Might prefer someplace else Not sure
10. In the past 12 months, how many times have you received emergency dental care? _____ # of times
11. Are you able to get appointments when you choose? Yes No
12. Is there anything our dental clinic or staff could do to make care and services better for you?
 No, I am satisfied with everything.
 Yes, some things could be better: (please specify)

 Yes, lots of things could be better: (please specify)

About You or Your Child

13. Are you (the person completing the form) the patient being seen today for care?
 Yes ____ No ____ (if no, please circle one) Parent Guardian Interpreter
14. In general, how would you rate your overall dental health?
 Excellent Very Good Good Fair Poor
15. What is your age? Under 25 years 25-44 years 45-64 years 65 years or older
16. Are you male or female? Male Female
17. Is English your first language? Yes No

Clinical Microsystems

**“The Place Where Patients, Families and
Clinical Teams Meet”**

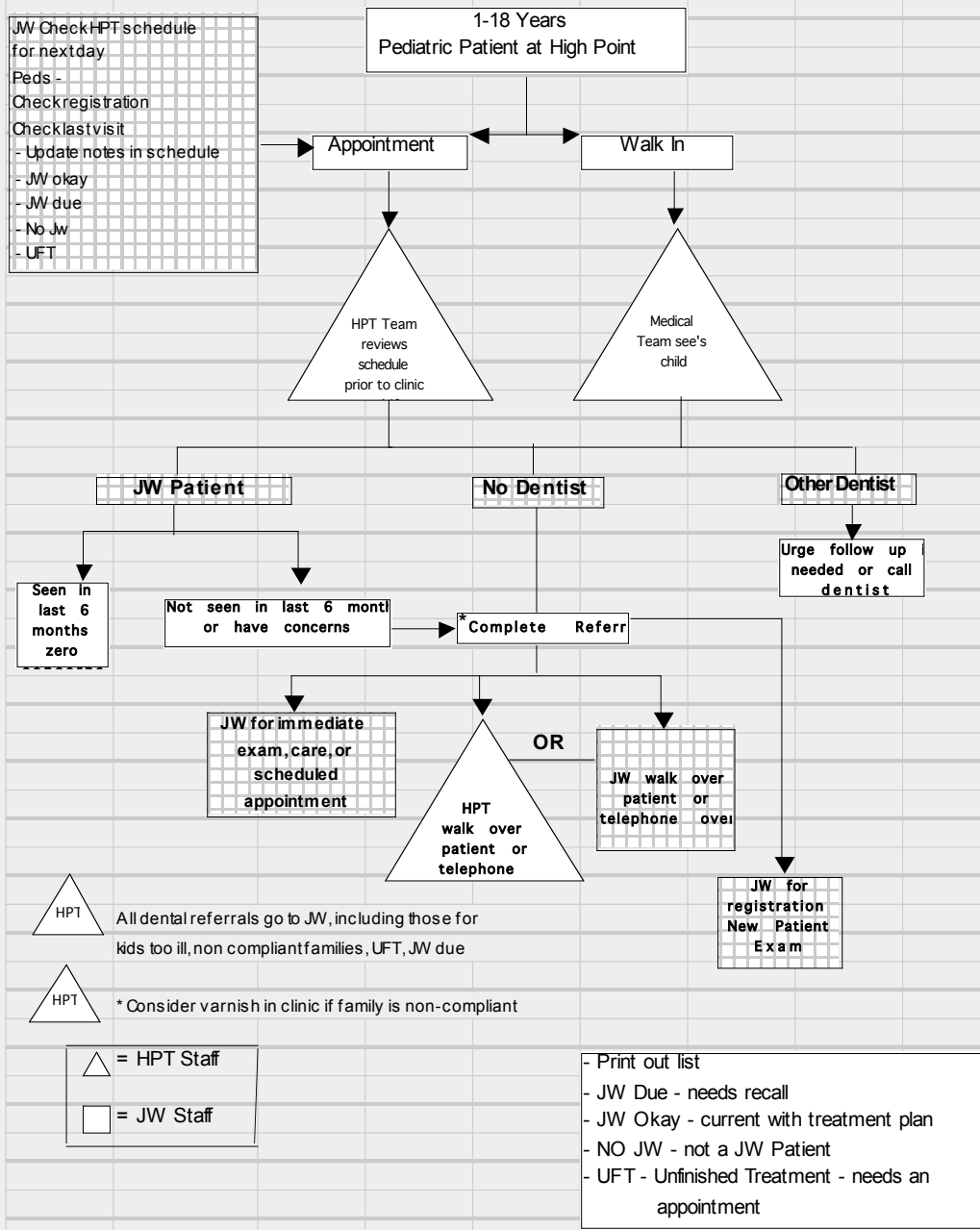
**Assessing, Diagnosing and Treating
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www.clinicalmicrosystem.org

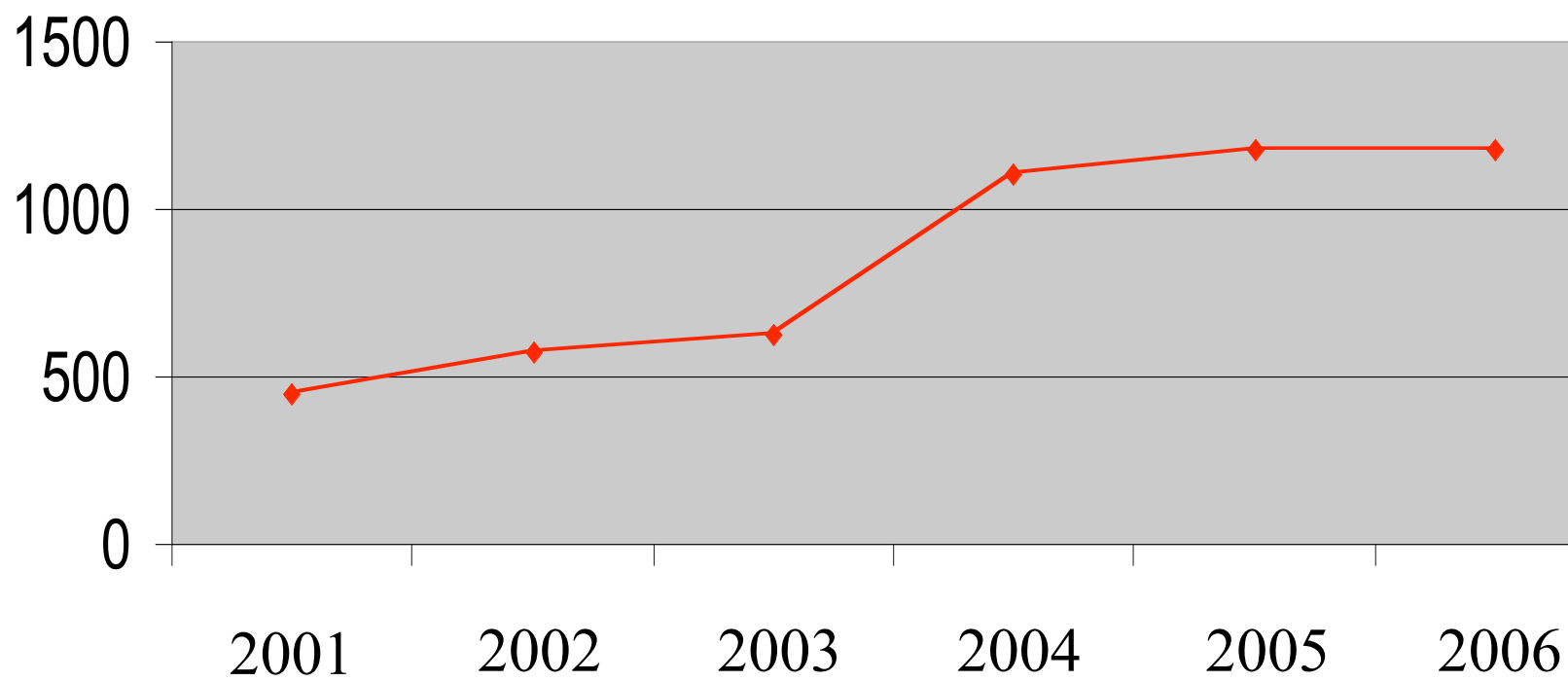
Kids Get Care

- 0-4 yr olds
- Looking at the whole child
- PDSAs
 - educating medical staff
 - educating dental staff
 - pt always scheduled with same provider
 - identifying kids in the medical schedule
 - same day appointments
 - case management

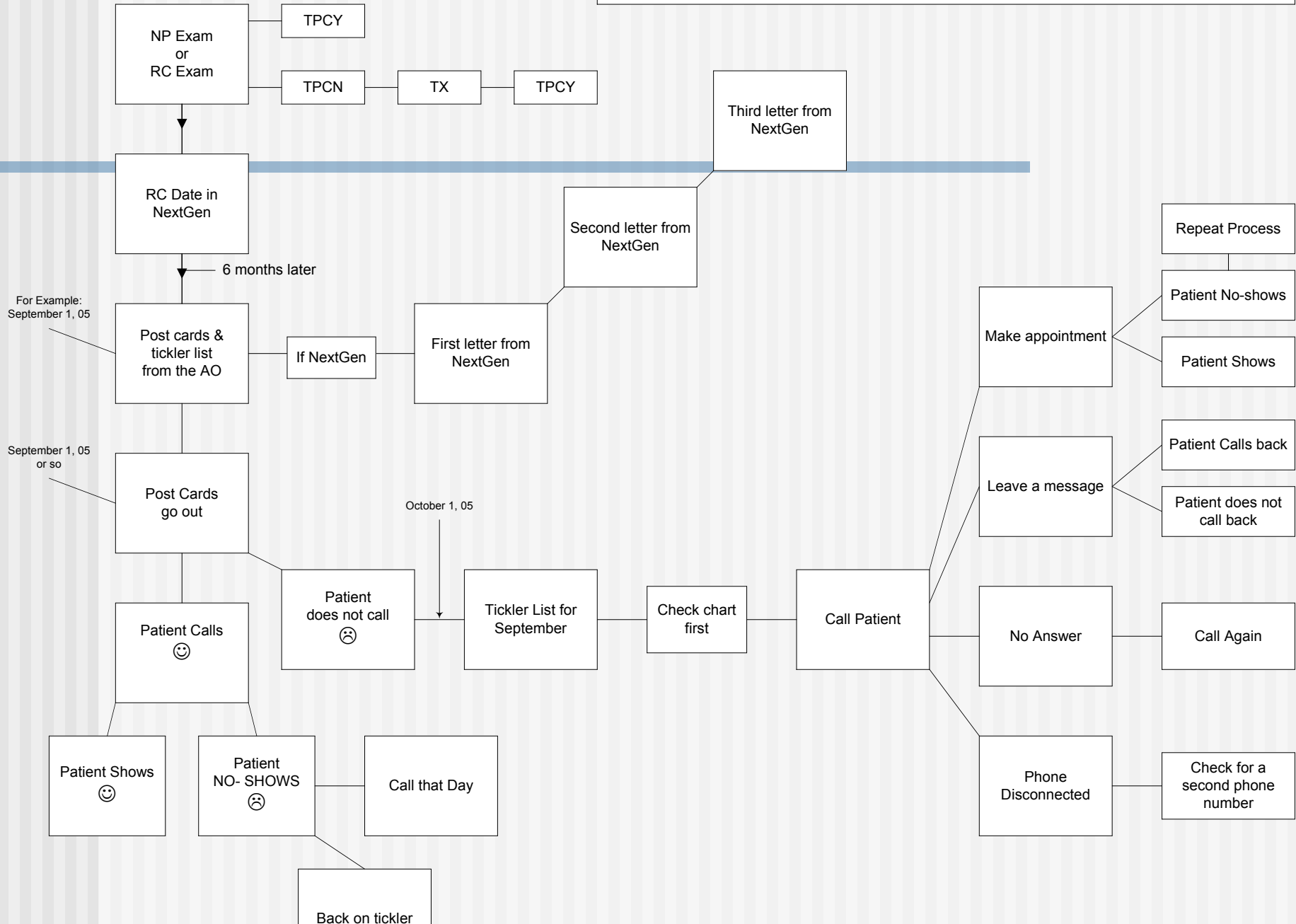
Kids Get Care Joe Whiting & High Point



0 - 4 Year Olds



Recall Flow



Same model for medical and dental integration

- OB patients
- HIV patients
- Diabetic patients with HbA1C > 8

Results: 200 PDSAs

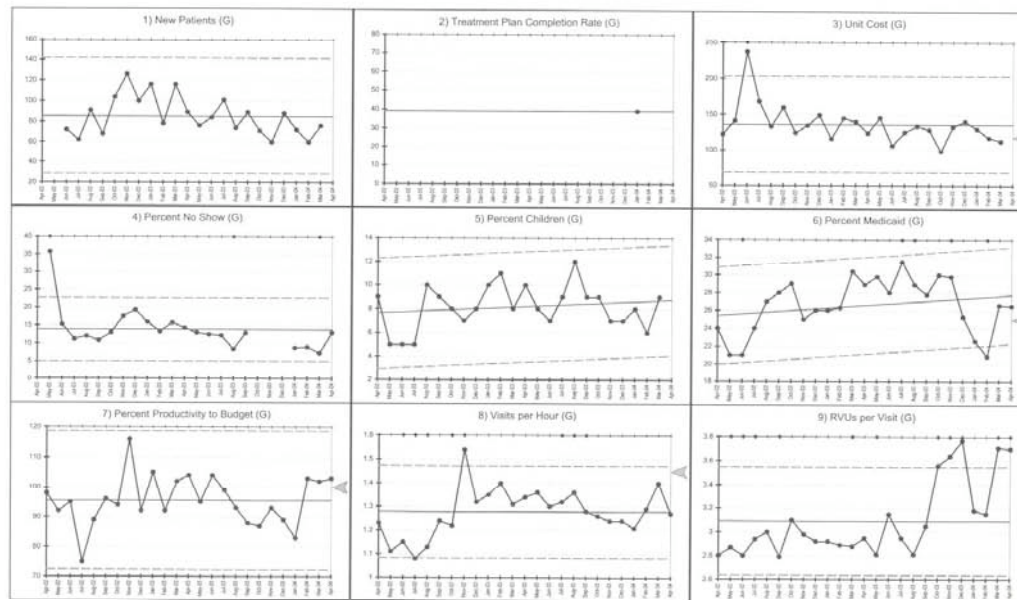
- Increased Productivity
- Decreased and Stabilized Unit Cost
- Decreased No Show Rate
- Increased Access
- Increase Treatment Plan Completion Rate
- Increase Medicaid Revenue
- Increase Medical and Dental Integration
- Increase Patient Satisfaction
- Increase Staff Satisfaction

How are you going to measure it?

- Instrument Panel
- Dashboard
- Balanced Scorecard
- Inspect what you expect!

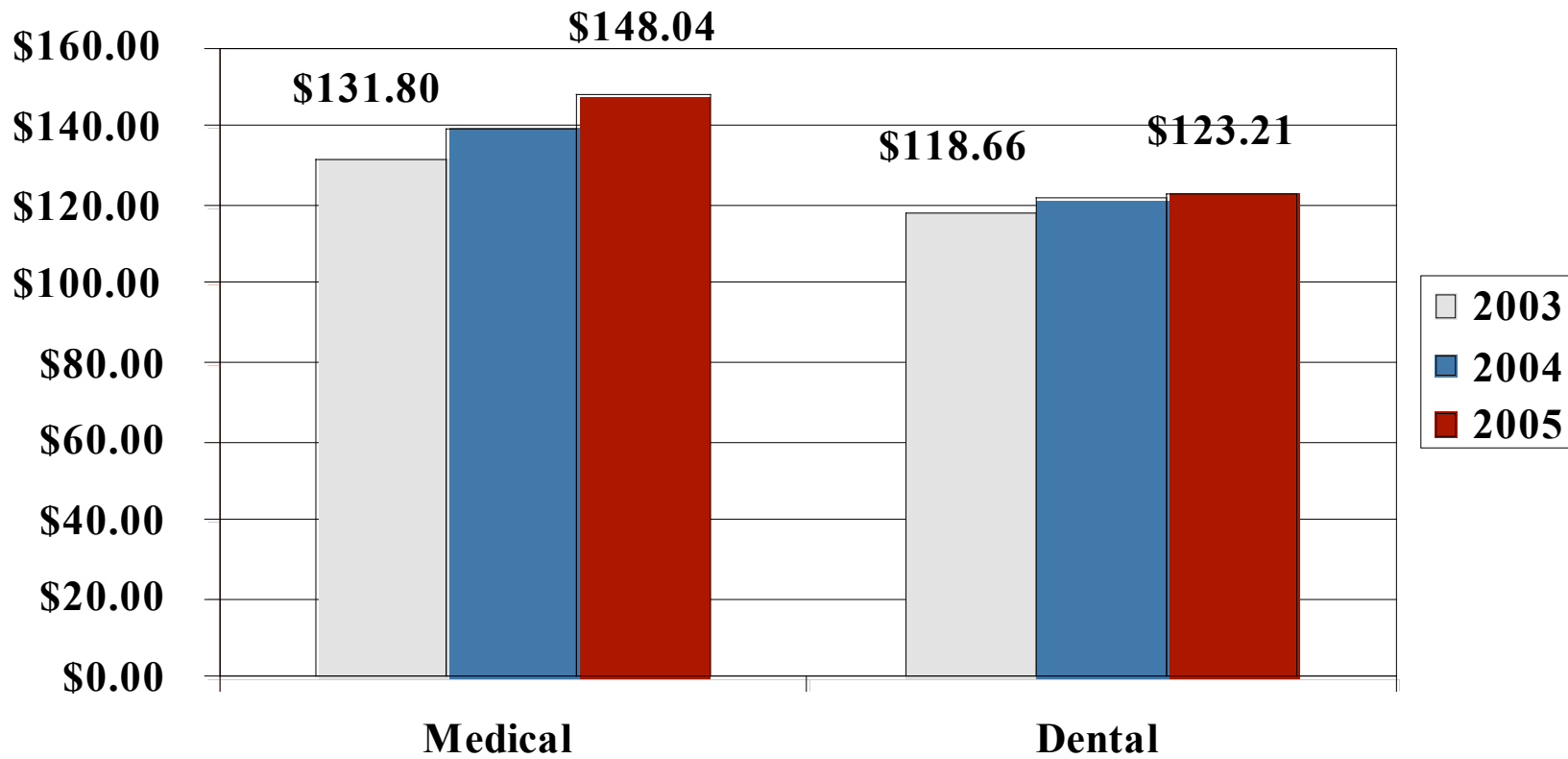
Instrument Panel

Georgetown Dental Clinic



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Unit Cost



Taking time out for Improvement: Barriers

- Taking valuable patient care time to do this work.
- System redesign can lead to increased efficiency.
- Which in turn leads to increased production, increased patient satisfaction, increased safety, improved outcomes.

Salud Family Health Centers

“We lost Adult Medicaid coverage in Colorado. Yet through all the cuts we’ve seen, we’ve been able to maintain our Medicaid numbers. This would not have happened without our work in the collaborative”.

Community Health Partners

“Our payer mix has changed for the better. Medicaid has gone from 20% to 40%.

“We’ve gone from seeing an average of 12 patients a day to 18.3 (1.5 enc/hr to 2.3).

“We are now considered the ‘go to’ people on perinatal and infant oral health care in Montana. If the Governor calls to see what you are doing, you are doing something right.”

High Plains Community Health Centers

“We’re seeing patients we never would have seen before. There has been a major change in provider perception.

“We were able to hold up a mirror and see our inefficiencies. We saw we had to redesign.

“We’ve received two grants”.

Sunrise Community Health Centers

“We’ve learned how to better utilize out staff to increase our numbers (expanded duty dental assistants, assisted hygiene)”.

Did we do it?

- PDSA cycles
- Using data to implement and monitor improvement
- Redesign activities can lead to increased efficiencies and improved outcomes