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Effective Clinical Management and Quality Improvement

Dental Incentive Program

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NAHC History

- ★ The American Indian community in the Bay Area organized and incorporated the Urban Indian Health Board (UIHB) in 1972 to open its first Native American Health Center in San Francisco. In 1976, a second site was opened in Oakland.





NAHC Today

Native American Health Center (NAHC) is a full-service clinic with locations in Oakland, San Francisco, Sacramento, and Alameda, and dedicated to making health services available to American Indians and non-Indians in the Bay Area.





2005 NAHC Data



- ★ Ethnicity served in 2005 (2 out of 4 clinics composite):
 - Native American: 20%, African American: 16%, Latino: 30%, Asian\Pacific Islander: 11%, Caucasian: 18%, Other\unknown: 5%
- ★ Total patients served in 2005:
 - San Francisco Clinic: 3,313 patients with total visits of 10,504
 - Oakland Clinic: 12,051 patients with total visits of 16,350
 - TOTAL PATIENTS: 15,364 TOTAL VISITS: 26,854 per year



Native American Health Center



- ★ Urban IHS clinic
- ★ 503 (c)
- ★ FQHC
- ★ CHC look alike
- ★ Consortiums





Native American Health Center Services



★ Medical

★ Dental

★ Mental Health



★ Youth Services

★ Women-Infant-Child

★ HIV+



★ Nutrition/Wellness

★ Admin for other IHS clinics



Native American Health Center



★ \$15M Annual Operating Budget

- 9% IHS

★ 200+ employees



★ 4 full-service sites

★ 3 dental clinics

- 10 FTE DDS

- 16 Operatories*





Dental Department



- ★ Exams and X-rays
- ★ Cleanings/Sealants/Fluoride
- ★ Fillings
- ★ Crowns/Bridges
- ★ Cosmetic Dentistry
- ★ Partials/Dentures
- ★ Pediatric Dental Program(**SF Clinic**)
- ★ Orthodontics (**EB only**)
- ★ Extractions
- ★ Root Canal Treatment
- ★ Emergency Services to alleviate pain
- ★ Referrals to specialists when necessary
- ★ *Outreach*
- ★ *Research (SF only)*



SF Dental Programs



- ★ Native Americans
- ★ Substance Rehabilitation Programs
- ★ Medicaid (Denti-Cal)
- ★ HCH
- ★ CARE/HRSA SPNS= HIV+ patients
- ★ PEDs
- ★ 65+
- ★ EAPC
- ★ Sliding Scale patients



Demographics

San Francisco Dental Clinic YE 2005

- ★ 92% Minority
- ★ 95% Below Federal Poverty Thresholds
- ★ 35% Uninsured
- ★ 25% Under 18 yo
- ★ 15% Over 65 yo





Target Changes circa 2002



- ★ Below market pay
- ★ Sporadic staff use of PTO
- ★ Poor performance
- ★ Poor staff morale
- ★ Long waitlist/ inter-appt time
- ★ Patient satisfaction ok





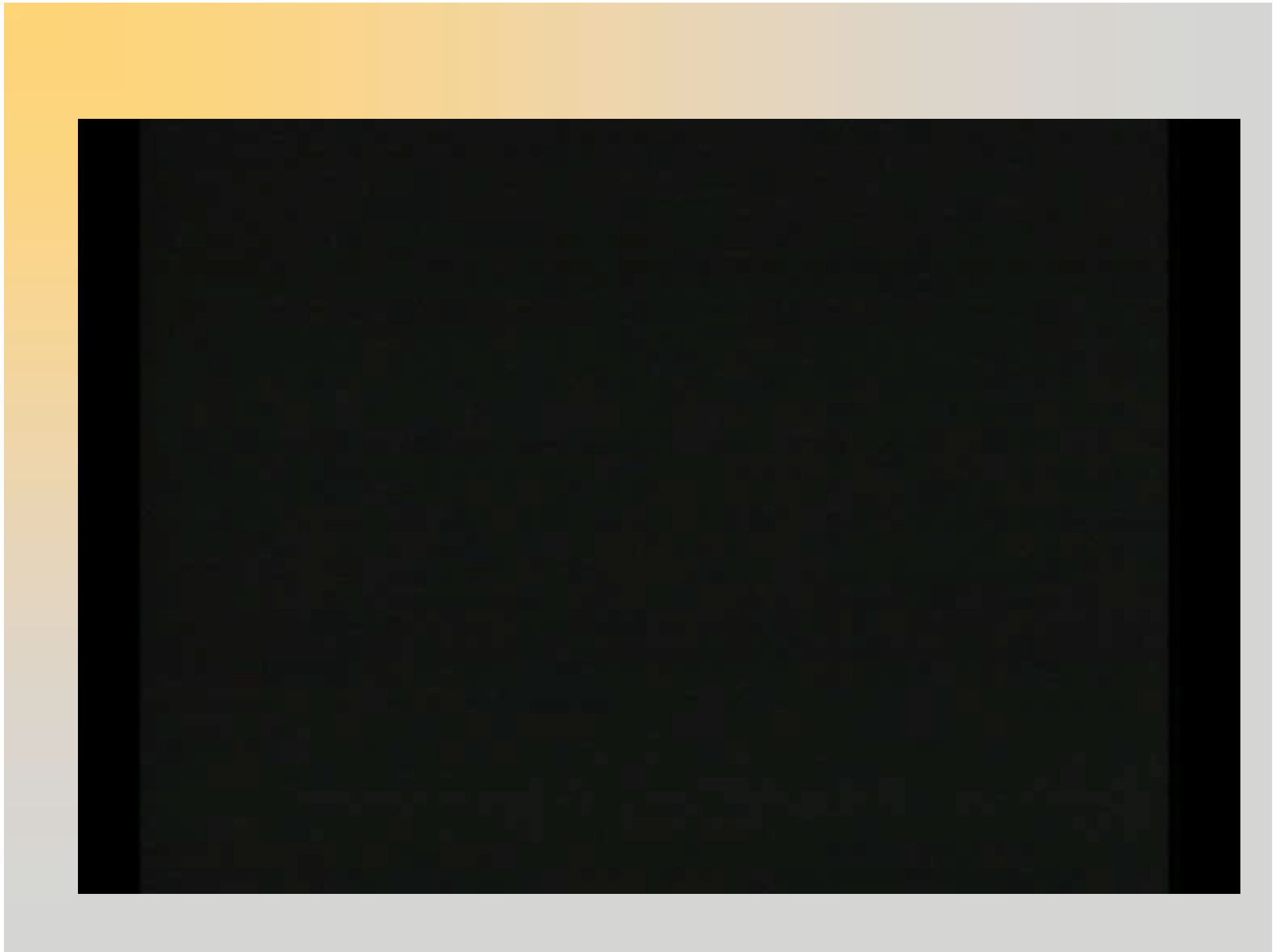
Target Changes circa 2002



- ★ Providers preferred to reschedule any patients who were late rather than attempt to accommodate the patient.
- ★ Dental staff were unwilling to see walk-in and extra-unscheduled patients.
- ★ Staff had no incentive to quickly turn around operatories and seat patients in a timely fashion.
- ★ No Show rate of 45%.

Case Study







Case Study- SWA



- ★ IP program
- ★ High frequency of service
- ★ High labor productivity
- ★ Low labor cost



Motivation, Commitment, Teamwork



GOALS



★ Increase Access

- Decrease the No Show rate of 45%
- Design the DDS' schedules



★ Increase Production

- the # of patients served per day
- Increase revenues to the clinic
- Increase staff productivity



★ Build Teamwork

- Improve the morale of the Dental Staff
- Build cohesiveness of the dental team



INCENTIVE PROGRAMS

SF Dental clinic October 2002

EB Dental clinic July 2004



NAHC IP Design



- ★ Team goal= 10 patients/DDS to qualify
- ★ 2 tiered IP
 - Dentists get \$5 for each patient over 9
 - Each Auxiliary Staff gets \$2 per patient per Dentist over 9
- ★ Staff have to be on time and present the whole day to qualify for the incentive



NAHC IP Design

Example:

2 DDS see 12 patients on a Monday

6 Aux staff supporting pt flow

Each DDS receives $\$5 \text{ pp} \times 3 \text{ pts} = \15 IP

Each Staff receives $\$2 \text{ pp} \times 3 \text{ pts} \times 2 \text{ DDS} = \12 IP

Total Cost IP that day = $(\$15 \times 2) + (\$12 \times 6) = \$102$



IP Eligibility



★ **Individual IP** (# IP pts x \$5)

DDS = FT + PT



★ **Group IP** (# IP pts x #DDS @IP x \$2)

RDA/DA/RDAEF = FT + PT

Office Manager

Receptionist





IP Planning



- ★ Most ?s generated by inclusion of Receptionist and Office Manager
- ★ EB clinic as control group
- ★ 3 month trial period



Role of Office Manager

- ★ Generates data reports
- ★ Tracks and administers the IP
 - Approx. 2 hrs/mo
 - Healthpro
- ★ Supervises Dental Support Team
- ★ CQI Officer



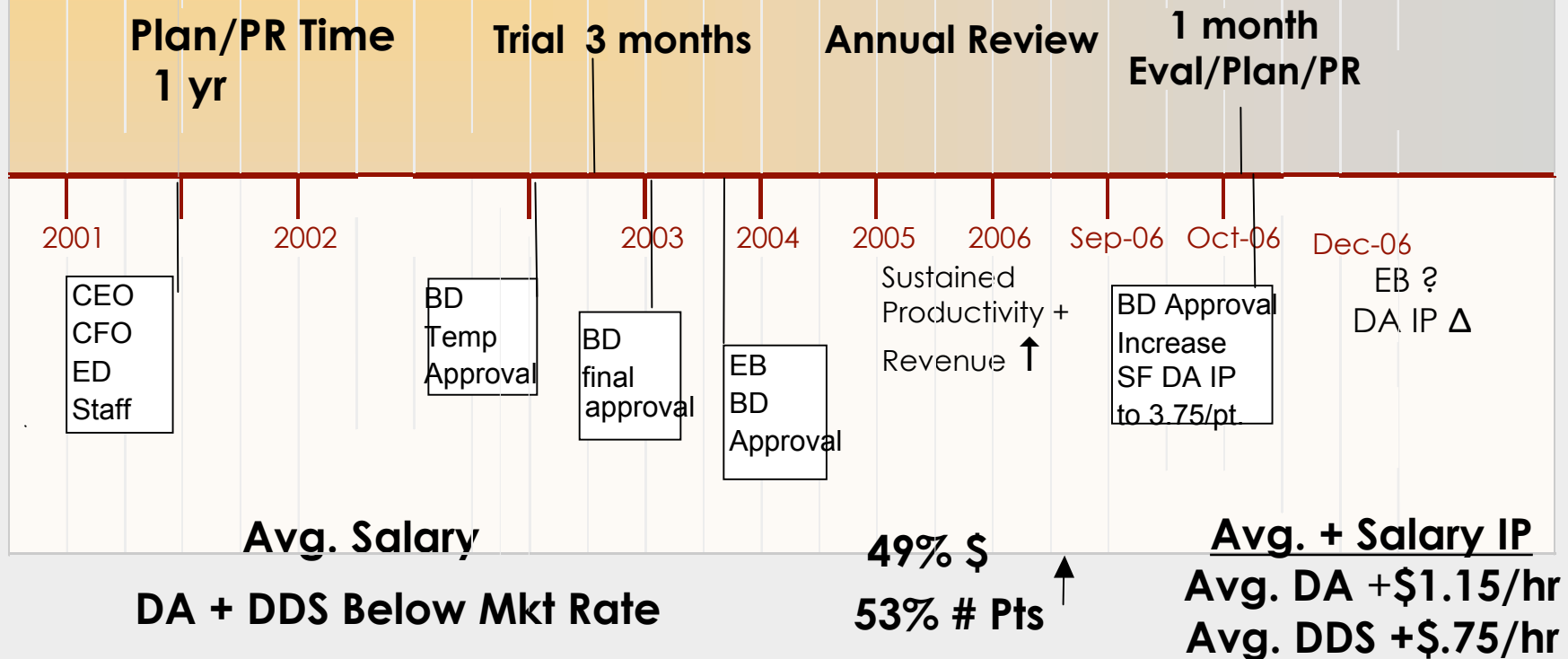


ROLE OF RECEPTIONIST



- ★ Actively seeks new patients, contacts patients to back fill our cancellations.
- ★ Encourages the Dental Assistants to work together to get the patients seated
- ★ Redistributes patients to keep the flow moving and waiting time down.
- ★ Connects with the patient 1st
- ★ Files charts

NAHC Dental Incentive Program Timeline

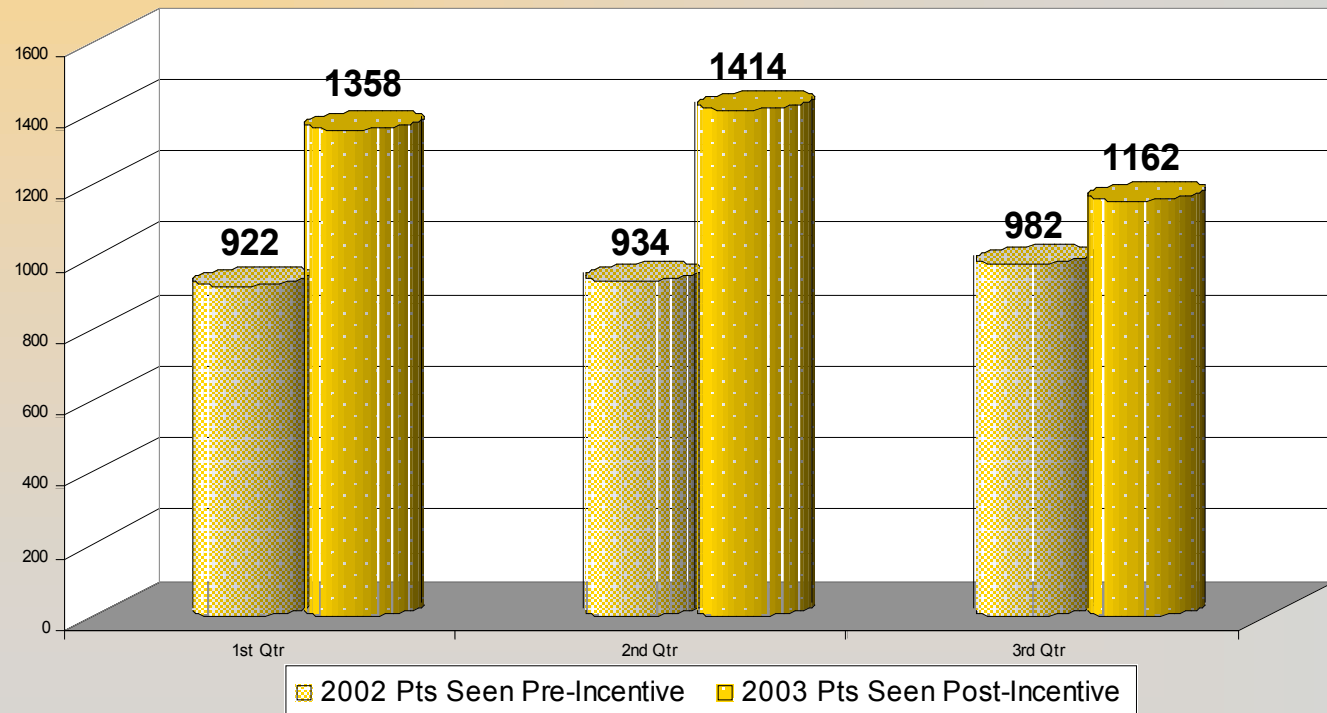




SF Dental Pts Served



**NAHC - San Francisco Dental Dept.
Pts Served Comparison 2002-2003**



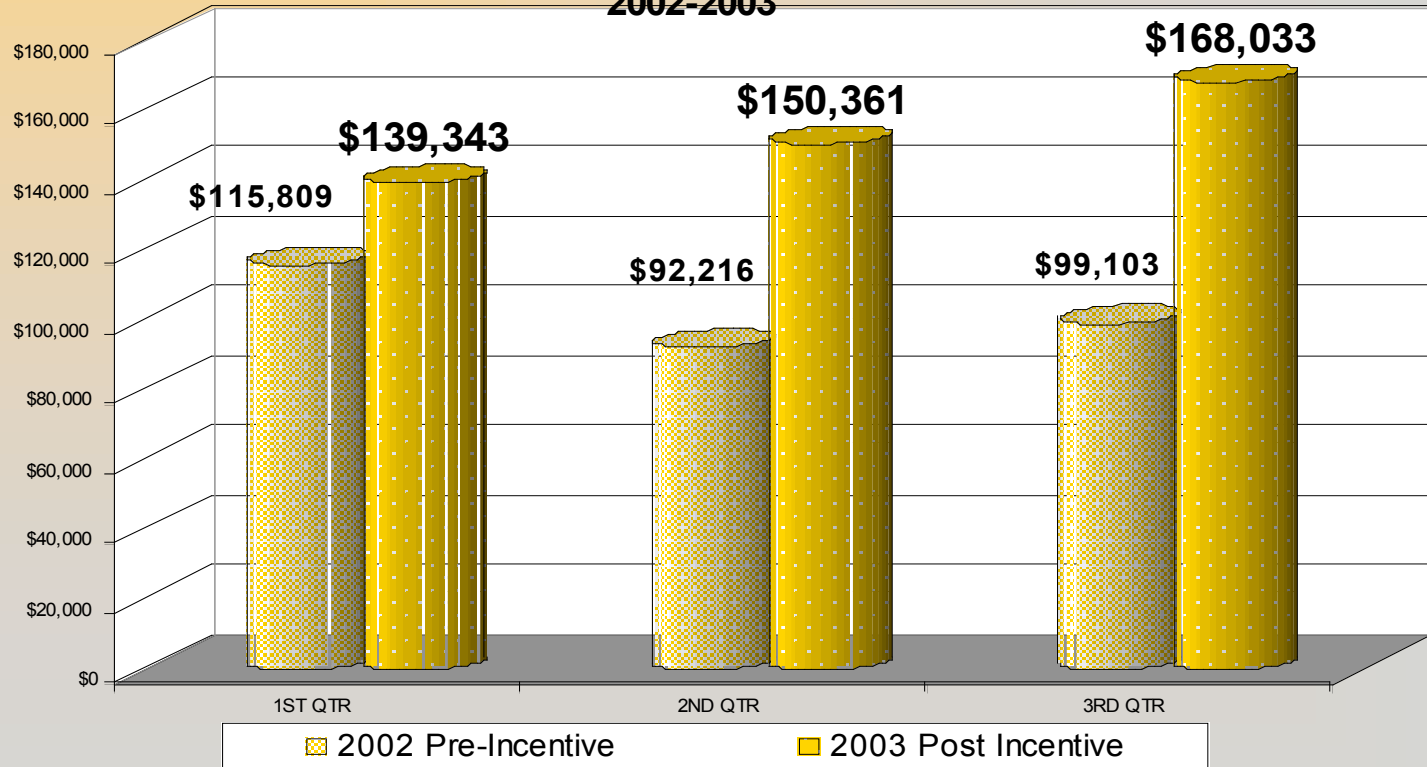
Note: SF IP started Oct 2002



SF Dental Revenue Comparison

NAHC- San Francisco Dental Dept. Quarterly Revenue Comparison

2002-2003



Note: SF IP started Oct 2002



SF Dental IP Results

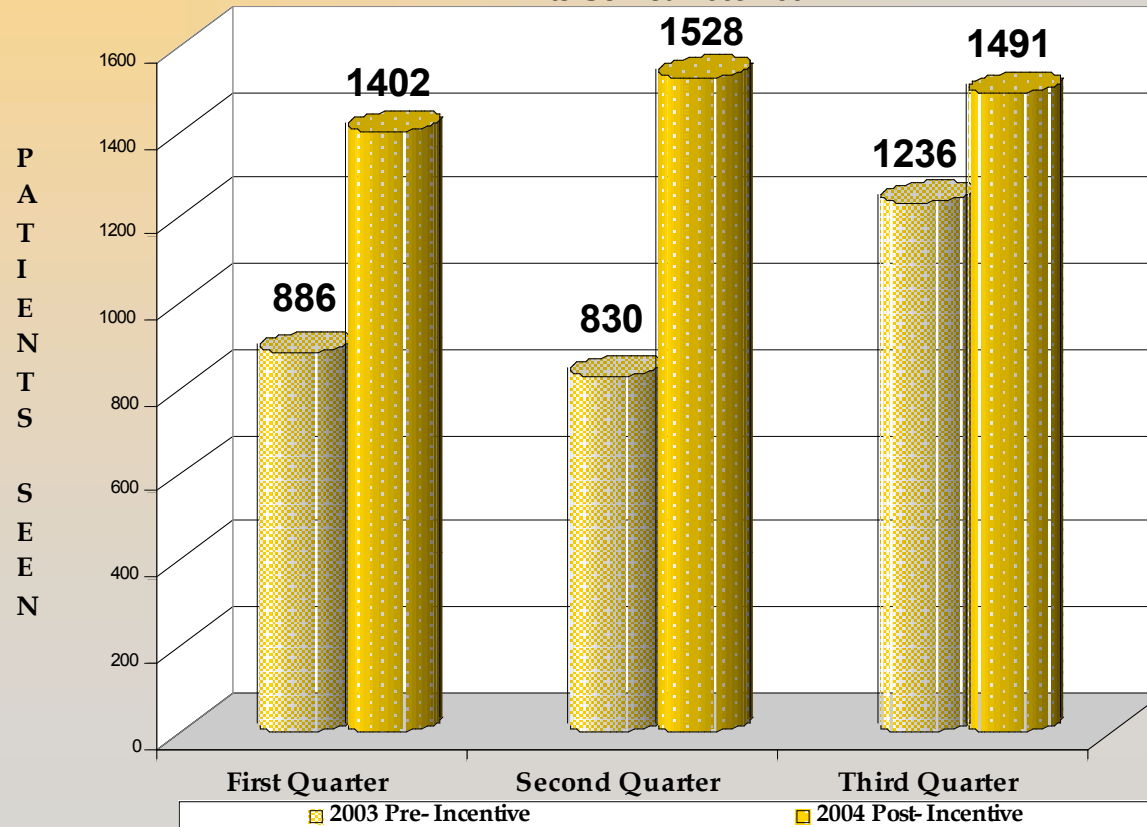


- ★ Avg monthly increase in patients served from 315 to 437 = 55% ↑
- ★ 49% increase in gross revenue for YE 2003
- ★ Avg monthly incentive paid for our department is \$1305 per month,
- ★ 1.5% cost burden of IP
=expenditure/gross revenue



EB Dental Pts Served

NAHC - Oakland Dental Department
Pts Served 2003-2004

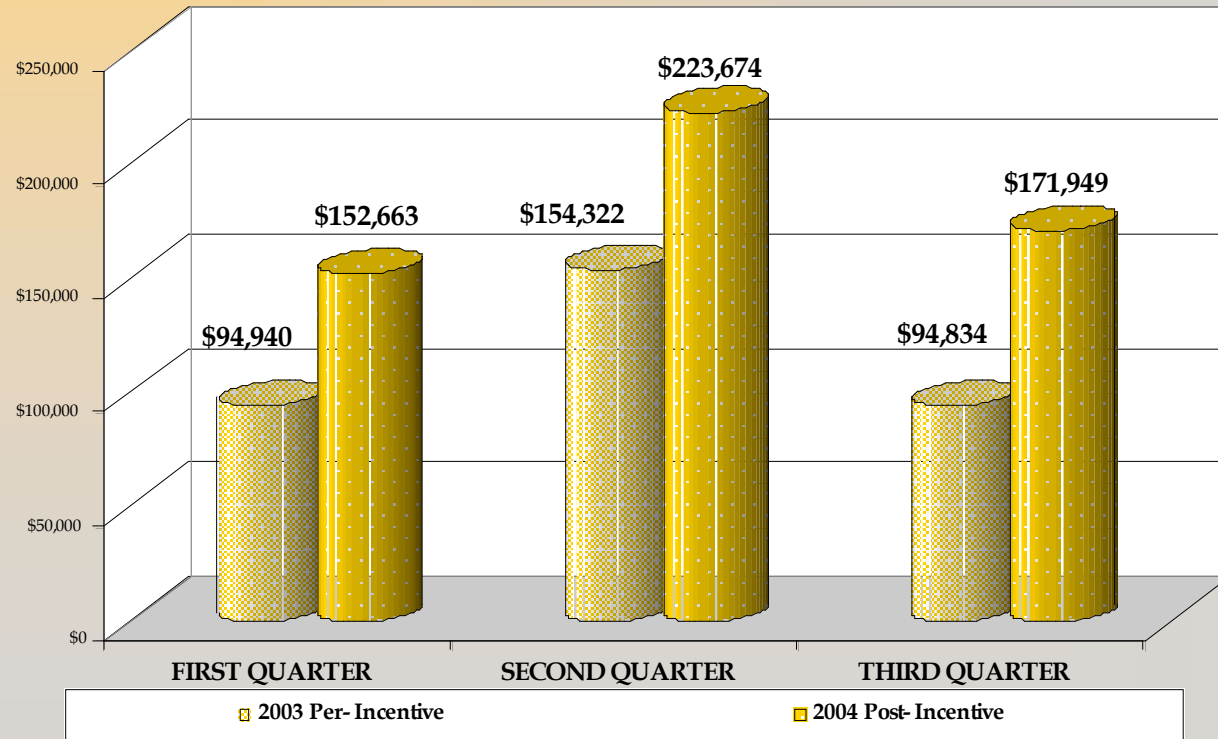


Note: EB IP started July 2004



EB Dental Revenue Comparison

OAKLAND DENTAL INCENTIVE STATISTICS
REVENUE COLLECTED 2004





EB Dental Results



- ★ Avg monthly increase in patients served from 328 to 491 =49% ↑
- ★ 59% increase in gross revenue for YE 2004
- ★ Avg monthly incentive paid for EB = \$1139 per month
- ★ 1.7% avg annual cost burden of IP



PATIENT SATISFACTION



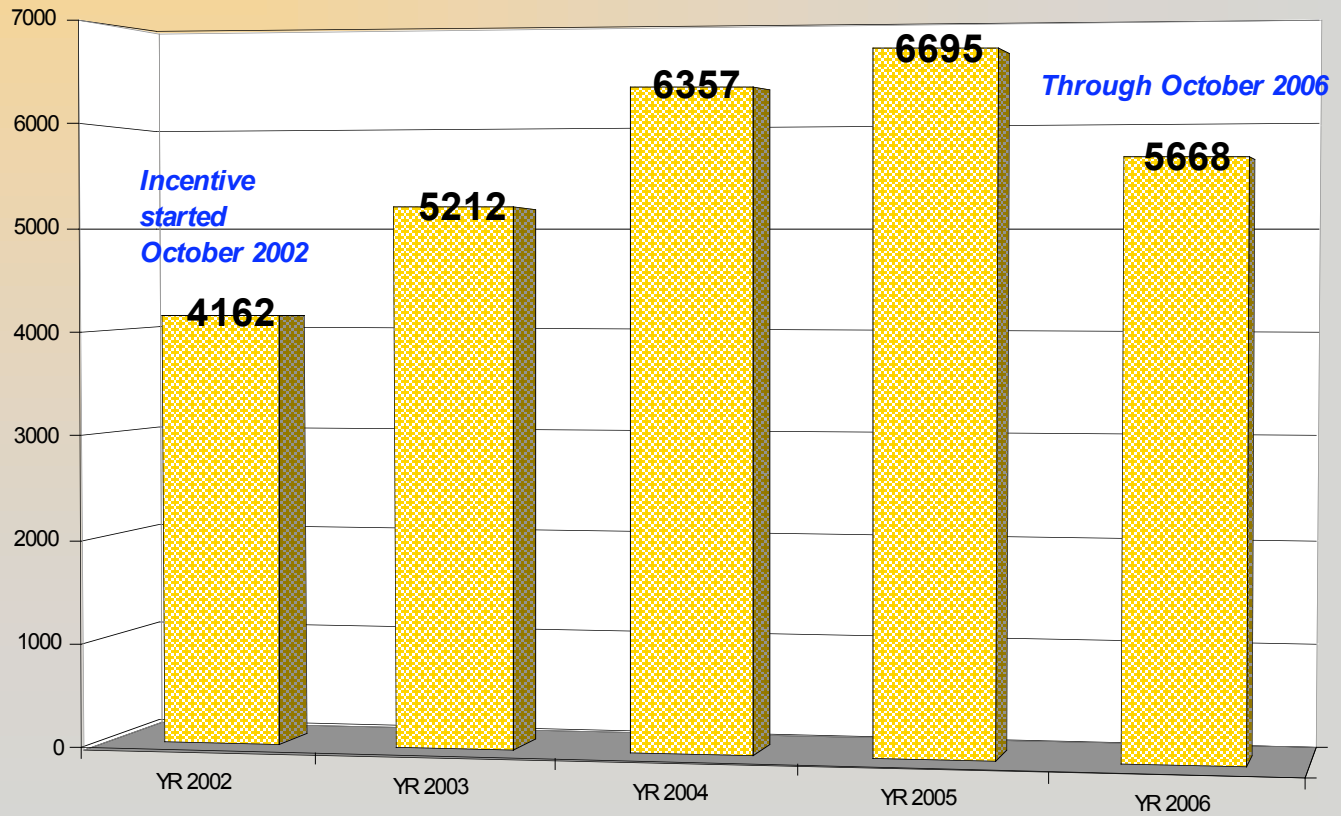
- ★ Patients are satisfied with the quality of dental care received at the clinic
- ★ Patients are satisfied with the personal attention the staff gives to them.
- ★ Only 5% of patients reported waiting more than 20 minutes to be seen
(note: 35% increase in ER, WI appts)
- ★ No show rate for both sites now averages 10%
(note: significant change in NS policy 2005)



SF Dental Number of Pts Served



NAHC- SF Dental
Number of Patients Served Annually
Fiscal Year 2002 through 2006

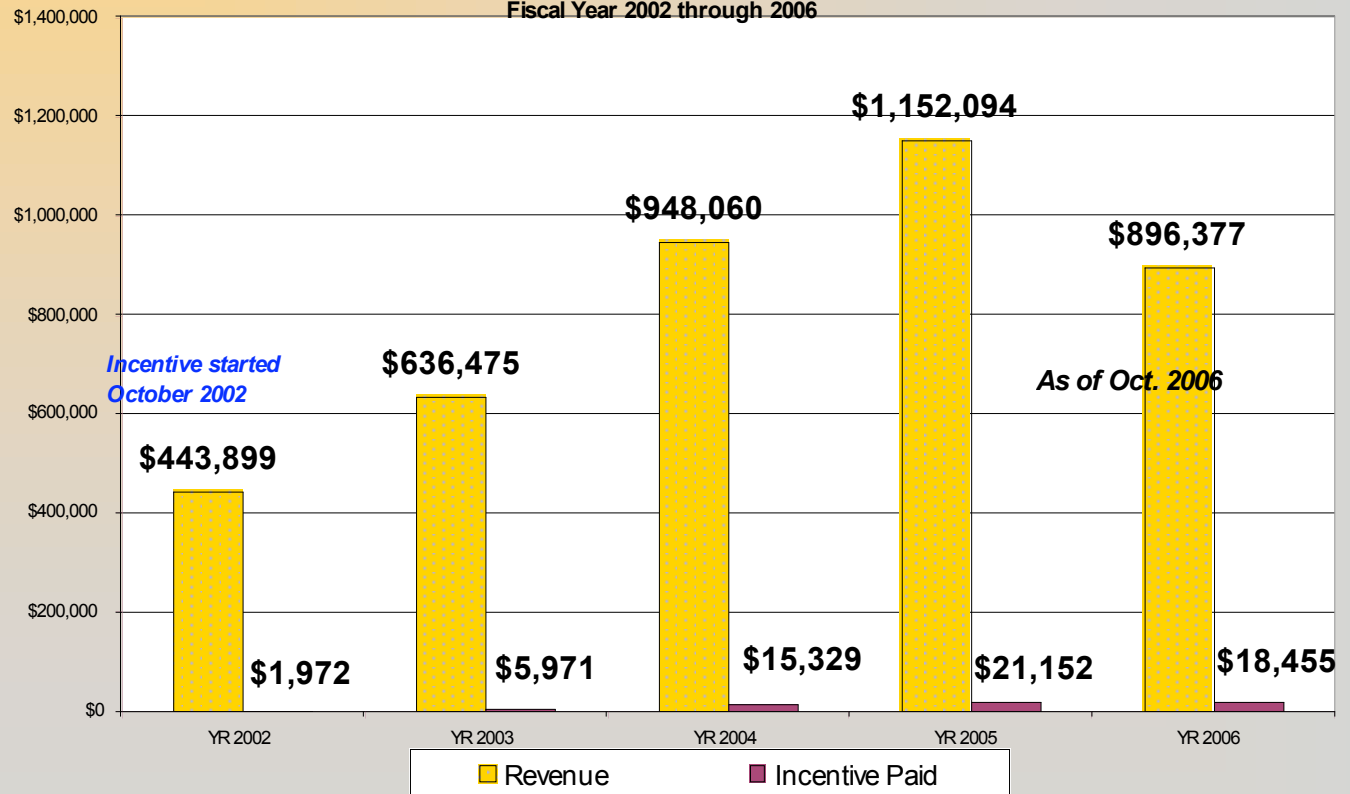


OF PTS SEEN



SF Dental Revenue vs. Incentive Paid

NAHC - SF Dental
Revenue vs Incentive Paid
Fiscal Year 2002 through 2006





Other Employee IPs

- ★ 79 Medline articles,
 - No urban dental clinic
 - All priv practice, mostly medical, mostly pecuniary
- ★ Staff lunches
- ★ Team Day
- ★ Perks
 - Parking



Team/Customer Centered Approach



NAHC DENTAL 2007





Effective Clinical Management and Quality Improvement

★ **Dental Incentive Program**

★ *Carolyn Brown, DDS*

★ *Region IX Participant*

★ *Carolynb@nativehealth.org*

