



Southern Piedmont Partnership for Public Health Incubator Collaborative

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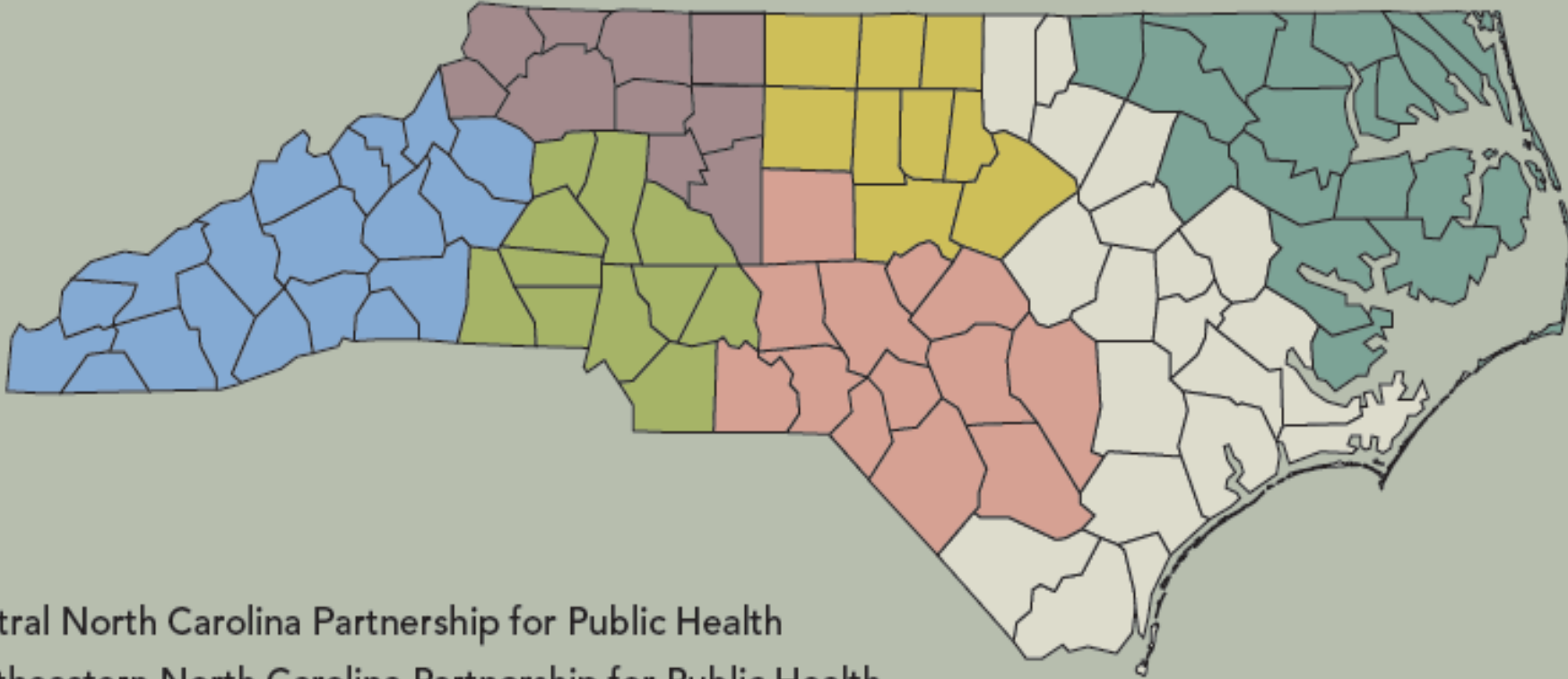
The North Carolina Public Health Incubator Collaboratives









Better Together



Advancing NC Public Health through Innovation...



-  Central North Carolina Partnership for Public Health
-  Northeastern North Carolina Partnership for Public Health
-  Northwest North Carolina Partnership for Public Health
-  South Central North Carolina Partnership for Public Health
-  Southern Piedmont North Carolina Partnership for Public Health
-  Western North Carolina Partnership for Public Health



What are Public Health Incubators?

- **Voluntary** groups of local public health agencies leveraging resources for regional collaboration to accomplish shared goals
 - Improve service delivery
 - Increase sharing of resources
 - Foster innovation



Why “Incubators?”

- Borrowed from a business concept, ‘incubating’ new ideas.
- Incubators focus on innovation.
- Regional partnerships aim to solve common public health problems with new approaches.

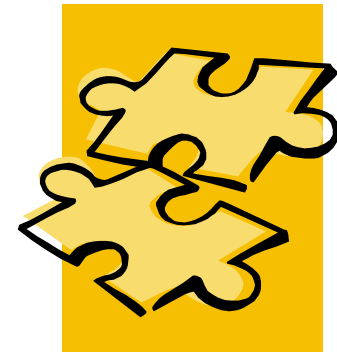




Southern Piedmont Partnership

Focus Areas for 2007-2009:

- Clinic Efficiency
- Finance, Grant Writing, and Dental Work Groups
- Accreditation





Dental Work Group

- Initiated by SPPPH Finance Focus Group
- Endorsed by SPPPH Health Directors
- Goals
 - Identify Dental Program Operational Issues
 - Determine need for Dental Focus Group



Dental Work Group

- First meeting June 23, 2006
- 7 of 11 health departments represented
- Dental program challenges identified
- Prioritized 1 -10



Common Issues

- Barriers to productivity
- Lack of quality assurance systems
- Training for new managers
- Accreditation preparedness concerns



Top 10 Issues

1. Lack of Standardized Policies and Procedures for Dental Programs
2. Staff Recruitment
3. Financial Issues
4. Lack of Oral Health Awareness
5. Need for Specialty Referral
6. Need for Maximal Utilization of Public Health Hygienists
7. Patient Service Policies
8. Staff Compensation and Benefits
9. Continuity of Care between Providers
10. Need for Interdisciplinary Communication to Solve Common Problems



2006 - 2007

- Met monthly
- Shared policy manuals, consents, etc.
- Discussed best practice experiences
 - Patient and procedure scheduling
 - High “no-show” rates
 - Billing practices
- “Reinventing the wheel” ???



April 2008

- Health directors input sought
- Family Planning Efficiency Project model reviewed
- SPPPH Strategic Planning Retreat – approval for regional Dental Clinic Efficiency Project



May 2008

- Business focused goals of project
 - Efficiency
 - Effectiveness
 - Staff job satisfaction
 - Patient satisfaction
- Interviewed five dental practice management consultants (2 in NC, 3 out-of-state)



August 2008

- Recommended Julie Weir & Associates due to experience in:
 - Dentistry
 - Pediatrics
 - Adult / periodontics
 - Medicaid
 - Latino populations
 - References



October 2008

- Julie Weir limited project 5 clinics
 - logistics
 - time frame
 - itemized a “Requirements for Study”
- Health Directors selected clinics based on their self-assessment to meet requirements for study



November 2008

- Five Health Department Dental Clinics
 - Cabarrus
 - Catawba
 - Cleveland
 - Iredell
 - Stanly
- Contract signed with Julie Weir & Associates
 - time frames for Phases I – III



Phase I: Assessment

- December 2008:
 - Data collected
 - Staffing patterns, compensation and satisfaction
 - Past year budget and current projections
 - Patient scheduling and clinic policies
- January 2009:
 - On site interviews and observation at each clinic January 26 – 30



Phase II: Presentation of Data

- April 2009
 - Full day at central location – administrative staff only
 - Individual clinic business plans reviewed



Barriers to Performance

- Leadership pathways inadequate
- Lack of accountability for production in dentists and hygienists
- Scheduling system inefficient
- Poor appointment policies and procedures
- Lack of team meetings
- Inefficient use of dental chairs and staff
- Lack of system for monitoring performance indicators



Best Practices

- Establish an office manager position
- Conduct morning huddles
- Establish production goals and hold dentists and hygienists accountable
- Establish scheduling goals and implement “block” scheduling
- Implement appointment policies for patient accountability



Best Practices

- Instill “Mining the Gold” mentality
- Invest in dental practice management software system
- Monitor Practice Vital Signs daily and monthly
- Communicate practice goals with team



Phase III: Systems Training

- May 2009
 - Two days, full staff from all clinics at central location
 - Content
 - Staff considerations
 - Patient considerations
 - Production requirements



- Topics
 - Code of conduct
 - Morning huddle
 - Block scheduling
 - Assisted hygiene
 - Cancellation, no-shows, late policy
 - Production goals for dentists and hygienists
 - Practice vital signs
 - “Mining the gold”



Phase III: Implementation

- June 2009 – December 2009
 - Practice Vital Signs monitored with feedback from Julie Weir and Associates
 - Monthly conference calls continue with dental clinic directors
 - Pediatric dentistry training scheduled with UNC School of Dentistry for public health dentists



Phase IV: Evaluation (on our own)

- NC Institute for Public Health evaluating dental staff response to practice management intervention
- Practice Vital Signs Report compiled for June – August, 2009



Comparative Clinic Results of Pre and Post Practice Management Training

JULIE WEIR
TAKE *the* LEAD



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PRODUCTION	Jan-Apr	May-Aug	% Change
<i>Clinic A</i>			
Total Office Avg Prod/M	\$252,880	\$315,578	24.79%
Total Collections Avg/M	\$153,698	\$189,938	23.58%
<i>Clinic B</i>			
Total Office Avg Prod/M	\$93,077	\$108,258	16.31%
Total Collections Avg/M	\$55,249	\$65,539	18.63%
<i>Clinic C</i>			
Total Office Avg Prod/M	\$42,508	\$45,531	7.11%
Total Collections Avg/M	\$36,438	\$39,595	8.66%



Summary

- 3 of the 5 clinics had increases in production and collections
 - 7% to 25% in the first three months of implementation
 - Remaining two clinics unable to fully participate due to staff turnover
- Staff morale improvement



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Crisis in Economics

- Dental can either **make** or lose \$\$
- Dental can support other PH programs (e.g., Family Planning, STD, etc.)





For More Information Contact:

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