Defining Your Oral Health Program

**You are encouraged to complete this document ahead of the workshop and bring it with you for discussion.**

**Completing this document will provide you with a better understanding of the current level of efficiency and effectiveness of your oral health program. During the training, you will be provided with tools that help define maximum productivity and efficiency based on the staffing and set up of your clinic. Participants will work in small groups, using their own data to identify key areas where improvements can be made. If you are unable to or unsure about how to complete any of the components, don’t fear—we will spend time during the workshop explaining these measures.**

**CAPACITY**

|  |  |  |
| --- | --- | --- |
|  | **Your Oral Health Program** | **Benchmark** |
| **FTE PROVIDERS** |  |  |
| **Dentists:** |  |  |
| **Hygienists:** |  |  |
| **Dental Assistants:** |  | **1.5 assistants per 1 dentist** |
| **Dental Billers:** |  | **1 biller per every 5,750 encounters** |
| **Practice Managers:** |  |  |
| **Dental Receptionists:** |  | **1 per 5,000 patients** |
| **# of Operatories:** |  | **1.2 operatories per DDS; 1 operatory per RDH** |
| **Hours of Operation:** |  | **HRSA program recommendation/requirement, 1 evening/week; Saturdays; 1 early a.m./week** |
| * **Monday:**
 |  |  |
| * **Tuesday:**
 |  |  |
| * **Wednesday:**
 |  |  |
| * **Thursday:**
 |  |  |
| * **Friday:**
 |  |  |
| * **Saturday:**
 |  |  |

**ACCESS**

|  |  |  |
| --- | --- | --- |
|  | **Your Oral Health Program** | **Benchmark** |
| **# of Visits per Year** |  |  |
| **# Procedures per Year** |  |  |
| **# Procedures per Visit by ADA/CDT Code** |  | **2.5 ADA/CDT coded services/visit** |
| **# of Visits per Day: Dentist:** **Hygienist:** |  | **13.6 patients per day, DDS****8-10 patients per day, RDH** |
| **# of Visits per Week: Dentist:** **Hygienist:** |  | **46 weeks and 230 days/year for a 5day/week** |
| **# of Visits per Month: Dentist:** **Hygienist:** |  |  |
| **# of Visits per Year: Dentist:** **Hygienist:** |  | **2,500-3,200 encounters/year/FTE dentist;****1,300-1,600 encounters/year/FTE hygienist** |
| **# of Unduplicated Patients per Year** |  |  |
| **# of New Patients per Year** |  |  |
| **Scope of Service** |  |  |
| **% of Diagnostic** |  | **35%** |
| **% of Preventive** |  | **33%** |
| **% of Restorative (fillings)** |  | **20%** |
| **% of Periodontics (gums)** |  | **2-6%** |
| **% of Other (oral surgery, root canals, crowns, dentures, etc.)** |  | **5-10%** |
| **% of Ortho** |  | **Most often not offered** |
| **% of Emergencies** |  | **<6%** |

**FINANCIALS**

|  |  |  |
| --- | --- | --- |
| **Dental Only**  | **Your Oral Health Program** | **Benchmark** |
| **Cost per Visit** |  | **(HRSA UDS 2015) Average $183/visit** |
| **Revenue per Visit** |  |  |
| **Gain or Loss per Visit** |  |  |
| **Total Gross Charges per Dentist**  |  | **$400K- $500K/FTE dentist/year** |
| **Total Gross Charges per Hygienist**  |  |  |
| **Total Gross Charges** |  |  |
| **Revenue – Dental Only** |  |  |
| * **Total Patient Revenue**

+ |  |  |
| * **330 Grant Revenue**

**+** |  | **13% of the total Grant for the Health Center (HRSA UDS 2015 avg. amount)** |
| * **Other Grant Revenue**
 |  |  |
| **= Net Revenue** |  |  |
| **Expenses – Dental Only** |  |  |
| **Direct**  |  | **70-85%** |
| **Administrative**  |  | **5-10%** |
| **Health Center Support Allocation** |  | **10-20%** |
| **Total Expenses** |  |  |
| **Bottom Line**  |  | **Revenue = Expenses** |
| **Accounts Receivable Due Past 90 Days** |  |  |
| **Payer Mix – Dental Only** |  |  |
| **% of Medicaid** |  | **41%** |
| **% of Commercial** |  | **5%** |
| **% of Self-Pay/Nominal Fee/Sliding Fee Scale** |  | **35%** |
| **% of Self Pay/Full Fee** |  | **>6%** |
| **Other**  |  | **5.4%** |

**OPERATIONS**

|  |  |  |
| --- | --- | --- |
|  | **Your Oral Health Program** | **Benchmark** |
| **Broken Appointment Rate**  |  | **15-18% (If you have a goal of decreasing your broken appointment rate, use 5% reduction every 3 months)** |
| **Emergency Rate** |  | **<10%** |

**OUTCOMES**

|  |  |  |
| --- | --- | --- |
|  | **Your Oral Health Program** | **Benchmark** |
| **Treatment Plan Completion Rate** |  | **Elimination of disease (fillings, cleanings, extractions of hopeless teeth, etc.)** **Start with a goal of 35%; 75% is the final goal** |
| **HRSA Sealant Measure** |  | **Sealants on children ages 6-9 on 1st molars @ high or moderate risk** |
| **Average Sealants per Patient** |  |  |
| **# of Patients Who Received Sealants** |  |  |
| **# of Sealants per Year** |  |  |
| **# of Children Age 0-5 Receiving Oral Hygiene Care** |  |  |
| **# of Patients Receiving Caries Risk Assessment** |  | **100%** |