Dental Residency Program's Role in the Patient Centered Health Home





The Yakima Valley Farm Workers Clinic Experience

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> Best Practices Conference Austin, Texas

Defining Elements of PCMH*

- Comprehensive Care
- Patient Centered
- Coordinated Care
- Accessible Services

*US Department of Health and Human Services

PCMH and Dentistry = PCHH

- Access: medical to dental; dental to medical; WIC access
- Increased procedure range
- 3. Huddles
- 4. Tx plans and treatment option presentations
- Quality of care
- 6. Risk improvement

What Holds Dental Back From True Integration?

- Dental capacity issues due to the unequal size of the medical and dental department: Access for medical patients into dental
- Increased range of services
- Dental/Administrative leadership
- Medical/ Dental connection

How Do Residencies Add to PCHH

- Increased encounters and productivity
- Funding to support growth (if you own the residency)
- Outside expertize: increase quality
- Increased range of services
- Need to recruit a new type of provider
- Increased ability to recruit
- Medical consults
- Residents want the experience of working out of multiple operatories- improved ability to efficiently schedule = increased access

PCHH Integration and Residencies

- Children: pediatric residency
- Adults (pregnant women, diabetics emergencies: AEGD residency
- Community: Dental Public Health Residency

Pediatric Residencies

- Increased children's access
- Increased specialty access
- Access for medically and developmentally compromised children
- Risk assessment development
- General anesthesia services

Pediatric Dental Productivity

Clinic	# Pediatric Dentists	# of Residents	Encounters 2013
Children's Village	2	1	4,958 = 2,479/ DDS
Viewcrest	2	4	11,553 = 5,776/ DDS
Total	4	5	16,511 = 4,127/ DDS

Public Health Dental Residency

- Help in integration of health services
- Connecting with outside health organizations
- Increased dedicated time to any project (i.e. quality metrics, designing PDSAs etc.)
- Design and conduct population based studies
- Evaluate and monitor dental care delivery systems
- Select interventions and strategies to improve oral health

Advanced Education in General Dentistry (AEGD) Residency

- Increased access for adults
- Increased Access for medically compromised adults
- Wider range of procedures = better ability to serve the patient
- Increased ability to recruit experienced dentists

CODA Accreditation and PCHH

- Residents must see adults
- Must see medically compromised patients
- Pregnant women and one-year old access
- Quality of care focus
- Need for dentists to be more engaged in the dental program than just getting their numbers in
- Focus on tx completion

Long Term Provider Recruitment Issues

- Staff turnover- cost
- Project where you want to be in the future
- Create a new niche for recruiting
- Develop provider skills
- Additional equipment possibilities (own your own)
- Wider procedure lists = higher retention
- Residents will fill your own CHC staff openings- year long 'working interview'

Operations

- Planning for a residency is a clinical <u>and</u> operational project
- Staffing
- Operatory availability
- Office space
- Front office staffing
- Equipment needs (sterilization, instruments, equipment, supplies)
- Video-conferencing equipment and support

Financial Resources

Northwest Dental Residency

- Title 7 funding:\$250,000/ year
- Teaching Health Center funding: \$150,000/ resident
- Resident generated production/ encounters

Lutheran Medical Center

- GME funded program
- Residents salary and benefits paid for by LMC
- Resident generated production/ encounters

Residents: maximizing encounters

Clinic	Dentist	DDS	Encounters
		Encounters	with Resident
Yakima-: 2 residents	Dr. GH	3,027	4,200
	Dr. DB	3,043	3,377
Toppenish- 2 residents	Dr. SD	4,422	5,972
	Dr. SK	3,524	4,417
Grandview-1 resident	Dr. TS	3,838	4,410
	Dr. SW	3,446	4,018
Spokane	Dr. Ma	3,502	4,970
	Dr. JW	3,688	4,857
Woodburn- 0 residents	Dr. MM	4,326	4,326

Dr. MM is YVFWC highest producer

Dr. DB- first year at the clinic

All dentists have 3 chairs and 3 DAs

Residents- maximizing productivity

Clinic	DDS Gross dollar	Resident	Average gross dollar/ DDS
	production		resident team
Yakima	\$1,529,580	\$334,932	\$932,256
Grandview	\$1,725,961	\$317,024	\$1,021,492
Toppenish	\$2,042,920	\$772,016	1,407,468
Spokane	\$1,786,112	\$559,861	\$1,172,986
Woodburn: Dr. MM	\$1,068,981	No resident	

Dr. MM is our highest producing dentist

Medical/ Dental Connection

- Formalized referrals between medical and dental
- WIC referrals
- Incorporate and standardize protocols in both dental and medical: i.e. Narcotic prescriptions

Productivity- Potential new model

- 3 chairs/ 3 DAs per DDS/ resident team
- Multiple chairs: new model- SS clinic

Quality Monitoring

- Chart Audits
- Treatment Plan Completion reports
- Clinical photos
- Huddle % reports
- Consent completion reports

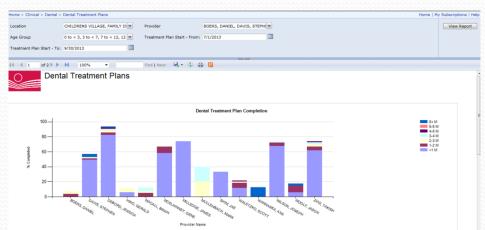
Where Do Our Residents Go?

- 32% employed by Community Health Centers
- 61% worked in rural areas
- 89% worked with the underserved
- 54% worked in health professional Shortage areas
- 43% have patient pools composed of 51 to 100% Medicaid

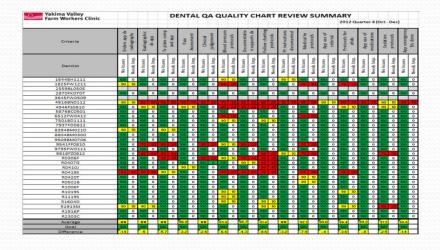
Politics of Residencies

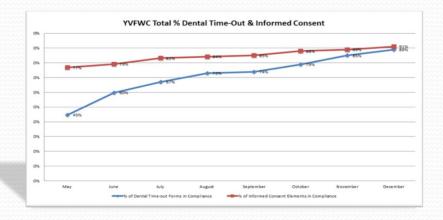
- Dentist driven access
- WA State Dental Association- Task Force on Public Policy
- Capital equipment and facility requests
- State-wide dental residency committee

Quality Monitoring- Critical









CHC Considerations for Deciding on a Residency Program