



Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lcofano@astdd.org

Name of Project
Leveraging Consumer Experience Data in Safety-Net Oral Health Care Clinics
Executive Summary (250-word limit)
<p>Despite its status as a pillar of the “Triple Aim” (an approach to health care focused on improving the individual experience of care, improving population health, and reducing the cost of care) and research confirming its positive correlation with clinical, financial, and operational outcomes, patient (“consumer”) experience is frequently left out of conversations surrounding oral health transformation and innovations in care delivery. As part of an Initiative advancing principles of value-driven care, safety-net oral health care clinics in North Carolina also measured consumer experience data and applied it to improve person-centered care delivery. Participating clinics were able to correlate improvements in consumer experience with improved clinical, financial, and operational outcomes. Associated training and consultation in provider-patient communication, shared decision-making, and trust-building (e.g., motivational interviewing) enabled clinics to act upon the data.</p> <p>This descriptive report provides a foundational blueprint for oral health care clinics interested in measuring consumer experience and leveraging the data for continuous improvement. While the project described was funded by private philanthropy, the report makes a case for long-term sustainability by generating positive return-on-investment through practice modifications designed to improve consumer experience and, in turn, measures of clinical and operational performance.</p>

Name of Program or Organization Submitting Project

Zachary A. Brian Dental Consulting, LLC

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

<input checked="" type="checkbox"/>	Assessment
<input checked="" type="checkbox"/>	Policy development
<input checked="" type="checkbox"/>	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

- Increase the proportion of adults whose health care provider checked their understanding — HC/HIT-01
- Decrease the proportion of adults who report poor communication with their health care provider — HC/HIT-02
- Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted — HC/HIT-03
- Increase use of the oral health care system — OH-08

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

1. Consumer Experience
2. Health Promotion
3. Shared Decision-making
4. Community Empowerment
5. Health IT
6. Motivational Interviewing

Detailed Project Description

Project Overview

(750-word limit)

1. What problem does the project address? How was the problem identified?

Measurements of success in oral health often focus on clinical outcomes. However, a growing body of research demonstrates patient ("consumer") experience's importance in influencing such outcomes. Moreover, as the Agency for Healthcare Research and Quality (AHRQ) notes,

“improving patient experience has an inherent value to patients and families and is therefore an important outcome in its own right.”¹

Citing scientific research, AHRQ notes:¹

- “At both the practice and individual provider levels, patient experience positively correlates to processes of care for both prevention and disease management.”
- “Patients’ experiences with care, particularly communication with providers, correlate with adherence to medical advice and treatment plans. This is especially true among patients with chronic conditions, where a strong commitment from patients to work with their providers is essential for achieving positive results.”
- “Patients with better care experiences often have better health outcomes.”

Improved consumer experience is also associated with the improved financial health of health care clinics. Research by Accenture found that hospitals with better patient experience ratings average 50% higher net margins than hospitals with average ratings.² Improved consumer experience is also correlated with greater patient retention, higher health care provider and staff satisfaction, and reduced employee turnover.

Nevertheless, oral health care innovation has largely focused on clinical practice, not consumer experience. While oral health transformation efforts have endeavored to improve quality and reduce costs, improving patient experience — the third pillar of the “Triple Aim” — is often overlooked.

A recent oral health transformation initiative (the “Initiative”) in North Carolina, a partnership between an oral health advocacy organization (CareQuest Institute for Oral Health) and the North Carolina Oral Health Collaborative (NCOHC), endeavored to address this concern. The Initiative, which supported safety-net oral health care clinics in implementing elements of value-driven oral health care, included a significant focus on measuring and improving consumer experience. A pre-Initiative survey of participating clinics confirmed the general observations outlined above, in which efforts to measure and improve consumer experience had largely been overshadowed by other clinical and financial concerns.

¹<https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html>

²<https://newsroom.accenture.com/news/us-hospitals-that-provide-superior-patient-experience-generate-50-percent-higher-financial-performance-than-average-providers-accenture-finds.htm>

2. Who is the target population?

The project focused on measuring and improving consumer experience in safety-net oral health care clinics across North Carolina participating in the Initiative. Safety-net oral health care clinics comprised a mix of public health centers, local health departments, and private practices. Participating practices were required to have a payer mix of at least 50% Medicaid.

Collectively, these participating clinics serve patients across the lifespan, the majority of whom are members of marginalized populations (rural, low socioeconomic status, racial and ethnic minorities, etc.). The target population has been historically disenfranchised from the oral health care delivery system due to systems-level disparities driven by the non-clinical drivers of health. In many cases, these consumers have limited health literacy.

3. Provide relevant background information.

The Initiative aimed to support 14 safety-net oral health care clinics in implementing three “domains” of oral health transformation: 1) tele-prevention (teledentistry); 2) minimally invasive care (non-surgical treatment of disease); and 3) integration of oral health with overall health care, care delivered based on patient risk profile, and alignment of patient and provider values. As part of its focus on patient values, 14 clinics opted to participate in an Initiative-supported pilot program designed to measure and improve consumer experience.

The Initiative was led in part by the North Carolina Oral Health Collaborative (NCOHC), which had a relationship with DifferentKind, a company that equips dental practices with technology to measure patient experience and provides insights for improvement. DifferentKind agreed to provide technology, training, and associated services at a reduced rate for participating clinics, with the full cost covered by Initiative funders (CareQuest and BlueCross BlueShield of North Carolina Foundation “BCBSNC Foundation”).

4. Describe the project goals.

- Provide a baseline of 14 consumer experience and 4 consumer-reported outcomes measures to participating practices.
- Improve clinicians and support staff’s understanding of how consumer experience can and should be utilized to create a more person-centered approach to clinical care delivery and innovation.
- Enhance participants’ understanding of the correlation between consumer experience and clinical success, including treatment plan compliance, prevention and disease management, and improved outcomes.
- Equip clinicians with understanding of strategies to advance person-centered care through shared decision-making and motivational interviewing to improve consumer experience.
- Provide hands-on training and individualized coaching to participating practices, which:
 - Allowed for customized training to assist practices in analyzing and utilizing their data to evaluate practice improvements’ impacts on consumer experience.
 - Encouraged and supported practices in making practice improvements in pursuit of improved consumer experience.
- Develop a model for implementing measurement of consumer experience and data-driven practice and operational improvements in safety-net oral health care clinics.
- Increase public health equity by evaluating measures of Justice, Equity, Diversity, and Inclusion (JEDI) and making appropriate practice modifications

Resources, Data, Impact, and Outcomes

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?
 - Funding was necessary to support the clinics in using the software and to compensate a consultant / trainer. While the funding for this project was provided by BCBSNC Foundation, other safety net clinics across the country have been successful in applying for federal and state grant funding to ensure they can measure and improve these metrics.
2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?

- Experience metrics are often considered process metrics, but as noted above, improved experience is an outcome in its own right. However, we will list the metrics here for the sake of clarity when compared to the patient-reported outcome metrics shown in the following section.
 - Empathy
 - Active Listening
 - Shared Decision-making
 - Ease of Access
 - Price Transparency
 - Value
 - Privacy
 - Clinical Skill
 - Office Environment
 - Wait Time
 - Patient Consideration
 - After-Visit Management
 - Cultural Sensitivity
 - Net Promoter Score (NPS)

(b) What outcome measure data are being collected (e.g., improvement in health)?

- Overall oral health
- Function
- Appearance
- Dental Pain

The patient-reported experience metrics and patient-reported outcome metrics collected as a part of the Initiative have demonstrated value when it comes to addressing clinical outcomes, such as recurrence of early-childhood caries (ECC). It's important to note that skills critical in effective communication, such as motivational interviewing and shared decision-making, have consistently been shown to improve clinical outcomes, but organizations seeking to promote these skills have not been able to measure them. This Initiative has shown that clinical outcomes, patient-reported outcomes, and patient-reported experience can be viewed, measured, and improved holistically.

(c) How frequently are data collected?

- Patient-reported experience metrics were collected from patients at every visit the day following their appointment via text or email, depending on the patient's communication preferences. Patient-reported outcome metrics were collected from patients at every exam visit the day following their appointment via text or email, depending on the patient's communication preferences.

3. How are the results shared?

- The results are shared with clinics in real-time via a web application from DifferentKind at the organizational, clinic, and provider levels. The data was also shared back with both NCOHC and BCBSNC Foundation in an individualized report with aggregated, de-identified data on a quarterly basis.

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

1. What is/was the budget for the project?
 - \$40,000 for the first year

2. How is the project funded (e.g., federal, national, state, local, private funding)?

Funding for the consumer experience component of the Initiative was provided by the BCBSNC Foundation.

3. What is the sustainability plan for the project?

As of August 2023, the Initiative was still in progress. Upon completion, the consumer experience measurement and improvement component will be extended with additional phase funding provided by the BCBSNC Foundation. It is anticipated that as data continues to be collected and analyzed, improvements in measures of consumer experience, oral health outcomes, and financial and operational performance may be correlated, increasing buy-in by participating clinic leadership. This data will also be used to complete cost-benefit analysis and determine the return on investment (ROI) associated with any future costs of consumer experience measurement and improvement not underwritten by philanthropic partners like BCBSNC Foundation.

Lessons Learned

(750-word limit)

(a) What lessons were learned that would be useful for others seeking to implement a similar project?

Many medical clinics have access to similar data, but in general, the dental profession has lagged in adoption. Providing access to patient-reported experience and outcome metrics that are focused specifically on the dental experience was helpful for many clinics. The data was used in a variety of ways, from sharing in huddles and staff meetings to being used in reports to the board. Participating clinics appreciated the real-time and continuous nature of the data when compared as it helped drive meaningful change.

The patient reported experience-metrics and patient-reported outcome metrics collected as a part of the initiative have demonstrated value when it comes to addressing clinical outcomes, such as recurrence of early-childhood caries. Skills critical in effective communication, such as motivational interviewing and shared decision-making, have consistently been shown to improve clinical outcomes, but organizations seeking to promote these skills have not been able to measure them. This initiative has shown that clinical outcomes, patient-reported outcomes, and patient-reported experience can be viewed, measured, and improved holistically.

Despite multiple trainings and touchpoints, not all participating clinics made significant and/or frequent use of the consumer experience data collected throughout the Initiative. In future iterations of the project, it is recommended that facilitators maintain regular, scheduled communication with participating clinic administrators, providers, and staff to encourage continued analysis and application of collected data.

(b) Any unanticipated outcomes?

Though it was not entirely unanticipated, it was validating to see that most clinics want to continue to collect this data beyond the scope of the Initiative, showing the value and importance of data like this being incorporated in key metrics that drive improvement.

(c) Is there anything you would have done differently?

This work involves team-based care, and as such, is best tested, implemented, and sustained in a team-based setting. In hindsight, at the outset of the Initiative, it would have been helpful to

identify patient experience “champions” across various roles (dental assistant, front desk, quality improvement, etc) to ensure that the dissemination of insights from the data did not live with one person only.

Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

The data from the clinics was used in the production of the first white paper on patient experience in an oral health setting, available here: <https://www.differentkind.com/differentkind-patient-experience-trends-in-dental-2023>

Additionally, leaders looking to assess the business outcomes and return on investment of patient experience initiatives may find this document useful: <https://41486588.fs1.hubspotusercontent-na1.net/hubfs/41486588/The%20ROI%20Of%20Patient%20Experience%20work%20V.4.pdf>

Contact for Inquiries	
Name:	Zachary Brian, DMD, MHA
Title:	Principal
Agency/Organization:	Zachary Brian Dental Consulting, LLC
Address:	125 S Estes Dr. #3554 Chapel Hill, NC 27515
Phone:	231-340-1709
Email:	zachary@zacharybriandmd.com
Second Contact for Inquiries	
Name:	Matt Allen, DDS
Title:	Co-Founder and CEO
Agency/Organization:	DifferentKind
Address:	301 E Main St #210 Buena Vista, CO 81211
Phone:	719-626-1378
Email:	matt@differentkind.com

To Be Completed By ASTDD	
Descriptive report number:	36015
Associated BPAR:	Early Childhood Caries Prevention and Management
Submitted by:	Zachary Brian Dental Consulting, LLC
Submission file name:	DES36015NC-consumer-experience-data-2023
Submission date:	September 2023
Last reviewed:	September 2023
Last updated:	September 2023