Dental Associates Sinks Its Teeth into Patient-Driven Care

By Audrey Doyle

When a patient’s dental care experience is positive, the patient will be more likely to value and maintain good oral health, according to Anthony Vastardis, CEO of Wisconsin-based Dental Associates. “By regularly conducting patient experience surveys,” he added, “we get reliable, unbiased feedback on whether we’re delivering a positive care experience, and if we’re not, where we need to improve.”

That feedback has been the impetus for several major endeavors that, while frequently undertaken in hospitals and health systems today, are only beginning to be conducted at dental practices. These include a major restructuring of the organization’s practice model, the implementation of a provider transparency initiative and the formation of a patient experience specialist position—all in the name of patient care excellence.

And according to Vastardis, these endeavors have resulted in consistent increases in patient experience survey scores since the organization began implementing the survey in 2003. “I can’t stress enough how important and beneficial it’s been to survey our patients about their care experience,” he said. “All patients—not just medical, but dental too—have a choice and a voice. If you don’t listen to what they have to say, you won’t be successful.”

AT A GLANCE

- Dental Associates, a family-owned dental group practice with 14 clinics located throughout Wisconsin, began conducting patient experience surveys in 2003.
- Based on the feedback it has received, the organization has restructured its practice model, implemented a provider transparency initiative and formed a patient experience specialist position.
- As a result of these changes, Dental Associates’ patient experience survey scores rose from an overall mean of 79.8 in the quarter ending May 31, 2004 to an overall mean of 89.9 in the quarter ending Sept. 30, 2016.

Drilling into the Survey Data

Dental Associates is Wisconsin’s largest family-owned dental group practice, with 14 clinics and nearly 800 staff members, including 100 doctors and 648 operatories. Each clinic provides complete family dental services—from general to specialty dentistry, including pediatric dentistry and specialized services for older adults. Since 2012, the organization has been nationally accredited through the Accreditation Association for Ambulatory Health Care as a dental home organization, meaning it delivers comprehensive, continuously accessible, coordinated care in a family-centered way.

When it was founded in 1974, Dental Associates was a small dental clinic dedicated to meeting the needs of Milwaukee’s underserved Spanish-speaking community. The organization opened several additional locations during the 1980s and ‘90s—growth that it attributes, in part, to its participation in dental health management programs. Akin to HMOs for dentistry, these programs—which tout efficiency and cost-effectiveness among the benefits they provide to dental practices—follow a “first-available-dentist model in which a patient, upon arriving or calling for an appointment for general or specialty treatment, sees whichever dentist is available first, thereby avoiding having to wait to be seen.

When Vastardis joined Dental Associates in 2001, he was aware of the value of customer survey data, having previously worked for a manufacturing company that regularly surveyed its clients to gauge their satisfaction with its products. “So when I learned about the patient experience survey, I knew it would be a great way to get patient feedback,” he said.

The organization conducted its initial patient experience survey in 2003. What Vastardis expected to see was validation that the first-available-dentist model, which had been successful for 30 years, was continuing to meet patients’ needs.

What he got was a wake-up call.

“It was like someone threw cold water on our faces,” he said. “In their comments, many patients referred to us as a dental mill and said they felt like they were on an assembly line. They said they didn’t like seeing a different dentist or hygienist at each appointment. They couldn’t develop a connection or relationship with anyone here. They felt anonymous.”
Patients had no complaints about their care, just about their care experience, Vastardis noted, adding that if the first-available-dentist model was losing favor with current patients, it wouldn’t hold much promise for attracting new patients. “The survey results clearly indicated that patients’ expectations were evolving and that we needed to evolve too,” he said.

To improve the patient experience, Dental Associates restructured its delivery model to one resembling a “practice within a practice.” Under this new model, patients choose as their dentist of record a primary dentist who, along with a dental team consisting of one or more hygienists, dental assistants and administrative support staff, provides complete patient care, including exams, treatment planning, treatment and referrals to in-house specialists in orthodontics, oral surgery and periodontics.

Dental Associates debuted the model with the opening of two new clinics in 2006–2007. And according to Vastardis, the clinics scored 90 or above on their first patient experience survey. Patients’ comments were equally positive: “They said, ‘I love my dentist and the staff.’ ‘They make me feel like I’m going to a family dentist.’ ‘I feel like they really do care.’ ‘I love that I see the same dentist,’” Vastardis said.

Having achieved such successful outcomes at those clinics, Dental Associates converted the rest of its clinics to the practice-within-a-practice model, and based new clinics it opened in the following years on the model as well. According to Vastardis, the new model has resulted in an impressive increase in the organization’s overall mean score, which rose from 79.8 in the quarter ending May 31, 2004 to 89.9 in the quarter ending Sept. 30, 2016.

Vastardis said the new model has provided a host of additional benefits as well. For instance, consultations between primary dentists and in-house specialists have been facilitated; collaboration has increased, which has led to superior patient care; and dental recruiting has been facilitated, as the new model corresponds with how today’s dental school graduates indicate they want to practice.

Furthermore, because the primary dentists now have total control over their patients’ care, the doctor-patient relationship has been strengthened, resulting in increased respect and trust, which has improved treatment plan acceptance. This is particularly important, as studies have shown that most dentists have a case acceptance rate of around 20% to 30%, meaning that seven or eight out of 10 patients don’t follow through with treatment.

But when dentists connect with their patients on an emotional level, case acceptance increases to around 60% to 70%. When this happens dentists benefit because they’re helping to improve their patients’ oral health, and patients benefit because they’ll be seeking treatment for a condition before it worsens. Given the link between oral health and overall health, this can mean the difference between, for example, treating an oral infection, and ignoring it and running the risk of developing a serious medical problem such as diabetes, heart disease or oral cancer down the road.

Word of Mouth: A Powerful Tool

As Dental Associates continued to gain insight on its patients’ care experience by conducting quarterly surveys, Vastardis decided in 2014 that it was time for the organization to begin sharing its survey results with the public.

While it’s common for dental practices to be transparent about pricing or about where and by whom their dental restoration units are made, it’s not common for practices that implement the patient experience survey to be transparent about their survey results. In fact, according to Vastardis, Dental Associates is the only group dental practice in Wisconsin that’s doing this.

One reason the organization decided to be transparent about its ratings and comments was to help consumers make more informed decisions about their dental care. “Consumers are becoming more engaged and actively participating in their health care. We wanted to give future patients a tool they can use to select a dentist who’s right for them,” said Vastardis.

A second reason was that the organization wanted to attract patients who care about maintaining good oral health. “Consumers who research how existing patients feel about their dentist are the ones who value good oral health,” Vastardis said. “And for consumers who value good oral health but are afraid of going to the dentist, we’re providing a place where they can read what existing patients have to say about their dentist, which can help them overcome their fears.”

A third reason concerned accountability. “Being transparent with our ratings sends a message to our dental teams about the importance of each individual patient,” Vastardis said. “It elevates the teams’ accountability to our patients, the communities we serve and one another.”
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Each dentist at Dental Associates has a profile page on the organization’s website. Although the patient experience survey asks patients to rate their experience with their dentist and with the organization as a whole, the profile pages only share star ratings and comments that pertain to patients’ interaction with their dentist and their likelihood of recommending the dentist to a family member or friend.

The ratings and comments are updated regularly as new survey results are received; the comments—positive, negative and neutral—are posted unedited and in their entirety. The only comments Dental Associates doesn’t post are those that refer to issues unrelated to the patient’s interaction with the dentist; use profane, offensive, abusive, discriminatory, slanderous, libelous or malicious language; or contain patient identifying information.

According to Vastardis, when some dentists initially learned about the organization’s transparency initiative they were apprehensive about the posting of unedited comments because they feared that negative comments may inaccurately or unfairly describe past interactions they had with patients. To alleviate this concern, the organization created a comment appeals process that allows all dentists to appeal a comment that is on their profile page to have it removed.

As did the restructuring of its practice model, the transparency initiative helped improve the organization’s doctor-patient interaction score, which rose from 89.5 to 90.1. The initiative has also been responsible for some healthy competition among the dentists. “They obviously don’t want their patients to have a negative experience. But they also don’t want to be known as being bad at doctor-patient interaction, because if a potential patient reads a negative comment on a dentist’s profile page, the patient will go to another dentist,” Vastardis said.

Brushing Up on Tools and Techniques

For Dental Associates, the practice-within-a-practice model and the transparency initiative put a sharp focus on the importance of doctor-patient interaction. As the practice continued to grow, it became necessary to have a person on staff who would be dedicated to managing the reporting of patient experience data, providing feedback to dentists and practice managers on patients’ needs and wants, and educating dental teams on the survey process and ways to improve the patient experience. Toward that end, in 2015 Vastardis appointed colleague Christina Villarreal to the newly formed position of patient experience specialist.

When she started in her new role, Villarreal found that many tenured staff members didn’t understand the survey process or how to use the data, the organization lacked training and education programs geared toward dentists, dental teams and administrative staff, and the surveys weren’t part of the onboarding process for new dentists, team members or managers.

Vastardis, meanwhile, was concerned that staff members might become complacent. “I wanted to continue to see the improvement I thought we were capable of achieving,” he said.

So this past January, Villarreal and the organization’s Press Ganey patient experience advisor embarked on a “dental team roadshow” in which they began meeting with individual dental teams at each clinic to discuss the survey process, response rates and sample size; mean scores, top-box scores and percentile ranks; and, when warranted, the development of an improvement plan. Each dental team receives its quarterly survey report, along with a copy of the survey itself. Also, specialists at each clinic receive charts that compare their overall mean score, doctor-patient interaction score, likelihood to recommend score and number of returns with those of similar specialists at other clinics.

Villarreal also provides the teams with tips on how to create a better connection with patients. “Dental schools are great at teaching dentistry, but they don’t teach dentists how to have a good chair-side manner,” said Vastardis.

“It’s about letting patients know you view them as people, not as patient numbers,” added Villarreal. “So I talk with the teams about the importance of remembering something personal about the patient, apologizing if they’re running late, sitting at eye level when introducing themselves and talking with the patient, and, before the appointment ends, asking the patient whether he or she has any questions.” Dentists with low survey returns and scores meet with Villarreal monthly to discuss improvement strategies and to gauge progress.

According to Villarreal, a more in-depth understanding of the survey process and learning how to better connect with patients has motivated dentists to work with their teams to improve, which has resulted in notable increases in survey scores. As a typical example, Villarreal highlighted one particular dentist whose overall mean and doctor-patient interaction scores rose from 81.8 and 79.8, respectively, in the period July–December 2015 to 90.5 and 91.3, respectively, in the period January–June 2016.
Now that the dental teams appreciate the importance of doctor-patient interaction in advancing the patient experience, Villarreal says it’s time to shine the spotlight on the clinics’ management teams and focus on how well they’re scoring in the survey questions pertaining to clinic operations. “We want to look at the patient experience in its entirety,” she said. “Things like wait time, helpfulness of the person who scheduled the appointment, cleanliness of the facility, courtesy of the receptionist and promptness in returning phone calls matter a lot to patients, and we want to make sure we meet their expectations.”

Toward that end, the organization has created clinic operations scorecards so that each clinic can compare their performance against that of other clinics in the organization. “We introduced the scorecards to the clinics earlier this year and reviewed their scores and the importance of improving the overall patient experience,” Villarreal said. “We post each clinic’s overall star rating on our website, and we will be reviewing the feasibility of posting the clinic operations scorecards online.”

According to Vastardis, the patient experience survey will continue to play an important role in Dental Associates’ ability to meet patients’ needs and wants. “Today, dentistry and medicine are two separate branches of health care. But I believe that eventually, they’ll be recognized as one unit,” he said.

“The dental community has the same goal as the medical community: to provide the highest-quality care to our patients,” he concluded. “By following their lead and measuring how we’re doing, we’ll know what we need to do to keep meeting that goal.”