...access to a dental home for those in need.

Values Driven, Safety-Net Services:
How organizational culture drives patient outcomes

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June, 2016
Opened in 2009
Worst economic times in generations
Scarcity was the norm
....but wasn’t going to serve us well
Goal is to address “Barriers to Care”

- Transportation Assistance
- Insurance Counseling-Enrollment Navigation
- Mental Health screening and referral
- Patient Advocacy
- Child and Teen CheckUps
- Street Outreach – Homeless Youth
- Health care outreach and referral
- Patient Advisory Group
- On site Headstart Screenings
- School Based program
- Medical-Legal partnership
Values driven—not-to-do list
Continue to listen to patients
Fail early, fail often: Succeed Sooner!
Core Values must be our touchstones
Measure, Measure, Measure

Reframe language/Turn status quo on its head:
Meet patients where they are at; no lectures, no strike outs
Organizational chart; walk the talk
Utilization rates, not patient failure rates
Chart notes
Harm reduction, rather than prevention

“Changing the way we think has changed the way we serve...”
What makes us special

- Cultural Competence
- Shift in language-reframing issues
- Positive work environment
- Patient centered-Patient Advisory Group
- Leveraging partnerships for patients
- Agility-Creativity-Tenacity (*make lemonade*)
- Breadth and Depth of Dentists
- “It’s just paper” mentality
- Economic Impact
- Professionalism – challenge and mentor young women and men
- Performance Measurement Team – a disciplined approach, data driven
- Values based – core values
- Organizational Chart
A **culturally-competent approach** to services is key to our identity. Rooted in the Ruby Payne Framework for Understanding Poverty, we strive to **understand**, accept and meet patients where they are and provide a nonjudgmental and welcoming place for them to receive care.

Our approach to public health requires that we **treat more than just a person’s mouth**—that we **honor** their circumstances and personal stories to identify any barriers to success, and we then provide linkages to resources to **overcome those barriers**.

We believe that **partnerships with community** people, agencies, policy makers, educational institutions and employers bring strength to the services we can provide to the people we care about. We remain open to new partnerships that will ultimately benefit our patients and the community.

Our role in the **professional development of health care professionals** is very important to us. We allow **future** dentists, dental assistants, nurses and others to observe, shadow, intern and practice here whenever possible.

We are especially **attentive to children**, helping them to feel comfortable here, to have fun while they wait, and to listen when they speak. Motivating them to **break the cycle** of oral neglect requires our full attention and compassionate education.

We believe that everyone has a right to a **dental home** and we are committed to not competing with the private practice community. We are here to serve people who do not have access to care, and we encourage people of means to work within the private practice dental community for their care.

We believe in **abundance**. That when we work together within our community, there will be adequate resources to get the job done. Fear, competitiveness or a sense of scarcity only breeds further scarcity and we will not forget the lessons we have learned about the **wealth** of resources that collaboration brings to the table.

We hold firm to the **business practice of buying local** whenever possible, to **support** our local and regional community to the best of our ability.

We believe poverty is a condition of economics, not race or ethnicity.
**Core Values**

Core values are the beliefs and actions that embody the character of our organization. Core values remind us of who we want to be, in the very best of circumstances. Core values are the touchstones, against which we gut-check our actions.

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**Official**

Together we can achieve more, don’t care who gets the credit

There’s plenty of need to go around

Organizational Culture

Culture will eat strategy for lunch, every time

It’s only paper

If it’s an endurance competition, we will win

Walk the talk

No meeting is more important than a patient

We proceed on our terms

Some money not worth taking

Money is an outcome, not a driver

Zero tolerance for toxicity

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**Unofficial**

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Once there was great famine and people thought they had to hoard food to survive. One day two soldiers returning from war arrived in a village asking for a meal, but the villagers refused.

"Then we will make stone soup," one of the soldiers said mysteriously. They asked only for a big cauldron and water to fill it. They set it in the middle of the village square and built a large fire underneath. Then one of the soldiers placed three very ordinary stones into the water.

When a crowd gathered with curiosity, the soldier said, "A good soup needs salt and pepper." Since that was not so much to give up, one of the peasants sent his daughter to fetch some salt and pepper.

Then the other soldier said, "Oh, I do love stone soup, but stone soup with carrots...that's hard to beat." Another villager sent his son home to fetch a carrot hidden in the cellar – after all, it was just a carrot, not really that much.

"Magnificent, thank you!" exclaimed the soldier. "You know, I once had stone soup with salt beef as well, and it was fit for the king!" So the village butcher managed to find a little salt beef. And so it went, until soon there were onions, potatoes, barley, cabbage, and milk for the soup.

"A great soup would be even better with bread and cider," a villager volunteered, and brought them forth. Now it was a feast, which the soldiers happily shared with the villagers. Everyone agreed they had never before tasted anything as good, and sang and danced and celebrated well into the night.
Our Stone Soup
It’s not a linear process….it’s a culture

- Dissemination
- Employee Morale Teambuilding
- Cultural Competence
- Reframe Language
- Servant Leadership
- Core Values
- Address Determinants of Health
- Measurement / Learning Organization
- Listening / Engage
- Quality Dental Care
- Patient Involvement
- Stewardship
- Humility / Empathy
- Challenge Status Quo
- Address Determinants of Health

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MANAGEMENT RESOURCES


It’s not our job to educate people so they learn to start thinking and acting like the dominant culture.

Our job is to provide care successfully, so **we** must adapt what we do.

That’s the only way we will stop being frustrated by the very people we say we care about.
Patient outcomes:

- external referrals for specialty care (involving long distance travel) have been reduced by more than 40% since 2013
- 50% reduction (since 2012) in patients reporting using the Emergency Room for dental emergencies
- 28% of children are enrolled in the Cavity Free Club

In 2015:

- 1145 people received MNSure navigation or enrollment assistance
- Over 400 people were helped with transportation to appointments
- More than 75 people have received legal assistance
- Over 600 patients received one-on-one assistance in addressing barriers to care
- 98% of patients responding to exit survey questions:
  ~ rate the quality of their dental care as good or excellent;
  ~ rate the facility as having a welcoming environment as good or excellent;
  ~ report our staff being friendly, knowledgeable and helpful;
  ~ would recommend Northern Dental to a friend or family member; and
  ~ are likely to return for their next appointment.
**“Duh” Moments**

**Patient Advisory Group**

**Logistics**
- Meets quarterly
- 8-10 patient participants
- Independently facilitated
- Half day; includes full meal, transportation assistance (prepaid gas card), $50 Walmart gift card, and childcare assistance
- Full cost: between $1200-$1500 each.

**Findings:**
- What we think we know, is not always true
- How we want people to get care, isn’t always how patients want to get care
- We sometimes worry about things we don’t need to

**Highlights**
Participants were asked to comment about traffic at the front desk. Is the front desk traffic problematic? Do you wait a long time to check in? Are you concerned about hearing others or having others hear your private information? Are staff too busy on the telephone to help you? **Team members unanimously agreed that the front desk didn’t present problems. No one had a suggestion for making it better, as no one had a complaint.**

What would you change about the clinic?
“I don’t like all the open doors and the lack of curtains. Given the quantity of people in the building, I don’t want people walking by see me with my mouth hanging open. (This comment caused all participants to nod and verbally agree)

Have appointment times been an issue?
All indicated that they have experienced a wait time for visits and wished wait times were shorter. However, they also expressed an understanding of the wait times and that it was clear that staff were doing the best that they could. **They added that the friendliness of the staff and the good humor that was expressed freely within the clinic made the time they do spend at the clinic enjoyable.**

What about added health care services (i.e., FQHC-style)?
“My experience is that when an organization gets broader and more complex...you lose the personal connection and suddenly common sense is lost”
“I already avoid the doctor’s office when it is flu season or some virus is making its rounds. I really don’t like the idea of having my dental care provided in the same place that sick people are coughing, sneezing, etc....keep it separate”
“The idea of an FQHC immediately makes me think of institutions...institutions mean poor quality care...I don’t like that idea at all.”
**It was unanimous: no one would vote for mental health service delivery on site at the dentist office!**

Would expanded hours at NDAC be helpful to you? (Evenings, Saturday’s)
**Group consensus: not really.** As appointments get further and further out...this seems like a method of dealing with high patient loads...but given that blue collar working hours are all over the place...Saturday’s and weeknights aren’t really more available than typical Monday-Friday hours.
Partnerships in the first 7 years of operation include service providers & funders—all dedicated to improving access to dental care:

- American Dental Association
- Beltrami Area Service Collaborative
- Beltrami County Commissioners
- Beltrami County Health and Human Services
- Beltrami County Veterans Services
- Bemidji Jaycees
- Bl-CAP
- Blue Cross Blue Shield of MN Blue Plus
- Clearway Minnesota
- Community Resource Connections
- Delta Dental Foundation of Minnesota
- Dentists—dozens statewide
- Eide Bailly
- Evergreen Youth and Family Services
- First National Bank Foundation
- Fourth & Robbins Fund
- George W. Neilson Foundation
- Healthier Minnesota Community Clinics Fund
- Higher Education Institutions
  - (Bemidji State University, Northwest Technical College, Central Lakes College, Normandale College, Herzing University)
- Legal Services of NW Minnesota
- Mardag Foundation
- Medica Foundation
- Minnesota Dental Foundation
- Minnesota Department of Health
- Minnesota Department of Human Services
- Minnesota State Operated Services Clinics
- Mutual of America Foundation
- National Health Service Corps
- North Country Snowmobile Club
- Northwest Minnesota Foundation
- Otto Bremer Foundation
- Patterson Foundation
- PrimeWest Health
- Region 2 Arts Council
- Ruth Ederveld Endowment for Excellence
- Sanford Health of Northern MN
- Sanford Health Foundation
- Schools—more than 25 schools in the region
- Sunrise Rotary
- United Way of Bemidji Area
- University of Minnesota
- US Department of Agriculture
- US Department of Health
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Beltrami County Veterans Service Officer

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Patient

Cathy Gunvalson
Hygienist, Red Lake Comprehensive Health Services

Marsh Muirhead
Dentist

John Parkin
Physician, Wildgen-Wilmeck

Joan Tronson
Operations Manager, Northwestern Mental Health

Linda Yourczek
RN, Retired

Kevin Williamson
Owner, Super 8 Motel

Tim Flathers
Director, Headwaters Regional Development Commission

James Eliasen
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