

Best Practices in Case Acceptance



Strategy Overview

Although preventive care is the cornerstone of achieving excellent dental health, restorative treatment plays an important role by stopping decay from progressing and restoring tooth function. Diagnostic services such as clinical exams and radiographs, allow doctors to diagnose treatment needs before they become major concerns. By using information from the diagnostic services, doctors can educate parents and patients fully on the importance of treating compromised teeth. Education is key to achieving high treatment acceptance.

Strategy Overview- Measuring Case Acceptance

To ensure we are educating parents to the point of leading to treatment acceptance, we measure case acceptance in each office.

To measure case acceptance, a comparison is made between outstanding treatment plans and completed restorative treatment.

Calculation (Codes D1351 to D9999):

Diagnosed Treatment + Completed Treatment= **Total Treatment**

Completed Treatment/Total Treatment= **Case Acceptance**

Best Practice Case Acceptance is **85%**.

Case Acceptance Strategy- Clinical Education

Sealant- Thin coating applied to the chewing surface of a tooth to prevent caries

- Company guarantee- replaced at no charge for 3 years as long as the patient maintains their 6 month recall
- Most commonly recommended for the 6 and 12 year permanent molars
- Same day treatment if the operative or hygiene schedule allows. This option saves the parent time and offers the best care to the patient

Example- Great news, Audry is cavity free. Dr. Eric is recommending a sealant, which is a thin coating that seals the pits and grooves of the occlusal/chewing surface of tooth #3, which is on the upper right side of Audry's mouth. Sealants are a preventative measure and will help keep this tooth cavity free.

Case Acceptance Strategy- Clinical Education

Composite- White/tooth colored filling

- Used to fill a tooth surface once decay has been removed
- Company guarantee- 1 year
- Example- *Dr. Charlie is recommending a composite white/tooth colored filling on the occlusal/chewing surface on tooth #S, which is on the bottom right side of Christina's mouth. This type of filling is not easily seen once completed.*

Amalgam- Silver filling

- Used to fill a tooth surface once decay has been removed
- Company guarantee- 1 year

Example- *Dr. Shealy is recommending an amalgam/silver filling on the occlusal/chewing surface on tooth #T, which is on the bottom right side of Jackie's mouth. When done you will notice a silver "star" on the tooth.*

Case Acceptance Strategy- Clinical Education

Extraction- “wiggle” or removal of a tooth

- Severe decay; tooth is non-restorable
- Orthodontic recommendation
- Trauma

Example- Dr. Shilman is recommending an extraction/wiggle of tooth #J, which is the last baby tooth on the upper left side of Brittany’s mouth. There is a large amount of decay present and the tooth is non-restorable/unable to be saved. Or there is infection that could harm the permanent tooth below.

Case Acceptance Strategy- Clinical Education

Space Maintainer- an appliance that holds the space of a prematurely lost/removed tooth and allows for the successor (permanent tooth) to erupt properly

- Unilateral- Band and Loop
- Bilateral- Transpalatal appliance (TPA), Nance (upper arch) and Lower Lingual Holding Arch (LLHA)
- Distal Shoe
- Utilize appliance models in office

Example- Dr. Casper is recommending an extraction/wiggle of tooth #1, which is the second to the last baby tooth on the upper left side of Brittany's mouth. There is a large amount of decay present and the tooth is non-restorable/unable to be saved. In order to hold the space for the permanent tooth and allow it to erupt properly, a band and loop/space maintainer is being recommended. This procedure can be completed in one visit.

Case Acceptance Strategy- Clinical Education

Crown- a tooth shaped “cap” that covers a tooth to restore its shape, size and strength. Recommended when there is not enough healthy tooth structure to hold a filling.

- Stainless Steel – prefabricated crown for posterior/back teeth, silver in color
- Kinder/Nu Smile- prefabricated crown that is tooth colored on the facial and silver on the lingual
- Strip-crown formed by using white filling material
- Zirconia-prefabricated tooth colored crown. Available for **primary** posterior and anterior teeth

Example- There is a large cavity on tooth #A, which is on the upper right side of Audry’s mouth. Dr. Rebecca will remove the decay and is recommending a crown/silver cap to protect the remaining tooth structure.

Case Acceptance Strategy- Clinical Education

Indirect Pulp Cap/Medicated Base- a medication that is placed next to the nerve of the tooth (in between the filling and nerve) to help prevent sensitivity to the tooth

Example- Brittany has a deep cavity on tooth #5, which is on the lower right side of her mouth. The decay is close to the nerve of the tooth. Dr. Charlie recommends placing a medicated base in between the nerve and the filling to help prevent sensitivity.

Case Acceptance Strategy- Clinical Education

Pulpotomy- removal of the top portion of the damaged nerve/baby root canal

Example- There is a large cavity on tooth #A, which is on the upper right side of Jackie's mouth. Dr. Casper will remove the decay and is recommending a crown/silver cap to protect the remaining tooth structure. The decay has reached the top portion of the nerve, so he will also need to perform a pulpotomy/baby root canal to remove the damaged portion of the nerve before placing the crown. The pulpotomy procedure has about a 90% success rate, so there is a 10 % chance that the tooth may still get infected and have to be removed. If that happens, Dr. Casper would have to place a space maintainer. Saving the current tooth is the best space maintaining option as it also provides the tooth to function normally. This is the best option for treating this tooth, due to the low 10% chance of infection.

Case Acceptance Strategy- Clinical Education

Root Canal- removal of the damaged nerve from the permanent tooth (entire nerve is removed)

Example- Audry's permanent tooth #8, which is the front tooth on the right side of her mouth, has a large cavity that has damaged the nerve of the tooth. Dr. Shilman has recommended a root canal/removal of the nerve.

Case Acceptance Strategy- Financial Education

Example: Understanding Insurance

100% Preventive Services

80% Basic Services

50% Major Services

Deductible \$50- Applies to basic and major services

Maximum \$1000

Frequencies- How often; Cleaning and Exam 2x per year, Fluoride 1x per year, bwx 2x per year, panorex 1x in 3 years

Limitations- Age & Time; Fluoride 1x per year up to age 14, Sealants up to age 15

Case Acceptance Strategy- Financial Education

Example: Understanding Insurance

- 100% Preventive Services- Exams, x-rays, cleanings, fluoride and often times sealants; Typically the Deductible Does Not Apply
- 80% Basic Services- Fillings, pulpotomies, extractions
Downgraded services- Posterior composites- 60%
Deductible Applies
- 50% Major Services- Stainless steel crowns
Deductible Applies

Case Acceptance Strategy- Financial Education

Example: Applying Deductibles

- Deductible is \$50
- Treatment plan of 2 stainless steel crowns= \$400
- 2 Stainless steel crowns are covered at 50%
- 1st Stainless steel crown \$200 - \$50 deductible x 50%= \$75
- 2nd stainless steel crown \$200 x 50%= \$100
- Total treatment plan= \$400
- Insurance Estimate= \$175
- Patient Portion= \$225

Tips of Achieving Real Time Acceptance

Be very positive about the patient's insurance and the benefits that will be applied to the treatment.

Example: You have great benefits and according to what your insurance company provided us, the estimated coverage for your child's dental care is \$ and your portion is \$.

For larger cases, offer Care Credit early on in the conversation, highlighting that it is an interest free option.

Example: We partner with a company who provides interest free financing specifically for healthcare. It is a simple application that you can complete now.

Tips of Achieving Real Time Acceptance

Recommend a timeframe for completing the treatment and provide parent or caregiver with 2 scheduling options.

Example: The doctor recommends starting treatment for Kim as soon as possible. Let me take a look and provide you with a couple of options. We have a 10:00 on Tuesday or 11:00 on Thursday. Which one works best for you?

Avoid asking Yes or No questions. *Would you like to schedule Kim's appointment?*

For sedation cases, call our offices to schedule while the parent or caregiver is in your office.

Same Day Treatment

STEP 1: During morning huddle, review available openings on the schedule for potential work-ins. Bring a copy of the schedule to huddle OR have the schedule pulled up for view during the huddle.

STEP 2: At the patient's hygiene appointment, once the treatment plan has been entered the TC looks at the operative schedule to see if there is time to offer a work-in. Confirm with PM/designated FOC at the front desk as well.

STEP 3: After reviewing and answering any questions regarding the treatment plan, discuss with parent and offer patient to be worked in. The verbiage should include a sense of urgency to encourage parent to have the treatment done and explain the convenience of completing the treatment same day, as the patient doesn't have to return and miss another day of school/work.

Same Day Treatment

Example: The doctor is recommending a filling today on tooth # H. Lets go ahead and schedule little Sally before this becomes a bigger concern. The doctor can treat that tooth today, so you do not have to come back until the next 6 month recall.

STEP 4: Once the parent says YES, the TC alerts the appropriate providers to start the treatment. The router should be given to the operative assistant.

Using doctor's discretion, new patients and recalls needing treatment should refrain from being scheduled for same day treatment if behavior is a consideration.

Overcoming Objections

I need to talk to my spouse.

Example: *I recommend we could go ahead and reserve the time just so you have it, and I can follow up with you next week.*

I can't afford the treatment at this time.

Example: *We have an excellent, interest free option available. It's a super easy process that you can apply for now.*

I'm the grandmother and I don't handle scheduling.

Example: *We have Mom's email address on file, so we'll send the treatment plan to her and follow up. We've placed a copy in this envelope as well.*

Case Management Follow Up

Even with our best efforts, inevitably there are parents who will not schedule the next visit at time of service.

Ensure you inform the parent that you will follow up with them.

Example: *I'll follow up with you in a week to answer any additional questions you may have. How does that sound?*

With this they may specify that they need more time, so just ask when is a good time to follow up.

As always, indicate in the patient's record that you placed a follow up call.

Use the Tickler File in Dental Vision, Task Manager in Eaglesoft or Short Notice List in Denticon for follow up activities. Instructions: <https://d4cpracticedevelopment.com/case-management-strategy/>

Placing the Follow Up Call

The Need: “Hi, this is Sarah calling you from Dentistry for Children. It was really nice seeing Suzy last week. I’m following up to schedule her for the sealants and fillings Dr. Smith recommended.”

The Pain Point: “We are concerned because if the sealants aren’t placed, the teeth are more susceptible to cavities. Also the cavities Suzy has could progress and possibly cause discomfort.”

Confirm Understanding: “I know the possibility of this causing discomfort is concerning to you as well.”

The Solution: “Let’s go ahead and get her scheduled for these procedures so that you get them taken care of.”

Finish up with a feel good: “Aren’t you glad you can check this off your list? I’ll let Dr. Smith know we got Suzy scheduled and we look forward to seeing you on Thursday, November 16th at 2:00.”