

## Background

We're working with Interfaith Dental to help improve your patient screening and onboarding process by building an online form and patient database. We're conducting these interviews in order to better understand the barriers and needs of this specific user group, including patients and Interfaith Dental staff who work with patients every day. Your answers will help determine the course of action.

## Current Onboarding Document

Alisha shared the [current form Interfaith Dental uses](#) to onboard/screen patients. It is a recent development in the last few months and has already made onboarding easier, but as Alisha describes below, is still not where they want it because of reporting and data organization challenges.

## Interviewee Background Questions

1. What is your name?

[Alisha D'Ovidio](#)

2. What is your role at Interfaith Dental?

[Clinical Office Manager](#)

3. How long have you worked at Interfaith Dental?

[2 years](#)

4. Did you have any background in dental/health?

[Yes, mobile dentistry and nursing homes.](#)

## Interfaith Dental Questions

5. How many patient-facing staff does Interfaith Dental have?

[Around 25. Most staff patient-facing](#)

6. How often do you train new staff on patient interactions, if at all?

Always doing training, courses that clinical staff takes to stay up to date w/ protocol and procedures. Training is constant, at least every few months. Patient care coordinators very much trained in the onboarding process.

## Patient-related Questions

7. What is your experience working with Interfaith Dental patients?

Eye opening, rewarding, appreciative of services, rewarding to help people in pain and making smiles.

8. How many patients does Interfaith Dental have right now?

Several hundred. 2 locations - Nashville and Murfreesboro

9. Do you see that number going up or down, or does it generally stay the same?

Stays the same - based on staff/volunteer capacity. Expect that to increase with Covid - a lot of people lost jobs/benefits so trying to build capacity

10. What are the main dental issues patients have leading them to come to you for services? How would you break that up percentage-wise?

Pain relief is a big chunk - extraction, about 30 percent of patients. Another 50% comes from patients who need multiple things, services, implants, etc. 20 percent needs minor work - cleaning, one filling.

11. What are the main ways new or repeat patients reach out to you for services? How would you break that up percentage-wise?

Everything done on the phone, very rarely social media. Some walk-ins, not heavy. Don't stress walk-ins, very schedule-based. Don't build in emergency appointments. Walk-in rate is less than 10 percent.

12. Who on staff is/are the main point(s) of contact for patients?

Patient care coordinator on phone. Intake coordinator in person.

13. How do patients hear about your organization? From whom do they hear about you?

Friends/family word of mouth. Coming from an agency that has referred a patient, or other local nonprofits providing social services. Minimal Social media/web searches for affordable care.

14. How generally aware are new patients/applicants aware of your services and organization? How correct are they in their understanding?

Pretty aware, because they've heard about it. By the time they get into the application process, they should be familiar with how the program works.

15. What is the biggest misconception patients think about Interfaith Dental?

Misconception is cost. Fees are on a reduced, sliding scale, but people think it's free. Not a big misconception, but the most common one.

16. How often do you interact with individual patients on a given basis? Do you have proactive communications with patients, or is it mostly reactionary, when patients reach out to you?

We see patients all day long. Generally we've not been doing a lot of direct outreach. We discuss at checkout how to keep up w/ care. Get a call about a week prior and call several times until we get in touch with them. Patients mostly reach out to us, leave voicemail and then we respond. Interest in the program is high demand so patients usually reach out to us.

17. In your experience, what motivates patients to reach out to you for services?

Their pain, addressing their concern. They have heard about us and see friends/family transformation.

18. What do you do about patients who reach out and are onboarded but don't respond to your outreach or don't show up to appointments? How often does that happen?

They sign an agreement wanting to invest in their care. Can cancel 48 hours prior. Most patients are compliant with the program. ID reaches out to them via text, email, phone, and if they're not compliant to rules and guidelines we dismiss them.

### **Process/System-related Questions**

19. How many patients do you onboard or screen in a given day or week?

Currently it's less, but also because our clinic has gotten to a point where we've stopped taking new patients. So many on the waiting list that we aren't taking applications. Numbers are down because they're getting that message. Weekly across both clinics we're screening 50-100. They're screened before they go on the waitlist. They're screened for qualifications BEFORE they get on the waitlist.

20. What are the ways you onboard or screen new patients right now?

Verbally over the phone. Goes through a series of questions.

21. What technologies or resources are you currently using to screen patients?

Phone, screening tool we created through Microsoft Forms that we send patients to fill out the screening tool. Patient Care coordinator can pull up forms and go through it with them. Helps us extract information. Form is not connected to the patient database, it goes into an Excel spreadsheet.

22. Have you ever had an online method for onboarding/screening patients?

Yes, see above.

23. How many people (and who -- staff, caseworkers, volunteers, others) have access to these technologies and resources?

6 patient care coordinators, including myself that have the most access. We use it more frequently on a daily basis. Anyone should have access to the link. Whether full clinical staff is aware of this form/link, I would say no. If we send a link to a caseworker who is referring a patient to us, then they can ask questions. Volunteers, it depends. Admin volunteers who help answer phones have access and know how to screen people.

24. What percentage of people fill out the screening information, among patients, family members, caseworkers, or patient care coordinators?

Families and patients easily 50 percent or more. Patient care coordinators are 40 percent. 5 volunteers, 5 caseworkers.

25. What has worked well with the current screening system? Why?

Having something beyond verbal. We actually have a standardized form that's in front of you. Everyone asks the same questions. We can extract information for each patient/application. Screening tool asks what kind of services they're after. Can get quantitative data and filter out what applicants have the greatest need. We know exactly what's going on with that patient and have it in front of us. "What led you to interfaith dental" text box is what drives who has the greatest need. If something sticks out, we reach out pretty quickly to get them in. We're dividing into groups where they would fall based on need: Fee schedule buckets, insurance buckets.

26. What has not worked well with the current screening system? Why?

Manual part of the process is the hardest part. Have to filter out if you want groups. Doesn't auto do that. Can filter, but a bit of a process. And have to manually go into Microsoft Forms and extract it to add it to another spreadsheet. Doesn't combine well. Time drains more than it should. If a patient doesn't have access to the internet, we can fill it out over the phone.

Biggest challenge is how info is extracted and filtered. Not 100 percent sure whether the phone will still be a bit less, but patients will still reach out to us first. Calls are too long for new patient screening - at minimum 5-7 minutes, then question times and want to talk about that, for just one patient. Current link to the form is not online, we have to directly share it. Still a new product because we did it right before Hackathon involvement.

27. Are there times when patients, caseworkers, or care coordinators start the onboarding process, but don't complete it?

Not a regular occurrence. But I have seen times where patient fills out form more than once.

28. How involved are patient care coordinators or others in assisting new patients in the onboarding/screening process?

Right now 60-70 percent on phone and 30 percent filling it out themselves. Some of that is because we've had waiting list so patient care coordinators are now going back to list and screening them with more detailed info we can extract.

29. Do patients ever fill out the onboarding/screening form themselves, without assistance? What would be a situation in which they would? Are they usually successful?

Most patients can fill it out successfully. Not a lot of calls if any who have had trouble. No follow up message. Submit message is not detailed, just "Thank you".

30. What is the most common information you ask for as part of onboarding that patients or caseworkers don't know or have? Why do you think that is, and what could mitigate that, in your experience?

Patients are doing pretty well with adding everything in. Income can be a confusing question because they don't know what to put. Does 0 really mean 0 or do they not know what is defined as income?

31. What are the situations where caseworkers call you to screen or refer you to a new patient? How frequently does this occur?

In general, several referrals a week. If a patient needs a comprehensive treatment plan. Most agencies we work with are on a personal relationship basis and can get through to us. Caseworkers call directly instead of filling out forms to refer patients. We want to get to the place where caseworkers use form to refer, but right now we don't share form w/ caseworkers to refer patients. If caseworkers/outside orgs contact about new patients, we may use form, but not often.

32. Have patients, family of patients, caseworkers, or care coordinators shared any additional feedback about the onboarding process that you feel may be helpful to improving the process as we transition to an online system? If so, what feedback have you received?

No real feedback yet. Very basic form. What would be nice is having a confirmation at the end, That would be very helpful because right now we tell on the phone we'll be in touch w/ you. But not everyone remembers every word you said. Having regular, personalized information and contact through the form would be crucial.

33. What haven't we asked you today that you feel would be helpful for us to know?

We've had the goal for a long time to get to this point, but resources and time are scarce. This new platform will help us follow up w/ patients more easily and we're excited about what it can become.