Part of NNOHA’s developing Practice Management Resources

Current chapters in development for the Operations Manual for Health Center Oral Health Programs include:

- Health Center Fundamentals – Published!
- Leadership
- Financials
- Risk Management
- Quality
- Integrating Specialty Care Services
- Workforce and Staffing
- Understanding Reimbursements
Main Sections

• Staffing/ Equipment Requirements
• Hiring Staff
• Changing Roles of Dental Hygienists
• Non-Traditional Staffing
• Reporting Structures
• Recruitment Strategies
• Managing & Motivating an Effective Staff
• Encounter Rates & Productivity Standards
Staffing Requirements

One size does NOT fit all. HRSA guidelines are just that – guidelines. They are good ones though.

- Consider:
  - Mission
  - Service area
  - Scope of services
  - Expectations for growth
  - Efficient productivity
  - State practice regulations
Staffing Requirements

- 1.0 FTE dentist/ 1,800 patients served.
- 2.5 – 3.0 operatories per FTE Dentist EXCLUDING chairs used for hygienist.
- 2.5 – 3.0 dental assistants per FTE dentist.
- 3.0 guideline especially relevant if EFDA’s used.
Staffing Requirements (Cont’d)

Consider one CHC formula for staffing and equipment.

- 2 dental operatories per 3 medical exam rooms.
- 3 chairs and assistants per FTE dentist.
- 1,500 annual encounters per chair.
Hiring Staff

- Perhaps the most important factor in hiring dental providers is finding applicants who understand and have a dedication to the mission of the program.
  - A recent workforce survey conducted by NNOHA
- #1 reason current CHC dentists chose a CHC was because they felt a mission to the dentally underserved.
Hiring Staff

- Those that chose a CHC because of a sense of mission to the underserved were statistically less likely to indicate an intent to leave the CHC (more satisfied providers).
Hiring Staff

Other Considerations

- Provider’s **skill level** and **skill set** needed to meet the oral health needs of the population that is served by the Center.
- Scope of services.
- Productivity expectations.
- Cultural sensitivity and competency issues.
Recruitment Strategies

- NHSC
- Community Involvement
- Involving the Spouse
- Utilizing Dental Schools/ Residencies, Dental Hygiene Schools
- Connecting with Private Practice
- PCAs
Of the 338 executive directors surveyed, 132 (39%) reported having at least one dentist vacancy, and of those vacancies, over half (52%) were of greater than six months duration.

In contrast, only 47 executive directors (14%) reported at least one dental hygienist vacancy, and of those vacancies, 40% were of greater than six months duration at the time of the survey.

An additional 12 executive directors (4%) reported more than one vacancy in the dental component of their Health Centers.
The most commonly used method indicated by executive directors for recruiting dentists was “Working with the NHSC” (28%).

The most commonly used method for recruiting dental hygienists was “Newspaper advertisement” (10%).

Other cited methods were “Networking with Primary Care Associations”, and “Community Health Center web postings”.
## NNOHA Workforce Survey - Career Prior to Health Centers: Dentists

<table>
<thead>
<tr>
<th>Dentist</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private practice owner/partner/associate</td>
<td>179</td>
<td>31.9</td>
</tr>
<tr>
<td>Dental student</td>
<td>134</td>
<td>23.9</td>
</tr>
<tr>
<td>Private practice employed dentist</td>
<td>104</td>
<td>18.5</td>
</tr>
<tr>
<td>Local, state, public health agency/other community dental center</td>
<td>57</td>
<td>10.2</td>
</tr>
<tr>
<td>Grad dental program/specialty program</td>
<td>46</td>
<td>8.2</td>
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<tr>
<td>Commissioned Officer PHS/Military</td>
<td>36</td>
<td>6.4</td>
</tr>
<tr>
<td>Retired</td>
<td>5</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>561</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Reporting Structures

• While many reporting structures can work in specific situations, it is NNOHA’s recommendation that the Dental Director report directly to the Executive Director instead of to a Medical Director or other administrative officer.

• In the recent NNOHA Workforce Survey, Dental directors who reported to a CMO/Medical Director were 2.2 times more likely to indicate intent to leave than those dental directors who reported to a CEO/Executive Director.
Administrative vs. Clinical Time

• A very common complaint of Dental Directors in particular is the feeling that they are not allocated enough time for their assigned administrative duties.
• In the recent NNOHA Workforce Survey 71% of respondents indicated that there was not enough or no time allocated for assigned administrative duties.
Non-Traditional Staffing

- Contract
- Volunteers
- Students and Residents
- Expanded Function Dental Assistants (EFDA)
- Private Sector
- Other Primary Care Providers
- Alternative Dental Workforce Models
Non-Traditional Staffing

Students and Residents can contribute to the mission and clinical operation of a CHC in a meaningful way.

- Potential recruitment
- Positive retention tool
- Clinical productivity
Non-Traditional Staffing

To effectively realize the potential of student/resident involvement, need to consider:

- Operatory space
- Auxiliary support
- Sufficient patient/procedure pool
- Engaged Providers/Educators
- Organizational commitment to hosting student/resident
- Good working relationship with School or Residency Program
Encounter Rates & Productivity Standards

Factors to consider:

- Mission of organization
- Patient mix
- Procedure mix and scope of service
- Experience level of providers
- Emergency patient load
- Scheduling efficiency
Encounter Rates & Productivity Standards

- The 1987 BPHC Policy Memorandum stated that one full time equivalent (FTE) dentist should provide 2,300 encounters per year and one full time equivalent FTE dental hygienist should provide 1,400 encounters per year.

- NNOHA does not recommend a range of encounters as there are many variables to consider. The average encounter rate is 2,700 per dentist based on the 2008 UDS.

- RVU – a time based measure that can serve as a common reference among providers and different programs to evaluate and compare dental performance.
Retention

- Salaries
- Incentive Programs
- Work environment
- Combating Turnover & Burnout
- Training Resources & Improvement
The category of $95,000-$110,000 had the highest percentage of respondents at 27%.
For Dental Directors, the category of $110,001–$125,000 was the highest, followed by $>140,000.
NNOHA Workforce Survey – Job Satisfaction and Career Longevity

- **80%** of dentists and **93%** of dental hygienists indicated intent to remain in Health Center practices.
- For those dentists who intended to leave Health Center practice, 61% planned to do so in the next 2–5 years, 29% within one year, and 10% planned to leave as soon as possible.
NNOHA Workforce Survey – No Significant Association Between...

- Intention to leave Health Center practices and:
  - HRSA region
  - The population of the location in which the center was located
  - The dentist’s position in the Health Center
  - Salary reported (for either dentists or dental hygienists)
  - Perception of on-call responsibilities
  - Number/experience/quality of dental assistants
  - Number of dental hygienists employed
Significant associations were found between intent to leave the Health Center practice and the following variables:

- **Gender**
  - Females are more likely to express an intent to stay than males

- **Years of Health Center practice and total experience**
  - Providers planning to stay in Health Center practice had a mean experience of 8.12 years and those planning to leave had a mean experience of 4.65 years

- **Level of autonomy in practice**

- Receiving state loan assistance
NNOHA Workforce Survey - Statistical Associations (Cont’d)

- **Pre-existing altruistic motivation**
  - Those indicating a pre-existing altruistic motivation were more likely to indicate intent to stay in the Health Center practice than those who did not indicate such a motivation.

- **Pre-existing value placed on loan repayment**
  - Those selecting loan repayment as their first ranked reason for choosing the Health Center practice were more likely to indicate an intention to leave.

- **Adequacy of Support**
  - Those who perceived that the administrative support available was adequate in the Health Center practice were more likely to indicate an intention to remain in that practice than those who perceived administrative support as inadequate.

- **Type (title) of supervisor to which the Dental Director directly reported**
  - Dental directors who reported to a CMO/Medical Director were 2.2 times more likely to indicate intent to leave than those dental directors who reported to a CEO/Executive Director.
NNOHA Workforce Survey - Putting It All Together...

Characteristics of satisfied providers

- **Females** reported an intent to leave less than males, more experienced providers and providers who had been employed by the Health Center longer indicated less of an intention to leave.

- Providers who **reported directly to the CEO of the Center instead of a Medical Director**, felt they had sufficient administrative, clerical support and adequate facilities and equipment were more likely to indicate they wanted to stay.

- Providers that came to Health Centers because they felt a **sense of mission** were more likely to indicate they wanted to stay.
Implications and Strategies

- **The results should not be generalized!**
  - Does not mean that you can paint a broad brush and assume that every male, inexperienced dentist who joined a Health Center because of loan repayment will intend to leave your Health Center in the near future. What it means is that you should take into consideration other factors besides salary when you are trying to retain quality employees.

- Satisfaction was measured by the intention to leave Health Center practice.

- Salary alone is **not** the main reason that dental health care providers choose to leave or remain in Health Center practices.
Implications and Strategies (Cont’d)

• The NACHC report suggests: Evolution in dental education to involve a more diverse student body, greater attention to public health, and collaboration with other oral health providers as well as primary care providers will help improve access to oral health care in the long term.

• According to the 2009 NNOHA Salary and Retention Survey, 4 in 10 responding executive directors are reporting at least one dentist vacancy.
  ▪ Majority of dental providers currently working in Health Center practices are more experienced and came from private practice settings.
  ▪ Recruitment efforts should be aimed at that labor source rather than simply working with the NHSC, PCAs, and dental school/dental hygiene school postings.
Changing Roles of Dental Hygienists

• Dental hygienists have a crucial and increasing role in improving access to care in underserved communities.

• Fifteen states allow dental hygienists to receive **direct reimbursement from Medicaid for prevention services provided by a dental hygienist**. Oregon will also pay for services provided by a person under the supervision of a limited access permit dental hygienist. States allowing direct reimbursement include: AZ, CA, CO, CT, ME, MA, MN, MO, MT, NE, NM, NV, OR, WA, WI.
Thirty two states allow for direct access in some settings outside of the dental office. At this time states that do not allow for direct access include: ND, SD, WY, UT, IL, IN, AR, LA, MS, AL, TN, GA, FL, NC, NJ, MD, HI, DE and DC.
Managing & Motivating an Effective Staff

- Clear Mission of the practice
- Clear Job Descriptions
- Clear Organizational Charts
- Open and Clear Channels of Communication
- Ensuring every member of the dental team feels valued
- Creating a positive work environment
For More Information...

- Order a printed copy or download the PDF version of “Survey of Health Center Oral Health Providers: Dental Salaries, Provider Satisfaction, and Recruitment and Retention Strategies”: http://www.nnoha.org/generalpage.html
- Attend other Practice Management Sessions at the Conference!
QUESTIONS?
THANK YOU

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