Workforce and Staffing: Utilizing Your Resources to Fulfill Your Mission

Tena Springer, DH, MA
Dental Program Director
Primary Health Care, Inc.
Des Moines, IA
Learning Objectives

• Understand statistics and issues around the current HC workforce to inform recruitment methods and strategies
• Develop an effective hiring process
• Foster a positive work environment to maximize retention
• Develop ideal staffing and equipment ratios for your program
• Understand how students, dental hygienists and new dental team members might be effectively utilized
Workforce: A Challenge for Health Center Oral Health Programs

- 29.1% of Health Centers have at least 1 dentist vacancy
  - An Analysis of the 2013 Health Center Oral Health Provider Recruitment, Retention, and Job Satisfaction Survey Results

- Nationwide there is a growing shortage of dentists, with more dentists retiring or leaving the profession than graduate each year.

- 4,800 Dental Health Professional Shortage Areas (HPSAs) as of January 2014
  - http://www.hrsa.gov/shortage/
2013 NNOHA Workforce Survey – Dentist Vacancies

- 2013: Of the 246 executive directors surveyed, **29.1%** reported having at least one dentist vacancy, and of those vacancies, **35.6%** were of greater than six months duration.
  - 2009: 39.1% of executive directors reported having at least one dentist vacancy, 52.3% of those vacancies were of greater than six months duration.
- 2013: An additional **8.9%** of executive directors reported more than one dentist vacancy.
  - 2009: 3.6% of executive directors reported more than one dentist vacancy.
An Analysis of the 2013 Health Center Oral Health Provider Recruitment, Retention, and Job Satisfaction Survey Results

To be published in just a few short weeks!
2013 NNOHA Workforce Survey – Top 3 Reasons for Choosing a Health Center Career

- Dentists:
  - 42.2% - Felt a mission to serve the dentally underserved population
  - 19.9% - Loan repayment was available in Community Health Center practice
  - 10.3% - Wished to practice dentistry/dental hygiene in a community-based setting

- Dental Hygienists:
  - 43.1% - Felt a mission to the dentally underserved population
  - 22.2% - Wished to practice dentistry/dental hygiene in a community-based setting
  - 16.0% - Attracted by work schedule/leave policies/fringe benefits of Community Health Center practice

*Multiple answers per respondent.
## 2013 NNOHA Workforce Survey – Career Prior to Health Centers: Dentists

<table>
<thead>
<tr>
<th>Dentist</th>
<th>Frequency</th>
<th>%</th>
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<tbody>
<tr>
<td>Private practice owner/partner/associate</td>
<td>124</td>
<td>28.5</td>
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<tr>
<td>Dental student</td>
<td>108</td>
<td>24.8</td>
</tr>
<tr>
<td>Private practice employed dentist</td>
<td>81</td>
<td>18.7</td>
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<tr>
<td>Local, state, public health agency/other community dental center</td>
<td>54</td>
<td>12.4</td>
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<tr>
<td>Graduate dental program/specialty program</td>
<td>44</td>
<td>10.1</td>
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<tr>
<td>Commissioned Officer PHS/Military</td>
<td>21</td>
<td>4.8</td>
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<tr>
<td>Retired</td>
<td>3</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>435</strong></td>
<td><strong>100</strong></td>
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</table>
2013 NNOHA Workforce Survey

83.6% of dentists and 93.9% of dental hygienists indicated intent to remain in Health Center practices.
2013 NNOHA Workforce Survey – *No Significant Association Between...*

- Intention to leave Health Center practices and:
  - HRSA region
  - Salary reported (for either dentists or dental hygienists)
  - NHSC scholarship receipt, federal loan repayment assistance, or state loan repayment assistance
  - Year of completion of NHSC loan repayment
  - The dentist’s position in the Health Center
  - Gender of provider
  - Perception of administrative time allowed

- Rotation through Health Center practices while in professional training
- Title of the person to whom they reported administratively
- Perception of on-call responsibilities
- Number of dentists, number of dental hygienists, or ratio of dental assistants to dentists
- Number of dentist or dental hygienist vacancies which had “dental program managers” as opposed to other types of dental directors
Significant associations were found between job satisfaction as measured by intent to leave the Health Center practice and the following variables:

- Years of Health Center practice and total experience
- Level of autonomy in practice
- Pre-existing value placed on loan repayment
- Adequate various workplace environmental indicators
- Adequate interaction w/ medical colleagues at Health Center
2013 NNOHA Workforce Survey – Statistical Associations with Job Satisfaction

- Significant associations were found between job satisfaction as measured by intent to leave the Health Center practice and the following variables:
  - Years of Health Center practice and total experience
  - Level of autonomy in practice
  - Pre-existing value placed on loan repayment
  - Adequate various workplace environment indicators
  - Adequate interaction w/ medical colleagues at Health Center
2013 NNOHA Workforce Survey – Putting It All Together...

- Characteristics of satisfied oral health providers
  - More experienced providers
  - Providers who had been employed by the Health Center longer
  - Providers who felt they had full autonomy
  - Sufficient clinical, administrative, clerical support and adequate facilities and equipment
  - Sense of mission
The #1 reason current HC oral health providers chose a HC was because they felt a mission to the dentally underserved AND

Those that chose a HC because of a sense of mission to the underserved were statistically less likely to indicate an intent to leave the HC (more satisfied providers).
Recruiting, Hiring and Retaining Providers
Factors to Consider When Beginning the Recruitment Process

- Mission alignment
- Scope of services and patient population
- Cultural competency and sensitivity
- Language considerations
- Productivity expectations
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- Language considerations
- Productivity expectations
Recruitment Strategies

- Connecting with Private Practice
  - State and Local Dental Associations
- National Health Service Corps
  - NHSC Scholars
  - NHSC Loan Repayors
- Dental Schools, Residency Programs, Dental Hygiene Schools
- Primary Care Associations
- NNOHA Job Bank
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  [http://www.nnoha.org/resources/jobbank/]
Retaining Good Providers

- Work environment
- Salaries and Benefits
- Incentive Programs
- Continuing Education and Training
Retaining Good Providers

Work environment

• Model the Way
• Inspire a Shared Vision
• Enable Others to Act
• Encourage the Heart
Retaining Good Providers

Work environment

- Clear mission of the practice
- Open and clear channels of communication
- Ensuring every member of the dental team feels valued
- Creating a positive work environment
Retaining Good Providers

Work environment

- Adequate number and quality of auxiliary staff
- Adequate administrative support
- Adequate administrative time
- Up to date equipment, instruments and supplies
Retaining Good Providers

Work environment

- Adequate number and quality of auxiliary staff
- Adequate administrative support
- Adequate administrative time
- Up to date equipment, instruments and supplies
Retaining Good Providers

Work environment

- Adequate number and quality of auxiliaries
- Adequate administrative support
- Adequate administrative time
- Up to date equipment, instruments and supplies
Retaining Good Providers

Salaries and Benefits

- Loan repayment
- Retirement plan
- Insurance coverage
- Paid leave time
- Professional dues reimbursement
Retaining Good Providers

Incentive Programs

• Simple, easy to understand and manage
• Based on a target “goal” that directly influences the organization’s income
• Achievable and attractive
• Frequent (e.g. monthly or quarterly rather than annually)
Retaining Good Providers

Continuing Education and Training

- Median number of days for CE:
  - Dentists: 5
  - Dental hygienists: 4

- Mean CE reimbursement:
  - $1,849 for Dental Directors
  - $1,789 for staff dentists
  - $1,048 for dental hygienists
Maximizing Efficiency: Staffing, Equipment and Productivity
Staffing Recommendations

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

Consider:

- Mission of the program
- Scope of services
- Patient demographics and patient mix
- Expectations for growth
- Efficient productivity and maximal use of facilities
- State practice regulations and flexibility of dental workforce
Staffing Recommendations

- For Health Centers, NNOHA recommends **2.0 or more full-time dental assistants per 1 full-time dentist** for optimum service.

- Dedicated dental front desk staff
Equipment Ratios

- 2 – 3 operatories per FTE Dentist EXCLUDING chairs used for hygienist

- Preferably, dental hygienists should have a separate and dedicated operatory
Encounter Rates & Productivity Standards

Factors to consider:

- Patient mix
- Procedure mix and scope of service
- Experience level of providers
- Emergency patient load
- Practice act allowances for auxiliaries
- Scheduling efficiency
Productivity

- 2012 UDS Data
  - 2657 visit/FTE/Year/DDS
  - 1292 visit/FTE/Year/RDH

- Relative value units (RVUs)

- More on productivity standards:
  http://www.dentalclinicmanual.com/docs/Productivity_measures.pdf
Exploring Scope of Practice
Changing Roles of Dental Hygienists

- Direct reimbursement from Medicaid
  - https://www.adha.org/reimbursement
- Direct access to dental hygienists
  - https://www.adha.org/direct-access
- Indirect supervision
  - https://www.adha.org/direct-access
Other Emerging Dental Team Members

- Expanded Function Dental Assistant (EFDA)
- Advanced Dental Hygiene Practitioner
- Community Dental Health Coordinators (CDHC)
- Dental Therapists
- Patient Navigators/Community Health Workers
Other Emerging Dental Team Members

- Expanded Function Dental Assistant (EFDA)
- Advanced Dental Hygiene Practitioner
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Other Providers: Students and Residents, Volunteers and Contractors
Non-Traditional Staffing

- Contract Dentists
- Volunteers
Students and Residents

- Potential recruitment
- Positive retention tool
- Clinical productivity
- NNOHA Academic Partnership Paper
Students and Residents

- 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
What Should You Expect from the School or Residency Program?

- Effective and frequent communication before and during rotations through a specific program contact for all administrative and clinical issues
- Clear requests for site and provider information
- Send prepared, competent and educated students
- Professional liability coverage for the students
What Should You Expect from the School or Residency Program?

- Communicate specific clinical procedure requirements
- Adequate length of rotations
- Housing expectations
- Revenue sharing expectations
Other Benefits to the Site

- The dental staff has the opportunity to share their expertise and experience.
- The experience that the student receives at the site can be a very effective recruiting tool.
- In most cases, all revenue produced by the student is retained by the site.
- The organization has the opportunity to be a partner in educating future dental professionals about cultural, societal and health issues unique to the communities they serve.
Benefits to Students

- Exposure to a variety of community and public health based clinical environments and situations
- An opportunity to be taught and mentored by excellent clinicians
- Student competence and confidence dramatically increased
- Ability to treat significantly more patients per day than in the dental school clinic
- A deeper understanding of the unique oral health challenges faced by many communities, and the opportunity to learn first hand how to address those challenges
Thank You!

- For additional support related to workforce:
  - Read Chapter 5 of the Operations Manual
  - Explore: [http://www.nnoha.org/resources/access-to-care/workforce/](http://www.nnoha.org/resources/access-to-care/workforce/)
Questions?

Tena Springer, DH, MA
Primary Health Care
Des Moines, IA
tspringer@phcinc.net
Leadership: The Path Toward Excellence as a Dental Director

Jane Gillette, DDS
Chapter Two: Leadership—Becoming an Outstanding Dental Director
What is LEADERSHIP?
Characteristics of Leaders

Leadership Lessons from Dancing Guy
by Derek Sivers
sivers.org/ff
Self Aware

Knowing one’s emotions, strengths, weaknesses, drives, values and goals and their impact on others

- Self confidant
- Realistic self assessment
- Thirst for constructive criticism
Self Regulation

Controlling or redirecting disruptive emotions and impulses

- Trustworthy
- Integrity
- Comfort with ambiguity and change
Motivation

Being driven to achieve for the sake of the achievement

- A passion of the work itself and for new challenges
- Unflagging energy to improve
- Optimism in the face of failure
Empathy

Considering others’ feelings especially when making decisions

- Expertise in attracting and retaining talent
- Ability to develop others
- Sensitive to cross-cultural difference
Social Skill

Managing relationships to move people in desired directions

- Effectiveness in leading positive change
- Extensive networking
- Expertise in building and leading teams
- Persuasion
Leadership Tools

- Persuasion/Influence
- Negotiation skills
- Effective communication
- Structured approach to leading positive change
Persuasion/Influence

- Likability:
  - Attractiveness: “halo effect”
  - Similarity
  - Consistency in actions: fair, just, follow-through
  - Complements

- Reinforcement Principle (words, smiling, nodding)
- The Principle of Social Proof
- Reciprocity Principle (professional and emotional support, small acts of thoughtfulness)
- Anchoring Principle
Negotiations

- Identify your BATNA (Best Alternative To Negotiated Agreement)
- Develop your reservation price
- Research or imagine the other party’s BATNA
- Discuss interests
- Make the first offer (Anchoring Principal)
  - write it down, close to the other party’s reserve price
- Don’t reveal your BATNA
- Don’t lie about your BATNA
- Signal your BATNA
Effective Communication

- **Congruent, Not Incongruent**
  A focus on honest messages where verbal statements match thoughts and feelings.
  
  *Example:* “Your behavior really upset me.”
  
  *Not* “Do I seem upset? No, everything’s fine.”

- **Descriptive, Not Evaluative**
  A focus on describing an objective occurrence, describing your reaction to it, and offering a suggested alternative.
  
  *Example:* “Here is what happened; here is my reaction; here is a suggestion that would be more acceptable.”
  
  *Not* “You are wrong for doing what you did.”

- **Problem-Oriented, Not Person-Oriented**
  A focus on problems and issues that can be changed rather than people and their characteristics.
  
  *Example:* “How can we solve this problem?”
  
  *Not* “Because of you a problem exists.”

- **Validating, Not Invalidating**
  A focus on statements that communicate respect, flexibility, collaboration, and areas of agreement.
  
  *Example:* “I have some ideas, but do you have any suggestions?”
  
  *Not* “You wouldn’t understand, so we’ll do it my way.”
Effective Communication

- **Specific, Not Global**
  A focus on specific events or behaviors and avoid general, extreme, or either-or statements.
  
  Example: “You interrupted me three times during the meeting.” Not “You’re always trying to get attention.”

- **Conjunctive, Not Disjunctive**
  A focus on statements that flow from what has been said previously and facilitate interaction.
  
  Example: “Relating to what you just said, I’d like to raise another point.” Not “I want to say something (regardless of what you just said).”

- **Owned, Not Disowned**
  A focus on taking responsibility for your own statements by using personal (“I”) words.
  
  Example: “I have decided to turn down your request because . . .” Not “You have a pretty good idea, but it wouldn’t get approved.”

- **Supportive Listening, Not One-Way Listening**
  A focus on using a variety of appropriate responses, with a bias toward reflective responses.
  
  Example: “What do you think are the obstacles standing in the way of improvement?” Not “As I said before, you make too many mistakes. You’re just not performing.”
A Framework for Positive Change

Establish a positive climate

Institutionalize the change

Create readiness

Generate commitment

Articulate vision
Relationship of Factors in a Climate of Positivity

- Positive personal energy and positive energy networks
- Positive feedback on strengths and the best self
- Expressions of gratitude, compassion, and forgiveness

Superior individual and organizational performance
Dental Director/Clinician to Administrator: Expert and Consultant

- Financial management
- Public health
- Government functions
- Clinical Competencies

- Organizational structure
- Legal issues
- Ethical issues
- Management information systems
GREAT Dental Directors.....

....scan relevant oral health and health policy publications to track trends and updates in environmental and clinical practice knowledge.

- NNOHA
- Association of State and Territorial Dental Directors
- Association of Public Health
- Association of Public Health Dentistry
- ADA Center for Evidence-based Dentistry
- Children’s Dental Health Project
- ADA Health Policy Institute
Executive Team

- Executive Director
- Chief Financial Officer
- Chief Operating Officer
- Human Resources
- Medical Director

Board of Directors
The Executive Director

MISSION & MONEY
The Executive Director

The Dental Director must function as the “eyes and ears” of the Executive Director in all oral health related activities and constantly scan the environment for possible problems and opportunities for the Health Center.
Get to know your CFO!

- Dental Director involved in the budgeting process
  - Realistic production goals and expense goals
- Know what payer mix is required to sustain the production and expense goals
- Understand how changes impact revenue and expenses
- Cost per encounter
- Revenue per encounter
Dental Director in Financial Planning

Dental Directors must know where and how the Health Center receives its revenues and what methods are available to adjust for negative income balances if a department’s costs exceed revenues generated.
The Dental Director in Financial Management

The Dental Director needs to be aware of how the dental department budget is carved out from the overall Health Center’s finances in order to assess the status of the clinical operations and make changes if needed.
Dental Director in Financial Planning

- Quarterly meetings with finance staff (including billing personnel)
- Participate in annual audit and Board of Directors finance meetings
- Seek advanced financial skills training
Board of Directors

- **Participation**
  - Attend meetings and prepare operations briefs with prior approval of the Administrative team.

- **Advisor and educator**
  - Be prepared to respond to questions and educate board members on clinical matters.

- **Update activities**
  - Prepare monthly reports on clinic budget and production trends.
Data Driven Decisions

- Helps in the planning process
- Provides information on the challenges ahead
- Allows for tracking changes and corrections in strategic outlook
- Compliance with federal rules
- Improves quality of care
- *Helps to know the territory!*
Data Driven Decision Making

- Monitoring quality of care - basic outcome measures
  - Peer review protocols
  - Patient satisfaction surveys
  - Community needs assessment
  - Efficiencies in treatment applications

- Financial Management
  - Cost control and supply utilization
  - Revenue and service cost tracking
  - Provider productivity tracking
Dental Clinic Vision

- What is the Health Center Vision?

- What is your Vision for the dental program?

- What is the Executive Team and Board’s Vision for the dental program?
Realistic Vision!

Build a realistic vision with service priorities based on good information:

- availability of resources
- space and design of clinic
- service prioritization
- size of the target population
- dental disease prevalence and types
- demand of the population
- all providers calibrated on a reasonable concept and path towards creating dental health, not highest cost = ideal restoration.
Building the Dream Team!
Hiring the Right People

- The right people for staff positions require more than technical skill.
  - Attitude, self-control, demeanor, willingness to take orders and dependability.
  - Resonate with Health Center mission and the Dental Director.
Organizing Your Team

- Clear chain of authority and reporting
- Written polices, protocols, and procedures
- Verify understanding of priorities and requests when given
- Listen, observe, and demonstrate
- Provide training, evaluation, and regular feedback
Staff Meetings

- Send agenda to staff in advance
- Assign time keeper, meeting minute recorder, & facilitator
- Assign tasks & hold staff to date & time for completion
Sample Agenda for Monthly Dental Staff Meeting

1. Reports from the various clinics on issues that have surfaced – 30 min.

2. Overall state of the Dental Department – examining quality improvement measures, successes and problem areas – 15 min.

3. Training topics such as risk management, incident reports, outreach, scheduling, evidence-based dentistry, cultural sensitivity, etc. – 45 min.

4. Individual achievements of staff members – 15 min.

5. Reports from staff members who have taken CE courses – 15 min.
Social Responsibilities

- State and local public health partnerships
- Head Start
- WIC
- School programs
- Foundations
- Service organizations
- Water fluoridation
Learning More On Leadership
Learning More On Leadership

Harvard Business Review
Learning More On Leadership

[Image of the book cover: "THE LEADERSHIP CHALLENGE" by James Kouzes and Barry Posner]
Learning More On Leadership

“Influence: Science and Practice
FIFTH EDITION
ROBERT B. CIA LDINI

“If everything were on the line in a negotiation, I can’t think of anyone I’d rather have advising me than Bob Cialdini.”
—TOM PETERS, The Tom Peters Group
Learning More On Leadership

STRENGTHS FINDER 2.0

Now, Discover Your Strengths

#1 New York Times Bestselling Author

TOM RATH
Learning More On Leadership
Learning More On Leadership
Conclusion

- What is leadership and what are the qualities and skills of leaders?
- Creating a vision of how to lead positive change
- Ways to strengthen relationships and interact with the staff, executive team, and Board
- Parameters of a Dental Director
- Meeting social responsibilities
- Opportunities for leadership improvement
Questions?

Dr. Jane Gillette, DDS
drgillette@SproutOralHealth.org
406.868.1549

Sprout Oral Health
PO Box 1028
Bozeman, MT, 59771