Effective Relationships Between Dental Directors and Health Center Executives: Recipes for Success

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Objectives

- Describe how Health Center dental department leadership and executive administrators have built effective relationships to improve dental program operations.
- Identify “take home” examples on how you can foster improved relationships between the dental department and the executive team.
- Identify characteristics and skillsets each leader looks for in the other person in order to create a strong relationship.
Cherry Street Health Services
Grand Rapids, MI
Cherry Street Health Services

- Primary medical
- Oral health
- Behavioral health
- Vision, pharmacy and enabling services in West Michigan
- Corrections and Employee Assistance Programs in other parts of the Michigan.
- 20 community sites plus 78 school linked sites
- 60,000 clients/ 800 staff/$65M budget
- Hallmark: Integration of physical and behavioral health
The Early Years

- Mutual agreement of need for dental services
- Different focus-Quality vs Quantity
- Very limited staffing resources
Middle Ground

- “We’ll be back to normal in six months.” “That is such a lie. You know there is no such thing as normal.”
- “I’m finally out of my box.” “You are so not out of your box.”
Middle Ground

- From disagreement on risk to building trust

- Better understanding of clinical quality and walking in dentists’ shoes

- Delegation of responsibility/communication on oral health quality and quantity
Oral Health Represented in Chief Officer Team

- Dental has always been represented on the executive team.
- Dental operates very differently than medical or behavior health.
- Carving out the role of oral health as the leadership team expands.
- Compromise - How do we standardize our operations, yet attend to the specific needs of the oral health patients?
Characteristics/Skillset Desired From Chief Executive Officer

- Recognize value and need for dental services
- Knowledge of FQHC’s rules and regulations (Brain Surgery)
- Think outside the box and within the lines
- Trust
Characteristics/Skillset Desired From Chief Oral Health Officer

- Passion for the mission (readiness: How can I help you?)
- Not just a mission (drill and fill/ grip and rip)
- Broader healthcare outlook – integration of care/ interaction of ideas
- Responsibility - Ability to translate clinical knowledge into words and numbers and to move the needle.
### Successful Project – Improved Population Health

**Then 1996**
- 1 site
- 2.5 FTE general dentists
- 1 FTE hygienist
- 5 chairs

**Now 2014**
- 11 dental sites
- 23 FTE general dentists
- 1.5 FTE pediatric dentists
- 14.5 FTE hygienists
- 77 chairs
- 72 traveling school linked sites
- 31,000 users
- 77,000 visits
Improved Population Health

**Step by step process:** We should be so lucky!

- Successful small expansion projects
- Establishing roles
- Distribution of growth responsibility to others
- Regular scheduling, quality and patient satisfaction assessment
- From small to successful large projects – patterns for expanded services and service area
Work in Progress

- Initiative to provide access to ALL people seeking oral health care services
- Staff working at highest level of training
- Creative scheduling
- Centralized scheduling
Improving Population Health

Access assessment (aim: population health)

- Demand - Third next appointment (Dr. Roels and dental coordinators)
- Need – Biannual surveys to assess unmet need by neighborhood or county (Chris Shea and Chief Clinic Operations Officer)
Great progress!
Kent County dental services for low income patients

Dental Encounters


Dental Encounters

0 50,000 100,000 150,000 200,000 250,000 300,000 350,000

National Network for Oral Health Access
But a long way to go.
Kent County unmet need for dental services for low income patients
Challenges

- Funding - dental equipment costs add up FAST
- Timing - short time from funding notice to start date
- Staffing - correct staff for each site
Recommendations for Other Health Centers

- Don’t micromanage – trust
- Set clear performance standards and don’t accept “You just don’t understand”
- Hold people accountable, especially CEO and COHO
Conclusions

- Know where you are going
- Communicate it
- Develop skills to accomplish goals
- Set clear(er) expectations, measurements and processes
- Recognize and ACCEPT that progress involves chaos and discomfort – Things will go wrong
- Just because you can’t do everything doesn’t mean you don’t do something. 😊
Contact Us!

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Effective Leadership at the “C” Level

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Chief Dental Officer

Vicki S. Hammond, CPA
Chief Financial Officer

National Primary Oral Health Conference
August 19, 2014
WHAT'S THE BEST SUNBLOCK YOU GOT?

HERE. TRY THIS.

WHAT IS IT?

DIRECTIONS TO SEATTLE.
Where is HealthPoint?
HealthPoint Administration
Renton, WA

- ATSU SOMA Medical Students
- ASTU ASDOH Dental Students
- Wright Center Medical Residency
- LMC AEGD Residency
- Behavioral Health and Naturopath internships
HealthPoint Midway
DesMoines, WA

- 10 dental chairs
- 18 medical exam rooms
- Full pharmacy
- Valley Cities Mental Health Services
- Naturopathic services
HealthPoint Bothell
Bothell, WA

- 9 dental chairs
- 16 medical exam rooms
- Full pharmacy
- Behavioral health
- Naturopathic services
What was the relationship like before you made the decision to improve it?

- Silos, each representing own divisions
- Small groups making decisions outside meetings
- Back door decision making
- Posturing, position taking
What made you decide to build a better relationship?

- Inertia at leadership level
- CEO wanted to strive for consensus decision making
- What systems and infrastructures were in place to create improved collaboration communication?
- Had a team, needed a coach
Executive Leadership Team

Chief Executive Officer
Chief Financial Officer
Chief Medical Officer

Chief Operations Officer
Chief Strategy and Development Officer
Chief Dental Officer

Integrity:
We have high expectations and support for honesty, sincerity, and standing up for beliefs.

Responsibility:
We collectively accept a high level of accountability for meeting or exceeding business and organizational goals.

Core Purpose:
“We are creating a better world by guiding individuals, families, and communities to health and well-being, and transforming the concept of healthcare.”

Wisdom:
The team considers both the large context of the business and the long range impact on society in making strategic business decisions (What would our customers say?)

Creativity:
We encourage imaginative thinking and are willing to entertain new and challenging opportunities.

Cooperation:
As a team, we take care of ourselves, we take care of each other and we take care of the place.
Behaviors supporting our Team Values

**Integrity**
- Share your perspective
- Listen to understand
- Consider other perspectives
- Engage in open and honest dialogue
- Assume best in others; assume positive intent
- Align with our core purpose
- Create an environment of safety with each other to speak up

**Creativity**
- What is new and innovative about ____?
- What problems or opportunities are we facing?
- We are continually transforming (not just satisfied in testing what we have)
- We learn from within and the outside world and knowledge that might apply to a new way of thinking

**Wisdom**
- How does this align with our purpose, mission and strategy?
- What is the business case?
- Do we have the information we need to make a wise decision?
- Can we function in an ambiguous situation and make the best decision possible?

**Cooperation**
- Ask for and offer help and expertise

**Responsibility**
- Do what we say we are going to do or renegotiate in a timely manner
- Make decisions and clearly communicate that we support it as one
- Set expectations
- Monitor progress
- Celebrate success
- Be open to revisiting decisions with new information
## Characteristics/Skillset Needed

<table>
<thead>
<tr>
<th>Chief Dental Officer</th>
<th>Chief Financial Officer</th>
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</thead>
<tbody>
<tr>
<td>Analytical</td>
<td>Analytical</td>
</tr>
<tr>
<td>Strategic thinking</td>
<td>Strategic thinking</td>
</tr>
<tr>
<td>Professional expertise (dental)</td>
<td>Professional expertise (finance)</td>
</tr>
<tr>
<td>Shared values and behaviors</td>
<td>Shared values and behaviors</td>
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Right Sizing Project

- Premise: If dental is right sized to medical, a greater number of medical patients would have access to dental services.
- Analysis: Number of chairs vs. exam rooms to support patient levels
- Timeline: Three years and counting
- Step by step process:
  - Needs analysis of business opportunity
  - Financial projections
  - Capital financing and development
- Roles, training:
  - Shared understanding with directors and managers
- Assessment Criteria:
  - Ratio of medical exam rooms to dental chairs 3:2
  - Number of medical patients receiving dental services
  - Adults vs. Children visits
  - No loss of financial position
Premise: 3:2 Ratio to Right Size

Average Panel Size 1800 patients

Average Number of visits per patient 2

Average Number of visits per FTE physician 3600

Average Number of exam rooms to support visits 3

1200 1200 1200

Average Number of chairs to support visits 2

1600 1600
Ratio of Medical Exam Rooms to Dental Chairs
2011 – 2014 (Goal 1.5)

All Clinics

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Ratio</td>
<td>3.20</td>
<td>2.60</td>
<td>2.50</td>
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</table>

New Clinics

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio</td>
<td>1.78</td>
<td>1.79</td>
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</tr>
</tbody>
</table>
Patient Visits 2011-2013 Adults and Children

- 2011: 13334 (Adult), 25588 (Child)
- 2012: 16957 (Adult), 25395 (Child)
- 2013: 22056 (Adult), 30196 (Child)
Financial Contribution

Contribution

Year | Contribution
--- | ---
2011 | 23%
2012 | 22%
2013 | 22%
Challenges

- New build is easier than renovation.
  - Consider how to minimize disruption in renovation.
  - Prepare the community for new access to reduce ramp-up time.
- Understand the market and needs of the patient.
- Do not build dental as an after thought.
  - Think strategically about service integration.
  - Align hours of operation to minimize confusion and maximize access.
Recommendations and Conclusions

- The leadership team (executives) are leaders and set strategic objectives.
- Set up an infrastructure of open discussion and decision making.
- Set clear goals and expectations as a team.
- Establish benchmarks with results based on data.
- Ensure all stakeholders are at the table in the delivery of care to patients to include the patients’ voice.
Contact Us!

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Evolution of Oral Health in a Community Health Center

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Dental Director

Gary M. Wiltz, MD
CEO, Teche Action Clinic
Teche Action Clinic – Franklin, LA
Teche Action Clinic

- 8 primary care sites, 2 in construction
- 2 functional dental sites, 2 ready to be opened
- Joint commission accredited
- 2600- PC users and 20 dental users
Previous State of Relationship

- **History**
  - Medical facility 32 yrs and dental department 25 yrs

- **Lack of knowledge and understanding of dental dept.**
  - Treated like any other department but depended on dentist’s feedback and input for the function of the department
  - No communication between the CEO, DD, CFO
  - No interdepartmental meeting with dental director and other medical providers
  - Strained relationship due to senior management noticing problems but unable to create solutions due to lack of cooperation from dentist

- **Lack of participation of dental with medical and vice versa**
  - Poor internal referrals
  - No input of new ideas to improve the function of department

- **Affecting and effecting patient care, reflecting on entire organization**

- **Feedback and slow regression of dept. resulted in Dr. Wiltz taking control to improve the dental dept.**
Beginning of Improved Relationship

- **Reason for Change**
  - Patient complaints
  - No comprehensive care/limited procedures
  - Increased referrals from dental dept. and patients unable to get treatment elsewhere due to high charges or lack of transportation
  - Negative outcome in AR due to lack of communication among back staff/front staff/billing dept.
  - Internal software issues not helping a complete paperless operation
  - Treating very few patients (around 6-10 pts among 3 dentists)
  - Back staff dictating the schedule

- **All of the above led to an increased no-show rate**
Beginning of Improved Relationship

- **Process that leads to systems/infrastructure**
  - Hiring the appropriate personnel
  - Full access for the dental director to create the structure
  - Creating a proper chain of commands
  - Practice analysis
  - Understanding demographics
  - Understanding the system of creating columns based on a lot of criteria

- Financial sustainability and affordability
- Meeting with medical providers and emphasizing the need for internal referrals to treat the person as a whole and not in parts
- Educating medical providers and other non dental staff regarding the importance of oral health being incorporated in the primary care medical home
- Marketing – internal and external
System and Infrastructure

- **Administrative**
  - Columns scheduling based on demographics
  - Addressing and creating a regimen for treating software issues-interface between dental and medical software
  - Huddles, training manuals and check list for front and back staff
  - Creating protocols for walk-ins, appointment scheduling, confirming patients, collections, patient coordination.
  - Quarterly presentation from dental director with BOD

- Monthly meetings with CEO and CFO
- Dental Budget
- Creating a procedure rate percentile with the type of patient flow
- Monthly aging report, expense report, assessing AR, 98% collection rate
- Consultation after clinical explanation with payment plans/appointment cards/walkout statements
- Policies and regulations and evaluations of staff performance and competency
- Staff compensation
System and Infrastructure

- **Clinical**
  - Presentation and customer care
  - On site training of staff when treating patients, weekly hands on training
  - Detailed comprehensive tx plan following exam and presented as consultation
  - Prompt recalls for perio maintenance, denture check ups, prophy.
  - Educating medical providers and conditional requirement for oral health care certification.
  - Regular dialogues to improve internal referrals and incorporate a software tool for basic education and info with images of oral lesions in all medical provider rooms
  - Cavity free under 3
  - Medicaid outreach program
  - Participating in community fairs
Dental Leadership Represented in Executive Team

- **Work in progress**
  - Currently: Monthly meetings
  - Ideas are put forth as an agenda and followed through on a monthly basis.
  - Eventually the dental director will be a part of the leadership team in order to get involved with the organization’s development
  - Why it’s necessary for dental director to be a part of the team?
    - Financially: Dental is the main revenue generator apart from pharmacy and it’s important to understand the way the pod works
    - Clinically: Help understand how other departments are organized and how new sites are created.
Characteristics/Skillset desired from Dental Director

- Vision of an oral health department?
- Dental budget – affordability based on priority
- Visionary/open mindedness
- Not just want CHANGE but also accept and adapt change
- Transparency in sharing the limitations of resources, plan/modify accordingly
- Willingness to educate oneself about oral health and attend NNOHA conferences along with dental directors for developing relationships
- Informed decision-making after factual understanding if and when presented with new ideas or change
- Staff appreciation and compensation
Characteristics/Skillset desired from Executive Leadership

- Leadership qualities
- Understanding of the organization, internal control measures/policies/vision and mission statement
- Patience!!!!
- Knowledge and ability to create solutions
- Great PR
- Clinically proficient and competent
- To be a great representation of the oral health department
Project: Patient Dynamics and Financial Viability When Providing Wide Range of Comprehensive Therapy

- Negative outcomes, both revenue and clinical lead to trial based system
- Will it be financially viable to provide wide range of comprehensive therapy?
- Analysis on the type of patient flow – financial status
Timeline: June 2013 - June 2014

- Understanding the community and limitation of resources
- Analysis on the type of patient flow
- 1st month – increase columns without assessment and just filling in patients- to study patient flow
- End of the 1st month- assessment of collection, revenue, pt. flow
- Plan strategy – few steps will be trial based
- 2nd month-Scheduling
- Training manuals and check list for staff/ huddles
- Plan and coordinate with pediatrics department to perform oral exam while seeing pts in your own dept.
- 90 day budget assessment and revenue analysis- financial viability by the executive team
June 2011-2013: 3 providers
June 2013-2014: 1 provider
June 2011-2012: 3 providers
June 2013-2014: 1 provider

Red- Perio, Blue- Pros
Pink- Endo, Green- Exodontia
Results

- Patient dynamics
- Patient care and experience
- Quality and quantity
- Increased internal referrals and less referring out
- Increased revenue from negative outcome to breaking even to financial viability
- Patients returning for comprehensive therapy
- Working progress with IT
- Working progress of bringing in more providers and staff and expanding
- Increased collections
Challenges

- Past
  - No assessment or planning
  - Lack of knowledge and understanding of dynamics of oral health
  - Lack of staff training
  - Lack of acceptance and implementation of new ideas
  - Lack of team work
  - Poor collections
Recommendations and Conclusions

1. “Pollyanna principle!” for dental directors
2. Communicate with other community health centers
3. Keep in mind the vision statement of the organization
4. Have a data driven request every time you request change or any new implementation of policies or regulations
5. Resources – NNOHA, Joint commission
Contact Us!

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