Session 3: Staffing for Success

Presenter: Dr. Dan Brody, Dental Director Valley Health Systems, West Virginia

Our mission is to improve the oral health of all.
“I don’t think we’re in Kansas anymore, Toto.”
“I don’t think we are medical anymore, Yadi”
“I am the entertainer and I've had to pay my price, the things I did not know at first I learned by doin' twice” – Billy Joel
Staffing by Design: Guiding Principles

- Staffing models play a key role in program success—be strategic
- Match staff to practice needs to maximize productivity
- Match staff skills to maximize productivity
- Don’t under staff or underpay (pennywise and pound foolish) – not only a productivity issue but more importantly can be a risk management issue
- Hire the person not the skill
Staffing Benchmarks

• At least 1.5 assistants per FTE dentist (2 is better)
• 1 FTE reception/registration clerk per 5,000 visits
• At least two operatories per FTE dentist  **MINIMUM**
• Potential to use three operatories if dentist has a dedicated assistant (especially a dedicated EFDA) or limits the scope of his/her practice
Staffing Best Practices

- All staff need to work to the top of their qualifications
- Know your state’s Practice Act and what each licensed professional can and cannot do
- Reward success
Determining Staffing Models

1. Identify programmatic resources (number of operatories, hours of operation and number/type of service sites (e.g., fixed clinics or mobile/portable))

2. Review your state Practice Act to identify the types of dental staff and their scope of practice


4. Develop daily visit capacity for each provider based on experience, practice type, staffing, facility flow, etc.

5. Consider whether you have the potential to add students or residents to the staffing mix
Determining Staffing Models

- 2014 Health Center Profile, Health Center Program Grantee Profiles; National Program Grantee Data; State Program Grantee Data
  - Age and Race/Ethnicity
  - Patient Characteristics
  - Services
  - Clinical Data
  - Cost Data

Hygienists
Dental Hygiene Staffing Basics

• Lifeblood of an oral health program
• Hygiene care can vary greatly from program to program (e.g., programs serving largely uninsured, low-income adults may have difficulty keeping hygiene chairs full)
• Broken appointment rates tend to be higher for hygienists than for dentists
• The scope of practice for hygienists is more limited than the scope of practice for dentists
• Expanded function hygienists can be a tremendous program asset
Dental Hygiene Staffing Basics
To Assist or Not to Assist?

• Dependent on a number of issues:
  1. Physical Facility
  2. Patient Mix
  3. Scheduling Practices
  4. State Practice Act
  5. Reimbursement
Making the Most of Hygienists

- Morale issue
- Medical/dental integration ensures the flow of priority patients (esp. children and pregnant women) to keep hygiene chairs full
- A strong broken appointment policy, consistent enforcement and best practices to reduce the risk of broken appointments and keep hygiene chairs full; be careful not to put up barriers
- Pay for performance?
Making the Most of Hygienists

• An effective recall system to ensure that hygiene patients are not lost to follow-up
• Scheduling recall visits six months out doesn’t work well for our patients
• Hygiene assistants can help boost productivity (assuming sufficient demand and good control of broken appointments)
Early Oral Health Intervention Program

• Targets children ages 0-3
• A dental visit is scheduled in tandem with well-child visits (6, 12, 18, 24, 30 and 36 months)
• 15-minute appointment (knee to knee or in the dental chair)—exam, fluoride, toothbrush prophy and anticipatory guidance for caregivers
• Alternatively, hygienist could set up in pediatrics or family practice with portable equipment for warm hand-offs
• Most states allow medical and dental encounter on same day, but make sure your state allows this!
Early Oral Health Intervention Program
Early Oral Health Intervention Program
Early Oral Health Intervention Program
Perinatal Oral Health Program

- Collaboration between dental and OB/Gyn and/or Family Practice
- Integration of oral health into perinatal health care
- Hygiene visits can be scheduled in tandem with OB visits
- Targets prevention and elimination of dental disease, reduction in harmful bacteria and improvement in oral health literacy
- Again, most states allow medical and dental encounter on same day, but make sure your state allows this!
Reducing the Impact of Broken Appointments

• Have a strong policy with consequences – be careful not to put up barriers to care
• Make sure the policy is consistently enforced
• Use pop-up alerts to warn schedulers about patients who have failed previous appointments
• Avoid the double booked conundrum
Reducing the Impact of Broken Appointments

- Offer same-day or next day only appointments for repeat offenders
- Limit the number of new patients in the daily hygiene schedule
- Only schedule hygiene appointments out 30-45 days to avoid the mirage conundrum
- Must have team approach
Effective Recall Systems

• Preappointing 6 months out doesn’t work well in the safety net and results in high rates of broken appointments in hygiene

• “Open Access”—recall patients are given a card with the month they are due for next hygiene visit and told to call and schedule their appointment

• Each month, the dental program runs a list of patients due for recall in the next month and sends out reminder cards
Effective Recall Systems

• Each week, the dental program generates lists of patients who are overdue for recall and staff make reminder calls (and schedule appointments)

• Exceptions can be made for patients who are used to scheduling recall out 6 months and have a track record of reliability

• For this to work, you need a good electronic dental practice management system
Taking Hygiene Outside the Walls of the Dental Clinic

- Prevention programs in community settings can be tremendously successful (if well-designed and well-coordinated)
- Public Health Hygienists can work in schools and other community health settings with indirect supervision
- Check your state Practice Act to determine the parameters
Taking Hygiene Outside the Walls of the Dental Clinic

• Need an effective case management system to ensure patients with identified disease get the care they need (referred back to fixed clinic or community-based providers)

• Hygienists can be part of a comprehensive mobile or portable program that incorporates dentists for treatment of disease
Dental Assistants
Staffing Basics, Dental Assistants

• Dental assistants have a huge impact on provider productivity

• A dentist with two operatories and two assistants can do 1.7 visits/clinical hour; a dentist with only one assistant can typically do 1 visit/clinical hour
  • Difference between 8 patient visits/day and 14 patient visits/day

• Biggest mistake health centers make is not investing in the right number of dental assistants
Assistants Increase Access and Revenue

• Cost of adding Dental assistant
  • $16/hour x 40 hrs = $640/week
  • Fringe benefits @ 25% = $160
  • Total cost = $800/week

• Would enable Dentists to see 20 additional patients each week

• Assuming typical payer mix and revenue per payer type:
  – 8 Self pay visits @ $40 = $320
  – 10 Medicaid visits @ $130 = $1,300
  – 2 commercial Ins. @ $150 = $300
  – Total Revenue = $1,920
  – Weekly profit = $1,120 or yearly profit = $51,520

• Increases access by providing nearly 1000 additional visits for the year and revenue by over $50,000
Making the Most of Assistants

- Gold standard is one assistant per operatory, or at least 1.5 per dentist with additional float assistant(s) to maximize patient flow and provider efficiency
- Partnerships with dental assistant training programs can be a great way to recruit good assistants
- Develop a formal orientation program for new assistants
Expanded Function Dental Assistants

• State laws vary with regard to what expanded functions dental assistants can do—check your state Practice Act

• EFDAs can be tremendously beneficial in expanding provider productivity IF the allowed functions are a fit with the patient population (e.g., no need for an EFDA who can do coronal polishing on young children if the practice serves mainly adults)
Expanded Function Dental Assistants

- Dentists need to be comfortable relinquishing certain functions (such as placing restorative materials)
- Costs more than conventional assistants so be sure you can use them to the top of their license
- Scheduling is very important to maximizing value of EFDAs
- Ideal team: 1 dentist, 1 EFDA, 1.5 to 2 conventional assistants and 3 operatories
Front Desk
**Staffing Basics: Reception/Registration**

- From dental perspective, the best practice is a dedicated dental reception/registration rather than centralized.
- If centralized is the only option, next best is a dedicated dental check-in window (with check-out done in dental).
- At least one reception/registration clerk for every 5,000 patient visits.
- Carefully define the critical work that needs to get done to maximize provider productivity and billing/collections—these are the priority activities.
- If your reception/registration staff have too much to do, they will cut corners and productivity and revenue may decline.
Prioritize the Work

- Greets patients
- Collects complete and accurate patient demographics; corrects registration errors in system
- Checks with insurer to verify the patient is covered by that insurance, and determine coverage limitations and eligibility for services to be provided
- Identifies where uninsured patients fall on the sliding fee scale
- Determines insured patients’ co-payment responsibility
- Collects patient payments (insurance co-pays and self-pay charges)
- Answers phones
- Schedules appointments according to clinic policy
Prioritize the Work (cont.)

- Triages emergencies and walk-ins
- Prepares daily schedule for dental staff
- Makes reminder calls to patients with upcoming appointments
- Documents and manages DNKAs according to clinic’s no-show policy
- For uninsured patients, collects documentation of income to establish eligibility for sliding fee scale discounts
- Assists new patients in completing dental history, consent, privacy and financial forms
- Manages the prior authorization process—submits required documentation, tracks status of requests, schedules patients when approval is received
Centralized Call Centers

- Centralized call centers do remove the chaos of constantly ringing phones from the dental clinic.
- However, staff in central call centers are trained to get callers off the phone quickly and this can lead to scheduling errors that negatively impact dental program operations.
- From the dental perspective, the best scenario is dedicated staff to answer dental calls and schedule appointments located in the dental department.
- If that is not possible, next best is someone with dental experience (e.g., a former dental assistant) who sits in the Call Center but is dedicated to answering dental calls and scheduling dental appointments.
- If that is not possible, limit the types of appointments that the Call Center staff can schedule, provide good training, monitor closely and provide immediate feedback when mistakes occur.
Staff Morale
Fostering Staff Morale

• Effective Leadership
• Building Teamwork and Accountability
• Providing Adequate Staff Training/Orientation
• Improving Communication
• Providing Feedback
Laying the Groundwork for Accountability

- Become an active listener
- Talk with staff, not at them
- Foster open and direct two-way communication—empower staff to speak directly with each other and you; be willing to accept their feedback without getting defensive
- The ability of staff and leadership to confront and deal with issues is crucial to success
- Be crystal clear about performance expectations—they should be in writing (job description, performance evaluation tools, objective success measures, etc.)
Leadership for Accountability

• Be explicit about your expectations for job performance (have EVERYTHING in writing!)

• Don’t ignore poor performance; it must be addressed immediately and consistently, or you will lose all credibility and destroy your team’s morale

• But don’t focus only on poor performance; “catch” your staff when they do something good, and praise, praise, praise!
Leadership for Accountability

- Recognize and reward staff for a job well done (rewards don’t have to be monetary; they are tokens of your appreciation, chosen personally by you in recognition of them as individuals)
- Coach in private, recognize publicly
- Lead by example—role model the behaviors and performance you expect from your staff
Building Teamwork/Accountability

- Involve staff in the development of program goals
- Regularly share progress in meeting goals with all staff
- Involve staff in the development of strategies to resolve challenges to meeting program goals
- Reward staff for meeting program goals (bonuses, incentives)
- Recognize individual contributions to the team
- Take the time to celebrate your great team!
Training/Orientation

• Develop a formal orientation program for new staff
• Create checklists and other materials to help guide new staff
• Regularly update new and existing staff on utilization of the EDR/PMS
Fostering Team Communication

- Morning huddles for the entire dental staff (front desk and clinical staff)
- Regular (monthly) staff meetings—block out the patient schedule, not over lunch (e.g., 4-5 p.m., 1-2 p.m.)
- Create an agenda for each staff meeting and include a review of dental program performance
- Post a whiteboard where staff can suggest topics to be covered at the next staff meeting
- Promote staff feedback and discussion
- Take and share meeting minutes with staff who couldn’t attend
Staff Compensation

• “You get what you pay for”—hire good people and pay them a competitive salary so they will stay!
• Turnover has hidden costs
• Salary.com is a useful tool for determining median salaries for dentists, assistants, hygienists and receptionists in a particular zip code or community
• Factor in cost of employee benefits—make sure staff know the monetary value of the benefits they receive
• Consider bonuses and/or incentives to reward staff
Staffing by Design—not a suggestion rather a blueprint for success