Workforce and Staffing: Utilizing Your Resources to Fulfill Your Mission

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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.

- 5,616 Dental Health Professional Shortage Areas (HPSAs) as of Sept 2017
  - http://www.hrsa.gov/shortage/
2013 NNOHA Workforce Survey – Dentist Vacancies

- 2013: **29.1%** reported having at least one dentist vacancy

- 2013: An additional **8.9%** reported more than one dentist vacancy.
  - 2009: 3.6% of executive directors reported more than one dentist vacancy

“...And as the Minister in charge I can assure the public there is no shortage of NHS dentists.”
An Analysis of the 2013 Health Center Oral Health Provider Recruitment, Retention, and Job Satisfaction Survey Results
2013 NNOHA Workforce Survey – Top 3 Reasons for Choosing a Health Center Career

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

- **Dental Hygienists:**
  - Felt a mission to the dentally underserved population (10.3%)
  - Wished to practice dentistry/dental hygiene in a community-based setting (22.2%)
  - Attracted by work schedule/leave policies/fringe benefits Community Health Center practice (16.0%)
83.6% of dentists and 93.9% of dental hygienists indicated intent to remain in Health Center practices.
2013 NNOHA Workforce Survey – *Statistical Associations with Job Satisfaction*

- Experience - The longer the provider had been at the center, the more likely they were to stay.
- 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 – *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
The “HUMAN Resource”...

- Your team is your greatest asset
- There is always a demand for good team mates.
“If you’ve seen one health center...”

- SW Idaho, 13 clinical sites
- 32,552 patients
- 21 dental providers (Dr/RDH)
- Urban & Rural locations
- 18% of pts best served non-English
- Integrated care delivery model
Factors to Consider When Beginning the Recruitment Process

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

- National Health Service Corps
- NNOHA Job Bank
- 3RNet
- Academic Institutions
- Primary Care Associations
- State and Local Dental Associations
- LinkedIn
- Recruiters
Recruitment Strategies

- Match your need to your source
- Include the Team
- Be Creative
- Ongoing
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
- Challenge the Process
- Enable Others to Act
- Encourage the Heart

- What is our Corporate Culture?
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 auxiliaries
- Adequate administrative support & time
- Up to date equipment, instruments and supplies
Retaining Good Providers

Salaries and Benefits

- Look at the Total compensation
  - Salary, Insurance, Retirement, PTO, LRP*, etc
- Review Compensation reports
  - NACHC, Primary Care Associations
- Fixed, Variable or Both?
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

Some National CHC Averages…

- Dentist Total Compensation $143K
- CE money $2400/yr
- > 75% Health Centers provide disability insurance
- >95% offer a retirement plan with at least a 4% match
- Average tenure 4.5 yrs
- “Take care of your employees, and they will take care of your business” - Richard Branson
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.
  - 1 DA per operatory

- Dedicated dental front desk staff
  - Cross train in integrated practices
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

- 2016 UDS Data
  - 2,614 visit/FTE/Year/Dentist
  - 1,231 visit/FTE/Year/RDH
  - 548 visit/FTE/Year/Dental Therapist
- 2016 UDS – 2080 Visits/ dental FTE
- 1.7pts per clinical hour (Dentist)
- $450K in gross charges/yr/1.0fte Dentist
- Relative value units (RVUs)
- More on productivity standards: http://www.dentalclinicmanual.com/docs/Productivity_measures.pdf
- Avg cost per dental visit = $191
- 2.55 visits/yr/patient
Changing Roles of Dental Hygienists

- Direct reimbursement from Medicaid
  - [https://www.adha.org/reimbursement](https://www.adha.org/reimbursement)
- Direct access to dental hygienists
  - [https://www.adha.org/direct-access](https://www.adha.org/direct-access)
- Facts about the Dental Hygiene Workforce:
  - [http://www.adha.org/resourcesdocs/75118_Facts_About_the_Dental_Hygiene_Workforce.pdf](http://www.adha.org/resourcesdocs/75118_Facts_About_the_Dental_Hygiene_Workforce.pdf)
- Current UDS ratio of .5 RDH/1DDS/DMD
Other Emerging Dental Team Members

- Expanded Function Dental Assistant (EFDA)
- Advanced Dental Hygiene Practitioner
- Community Dental Health Coordinators (CDHC)
- Dental Therapists/Advanced Dental Therapists
- Patient Navigators/Community Health Workers
Other Providers: Students and Residents, Volunteers and Contractors
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 expectation
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

- Real World Clinical Practice
- Exposure to Alternative practice models
- Mentorship
Non-Traditional Staffing

- Contract Dentists

- Internal Development

- Volunteers
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?

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Leadership: The Path To Excellence as a Health Center Dental Director

Scott Wolpin, DMD
Tena Springer, RDH, MA
Health Centers with new or rapidly growing oral health programs may have dentists who assume leadership roles before they’ve had an opportunity to fully develop their skills as both good clinicians and leaders.
Dentists who choose a career in community-based health care may find themselves asked to serve in a clinical leadership role.
Transition from Clinical Dentist to Effective Program Administrator

Major Program Focuses

- Population Health
- Patient Centered Medical Home
- Medical-Dental Integration
- Quality Metrics/Assurance
- Finance/Grant Management
- Mission/Vision
How to Build a Knowledge Bank

A Health Center Dental Program should not managed the same as a private practice.

Valuable online resources:
www.nnoha.org
www.dentalclinicmanual.com
Transition from Clinical Dentist to Effective Program Administrator

Asked to serve as an Expert and Consultant of...

- Financial management
- Public health
- Government functions
- Clinical Competencies
- Organizational structure
- Legal issues
- Ethical issues
- Management information systems
WE WEAR MANY HATS.
Sociology of Dental Directors

**Clinicians**
A. Doers
B. 1:1 interactions
C. Reactive personalities
D. Seek immediate gratification
E. Decision-makers

**Administrators**
A. Designers
B. 1:n interactions
C. Proactive personalities
D. Accept delayed gratification
E. Delegators
Sociology of Dental Directors

**Clinicians**
F. Value autonomy  
G. Independent  
H. Patient advocate  
I. Identify with profession  
J. Independent

**Administrators**
F. Value collaboration  
G. Participatory  
H. Advocate for the community, organization  
I. Identify with organization  
J. Interdependent
Dental Directors Must also Master Negotiation Skills

• I want, I need...
• I don’t know why the numbers don’t add up...
• My staff can’t meet those targets/the targets are not realistic...
• My staff said they can not work any harder!
As Administrator...

- Be prepared for meetings, think of how an issue may affect the dental program, regardless of what it is.
- Take effort to understand the budget and productivity measures.
- Connect with other more experienced Dental Directors, take Digging Deeper sessions at NNOHA Conference.
- Strive to increase your emotional intelligence.
Roles and Responsibilities

*Board of Directors*

- **Participation**
  - Ask to present to the Board at least quarterly and share quality metrics, program developments
  - Attend all meetings and contribute to your CEO:s monthly report

- **Advisor and educator**
  - Be prepared to respond to questions and educate board members on clinical matters. They need to understand how medical and dental programs are alike and how they are different.
“The Health Center 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.”

Always “talk teeth” at every meeting and opportunity.
The health center dental director should review relevant oral health and health policy publications to track trends and updates in environmental and clinical practice knowledge.
Management Decisions are Based on Information

- 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
The Benefits of Good Data: Internal and Network Use

- 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 and makes for more predictable outcomes!
Use your Vision to Plan your Future

- What are your short term (2 years) and long term (> 5 years) plans for yourself and the health center’s dental program?
Set Your Priorities Right!

Build a realistic vision with service priorities based on the needs of your community:

- availability of resources
- space and design of clinic
- service prioritization
- size of the target population
- dental disease prevalence and types
- demand of the population
LEADERSHIP
GREAT LEADERS DON’T SET OUT TO BE A LEADER...THEY SET OUT TO MAKE A DIFFERENCE. ITS NEVER ABOUT THE ROLE-ALWAYS ABOUT THE GOAL.
10 Thoughts about Leadership....Jon Gordon

1. People follow the leader first and the leader's vision second.
2. Trust is the force that connects people to the leader and his/her vision.
3. Leadership is not just about what you do but what you can inspire, encourage and empower others to do.
4. A leader brings out the best within others by sharing the best within themselves.
5. Just because you're driving the bus doesn't mean you have the right to run people over.
6. “Rules without Relationship Leads to Rebellion”
7. Lead with optimism, enthusiasm and positive energy, guard against pessimism and weed out negativity.
8. Great Leaders know they don't have all the answers - Rather they build a team of people who either know the answers or will find them.
9. Leaders inspire and teach their people to focus on solutions, not complaints.
10. Great leaders know that success is a process not a destination.
Boss vs Leader

- [https://www.youtube.com/watch?v=BmuzsQMavjA](https://www.youtube.com/watch?v=BmuzsQMavjA)

- Four things a leader must do each day
  - Plan
  - Organize
  - Influence
  - Control
Building your dental team

- Hire the right person – strive for the “right person in the right seat”
- Provide structure for your team
- Hold regularly scheduled but effective and short meetings
  - *Get to the point!*
- Facilitate, delegate, obligate
- Team building exercises, professional development
6 Traits of a true professional....Studer group

• Specialized knowledge
• Competency
• Honesty, Integrity
• Accountability
• Self-regulation (emotional intelligence)
• Look the part
Hiring the Right People

- The right people for staff positions require more than technical skill.
  - Positive attitude, willingness and flexibility, takes initiative, supports supervisor’s decisions, dependability.
  - Aligned with Health Center’s and dental program’s mission.

- Best thing you can do to organize your team—Accurate job descriptions.
  - Responsibility: the job to do
  - Authority: the permission to do it
  - Accountability

- A break in these 3 links results in inefficiency and ineffectiveness
Providing structure for your team

- Clear communication is the key
  - Clear chain of authority and reporting
    - Delegation
    - Empower
  - Written protocols and procedures
  - Verify understanding of priorities and requests when given
    - In The Absence Of Information People Will Make It Up
    - Our brain won’t live with a void, so it fills in the blanks. When we do this, we believe what we made up to be true. Because we are wired for survival, most of what we make up is negative.
  - Giving and receiving feedback
  - Provide training and evaluation
# Giving and Receiving Feedback

## Four Key Steps in Giving and Receiving Feedback

When appropriate—if it can improve things

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<th><strong>GIVING</strong></th>
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<td>Describe behavioral observation</td>
<td>Listen without interrupting</td>
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<td>Explain effects on you and the organization</td>
<td>Avoid arguing or defending</td>
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<td>Pause and listen to clarifying questions</td>
<td>Probe for understanding</td>
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<td>Give specific suggestions</td>
<td>Acknowledge what you heard; consider next steps</td>
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Staff Meetings

- Send agenda to staff in advance.
- As the Dental Director, you may serve or assign a facilitator to keep the meeting on topic, and on time – creates empowerment and engagement.
- Assign tasks and hold staff to date and time for completion.
- Assign someone to take minutes, provide copy to those who were absent.
- Use tools to help deliver your message
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.
## Communication Update

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<td>Additional Follow-up Items</td>
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Primary Health Care, Inc.  
Staff One-to-One Meeting Agenda  
Employee: _____________________  
Date: ________________

| **Leader Feedback**  
(Feedback on Individual Performance, Development, etc.) |
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| **Review of Results**  
(How is our unit performing? Data, etc.) |
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| **Employee Feedback**  
(What is needed from supervisor, areas for improvement, resources needed, training needed, etc.) |
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Vision + Skills + Incentives + Resources + Action Plan = Successful Change

http://online.creighton.edu/edd/doctorate-leadership/resources/5-ingredients-for-change
Conclusion

To review, we covered the following topics:

• Leadership: developing awareness of the basic characteristics
• From clinician to manager: knowing the differences
• Using public health principles as the foundation for good clinical management in a Health Center
Conclusion

- Your role and responsibilities as a Dental Director in a Health Center
- Working effectively as part of the administrative team
- The importance of vision as a powerful tool in leadership
Conclusion

- The importance of learning financial management and fiscal oversight as an effective Dental Director
- How to set good priorities in data monitoring and evaluate the conditions of your dental program
- Basic principles in developing staff and building a team
Conclusion

- This presentation provided the new Dental Director a beginning framework that builds toward effective leadership.
- For more information, refer to Chapter 2 of NNOHA’s Operation’s Manual: *Leadership-Becoming an Outstanding Dental Director*
Questions?

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