

# Staffing for Success

North Carolina Community Health  
Center Association Primary Care  
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# Learning Objectives for Today

- Understand the common staffing guidelines for health center dental programs
- Learn how to make the best use of your dental staff
- Understand common staffing pitfalls
- Learn strategies for managing staff burnout
- Learn strategies for staff retention



# D4 Staffing Guidelines

2 Operatories for each dentist (min.)

2 Assistants for each dentist (min. 1.5)

1 front desk person for every 5,000 visits

Dedicated dental director

Dedicated dental practice manager

Lead Clinical and Administrative Staff at Satellite Sites

Dedicated dental biller(s)

Dedicated dental schedulers

# Dental Staff Types

## Traditional

- Dentists
- Hygienists
- Dental Assistants
- Front Desk (PSRs)
- Dental (Clinical) Director
- Practice Manager
- Program Coordinators
- Billers

## Less Traditional

- Expanded Function/Public Health Hygienists
- Expanded Function Dental Assistants
- Dental Therapists
- Care Coordinators
- Financial Counselors
- Navigators/Community Dental Health Workers



# Determining Staffing Models

1. Determine Program Structure
2. Review State Practice Act
3. Understand Patient Mix
4. Understand Payer Mix/Average Reimbursement per Payer Type
5. Develop daily visit capacity for each provider
6. Do students or residents fit?
7. Establish a salary range for each staff type
8. Staff, when possible, to the bi-lingual needs of your patients





# Making the Most of Dentists

- Have an adequate number of operatories
- Have an adequate number of assistants
- Have an appropriate scheduling template
- If possible, offer a comprehensive array of services
- Consider an incentive program



# Making the Most of Hygienists

- Integration of oral health within overall health
- Designated access for focus populations
- Effective control over broken appointments
- An effective recall system
- Limit appointments out past 4-6 weeks
- Dedicated assistants—under right circumstances
- Outreach into community-based settings



# Staffing Basics, Dental Assistants

- Huge impact on provider productivity
- A general 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/day
- Common mistake is not investing in the right number of dental assistants





# Assistants Increase Access and Revenue

- Cost of adding Dental Assistant
  - \$20/hour x 40 hrs = \$800/week*
  - Fringe benefits @ 25% = 200*
  - Total cost = \$1,000/week*
- Would enable dentist 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 @ \$150 = \$1,500
  - 2 commercial Ins. @ \$150 = \$300
  - Total Revenue = \$2,120
  - Weekly profit = \$1,120 or yearly profit = \$51,520
- Increases access by providing by nearly 1000 additional visits for the year and revenue by over \$50,000





# Making the Most of Assistants

- Ideal is one assistant per operator
- At least 1.5 assistants per dentist
- Consider partnerships with dental assistant training programs
- If shortage of DAs and no local training programs, consider training your own
- Develop a formal orientation program for new assistants
- Consider a career ladder for assistants as a recruitment/retention tool



# Making the Most of Front Desk Staff



- At least one per every 5,000 visits
- Dedicated dental reception/registration generally works best
- Dedicated dental check-in and check-out helps with patient flow
- Critical to carefully define roles and responsibilities—can be huge jobs! Priority on work that maximizes provider productivity and billing/collections
- These staff can make or break the success of a dental program
- Tends to be high turnover in these positions; tend to be low-paid positions— are you paying enough?



# What If Reception is Centralized?

- Define workflow for each patient type—is anything different for dental patients?
- Checklists/training for all staff on how to check-in/out dental patients
- Consider a dedicated PSR for dental check-out if possible
- *Or* consider having follow-up dental appointments scheduled chairside
- Document issues caused by having key functions centralized (eg, broken appointments, scheduling errors, billing/collections issues)



# Centralized Call Centers



- Staff in call centers are trained to answer and resolve phone calls quickly, which can contribute to scheduling errors
  - Variability in dental appointments can lead to scheduling errors
  - Can you get dedicated dental schedulers in call center? (ideally someone with dental experience)
  - If not, think about how to simplify the schedule templates to reduce the potential for errors
- 
- Make sure call center staff understand the “rules” of dental scheduling and are following them (keep rules as simple as possible)



# Making the Most of Dental Billers



- Dedicated dental billers work best
- Dental experience preferred
- Make sure you have enough billers to keep up with patient volume
- Even if they belong to “Billing,” make them part of the dental team
- Maintain effective lines of communication between billing and dental staff
- Don’t make them enter charges manually!
- Establish accountability for results (track and report A/R >90 days as performance measure)

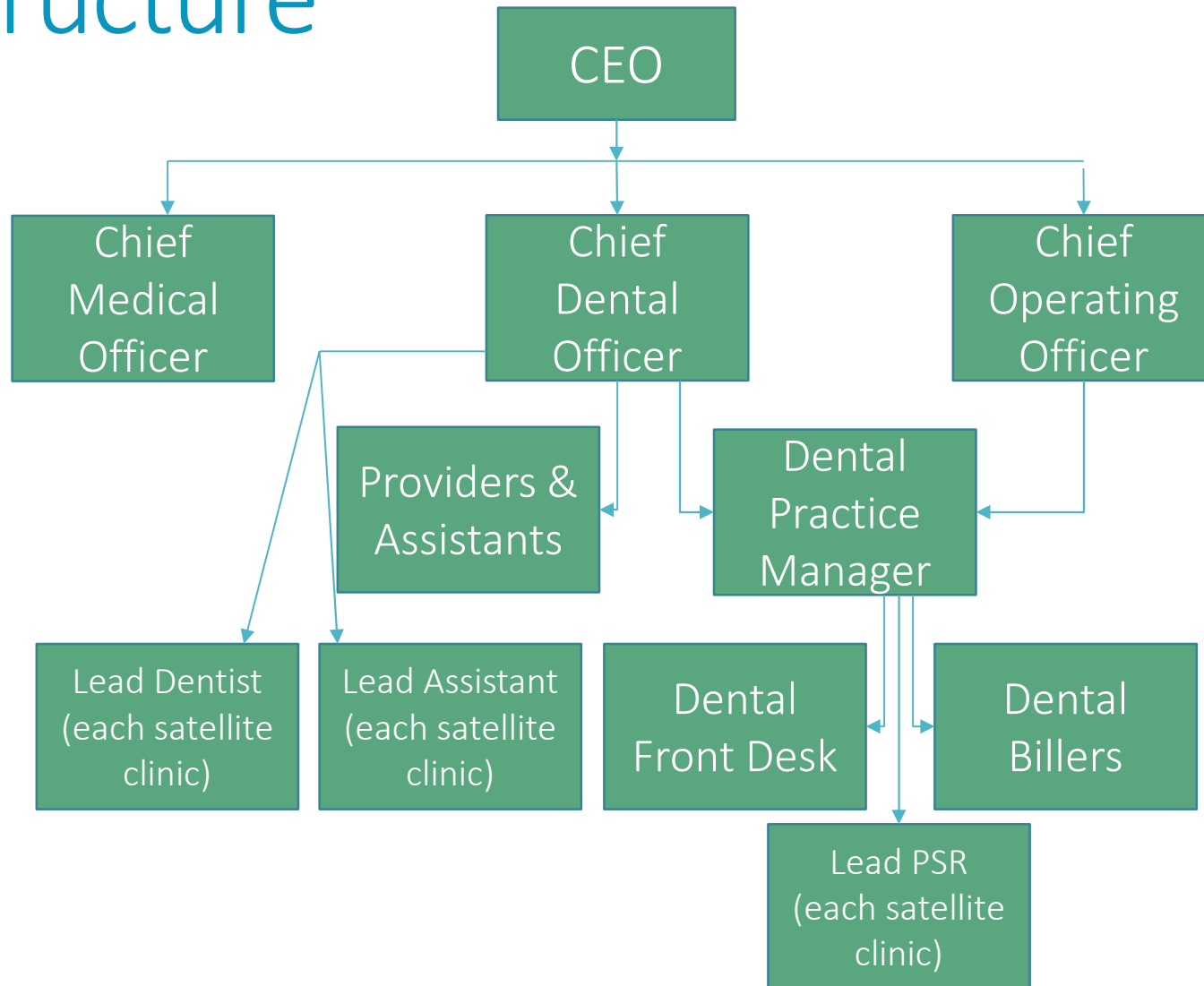


# Dental Leadership

- Common Pitfalls:
  - Chief Medical Officer overseeing dental program
  - Chief Dental Officer reporting to Chief Medical Officer (instead of CEO)
  - Site Manager overseeing dental as well as medical and behavioral health
  - Insufficient (or no!) administrative time for Dental Director
  - Dental Director overseeing both clinical and administrative aspects of dental program
  - Lack of “local control” of satellite dental sites



# Our Vision of the Ideal Leadership Structure





# Non-Traditional Dental Staff: Expanded Function/Public Health Hygienists



- Expanded functions vary by state
- Usually administration of anesthesia but sometimes more
- Check state Practice Act
- Consider how the PHRDH can and will be used
- PHRDH a great fit for integration of oral health
- PHRDHs generally can work in public health settings without direct supervision of dentist



# Non-Traditional Dental Staff: Patient Navigators



- Community Dental Health Workers
- Community Dental Health Coordinators
- Many job titles and varying roles, but most:
  - Help link underserved patients to oral health care services
  - Are members of the communities in which they work
  - Educate and empower patients
  - Break down barriers to care
  - Work in the community AND/OR within the health center



# Staffing for Special Initiatives



Integration of oral health (in community settings and within health centers)



Teledentistry



School-based oral health



Oral health value-based care

# Dental Staffing for Integration

- Dental staff embedded in primary care team *or*
- Dental staff working in primary care to accept warm handoffs *or*
- Dental staff working in primary care to facilitate referrals to dental (eg, a navigator)
- Before moving forward, put a strategic plan in place—what does success look like from this initiative?
- Think through the potential barriers to success (eg, lack of interest from patients, lack of support from primary care, reimbursement issues, difficulty staffing)
- Many resources available to help you plan—don't reinvent the wheel!



# Early Oral Health Intervention Program

- Targets children ages 0-3
- A dental visit is scheduled in tandem with selected well-child visits
- 15-minute appointments
- Alternatively, hygienist could set up in pediatrics or family practice with portable equipment for warm hand-offs (tends not to work as well as scheduled appointments)
- NC Medicaid allows a medical and dental encounter on the same day



# Perinatal Oral Health Program



Integration of  
hygienists into  
peds, FP and OB  
may work best if  
facilitated by a  
dental navigator

- 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



# Staffing for School-Based Oral Health

- Start with the strategic business plan (which schools, how many students per school, staffing model, visit/revenue projections, payer mix, program costs)
- Identify service delivery model: portable vs. mobile, number of days, clinical hours, preventive vs. comprehensive
- The biggest contributor to success is a dedicated coordinator



# Dental Staffing for Teledentistry

- What is the plan? Service delivery model? Service locations?
- Public health hygienists likely the backbone
- Who else is needed to make it work? (dentists, assistants, coordinators, navigators, front office personnel, IT staff)
- Think through the potential barriers to success (eg, lack of interest from patients, lack of support from key partners, reimbursement issues, difficulty staffing, technology issues)





# Dental Staffing for Oral Health Value-Based Care



- All members of the dental staff are members of the care team
- Everyone responsible for educating and empowering patients
- Carefully define roles and responsibilities
- May not need new team members, but existing staff likely have expanded roles
- One key position to consider: patient navigator/care coordinator (focused esp. on high-risk patients)



# Training and 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 EHR/EDR

# Pandemic Staffing Challenges



# “The Great Resignation”

- Record number of people left the workforce during and after the pandemic
- Resignation rates highest in tech and healthcare sectors
- Highest resignation rates among mid-career employees (ages 30-45)
- Dental staff part of the Great Resignation



# HELP WANTED

## What Happened?

- At start of pandemic, uncertainty and mass layoffs
- Some health centers furloughed staff (esp. dental) but many did not
- When the pandemic eased, everyone expected a mass return to the workforce
- Hasn't happened, at least not so far
- Currently, two jobs for every job seeker



Yet Another  
Pandemic Side  
Effect: Shift in  
Attitudes  
Toward Work

# What Do Prospective Employees Want?

- Good wages and benefits
- Job security
- Opportunities for advancement
- Flexible work schedules
- Optimum work-life balance
- A safe work environment
- A non-toxic work environment
- A rewarding work experience
- To feel valued and appreciated





# Market Forces Impacting Wages

- Supply and demand
- Increased competition for smaller pool of candidates
- Inflation putting pressure on workers to earn more
- If you want to hire new staff, you will likely need to pay more
- If you want to keep existing staff, you will likely need to pay more



Salary is First,  
But Don't  
Forget the  
Value of  
Benefits!

|                                                                         |                  |
|-------------------------------------------------------------------------|------------------|
| <b>Health Center</b>                                                    |                  |
| Enter hours worked per week                                             | 40               |
| Enter number of weeks                                                   | 52               |
| Enter hourly salary                                                     | \$65             |
| <b>Annual base salary</b>                                               | <b>\$135,200</b> |
| Incentive/Bonus                                                         | \$0              |
| <b>Total annual salary</b>                                              | <b>\$135,200</b> |
|                                                                         |                  |
| <b>Value of benefits</b>                                                |                  |
| Number of sick/vacation days                                            | 15               |
| Number of continuing education days                                     | 5                |
| Number of paid holidays                                                 | 12               |
| Number of hours in workday                                              | 8                |
| <b>Total number of paid days off/year</b>                               | <b>32</b>        |
| <b>Value of paid time off</b>                                           | <b>\$16,640</b>  |
|                                                                         |                  |
| <b>Value of other paid time off (eg, bereavement, jury duty)</b>        |                  |
| Enter number of days                                                    | 6                |
| <b>Total value of other paid time off</b>                               | <b>\$3,120</b>   |
|                                                                         |                  |
| <b>Value of Maternity Leave</b>                                         |                  |
| Enter number of weeks                                                   | 12               |
| <b>Total value of maternity leave</b>                                   | <b>\$31,200</b>  |
|                                                                         |                  |
| <b>Value of other Benefits</b>                                          |                  |
| Enter continuing education costs paid by employer                       | \$2,500          |
| Enter professional dues paid by employer                                | \$1,000          |
| Enter malpractice premium paid by employer                              | \$4,000          |
| Enter employer contribution toward health insurance (70% of total cost) | \$14,000         |
| Enter annual cost of life insurance paid by employer                    | \$500            |
| Enter annual cost of disability benefits provided by employer           | \$1,500          |
| Enter annual employer contribution to retirement plan                   | \$5,000          |
| Enter annual employer cost of other employee benefits                   | \$500            |
| <b>Total Value of Other Benefits</b>                                    | <b>\$29,000</b>  |
|                                                                         |                  |
| <b>Total Value of Benefits Provided by Health Center</b>                | <b>\$79,960</b>  |
|                                                                         |                  |
| <b>Effective Annual Salary</b>                                          | <b>\$215,160</b> |
|                                                                         |                  |
| <b>Loan Repayment (if applicable)</b>                                   | <b>\$25,000</b>  |
|                                                                         |                  |
| <b>Total Compensation Package</b>                                       | <b>\$240,160</b> |

# Staff Recruitment Basics



- Partner with local, state or regional training schools, dental schools and residency programs (consider becoming a clinical training site)
- Reach out to professional societies
- Hygienists and dentists qualify for loan repayment
- Consider a recruitment bonus
- Consider a bonus for staff who refer colleagues (who are ultimately hired)



# Staff Recruitment Basics

Indeed, Zip Recruiter, Linked In and other online recruiting sources

Consider recruitment firms that include hygienists as well as dentists

Hire potential assistants with good characteristics (team players, work ethic, customer service, etc) and train them to become dental assistants

**MOST IMPORTANT: ONCE YOU HIRE GOOD PEOPLE, DON'T LOSE THEM!**





# Staff Retention

- Make sure salary and benefits are competitive
- Make sure staff understand the dollar value of their health center benefits (and contrast it with the minimal benefits they'll receive in private practice)
- Consider incentive programs (all staff if possible)
- Consider the quality of the work experience
- Determine your maximum potential capacity and manage to that capacity (working over capacity is a sure route to burnout)

# The Quality of the Work Experience

- How does it feel to come to work each day
- Are you understaffed? Working over capacity?
- How attractive is the work environment? Background music, art on the walls, plants, etc.
- Is all dental equipment in proper working order?
- Are there enough instruments and supplies?
- Is everyone fully trained on the EHR/EDR? Does the IT platform work properly (eg, not freezing up, shutting down, bouncing staff out unexpectedly)
- Do the staff get along and feel a good sense of teamwork?
- What can you do to make it fun and rewarding to come to work?



# Staff Retention

- Periodically assess staff satisfaction (via confidential survey) and address any identified issues
- Conduct exit interviews with departing staff to understand why good people leave
- Show your appreciation for the hard work your staff does each and every day
- Small gestures can mean a great deal—staff who feel valued and appreciated will be less likely to leave



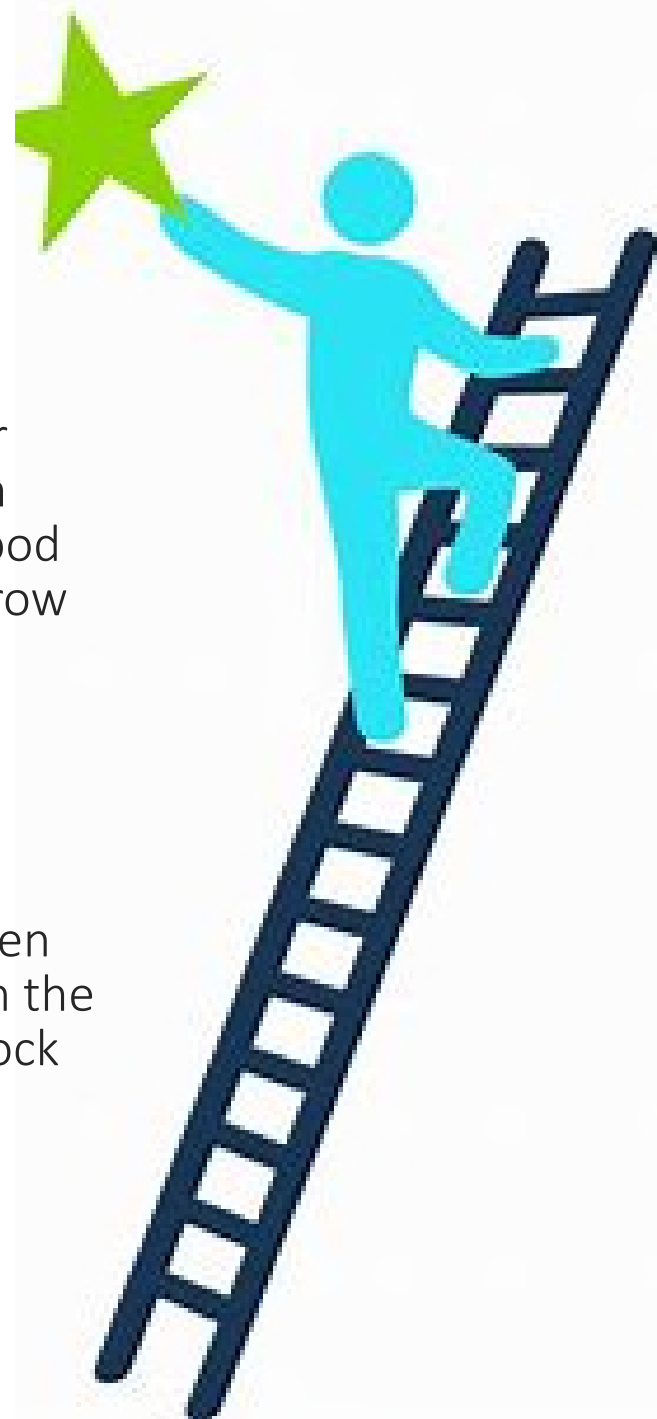
# Staff Retention

- Make sure staff have the tools and resources to do their jobs (especially human resources)—being chronically short-staffed is another direct route to burnout and low morale
- Lead by example--be the leader people want to follow
- Communicate openly and be open to constructive criticism
- Treat staff fairly and equitably; recognize good performers and don't ignore poor performers (a major morale buster)



# Staff Retention

- Look for opportunities for career advancement for staff such as career ladders, opportunities to learn new skills and promotion from within (don't let good staff leave because that's the only way they can grow in their careers)
- Give staff opportunities to provide feedback and participate in problem-solving barriers to program success
- If you are the dental leader, make sure you are given dedicated time away from patient care to focus on the work required to be the best leader possible (a block or block(s) of time, not an hour here and there)





# Non-Monetary Motivators

- Recognize & praise (e-mails, handwritten notes, at staff meetings)
- Communicate
- Solicit feedback
- Reinforce the value of what they do
- Look for ways to make work fun
- Cater in lunch for all
- Monthly office theme day
- Bring in services (eg, chair massage, yoga class, meditation class, ice cream truck, magician)
- Send staff birthday cards
- Celebrate staff birthdays with cupcakes for all
- Have contests (eg, guess the number of ....)



# Preventing/Addressing Burnout

- Burnout being added to International Classification of Diseases
- Results from chronic workplace stress that has not been successfully managed
- Pandemic has not helped, esp. people who work in healthcare
- Six driving forces in the workplace causing burnout:
  - ✓ Unsustainable workload
  - ✓ Perceived lack of control
  - ✓ Insufficient rewards for effort
  - ✓ Lack of a supportive community
  - ✓ Lack of fairness
  - ✓ Mismatched values and skills



# Reasons for Dental Provider/Staff Burnout

- Physical demands of wearing PPE
- Lack of control over patient care (eg, input into how patients are scheduled)
- Understaffed
- Difficult patients
- Keeping up with advances in technology
- Inability to provide full scope of services
- Poor work-life balance
- Dentistry attracts people with perfectionist tendencies
- Feel underpaid
- Student loans/financial issues
- Time pressures (too many patients in schedule)
- Interpersonal or interprofessional issues
- Frustration with work environment (EDR, workload, bad leadership, toxic environment, treated poorly, lack of recognition or appreciation)



# Symptoms of Burnout

- Difficulty focusing
- Fatigue/lack of energy
- Mental fog
- Forgetfulness
- Headaches
- Muscle aches
- Gastrointestinal issues
- Frequent illnesses
- Feeling overwhelmed
- Worry, anxiety, depression
- Difficulty with sleep
- Anger issues
- Feelings of hopelessness or failure
- Loss of compassion or empathy
- Family conflict
- Feeling of alienation from friends/family
- Feel trapped
- Substance abuse



# Preventing/Managing Burnout

If you are the practice leader:

- Create clear roles/responsibilities for your staff
- Ensure that practice goals are realistic and achievable
- Advocate for needed resources to improve work experience
- Meet regularly with staff to talk openly about challenges
- Have an open-door policy for staff to share their individual issues
- Respect/encourage work-life balance



# Preventing/Managing Burnout

If you (the leader) are the one experiencing burnout:

- Talk frankly with your supervisor about your situation and tell him/her what you need—be specific
- If practice goals are unrealistic and unachievable, provide feedback on how they are unrealistic and how you arrived at more realistic goals
- Request needed resources to improve work experience
- If you meet a brick wall, evaluate other options (don't stay in a toxic workplace one minute longer than necessary!)
- Take time off (don't be a martyr)
- Focus on self-care outside of work (exercise, hobbies, sleep, nutrition, meditation, social activities, etc.)



# What Can Employers Do?

- Seek employee feedback on work satisfaction, challenges and aspirations (via confidential staff surveys)—follow up on concerns, issues identified
- Be as flexible as possible in work arrangements
- Make workplace safety paramount
- Pay attention to patient abuse of staff and develop a zero tolerance policy
- Do everything in your power to hire staff to fill open positions as quickly as possible (understaffing is a huge contributor to burnout)
- Don't set unrealistic goals just to make budget on paper—if dental doesn't have the resources to meet those goals, it will cause misery for everyone







# Questions/Discussion



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