Staffing by Design

Our mission is to improve the oral health of all.
Staffing by Design: Guiding Principles

• Don’t understaff (pennywise and pound foolish)
• Don’t underpay
• All staff need to work to the top of their qualifications
• Know your state Practice Act and what each licensed professional can and cannot do
• Staffing models play a key role in program success—be strategic
• Reward success
Staff 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
• Potential to use three operatories if dentist has a dedicated EFDA as well as a dedicated assistant
• Staff dentist with 2 assistants and 2 operatories = 14 visits/8 hour day
• Staff dentist with 1 assistant and 1 EFDA and 2-3 operatories = at least 20 visits/day
Determining Staffing Models

1. Identify programmatic resources (number of operatories, hours of operation and number/type of service sites (eg, 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

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

6. Establish a median salary for each staff type (dentists, hygienists, assistants, EFDAs, reception/registration, practice manager)
Staffing Basics, Hygiene

- Demand for 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
Making the Most of Hygienists

- Medical/dental integration ensures the flow of priority patients (esp. children and pregnant women) to keep hygiene chairs full.
- A strong policy, consistent enforcement and best practices to reduce the risk of broken appointments and keep hygiene chairs full.
- 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!
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
Reducing the Impact of Broken Appointments

• Have a strong policy with consequences
• Make sure the policy is consistently enforced
• Use pop-up alerts to warn schedulers about patients who have failed previous appointments
• Offer same-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
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
• 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
• 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
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/day
Impact of Adding Second Assistant

• **Would enable dentist to achieve 20 more visits/week**
  – Cost of adding Dental assistant
    • $16/hour \times 40 \text{ hrs} = $640/\text{week}
    • Fringe benefits @ 25% = $160
    • Total cost = $800/\text{week}

• **Average of 20 additional patients each week**
  – 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 by 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 (eg, no need for an EFDA who can do coronal polishing on young children if the practice serves mainly adults)
- Dentists need to be comfortable relinquishing certain functions (such as placing restorative materials)
- Cost 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
Staffing Basic, Reception/Registration

- From dental perspective, best is 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 that patient is covered by that insurance, 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 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 dental perspective, best is dedicated staff to answer dental calls and schedule appointments located in the dental department.
- If 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 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.