

*Welcome to...*  
*Dental Management*  
*101*

*Class will begin now!*  
*There will be a Quiz on Monday!*

# Dental Management 101: Finance

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# Finance 101 for Dental Directors

- Goal: Staying in “the black”
- What does “the black” REALLY mean?
- Revenues from various sources should ideally exceed expenses.
- Need to look at the BIG picture, concentrating on AGGREGATE income!

# Dental Department Revenue

- Don't forget to include Grant Allocations!
- OK to show a loss for one financial class if overall picture will break even or show a profit
- Look at % Breakdown of financial classes (Medicaid; Child Health Plus; Family Health Plus; Self-Pay Uninsured; Insured)

# Dental Department Revenue

- MEDICAID: Capitated (PMPPM) or \$/visit
- CAPITATION: There *is* strength in numbers! *Pump UP the Volume!*
- CAPITATION: Watch the Utilization Rate!
- SELF-PAY = NO PAY?
- CHP & FHP: Are you overwhelmed & underpaid?

# Dental Department Expenses

- Salaries: The BIGGEST % of Expenses
- Dental Equipment & Supplies
  - the connection to Service Repair rates
  - Don't be penny-wise and pound foolish
  - Getting the magic 3 bids through the Internet  
“Window” shopping online at DMC/Net32
  - The efficiencies of operator standardization

# Dental Department Expenses

- Dental Laboratory Services
  - Meet the owner; visit the lab; talk to technicians
  - Be up front about CHC payment schedules
  - Discuss your preferences
- Administrative Allocation (Overhead)
  - Does % Admin. Allocation coincide with % of HHS grant distribution? If not, ask why?
  - Compare your Square Feet to other Depts.

# Finance 101 for Dental Directors

- Other Resources

- Get to know your CFO; Learn from each other!
  - Work together on the UDS; RVUs; Encounters
- Talk to your Region II Consultant
  - Review your Annual Trend Report
  - Compare various ratios (eg. RVUs/DDS)
- Befriend/Network with other Dental Directors
- Pose questions to the DMC membership online

# Summary

- Realize there will always be “bumps” in the road so drive carefully and stay alert!
- Look at the “grand scheme of things” but take pleasure in the little accomplishments.
- If you make patient care your first priority, the rest will usually fall into place.
- Never lose track of YOUR vision.

# One final note

- What NOT to do!
  - Well...that's really up to you!



# Dental Management 101: Dental Scheduling & Productivity

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# Introduction

- Scheduling Appointments
- Taking 'walk-ins'
- Being "Productive"
- Accommodating, but not Overwhelmed
- Meeting Expectations
- Exceeding Expectations

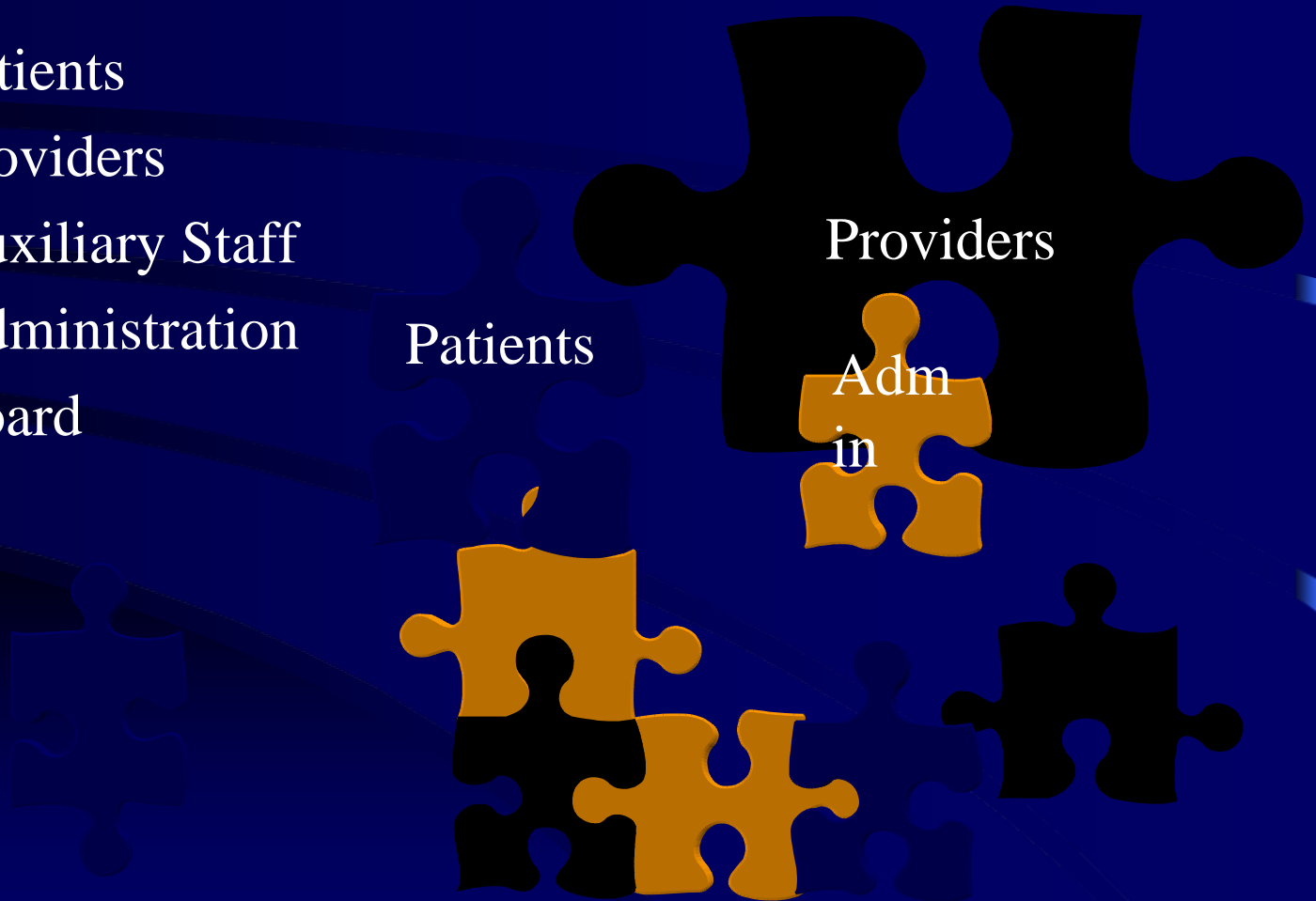
# The Key Players

- Patients
- Providers
- Auxiliary Staff
- Administration
- Board

Patients

Providers

Adm  
in



# The Common Thread

$$S = R/E$$

*Happiness is an Equation!!!!*

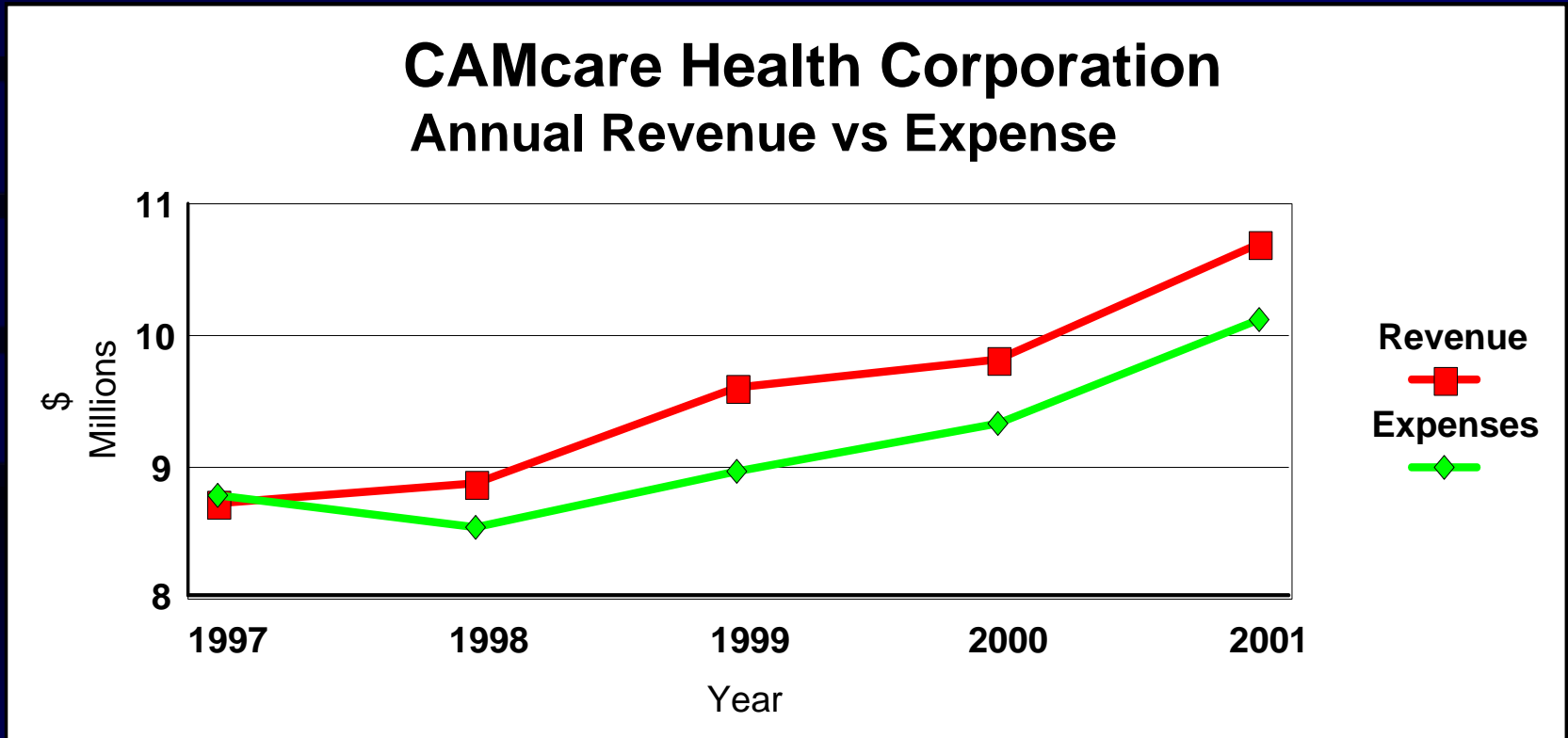
S = ????

- Patients – Get what they want done, when they want
- Providers – Use skills/ get recognized
- Staff – Use skills/ get recognized/  
appreciated
- Admin – ‘Make \$\$\$’
- Board – Recognition/ Voice of Patients

If you don't know where you're  
going.....

Any path will get you there.....!  
(The Cheshire Cat)

# The Path is inextricably linked to the Environment



# Traditional Scheduling

- 8:30 Vaduva,F (called @ 9:15, can  
9:00 Vaduva,A still be seen? No!?!)  
9:30 Samuels,M (Broken Appt-took w.i.  
(10y/o 1<sup>st</sup> visit:did exam/prev/seal/IRM )  
10:00 Pompano,M (Exam/prev/ext.) arr.10:00  
10:30 Williams,L (Resto) arr.10:00  
11:00 Yordanka,G (X-rays/ext) arr.10:00  
11:30 Feliciano,A (pros try-in) arr.10:15  
Took w.i's : 2 adults with ext!

# What can we Expect?

[2,300 visits/DDS annually]

- Set / justify your own goal  
Our Min = 2,400
- Special reward for exceeding  
‘BONUS’
- Adjust scheduling  
to accommodate goal

# The CAMcare Incentive Plan

- Quarterly Goals



- Quarterly Payout



- 600 visits/ FTE  
(not 599!!) (*individual provider not group average*)
- 10% of base salary in contract-*exactly*  
(*prorated for quarter i.e 2.5% of annual base salary*)

# 'Bonus Payout' Example

- Dr. XYZ had 645 patient visits this quarter
- At \$80K contract/yr, Dr.XYZ rec'd \$20,000 in base salary
- Reaching/Goal gets \$2,000 Bonus
- CHC submitted bill for approx. \$64,500 to all payors
- CHC expects to get min. 2.5 times what pays out docs
- CHC gets ⚡\$42,500 (*Doc gets \$22,000*)

# And it's part of total Package

## Professional Compensation Package:

- Base Salary \$ 80,000
- Health Coverage 5,604
- Soc.Security Taxes 4,142
- CME Allowance 1,500
- Vacation,CME,Personal,  
Holidays,Sick, time 8,941
- 6. Malpractice Coverage 3,800

# Add up Total Package

Total Value.....\$ 103,987

If Loan Repayment-add 25,000

TOTAL Package without Bonus:

\$128,987 !!!

*Is another \$ 8,000 worth the effort???*

# Bonus is Recognition of Achievement

- Bonus checks are separate and usually presented by CEO



Adjustments to Scheduling:

‘Open Access’

# Dr. Uno

8:30 Appointment

9:00 Open Access

9:30 Open Access

10:00 Open Access

10:30 Appointment

11:00 Appointment

11:30 Appointment

*See at least*

*three*

*unscheduled pts.*

# Dr. Dos

8:30 Appointment

9:00 Appointment

9:30 Appointment

10:00 Appointment.

10:30 Open Access

*See at least*

11:00 Open Access

*three*

11:30 Open Access

*unscheduled pts*

# Dr. Tres

8:30 Appointment

9:00 Appointment

9:30 Appointment

*See w.i.*

10:00 Appointment.

*if*

10:30 Appointment

*broken appt.*

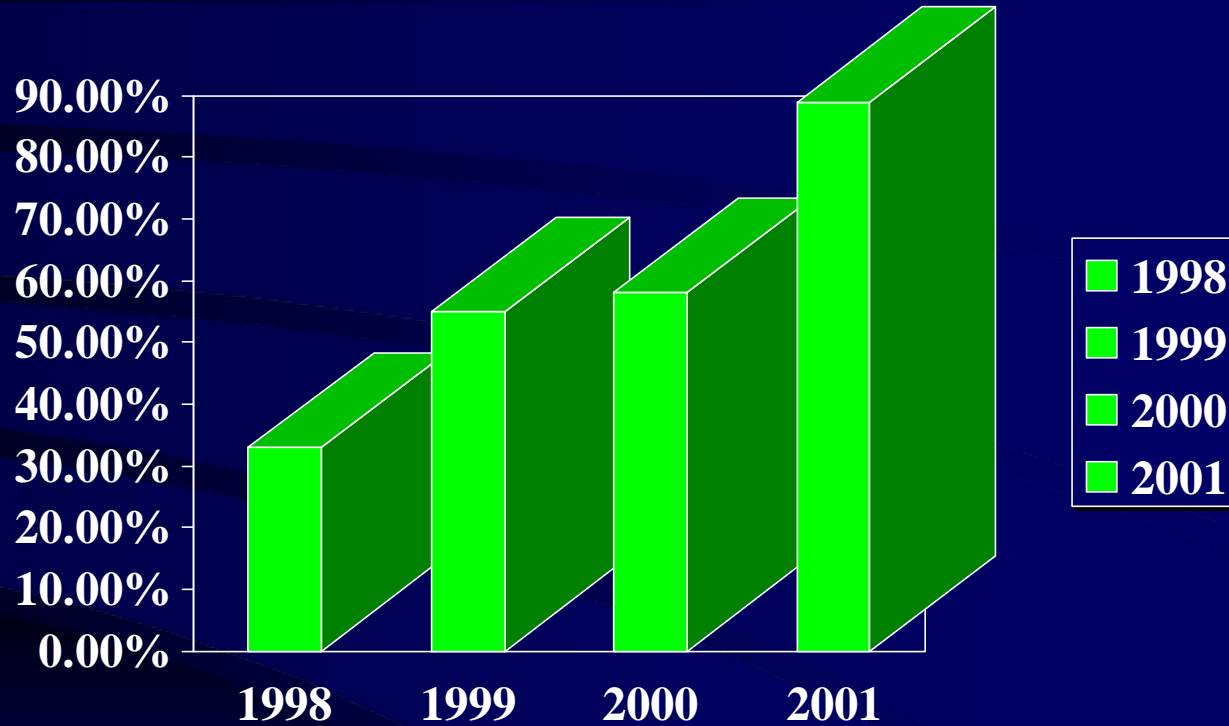
11:00 Appointment

11:30 Appointment

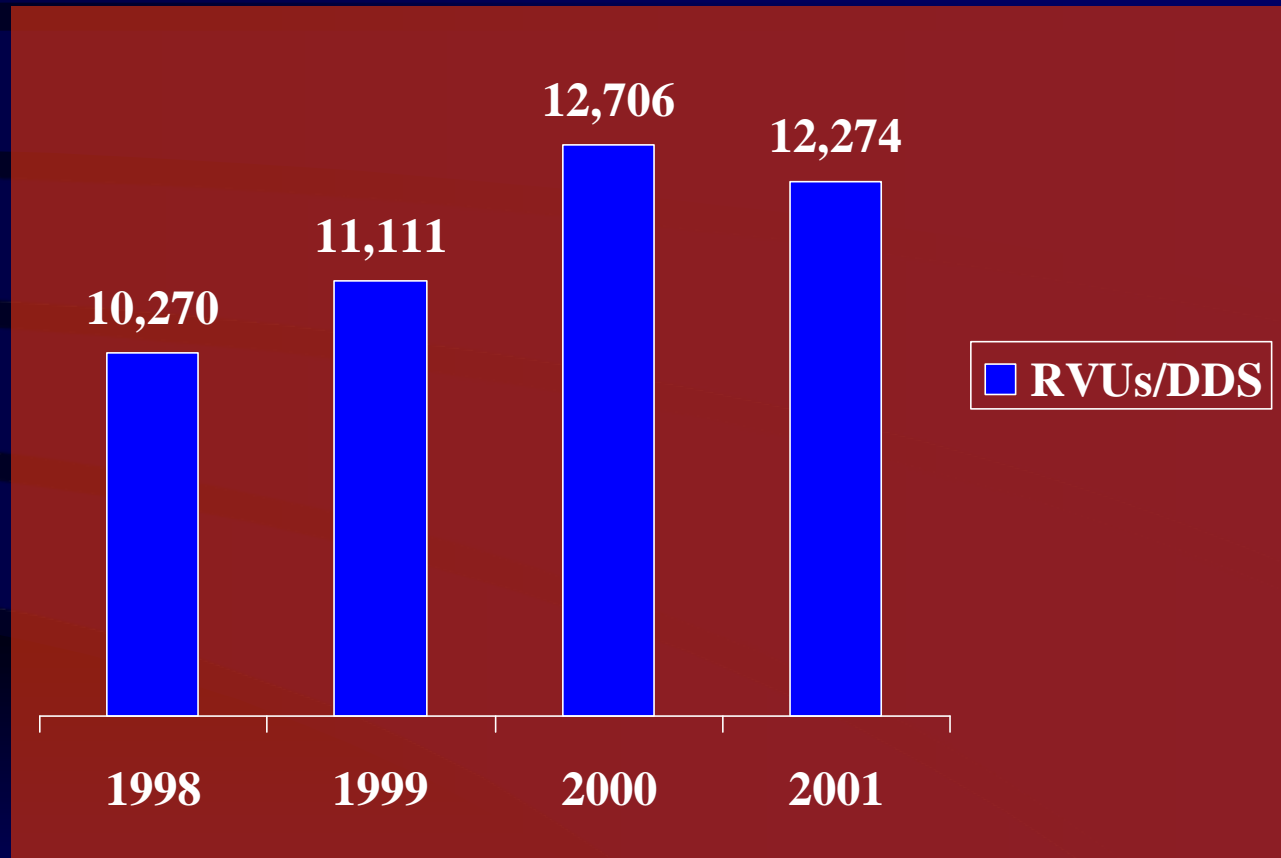
## Afternoon:

Same pattern of open access times  
and appointment times, but alternate  
docs!

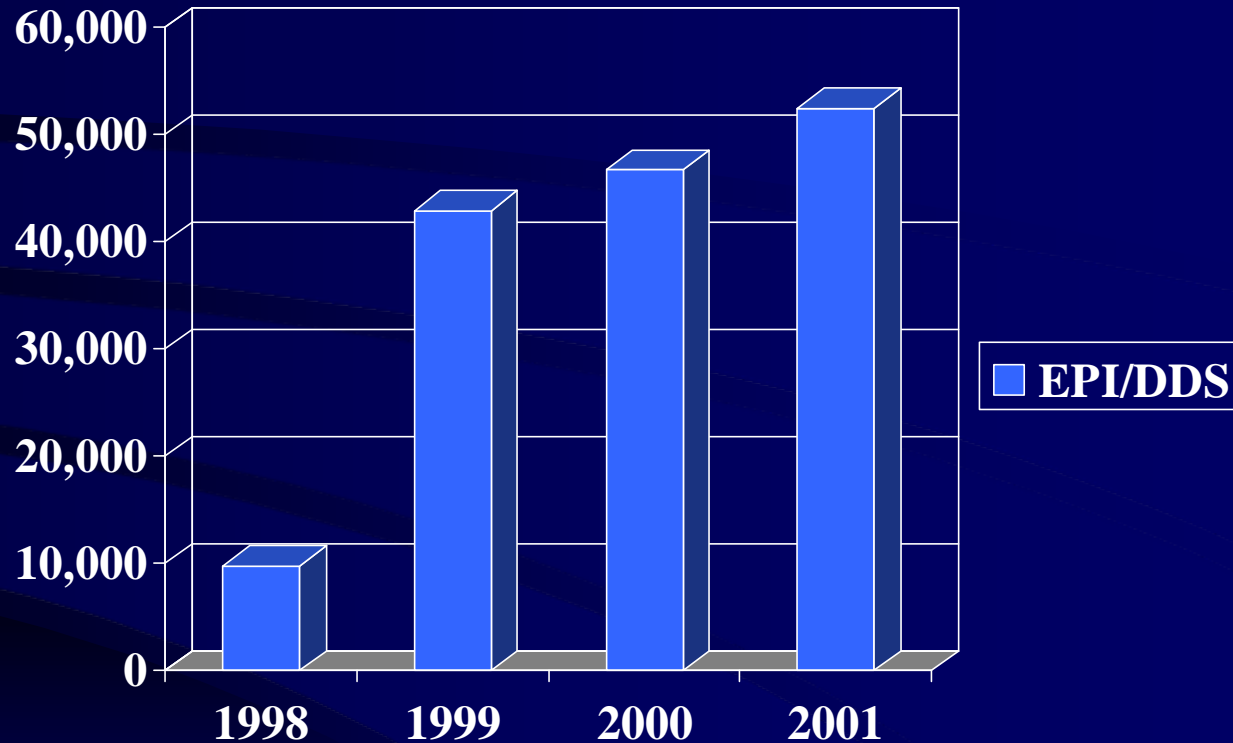
# Results: DDS's reaching goal



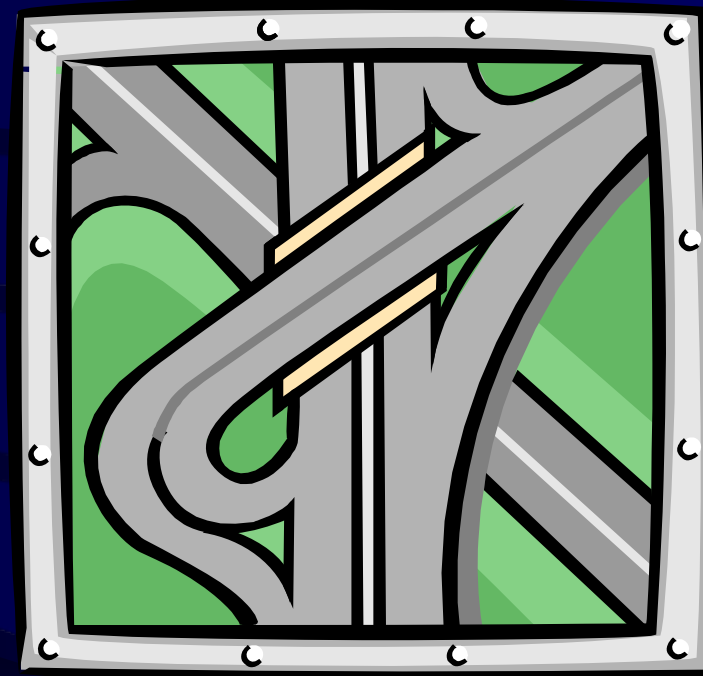
# Results: RVU's per DDS/yr.



# The Bottom Line: Dental Cost Center \$ EPI (profitability)



Tying it ALL Together:



# Who are the ‘Satisfied Customers’?

- ✓ Providers (and support staff)
- ✓ CFO
- ✓ CEO
- ✓ Patients
- ✓ Board
- ✓ Community

*“ Ain’t nothin’ but one thing going on.....”*

*ALL you have to do is ‘dig it’ ....”*

*Rufus Harley (’70’s)*

# Dental Management 101: Staffing

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# How much staff do I need?

- How large is my facility?
- How many patients do I expect to see?
  - per day
  - per week
  - per year
- What services are we providing?

# Is My Facility Adequate?

- Approximately 500 users per chair
- At least TWO chairs for every dentist!
- One chair for each RDH, student, or resident
- Consider a Triage Room if EVs are high
- Equip all rooms identically
- Centralize supplies and other equipment

# Support Staff

- Minimum 1:1 ratio assistants to each FTE DDS/DMD
  - Preferable 1.5-2 :1
- Students/Residents 0.5:1 minimum
  - efficiency is reduced
- Consider an assistant for the RDHs!
- One receptionist for each 2-3 providers

# Job Descriptions

- Should be formalized and as specific as possible
- Think to the future!
  - Site, Hours
- Make sure to include....
  - “other duties as required”

# Performance Evaluations

- Should occur on a regular schedule
- Different measures for support staff and providers
- Identify measures for provider staff
  - non-clinical factors
    - attendance, chart reviews
  - clinical factors
    - outcomes, peer review, patient satisfaction

# Don't Solve Problems! Find Room for Improvement!

- Let anyone on the staff identify problems
- Any staff or operational complaint must contain a suggestion for improvement
- It is not the Dental Director's job to solve all the problems.
- QI/TQM/CQI/PI A rose by any other name
- Seek advice ---Don't have to reinvent the wheel, but you may need some more spokes!

# Building Your Team

- Emphasis on the TEAM
- Avoid the “It’s not my job” Syndrome.
- “It’s EVERYONE’S Job!
- Experience helps but attitude is more important!
- Capitalize on individual strengths
- Remember we are here to serve the PATIENT!
- Make time for team meetings

# Dental Director as Team Leader

- Don't ask anyone to do anything you wouldn't do yourself!
- Don't play favorites - Be fair
- Identify problems - seek solutions from staff
- Set the standard
- Teach by example

# Recruitment and Retention

- Probably the biggest challenge faced by Community Health Centers.
- Can't provide dental services without providers
- Providers can't be productive without adequate support staff

# Recruitment

- List serves:
  - NNOHA
  - DMC
- Advertisement
- Networking \*probably most successful
- Get your board and CEO to understand:  
*You get what you pay for!*

# The Secret of More

- More money
- More benefits
- More time off
- More recognition
- **KEY POINT...** We are competing with the private sector for staff **NOT** the CHC down the road.

The Dental Director  
is the conductor  
*Your staff are your  
musicians*

*We can only provide the best care if  
we all work together in harmony!*

# Dental Management 101: Administrative Duties and the Happy New Dental Director

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Morris Heights Health Center  
Bronx, NY

# GENERAL PRINCIPLES

- A dental unit requires dedicated administrative time
- You have background needed by the Center
- Your administrative input to the Center is important
- You cannot perform all departmental and Center administrative work in between patients and at lunch

# SENIOR MANAGEMENT AND REPORTING

- Anecdotal-it's better to report to the CEO
- Evidence-it's better to report to the CEO
- Unique aspects of the Unit can get lost through extra reporting levels
- Senior Management level allows direct input
- Lack of dental familiarity in Medical Personnel

# COMMON ADMINISTRATIVE DUTIES

- Infection Control Committee
- Chair/Member
- You have better background than most
- No one else knows dental IC issues
- Admin time?

# COMMON ADMINISTRATIVE DUTIES

Safety committee?

See “Infection Control Committee”

# TQM, CQI, PI ETC.

- Most Directors are on Committee
- You have background in this area
- You will need some basic indicators

# OTHER DENTAL ADMINISTRATIVE DUTIES REQUIRING TIME AND ENERGY

- Resident supervision?
- JCAHO?
- Chart Review
- Internal Q/A?
- Evaluations
- Policies/Procedures
- Planning
- Grants?
- Dental Meeting?

# THE BIG QUESTION-HOW MUCH TIME?

- Assume: Clinical Supervisor (described prior)
- Residents
- Infection Control
- Safety
- TQM/CQI
- Senior Management
- Conferences, Outside organizations, outreach, external education, JCAHO prep, managed care etc.

# ADMINISTRATIVE TIME

- INFORMAL SURVEY OF  
CHC'S
- .4-.6 CLINICAL WITH .4-.6  
ADMIN

# QUESTIONS FOR ANY PRESENTER?