



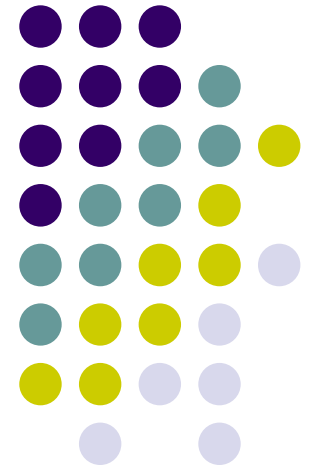
Fiscal Management of a CHC Dental Practice

Dental Directors:

Clifford Hames, DDS
Hudson River HealthCare

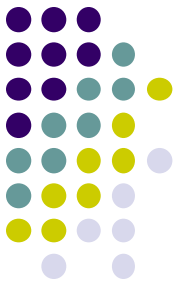
Juris Svarcbergs, DMD, MPH
CAMcare

Ronald Salyk, DDS
Morris Heights Health Center



July 23, 2008

What the heck is “fiscal”?



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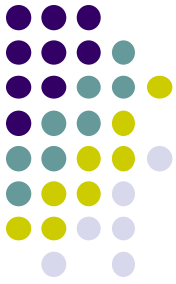
- According to Webster, “fiscal” is defined as:
 - Main Entry: ¹fis·cal Pronunciation: \ˈfɪs-kəl\
 - Function: *adjective*
 - Etymology: Latin *fiscalis*, from *fiscus* basket, treasury
 - Date: 1563
 - 1 : of or relating to taxation, public revenues, or public debt <*fiscal* policy>
 - 2 : of or relating to financial matters

CELEBRATING 10 YEARS



DENTAL MANAGEMENT
COALITION

Brief Outline of Topics



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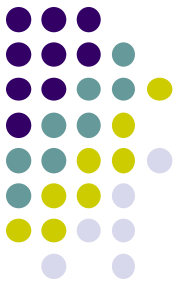
- **Best approaches to managing CHC dental practices in 2008**
 - EXPENSES (Expansion/Construction; Personnel; Supplies) versus REVENUE (Grants/Productivity)
- **Best practices for staff recruitment, retention, and enrichment**
 - INCENTIVE SYSTEMS
- **2008 DMC CHC Dental Staff Survey**

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DENTAL MANAGEMENT
COALITION

New century, new focus....



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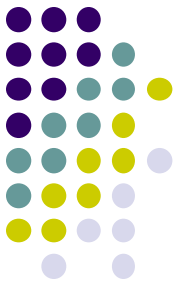
- Since the U.S. Surgeon General's report card on the state of oral health in the U.S. in May of 2000, **ALL** health center expansions have been mandated to include oral health as part of the process.

<http://bphc.hrsa.gov/success/>

ftp://ftp.hrsa.gov/bphc/HRSA_HealthCenterProgramReport.pdf

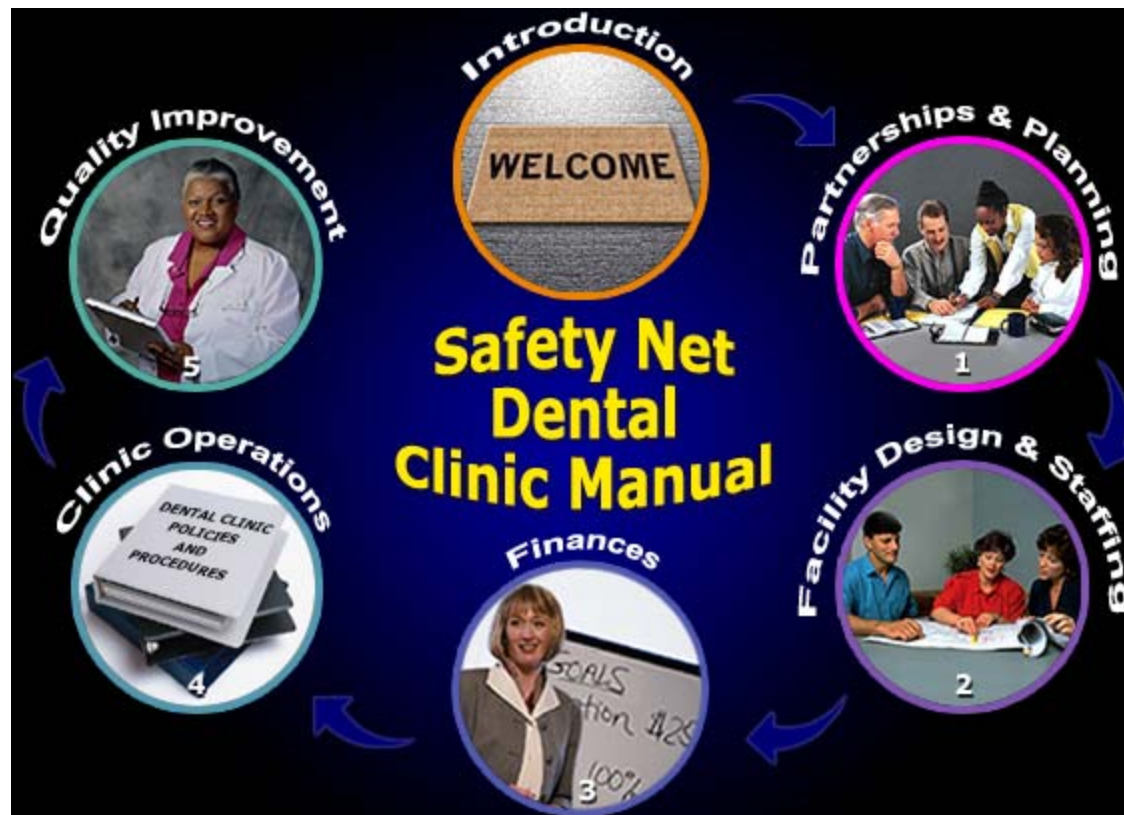


Understanding it all....



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- Great resource: <http://www.dentalclinicmanual.com>

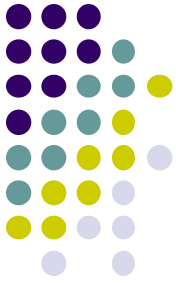


Other great resources:

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- DMC & NNOHA websites:
 - www.dmcnet.org
 - Example: 2002 DMC Conference
 - http://www.dmcnet.org/files/DD101_On_with_the_show.ppt
 - www.nnoha.org
 - Example: 2006 NNOHA Conference
 - <http://www.nnoha.org/NPOHCConference.htm>

Know who YOU are!



July 23, 2008

	City Health Dept. "Bring Me Your Tired, Your Poor" Dental Clinic	"Pay to Play Health Center Dental Clinic"	High Wire Center (Balance)
Mission	Provide dental care to all those who seek it, regardless of ability to pay.	Operate a self-sustaining dental clinic that serves Medicaid patients and makes care more affordable for other low-income individuals who can pay for a reasonable portion of their care.	Increase access to dental care by serving Medicaid patients and other lower-income people in a clinic with limited subsidy (grants/ fundraising).
Clinic Policies	<ul style="list-style-type: none"> •Full fees based on Medicaid fee schedule •Sliding fee schedule discounts = 90%, 80%, 60%, 40%, 20% •Minimum fee=\$5/visit (will provide care even if the fee is not paid) 	<ul style="list-style-type: none"> •Full fees based on 75th percentile of UCR •Sliding fee schedule discounts = 50%, 25% •Minimum fee=\$50/visit (will not provide care if the fee is not paid) <ul style="list-style-type: none"> •65% Medicaid •Market clinic to public programs that serve women and children. 	<ul style="list-style-type: none"> •Full fees based on 50th percentile of UCR •Sliding fee schedule discounts = 75%, 50%, 25% •Minimum fee=\$20/visit (will provide care for pain or acute infection even if the fee is not paid)

Patients Treated		5070	5070	5070
	Medicaid	\$85,000	\$350,400	\$150,000
	SCHIP	\$45,000	\$75,700	\$50,000
Self-Pay				
	Full Pay	\$1,000	\$13,200	\$7,500
	Sliding Fee Schedule	\$25,000	\$20,000	\$62,000
	Minimum Pay	\$10,000	\$45,700	\$41,000
	Commercial Insurance	\$1,000	\$10,700	\$10,000
Revenue				
	Patient Care Revenue (Net)	\$167,000	\$515,700	\$320,500
	Non-Patient Care Revenue (Grants, Fundraising)	\$0	\$0	\$125,000 (\$100,000 FQHC grant + \$25,000 state grant)
	Total Revenue	\$167,000	\$515,700	\$445,500
	Expenses	\$500,000	\$500,000	\$500,000
	Bottom Line	(\$333,000)	\$15,700	(\$55,500)
	Other Subsidy	\$333,000		\$55,500
		City Subsidy via Recurring Line Item		\$0 from other cost centers at Health Center

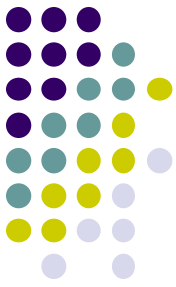
Long Term

This program relies on a line item in the city budget to subsidize the cost of uncompensated care that results from maximizing access through a sliding fee schedule that offers significant discounts. There is an extensive waiting list. As long as the city's priority for this activity holds, the clinic continues providing services.

This clinic is in a health center that requires it to be self-sufficient. Therefore, the clinic turns away a considerable number of patients who can't afford the minimum fee. The waiting list for the clinic is very manageable. The clinic operates in the black.

This clinic relies on grants to offset the cost of uncompensated care due to providing a sliding fee schedule. The minimum fee of \$20/visit still excludes some patients. The waiting list in this clinic has 200 names on it. Even with non-patient care revenues, the clinic did not cover its costs last year. The health center budget, however, balanced due to positive balances in other cost centers.

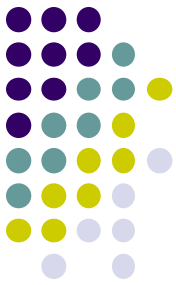
Best approaches for managing this expansive growth....



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- **Know your community! What's changed?**
 - Patient Demographics
 - Payer Sources
 - Uninsured/Self-Pay
 - Public Insurance
 - Medicaid (Straight/Managed Care/Wrap Around)
 - SCHIP (Fee For Service or Capitated)
 - FHP (FFS or Capitated)
 - Commercial Insurance
 - Traditional Indemnity, PPO/HMO, Capitation

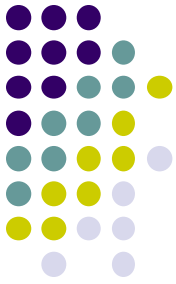
Best approaches for managing this expansive growth....



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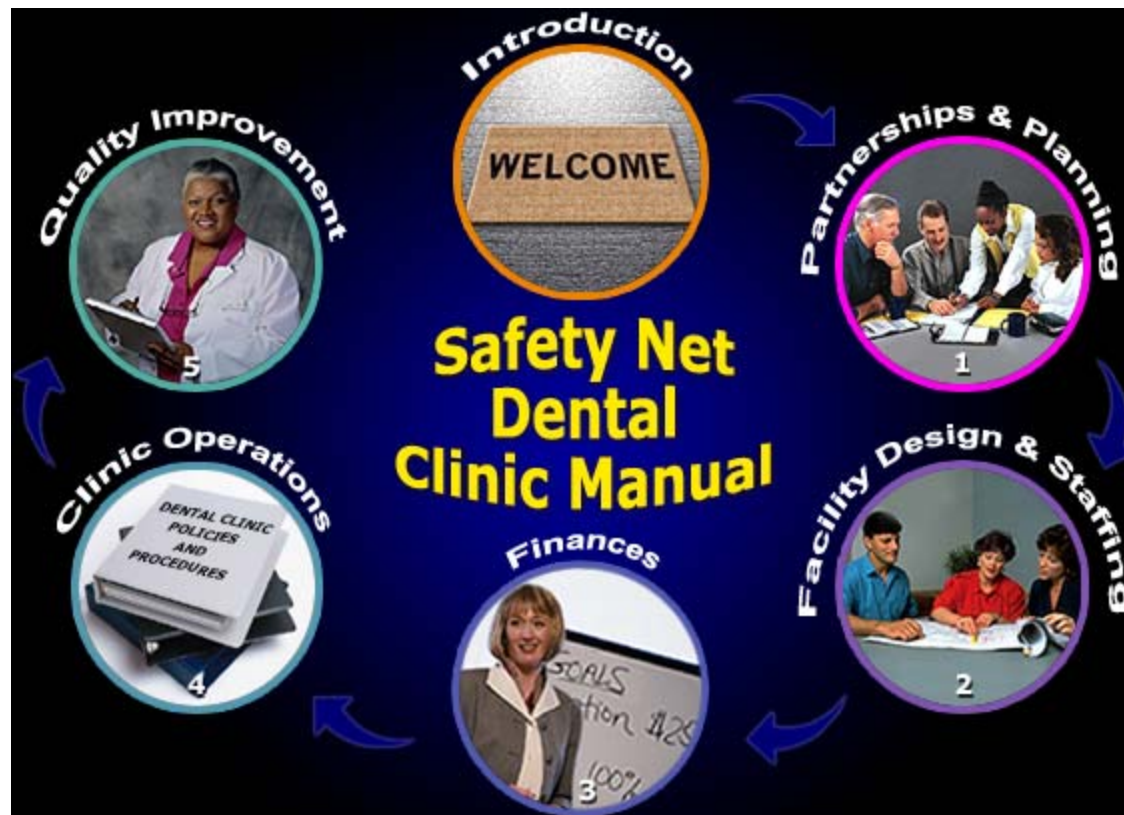
- **Know your grant sources! What's changed?**
 - HHS grants (limited annual grant increases except for service expansion)
 - RWIII grants (HIV)
 - State grants (oral health chopping block)
 - An ounce of prevention....
 - Private Foundations (RWJ; Dyson; Gates)
 - Private Corporations (Adec; Kodak; IBM)
 - Charity begins at home....

Crunching the numbers....



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- Great resource: <http://www.dentalclinicmanual.com>

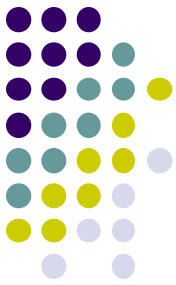


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DENTAL MANAGEMENT COALITION

The number breakdown....



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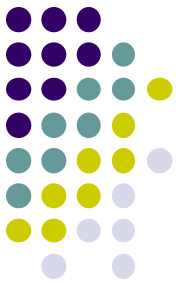
- **BPHC's requirement** for productivity is that **the program is financially viable.**
- Based on UDS Data a one dentist program needs to generate approx. **\$300,000 to break even.**
- The **average cost per encounter is \$117**, so you would **need 2564 encounters to break even.** You may want to benchmark the productivity of your current program to see if greater efficiency can occur that would allow you to see new patients.
- Based in 2002 UDS stats nationwide, the **average number of encounters per full time dentist was 2700 per year.**
- I qualify encounter rates as follows:
 - <2100 per fte dentist is poor,
 - 2100-2400 below average,
 - 2400-2700 average,
 - 2700-3200 above average, and
 - 3200 and above outstanding.

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Health Resources and Services
Administration
Bureau of Primary Health Care
Office of Quality and Data
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Rockville, MD 20857
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JAnderson@hrsa.gov



	Fixed*				Mobile	Portable
Size	3-chair (1800 sq ft)	6-chair (2925 sq ft)	9-chair (3490 sq ft)	12-chair (3970 sq ft)	2-chair	2-chair
Patients Treated/Year	1000-1800	1801-3600	3601-5400	5401-7200	500-800	500-800
Visits/Year (DDS+DH)	3000-3400	6400-6600	9500-10000	12800-32000	1400-2000	1200-1800
Start-up Costs						
Remodeling (\$139/sq ft)						
Construction (\$209/sq ft)	\$375,900	\$610,800	\$728,790	\$829,000	\$380,200	N/A
Large Equipment	\$171,943	\$266,586	\$343,917	\$465,075	\$20,246 Most equipment is built into unit	\$19,478
Supplies, Instruments and Small Equipment	\$48,472	\$92,963	\$136,899	\$180,974	\$24,431	\$24,431
Annual Operating Costs						
Staff						
Dentists' Average Salary	1	2	3	4	1	1
Director \$135,200	\$135,200	\$237,120	\$339,040	\$440,960	\$101,920	\$101,920
Staff \$101,920						
Dental Assistants' Average Salary \$32,666	2	4	6	8	2	2
	\$65,333	\$130,666	\$195,996	\$261,331	\$65,333	\$65,333
Dental Hygienists' Average Salary \$62,895	0.5	1	1.5	2	N/A	N/A
	\$31,448	\$62,895	\$94,343	\$125,790		
Clerical/Receptionists' Average Salary \$35,693	0	1	1	1	N/A	N/A
		\$35,693	\$35,693	\$35,693		
Utilities Average \$8,840 to \$12,064	\$8,840	\$9,568	\$10,816	\$12,064	Varies \$0 to \$3,700	N/A
Rent or Mortgage Payment Average \$30,000	\$27,300	\$28,392	\$31,720	\$32,760	N/A	N/A
Dental Supplies \$7,100/operatory	\$21,300	\$42,600	\$63,900	\$85,200	\$14,200	\$14,200
Other (charts, office supplies, etc.) \$2,438 to \$4,876	\$2,438	\$2,968	\$3,710	\$4,876	\$2,438	\$2,438
Total Start-Up Costs	\$596,315	\$970,322	\$1,209,606	\$1,475,049	\$424,877	\$43,909
Total Annual Operating Costs	\$291,859	\$549,902	\$775,218	\$998,647	\$187,591	\$183,053

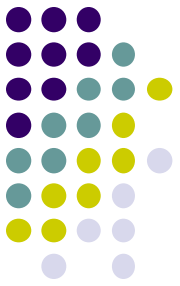
Hard Head, Hard Hat!



July 23, 2008

- **Know your management/operations team and combine forces for your expansion.**
 - **Howard Farran: “Create a great day!”**
 - **Read to expand your expertise**
 - **Best suggestions are right in front of you!**
 - **Staff input from the front line is priceless**
 - **Ask for help from friends and colleagues**
 - **DMC; NNOHA**
 - **Visit other CHCs**

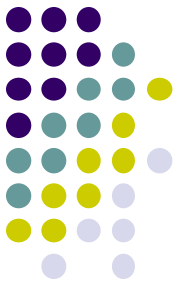
Future-proof your practice!



July 23, 2008

- **Trading spaces**
 - **Pick a spot with room for growth**
 - **Buy what lasts and what you can afford**
 - **Review your grant budget application and include:**
 - **Construction Costs (\$/sf)**
 - **Cabinetry Costs**
 - **Equipment Costs**

Future-proof your practice!



July 23, 2008

- **Equipment Costs (Capital Improvements)**
 - **\$50,000 per dental op**
 - **Large Equipment: \$20,000**
 - **Chair:7K, Stools:1.5K, Dental Light:1.5K,**
 - **Delivery System: 6K;**
 - **Curing Light:1K; Cavitron:2K; Triturator:1K**
 - **Buy what lasts (Ideal: 10 years; 5 year Min. to fully depreciate & appreciate) and what you can afford!**

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DENTAL MANAGEMENT
COALITION

CUSTOMER ORDER



ID: 728388873
 Name: HUDSON RIVER HEALTH CARE
 Address: DENTAL DR HAMES
 1037 MAIN STREET
 PEEKSKILL, NY 10566

Phone: (914) 734-8840
 Fax: () -

Branch: METRO NY/NJ BRANCH
 Proposed By: Dean Merolle
 Rep Phone#: (973) 237-4450
 Rep Cell Phone#: (973) 632-2078
 Rep Fax#: () -
 Date Proposed: 6/11/2008
 Approx. Install Date:
 Expiration Date:

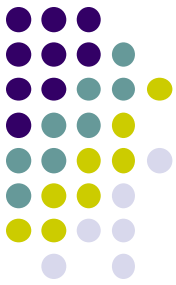
<u>Mfr</u>	<u>Mfr#</u>	<u>Description</u>	<u>Qty</u>	<u>Retail Price</u>	<u>Sell Price</u>	<u>Total</u>
ADEC	1040	CASCADE 1040 CHAIR	1	0.00	6,780.00	6,780.00
Note:	Seamless Upholstery		61.2018F00			
ADEC	2122	RADIUS 2122 TRADITIONAL-STYLE	1	0.00	4,649.00	4,649.00
Note:	Autoclavable Syringe		23.1150F00			
	Midwest 4-Hole Vinyl Tubing		98.0879F00			
	Midwest 4-Hole Vinyl Tubing		98.0879F00			
	6-Pin Fiber Optic Vinyl Tubing		98.0885F00			
	Single Voltage Intraoral Light Source		90.0470F00			
	Chair Touchpad		39.1045F00			
	Wet/Dry Foot Control with Chip Blower		38.1601F00			
	25 Watt Power Supply (120 volts)		28.1480F00			
	Cascade Contoured Floor Box		41.1457F01			
ADEC	7115	RADIUS 7115 ASSISTANT'S INSTRUMENTATION	1	0.00	1,313.00	1,313.00
Note:	Dual HVE		75.1418F00			
ADEC	1601	CASCADE 1601 DOCTOR'S STOOL	1	0.00	627.00	627.00
ADEC	1622	CASCADE 1622 ASSISTANT'S STOOL	1	0.00	728.00	728.00
MIDMARK	153638-001	TRML Track Mounted Light - 8 ft.	1	0.00	2,669.00	2,669.00
KERR	4299095	Optimix Automatic Dental Triturator	1	0.00	871.00	871.00
DENTSPLY	81302	Cavitron Select SPS 30K Ultrasonic Scaler	1	0.00	1,999.00	1,999.00
Note:	Includes: Cavitron Select SPS Ultrasonic Scaler, 1-30K, Insert of your choice w/return of warranty card, Steri-Mate Sterilizable Handpiece, 1-detachable cable assembly w/in-line water control & swivel connection, foot control, & instruction manual.					
DS	2723518	Cavitron Scaler Insterts	4	0.00	124.00	496.00
MIDWEST	8606SLST	Stylus Standard w/ 6-Pin Coupler, Shorty w/ LA Heads	1	0.00	4,288.00	4,288.00
Note:	Includes: 6 Pin Coupler, 3 Stylus hanpieces, lubricant plus 2 Nozzles, straight attachment, shorty motor, 2 contra angles, 2 push button heads, 2 year warranty					
MIDWEST	790300	Stylus Standard High-Speed Handpiece (Single)	2	0.00	1,041.00	2,082.00

Includes: Installation and Delivery

30% Deposit. Final Payment Due 30 Days after Delivery

Subtotal:	\$26,502.00
Freight Charges:	\$0.00
Estimated Sales Tax(7.3800%):	\$1,955.85
Total Investment:	\$28,457.85
Less Downpayment:	\$0.00
Net Investment:	\$28,457.85

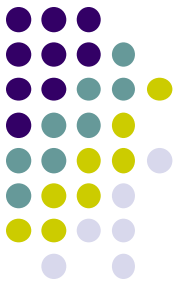
Future-proof your practice!



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- **More....**
 - **Construction Costs (\$/sf) & Cabinetry Costs**
 - **Equipment Costs (Capital Improvements)**
 - **Large Dental Equipment+Small Dental Equipment=\$20K**
 - **Periapical X-ray machine=\$4K**
 - **Panoramic X-ray machine=\$12K/#ops**
 - **[\$3K/op]**
 - **Dental Handpieces=\$6K**
 - **Hand Instruments**
(including Oral Surg.) =\$2K

Future-proof your practice!



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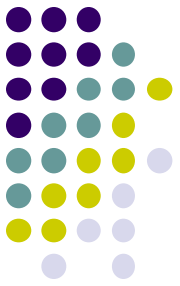
- **Technology Costs = \$40K:**
 - Hardware (Monitors, Thin/Fat Clients, Servers)
 - Software & Maintenance Contracts
 - Phones
 - Copy Machine/Scanner/Fax (separate or AIO)
- **Mechanical Room (Comp/Suction) = \$10K**
- **Sterilization & Lab Room Costs=\$10K**

CELEBRATING 10 YEARS



DENTAL MANAGEMENT
COALITION

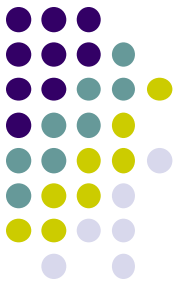
Future-proof your practice!



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- **Divide this subtotal by # of Ops for shared costs per op. Here, \$60K/4 = \$15K/op or**
- **Grand Total = \$50K/op (excludes any costs for construction [plumbing, electrical, and carpentry {sheetrock, taping, painting}, and cabinetry).**
- **And let's not forget the ongoing costs of dental supplies....\$1K/month?!**

Best practices for staff recruitment, retention, and enrichment



July 23, 2008

- **Camp is for the counselors!**
 - Happy staff; happy pts?
- **Are you really a training school?**
 - Revolving door?
- **Opportunities for advancement on ALL levels?**
 - DDS/DMD; RDH; CDA/DA; Front Desk
- **Can you buy happiness?**
 - \$ = 😊?
- **School of Positive Reinforcement**

CELEBRATING 10 YEARS



DENTAL MANAGEMENT
COALITION

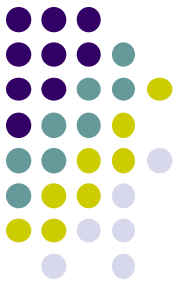
HIGHLIGHTS OF RETENTION



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- See great presentation-(whoops! Yesterday)
- Salary is necessary, but not sufficient
- Loan Repayment helpful, but not most important
- CHC benefits are great-PUBLICIZE!!!!
- Work Environment is crucial
- Professional decision-making is crucial
- Location is crucial
- Flexibility and respect is crucial
- Mission is crucial
- Mission is probably there or not there initially

Best practices for staff recruitment, retention, and enrichment



July 23, 2008

- **Real life examples????**

- **Recruitment**

- Where do the best matches look for jobs? (www; newspaper?)
- Job Fairs? Career Days? Head Hunters?
- CV's? Underserved community experience?

- **Retention**

- What stands the test of time? (NHSC? AEGD? GPR?)
- Best benefits.... Salary? Incentives? Advancement?

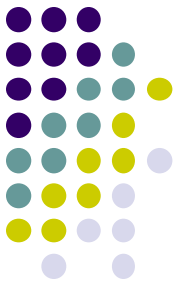
- **Enrichment**

- Advanced degree tuition support (50/50?)
- DA>CDA>RDH>DDS/DMD>MPH/MBA

CELEBRATING 10 YEARS



Incentive Plans



July 23, 2008

- **All for one, and one for all?**
 - Separating Dental from Medical?
- **It's my bonus and I'll cry if I want to!**
 - Making the playing field even
 - At multiple sites.....
 - On all staff line levels.....
- **CAMcare Plan....**

The Four “Must Haves” of an Effective and ‘Satisfying’ Incentive Program

- ◆ Simple and easy to understand
- ◆ Allay administration fears
- ◆ Make the reward **ACHIEVABLE AND** big enough to strive for, yet small enough to not be a catastrophic event
- ◆ Choose a ‘goal’ that *directly* influences the *organization’s income* level

The CAMcare Incentive Plan

◆ Quarterly Goals



- ◆ 636 visits/ FTE Quarterly (not 635!!)
(individual provider not group average)

◆ Quarterly Payout



- ◆ 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 \$100K contract, Dr. XYZ rec'd \$25K in base salary
 - ◆ Reaching/Goal gets \$2,500 Bonus
 - ◆ Total \$27.5K
 - ◆ CHC submitted bill for approx. \$64,500 to all payors
 - ◆ (CHC expects to get min. 2.5 times what pays out docs)
 - ◆ CHC gets ~~\$64,500~~ \$37,000
(Doc gets \$27,500)
- 2.5 X doc payout = \$68,750....
Close!*

But there's a 'total Package'

Professional Compensation Package:

1. Base Salary \$ 100,000
2. Health Coverage 12,800
3. Soc.Security Taxes 7,000
4. CME Allowance 1,500
5. Vacation,CME,Personal,
Holidays,Sick, time 24,000
6. Malpractice Coverage 4,000

Add up the Total Package

Total Value.....\$ 138,300

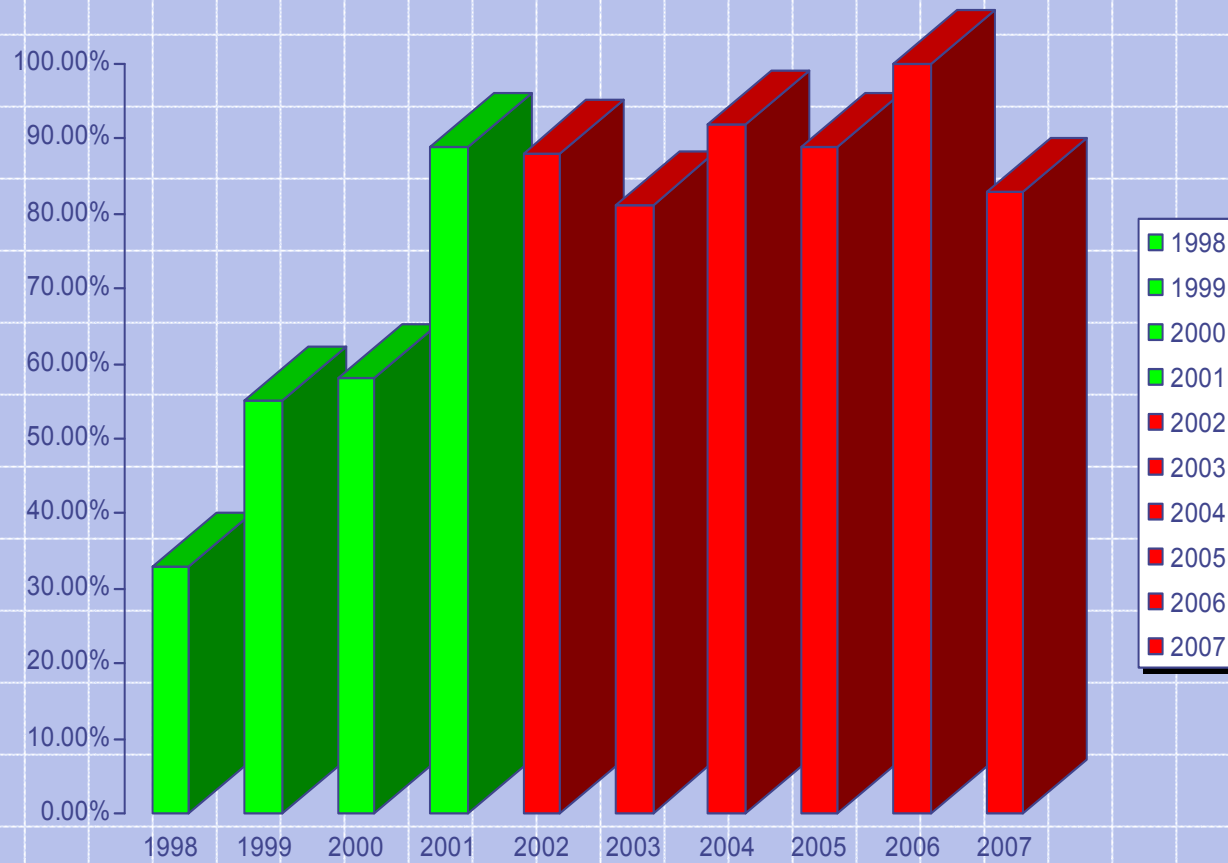
If Loan Repayment-add 25,000

TOTAL Package without Bonus:

\$163,300 !!!

*Is another \$ 10,000 (making it \$173,300)
worth the effort???*

Results: DDS's reaching goal



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)

The CAMcare Incentive Plan

- ◆ **Guaranteed base salary:** Reasonable and contractual

- ◆ **Good fringe benefits**
Health coverage, malpractice, CME time & allowance, pension

- ◆ **An achievable Bonus**

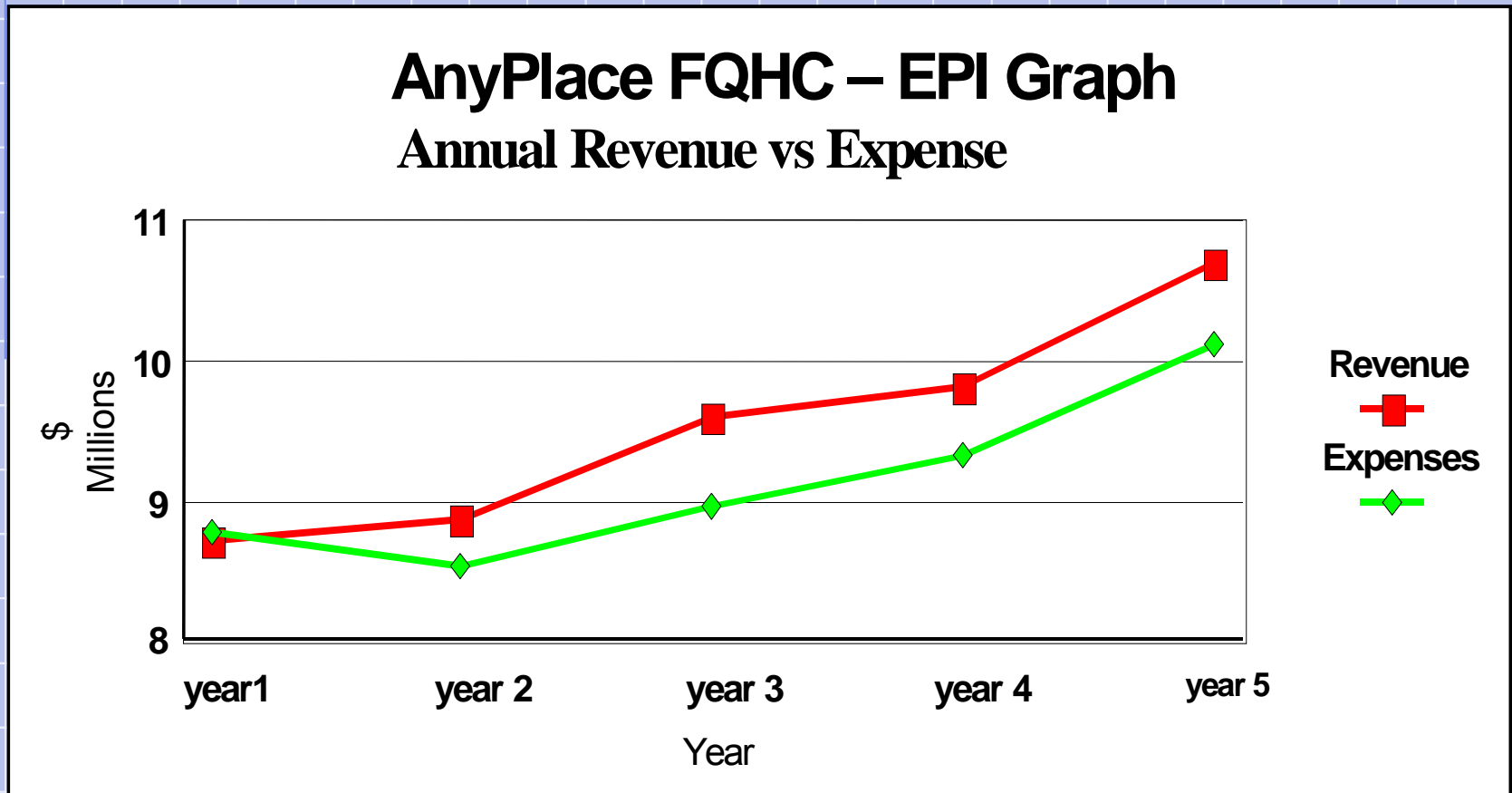
- ◆ **Security**

- ◆ **Budgeting**

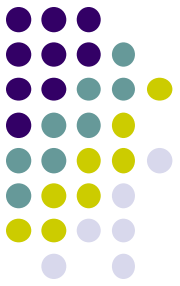
- ◆ **Goodwill and competitive edge**

- ◆ **Only one concern-
PRODUCTIVITY**

The key to everything Fiscal in the FQHC environment



2008 DMC CHC Dental Staff Survey



July 23, 2008

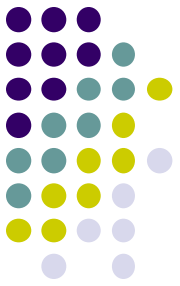
- Sample Size: N=59 responses
- Emailed to: 264 email addresses on the DMC listserv
- Approx. 210 listserv members remain that are nonduplicated
- %of listserv who are dental directors or office managers unknown (?)
- Survey Response: 28% of listserv

CELEBRATING 10 YEARS

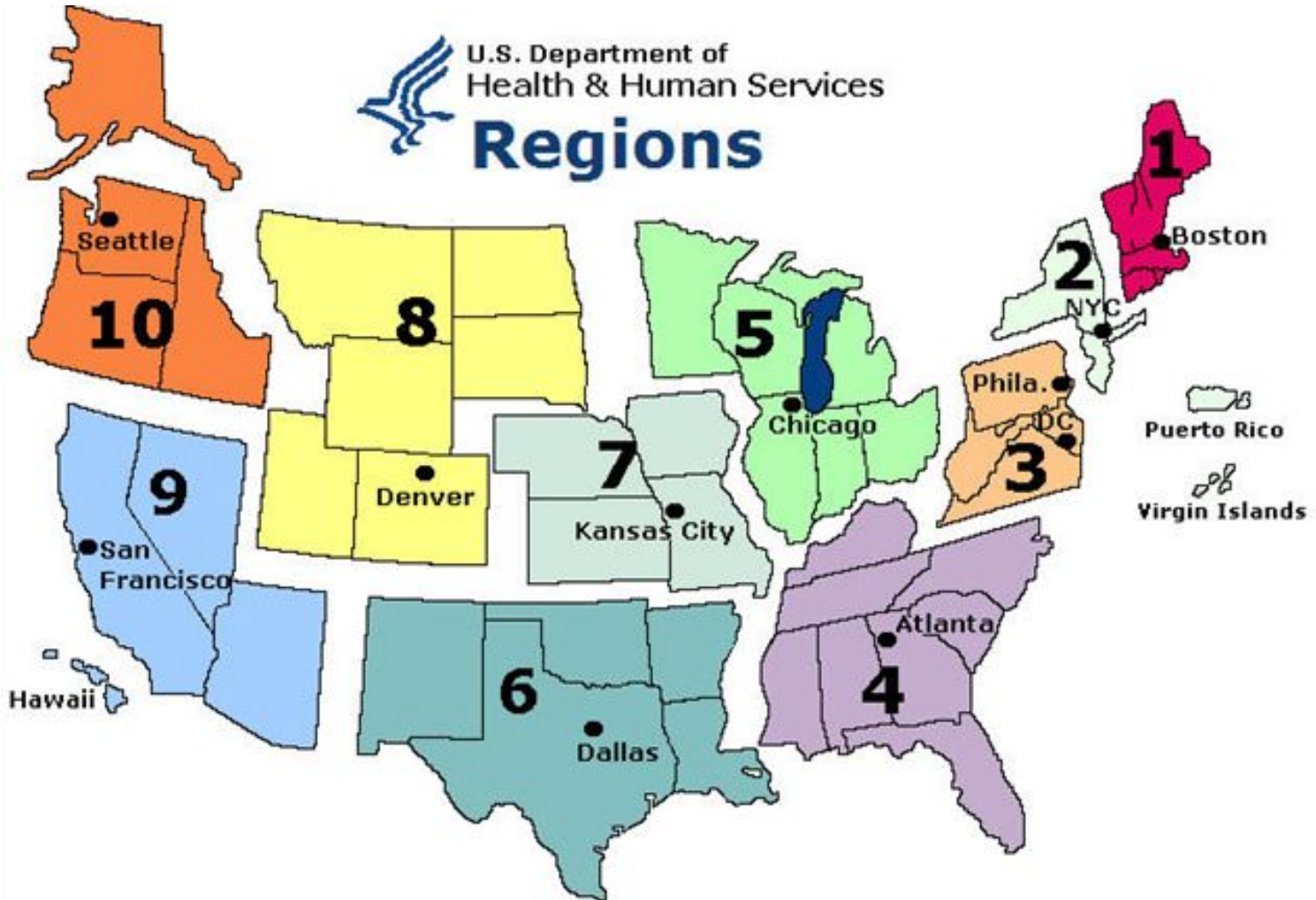


DENTAL MANAGEMENT
COALITION

2008 DMC CHC Dental Staff Survey



July 23, 2008

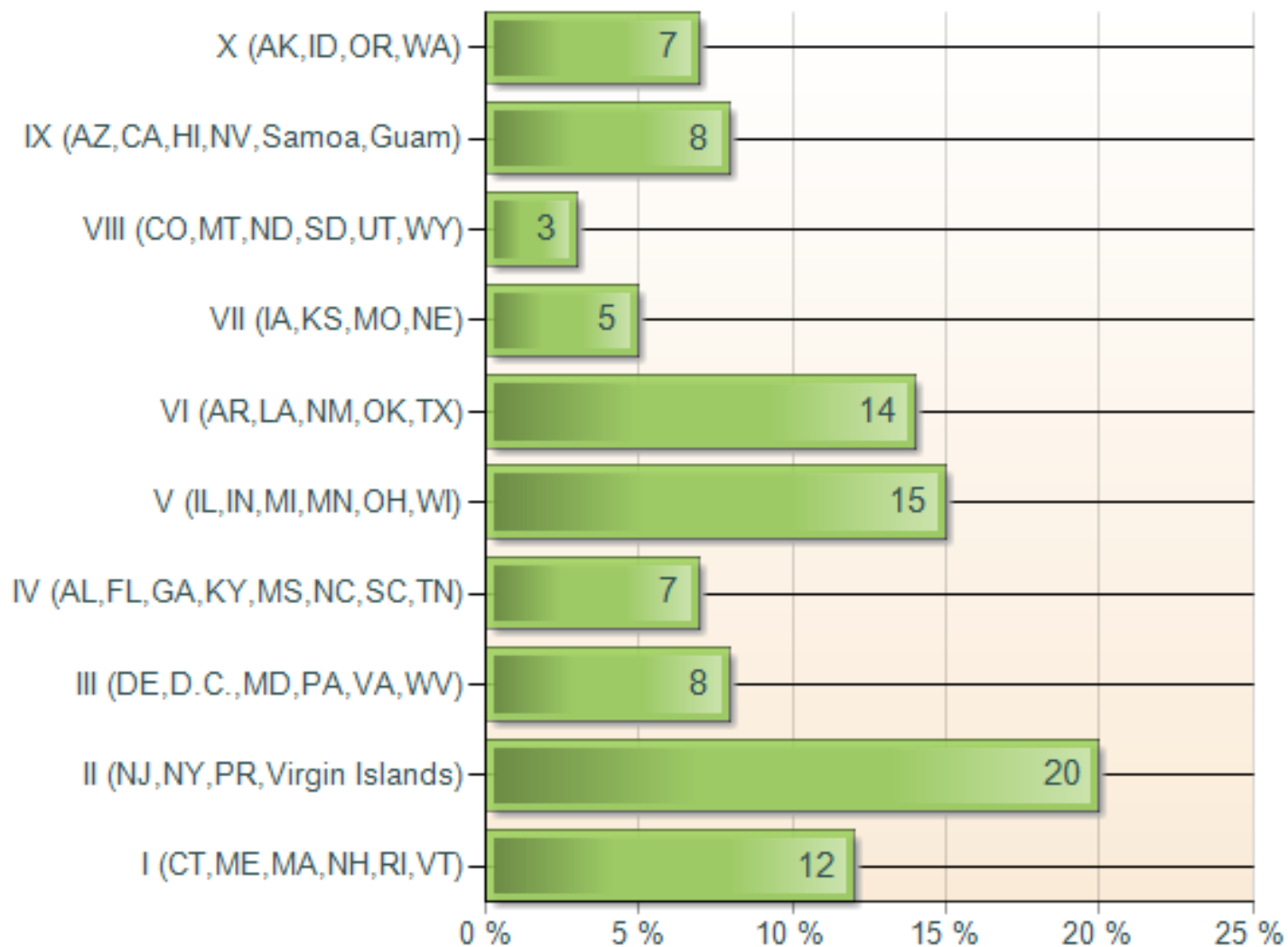


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DENTAL MANAGEMENT COALITION

In what USPHS Region is your CHC located?



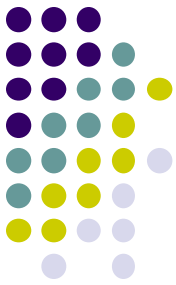
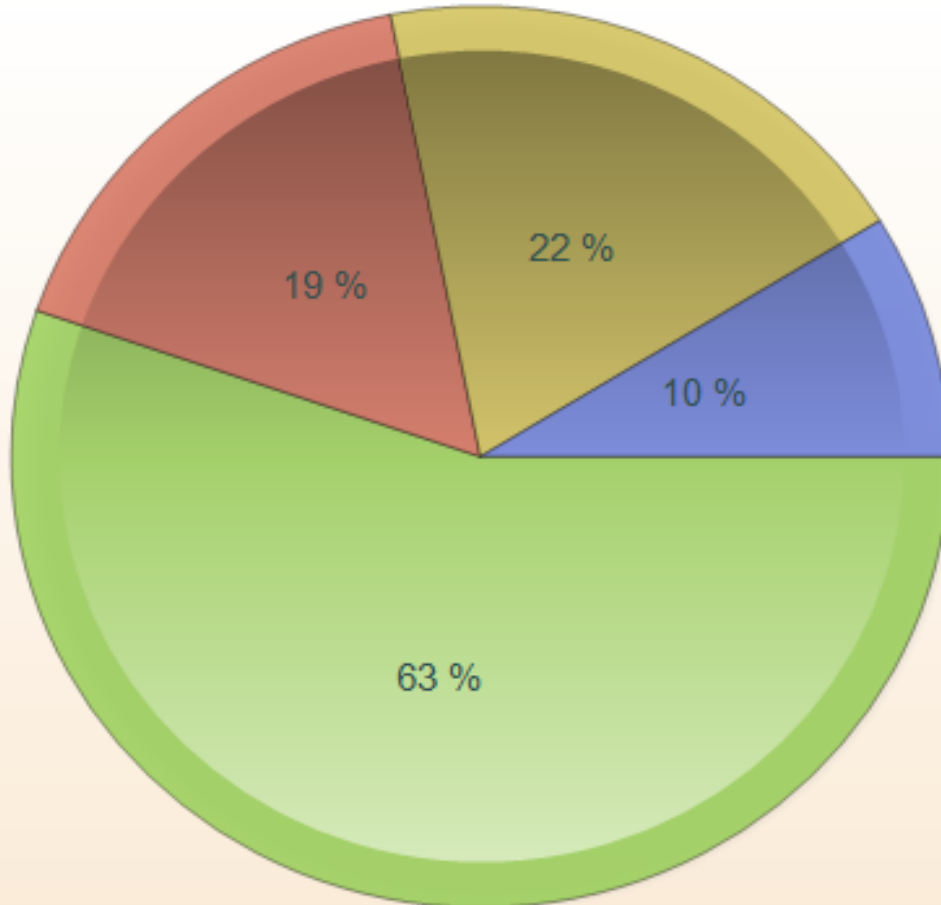
July 23, 2008

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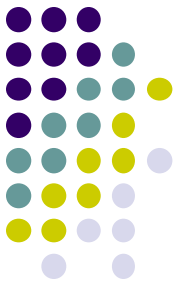
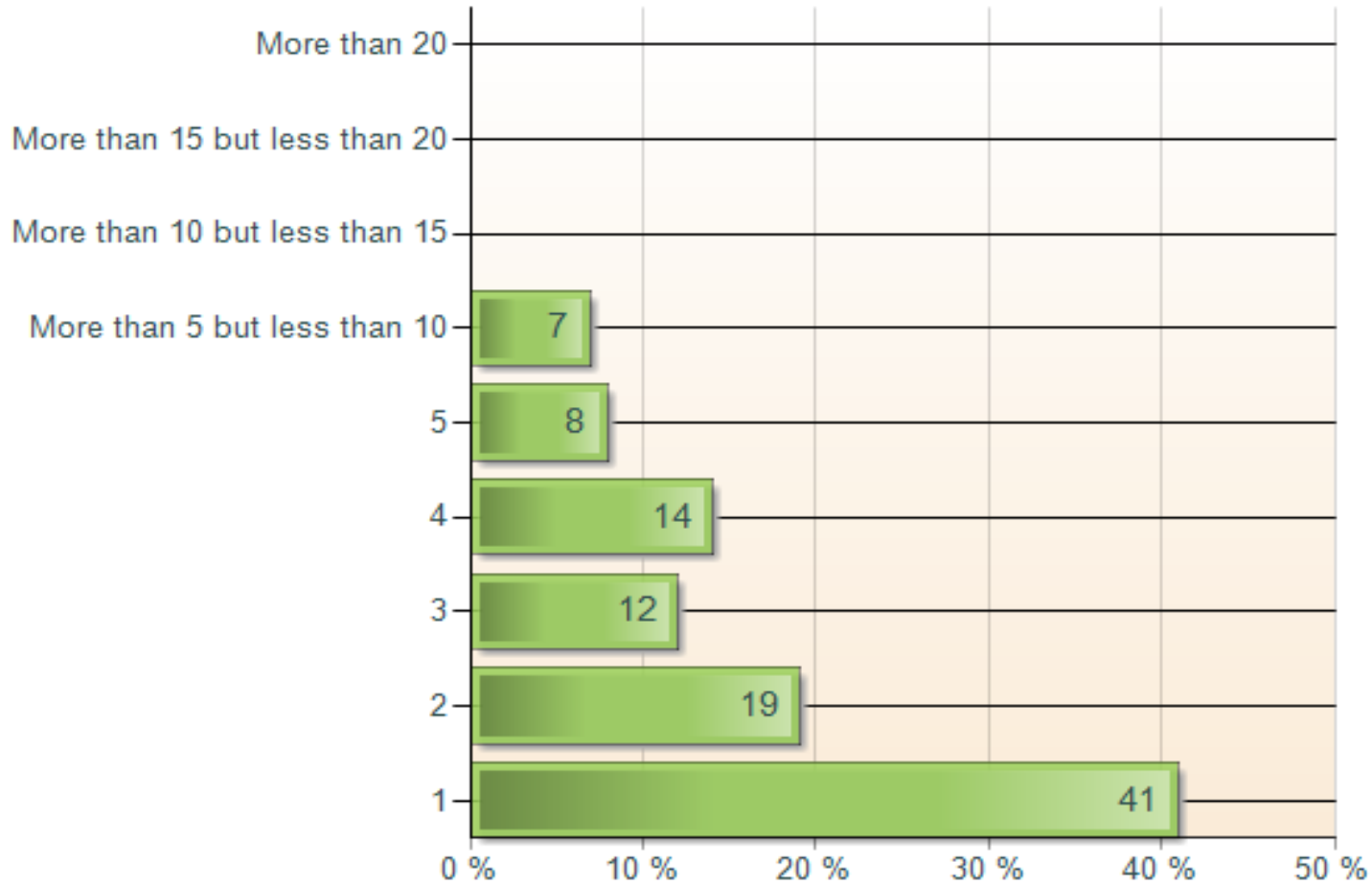
What description best characterizes the locations of your dental sites? (Choose all that apply)

- Urban
- Suburban
- Rural without a focus on migrant farm workers
- Rural with a focus on migrant farm workers



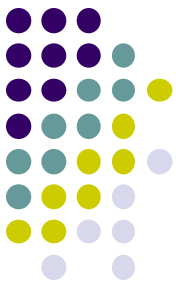
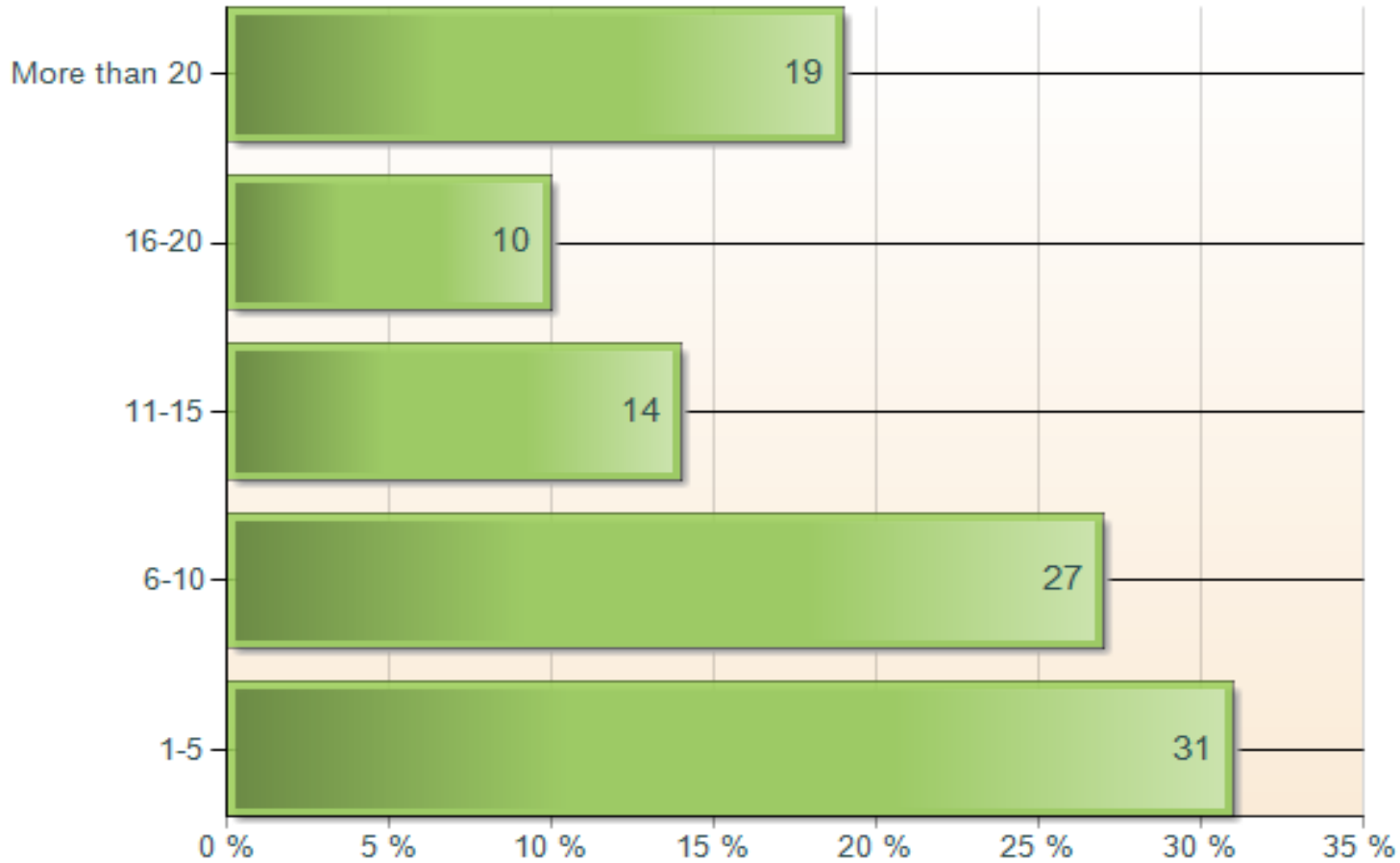
July 23, 2008

How many dental sites do you oversee within your health center organization (include mobile denta ...



July 23, 2008

How many dental treatment rooms (operatories) or number of dental patient chairs do you oversee i ...



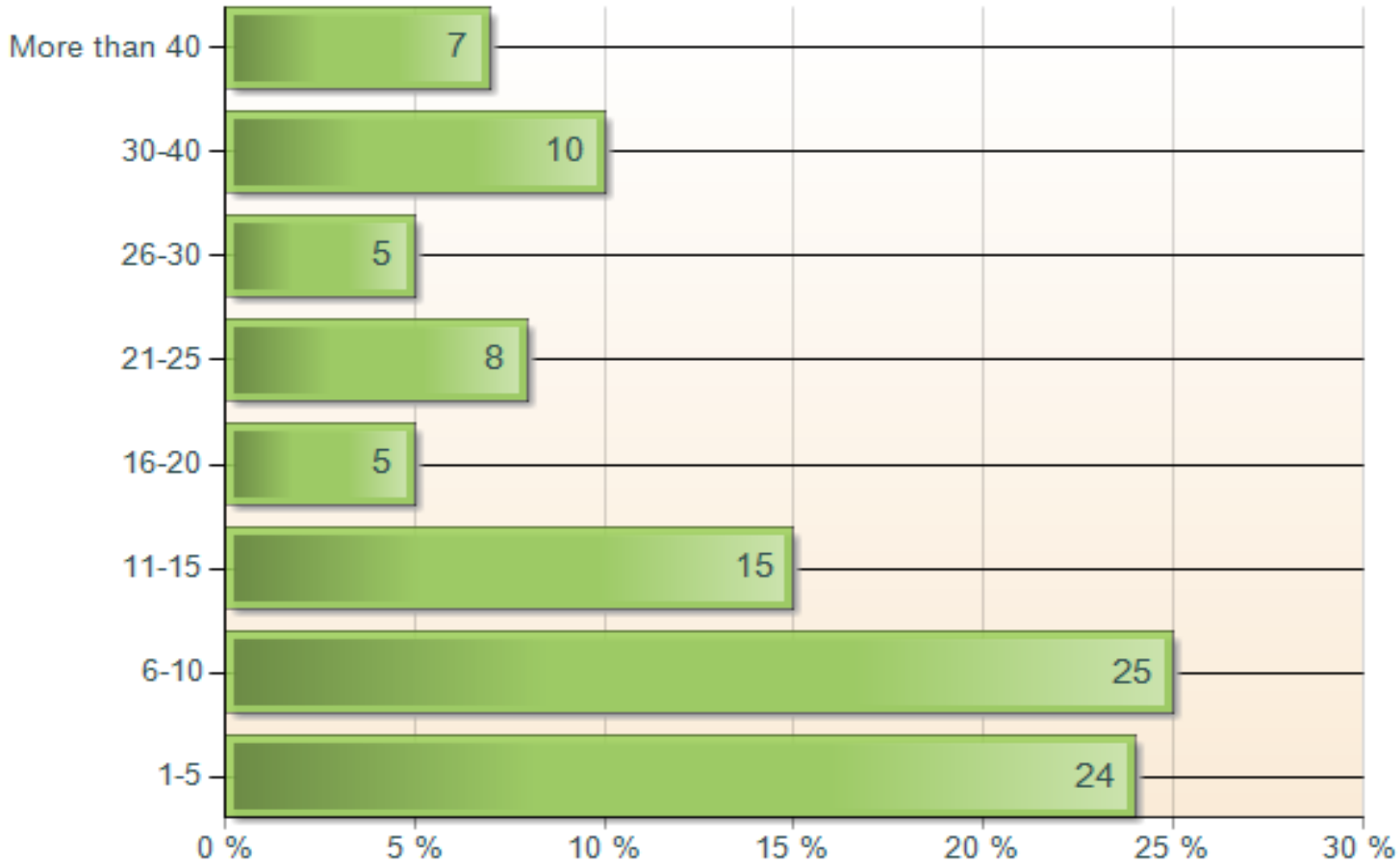
July 23, 2008

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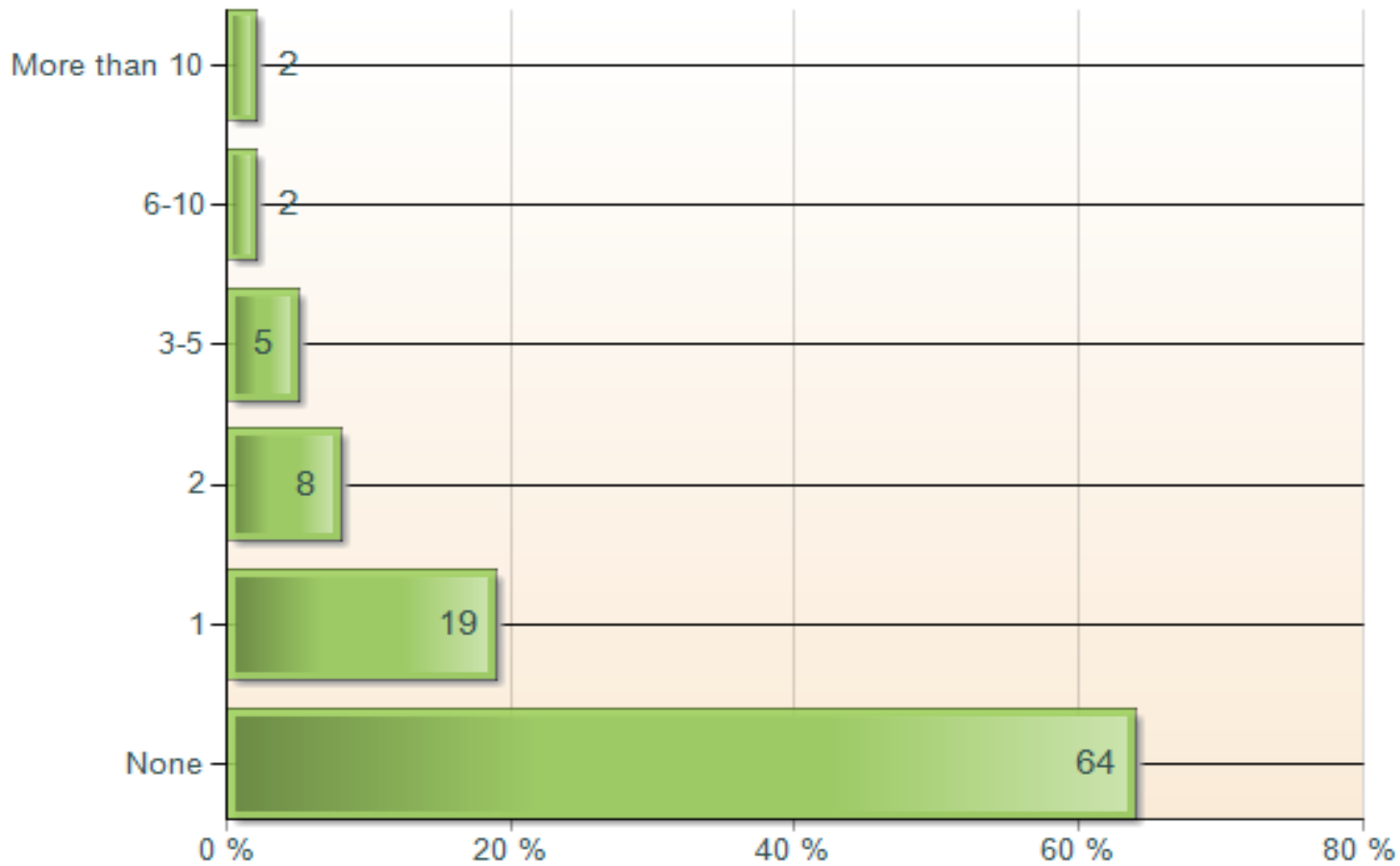
DENTAL MANAGEMENT
COALITION

For the next 5 questions, round up your FTE (full time equivalent) calculation to choose the clos ...



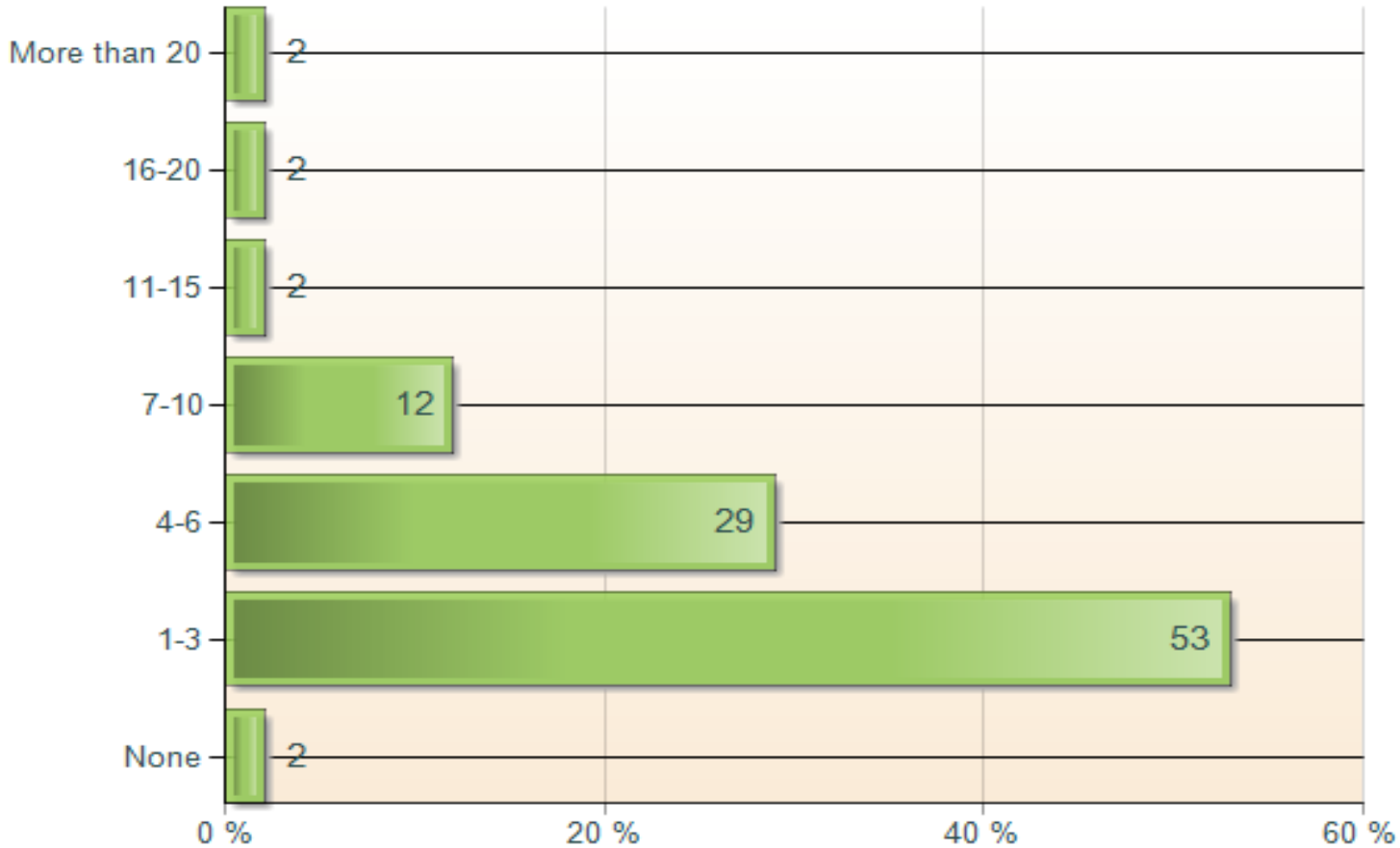
What is the total FTE (full time equivalent) size of your dental staff (including total admin and clinical time when counting yourself; dentists; dental residents; dental students; dental hygienists; dental assistants; dental office managers; and dental front-end office staff)?

What is the total FTE for dental residents and/or dental students you supervise?

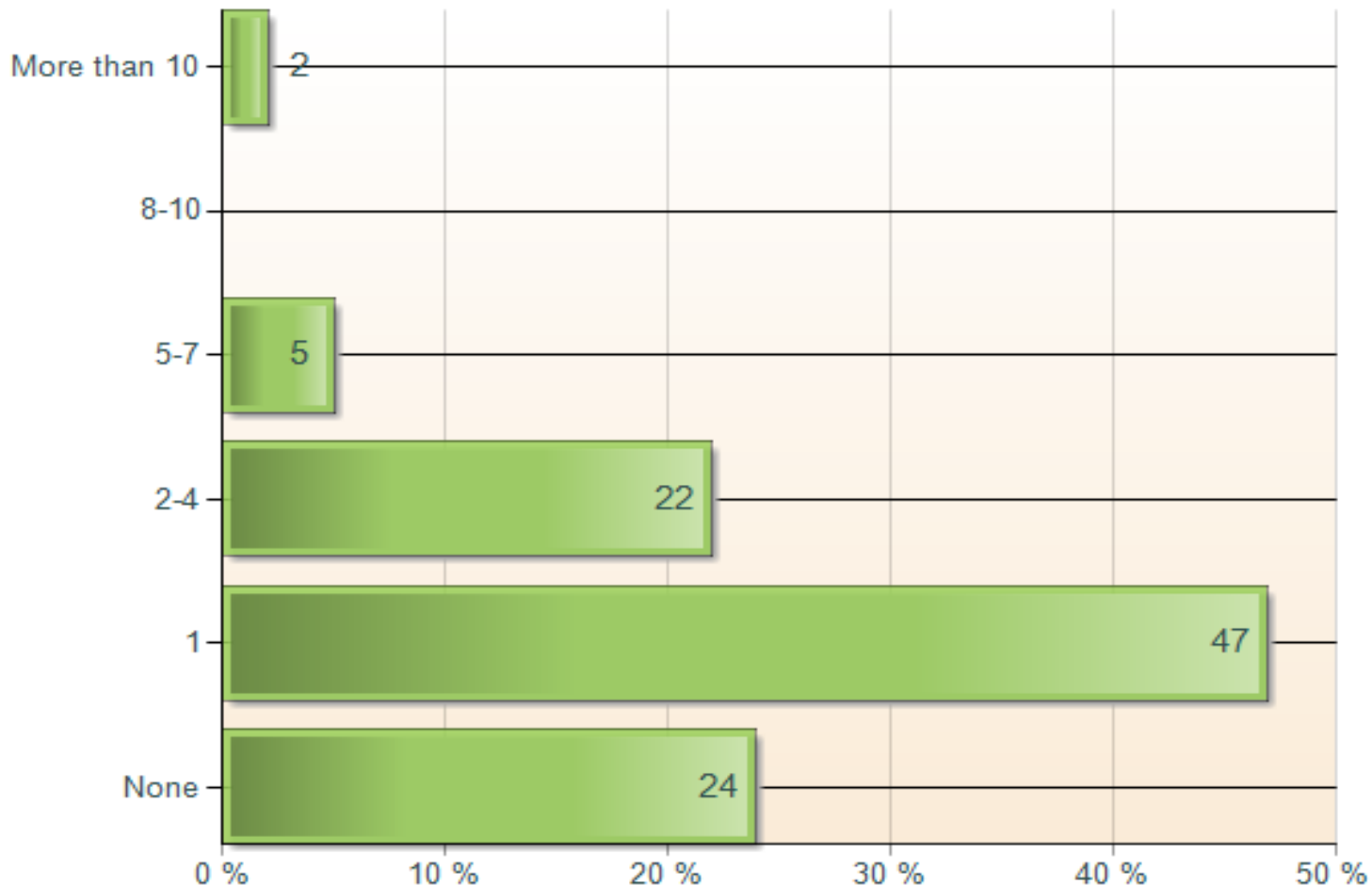


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What is the total FTE for dentists employed in your practice (include yourself)?



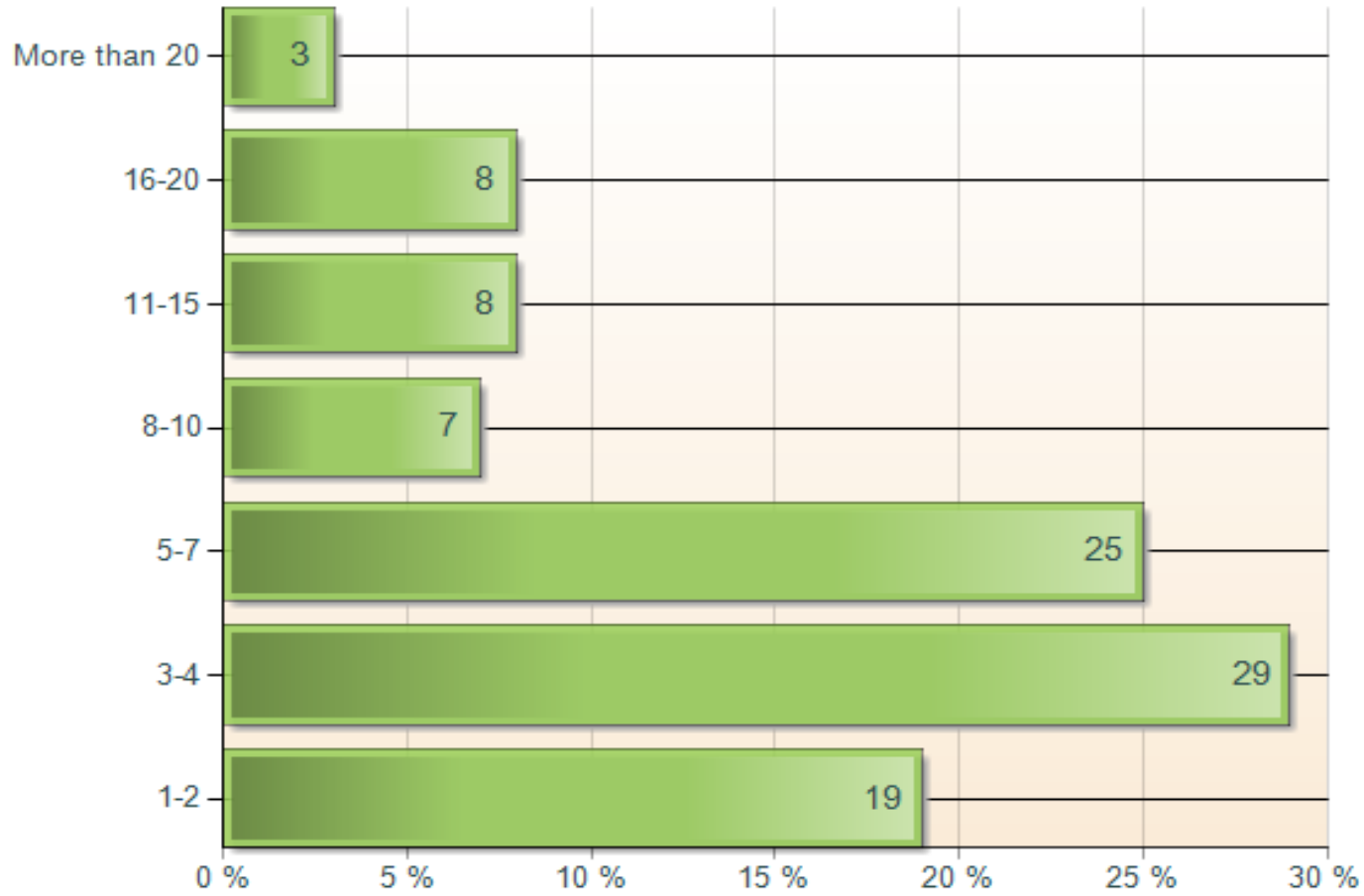
What is the total FTE for dental hygienists employed in your practice?



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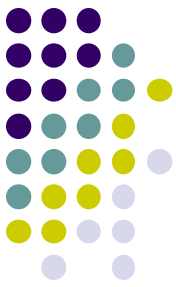
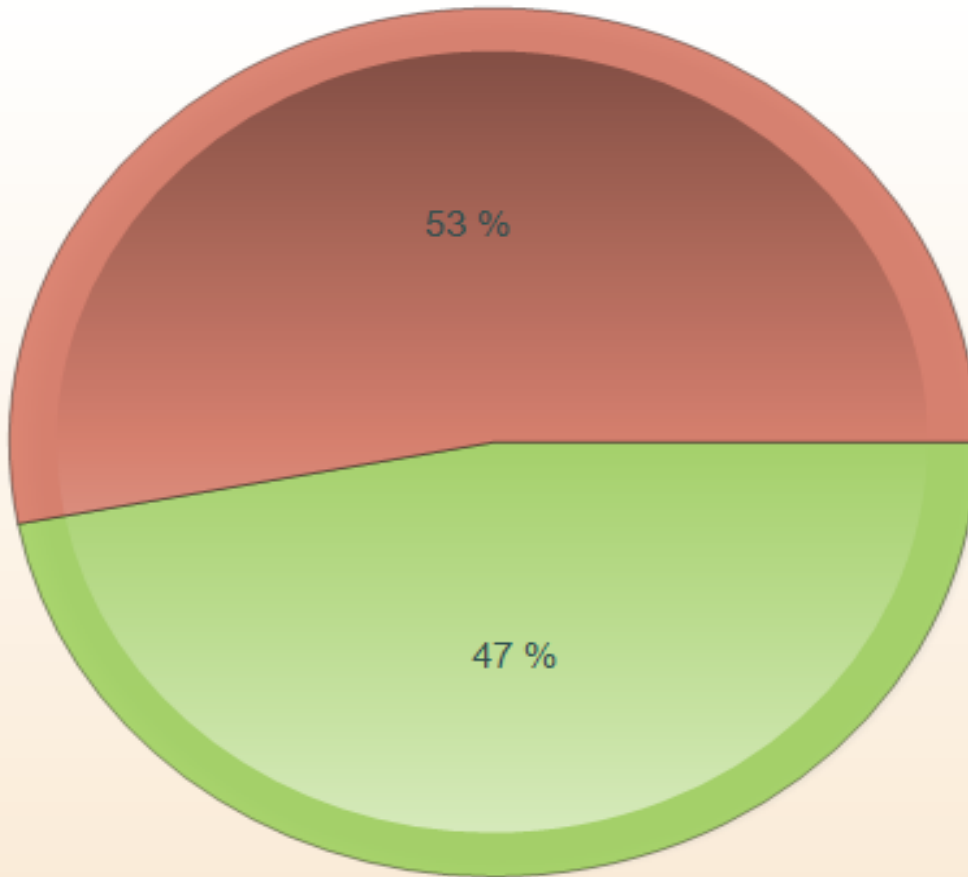
Of the 59 dental practices that responded to our survey, 24% did not employ a dental hygienist. 45 practices or 76% utilize dental hygienists.

What is the total FTE for dental assistants employed in your practice?



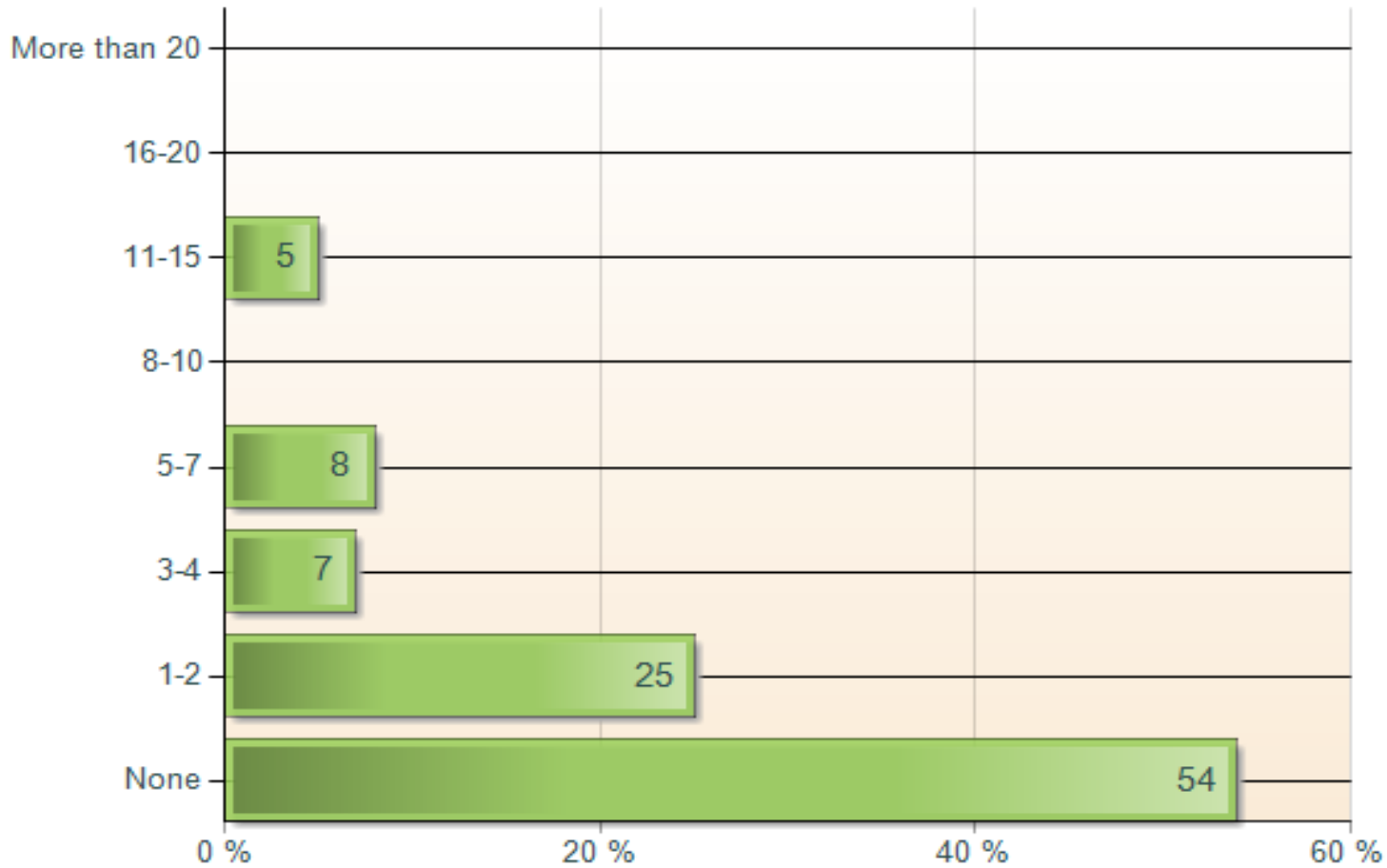
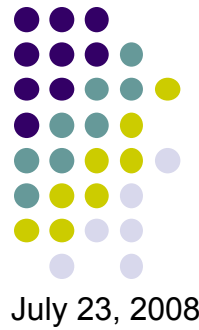
Does your dental practice utilize expanded duty function or licensed certified dental assistants?

Yes No



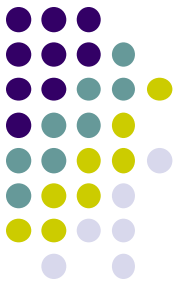
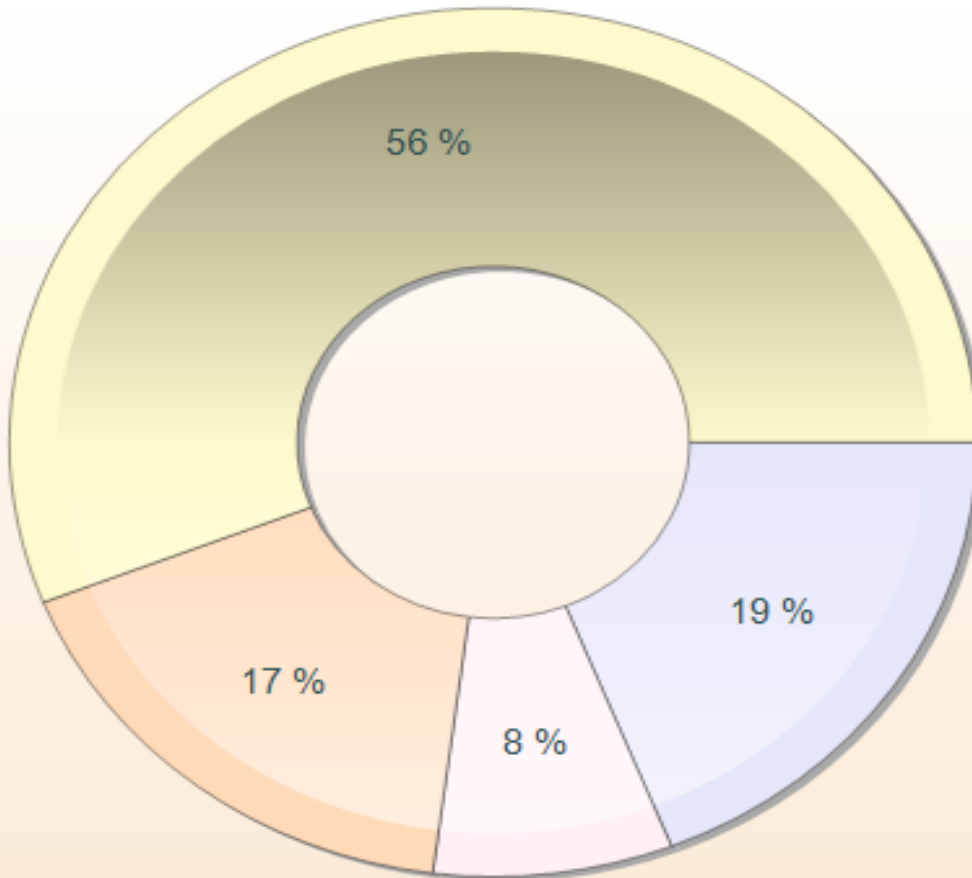
July 23, 2008

What is the total FTE for expanded duty function or licensed certified dental assistants employed ...



How many years experience do you have as a licensed dentist?

0-5 6-10 11-20 More than 20



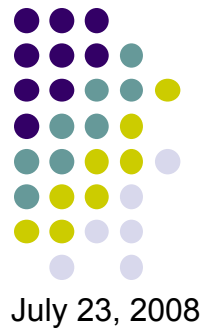
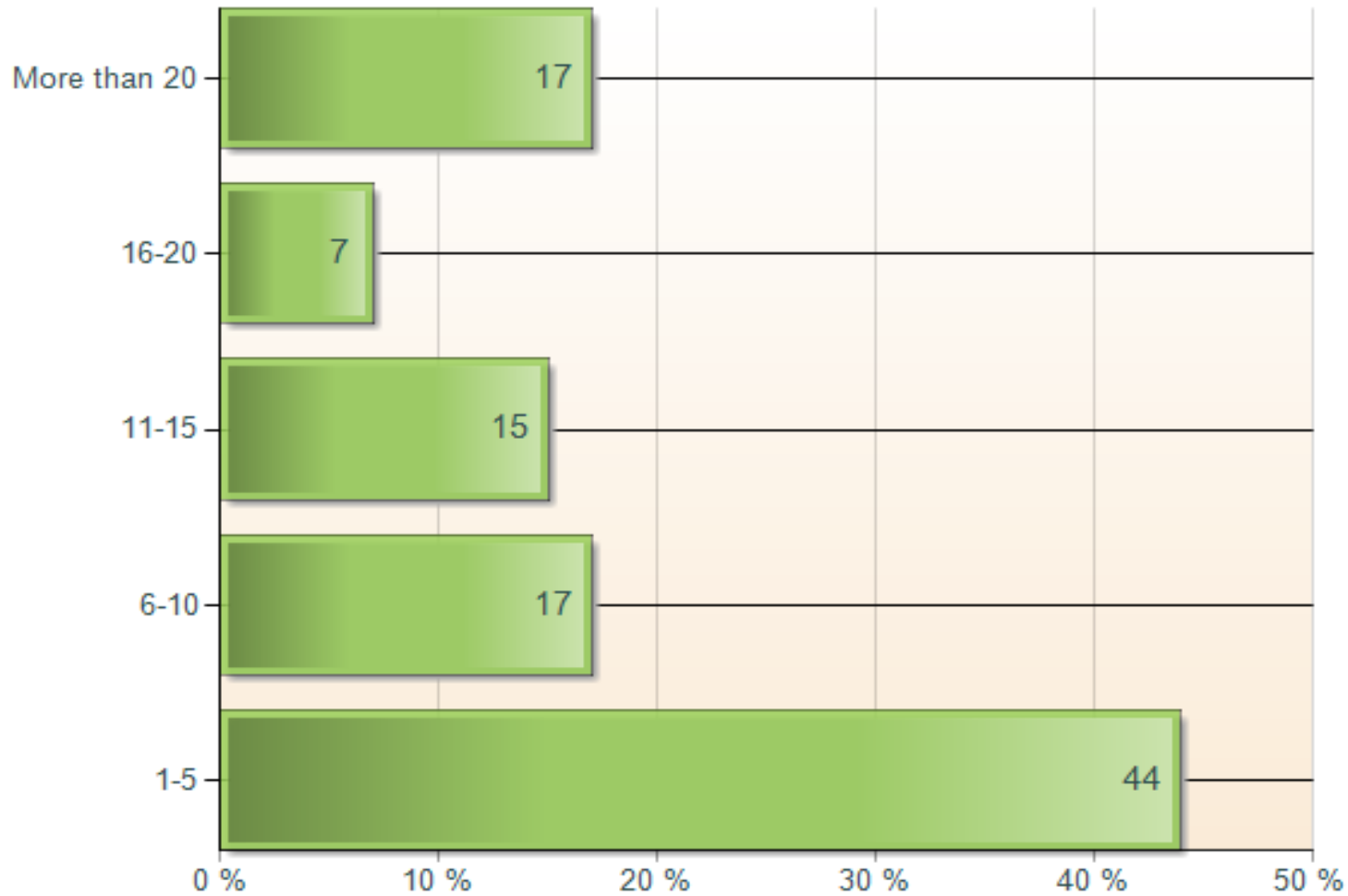
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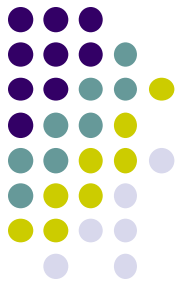
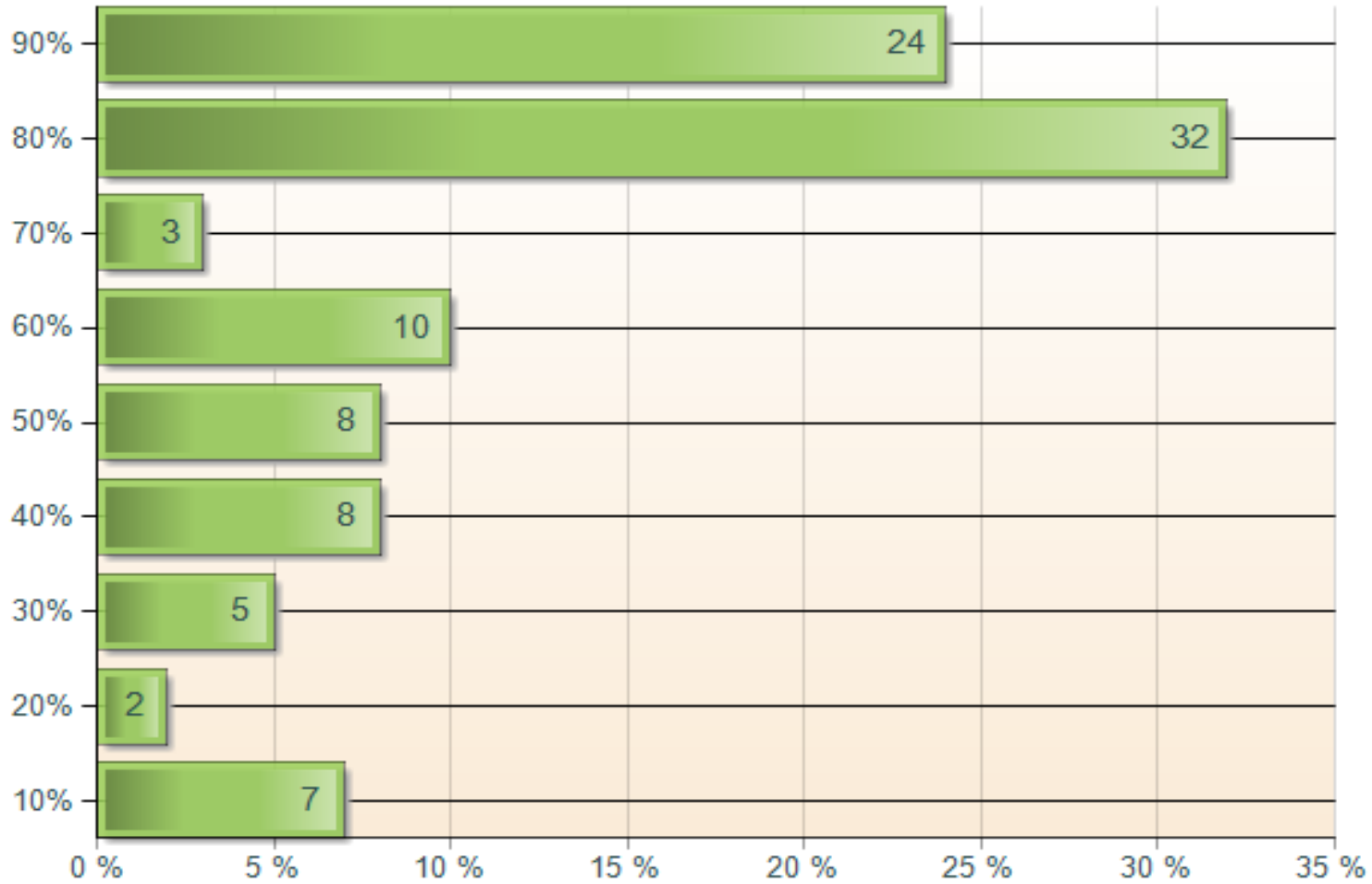


DENTAL MANAGEMENT COALITION

How many years experience do you have as a dental director?

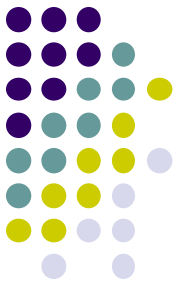


What percentage of your time is dedicated to direct patient care?



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Considerations for dental directors:



July 23, 2008

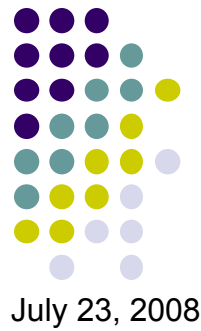
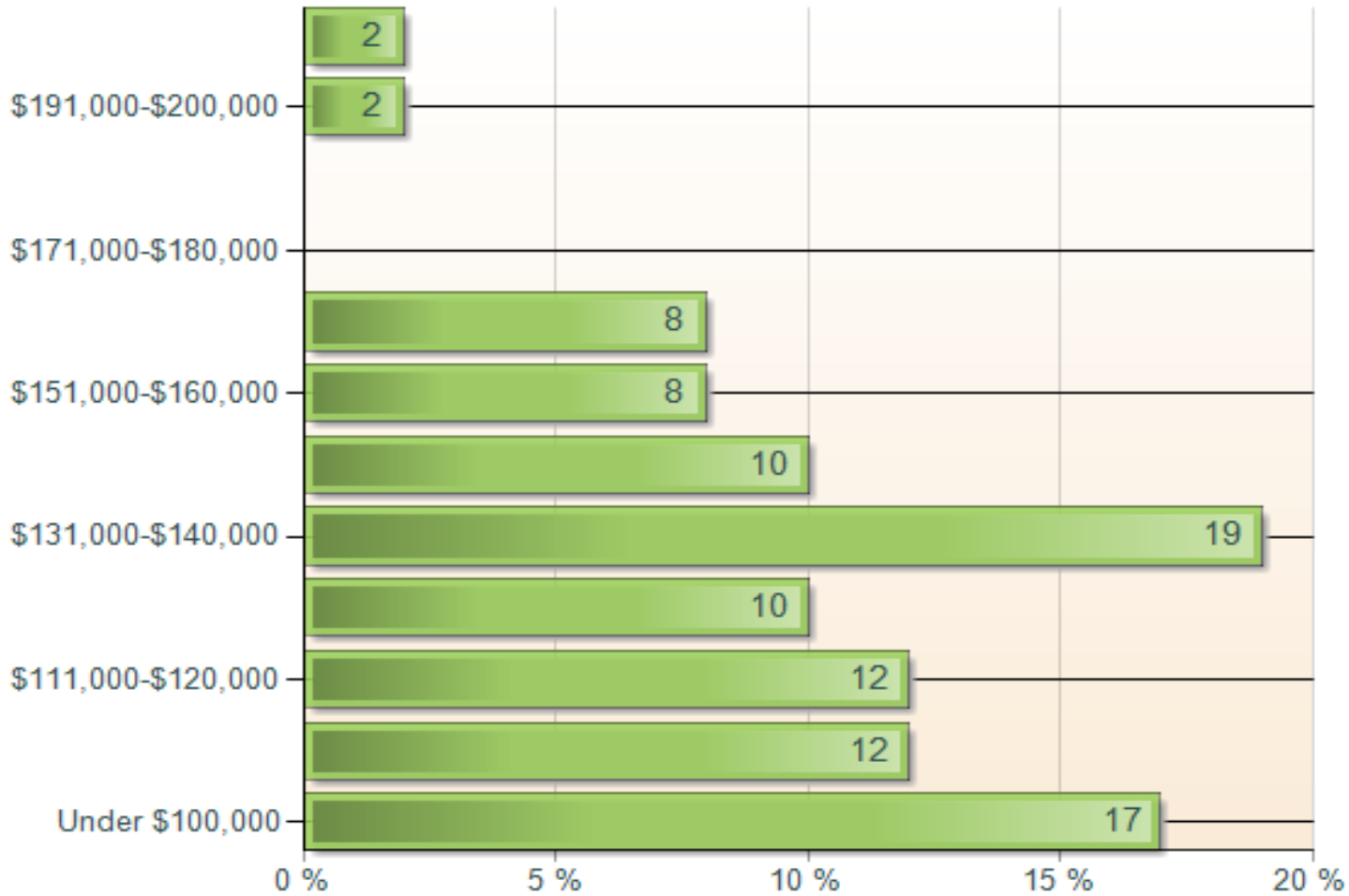
- No one situation fits all scenarios.
- Consider how many hats you wear.
- More locations = more budgets to balance
- More patient chairs = more supervision
- More job functions (IC, IT) = Need for more admin time OUTSIDE dentistry
- Draft your own job description update annually
- Keep learning!

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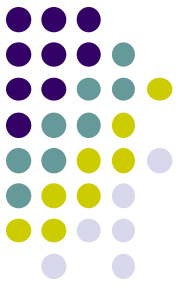
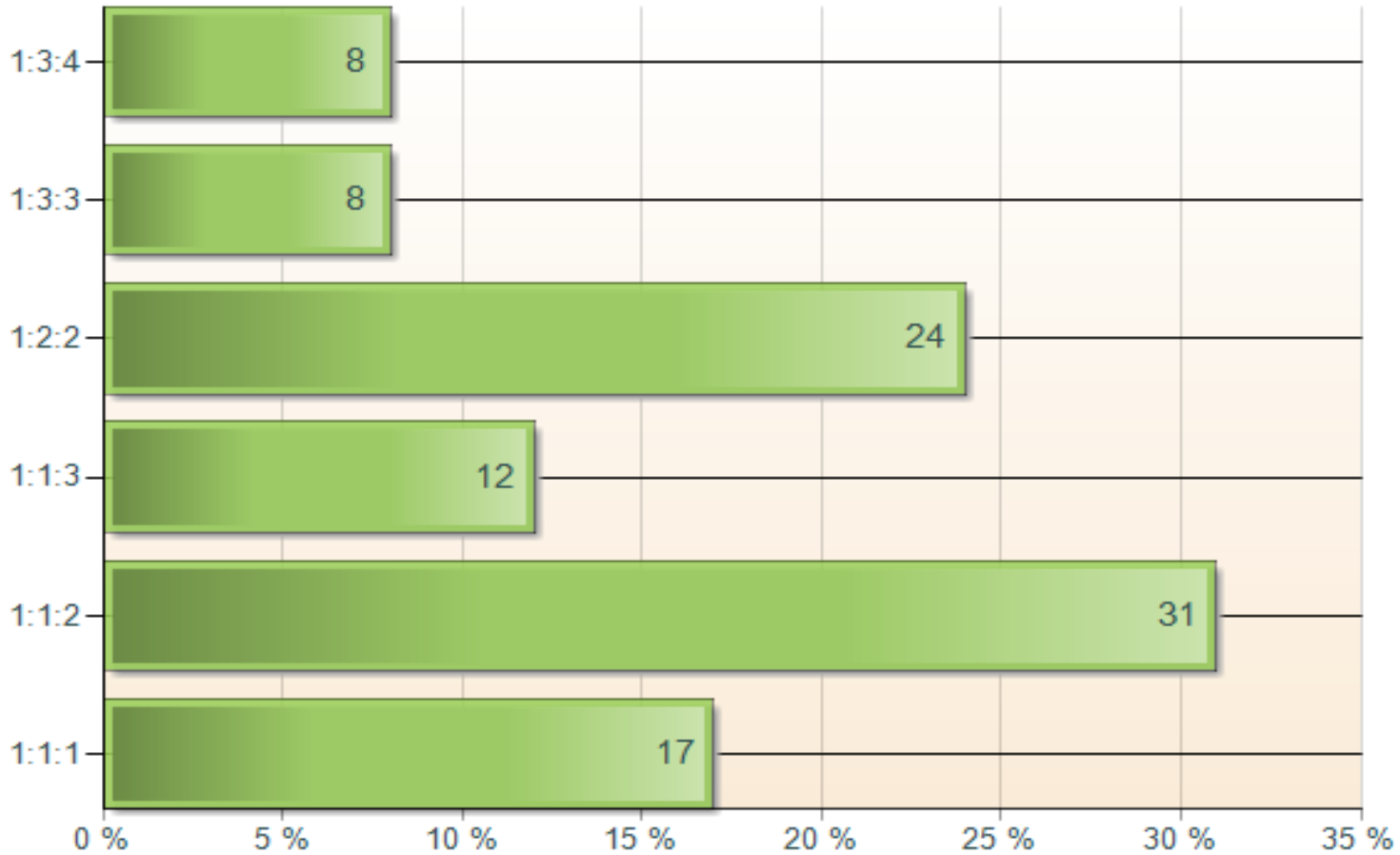


DENTAL MANAGEMENT
COALITION

My annual salary as a dental director is closest to:



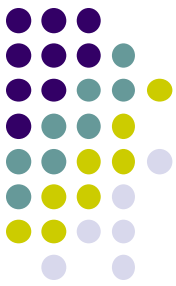
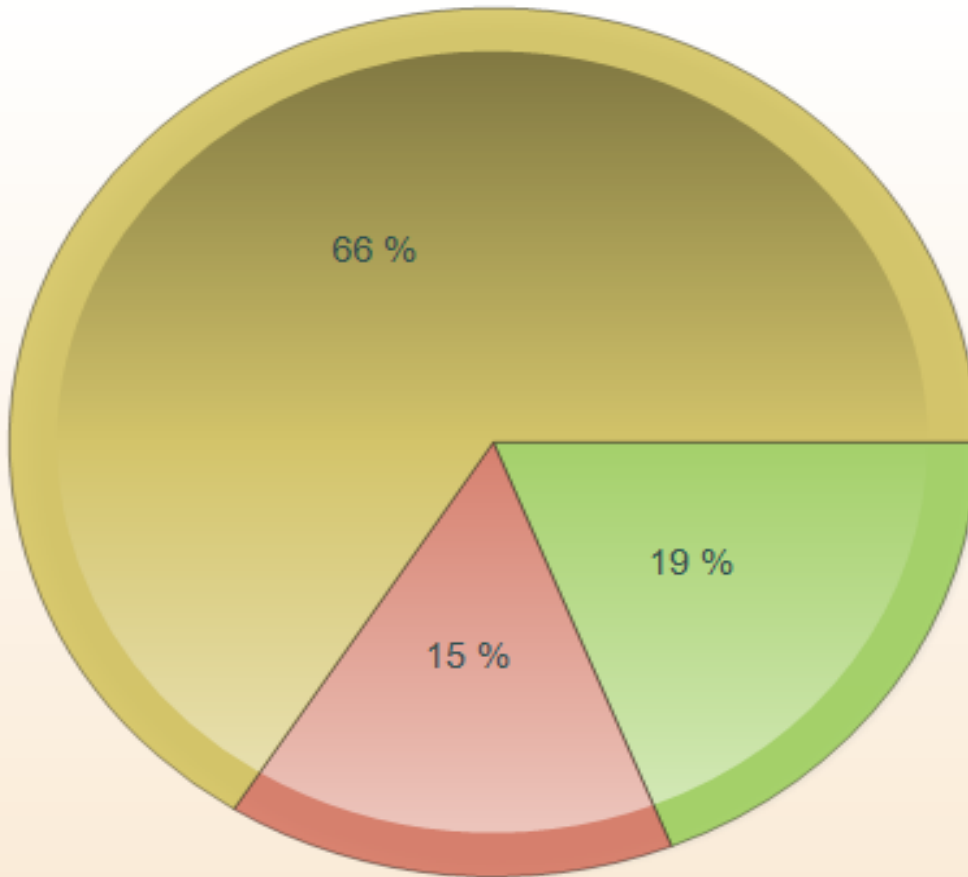
What is your approximate ratio of dentists to dental assistants to available dental treatment room ...



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How many paid hours constitutes a full time work week?

35 hours 37.5 hours 40 hours



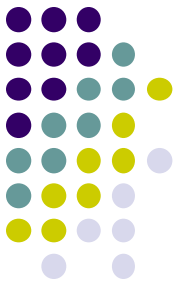
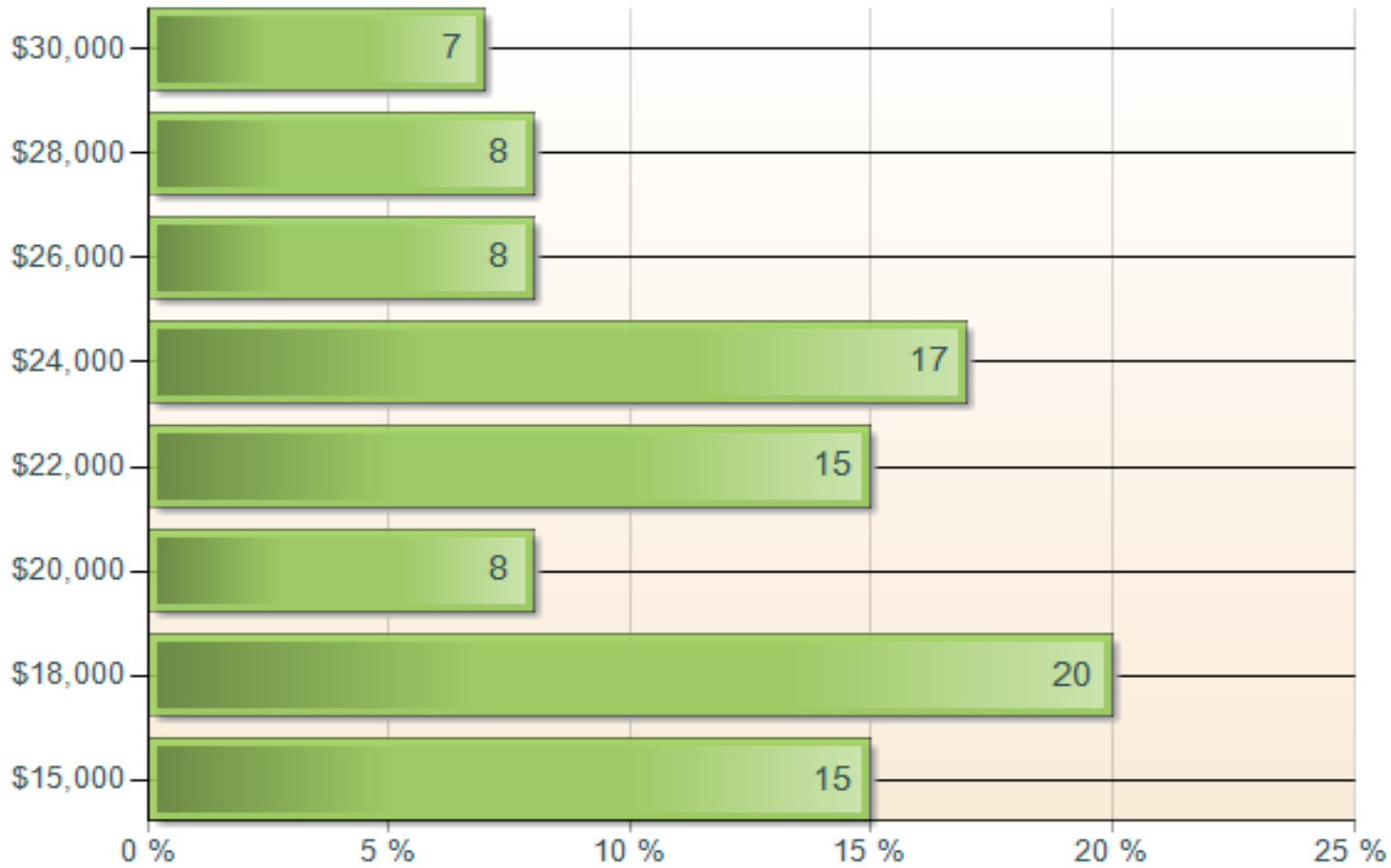
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DENTAL MANAGEMENT
COALITION

The closest starting salary for a full time front-end person in your office with minimal (1 year) ...



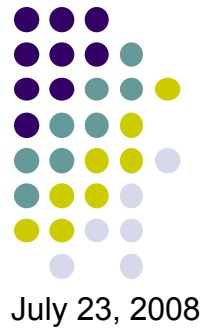
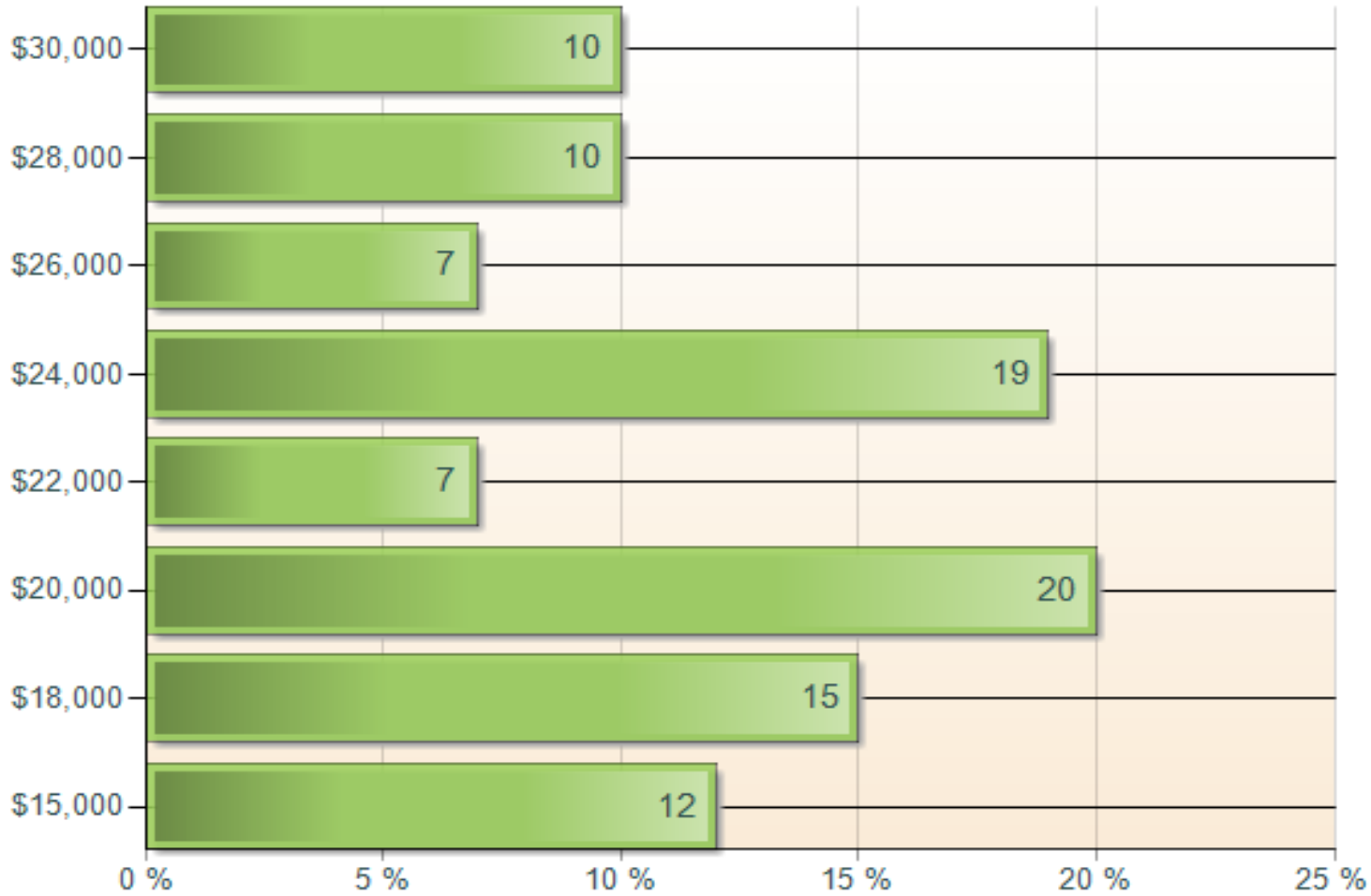
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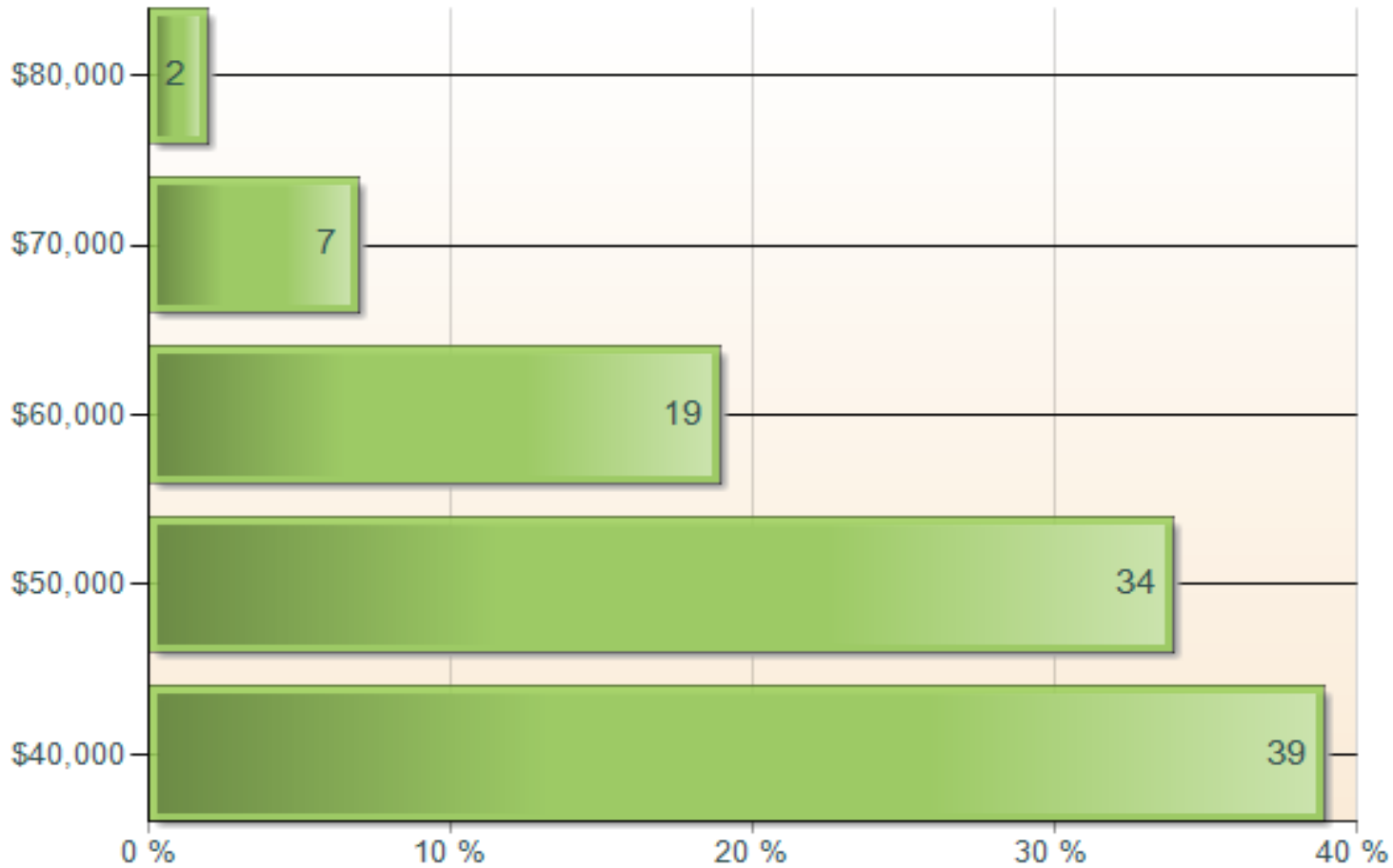


DENTAL MANAGEMENT COALITION

The closest starting salary for a dental assistant without experience is:



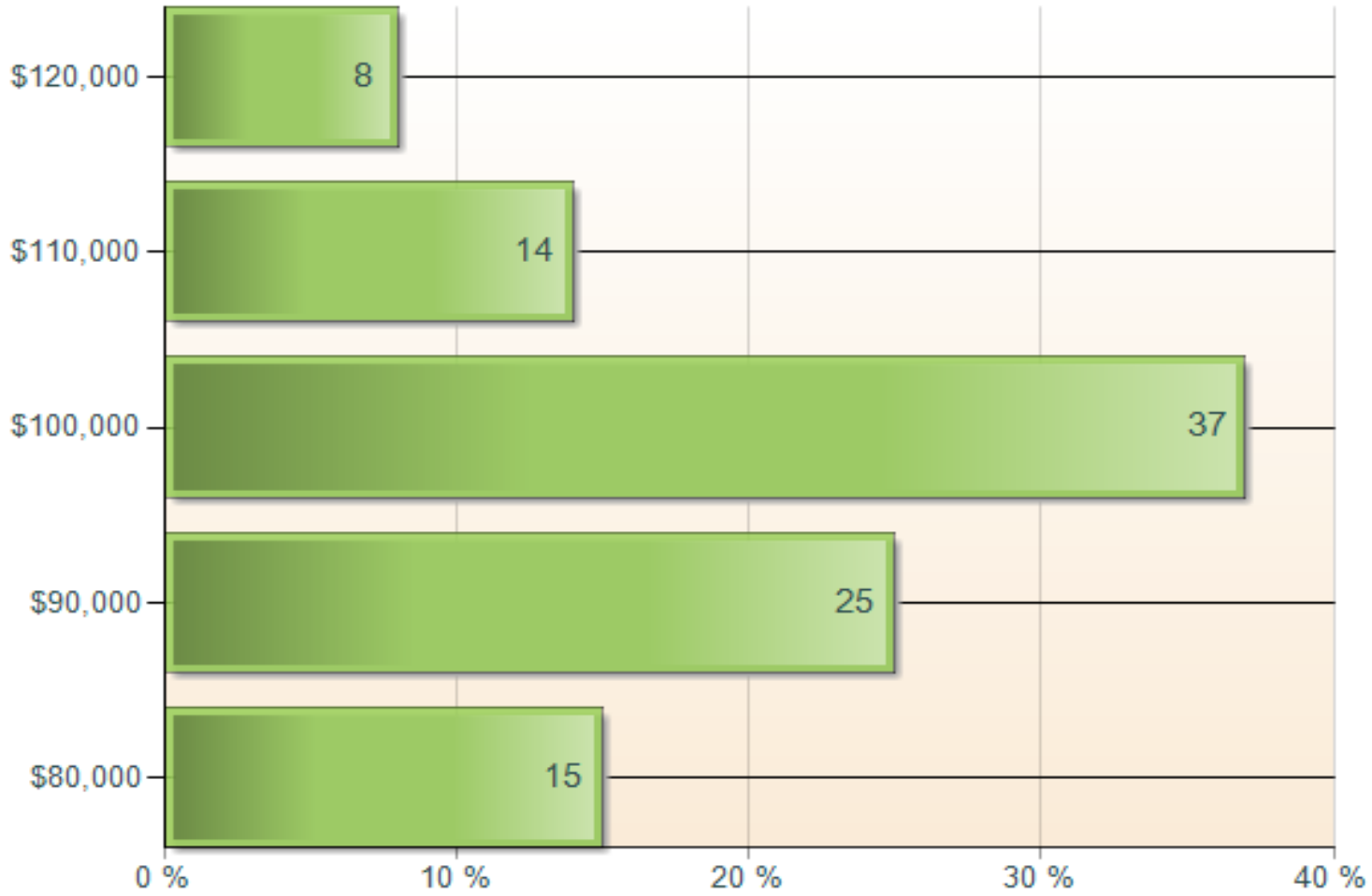
The closest starting salary for a dental hygienist with no experience (just graduated):



July 23, 2008

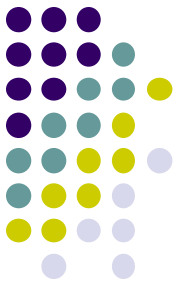
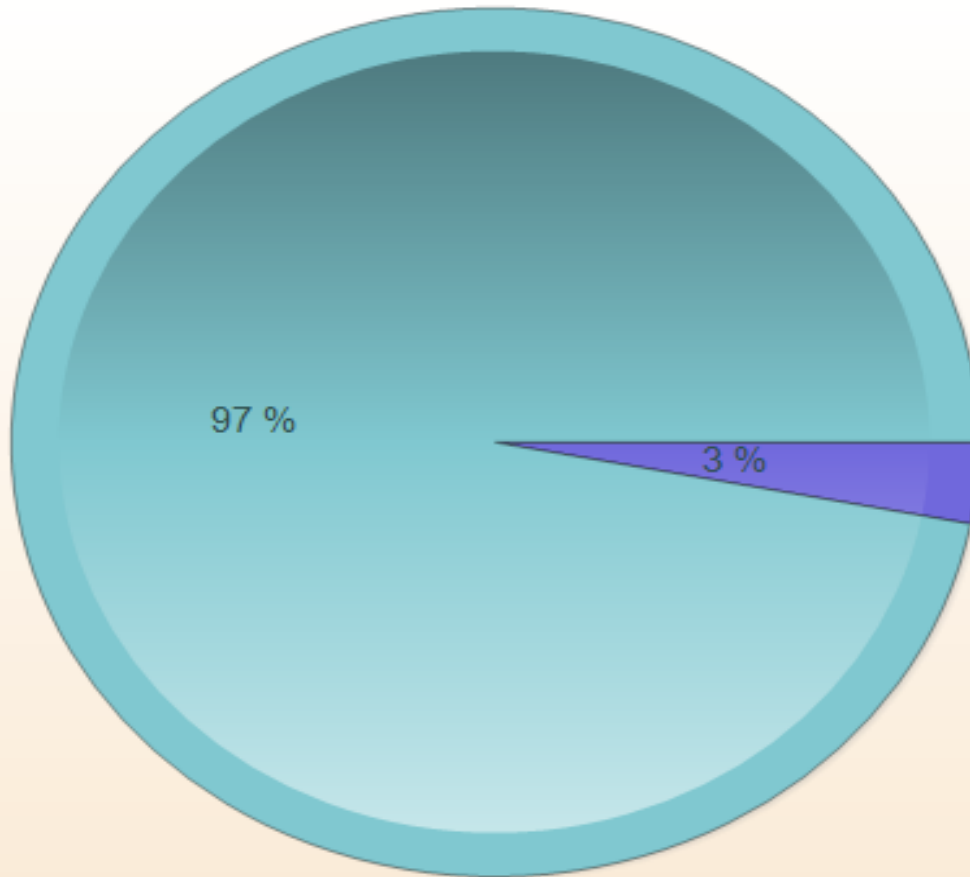
Since 24% of survey respondents indicated that they do not employ any dental hygienists in their practices, the bottom bar should read 15% (39-24) instead of 39%.

The closest starting salary for a dentist just out of residency is:



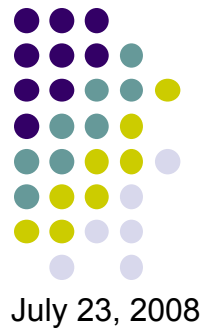
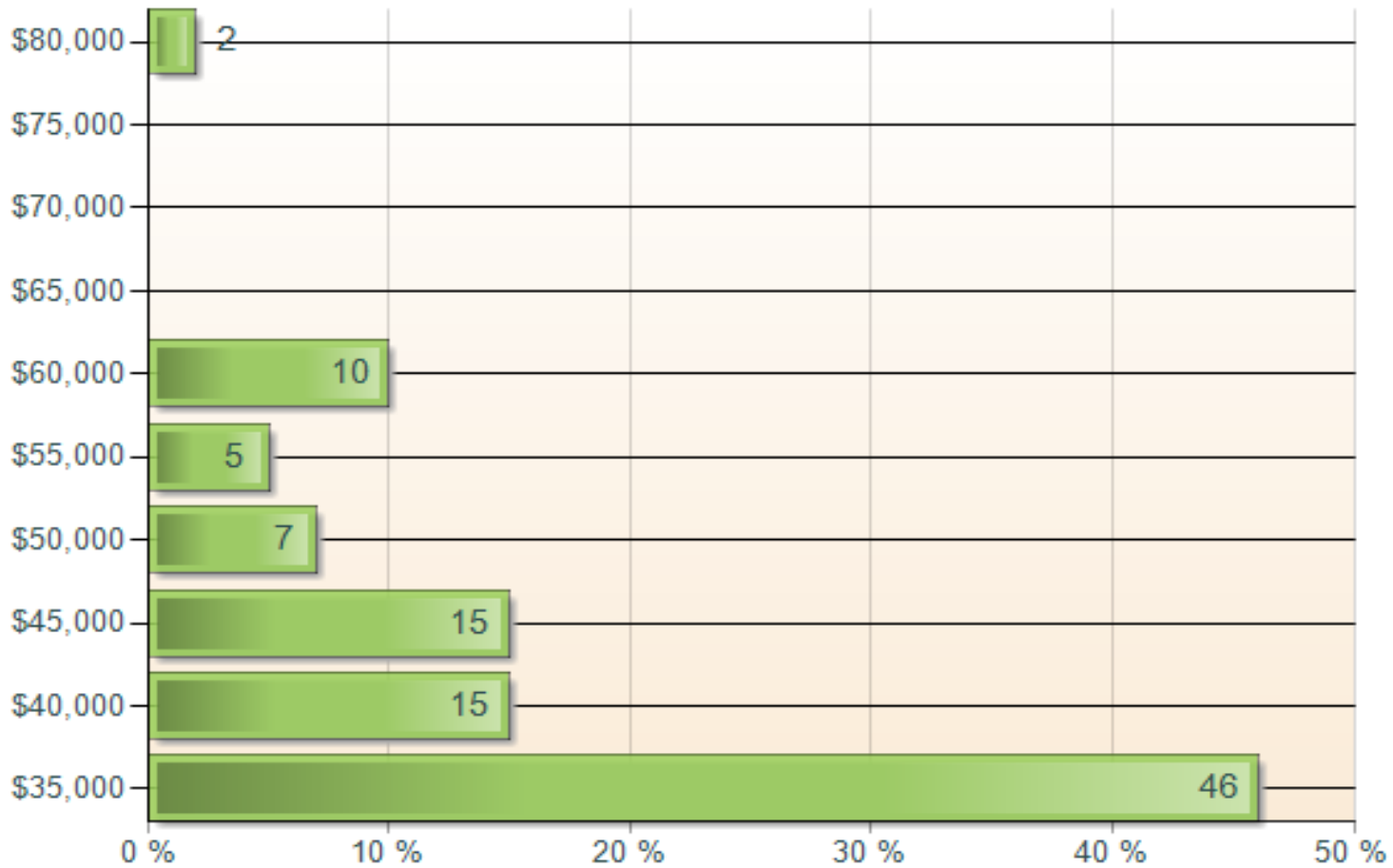
My highest paid dental office manager is also a dental hygienist who sees patients.

Yes No



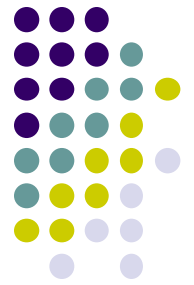
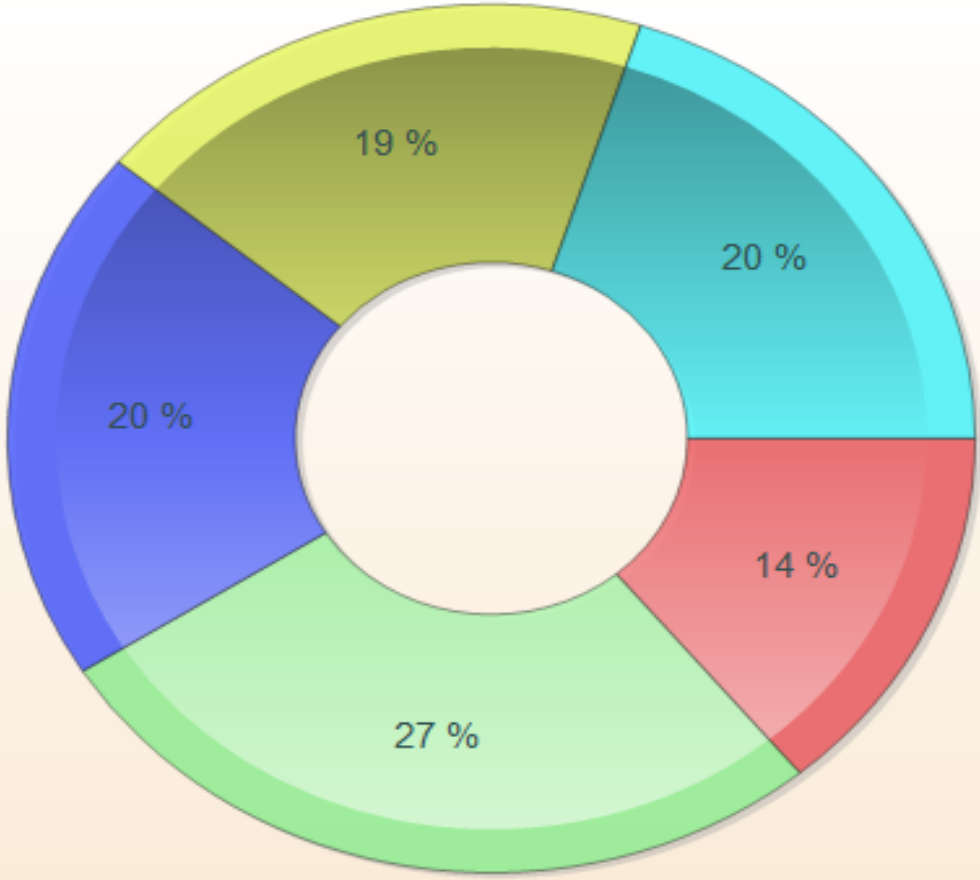
July 23, 2008

The closest starting salary for a dental office manager with at least 5 years experience in that ...



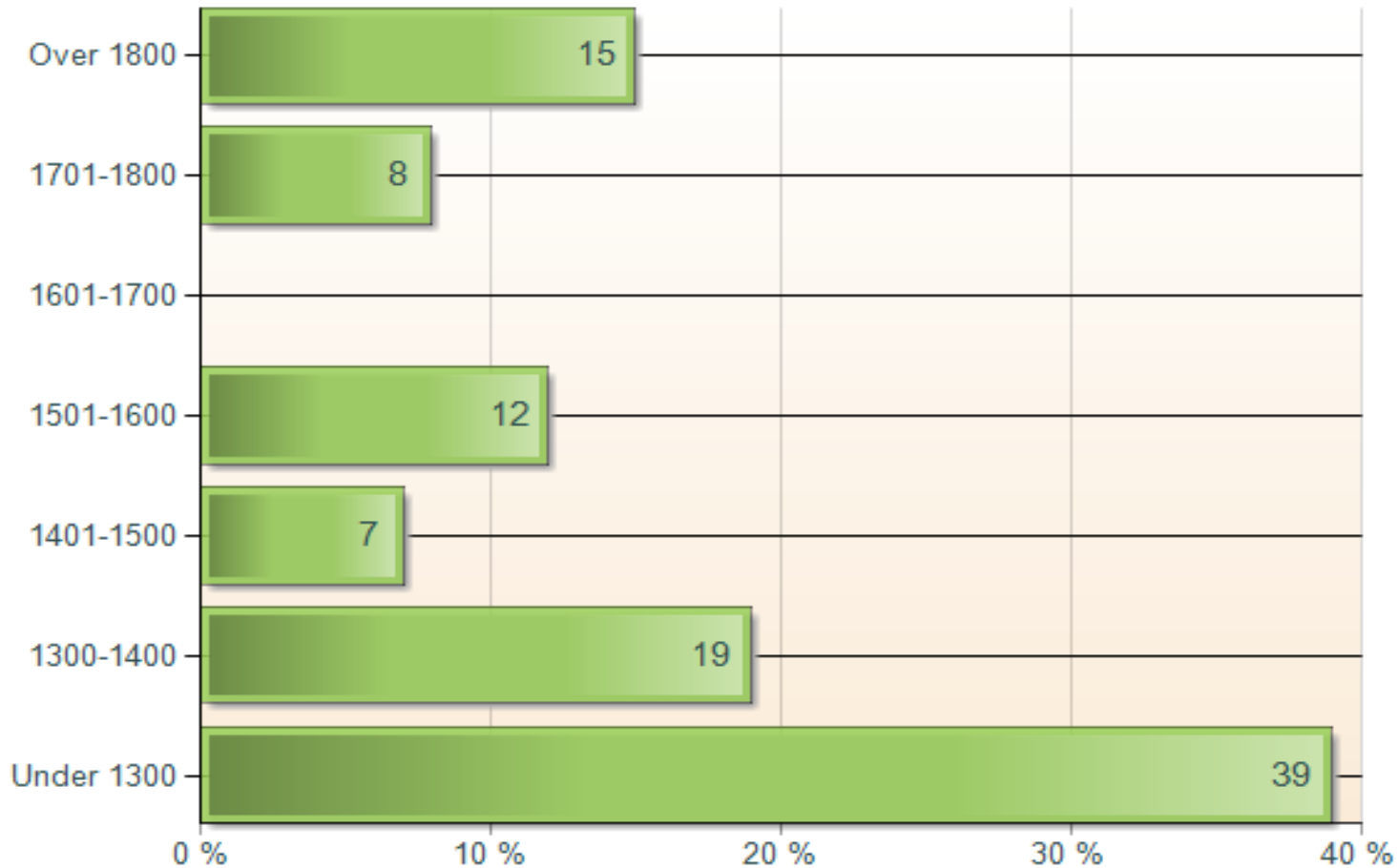
What was the average number of dental encounters/dentist in 2007?

Under 2000 2001-2400 2401-2700 2701-3000 Over 3000



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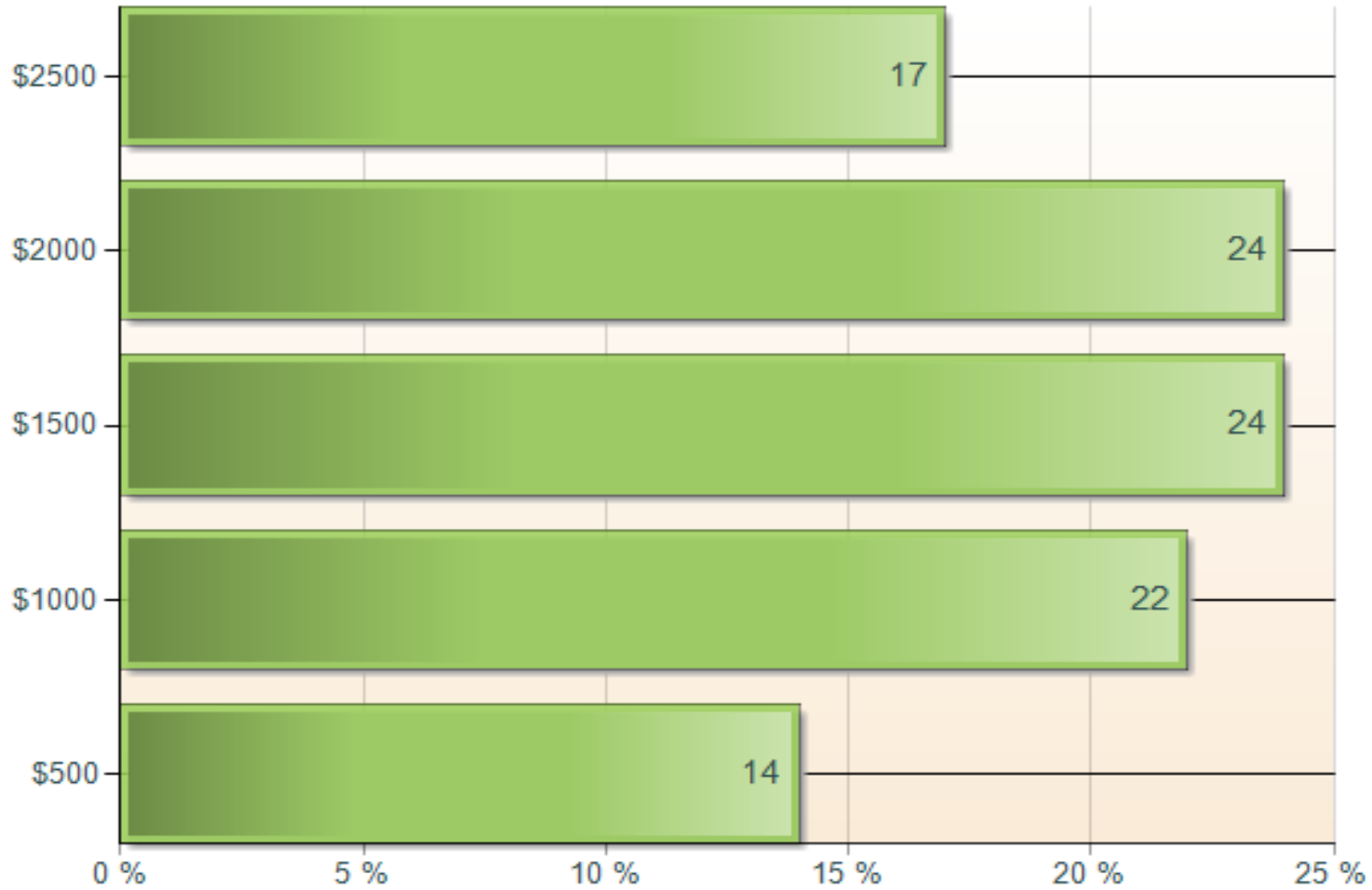
What was the average number of dental encounters/dental hygienist in 2007?



July 23, 2008

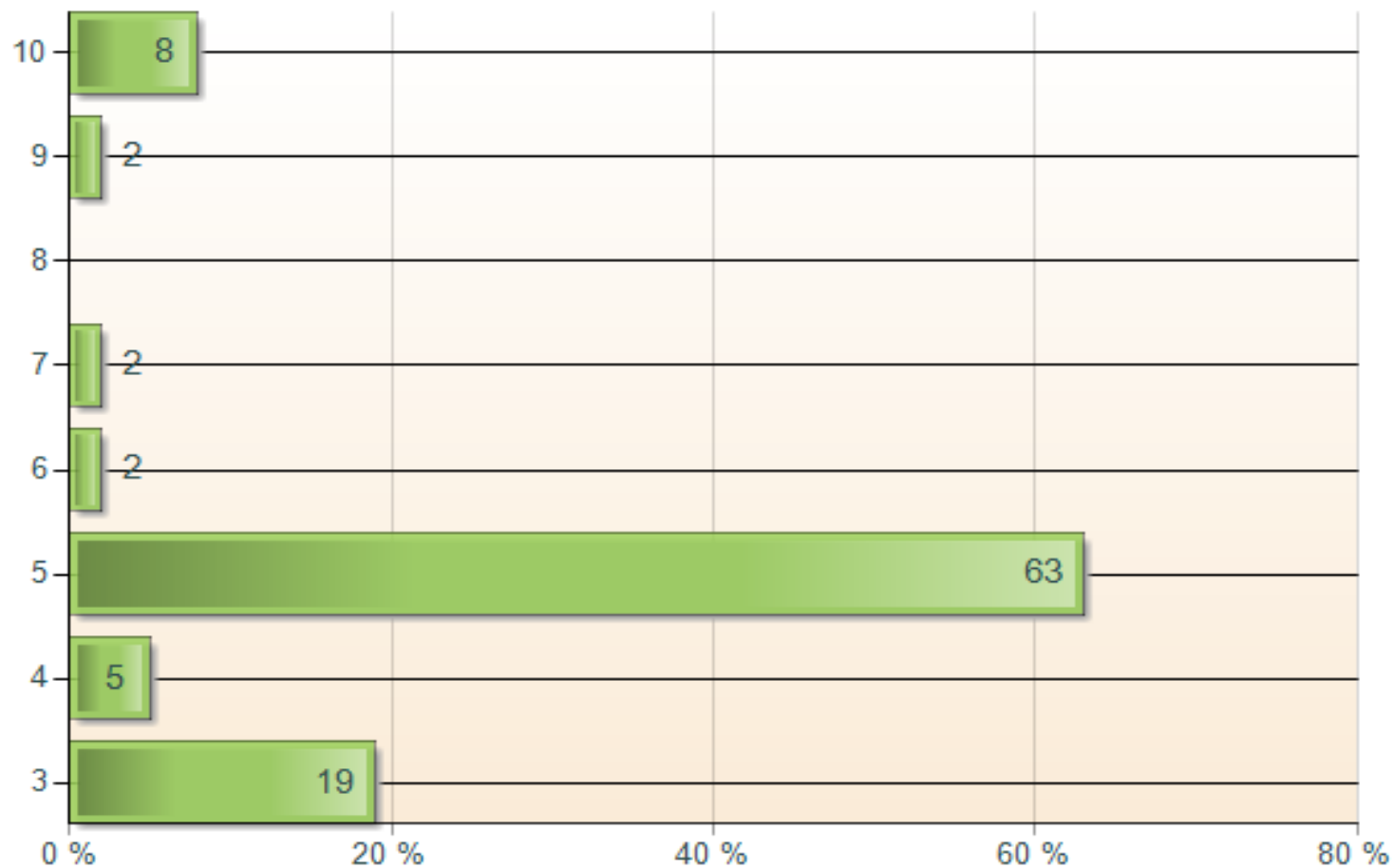
Since 24% of survey respondents indicated that they do not employ any dental hygienists in their practices, the bottom bar should read 15% (39-24) instead of 39%.

The annual continuing education \$ allowance per year for dentists is:



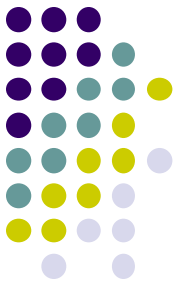
July 23, 2008

The annual number of paid continuing education days per year for dentists is:

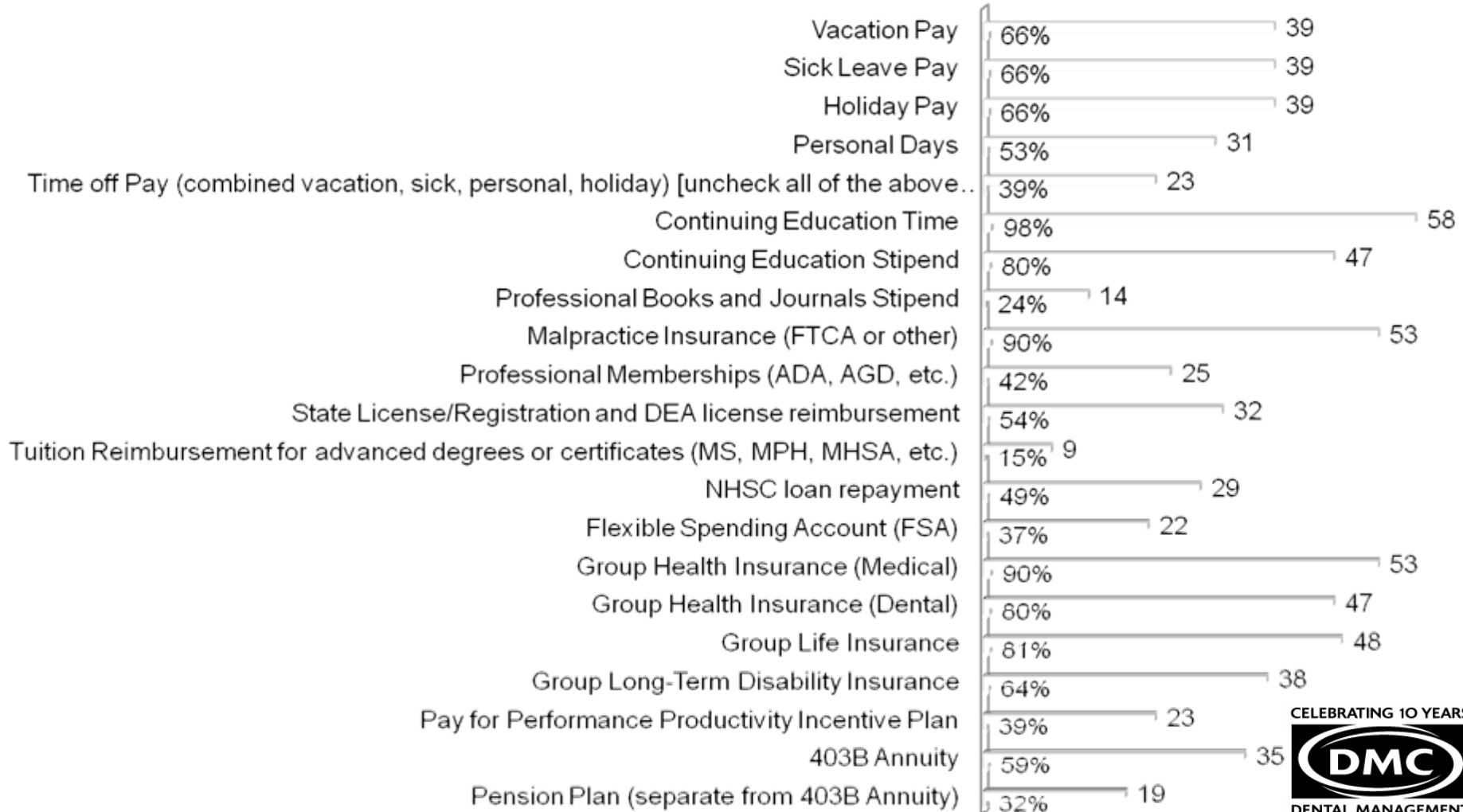


July 23, 2008

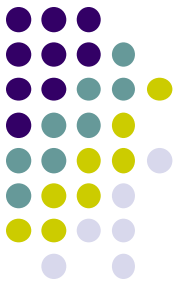
30. What benefits are offered to full time licensed professional [dentists, dental hygienists] employees (choose all that apply)?



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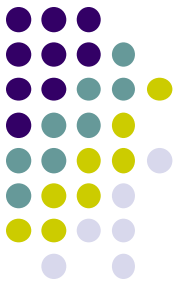


2008 DMC CHC Dental Staff Survey



July 23, 2008

- Lessons learned:
 - Not all dental programs utilize dental hygienists.
 - Follow up questions concerning dental hygienists should have “Not Applicable” as a selection.
 - Create and distribute a draft survey to a handful of colleagues for comment, critique, and feedback before deploying the survey to your audience.
 - Attempts to simplify questions by using tools like drop down menus can still result in errors being made by selecting incorrect choices in haste.



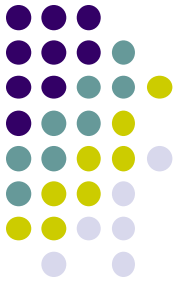
July 23, 2008

Suggestions for our next dental staff survey.....

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DENTAL MANAGEMENT
COALITION



July 23, 2008

Thank You!



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chames@hrhcare.org

svarcbergs@camcare.net

ronalds@mhhc.org

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DENTAL MANAGEMENT
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