Leadership Development:
A Critical Need in the Dental Safety Net

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ABSTRACT

This research brief presents a qualitative assessment of the leadership training needs of dental directors from community health centers in California. This brief explores dental directors' roles and responsibilities, their primary challenges as dental directors, and their perceptions of their own individual leadership training needs as well as those of the broader dental director field. Implications of providing leadership training are discussed.

Introduction

Leadership skills are an increasingly essential component of health care practice as our delivery system becomes more complex and challenging. Yet most clinicians who move into management and leadership positions have never received leadership training. In the past decade, there have been several leadership initiatives in California focused on developing the leadership capacity of health care providers so that they may enact changes to improve health care, improve health, and reduce costs.

Dental care is an area of health care that has historically remained segmented from the rest of medical care in terms of education, financing, and delivery of care. The oral health care delivery system faces huge challenges; access to insurance and utilization of care are far lower within dental care than they are within medical care, and the delivery system lags behind the rest of medicine in evidenced-based practice, in meeting meaningful use requirements for information technology (IT) systems, and in the development of quality metrics and improvement processes.

Community health centers (CHCs) are an area of the dental delivery system that has been at the forefront in addressing these issues. CHCs provide more than one million dental visits each year to underserved Californians. However, addressing these larger concerns requires a strong organizational base, and CHC dental clinic productivity varies widely, a condition that impacts both access to care and a clinic's financial strength. To begin to remedy this issue, the California HealthCare Foundation funded a demonstration project to strengthen community dental practices.[1] The goal of this project was to improve the productivity and capacity of community dental clinics through targeted consulting and technical assistance.

An evaluation of this project found that managing operational, financial, and clinical changes requires leadership skills that dental staff often lack.[2,3] Leadership development can enhance individual, organizational, and system changes when provided as part of a broad set of technical assistance to improve dental clinic performance. Participation in leadership development programs can also help dental directors develop a better peer network with colleagues outside their organizations, thus increasing their visibility and their opportunities to share experiences and learn from one another.

Dental services are included in about a third of California's community health safety-net organizations. New regulations and increased funding for dental infrastructure make it likely that the dental capacity in these organizations will expand during the next five to ten years. The dental component of community health centers will face some significant challenges as these providers move into the post–health care reform era of accountability for quality and performance. Strategic leadership will be needed to help position these organizations for future success.

To address this challenge, the Center for the Health Professions (Center) at the University of California, San Francisco, was asked to assess the leadership training needs of dental directors in community health centers. This issue brief describes the findings from that effort. The Center is one of the oldest and largest health professions workforce resource centers in the United States and is a foremost developer of leadership training programs, including the California HealthCare Foundation (CHCF) Health Care Leadership Program now in its eleventh year.

Methods

Between March and May of 2012, semi-structured interviews were conducted with nine dental directors from community health centers across California. The first three dental directors were targeted by the project team in consultation with key stakeholders and were chosen based on their level of experience and knowledge of the field. Subsequent interviewees were identified using snowball sampling. Effort was made to achieve a broad representation of dental directors in terms of their years of experience, the dental clinic size, and the geographical location of the clinic. Following the interviews, two meetings were held with groups of 15 to 20 dental directors from across the state at which preliminary findings were presented and validated.

Table 1: Dental Directors /Community Health Center Characteristics

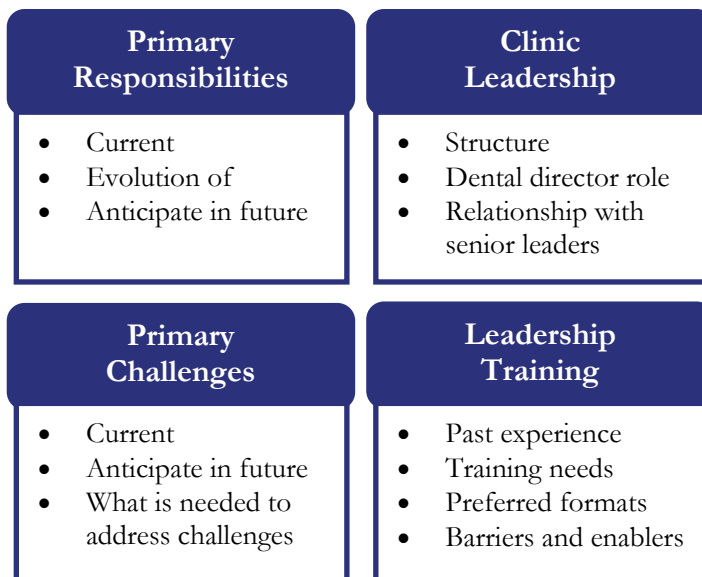| Dental Director Characteristics	
Number of years practicing	Range: 8–29; mean 17
Number of years as dental director at current clinic	Range: 2–10; mean 5
Additional training/degree beyond dental degree	56% (5)
Dental Directors' CHC Characteristics	
Number of dental sites	Range: 1–6; mean 3
Dental FTEs across sites	Range: 1–10.5; mean 6.06

Dental directors represented clinics from several regions, including the Bay Area, the Central Valley, Northern California, and Southern California as well as rural, suburban, and urban locales. Attempts were made to interview dental directors who had recently completed their dental training and/or were very new to their dental director roles (i.e., having worked fewer than two years). However, identifying new directors to interview was difficult since many of those working in the field were not familiar with directors who had recently entered it. To try to distinguish what new dental directors would most need, interviewees were asked to reflect back on their own experiences when they began their roles and to provide their perceptions of new dental director challenges specifically.

In addition to dental directors, four community health center leaders to whom dental directors report (e.g., chief executive officers [CEOs] or executive directors [EDs]) were interviewed to provide additional perspectives on dental clinic operations, dental challenges, and dental director training needs.

Interview questions were developed to elicit information about dental directors' roles and responsibilities, their primary challenges as dental directors, and their perceptions of their own individual leadership training needs as well as those of the broader dental director field. (Figure 1) Questions asked of the CEOs and EDs about their dental directors covered similar domains.

Figure 1: Semi-structured Interview Domains

Primary Responsibilities	Clinic Leadership
• Current • Evolution of • Anticipate in future	• Structure • Dental director role • Relationship with senior leaders
Primary Challenges	Leadership Training
• Current • Anticipate in future • What is needed to address challenges	• Past experience • Training needs • Preferred formats • Barriers and enablers

Findings

The dental director role is highly administrative and is evolving.

All dental directors are responsible for ensuring the efficiency and overall smooth operation of the clinic,

including the challenging charge of running a dental program that is accessible to patients across their community while also maintaining the program's financial viability.

Most dental directors indicated that they spend 50% or more of their time on administrative responsibilities. Depending on the size of the health center and the structure of the dental leadership team (e.g., the presence of associate dental directors), dental directors generally spend a great deal of time managing personnel; this includes the hiring, scheduling, and evaluation of dentists, hygienists, and support staff.

Dental directors are responsible for the dental clinic budget, the maintenance of which is generally viewed as integral to the overall community health center's financial well-being. The more experienced dental directors play a larger role in identifying and obtaining additional funding (e.g., federal and private grants) to support new dental programs. Developing new clinical programs, ensuring standardization across sites, and leading the dental aspects of health center–wide quality assurance programs were responsibilities frequently cited. Respondents' familiarity with quality improvement (QI) varied, with only the most advanced directors beginning to initiate or participate in QI efforts at their clinics.

Almost all of the dental directors interviewed indicated that their administrative responsibilities had increased with their years of experience in the role. They also indicated that their roles had tended to become more outward facing, leading to their increased responsibility for community outreach and engagement with the dental and community health center field overall.

The dental director is an integral part of the senior leadership team.

All of the dental directors interviewed report directly to the chief executive officer, chief operations officer, or executive director of their organization. They all indicated that they have highly functional and effective relationships with their supervisors, most of whom have little interaction with the dental directors on a day-to-day basis. This dynamic was also mentioned by three of the four health center leaders interviewed. Overall, dental directors reported having a great deal of autonomy while also feeling that they as individuals and

their programs were valued and supported. For the most part, they felt that their role paralleled that of the medical director at their health center. Most dental directors have a position on the health center's senior leadership team, providing them with opportunities to contribute to health center–wide decision making. The one CEO who indicated that her dental director was not part of the senior leadership team noted that not having the director in such a position impedes the necessary integration of dental with other areas of the health center.

Dental directors face significant internal and external challenges.

Many of the current challenges frequently cited by dental directors mirror the challenges faced by community health centers broadly. The most significant challenge from the external environment that the dental directors noted was the cuts to Medi-Cal coverage for adult dental services, which they regard as having a significant impact on patient access and experience, clinic viability, and dental staff morale.

Other frequently cited internal challenges, many of which stem from changes being promoted by external forces, included

- converting to a new or different practice management system or electronic dental record and meeting meaningful use requirements;
- further integrating the medical and dental sides of the health center, including managing the resistance to this change often stemming from the lack of understanding about the importance of oral health;
- hiring and managing quality dental staff, including maintaining staff morale and engagement despite challenging circumstances;
- improving access (e.g., wait time for appointments) to dental services;
- addressing the dental director's lack of time to perform responsibilities and the feeling of being spread too thin; and
- understanding the new and changing mandates from the Health Resources and Services Administration (HRSA) and the Affordable Care Act (ACA).

The health center leaders interviewed noted similar themes when asked about the greatest challenges for their dental directors, highlighting significant financial

challenges and the difficulties that their dental directors have recruiting, retaining, and effectively managing staff.

Future challenges for dental directors include maintaining or ensuring sustainable funding, needing to expand their facilities while also ensuring that they remain profitable, and adapting to new technologies. In addition, some dental directors commented on the challenges stemming from the maturation of the dental field such as the creation and use of dental diagnostic codes, the increasing emphasis on quality and movement toward a pay-for-performance model, and workforce changes, specifically those concerning the role that midlevel providers are likely to play.

Management and leadership training is critical.

Dental directors acknowledged that traditional dental education and training focus exclusively on the clinical aspects of dentistry. They do not prepare dentists for the management and leadership responsibilities that come with the dental director role. Many of the dental directors interviewed had spent time in private practice immediately following their training but felt that the private practice experience had done little to prepare them for working in a community health center setting.

Three of the dental directors interviewed had previously completed leadership training through one of the Center's leadership programs; however, the majority had little or no experience with formal management or leadership training. What little training they had consisted of brief management-oriented instruction either offered at a national conference or sponsored by their clinic or umbrella organization (e.g., the Indian Health Service). Almost everyone interviewed indicated a strong need for more intensive management and leadership training for dental directors.

A variety of primary leadership training needs were identified, with answers varying on years of experience as dental director, the clinic environment, and one's own personal leadership and development goals. These answers are correlated with the Center's leadership model, which covers four domains of leadership competencies— purpose, people, process, and personal (see Figure 2) and are organized into a hierarchy of needs in Figure 3.

Figure 2: Center Leadership Model

PURPOSE involves setting the direction of a lab, team, clinic, unit or school and ensuring the path is consistent with the distinct values and culture of the organization, while also responsive enough to the external environment to survive.
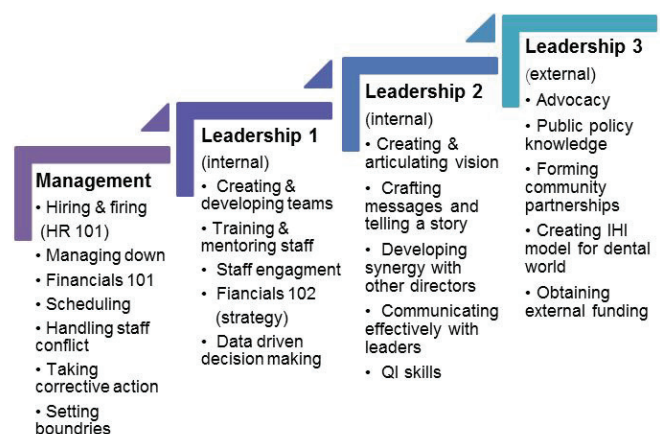
PROCESS focused on leadership and management tasks critical to creating success, such as managing projects, resources, and time, and making decisions.

You can't be a leader unless you work with and through **PEOPLE** as you promote teams, develop and motivate others, and engage in difficult conversations.

Finally no leader can be successful without a deeper understanding of their **PERSONAL** role, their strengths, weaknesses, preferences and ambitions.

The first level of training needs identified focuses primarily on management competencies that were cited as critical development areas for dental directors who are new to their roles. The second level shifts into leadership skills, with content areas primarily focused on directors leading their own staff and teams. The third level continues to broaden the dental director scope and includes competencies related to leading up and across the organization as a whole. The fourth level pertains to dental directors who focus their efforts on issues outside their own organizations, providing leadership for the community health center and dental fields broadly.

Figure 3: Hierarchy of Training

Management
• Hiring & firing (HR 101)
• Managing down
• Financials 101
• Scheduling
• Handling staff conflict
• Taking corrective action
• Setting boundries

Leadership 1 (internal)
• Creating & developing teams
• Training & mentoring staff
• Staff engagment
• Fiancials 102 (strategy)
• Data driven decision making

Leadership 2 (internal)
• Creating & articulating vision
• Crafting messages and telling a story
• Developing synergy with other directors
• Communicating effectively with leaders
• QI skills

Leadership 3 (external)
• Advocacy
• Public policy knowledge
• Forming community partnerships
• Creating IHI model for dental world
• Obtaining external funding

Health center executives echoed many of the same training needs for dental directors that the directors themselves had mentioned. Developing financial acumen stood out as a critical need for new dental directors. Other key needs identified were enhancing the dental directors' understanding of how dental services fit into the bigger picture of their health centers and health care in general, building quality improvement skills, and encouraging the use of data to help drive directors' decision making.

Almost all of those interviewed recognized the links among enhanced management and leadership competencies and clinic efficiency, quality and experience of patient care, and clinic viability.

Resources for training are limited.

Dental directors indicated that their organizational leaders support leadership training, a belief that was confirmed by the other community health center leaders interviewed. However, the dental directors commented that resources to support training were limited. Beyond the budget allotted for their earning continuing education (CE) credits, there are few resources to support additional training fees and travel expenses. Providing CE credits at trainings and identifying ways to integrate training into existing dental convenings were suggestions for making such training more feasible. Most respondents noted that while remote learning opportunities are useful as a means of communicating certain types of content, in-person trainings are essential, and a blended approach (i.e., a combination of in-person and remote training) is ideal.

Study Limitations

A small sample of dental directors and other clinic leaders were interviewed. Therefore, these findings cannot be generalized across dental directors and community health centers in California. In addition, all dental directors interviewed had been in their positions for more than two years; the perspectives regarding training needs for the newest dental directors were obtained from more experienced dental director interviewees' reflections on their own past experiences. However, given the small sample, there was a level of saturation achieved among responses. The information gathered helps inform where and how to best begin directing future trainings.

Conclusion

The value of leadership development has increasingly been recognized for the impact that it can have on clinic leaders' effectiveness. Dental directors in California's community health centers face an array of significant challenges. Dental directors recognize that new technologies, increases in patient loads, and the movement toward quality improvement and integration of dental services with medicine will impact not only the delivery of dental care but also the overall health and well-being of their patients. Solid leadership skills are needed to manage and lead change effectively. Yet few dental directors have these skills or have access to the training or resources needed to attain them. Oral health is an essential component of overall health and well-being. This is a critical time to invest in developing the capacity of our dental leadership to create and improve systems in order to ensure that the oral health needs of our most vulnerable populations will be met.

Acknowledgements

References

1. http://www.chcf.org/projects/2009/strengthening-community-dental-practices-in-california
2. Lo, F., Nolan, C., & Finocchio, L. (2012). Building the Capacity of California's Safety Net: Lessons From the Strengthening Community Dental Practices Demonstration. *The Foundation Review,* 4(1), 28-39.
3. Nolan, C., Lo, F., & Lee, K. (2011). *A Fine Balance: Mitigating the Financial Challenges Faced by Safety Net Dental Clinics.* San Francisco, CA: Harder & Company Community Research.