



TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

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CHANGES TO THE STAFF COMPLEMENT FOR THE ORAL HEALTH TEAM

Recommendations

It is recommended that the Board of Health approve the following changes to the staff complement of the Oral Health Team:

- 1. The “Program Assistant” position be renamed “Dental Claims Analyst”;*
- 2. Two “Dental Claims Assistant” positions be created (doing part Dental Assistant work and part dental claims work);*
- 3. The complement be decreased by 0.6 Dental Hygienists and 1.4 Dental Assistants.*

Key Points

- Changes in the work of the Oral Health Team have led to the need to re-organize the staff complement.
- The proposed changes in complement are within the existing budget and are not expected to result in any job loss.
- The changes will improve the scheduling ability of the team and improve its ability to pay dental claims to local dentists in a timely manner.

Background

The staff complement for the preventative component of the Oral Health Team currently consists of the following full-time equivalents (FTEs) (Note: this excludes the Dental Clinic Staff which consist of 1.0 Dentist and 2.0 Dental Assistants):

- Oral Health Manager: 1.0
 - Dental Consultant: 0.4
 - Dental Hygienists 4.6
 - Dental Assistants 5.1
 - Program Assistants 1.0
- Total 12.1 FTEs**

As a result of a number of developments within the Oral Health program there have been some changes to direct service delivery. These changes and their implications are as follows:

- The implementation of the Oral Health Information Support System (OHISS). Using this Ministry of Health and Long-Term Care database, staff members can directly enter information in the computer when checking children’s teeth in the schools. This has led to improvements in the delivery of the

school screening program which, along with improvements in scheduling of school clinics, has allowed the program to be implemented more efficiently.

- Improving uptake of the Healthy Smiles Ontario (HSO) program and other dental programs offered by the Health Unit. The increased use of these programs has led to an increase in the volume of dental claims generated by local dentists. The Health Unit is responsible for reviewing and paying these claims. Timely processing of the claims to reimburse dental providers is key to maintaining their participation in the HSO and Children in Need of Treatment (CINOT) programs.
- The change in 2010 from a Dental Service to an Oral Health Team within the Oral Health, Communicable Disease and Sexual Health Service has led to the re-evaluation of the job of the Program Assistant to the Director of Dental Services. Through this re-evaluation process, the key role of this position in coordinating the processing of dental claim to local dentists was highlighted.

Proposed Changes to Staff Complement

The following describes the proposed changes in the preventative component of the Oral Health Team:

1. The Program Assistant Position be renamed “Dental Claims Analyst”. The work of this position would not change as currently a large portion of this job already consists of managing dental claims.
2. Two “Dental Claims Assistant” positions be created. These positions would be Dental Assistants by training whose job would be doing Dental Assistant work part of the time and managing dental claims in the other part of the time. Currently some Dental Assistants already help with managing claims so there is experience with this type of blended role.
3. The staff complement be decreased by 0.6 Dental Hygienists and 1.4 Dental Assistants. However, since each of the two “Dental Claims Assistants” will be doing approximately half of their work as Dental Assistants, the functional decrease in Dental Assistants time will only be 0.4 FTEs.

This approach will allow for:

- Improved flexibility in scheduling school screenings, clinics, educational sessions and other Health Unit initiatives;
- Improved ability to process dental claims in a timely manner.

It should be noted that these changes in complement are re-arrangements within the existing budget and therefore, no changes in budget are needed. As well, because of existing vacancies in a Dental Hygienist position due a retirement, it is expected that the re-arrangement of positions will be done within the existing staff and therefore will not result in any job loss.

If the proposed amendments are accepted, the changes in the number of full-time equivalents for the preventative component of Oral Health Team will be as reflected in the table below:

Staff	Current	Proposed
Oral Health Manager	1.0	1.0
Dental Consultant	0.4	0.4
Dental Hygienists	4.6	4.0
Dental Assistants	5.1	3.7
Program Assistant	1.0	0.0
Dental Claims Analyst	0.0	1.0
Dental Claims Assistant	0.0	2.0
Total	12.1 FTEs	12.1 FTEs

Conclusion

Without a change in budget or job loss, the revised staff complement affords the Oral Health Team additional flexibility in scheduling program activities, and also improves its ability to pay dental claims to local dentists in a timely fashion.

This report was prepared by Mr. Chimere Okoronkwo, Manager, Oral Health, and Dr. Maria vanHarten, Dental Consultant.



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This report addresses the Child Health Standard of the Ontario Public Health Standards
