

## Management Structure for Public Health Dental Services

*(City Council on December 14, 15 and 16, 1999, adopted this Clause, without amendment.)*

**The Policy and Finance Committee recommends the adoption of the Recommendation of the Board of Health embodied in the following communication (November 15, 1999) from the City Clerk:**

### Recommendation:

The Board of Health recommends the adoption of the joint report dated November 4, 1999, from the Medical Officer of Health and the Commissioner of Community and Neighbourhood Services, subject to amending Recommendation No. (4) by deleting the words “if this model is approved by Council”, so that such Recommendation reads as follows:

**“(4) the Medical Officer of Health work with the Human Resources Division to conduct an executive search to recruit a qualified Dental Chief/Advisor at the earliest possible date”.**

### Background:

The Board of Health on November 15, 1999, had before it a joint report (November 4, 1999) from the Medical Officer of Health and the Commissioner of Community and Neighbourhood Services recommending that:

- (1) Option (4) as outlined in the report of the Berkeley Consulting Group be adopted as the model for restructuring the dental management complement in Public Health. This model includes seven FTE managers, three of whom are dentists, with one assigned as the Dental Chief/Advisor at a total cost of \$635,665.00;
- (2) given the scope and complexity of the school dental program and the increased volume resulting from the expanded dental program, an additional program co-ordinator position be added to support the managers responsible for the mandatory programs in schools at a cost of \$64,260.00, this position being critical to support the recommended management structure;
- (3) this report be referred to the Budget Advisory Committee for consideration during the 2000 operating budget process;
- (4) if this model is approved by Council, the Medical Officer of Health work with the Human Resources Division to conduct an executive search to recruit a qualified Dental Chief/Advisor at the earliest possible date; and
- (5) the Medical Officer of Health report annually to the Board of Health over the next two years on the accomplishments and outstanding issues in the dental program, including

those related to the management structure (and its complement of dentists), along with recommendations for improvement.

Mr. Jim Mackay, Managing Partner, and Ms. Julia Scott, Associate Consultant, The Berkeley Consulting Group, gave a presentation to the Board of Health in connection with the foregoing matter, and submitted a copy of their presentation.

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(Joint Report dated November 4, 1999, from the  
Medical Officer of Health and the Commissioner of  
Community and Neighbourhood Services)

Purpose:

This report transmits to the Board of Health and the Community Services Committee, the final report of the external consultants retained by the City regarding options for the management structure for Public Health dental services. This report should be considered in the context of the review of the expanded municipal non-mandatory dental program and the review of alternative delivery models for the public health dental treatment program.

Financial Implications and Impact Statement:

The dental management model proposed by the Berkeley Consulting Group represents a \$200,000.00 savings over 1998 immediately post amalgamation. In addition, the model incorporates more lower paid non-dentist management staff together with a Dental Chief/Advisor. This option separates the management positions for preventive (mandatory) and treatment (non-mandatory) dental services. Positions dedicated to non-mandatory functions are not cost-sharable with the Ministry of Health.

In total, the management structure option proposed by the consultants costs \$635,665.00 plus \$64,260.00 required for an additional program co-ordinator to deal with service volumes and to support the managers responsible for mandatory programs in schools (see Attachment No. 1). This additional position is critical to support the proposed management structure. Hence Option 4, the model proposed by the consultants, represents a \$40,000.00 net increase over the current Public Health budget for dental management. The 1999 approved budget for the dental management complement in Public Health is \$660,195.00, or 5.4 percent of the total Public Health dental program budget of \$12,100,000.00 (post-expansion).

Finance staff have been consulted regarding this report.

The Chief Administrative Officer has confirmed his acceptance of the recommended option (see Attachment No. 2).

Recommendations:

It is recommended that:

- (1) option 4 as outlined in the report of the Berkeley Consulting Group be adopted as the model for restructuring the dental management complement in Public Health. This model includes 7 FTE managers, 3 of whom are dentists, with one assigned as the Dental Chief/Advisor at a total cost of \$635,665.00;
- (2) given the scope and complexity of the school dental program and the increased volume resulting from the expanded dental program, an additional program co-ordinator position be added to support the managers responsible for the mandatory programs in schools at a cost of \$64,260.00, this position being critical to support the recommended management structure;
- (3) this report be referred to the Budget Advisory Committee for consideration during the 2000 operating budget process;
- (4) if this model is approved by Council, the Medical Officer of Health work with the Human Resources Division to conduct an executive search to recruit a qualified Dental Chief/Advisor at the earliest possible date; and
- (5) the Medical Officer of Health report annually to the Board of Health over the next two years on the accomplishments and outstanding issues in the dental program, including those related to the management structure (and its complement of dentists), along with recommendations for improvement.

Background:

Please refer to the attached report from the Berkeley Consulting Group (see Attachment No. 3).

Comments:

In the 1999 budget process, staff recommendations regarding the dental management structure were accepted by the Board of Health, but set aside by the City's Budget Committee. Budget Committee's concerns regarding the staff-recommended model were based on the proposed six management positions all being held by dentists. However, the Committee approved an increase in funds for dental service harmonization contingent upon an external review of both the number of dentists required to be in management positions and the number, configuration and qualifications for dental program manager positions in general. At the same time, Budget Committee imposed a hiring freeze on dental managers.

As a consequence of the hiring freeze, the dental program has been left with a management complement that is highly stressed and a structure that is not sustainable. Stability and clarity of future directions are urgently needed to restore staff morale and to fully harmonize public health dental programs on a city-wide basis. Any definitive decision that puts these outstanding issues to rest will be welcomed at this point.

The management structure recommended by the Berkeley Consulting Group reflects a reduction in the total number of dentists in management positions from six to three, one of which would be for a two year term, a separation of preventive (mandatory) from treatment (non-mandatory) services, and centralization of staff into a city-wide dental program (as compared to a program which is integrated into Public Health's regional structure). Compared to the current arrangement, the total number of management FTE's would increase from six to seven while the number of dentist managers would decline from six to three. The total management cost for Option 4 is \$635,665.00 plus \$64,260.00 for an additional program co-ordinator to support the managers responsible for the mandatory programs in schools and to help support increased program volume resulting from the expanded dental program. This position is critical to support the proposed management structure.

Hence Option 4 represents a \$40,000.00 net increase over the current Public Health budget for dental management. The 1999 approved budget for the dental management complement in Public Health is \$660,195.00, or 5.4 percent of the total Public Health dental program budget of \$12,100,000.00 (post-expansion).

It is important to note that the proposed model represents a \$200,000.00 savings from 1998 immediately post-amalgamation, for the management of the dental program. This model provides a management structure that has the capacity to establish and enforce clear system and service standards.

In the dental program, the customary challenges of amalgamation will be compounded by expectations of incremental growth in service volumes combined with cost constraint, all of which must be managed within a mixed (public/private) service delivery model, supported by heavy attention to change management with staff. Managing the program successfully in this context will require strong leadership and stable resources.

#### Strengths of the Recommended Model:

The dental management structure proposed by the consultants is a change model which makes dental treatment services more consistent across the 6 former municipalities of the City of Toronto. This structure is proposed for implementation for a two year period, after which time it will be subject to further review. The model proposes establishing an information system across the city which will enable staff to establish benchmarks, service standards and performance measures consistently across the City. Currently the information systems vary considerably, ranging from manual to fully computerized. In addition the proposed structure separates the management positions for preventive (mandatory) and treatment (non-mandatory) dental services allowing clear delineation of the relative costs of these program components. Other jurisdictions manage their dental programs in this manner.

Option 4 therefore provides for a centralized program in which dental treatment clinics are viewed as a city-wide resource. Having a Dental Chief/Advisor position will ensure professional leadership and clear direction for program harmonization and restructuring. There will therefore be good control over policy development, protocol harmonization, management of information systems and program evaluation.

The report also outlines the potential to increase efficiency by streamlining the CINOT/OW administration process and by transferring some non-clinical duties from higher paid dentist managers to other professional and/or administrative staff. In recommending at least two permanent dentists in management, the report incorporates both professional and regulatory requirements and proposes a balance between professional and management roles. The report specifically recommends that these dentists be primarily responsible for management of the dental treatment clinics, where necessary professional tasks can be combined with management ones for maximum efficiency. Managers with other professional backgrounds (e.g. dental hygiene, health promotion) would be responsible for non-treatment program components, such as clinical prevention and community-based education.

#### Concerns about the Recommended Model:

Despite recommending that the model proposed by the consultants be implemented, the Medical Officer of Health has some concerns regarding whether the recommended complement of dentist managers will be adequate to meet the demands of this expanding and complex dental program.

The time-limited Dental Chief/Advisor position will be particularly demanding. In addition, there is a shortage of Public Health dentists in Canada. As a result, there is some concern about the ability to recruit a well qualified person for this job in a timely fashion.

Public Health has expressed concerns about the possible loss of front-line efficiencies that can be realized with an integrated program delivery structure. While it will be possible to integrate direct services (i.e. prevention and treatment) at delivery sites under the proposed model, communication, scheduling and reassignment will likely become more complex. An integrated model was used in the former City of Toronto, whereas a separated model was used in the former City of North York: overall, different services and service delivery mechanisms were used in each jurisdiction. Only time will tell if the recommended approach is optimal for the new city as a whole.

An additional implication of the consultant's report is that treatment and prevention services will have to be disentangled in those areas (i.e. former City of Toronto and Etobicoke) where these services are currently integrated.

The final Public Health concern relates to centralization of the program, which has clear benefits in terms of consistency and accountability, but drawbacks regarding integration with other family health programs. Other health units have experimented with centralized and regionalized models, with varying levels of success. One of the tasks of the Dental Chief/Advisor will be to assess the strengths and weaknesses of the dental management structure once it is implemented and prepare recommendations on future directions for consideration by the Board of Health and City Council in two years' time.

#### Conclusions:

This report recommends approval of the model proposed by the Berkeley Consulting Group under Option 4. This model has considerable strengths in that it includes a Dental Chief/Advisor position to provide professional leadership and clear direction for program harmonization. The model also clearly distinguishes mandatory and non-mandatory dental programs. In the proposed model there are 7 FTE dental managers, 3 of whom are dentists, plus one program co-ordinator to support the managers responsible for the mandatory dental programs in schools and to deal with increased program volume. The proposed model represents a \$200,000.00 savings over 1998, immediately post amalgamation.

The Medical Officer of Health has some concerns regarding whether the recommended complement of dentists will be sufficient to meet the demands of an expanding and complex program. Hence, the recommended model requires ongoing evaluation following its implementation with future reports on its strengths and weaknesses to be brought forward.

Stability and clarity of future directions are urgently needed to restore staff morale and to fully harmonize public health dental programs on a city-wide basis.

Contact:

Dr. Sheela Basrur, Medical Officer of Health, Tel: 392-7402, Fax: 392-0713.

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Copies of the following, appended to the foregoing report, were forwarded to all Members of Council with December 7, 1999, agenda of the Policy and Finance Committee and copies thereof are also on file in the office of the City Clerk:

- Attachment No. 1 - Dental Management Cost Comparison;
- Attachment No. 2 - Memorandum dated October 20, 1999 from Chief Administrative Officer; and
- Attachment No. 3 - Toronto Dental Health Services Organization (Berkeley Consulting Group)

*(Councillor Berger, at the meeting of City Council held on December 14, 15 and 16, 1999, declared an interest in the foregoing Clause, in that his son-in-law is engaged in the dental profession.)*