

## Allied Dental Professionals: Emerging Diversity in the Dental Workforce

*Beyond Access to Dental Health*  
Bob Russell, DDS, MPH

---

---

---

---

---

---

---

---

## A Snapshot in Time

- Events in time are in motion, all information presented represents only a moment in time.....

---

---

---

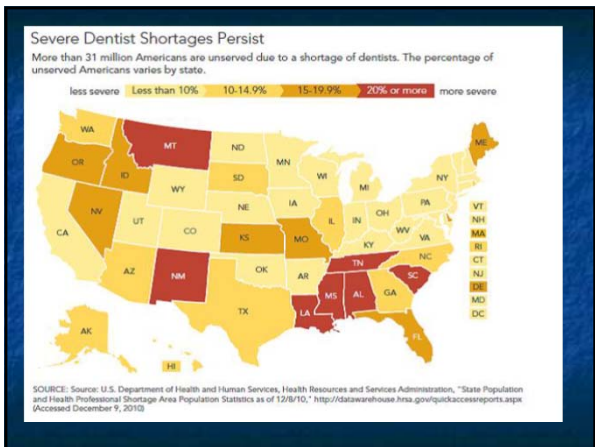
---

---

---

---

---



---

---

---

---

---

---

---

---

*"While still controversial, it seems prudent that certain non-invasive, non-surgical care, and perhaps some minor aspects of invasive dental care should be rendered by more than only dentists; dental hygienists, expanded function dental assistants (EFDAs), and newer mid-level dental providers such as dental therapists could provide these functions."*

**EMERGING THOUGHT**

---

---

---

---

---

---

---

---

**State Dental Workforce Legislation Proposed in 2013**

- IN SB 590 (Indiana)
- IL SB 1671 (Illinois)
- KS HB 2157 (Kansas)
- MD SB 459(Maryland)
- MN LD 445 (Minnesota)
- NE LB 484 (Nebraska)
- NM HB 367 (New Mexico)
- Voluntary hygiene permit..
- Non-profit employment of dental hygienists...
- Registered dental practitioner
- Hygienist to practice without supervision of a dentist in certain settings...
- Dental Assistant to perform supra-gingival scaling...
- Hygienist scope of practice to include adults in public health settings...
- Dental Therapist Demonstration Project

---

---

---

---

---

---

---

---

**Continued.....**

- NY SB 1944 (New York)
- VA 146 (Virginia)
- VT HB 273 (Vermont)
- WA HB 1514 (Washington)
- WA HB 1516 (Washington)
- WV 238 (West Virginia)
- Hygienists to practice without direct supervision of a dentist in collaborative practice...
- Hygienists employed by Department of Health remote supervision.....
- Establishes dental practitioner program.....
- Creates an advanced function dental assistant.....
- Creates dental practitioners and dental hygiene practitioners.....
- Promulgate legislative rule relating to expanded duties of dental hygienists and dental assistants...

---

---

---

---

---

---

---

---

*It is an exciting time as communities begin to explore and implement their own solutions in the absence of adequate professionally driven solutions.* -Robert "Skip" Collins DMD, MPH

**PLANNING AND ORAL HEALTH FUTURE** MEDSCAPE JAN.9, 2013

---

---

---

---

---

---

---

---

**Dental Assistant**

- Various titles and duties associated with this allied dental worker among the states
  - Registered Dental Assistant (RDA)
  - Expanded Duties Dental Assistant (EDDA)
  - Registered Dental Assistant in Extended Functions (RDAEF)
  - Expanded Function Dental Assistant (EFDA)
  - Dental Assistant with Expanded Duties Training
  - DANB Certified Dental Assistant (CDA)
  - On-The-Job Trained Dental Assistant (OJT)
  - Certified Ortho Assistant (COA)
  - Formally-Trained Dental Assistant (FTA)

---

---

---

---

---

---

---

---

**Dental Assistant**

- Functions and degree of supervision; direct or indirect, varies among the states including definition of expanded duties allowed
- None allow soft or hard tissue invasive surgical procedures and nearly all versions rely on some level of dentist supervision
- *Emerging degrees of public health and supervised partnering with Dental Hygiene are developing*

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

### Denturist/Denturity

- A licensed denturist or dental prosthetist is not a [dental technician](#). Historically, a large number of the original denturists, or dental prosthetists, were schooled as dental technicians who sought to further their education in denturism.

---

---

---

---

---

---

---

---

### 7 States allow the practice of licensed denturism

- Montana \*
- Washington\*
- Idaho\*
- Oregon\*
- Colorado
- Arizona
- Maine

\* *Independent*

---

---

---

---

---

---

---

---

## Dental Technicians

- Dental technicians (or dental technologists), are not primary healthcare providers; rather, they are an allied dental profession of dentistry and dentistry which forms part of the healthcare team.
- Technicians provide laboratory services based on a received prescription, from a dentist or denturist, and they provide a product to the referring dentist or denturist, for that practitioner to place into a patient's mouth.

---

---

---

---

---

---

---

---

## Community Dental Health Coordinator (CDHC)

- The CDHC is a dental team member whose primary functions are oral health education, disease prevention, and helping patients in need of care navigate the system to secure and keep appointments with dentists. The ADA's CDHC pilot project began in 2006, with the final group of students completing their training last year. Today 34 CDHCs are working in 26 communities in seven states.

---

---

---

---

---

---

---

---

## Community Dental Health Coordinator

- Clinical functions overlap Dental Hygienist/Dental Assisting
- Oral hygiene education
- Tobacco cessation
- Dietary counseling
- Fluoride applications
- Sealant applications
- Coronal polishing
- Scaling for periodontal Type I patients in community settings

---

---

---

---

---

---

---

---

### CDHC: Community Health Worker Model

Curriculum developed by dentists → 1,872 hours of instruction → Work under a dentist's supervision → Educate, inform and prevent → Provide dentist referrals

New Mexico, Oklahoma, Arizona, Montana, California, Wisconsin, Minnesota

Dependent on dentists to perform duties: What happens when insufficient dentists are available to provide services???

---

---

---

---

---

---

---

---

---

---

### The Benefit of Allied Dental Providers

- Allied providers can strengthen the productivity and financial stability of dental practices.
- When serving only privately insured patients, all practice types increased their productivity and earnings by adding any one of the three allied providers. Solo practices, where most dentists work, saw profit gains of between 17 and 54 percent
- Allied providers can help practices treat more Medicaid-insured patients in a financially sustainable way.
- By raising the number of patients served each day, allied providers can make it possible for most existing private practices to care for Medicaid-enrolled patients without sacrificing profitability.

*It Takes A Team – Pew Centers for States 2010*

---

---

---

---

---

---

---

---

---

---

***Fully utilizing allied providers is key to realizing productivity and profit gains.***

---

---

---

---

---

---

---

---

---

---

*Expanded Function Allied Dental Personnel and Dental Practice Productivity and Efficiency*

Tryfon J. Beazoglou, Lei Chen, Vickie F. Lazar, L. Jackson Brown, Subhash C. Ray, Dennis R. Heffley, Rob Berg, and Howard L. Bailit  
J Dent Educ. 2012;76:1054-1060  
<http://www.jdentaled.org/cgi/content/abstract/76/8/1054>

***"PRACTICES THAT USED EXPANDED FUNCTION ALLIED DENTAL PERSONNEL TREATED MORE PATIENTS AND HAD HIGHER GROSS BILLINGS AND NET INCOMES THAN THOSE PRACTICES THAT DID NOT; THE MORE SERVICES THEY DELEGATED, THE HIGHER WAS THE PRACTICE'S PRODUCTIVITY AND EFFICIENCY."***

---

---

---

---

---

---

---

---

*"the more services they delegated, the higher was the practice's productivity and efficiency...."*

**WHERE ARE THE BOUNDARIES TO EFFICIENCY?**

---

---

---

---

---

---

---

---

**States with new dental workforce pilot campaigns**

- Oregon
- Michigan
- Connecticut
- Hawaii
- Maine
- Kansas
- New Mexico
- Minnesota
- North Dakota
- Ohio
- Washington State
- Vermont
- New Hampshire
- Pennsylvania
- Missouri
- Oklahoma
- Alaska

---

---

---

---

---

---

---

---

### Kellogg Foundation and Community Catalyst Sponsored States

- Kansas
- Ohio
- New Mexico
- Washington
- Vermont

Promoting new Dental Therapy Workforce Models

---

---

---

---

---

---

---

---

### Pew Children's Dental Campaign Sponsored States

- California
- New Hampshire
- Maine
- Kansas
- 4 additional states whereas new dental mid-level campaigns are starting.....

---

---

---

---

---

---

---

---

### States taking steps on new Dental Therapist models

- Minnesota (done)
- Alaska (DHAT)
- Maine (LD 1230 )
- Connecticut
- Kansas
- Oregon
- New Mexico
- New Hampshire
- California
- Washington
- Ohio
- Vermont

---

---

---

---

---

---

---

---



## Merging or Branching?

Dentists feel pushed into an increasingly smaller corner

---

---

---

---

---

---

---

---

## Barriers

- o Dentists often dominate and influence state licensing boards creating high resistant to new workforce models
- o Powerful lobbying and political donations by ADA and state dental associations
- o Exert a strong influence on CODA, and dental educational certification authorities
- o Large donations to dental training programs and universities
- o Create large imbalance of political and policy influence

---

---

---

---

---

---

---

---

## Commission on Dental Accreditation (CODA)

- CODA has initiated draft guidelines on credentialing training programs for Dental Therapy – innovative “Career Ladder” approach to encourage workforce career mobility
- Draft language removes *dentist supervision* as a direct condition for certification

*Public comments on draft policies are now being solicited at <http://www.ada.org/en/coda/accreditation/accreditation-news/open-hearings-comments-due>*

---

---

---

---

---

---

---

---

### More Barriers

- o Allied dental provider scope- of- practice restraints limit the reach of the existing workforce
- o Reimbursement policies restrict who can provide care
- o Telehealth regulations hamper wider adoption of this technology
- o The financial streams for workforce development are misaligned with need

---

---

---

---

---

---

---

---

### Principle Assumption Behind Barrier Efforts

- Assumption: Organized dentistry has effectively isolated any advancements of allied workforce to a limited number of states; provided the new initiative can be established at all.
- Example: *Denturism- started in the 1970s, but still limited to only 7 states!*

---

---

---

---

---

---

---

---

### Addressing the Barriers

- The messaging and the image must be changed
- A market-capitalist logic model must be emphasized
  - More hands = more volume = more efficiency = *Increased Bottom – line!*
- The “orthodontist” model of practice
- Changes in practice models toward accountability and outcomes

---

---

---

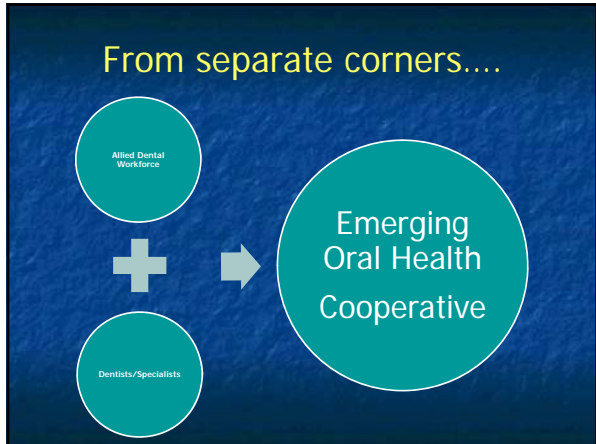
---

---

---

---

---



---

---

---

---

---

---

---

---

### Cooperative vs. Team

- Team = yoked together
- Cooperative = common purpose, common benefit
- *Synergistic, enhancing, improves efficiencies!*

---

---

---

---

---

---

---

---



---

---

---

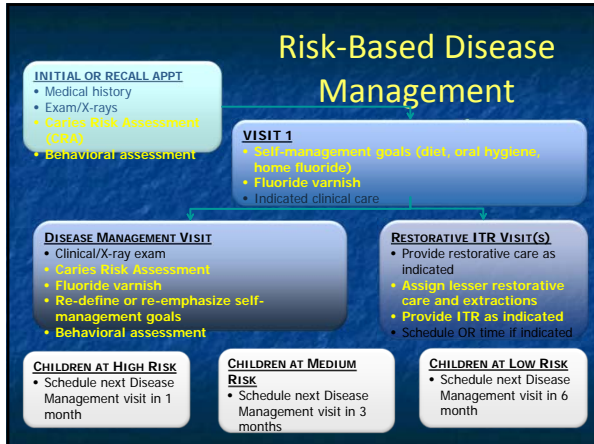
---

---

---

---

---




---

---

---

---

---

---

---

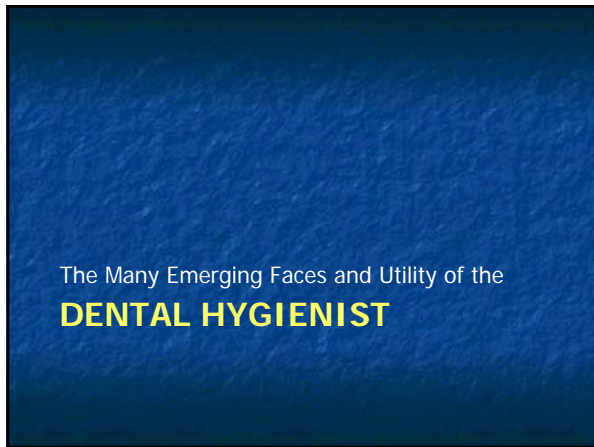
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

- ### 15 States Allow Direct Medicaid Billing By Dental Hygienists
- Arizona 2007
  - California 1998
  - Colorado 2001
  - Connecticut 2001
  - Maine 2002
  - Massachusetts 2009
  - Minnesota 2003
  - Wisconsin 2006
  - Missouri 2003
  - Montana 2006
  - Nebraska 2008
  - New Mexico 2008
  - Nevada 2003
  - Oregon 1999
  - Washington 1998
- American Dental Hygienists Association June 2010

---

---

---

---

---

---

---

---

---

---

---

---

## Public Health Dental Hygienist

- 2-4 year models basic dental hygiene
- Focused training in public health /dental public health sciences
- Combined hygiene/public health training in Bachelor's degreed or higher levels
- Some states recognize PHDH classification with limited or no dental supervision
- Collaborative practice agreements
- Limited settings and age range scope of practice

---

---

---

---

---

---

---

---

## Emerging Dental Hygiene Designs

- EFDA/RDH
- Extended Function RDH
- Hybrid Therapist/Hygiene models
- Advanced Degreed Dental Hygiene Educators
- *RDH/BSN Nurse??*
- Combined EFDA and Hygiene scope of practice
- Local anesthesia certification; temporary/intermediary restorations
- Advanced Hygiene Practitioners, Therapists
- Educators
- Integrated health home practices; ACOs; PCMH

---

---

---

---

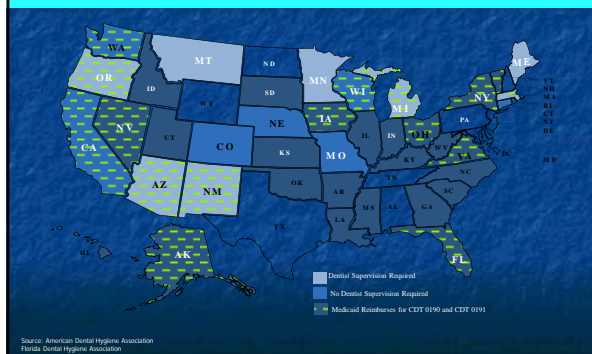
---

---

---

---

## Opportunities for Dental Hygienists



---

---

---

---

---

---

---

---

"A Change is a coming....."  
**THE EMERGING OF DENTAL THERAPIST IN THE US**

---

---

---

---

---

---

---

---

**Not all proposed Dental Therapist models are alike**

- 2- year models: Dental Health Aid Therapists (DHAT); AAPHD proposed DT
- Bachelor's Degree models: U of Minnesota level 1 Dental Therapist
- Master's Degree models: **Advanced Hygiene Practitioners; Advanced Dental Therapist** - Metropolitan State U;
- U of Minnesota level 2 Dental Therapist; *new ADT model*

---

---

---

---

---

---

---

---

**The Emerging Oral Health Workforce = *Declining Dental Workforce?***

- Prevention, early detection, and behavioral modification
- Interdisciplinary case management
- Less post-disease repair
- No one size fits all – individualize care
- Risk based treatment protocols

---

---

---

---

---

---

---

---

## The USA is not alone in dental workforce diversity



---

---

---

---

---

---

---

---

## *"Change is a coming!"*

- Primary Drivers:
  - Costs of health care delivery
  - Increasing poverty and population demand
  - Marketplace adjustments
  - Expanding use of Safety Net delivery systems
  - Need for more efficiencies at lower costs
  - Changing practice models
  - Emerging cooperate practice and ACO models: emphasis on integrated managed care

---

---

---

---

---

---

---

---

Bob Russell, DDS, MPH  
State of Iowa Public Health Dental Director  
515-281-4916  
e-mail: bob.russell@idph.iowa.gov



---

---

---

---

---

---

---

---