Current Initiatives for Expanded Duties for Dental Assistants

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DANB’S Mission

• To promote the public good by providing credentialing services to the dental community. DANB accomplishes and measures the success of this mission through these Ends:
  • Valid dental assisting exams
  • Dental assisting recertification process integrity
  • Visible, valuable, and accessible DANB credentials
  • Testing services for groups within the oral healthcare community
  • Information services for the oral healthcare community related to dental assisting credentialing and recertification
  • A properly governed, financially secure, administratively sound organization
Brief DANB Overview

• Incorporated as a nonprofit credentialing organization in 1948

• Recognized by the American Dental Association as the national certification for dental assistants

• Recognition supported by
  – AADB
  – ADEA
  – AGD
  – ADAA
  – OSAP
  – AADOM
Brief DANB Overview

• DANB national certification programs (including its exams) are accredited by the National Commission for Certifying Agencies
• Independent accreditation helps to assure validity, reliability, and objectivity in the testing and measurement process
• DANB exams are psychometrically sound and legally defensible
Oral Healthcare Workforce Statistics

- According to the U.S. Department of Labor’s Bureau of Labor Statistics
  - In 2008, there were 295,300 dental assistants (includes all auxiliary staff other than hygienists and laboratory technicians)
  - There were 174,100 dental hygiene jobs (51% are working part time, so there are more jobs than hygienists)
  - Dentists held 141,900 jobs in 2008, about 15% specialists
Oral Healthcare Workforce Statistics

- According to the U.S. Department of Labor’s Bureau of Labor Statistics
  - 400,900 dental assisting positions are projected by 2018
    - 36% increase in 10 years
  - US BLS also projects a 36% increase in dental hygiene jobs, 237,000 by 2018
  - US BLS projects a 16% increase in dentist positions by 2018, to 164,000
Oral Healthcare Workforce Statistics

This means

- There were 2.08 dental assistants & 1.23 dental hygiene positions for every dentist position in 2008.
- There is projected to be 2.44 dental assistants & 1.44 dental hygiene positions for every dentist position by 2018.
- What will these ‘extra’ auxiliaries be doing in 8 years?
How is the current “scope of practice” defined for dental assistants?

– Federal level (military, VA, HIS, Public Health Service)

– National level
  • CODA Standards (2.7-2.21 plus clinical)
  • DANB’s content validation studies, leading to Task Analysis
  • ADA’s workforce models for dental auxiliaries
  • ADEA’s (draft) Core Competencies for Dental Assistants
How is the current “scope of practice” defined for dental assistants?

– State level
  • 50 states + District of Columbia + Puerto Rico = 52 different dental practice acts
  • Exclusive versus inclusive versus hybrid lists of delegable duties
  • ADA definitions of levels of supervision versus state definitions
  • 33+ different titles for dental assistants
Identify trends

• Federal focus on oral healthcare
    • One suggestion to increase access to care was to expand duties to qualified dental auxiliaries
  – 02/09, President Obama signed into law reauthorization of the State Children’s Health Insurance Program (SCHIP)
  – 10/09 integration of dental education across three military branches
Identify trends

• National focus on oral healthcare
  – Mainstream media reports on links between oral and systemic health
  – Partnership of American Academy of Periodontology and the American Journal of Cardiology
  – Push to improve access to oral healthcare
  – Push to develop alternative practitioners
    • ADA’s OPA and CDHC (more on these later)
    • ADHA’s ADHP
Identify trends

National: ADHA’s Advanced Dental Hygiene Practitioner (ADHP) Model

• In those states that recognize or will recognize this new mid-level provider model, what does that mean for dental assisting?
  – In the dental office, under dentist supervision
  – In the dental hygiene office, under dental hygienist supervision (?? – legislative changes would be required to allow assistants to be supervised by anyone other than a dentist, in most states)
  – What happened in PA when the ADHP was proposed?
Identify trends

State trends

- Every two weeks, DANB staff reviews various legislative and regulatory websites and develops monitoring reports, to assist DANB in being proactive
  - DANB serves as a resource to state dental boards, state dental associations, and state dental assistants associations
  - DANB does not lobby state legislatures
Identify trends

State trends

- In the 12 – 18 months, 12 states + D. C. have passed dental auxiliary-related legislation
  - AK, AR, D.C., IL, IN, KY, ME, MA, MN, OR, PA, VA, WA
- and an additional 6 have proposed changes to dental practice acts or administrative rules related to dental assisting
Identify trends

State trends

• Currently, 38 states recognize or require dental assistants to pass DANB national exams to perform dental assisting functions
• See *Measuring Dental Assisting Excellence*, DANB’s *State Fact Book*, DANB’s *State Career Ladder Templates for Dental Assistants*, State-Specific Information on DANB’s website, www.danb.org
Identify trends

– Commonalities among many states in delegated (expanded) duties to (qualified?) dental assistants
  • Dental radiography
  • Place retraction cords
  • Apply sealants
  • Take impressions for study casts, mouth guards, removable prostheses (trend to consider adding final impressions to EFDA duties)
  • Monitor nitrous oxide/oxygen (trend is to expand monitoring duties and/or requirements for various types/levels of sedation/anesthesia)
Identify trends

- Commonalities among many states in delegated (expanded) duties to (qualified?) dental assistants (continued)
  - Place and remove dental dams
  - Place and remove matrices
  - Coronal polishing
  - Suture removal
  - Various restorative procedures (many allow placement of temporaries; trend is in movement to carving and placing amalgams and composites)
History of the Expanded Functions Dental Assistant

- Expanded functions concepts began in the 1970s
  - Time-motion studies showed that increased delegation enabled greater production
  - At the time, other studies showed that higher productivity was associated with higher gross dental practice incomes, but not necessarily higher net incomes
  - The US Navy Dental Corps used expanded functions to increase productivity and release dentists to perform other responsibilities

(cited with permission, ADA HPRC, 2009)
History of the Expanded Functions Dental Assistant

– What do dentists who use a high degree of delegation in Colorado think?
  • Increased the number of patients seen
  • Increased their productivity and income
  • Reduced the stress of practicing dentistry
  • Permitted reduced hours without a decrease in income

(cited with permission of the ADA, from Domer, 2005)
History of the Expanded Functions Dental Assistant

- What do dentists who use a low degree of delegation in Colorado think?
  - There is a shortage of trained expanded functions dental assistants available
  - Do not want to pay higher staff salaries for expanded functions
  - Do not have case mix, office size or design to utilize expanded functions fully
  - Lack the time to train and unsure how to integrate expanded delegation into practice

*(cited with permission of the ADA, from Domer, 2005)*
History of the Expanded Functions Dental Assistant

• A Study of Expanded Duty Dental Assistants in Colorado
  • Private general dental practices can increase patient visits and efficiency with delegation of more duties to dental assistants
  • Challenges exist to train dentists on the effective use of expanded duties
  • It may be more effective to train dentists to practice more efficiently than to increase the number of dentists

*(cited with permission, ADA HPRC, 2009)*
What is an Expanded Functions Dental Assistant?

• 40 states + DC define EFDA or similarly titled auxiliary

• In 6 states, CDA = EFDA and is called CDA
  o In other states, CDA meets requirements, but called EFDA
  o In other states, CDA is below EFDA
What is an Expanded Functions Dental Assistant?

- In some states, RDA ~ EFDA
  - In other states, RDA is below EFDA

- In some states, dental board evaluates EFDA/RDA apps and issues permits/maintains rosters
  - In other states, dental board leaves this process (evaluation and delegation) to DDS (and state rosters are not maintained)
What is an Expanded Functions Dental Assistant?

• In some states, EFDA can perform a list of duties (or all but a list of duties)
  o In other states, RDA or EFDA earns an endorsement by individual duty

• What about ortho assisting duties?

• What about levels of supervision?
Duties considered to be EFDA duties

• Table prepared for Virginia

• Table prepared for Nebraska
Duties considered to be EFDA duties

• Some functions are

  o on both tables.

  o on only one of the tables, and delegated in few states.

  o Allowed to be delegated without requirements in some states and strictly prohibited by other states.
Are there any models for a uniform definition of an EFDA?

• Position paper of the ADAA/DANB Alliance
Addressing a Uniform National Model for the Dental Assisting Profession
  o Restorative functions
    ▪ 30 states and DC allow placement and/or removal of temporary restorations
    ▪ 32 states allow placement of direct restorations
    ▪ 26 states allow carving of direct restorations
  
  o CA and WA models
Are there any models for a uniform definition of an EFDA?

- ADA’s models for dental auxiliaries (2006)
  - Oral Preventive Assistant
  - Community Dental Health Coordinator (CDHC)
ADA’s Oral Preventive Assistant (OPA)

• OPA = CODA grad or CDA + 3 month course in these functions
  o Coronal Polishing
  o Pit and fissure sealants
  o Topical fluoride
  o Topical anesthetic
  o Scaling for plaque-induced gingivitis patients

• 32 states allow assistants to perform each of the first 4 of these functions now
ADA’s Oral Preventive Assistant (OPA)

How many states allow qualified dental assistants to perform these OPA functions?

- Coronal polishing – 42 (35 states have requirements)
- Application of sealants – 32 (25 have requirements)
- Application of topical fluoride – 41 (24 have requirements)
- Application of topical anesthetics - 41 (10 have requirements)
- Scaling for plaque-induced gingivitis patients – 1 (with requirements)
DANB’s Certified Oral Preventive Assistant (COPA)

- 88% of OPA curriculum + CDA job analysis/exam blueprint content

- COPA certification mark with USPTO

- DANB has developed and is now pretesting a national COPA certification program with exams in
  - Coronal Polishing
  - Pit and fissure sealants
  - Topical fluoride
  - Topical anesthetic
DANB’s Certified Oral Preventive Assistant (COPA)

• With input from the dental community, DANB developed four COPA eligibility pathways

• COPA = meeting eligibility pathways and passing four COPA functions exams

• States can recognize or require
  o None of these four COPA functions exams
  o One or more of these four COPA functions exams
  o All four exams and COPA certification
DANB’s Goals

• Protect value of CDA for DANB Certificants and 38 states that currently rely on the CDA or one or more of its component exams

• Assist state dental boards and national dental organizations in meeting public protection mission by making new exams available that
  o Are psychometrically sound
  o Are legally defensible
  o Measure knowledge-based competencies in expanded functions recognized in most states
  o Increase dental assistant mobility
  o Enhance intrastate reciprocity
  o Increase public protection
Final Take-aways?

- DANB fully supports states’ rights in determining what duties can be delegated to dental assistants and what qualifications to require, if any.

- However, DANB also believes that
  - Passing various state ‘mid-level provider’ laws is not the only way, and likely not the best way to address access to quality oral healthcare
  - A uniform national model for an expanded functions dental assistant is possible
  - Such a model will enhance
    - Public protection
    - Dental assistant mobility and thus intrastate reciprocity
    - Dental practice efficiency
Questions?

How can DANB assist the AAPD in meeting its goals and mission?

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