Current Initiatives for Expanded Duties for Dental Assistants

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Pediatric Dentistry Advocacy Leaders

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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*

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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

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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
- There are over 33,500 DANB Certificants nationwide
- DANB tests ~20,000 dental assistants annually

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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

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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

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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?

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How is the current "scope of practice" defined for dental assistants?

- Federal level (military, VA, IHS, 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

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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

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Identify trends

- Federal focus on oral healthcare
  - 10/11 Report of the U.S. Surgeon General on the State of Oral Health Care in America: C-
    - 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

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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

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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?

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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

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Identify trends

State trends

- In the past 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

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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

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DANB Certification Exams

Certified Dental Assistant (CDA)

- General Chairside Assisting (GC)- 120 qs
- Radiation Health and Safety (RHS) – 100 qs
- Infection Control (ICE) – 100 qs
- Must pass all 3 components in a 5-year period
- Must renew annually through current CPR, 12+ CDE credits, $55 fee

Content validation studies every 5-7 years to evaluate exam content against dental assistant practice

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Certified Orthodontic Assistant

Certified Orthodontic Assistant (COA)

- Orthodontic Assisting (OA)- 220 qs
- Infection Control (ICE) – 100 qs
- Must pass both components in a 5-year period
- Must renew annually through current CPR, 12+ CDE credits, $55 fee

Content validation studies every 5-7 years to evaluate exam content against orthodontic assistant practice

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DANB exams

- National Certified Oral and Maxillofacial Surgery (COMSA) and Certified Dental Practice Management Administrator (CDPMA) certification programs discontinued
- DANB develops state-specific exams for AZ, MD, NJ, NM, NY, OR, WA

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Pre-testing New DANB Certification Exam

Certified Oral Preventive Assistant (COPA)

- Coronal Polish (CP) – 100 qs
- Sealants (SE) – 50 qs
- Topical Fluoride (TF) – 50 qs
- Topical Anesthetic (TA) – 50 qs

More on this program later; Certification and component exams will be made available in April 2011.

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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/anesthesi**a)

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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**)

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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)

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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)

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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)

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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)

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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
  - In other states, CDA meets requirements, but called EFDA
  - In other states, CDA is below EFDA

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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)

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What is an Expanded Functions Dental Assistant?

- In some states, EFDA can perform a list of duties (or all but a list of duties)
  - In other states, RDA or EFDA earns an endorsement by individual duty
- What about ortho assisting duties?
- What about levels of supervision?

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Duties considered to be EFDA duties

- Table prepared for Virginia
- Table prepared for Nebraska

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Duties considered to be EFDA duties

- Some functions are
  - on both tables.
  - on only one of the tables, and delegated in few states.
  - Allowed to be delegated without requirements in some states and strictly prohibited by other states.

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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
  - 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
  - CA and WA models

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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)

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ADA's Oral Preventive Assistant (OPA)

- OPA = CODA grad or CDA + 3 month course in these functions
  - Coronal Polishing
  - Pit and fissure sealants
  - Topical fluoride
  - Topical anesthetic
  - Scaling for plaque-induced gingivitis patients
- 32 states allow assistants to perform each of the first 4 of these functions now

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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)

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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

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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
  - None of these four COPA functions exams
  - One or more of these four COPA functions exams
  - All four exams and COPA certification

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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
    - Are psychometrically sound
    - Are legally defensible
    - Measure knowledge-based competencies in expanded functions recognized in most states
    - Increase dental assistant mobility
    - Enhance intrastate reciprocity
    - Increase public protection

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Costs?

- DANB Certificants earn more than non-certified assistants
  - 2010 DANB CDA Salary survey:
    - Avg $16.84/hr for all assistants
    - Avg $19.37/hr for CDAs
      - $18.75/hr for those in general dental practices
      - $17.84/hr for those in pediatric dental practices
    - Have worked in an average of 3.4 dental offices
    - Have been employed as a dental assistant an average of 15.7 years, **8.7 years with the same dentist employer**
    - It is likely that if there were a national EFDA designation, this individual would also command a higher-than-average wage; certainly still likely 25 to 50% less than an RDH
    - Career path = greater career satisfaction, greater longevity in the dental practice; staff consistency is good for patient care and relationships

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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

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Questions?

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

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