Maximizing the Dental Workforce in Your Practice

IHS Dental Updates Conference
Thursday, July 27, 2023

Presenters

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Overview Evaluation CDHC Program

Community Health Aide Program & Dental Health Aide Therapist Program

Restorative EFDA Program

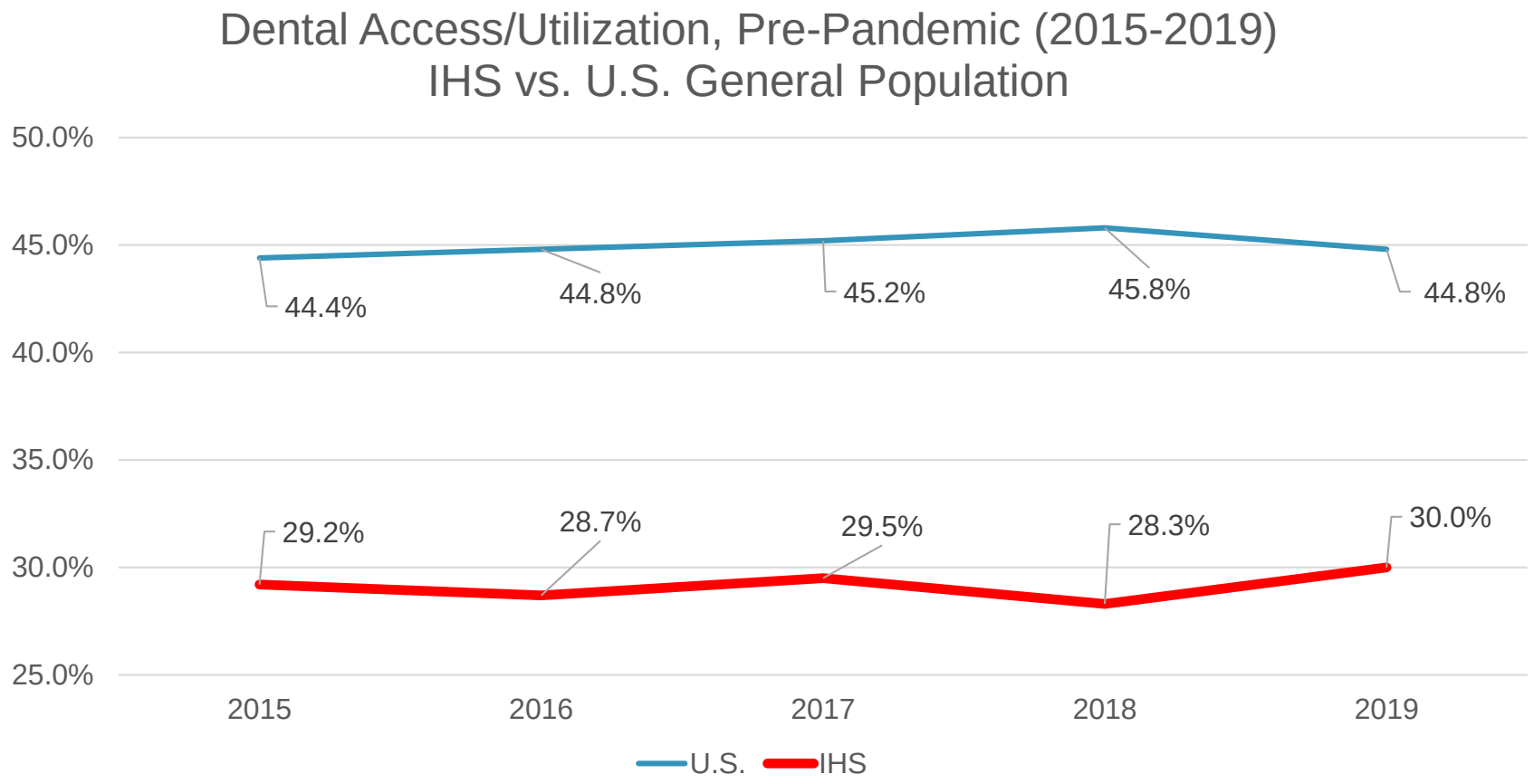
Periodontal EFDA Program

Alternative Dental Workforce Models

- Periodontal Expanded Function Dental Assistants (EFDAs)
- Dental Health Aides (DHATs)
- Community Health Workers & Representatives (CHRs)
- Community Dental Health Coordinators (CDHCs)
- Associate/Collaborative Practice Dental Hygienists
- Restorative Expanded Function Dental Assistants (EFDAs)

Why do we need alternative dental workforce models?

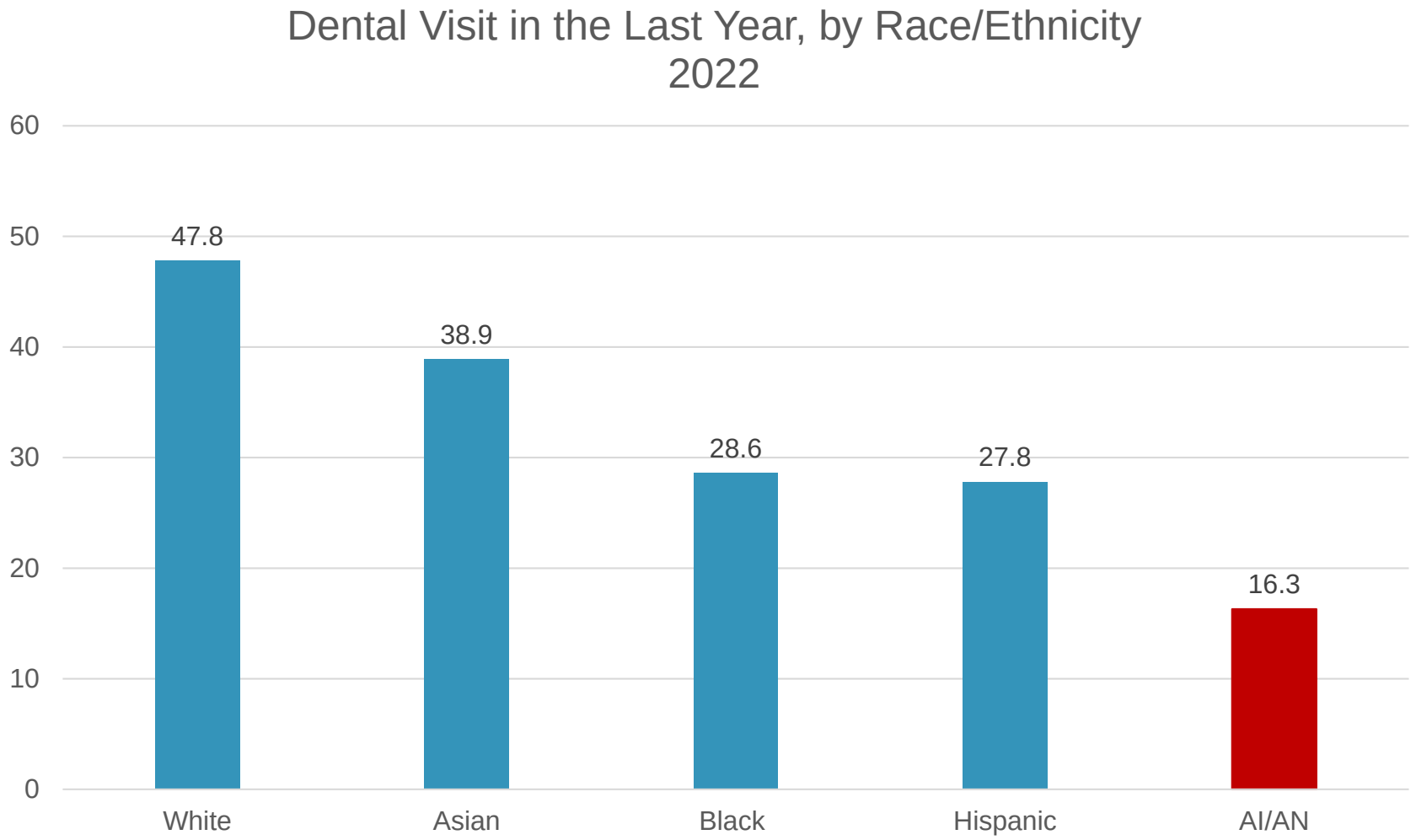
Access to Dental Care



Manski, R., Rohde, F., and Ricks, T. Trends in the Number and Percentage of the Population with Any Dental or Medical Visits, 2003–2018. Statistical Brief #537. October 2021. Agency for Healthcare Research and Quality, Rockville, MD. https://meps.ahrq.gov/data_files/publications/st537/stat537.pdf

Manski, R., Rohde, F., Ricks T., and Chalmers, N. Trends in the Number and Percentage of the Population with Any Dental or Medical Visits, 2019. Statistical Brief #544. October 2022. Agency for Healthcare Research and Quality, Rockville, MD. https://meps.ahrq.gov/data_files/publications/st544/stat544.pdf

Access to Dental Care

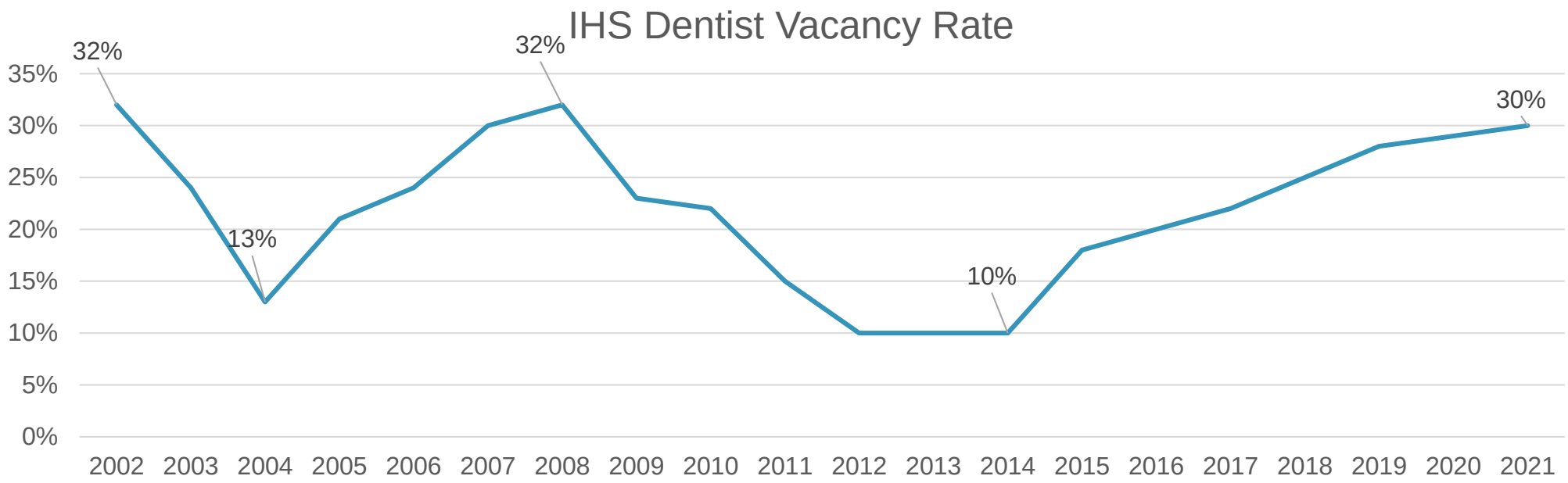


https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0421_4.pdf?la=en

https://www.ihs.gov/quality/government-performance-and-results-act-gpra/gpra-report-summary-2022/

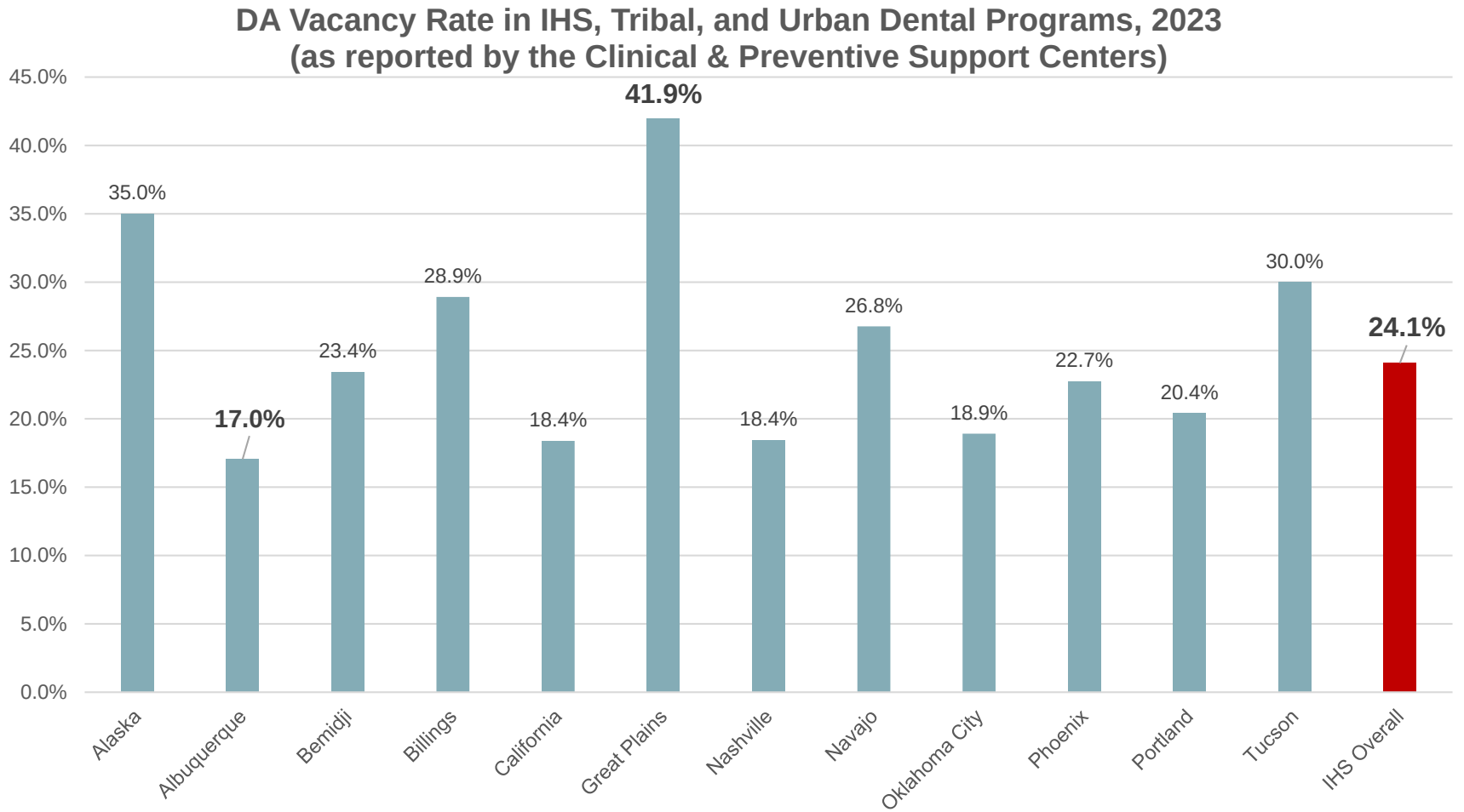
Why do we have an access problem?

Increasing dentist vacancy rate + increasing AI/AN population and demand for services = need for increase in alternative dental workforce model consideration

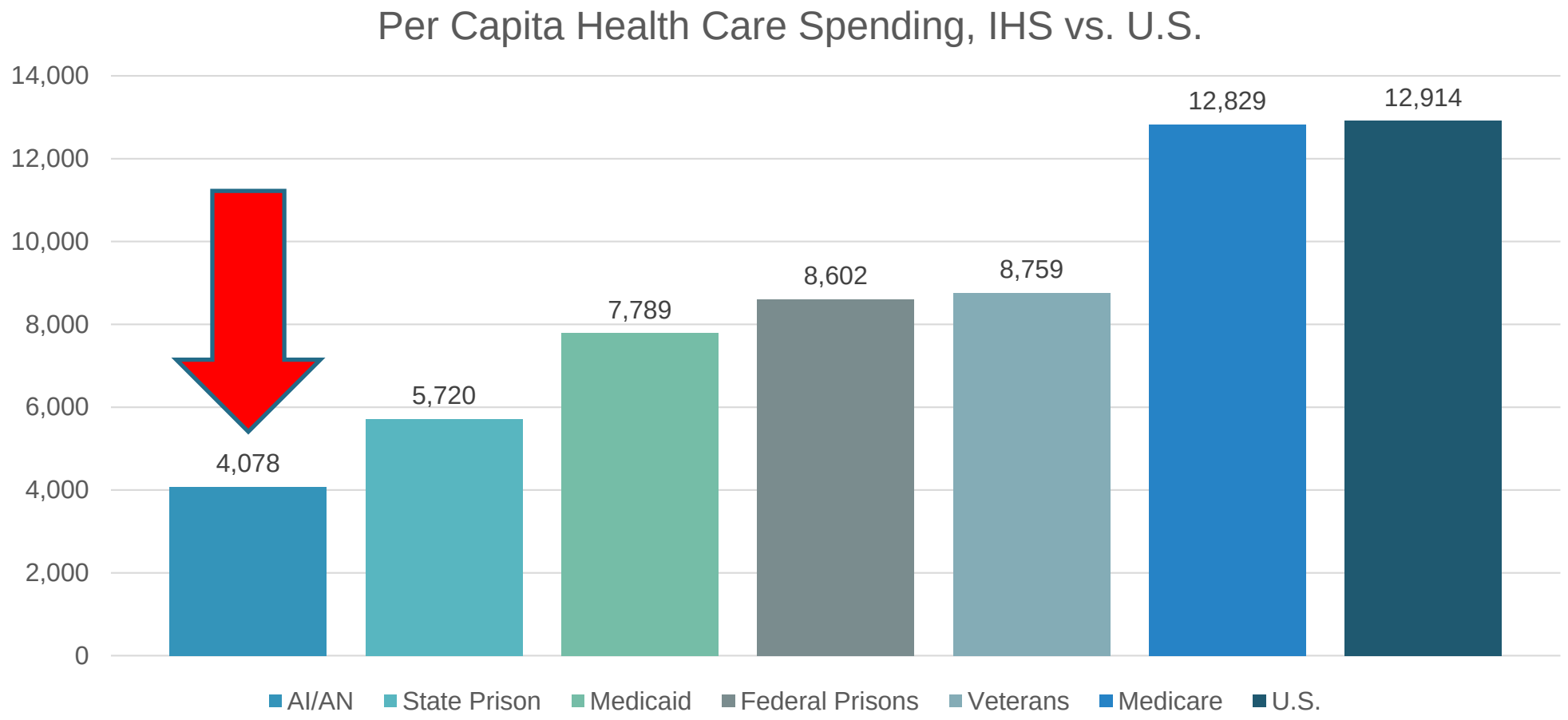


Why do we have an access problem?

The dental assistant vacancy crisis has hit the IHS!

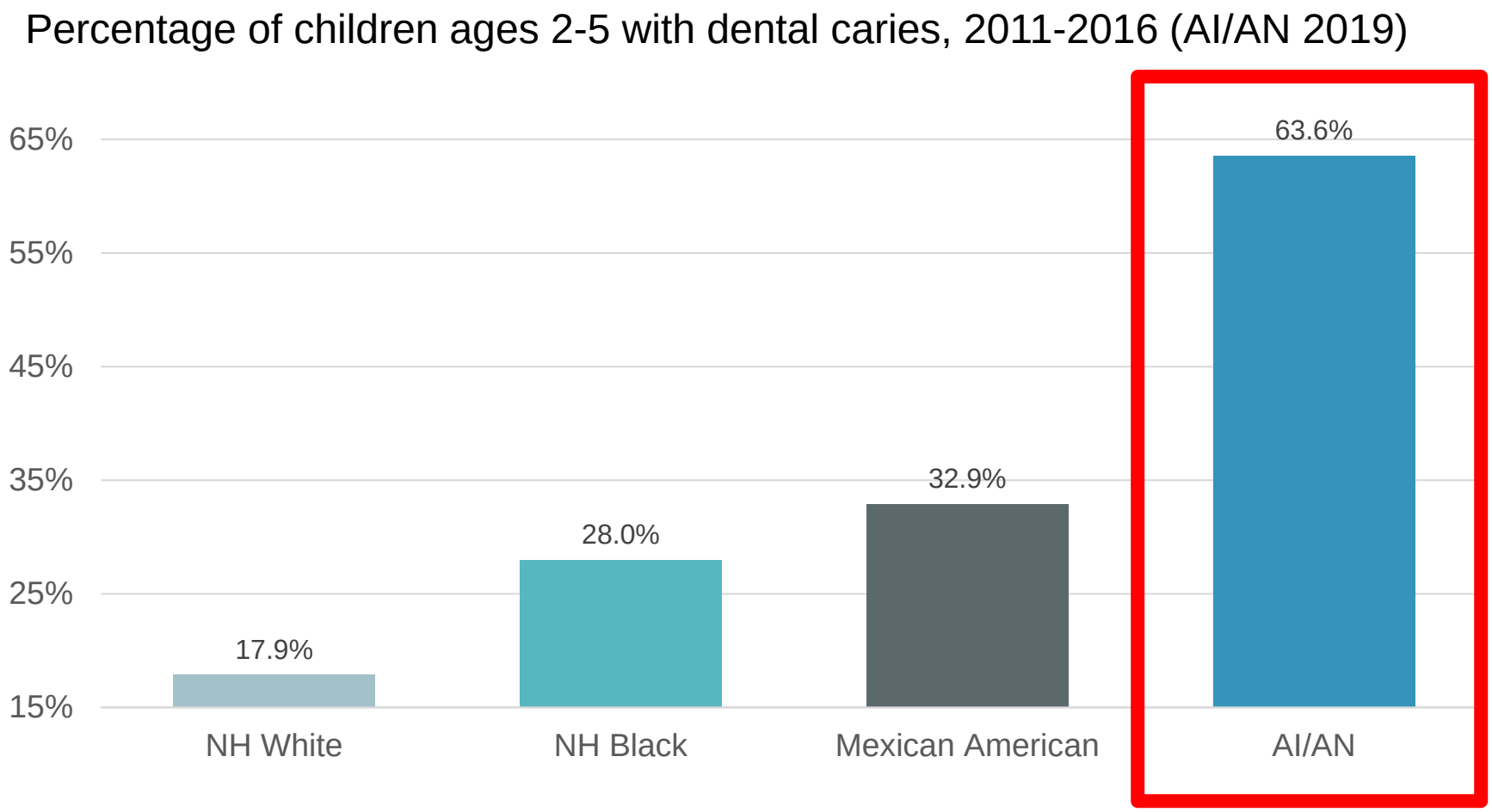


Why do we have an access problem?



https://www.ihs.gov/newsroom/factsheets/ihsprofile/
https://www.pewtrusts.org/en/research-and-analysis/articles/2017/12/15/prison-health-care-spending-varies-dramatically-by-state
https://www.gao.gov/products/gao-17-379
https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet#:~:text=NHE%20grew%202.7%25%20to%20%244.3,Gross%20Domestic%20Product%20(GDP)
https://www.ihs.gov/sites/ihcif/themes/responsive2017/display_objects/documents/2018/2017_IHS_Expenditures.pdf

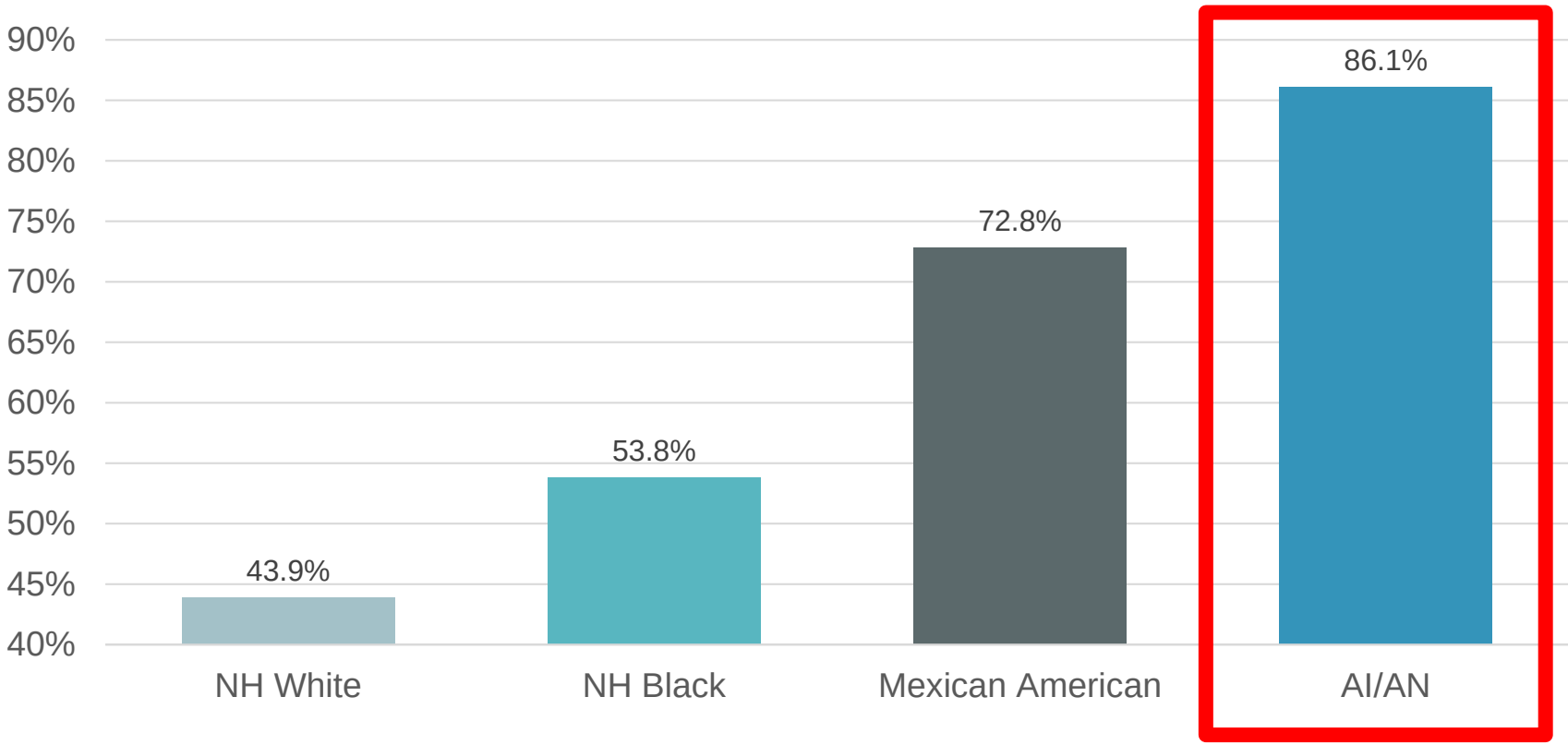
Oral Health Disparities: ECC



CDC, 2019. https://www.cdc.gov/oralhealth/publications/OHSR2019-table-1.html
Phipps K, Ricks T, Mork N, Lozon T. 2019 IHS Data Brief. https://www.ihs.gov/doh/documents/surveillance/2018-19%20Data%20Brief%20of%201-5%20Year-Old%20AI-AN%20Preschool%20Children.pdf

Oral Health Disparities: 6-9 Year-Olds

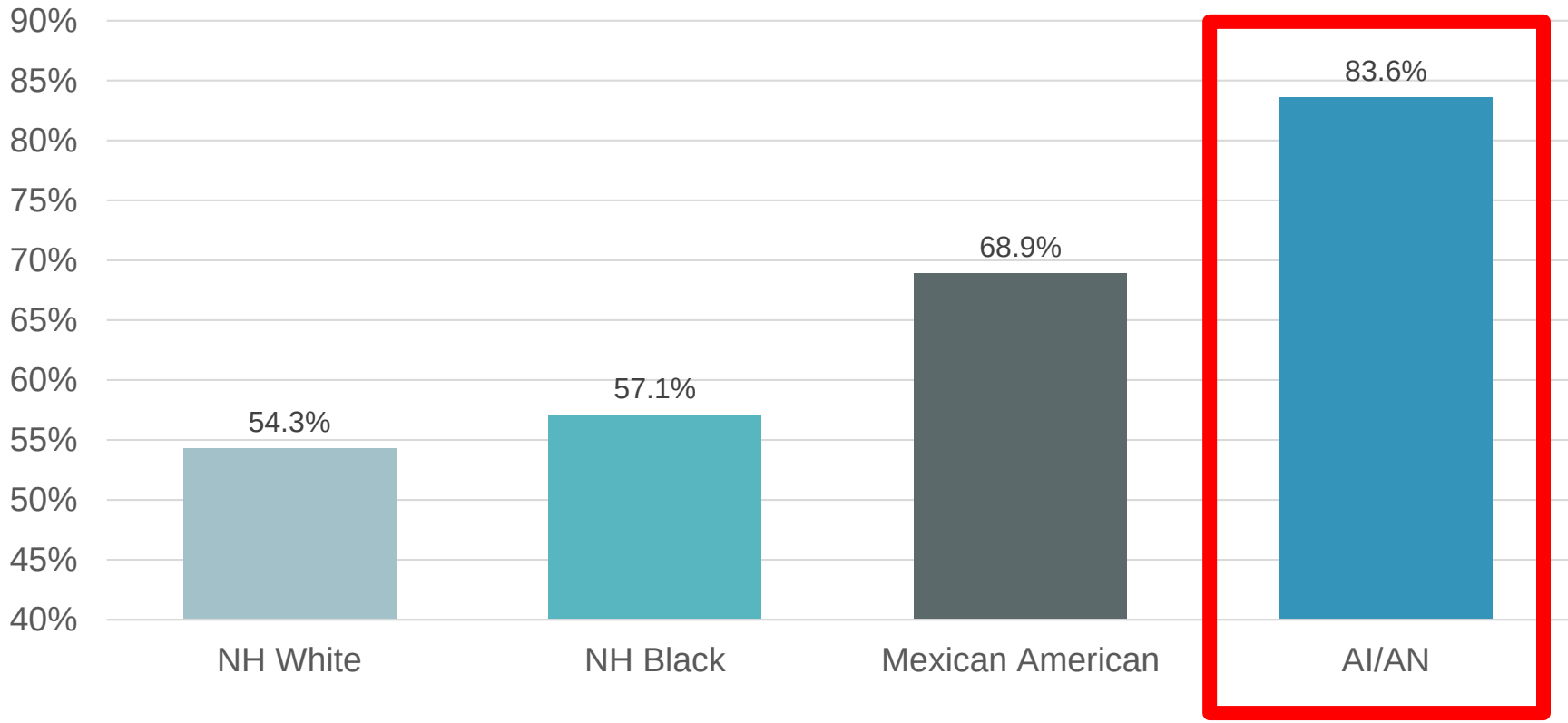
Percentage of children ages 6-8 with dental caries, 2011-2016 (AI/AN 2017)



CDC, 2019. https://www.cdc.gov/oralhealth/publications/OHSR2019-table-5.html
Phipps K, Ricks T, Mork N, Lozon T. 2017 IHS Data Brief. https://www.ihs.gov/doh/documents/surveillance/Data%20Brief%20IHS%206-9%20Year%20Olds%2003-30-2017.pdf

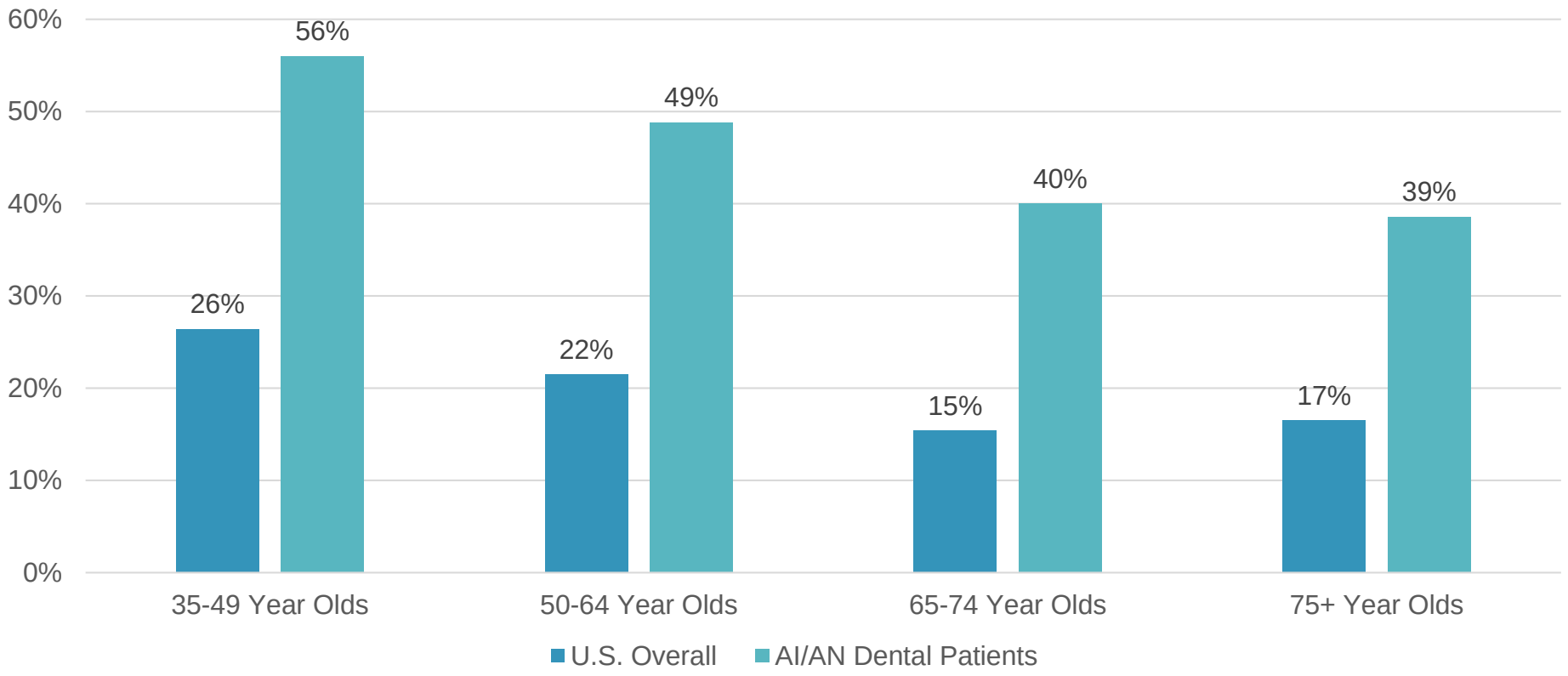
Oral Health Disparities: 13-15 Year-Olds

Percentage of youth ages 12-15 with dental caries, 2011-2016 (AI/AN, 13-15 2020)



CDC, 2019. https://www.cdc.gov/oralhealth/publications/OHSR2019-table-14.html
Phipps K, Ricks T, Mork N, Lozon T. 2020 IHS Data Brief.
https://www.ihs.gov/doh/documents/surveillance/IHS_Data_Brief_Oral_Health_13-15_Year_Old_Follow-Up_to_2013_Survey.pdf

Oral Health Disparities: Adults



Phipps KR, Ricks TL, Mork NP, and Lozon TL. The oral health of American Indian and Alaska Native adult dental clinic patients 35 years and older – a follow-up report to the 2015 survey. Indian Health Service data brief. Rockville, MD: Indian Health Service. 2022.

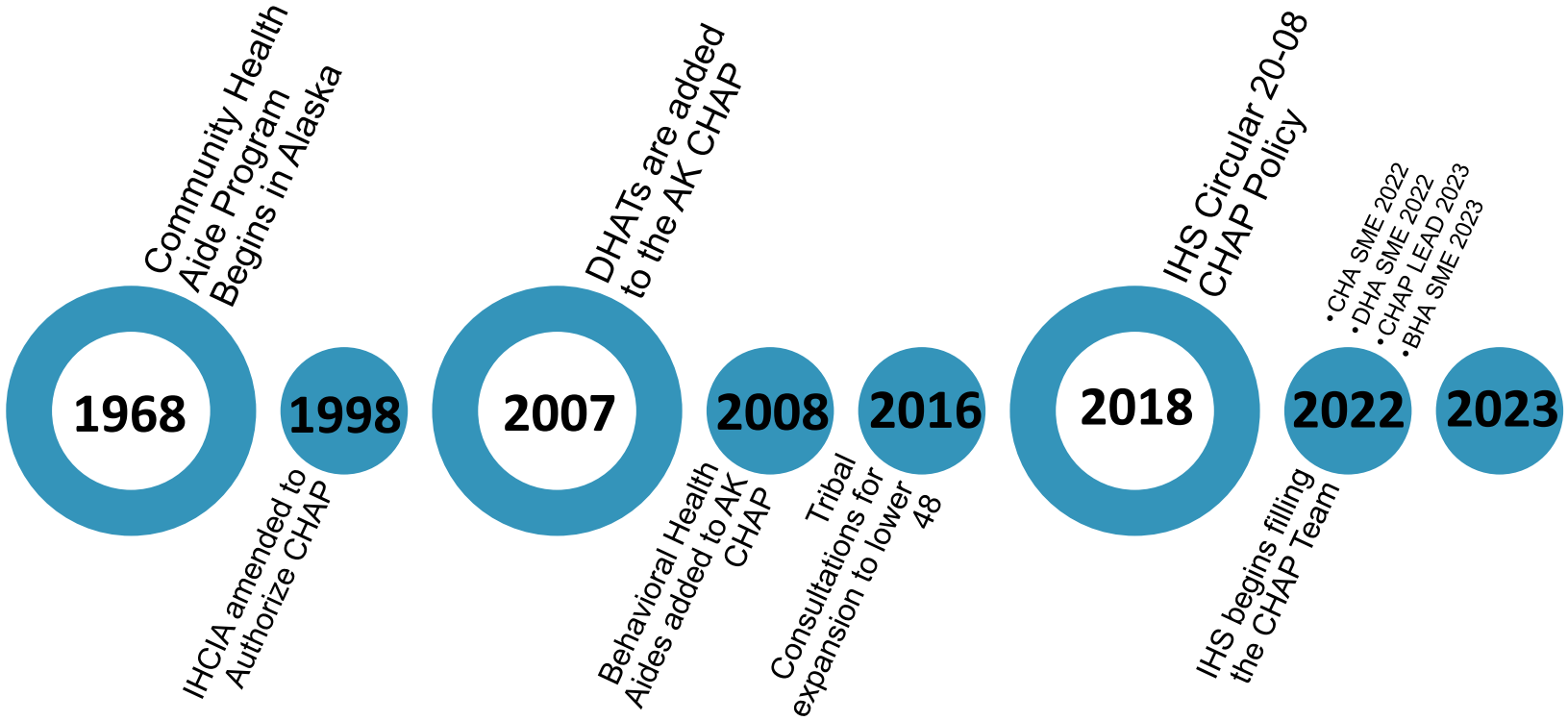
Community Health Aide Program (CHAP)

National IHS CHAP:

Driven by Quality and Innovation

With rising demand for quality health care, communities are increasingly looking for innovative approaches to healthcare delivery.

National Timeline



Dental Health Aide Types

- Primary Dental Health Aide I & II
- Expanded Function Dental Health Aide I & II
- Dental Health Aide Hygienist
- Dental Health Aide Therapist

Scope of Practice

Primary Dental Health Aide (PDHA) I and II

PDHA I

- Health Educator
- Fluoride varnish applications
- Nutritional counseling
- Oral hygiene instruction

PDHA II

- Sealants
- Atraumatic restorative treatment
- Dental radiology
- Dental Assisting

Scope of Practice

Expanded Function Dental Health Aide (EFDHA) I and II

EFDHA I

- Basic restorations
- Basic supra-gingival dental cleanings

EFDHA II

- Advanced restorations
- Advanced dental cleanings

Scope of Practice

Dental Health Aide Hygienist (DHAH)

- Allows a licensed dental hygienist, who has received additional and appropriate training, to provide anesthesia without a dentist being physically present in the clinic
- Offers patients with more advanced gum disease the ability to receive treatment in their home community during times when a dentist is not present in the community

DHAT Education

- Requires the highest level of education and training of the Dental Health Aides
- Three academic years of education and training in dental disease prevention, restorative, relatively non-complicated extractions and basic dental treatment skills. Training can be accomplished in *two academic years, via compressed curriculum*.
- Nationally, outside of the IHS, DHATs are known as "**Dental Therapists**"

Commission on Dental Accreditation (CODA)

- The Commission on Dental Accreditation accredits dental, advanced dental and allied dental education programs
- The Commission on Dental Accreditation serves the public and dental profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs

CODA

- The Commission on Dental Accreditation accredits dental and dental-related education programs including advanced dental education programs and allied dental education programs in the United States.
- The Commission functions independently and autonomously in matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process.

CODA

- Accreditation is a source of consumer protection for prospective students.
- Often a prerequisite for government funding
- Graduation from an accredited program is almost always stipulated by state law and is an eligibility requirement for licensure and/or certification examinations.

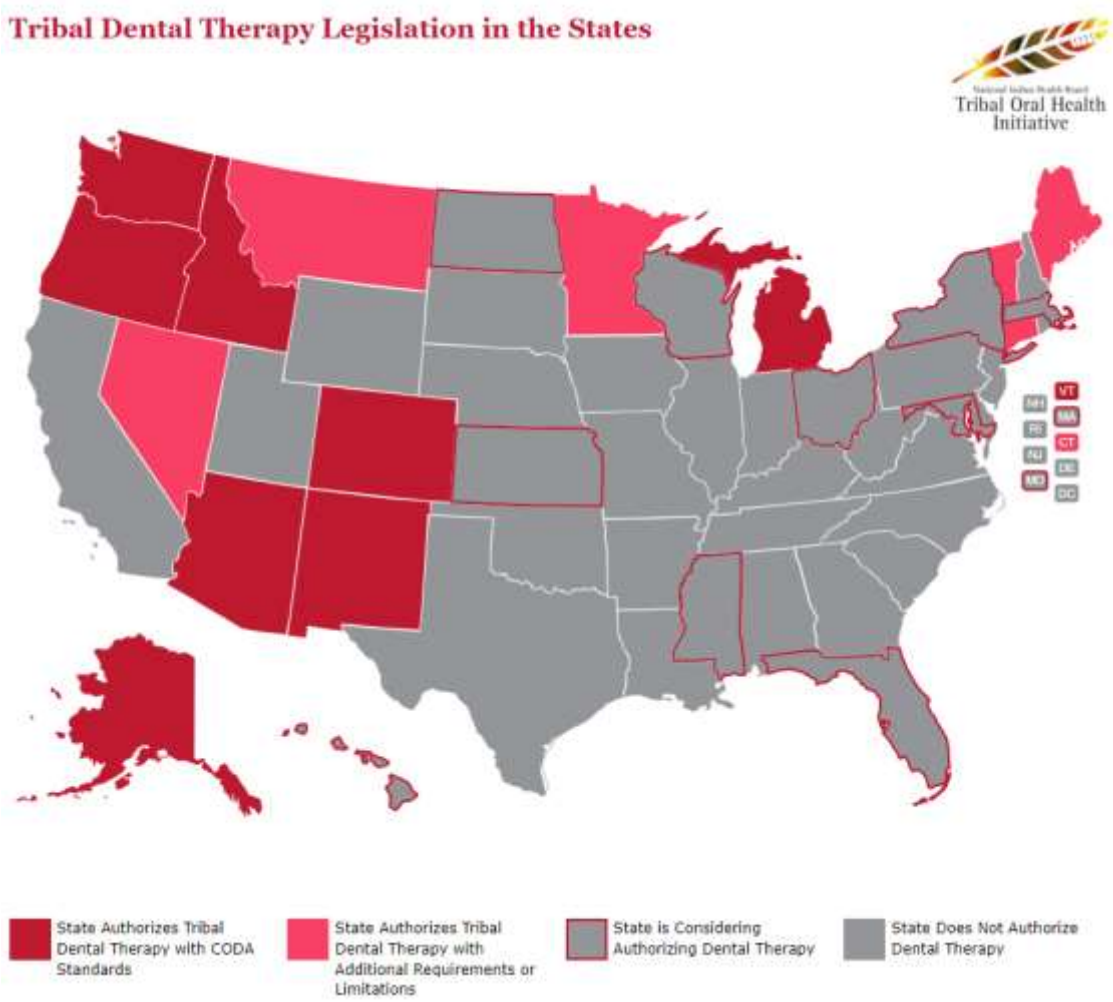
DHAT State Authorization

The Indian Health Care Improvement Act* requires state authorization, for Dental Health Aide Therapists, and for the IHS to implement a policy regarding the use of DHATs.

*** 25 U.S.C. § 1616l(d)**

National Indian Health Board

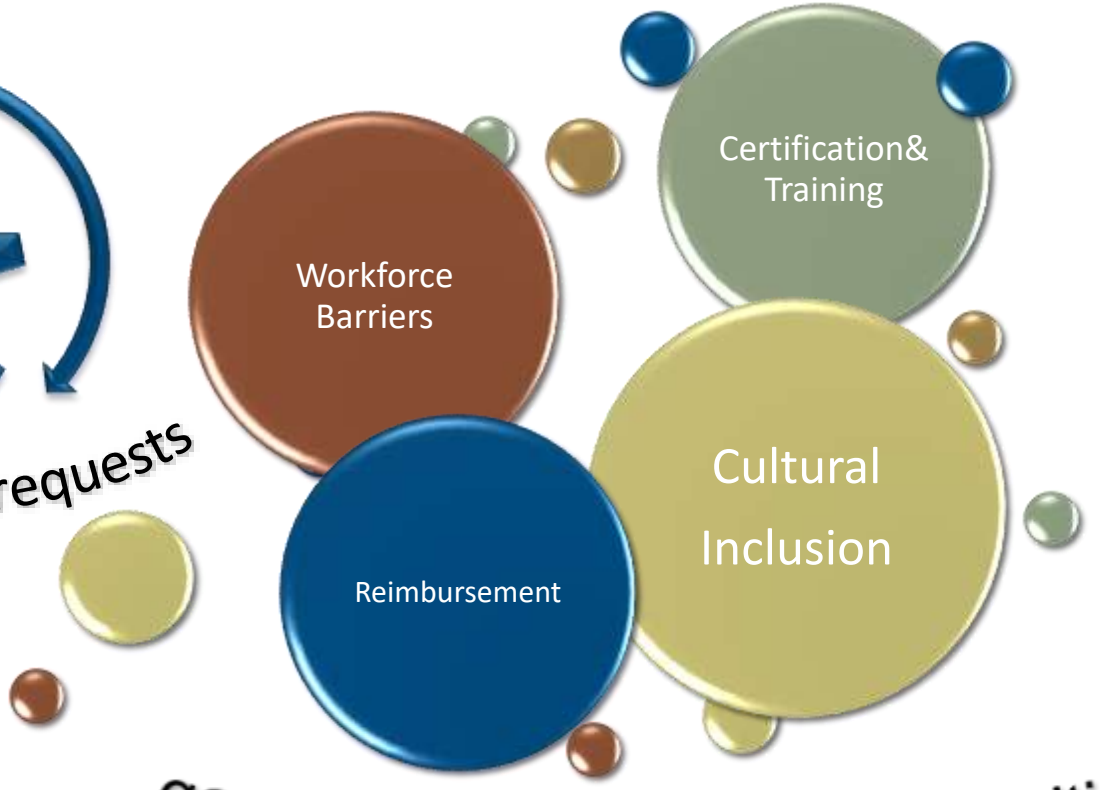
Tribal Oral Health Initiative



https://www.nihb.org/oralhealthinitiative/map.php

National CHAP Framework: Guided by Tribes

Over 400 comments and requests



gave rise to foundational priorities.

Contacts

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Christopher.Halliday@ihs.gov

Restorative Expanded Function Dental Assistant (EFDA)

When should a restorative EFDA be used?

- To utilize an EFDA you need an adequate number of EFDA's and dental chairs.
- The most efficient number would be 1 dentist, 1-2 EFDA's and 3 chairs.
- If possible a roving DA could help turn over chairs and assist EFDA's in maintaining a dry field and placement of restorative materials.
- However they can be utilized in other configurations based on the number of chairs and EFDA's available.

Restorative Basic EFDA Prerequisite

- Dental assistants must have a core set of knowledge and skills before registering for the Expanded Functions-Basic Restorative course.

- The core set of knowledge and skills include: dental terminology; placing and removing a Tofflemire matrix band and wedge, preparing, placing and removing a dental dam; and setting up for Class I, Class II, and Class V amalgams, and Class III and Class V composite restorations.

Restorative Advanced & Composite-Only EFDA Prerequisite

- Dental assistants must have been certified and practicing as a restorative basic EFDA for at least ONE year prior to the advanced or composite course.

Restorative Basic EFDA – Preparing for the Course

Before DA's arrive for The Basic Restorative Course:

- Identify parts and surfaces of teeth.
- Use universal numbering system.
- Define tooth anatomy terms.
- Describe the caries process and identify cavity classifications.
- Place and remove Tofflemire retainer, matrix band, and wedge.
- Place and remove a dental dam.
- Set up instruments and materials for amalgam restorations.
- Set up instruments and materials for composite restorations.

Restorative EFDA – In-person Course Curriculum

	Basic	Advanced	Composite-Only
Prerequisite	Online modules	Basic for 1 year	Basic for 1 year
Course Length	5 days (36 hours)	4 days (32 hours)	4 days (32 hours)
Scope	Class V B Amalgam Class I O Amalgam Class II Amalgam Class III Composite Class V Composite	Refresher on Basic Class IV Composite Cusp-Protected Alloy	Refresher on Basic Class I Composite Class II Composite Class III Composite Class IV Composite Class V Composite
Post-Course Requirements	40 restorations - 10 Class I - 10 Class II - 10 Class III or V - 10 Elective	10 restorations - 5 CPAs - 5 Class IV	40 restorations - 10 Class I or V - 10 Class III or IV - 10 Class II - 10 Elective
Post-Course Time Limit	6 months	6 months	6 months

Restorative EFDA – Certification

- The Dental Director will email the EFDA Coordinator with a specific format that is on the CDE website.

"(Name of DA) has satisfactorily completed the post-course requirements as a Restorative BASIC EFDA. He/she took course (course number) on (date) at (location). A copy of his/her evaluation form is being maintained in this office. Please issue instructions for certification."

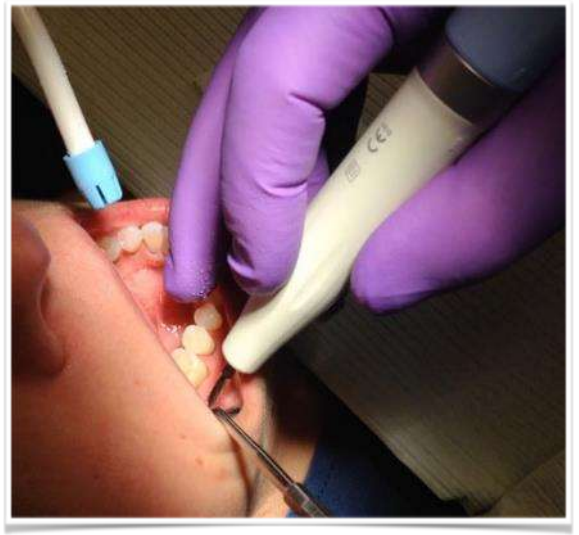
Periodontal Expanded Function Dental Assistant (EFDA)

Periodontal EFDA

Periodontal Challenges in the IHS

- Not enough dental hygienists to meet the need of our patients with periodontal diseases.
- We need to increase access to adults for periodontal care.
- Dental Assistants are not formally trained to clean teeth in the private sector- not allowed under state dental practice acts

Periodontal EFDA Curriculum



- Classroom Instruction
  - PowerPoint presentations
  - Demonstration on typodont
- Skills Lab
  - Practice using ultrasonic scalers on typodonts
- Patients
  - Students clean each other's teeth
  - 2 days of cleaning patient's teeth
- Post Course
  - Receive certificate after completing 20 evaluated cleanings
  - Annual competency

Periodontal Expanded Functions

Monday PM - seminar
- Periodontal Disease & Public Health presentation
- Detection & Diagnosis (CPI, Explorer presentations)
- (Paint typodont and set up cavitron)

Tuesday AM - seminar and lab
- Instrumentation of Teeth – Ultrasonic (Powered Devices presentation)
- Perio Coding the Adult Patient (PowerPoint)
- Start Ultrasonic Scaler lab
- 10: 00 am (DA # 1, 3, 5)
- 11: 00 am (DA # 2, 4, 6)

Tuesday PM - lab
- Complete Ultrasonic Scaler lab with mannequins/typodonts
- 1: 00 pm (DA # 2, 4, 6)
- 2: 30 pm (DA # 1, 3, 5)

Wednesday AM -Participants scale each other
- 8:00 am (DA # 1 and 2); (DA # 3 and 4); (DA # 5 and 6)
- 10:00 am –clean up, set up, switch patient
- Lunch – 11:30 to 12:45 pm

Wednesday PM
- Patients seen, scheduled every 1 ½ hours
- 1:00 pm (DA # 1, 3, 5)
- 2:30 pm Clean up and set up
- 3:00 pm (DA # 2, 4, 6)

Thursday AM and PM
- Patients seen all day, scheduled every 1 ½ hours
- 8:00 am (DA # 2, 4, 6)
- 9:30 am Clean up and set up
- 10:00 am (DA # 1, 3, 5)

- Lunch – 11:30 to 12:45 pm

- 1:00 pm (DA # 2, 4, 6)
- 2:30 pm Clean up and set up
- 3:00 pm (DA # 1, 3, 5)

Friday AM
- Patients seen, scheduled every 1 ½ hours
- 8:00 am (DA # 2, 4, 6)
- 9:30 am Clean up and set up
- 10:00 am (DA # 1, 3, 5)
- 11:30 am Final Q&A, closeout

Periodontal Functions
Follow-up Training
Progress Record

DATE:_____
DENTAL ASSISTANT:_____

The objective is the complete all 20 patients within a reasonably time frame, such as 3 months. Criteria Checked:

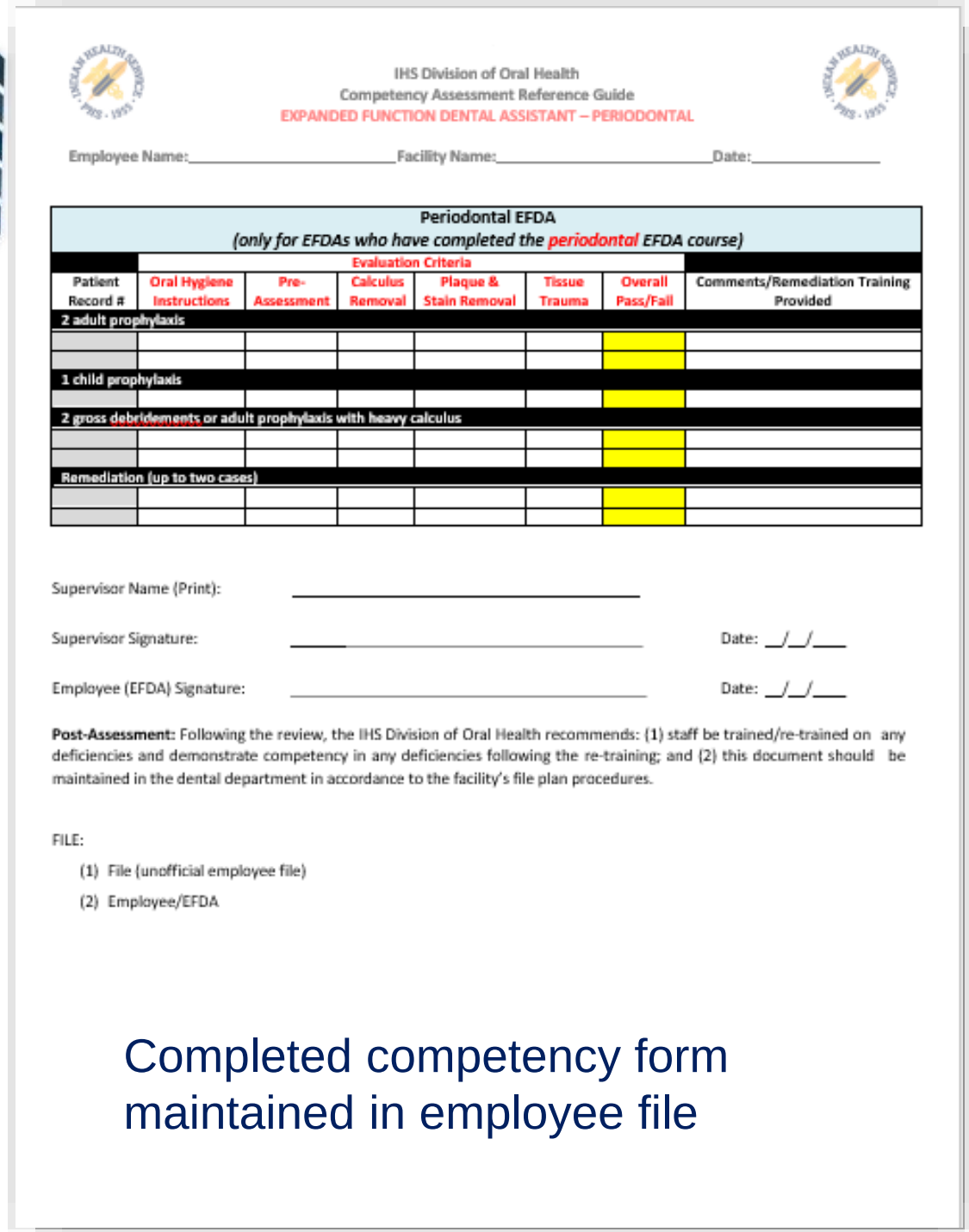
Patient Chart #	Oral Hygiene Instruction	Pre-operative assessment	Calculus removal	Plaque and stain removal	Lack of Tissue Trauma	Super-visor Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Rating:
4-Excellent- meets criteria
3-Average-clinically acceptable- meets clinical standards
2-Poor- does not meet clinical standards, although redo not necessary
1- Unacceptable- redo necessary or tissue trauma present.

COMMENTS: Completed form maintained on site in employee file

QUALITY EVALUATION CRITERIA
Periodontics for the Dental Assistant

Rating	Oral Hygiene Instructions	Pre Assessment	Calculus Removal	Plaque and Stain Removal	Tissue Trauma
4	Discloses - based on the amount and areas of plaque, determines the best oral hygiene aides to teach or reinforce with patient	Accurately determines location and severity of deposits and accurately assesses gingiva for redness, swelling and bleeding	Removes all visible calculus	Removes extrinsic stain and plaque	No torn or abraded soft tissue. No damage to crowns/roots
3	Discloses and performs OHI, but does not adequately assess patients' individual oral hygiene needs, i.e., age, dexterity, brushing skills, etc.	Accurately determines location and severity of deposits, but fails to assess gingiva for redness, swelling and bleeding	Fails to remove 1-2 pieces of visible calculus	Fails to remove one area of stain and or plaque	Unnecessary roughness resulting in 1 area of mild tissue trauma.
2	Does not disclose. Instruction provided, but instruction is not based on individual needs.	Detects stain, and supragingival calculus, but fails to detect plaque and subgingival calculus	Fails to remove 3-4 pieces of calculus	Leaves stain or plaque in two areas.	Unnecessary roughness resulting in 2 areas of mild tissue trauma
1	OHI not performed	Fails to detect calculus (sub/ supra) plus plaque or stain	Fails to remove 5 or more pieces of calculus	Leaves stain or plaque in three or more areas.	Unnecessary roughness resulting in 3 or more areas of mild tissue trauma



IHS Division of Oral Health
Competency Assessment Reference Guide
EXPANDED FUNCTION DENTAL ASSISTANT – PERIODONTAL

Employee Name:_____ Facility Name:_____ Date:_____

Periodontal EFDA
(only for EFDAs who have completed the periodontal EFDA course)

	Evaluation Criteria						
Patient Record #	Oral Hygiene Instructions	Pre-Assessment	Calculus Removal	Plaque & Stain Removal	Tissue Trauma	Overall Pass/Fail	Comments/Remediation Training Provided
2 adult prophylaxis							
1 child prophylaxis							
2 gross debridements or adult prophylaxis with heavy calculus							
Remediation (up to two cases)							

Supervisor Name (Print): _____

Supervisor Signature: _____ Date: __/__/____

Employee (EFDA) Signature: _____ Date: __/__/____

Post-Assessment: Following the review, the IHS Division of Oral Health recommends: (1) staff be trained/re-trained on any deficiencies and demonstrate competency in any deficiencies following the re-training; and (2) this document should be maintained in the dental department in accordance to the facility's file plan procedures.

FILE:

(1) File (unofficial employee file)

(2) Employee/EFDA

Completed competency form maintained in employee file

Oral Hygiene Instruction

- Uses disclosing tablets
- Determines best OH aids to teach/reinforce OH

Pre-Assessment

- Accurately detect calculus
- Assess gingiva for redness, swelling, bleeding

Calculus Removal

- Removes all visible calculus

Plaque & Stain Removal

- Removes most extrinsic stain
- Removes all visible plaque

Tissue Trauma

- No torn or abraded soft tissue
- No damage to crowns or roots

Overall Pass/Fail

- Overall, the EFDA provides a quality prophy or gross debridement for patient
- The EFDA passes at least 4 of the 5 evaluation criteria

Periodontal EFDA Scope of Practice

- Child prophy
- Adult prophy
- Gross debridement
- Visible calculus only
- Periodontal EFDAs are NOT Hygienists
- Periodontal EFDAs are NOT able to perform scaling and root planing!

Treating periodontal patients

If hygienists are able to meet the needs of the population, then:

- Dentist- Exam and Treatment Plan, Treat Perio?
- Hygienist- OHI, Treat Perio, and Recall Patients
- Dental Assistant- Toothbrush Prophy, OHI

Regular recalls provided

Treating periodontal patients

If Hygienists are unable to meet the need:

- Dentist- Exam and treatment plan; treat perio in severe cases if desired.
- Hygienist- OHI, treat perio in moderate to severe cases, and provide those recalls.
- Dental Assistant- OHI, treat gingivitis to mild perio cases

Targeted recalls provided to those at moderate to high risk of breakdown.

Treating periodontal patients

No hygienist

- DDS- Exam and tx plan, perio tx of moderate to severe cases and their recalls.
- DA- Gingivitis to mild perio (CPITN 1,2,3), select gross debridements, prophys, and select recalls.

Targeted recalls provided to those at moderate to high risk of breakdown.

Perio EF Clinic

- 2-3 Chairs
- Patients with CPITN's of 1,2,&3
- RDH or DDS provide check in and check out, and probings and anesthesia if indicated.
- DA provides OHI and ultrasonic therapy.

Thank you!
Eric.jewell2@ihs.gov

Community Dental Health Coordinators (CDHCs)

CDHC History

- This model was created by the American Dental Association in response to the dental therapy movement.
- The new program focused on community-based prevention, care coordination and patient navigation to link people with dental health resources near them.
- Most CDHCs are dental hygienists, although some are dental assistants. They provide oral health education, prophylaxis, sealants, and fluoride varnish to patients while also connecting them to dental resources.
- IHS signed an MOU with the ADA in 2022 to implement a CDHC program in the IHS for the first time. Three dental hygienist coaches have already been trained and certified as CDHCs, and we are currently training 6 dental assistants through a very detailed 8 month curriculum.

CDHC Training Curriculum

6-8 month online curriculum including:

- Community resource mapping
- Cultural competency/humility
- Social determinants of health
- Evidence-based prevention
- Motivational interviewing
- Oral cancer screening
- Oral health advocacy
- Oral health literacy
- Data interpretation
- Internship project

CDHC Training Curriculum Modules

- Each module has 4-34 individual lessons, with presentations, reading material, and didactic tests.

Name	Modified	File size
Module 1 Advocacy and Outreach	3/2/2023	71.1 MB
Module 2 Communication and Cultural Co...	3/2/2023	106 MB
Module 3 Interviewing Skills	3/2/2023	675 MB
Module 4 Legal and Ethical Issues	1/24/2023	26.3 MB
Module 5 Introduction to Dentistry	3/2/2023	2.40 GB
Module 6 Screening and Classification	3/2/2023	1.66 GB
Module 7 Prevention of Dental Caries	3/2/2023	1.78 GB
Module 8 Prevention of Oral Cancer	3/2/2023	701 MB
Module 9 Training at a Community Health ...	1/24/2023	2.50 MB

CDHC Scope of Practice

- Intent of the program is to have CDHC lead community-based initiatives for their dental program.
- In the clinic, CDHCs can do sealants, prophies, screenings, and fluoride varnish applications (under indirect supervision once competency is established).
- CDHCs, through increased knowledge of oral health, can create new initiatives and serve as a liaison between the dental program and the medical department and/or community.

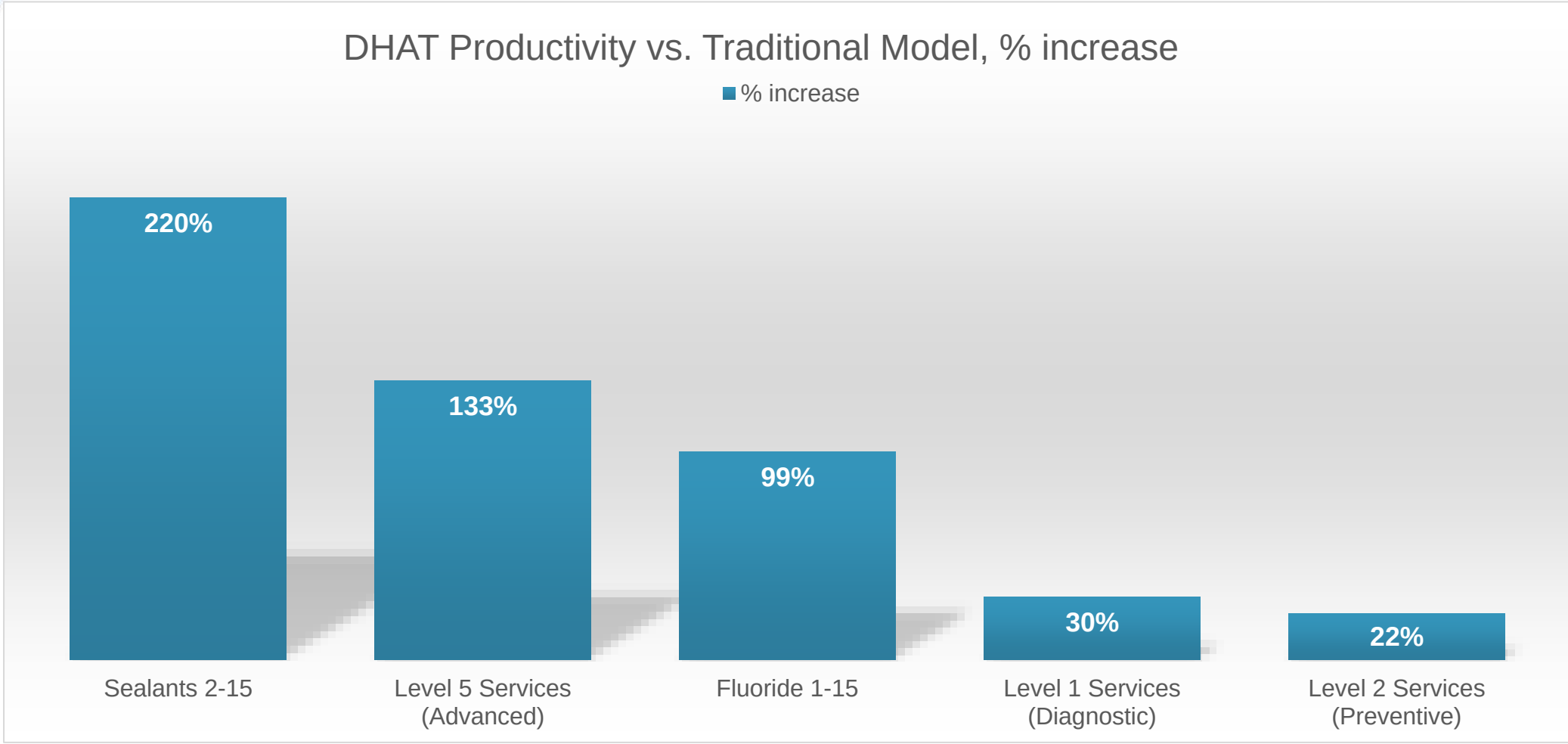
How effective are alternative dental models?

Perio & Restorative EFDA Effectiveness

Metric	Periodontal EFDAs	Restorative EFDAs
1. Clinic Utilization (total visits)	+ 0.7%	+ 3.0%
1. Total Services (level 1-5)	+ 5.1%	+ 4.0%
1. Level II Services (most preventive services)	+ 6.5%	NA
1. Level III Services (most restorative services)	NA	-1.0%
1. Relative Value Units	+ 1.8%	-2.0%
1. Level II RVUs (most preventive services)	+ 6.2%	NA
1. Level III RVUs (most restorative services)	NA	-4.0%
1. Services per Patient	-3.1%	+ 1.0%
1. Services per Visit	+ 7.5%	+ 14.0%

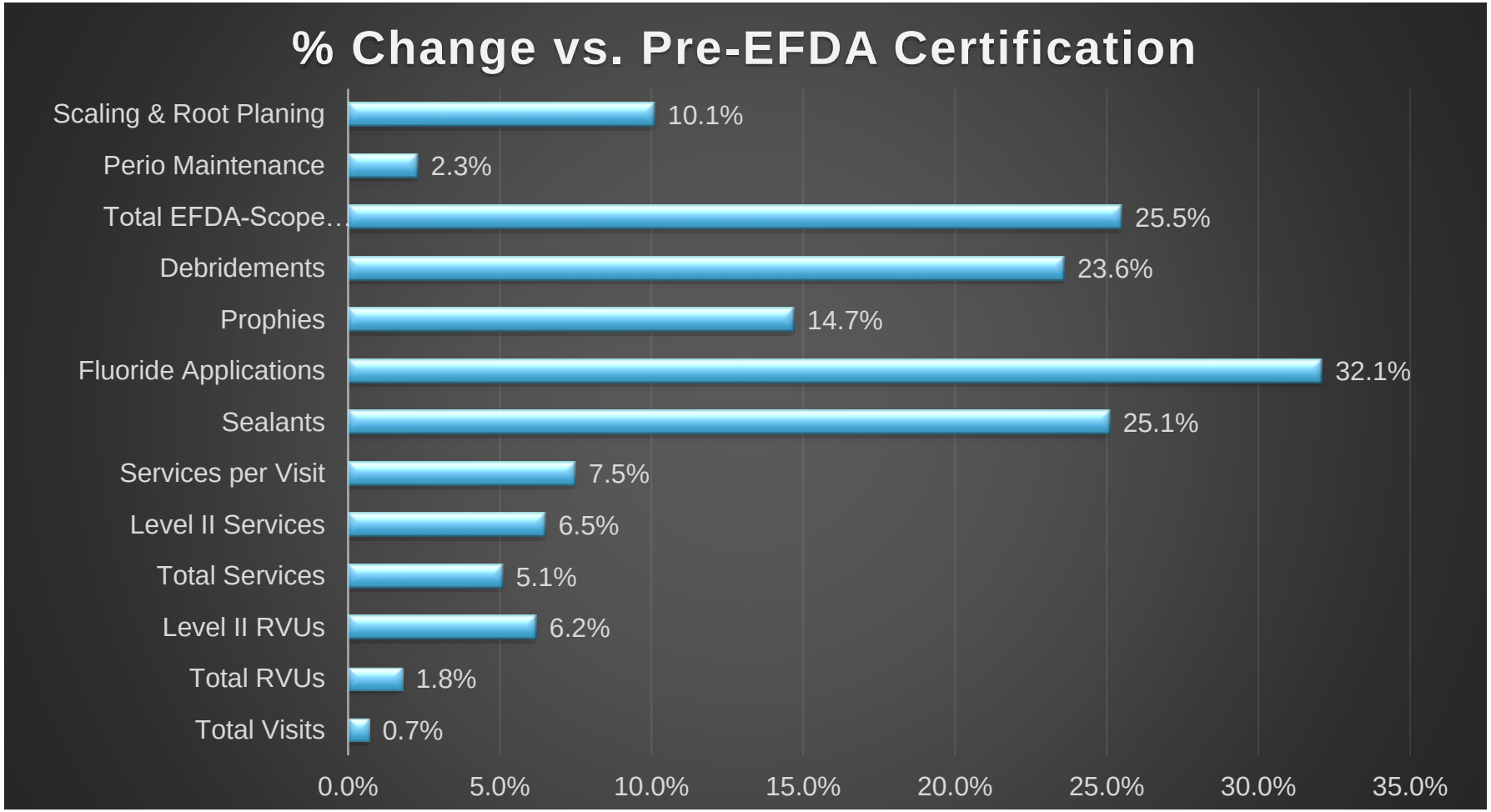
Comparison between randomly selected sites utilizing EFDAs and sites not using EFDAs (courtesy Dr. Joe Park, A.T. Still University)

DHAT Effectiveness



*Done in collaboration with the Johns Hopkins Bloomberg School of Public Health

Specific Periodontal EFDA Evaluation



*Done in collaboration with the Johns Hopkins Bloomberg School of Public Health

Summary

- Current alternative models used in I/T/U dental programs are:
  - Restorative and Periodontal EFDAs
  - Dental Health Aide Therapists
  - Primary Dental Health Aides
  - Community Dental Health Coordinators
  - CHRs and public health dental hygienists

- These models have been evaluated numerous times and have been shown to be effective in increasing access to care and services to AI/AN patients.

Questions?