

Investigating Solutions to Address Workforce Issues: An Update

by VICKI WILBERS, EXECUTIVE DIRECTOR

We've been talking about workforce issues for a long time. Last year I celebrated 30 years of employment with the MDA, and I feel like it's been a topic of conversation for at least 25 of those. But most recently, it's been a steady conversation post-pandemic.

Over these past couple years, we've been trying to address the questions and suggestions that have arisen in those conversations. In a late summer edition of the *Focus* magazine last year, Drs. Guy Deyton and Ron Wilkerson contributed part two in a workforce article¹ about "leaders plan solutions."

This purpose of this article is to update you on the solutions shared at the time and since.

THE UNCHANGING STATISTICS

Like all healthcare sectors, the oral healthcare workforce has diminished, and the COVID-19 pandemic exacerbated the decline. The Missouri Office of Dental Health recent statewide survey of oral healthcare workers² and the most recent re-licensure data provided by the Missouri Dental Board (January 2023) indicated an exit of between 1 percent and 10 percent of the oral healthcare workforce: 1 percent administrative staff, 6 percent dentists, 8 percent dental hygienists and 10 percent dental assistants. The survey also indicated 20 percent of the workforce is considering retirement in the next five years due to age or job stress.

The result is significantly understaffed clinics operating at 60 percent to 80 percent of their capacity. The workforce shortages have more severely impacted rural clinics and clinics that serve the eligible Medicaid population, with wait times for appointments in many

Federally Qualified Health Centers of weeks or even months long.

A February 2023 report from the ADA Health Policy Institute, which surveys dentists in its Economic Outlook and Emerging Issues in Dentistry poll, one-third of dentists continued to report they are actively recruiting dental hygienists and assistants, and that recruitment of both positions has been "extremely" or "very" challenging.³

INVESTIGATING POSSIBLE SOLUTIONS

In the referenced *Focus* issue, Dr. Deyton, who was State Dental Director at the time, shared possible investigations/solution paths identified by a small group of oral health stakeholders (including dentists and hygienists and representing various practice models). This group was convened in May 2022 to consider all recent available data to address shortages and make recommendations; as well, this group considered input from the MDA's own Exploratory Committee on Workforce that was established in November 2021 following its House of Delegates. Updated on possible, suggested solutions follow:

1) *Expand EFDA training and remove bottlenecks to make training more accessible.*

One issue creating a bottleneck for EFDA training was passage of the Missouri Basic Skills Exam. In February 2022, the MDA sent a letter to the Missouri Dental Board articulating concerns with the Exam, including consistent complaints from MDA members and assistants indicating questions were outdated, irrelevant or confusing. In the fall of 2022, the Dental Board took great steps to address the problems identified, including:

- The Board reviewed each question on the Exam, with some reworded and some removed. Going forward, the Board will review the Exam on an annual basis.
- The Board lowered the Exam passage percentage to 75 percent. The Board indicated many test takers were scoring in the higher 70th percentile on the Exam.
- The new exam and passage percent was set to begin by the end of 2022.
- A remote proctored Exam will be offered through Pearson Vue, so students don't have to go to a testing center.

We are grateful for the Exam review and hope it helps alleviate barriers to enrollment and completion of EFDA courses. We know the matriculation of EFDAs can positively affect practice efficiency and access to dental care and help retain dental team members in the profession.

In addition to Exam improvements, this past October, the MDA began offering an in-person Basic Skills review course, after many requests for a venue where students could ask questions, get feedback and deepen their knowledge for Exam preparation. The MDA has successfully held three in-person review courses, with another set for May. Linda Twehous, CDA and EFDA, instructs the course. She has been a dental assistant since 1983 and has a lifetime Missouri Vocational Educator certificate in dental assisting. Students are reporting satisfaction with the course and most important, subsequent passage of the Basic Skills Exam.

2) *Investigate funding for pilot vo-tech dental assisting programs in select high schools utilizing online training modules and externships in local clinics.*

See next page for an update regarding this proposed pilot, provided by Dr. Jackie Miller.

3) Use the planned ODH pilot project to investigate the use of teledentistry as a method for dentists to supervise hygienists and assistants extended into nursing homes and other underserved high-risk populations.

See next page for an update regarding this proposed pilot, provided by Dr. Guy Deyton.

4) Support an increase in dental education funding for state-supported dental education programs to gradually increase the number of care providers in Missouri.

Through the years, the MDA and its Foundation have been supportive of dental education programs that can matriculate additional providers, including financial support through dental hygiene scholarships and contributions to begin or maintain hygiene education programs.⁴ However, even with that support, in recent years, many programs have closed or come under threat of discontinuing. State funding to sustain programs continues to be crucial for dental team education programs. We are pleased to note that the FY24 budget recommendations from Governor Parson being considered this session include \$20 Million for the construction of a Health Sciences Center at the St. Louis Community College Florissant Valley Campus, which will house a functional dental clinic teaching Dental Assisting and Dental Hygiene (among other healthcare programs).

5) Encourage dialog between the MDA and the MDHA on acceptable agreements for new a EFDA hygiene assistant to assist dentists and hygienists, and relaxing hygiene supervision requirements to enable care to reach underserved populations.

In late 2022, the MDA constructed a workgroup centered around expanding care through an Oral Preventive Assistant (OPA) EFDA. The OPA would deliver preventive care, including supragingival scaling on healthy patients. The workgroup is meeting regularly to examine all aspects of what is necessary to enable this type of professional to provide care within a dental practice. The workgroup identified the desire to conduct this through a pilot project⁵ program that

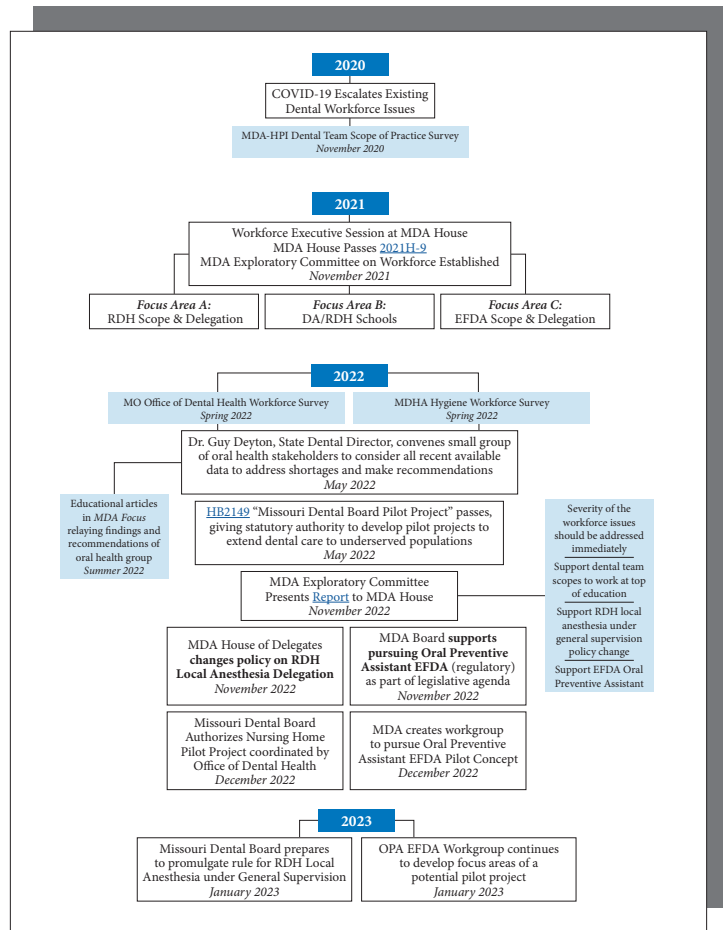
To illustrate this article update, we've created the flow chart above for an overview of the workforce discussions and developments. Access a full size version, plus all resources referenced in this article, at modental.org/workforce.

must be authorized by the Missouri Dental Board and the State Office Dental Health, under HB2149.⁶ Additionally, the MDA House of Delegates addressed its Policy on Local Anesthesia in November. The House rescinded the following policy from Resolution 2013H-14 “Opposition to the General Supervision of Hygienist to Administer Local Anesthesia” the MDA policy “the administration of local anesthesia by a hygienist shall be allowed only under indirect or direct supervision of a dentist.”

This policy rescension ensued to ensure MDA a seat at the table as changes are being considered by legislators and regulators when it comes to serving the oral health care needs of the underserved. Additionally, the MDA has been supportive of pilot projects whereby changes are made to scope of practice in small-scaled projects—in this instance, allowing local anesthesia to be administered by a registered dental hygienist under general supervision of a dentist.

In January 2023 the Missouri Dental Board met and voted to proceed with considering a promulgation of rule to allow registered dental hygienists to administer local anesthesia under general supervision, to be on the agenda of their next meeting.

To illustrate this update, we've created the flow chart above for an overview of the work-



force discussions and developments since the pandemic ushered the surge in dental team shortages across the state of Missouri—shortages that continue to plague our state, especially in rural areas. We will continue to report to the membership developments within these possible solutions being investigated.



Contact Vicki at vicki@modentalmail.org or call the MDA at 573-634-3436.

REFERENCES

The following also are linked from modental.org/workforce.

1. Focus MDA, Issue 4, July/August 2022 <http://www.modernpubsonline.com/MO-Dental-Focus/FocusJulyAugust2022/html/index.html?page=18&origin=reader>
2. Missouri Oral Health Care Report of COVID-19 Impact on Workforce
3. ADA Health Policy Institute https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/feb2023_hpi_economic_outlook_dentistry_slides_2023.pdf
4. MDA Foundation Education Program Financial Contributions <https://modental.org/workforce>.
5. State of Missouri Pilot Project Requirements Statute <https://revisor.mo.gov/main/OneSection.aspx?section=333.325>
6. HB2149 <https://house.mo.gov/billtracking/bills221/hrbillspdf/4028H.06T.pdf>

Pilot Project: Developing a Dental Assistant Pipeline for Missouri Through High School Career Centers

by JACQUELINE MILLER DDS, MS, MPH

The Missouri Office of Dental Health (ODH) estimates the oral healthcare workforce lost approximately 1,000 workers statewide due to the COVID-19 pandemic. The most acute shortages are among hygienists and expanded function dental assistants (EFDAs). Anecdotal evidence indicates that rural areas were more severely impacted.

The ADA Health Policy Institute surveyed Missouri dental practices in 2020 during COVID-19. The results showed that 57.4 percent experienced dental team members not returning to work due to safety concerns in providing care, and 70.7 percent indicated having had issues with hiring or re-hiring dental assistants. Continual surveys indicate ongoing shortages of dental workers nationwide. As a result, the ODH is exploring the creation of programs to entice and enhance dental assisting educational opportunities.

Career centers in rural areas offer educational opportunities for high school students as well as adults already working in the community.

Therefore, they make an ideal partner in addressing gaps in the dental care workforce.

If funding is secured, ODH, in cooperation with a high school career center, will develop a 10-month educational pilot program for high school juniors and seniors that will allow the students to graduate with their high school diploma and a dental assisting certificate. The program will include connecting clinical observation, internship and possible apprenticeship opportunities with local dental offices to establish potential job opportunities after graduation. The program would also include training for Expanded Function Dental Assistants (EFDA) to increase their skill set. Using EFDAs has increased dentists' productivity as much as 15 percent, increasing access to care, and is a critical step in supporting dentists.

UniTec Career Center in Bonne Terre, Mo. has expressed interest in partnering with ODH on this program and has the physical space available for a dental assisting program. This is an underserved area and one of the counties listed as a dental provider shortage area

by Health Resources and Service Administration (HRSA).

The educational opportunities in these rural areas will allow students to earn livable wages and provide options to stay in their home area to provide dental care to their communities and underserved areas—making a sustainable change.

If the pilot project provides well-trained and effective dental assistants, dental providers will be able to increase the provision of services to a significant amount of the underserved dental populations. More importantly, if successful, other areas across Missouri can duplicate the educational program, allowing both individuals and communities of all sizes to thrive.



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Pilot Project: Using Telehealth, Dental Team Collaboration to Provide Care in Nursing Homes

by GUY DETON, DDS

The dilemma of a diminished workforce is there is more need for care than there are care providers and dentists can't be in two places at once. Or can they? In September 2022, the Office of Dental Health received a sizable grant to explore the use of teledentistry to extend oral healthcare workers into nursing homes. In this ODH pilot project, hygienist/assistant teams, working under the supervision of dentists, can use digital radiography, intra-oral video scanners, leading-edge decay detection and old-fashioned periodontal probes to collect diagnostic

data necessary for dentists to review, write disease control treatment plans and triage patients according to the severity of need. The extended care teams will collaborate with distant dentists in real time using telehealth modalities. Under the direction of dentists, teams will use silver diamine fluoride to stabilize decay and periodontal debridement to mitigate periodontal infections. Definitive care plans will follow making efficient and productive use of a dentist's time.

We used to think we had to be in the same place to supervise and collaborate. Modern technology may allow us to supervise and col-



laborate over distance, thus providing care to previously neglected patients who can't easily come to us. ODH and the Missouri Dental Board will evaluate the outcomes of the pilot project assessing both quality of care and access to care. Stay tuned!



Dr. Deyton is an MDA past president and the former Missouri Director of Oral Health, Office of Dental Health. He currently consults on the nursing home pilot project. Contact him at guydeyton@gmail.com