

OPA EFDA Pilot Project Update

by VICKI WILBERS, EXECUTIVE DIRECTOR

“Build it and they will come” seems to be the mantra for this project. It’s appropriate for the work effort from those participating in the Oral Preventive Assistant (OPA) Expanded Function Dental Assistant (EFDA) Pilot Project — dentists, trained OPAs, hygienists, front office administrators and more — and for the other many dentists supporting this effort in multiple ways.

It’s been since last fall that a formal update was given on the OPA Pilot project — though each week we respond to emails from doctors asking us when the OPA will be available to help with the critical workforce need in their offices, which impacts patient care. The purpose of the article is to refresh you with an outline of the project, give a status update and, most critically, request your continued support.

REVIEWING THE WORKFORCE ISSUE

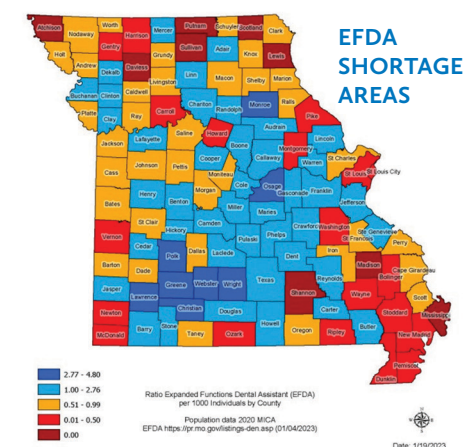
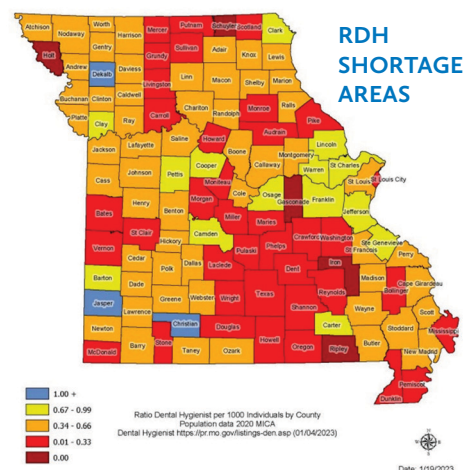
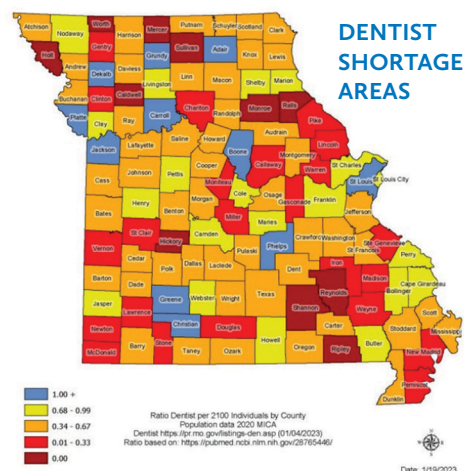
Since 2023 when we first began to address workforce issues, not much has statistically changed in the shortage of the oral healthcare workforce. Like all healthcare sectors, the oral healthcare workforce is critically short-handed and the period affected by COVID exacerbated the issue. In a 2023 report, the Missouri Office of Dental Health (ODH) indicated that approximately 10 percent of the oral healthcare workforce exited healthcare during COVID. A survey by ODH also revealed that 20 percent of the workforce were considering retirement in the next five years due to age or job stress.

The result is significantly understaffed clinics operating at 60 to 80 percent of capacity.

Workforce shortages have had a more severe impact on rural clinics and those serving the eligible Medicaid population, with appointment wait times in many Federally Qualified Health Centers and clinics serving Medicaid patients lasting weeks or even months. The ODH used license and permit data to determine provider locations and identify areas where more providers are needed.

When you look at these maps (with all counties not colored in blue considered shortage areas), you can note the following:

- All but a few metropolitan counties have significant oral healthcare workforce shortages. Rural areas are the most severely impacted.
- There is a shortage of dentists and dental hygienists in rural Missouri: 44 percent of clinics that had an opening for a dental hygienist were unable to fill that opening.
- You will see that EFDAs are distributed more evenly throughout the state, especially in rural areas where hygienists are scarce. The relative scarcity of hygienists in rural areas hasn’t changed significantly since 1990, despite nearly 2,200 additional hygienists being licensed and residing in Missouri. The training centers are in metropolitan areas, and most graduates find employment within a 50-mile radius of the school they attended. In fact, when comparing 2022 maps with 2023 maps, EFDA distribution was the only category showing improvement, in that three fewer counties were among shortage areas, whereas an additional county for RDH was added to the designation for shortage areas.



Missouri Dental Workforce Distribution Maps, provided by the Missouri Office of Dental Health. **For all maps, all counties not colored in blue are considered shortage areas.** These are the most recent maps, dated January 19, 2023.



TAKE NOTE! Two years ago, the MDA published a workforce issue with information on the OPA Pilot Project, the MDA EFDA program, other workforce initiatives happening across our state and expanding dental hygiene programs. Those programs have provided updates we're sharing with you in this issue. You can read those starting on page 29 of this issue.

OPA OFFERS A SOLUTION

The OPA is one solution and is proving that this upskilled worker is a valuable part of the dental team. With the final promulgation of rules towards the end of 2024, the trained OPAs began to work within the seven clinical pilot sites providing supragingival scaling and care on healthy and gingivitis patients. In doing so, the dental offices — through a team effort between the dentist, the RDH, the 16 OPAs and the office administrators — began to collect data to conform with the outlined specifications of the project.

The pilot clinical study, which measures the performance of OPA EFDAs, has demonstrated excellent outcomes as evaluated by both patients and clinical supervisors. Details of the performance evaluations are reported to the Missouri Dental Board (MDB), which can be found online, but some key takeaways are as follows:

As of July 3, 2025:

- 440 evaluations had been collected from patients treated by OPA EFDAs. The average evaluation of OPA EFDA care by patients was 9.7/10.
- Supervising dentists were required to submit a performance review of OPA EFDAs using eight scales that mirror the educational objectives of their curriculum. The performance evaluation scores average for all OPAs ranged from 8.3 to 10, with an average global score of 9.3/10.
- The study will conclude in October 2025 with final reporting to the MDB and a full analysis conducted by the ADA Health Policy Institute.

Additionally, some of the comments from OPA sites include:

- “We are excited to integrate OPAs into our team. We’ve had trouble recruiting hygienists to our location. Our plan is to pair an OPA with every hygienist to serve more patients better.” — *Dr. Robert Thompson* (Chief Operating Officer,



IRB: PATIENT PROTECTION, DATA INTEGRITY, BIAS CONTROL

Prior to the clinical trial, the MDA submitted the entire OPA EFDA study protocol to an **Institutional Review Board** registered with the U.S. Department of Health and Human Services Office for Human Research Protections. Registered IRBs are mandated to review human study constructs, ensure adequate safety protocols are in place to protect participants, review the study hypotheses and metrics to ensure there is a high likelihood the study will collect data necessary to confirm or deny hypotheses, examine for and recommend corrections for study biases if they exist, and determine if the study meets all federal guidelines applicable to human studies. The OPA study was reviewed and approved by the IRB as safe, soundly constructed and in compliance with all federal regulations. The MDA felt it was important this pilot project have IRB approval to remove the concern of any bias within the project and protect the patients served through it.

Pine Lawn Dental Management LLC, St. Louis)

- “The OPA has been an invaluable addition to our clinic, particularly in supporting our hygienists and expanding patient access to care. By assisting with tasks such as periodontal charting, patient education and preventative pro-

cedures, the OPA enables our hygienists to concentrate on delivering specialized clinical care for patients with more complex periodontal needs. This collaborative model improves workflow, allows our hygienists to practice at the top of their scope and increases the number of patients we can serve. Because the OPA works directly alongside a hygienist or dentist, this approach enhances access without compromising the quality of care.” — *Shannon Covington, RDH* (Director of Dental Training and Development, Compass Health Network, Wentzville)

CONTINUING MOMENTUM

The MDA will work to codify this into law, allowing dentists to delegate care to this oral health care worker as a part of their dental team. While we have had naysayers, more so, we have had overwhelming support for the OPA. We also continue to receive comments from doctors expressing their dire need for this and their confidence in the EFDA program: that the OPA, as a type of EFDA, can be integrated as a valuable, critical member of their teams.

For those who are skeptical, I will restate that we absolutely can't sit back and not create a pathway for communities and dental teams to progress toward bringing more access to oral healthcare for Missourians. For those who are critical, just look at the pilot reporting currently: It's working! It is being shown an OPA EFDA can provide great care under direct supervision and be an asset to their team — not only to the approval of their supervising dentists and hygienists, but to the patients for whom they are providing care. Is the OPA the only solution to workforce issues? Absolutely not. Yet it is clear and proven that EFDA training is the most cost-effective way to leverage the existing dental workforce and increase productive capacity and access. One EFDA can increase the productive capacity of a dentist or hygienist by 15 to 25 percent.

CONTINUED NEXT PAGE

It costs \$1,500-\$7,500 to educate an EFDA; \$30,000-\$60,000 to educate a hygienist; and \$350,000-\$500,000 to educate a dentist.

It is also clear that support from organizations such as the American Legislative Exchange Council (ALEC) who adopted the OPA into their model oral healthcare policy, indicates the need for changes in the oral healthcare delivery system. This adoption has brought forth applications of the OPA EFDA into other states: In 2025 Arizona placed the OPA into law, Illinois has created a type of scaling assistant, and scaling assistants have existed in Kansas for decades — with no adverse effects being reported. The MDA has had several other states inquiring about the pilot and licensing the OPA curriculum. The question remains: Will Missouri, with the support of its dental profession, have the courage and fortitude to make this a law in our very own state?

Other possibilities to decrease shortages certainly exist. Enhancing the role of the hygienist is important. The MDA worked heavily with its own membership to address

its policies and make changes to move forward with support for RDHs to provide local anesthesia under general supervision. That rule has been fully promulgated into law and serves the ODH Nursing Home Care Project. Allowing more spots for hygienists in schools is another way to address the shortage and bringing more programs for exploration of interest into dental careers is yet another element to help build a pipeline of people for the dental profession. Dr. Megan Krohn, the new State of Missouri Dental Consultant, is committed to this issue and has brought together a group of stakeholders to continue to discuss the myriad opportunities to address oral healthcare workforce shortages in our state (see the ODH and other workforce updates starting on page 29).

WHAT YOU CAN DO

I had said previously that we receive comments from doctors expressing their support for the OPA — and often, asking what they can do to help bring its passage to our state. For any dentist or supporter reading this and wondering what they might be able to do to build up this program, it's simple: Build

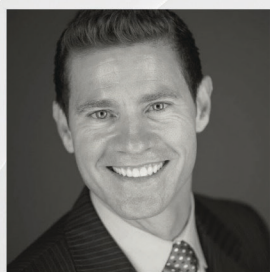
a relationship with your state senator and representative and give to MODentPAC. For us to accomplish our goal, we need you to build new or enhance current relationships to help us bring this successfully to the finish line. There is a great article on page 16 about this very topic! Contact our office; our lobbying team will walk you through how to make these relationships and be a leader for this important advocacy work!

In retrospect, the challenges we have faced with the enormity of the OPA Pilot Project seem minimal compared to the care being given to patients by the OPAs and overall work being conducted by the sites. Their enthusiasm for this model and the hope for it to become available for the entire dental profession in Missouri is palpable. Their work is outstanding, reflecting their extreme dedication to the project because of its value for their patients, team and the provision of dental care in our state. We cannot thank them enough for their incredible role. I cannot give enough praise for their ongoing efforts; I am humbled by their commitment to this project.



UPCOMING CE COURSES

register today
MOAGD.NET



HANDS-ON FIXED PROSTHETICS COURSE

October 3-4, 2025 | Held in St. Louis

Presented by Dr. Todd Snyder | 2 Day Hands-On

Fixed Pros 2 Day Mastery Course: Transform Your Practice, Your Skills and Your Life

This course includes 2.5 hours of hands on each day; 16 credit hours with an option to get up to 34 credit hours if protocol presentation is given after the course.

16
CE CREDITS



The Dental Practice Prison Boot Camp and Preventing Practice Embezzlement

January 17, 2026 | Held in Branson

Presented by Matt Kennedy, CPA & Cindy Day

Each speaker will present a half day course. Learn how to breakout of the dental office prison and prevent practice embezzlement.

8
CE CREDITS

Scan code to learn
more about speakers
and to registers!

In addition to all the dentists, OPAs, RDHs and office administrators doing exceptional work within this project, we (the MDA Board and the MDA team) also especially thank Dr. Guy Deyton, the Office of Dental Health and the Missouri Dental Board. We thank every person who has in some way provided the pilot project and entire EFDA program support. And we again call on the dentists of this state — the members of this association — to continue to stack the blocks and help us build upon what has already been accomplished.



Visit modental.org/opapilot for Missouri workforce distribution maps, pilot project reports and more. For questions, email Vicki at vicki@modentalmail.org.

Below are a few pictures from courses we've hosted in our wonderful Clinical Training Center. Read an update on pages 32-33!



MDA Governance Task Force Begins Its Work

The assembly and activities of the MDA Governance Task Force has begun, with its goal to increase participatory governance and explore alternatives to the MDA House of Delegates. This past June, the MDA House of Delegates adopted Resolution 2025H-7 that directed this effort. Since then, considerable work has been done to adhere to its directives, including the assembly of the task force by Dr. Amanda Fitzpatrick, MDA Speaker. The process allowed self-nominations from which a 15-member taskforce was established.

Dr. Fitzpatrick reported to the MDA Board during its September meeting. She outlined the taskforce structure, explaining her goal to bring together members with new and historical perspectives to discuss changes to create more participatory governance and increased membership engagement.

To show its commitment to this process and its goals, the Board agreed to hire a facilitator to lead and navigate the governance discussion. The MDA has spent years addressing overarching governance structure matters and felt strongly that a consultant would benefit the work of the group. MDA has chosen Vista Cova, which brings extensive background in this type of facilitation. Vista Cova will engage members, ask difficult questions, listen deeply to varied perspectives, identify points of insight and consensus, and craft a shared vision. This type of focus ensures the members of this task force will know it is their perspective, expertise and passion that are represented.

The process of this work will be led by Lowell Aplebaum, Vista COVA CEO, and will be aided by a team that includes a researcher, and a client experience and program expert. Lowell's clients number in the hundreds. His work with healthcare associations includes recent and ongoing work with the Georgia Dental Association and the Society of Hospital Medicine. We are excited to bring him onboard to help lead this exploration, along with Dr. Aaron Bumann, who will aptly serve as task force chair.

We'll continue to keep members informed of task force outcomes. MDA appreciates all who submitted their name for consideration, with the following chosen for this important work:

- Central: Phil Batson, Chris Kollath, JC Standlee
- Greater Kansas City: Aaron Bumann (Chair), Garret Cochran, Wendy Weimer
- Greater St. Louis: Bob Butler, Emily Hahn, Robyn Hayes, Megan Lenahan, Danielle Riordan, Robby Thompson
- Greater Springfield: Ahad Saqib
- Southeast: Dennis Nguyen
- Southwest: Aldo Del Sol Martinez
- Non-Voting Members: Rachael Parker (New Dentist Committee Liaison), Amanda Fitzpatrick (Speaker)
- Staff Liaisons: Margie Kunze (Governance Manager), Vicki Wilbers (Executive Director)

RESOLUTION 2025H-7

RESOLVED, that a task force, whose composition is representative of the percentage of active membership by component society, be appointed by the Speaker of the House in consultation with the Board of Trustees to be charged with increasing participatory governance and exploring alternatives to the MDA House of Delegates; and be it further,

RESOLVED, that the taskforce shall identify a structure or process to ensure continued membership engagement and input on policy matters; and be it further,

RESOLVED, that the task force through the Board of Trustees provides an interim report back to the 2026 MDA House of Delegates.

For questions, email Dr. Fitzpatrick at amandafitzpatrick613@gmail.com or Vicki at vicki@modentalmail.org.