

ORAL PREVENTIVE ASSISTANT TALKING POINTS

ABOUT THIS DOCUMENT

This document contains primary considerations for giving support for the Office of Dental Health pilot project (approved by the Missouri Dental Board (MDB)) to evaluate Oral Preventive Assistants. This document is intended for member dentists to use in their communication with the regulators, the Dental Board and the public. Additional ideas for personalizing these talking points can be found at the end of the document.

ORAL PREVENTIVE ASSISTANT (OPA) PILOT PROGRAM CORE MESSAGES

- To address urgent workforce challenges and provide increased access to care, the Missouri Dental Association (MDA) **in collaboration with the State Dental Board and Department of Health and Senior Services** is proposing the creation of an Oral Preventive Assistant (OPA) position to deliver preventive care, including supragingival scaling on patients diagnosed as healthy or with gingivitis.
- The MDA asked the Missouri Dental Board to support a pilot program to test the concept of OPAs as one solution to our urgent workforce needs. The MDB has supported this project by approving project creation, OPA EFDA curriculum, and approving waiving rules for the project to commence.
- This is a commonsense solution that Illinois, Kansas, the Indian Health Service and the U.S. military are already implementing safely and effectively.
- Creating an OPA position would build on the proven approach of allowing expanded function dental assistants to, under direct supervision, assist with restorative, orthodontic, and fixed and removable prosthetic care.

WHAT WOULD THE OPA DO?

- Dental assistants who complete and pass a Dental Board-approved curriculum to become OPAs would assist dentists and hygienists with:
 - Scaling supragingival calculus;
 - Periodontal probing and charting;
 - Polishing teeth; and,
 - Giving oral hygiene instructions.
- OPAs would be delegated specific skills under direct supervision of a dentist (or hygienist) at the doctor's discretion.
- OPAs would treat patients, **as determined by the Dentist**, who are healthy or who have reversible gum inflammation, not patients with advanced gum infections.

WHY IS AN OPA POSITION NECESSARY?

- Missouri is experiencing a significant shortage in dental healthcare workers, specifically hygienists and assistants. We need practical, timely solutions to this shortage, as well as the access to care barriers it is creating.

- According to Health Policy Institute (HPI) data as compared to October 2022, in October 2023 more dentists say they are concerned about the impact of staffing shortages in the next six months.
- Having an OPA gives dentists another tool to manage their practice and deliver care efficiently.
- With the assistance of OPAs, dental hygienists and dentists will have more time to complete the complex procedures they have trained for.
- We need to provide an immediate solution to workforce challenges that utilizes the workforce we already have while we work to expand the RDH and DDS workforce.
 - MDA supports several workforce solutions, including increasing the number of schools and class sizes for hygienists in Missouri, but these solutions will take time.
 - Expanding the scope of current team members is a more immediate and effective solution.

WILL THIS BE SAFE FOR PATIENTS?

- Safety and patient care are our top priorities. That is why we are proposing that dental assistants complete and pass a Dental Board approved curriculum and work under direct supervision.
- Dentists (or hygienists) will provide direct supervision of the assistant and check the patient before dismissal.
 - Allowing a trained assistant to scale will still be at the doctor's discretion. As with other expanded functions, if the doctor is not comfortable delegating this, they do not have to allow it in their office.
- Like any care provider, OPAs will require appropriate training for their scope of practice. We believe assistants can be trained to scale safely, on a specific patient population, and this is what the pilot program will assess.
 - We are proposing that dental assistants be trained to remove hard build up above the gum line on healthy teeth. The potential risks are far fewer than other tasks that assistants already perform. Under current law,
 - Expanded Function Dental Assistants can utilize other sharp instruments including scalpel blades, metal reduction discs and high-speed handpieces with burs to perform delegable skills.

IS THERE A PRECEDENT FOR THIS EXPANDED FUNCTION?

- While OPAs would be new in Missouri, this type of provider exists in other states, and the U.S. military already allow assistants to practice these services outlined in the new rule.
- Two neighboring states, Illinois and Kansas, have already implemented this change effectively.
 - There have been no reported incidents with assistants practicing supragingival scaling in these states.
 - As of last year, assistants in Illinois can provide these very needed services on children who are on Medicaid or are uninsured.
- Additionally, the Indian Health Services and the military utilize this type of care provider, and the MDA consulted IHS curriculum when developing the OPA EFDA curriculum.

WHAT ARE THE NEXT STEPS?

- With MDB's support the waiver of the rules for the pilot project to commence have been approved and will move forward through the rulemaking process.
- The MDA seeks supportive dentists to make comments to affirm the value/need of this type of oral care provider to be evaluated through a pilot program.
- The pilot project has advanced and currently includes:
 - An approved MDB curriculum for the scope of an OPA.
 - Identified sponsoring clinics/sites to test the use of an OPA.
 - Scheduled training for the sponsoring clinics/sites participating in the OPA pilot project.
 - Scheduled OPA EFDA training for eligible dental assistants.
 - Established clinical protocols.
 - Established processes for the collection of data on clinical outcomes including the number of more advanced cases treated by hygienists and dentists.
 - Identified an independent third-party to analyze the data and report to the ODH and MDB.
- The results of the pilot project will be reported to all major stakeholders, including the Missouri Dental Board and the Missouri Department of Health and Senior Services.

PERSONALIZING THE MESSAGES

- Share the workforce challenges you are experiencing in your own practice.
- Describe how an OPA would help your specific practice operate more efficiently.
- Detail the types of procedures your dental assistants already perform.
 - Share your impressions of their ability to manage supragingival scaling on healthy patients with proper training.
- At no point should wages/salaries be any part of a message (such as RDH salaries). The entire purpose of the OPA is to provide increased access to care, not to control the wages of dental staff members.
- The Missouri Dental Hygienists' Association resistance to consider OPA creation – although multiple workgroups have shown this important focus—creates an environment without cooperation from one dental professional organization. MDA has shown its support to advance scopes of practices to provide oral health care for all, including recent efforts related to dental hygienists and local anesthesia under general supervision.
- Global approaches are needed, not approaches that advance one segment of the dental profession. Because of this belief, the MDA is supportive of various projects that can help address workforce issues, such as: Dentist and Dental Hygiene Compacts; Nursing Home Pilot utilizing hygienists, dental assistants, and telehealth; creation of a high school dental assisting program, preceptorships for traditional Dental Hygiene education programs, and more. The OPA EFDA pilot project is one idea, among many, to try new models and methods.