

MDA Dental Team Scope of Practice

Results from a Survey Conducted by HPI on behalf of the MDA

November 2020

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Introduction

The dental profession is experiencing rapid changes following the onset of the COVID-19 pandemic. These changes have led to economic stresses affecting dental practice viability, increased risk to health and safety of dental care workers, limited ability to retain and/or rehire dental team members, the need for technological advances such as teledentistry, and stresses on other oral health stakeholders, which is prompting consideration for the closure of Missouri hygiene programs. Many of these changes directly affect the dental workforce.

In order to strengthen the dental workforce in the state of Missouri and ensure sufficient availability of dental personnel now and in the future, the Missouri Dental Association (MDA) requested assistance from the ADA Health Policy Institute (HPI) to conduct a survey of Missouri dentists to gather their views on issues affecting the dental workforce, including new or expanded scope for dental team members.

MDA's purpose for this survey is strictly for gathering information to assist the state association in making thoughtful and educated decisions, substantiated with dentist feedback, as they determine the next steps. The content addressed in the survey was developed by the MDA team with technical survey contributions from HPI.

About the Survey and this Report

The online survey invitation was sent by email to all eligible dentists in Missouri. HPI created a sample of 2,428 Missouri dentists who had an active license, regardless of ADA membership, and also had an email address eligible for receiving a survey from the ADA.

HPI sent the initial invitation on October 24, 2020, followed by reminder emails to nonrespondents on October 28, October 31 and November 4. The MDA sent email communications in coordination with the survey invitations to encourage dentists to complete it. Data collection was closed on November 9 yielding 320 responses for an adjusted response rate of 13.7 percent.

In terms of representativeness of these results, 320 responses among all 3,101 Missouri dentists denote an approximate confidence interval of plus or minus 5% in a 95% confidence level, which is typical and acceptable in similar research studies.

HPI explored the results in subgroups such as members and nonmembers, by age group and by urban status. HPI did not identify any significant difference in those findings; therefore, those results are not reported. In questions that solicited the respondent to indicate a level of support for a proposal, they were given the options: *strongly support*, *support*, *neutral*, *oppose* and *strongly opposed*. In this report, “support” was reported for responses of *strong support* and *support* combined. Verbatim comments in response to all open-ended questions are also included in the Detailed Survey Results section of this report, starting on page 12.

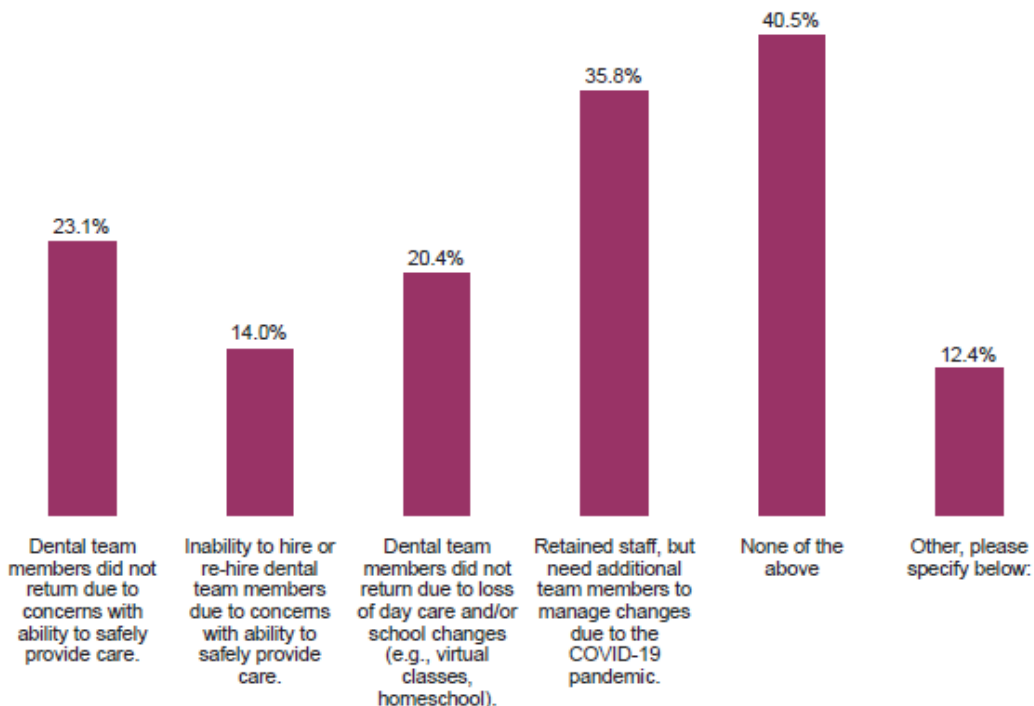
Key Findings

Changes in your Practice Due to the COVID-19 Pandemic

Dentists were asked to indicate whether they have experienced any of the following issues pertaining to their dental teams:

1. Dental team members did not return due to concerns with ability to safely provide care.
2. Inability to hire or re-hire dental team members due to concerns with ability to safely provide care.
3. Dental team members did not return due to loss of day care and/or school changes (e.g., virtual classes, homeschool).
4. Retained staff, but need additional team members to manage changes due to the COVID-19 pandemic.

Two in five dentists (40.5%) indicated that they had not experienced any of the issues listed above. Some dentists (12.4%) selected “other” issues; the issues they described can be viewed on page 15 in the Detailed Survey Results section of this report.



- About one third of dentists (35.8%) reported having **retained staff, but need additional team members to manage changes due to the COVID-19 pandemic.**
 - Among those dentists, 75.0% indicated that they need additional team members because their **practice procedures now require more staff than previously** and 11.5% indicated that their **practice has implemented teledentistry technology**. About 1 in 10 dentists (9.6%) indicated that neither of these options applied to them and a few provided their own reasons, which are found on page 18.

- Under one quarter of dentists (23.1%) reported that they experienced **dental team members who did not return due to concerns with ability to safely provide care.**
 - Among those dentists, 57.4% indicating having had this experience with dental assistants, 54.4% with dental hygienists, and 26.5% with non-clinical office staff.

- About 1 in 5 dentists (20.4%) indicated having experienced **dental team members who did not return due to loss of day care and/or school changes (e.g., virtual classes, homeschool).**
 - Among those dentists, 72.4% indicating having had this issue with assistants, 34.5% with hygienists, and 41.4% with non-clinical office staff.

- Fourteen percent indicated having experienced an **inability to hire or re-hire dental team members due to concerns with the ability to safely provide care.**
 - Among those dentists, 70.7% indicating having had this issue with assistants, 56.1% with hygienists, and 29.3% with non-clinical office staff.

Registered Dental Hygienists Scope

Supervision Level for a Trained Assistant to Work under a Hygienist

Currently, rules defining levels of supervision in Missouri apply only to dentists. **In general, more than half of dentists (54%) supported or strongly supported rules to define a level of supervision for hygienists that would allow a trained assistant to work under a hygienist.** Twenty percent of responding dentists were *neutral* about this level of supervision, and about 1 in 4 dentists (26%) either *strongly opposed* or *opposed* to this level or supervision in general.

Dentists were also asked about their support for this type of level of supervision as it applies to specific procedures. The majority of dentists demonstrated either *support* or *strong support* for the definition of a level of supervision for hygienists that would allow a trained assistant to work under a hygienist for the following procedures:

- Nearly 4 in 5 dentists (79.2%) supported this type of supervision for **chairside suctioning for hygiene**.
- A slightly smaller majority, or about 3 in 4 dentists, (75.4%) indicated support for **coronal polishing**.
- A comparable proportion (74.8%) supported **taking intraoral pictures**.
- Fewer, but still a strong majority of dentists (66.4%) supported this type of supervision for **x-ray collection**.
- Dentists also suggested other procedures. Comments for procedures that they would support or oppose can be viewed on page 20.

54% support

In general, a majority of dentists would support rules to define a level of supervision for hygienists that would allow a trained assistant to work under a dental hygienist.

66-79% support

For **specific procedures** under this level of supervision.

Interim Therapeutic Restoration (ITR)

When dentists were asked to indicate their level of support for a **dental hygienist placing an Interim Therapeutic Restoration (ITR) on a patient's teeth under *general supervision* of a dentist (dentist not on site), after treatment planning by a dentist**, the results were different. **More than half of responding dentists opposed this option**, with 54% indicating they *strongly oppose* or *oppose* dental hygienists placing an ITR under general supervision, and only 25% indicating they *strongly support* or *support* this option. Twenty-one percent were *neutral*.

54% oppose

Most dentists oppose a hygienist placing an ITR on a patient's teeth under general supervision of a dentist after treatment planning by a dentist.

Anesthesiological Procedures

Dentists were asked to indicate their level of support for **allowing a dental hygienist, with proper certification as defined by the Missouri Dental Board, to administer certain types of anesthesiological procedures under *general supervision* of a dentist**.

- **Topical** was either *strongly supported* or *supported* by a large majority of respondents (85.3%).
- A smaller majority (62.0%) either *strongly supported* or *supported* **infiltration**.
- **Blocks** was supported by an even smaller share, with 48.2% indicating *strongly support* or *support* it, and 40.6% indicated *strongly oppose* or *oppose*.

Expanded Function Dental Assistant Scope (EFDA)

EFDA Periodontal Curriculum

Dentists were asked how supportive they would be, in general, of an expansion of the EFDA program to include a periodontal curriculum and permit (approved by the Missouri Dental Board) provided under the direct supervision of a dentist. **A majority of dentists (61%)** expressed *strong support* or *support* for this proposal, while 27% *strongly opposed* or *opposed* it.

Dentists were then asked to express their level or support for allowing an EFDA to perform particular procedures under the *direct supervision* of a dentist if an EFDA periodontal curriculum and permit (approved by the Missouri Dental Board) included the following items.

61% support

In general, 61% of dentist would be supportive of an expansion of the EFDA program to include a periodontal curriculum and permit under direct supervision of a dentist.

- 3 in 5 dentists (60.0%) expressed *strong support* or *support* for a allowing an EFDA to perform **supragingival scaling** under the scenario described above, while over one quarter (27.0%) *strongly opposed* or *opposed* to it.
- Most dentists (58.0%) indicated *strong support* or *support* for allowing an EFDA to perform **data collection (comprehensive periodontal charting)** under the scenario described above. Just over one quarter of dentists (27.0%) were *strongly opposed* or *opposed* to it.
- Some dentists listed other procedures they would be supportive of or opposed to being performed by an EFDA. Those comments can be viewed on page 22 in the Detailed Survey Findings section of this report.

Most dentists (54%) would support an educational format for an EFDA periodontal curriculum similar to current EFDA programs, while 22% said they would not be supportive, and 24% did not know.

- Dentists who *would* support an educational format for an EFDA periodontal curriculum similar to the current EFDA programs provided their reasons for supporting it, including the fact that the current programs have been successful and more staff available to provide care or increase access to care. More details on page 24 of this report.
- Dentists who *would not* support a similar curriculum reasoned that periodontal procedures are out of scope for a dental assistant or that more comprehensive training would be necessary, among other reasons. More details on page 31 of this report.

The Detailed Survey Results section of this report also includes verbatim comments and suggestions related to the scope and supervision levels of the dental team workforce. Those comments start on page 34 of this report.