Midlevel providers: Risky business or access-to-care cure?

ADA-sponsored reports prompt more discussion

By Robert Selleck, Managing Editor

A focus on midlevel dental providers as a core response to dental care access challenges might be better directed elsewhere because the business models in play aren’t sustainable. That’s what the American Dental Association is saying based on a consulting company’s examination of three midlevel workforce models under consideration in five states.

But at least two dental organizations responding to the report’s conclusions show there are plenty of other opinions about the viability of a midlevel-provider workforce and the benefits such professionals can provide to underserved populations.

The American Association of Public Health Dentistry (AAPHD) and the American Dental Hygienists’ Association (ADHA) issued statements that question the ADA’s conclusions. Both organizations ask why dental-school-graduate numbers are expected to increase, workforce expansion is the wrong strategy to use to address the shortage of dentists in the aggregate, and because there is no shortage of dentists in the aggregate, and because dental-school-graduate numbers are expected to increase, workforce expansion is the wrong strategy to use to address issues proposed midlevel workforce models for Dental Health Aide Therapists (DHAT), Dental Therapists (DT) and Advanced Dental Hygiene Practitioners (ADHP). Revenue and expense projections are based on different combinations of public and private payment-for-services scenarios. The midlevel provider’s education debt also is factored into the analysis. The ADA has consistently fought the midlevel provider concept, arguing that it is not in the best interest of patients to perform irreversible dental procedures, such as tooth extractions and major restorative work, to be performed by non-dentists. It also has argued that because there is no shortage of dentists in the aggregate, and because dental-school-graduate numbers are expected to increase, workforce expansion is the wrong strategy to use to address.

As was the case with last year’s meeting, as this edition of Dental Tribune prepares to print, the AADOM annual meeting is close to selling out. The 2012 agenda is packed with educational and networking opportunities of benefit to anyone involved in the business side of running a dental practice.

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‘Turn off that phone!’

How do managers deal with cell phone usage in the office?

By Heather Collichio and Teresa Duncan, MS, FAADOM

The membership of the American Association of Dental Office Managers (AADOM) is composed of individuals who have first-hand experience dealing with situations that would make many people cringe. Some of the most common questions that emerge on our AADOM member forum deal with the rise of text messaging and personal calls in the office. We love text messaging and phone calls BUT not so much among our staff.

We asked several of our AADOM members to answer this hot potato question.

How do you handle your team when excessive texting and phone calls are an issue? Is there an example you’d like to share?

Melanie Duncan: To text, or not to text — that is the question! I love technology, but sometimes it can be a detriment to your team. Believe me I have seen it all! There is the hygienist who is texting while a patient is in the office. We love text messaging and personal calls are an issue? Is there an example you’d like to share?

Melanie Duncan, FAADOM Photos/Provided by AADOM

Lisa M. Spradley: Our office allows cell phones and texting messaging as long as it does not interfere with our patient flow. However, when cell phones were first brought into the practice there were problems with rampant usage. We would have employees coming into the office with the cellphone to their ear and clocking in, and they would stay on the phone until they were ready to seat the patient. This was unacceptable.

After a discussion with the doctor, we decided that while we did not want to completely ban cell phones, we did need some basic guidelines. When employees come into the office and click in, they should not be on their phones. Also, while texting in between patients is OK — it must not delay patients being seated or rooms being cleaned. No one is allowed to be on their cell phone or texting if they have a patient in the room. These guidelines helped to keep our patients as the No. 1 focus in our practice.

Deanna Alexander: Simply put, it is stated in our office manual. No cell phones are allowed in our work area. Each staff member has his or her own personal cubby space in the staff lounge area, this is where the cell phones belong. Everyone respects this policy.

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Access-to-care problems. Acknowledging that the recently released reports are simply “a first step,” ADA representatives said that the detailed economic analysis was a new way of analyzing the viability of various midlevel provider models as a possible solution to access-to-care challenges for uninsured populations. The work was described as the most comprehensive economic analysis to date.

The Academy of General Dentistry is composed of dental care providers. While supportive of the act’s intent, the ADA and AGD have described as the most comprehensive economic analysis to date.

The Comprehensive Dental Reform Act of 2012, introduced in June by Sen. Bernard Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., proposes a variety of programs to enable dental professionals to deliver care to people outside of current care-delivery models — including the use of midlevel dental care providers. While supportive of the act’s intent, the ADA and AGD have challenged its midlevel provider provisions.

(Sources: AAPHD, ADA, ADEA, AGD, WK. Kellogg Foundation, Pew Center on the States)