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 underserved populations. The work was described as the most comprehensive economic analysis to date.

The Academy of General Dentistry issued a statement that “applauds” the AHA-backed studies. AGD President Jeffrey M. Colle, DDS, MBA, FAGD, said, “The AGD believes that the more important part of the issue lies in moving the focus away from workforce models and instead to focus on the more important goal — knocking down the barriers to access to care.” AGD’s position has mirrored the ADA’s take that increasing the number of providers may not be the best way to address access-to-care challenges because of a more critical need to address Medicare reimbursement shortfalls, transportation issues and inadequate prevention education.

Supporters of midlevel-provider licensing agreed to support the ADA and AGD positions regarding many of the access-to-care challenges that will continue to exist despite success or failure of efforts to create a midlevel workforce. In April the W.K. Kellogg Foundation released findings from a review of clinical outcomes experienced by dental therapists practicing in 54 countries using such providers to address access-to-care challenges. The report’s principal author, David Nash, DMD, MS, EdD, who is the William R. Weldon professor of dental education and a professor at the University of Kentucky, said, “None of the 1,000 documents reviewed found any evidence of compromise to patient safety.”

Given these findings, the profession of dentistry should support adding dental therapists to the oral health care team.”

In December 2010 the Pew Center on the States released a report that was favorable toward the concept of using dental therapists to improve access to dental care, especially for Medicaid patients. The ADA and AGD both questioned a number of underlying assumptions and data on dental practice operations and demand for services and other aspects of the research methodology in both organizations’ reports.

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: AAFPD, ADA, AHA, AGD; W.K. Kellogg Foundation, Pew Center on the States)
Tina Brown: Excessive phone calls and texting can be quite a problem. With new employees, we are very upfront with policies and guidelines. They tend to follow them for a while until the “newness” wears off. Our more seasoned team members, on occasion, can get caught up as well but gentle reminders in the very beginning of the occurrence with any team member usually helps.

Upon the second time I remind them again and let them know they are disrupting the flow of the day. I also ask if there is anything I can help them with so they can stay on task and suggest they save their calls and texts for their lunch hour or break.

If a third occurrence dares to happen they relinquish their phone for the rest of the day. It’s sad that sometimes it comes to that but I didn’t come up with the idea, they did!

When it became apparent there was an issue, I rallied the troops together and thought long and hard about this. I have addressed this issue, I didn’t come up with a ‘just do it’ attitude. That’s no fun.

Our policy — in a condensed version — states that any type of mobile device is not to be on your person in the clinical and business area. You may have your mobile in the break area or in your locker. The ringer must be set to vibrate if not turned off. All personal phone calls are not to be made during work hours, only on breaks and lunchtimes, unless of course it is an emergency. The staff is responsible for creating awareness of this policy to friends and family members. I make sure the team knows that they are respected and this in no way implies that they would abuse company time, this is simply to prevent distractions for themselves and other co-workers, as well as to prevent the possible misconception that could arise from another person or patient viewing a team member on their cellphone for any reason. Why? The patients don’t know it’s your son telling you he will be going to his friend’s house after school, or that maybe a friend just told you a quick joke at which you giggle. In the minds of patients (or even co-workers), all they know is “She is not giving my time and care the attention and respect I deserve, how do I trust her in my mouth?”

Julie McKee: Team morale is my top priority when implementing new policies and procedures. I do not enforce a policy that I have not researched and thought long and hard about. That being said, I have addressed this policy in a group/open-forum type setting so that I could share the reasoning behind the policy, and give them time to share how they feel as well. I maintain an open-door policy all the time and I want to know if and why they do not support a decision. This way I may be able to help them to understand the reasoning instead of having a ‘just do it’ attitude. That’s no fun.

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Melanie Duncan, FAADOM, is owner/president of Results Unlimited Dental Consulting and director of clinics for Heritage Creek Dental. The AADOM 2008 Office Manager of the Year and a subject-matter expert for the Dale Carnegie Foundation, she has been in practice management more than 15 years. Her affiliation with AADOM has given her many opportunities to seek guidance and give from her own experience to others. She is dedicated to making dental care accessible and affordable for everyone. Contact her at melanduncan@rudentalconsulting.com.

Lisa M. Sparlely has been in the dental field for more than 15 years. She is an office manager for a general dentist and has her own dental consulting business, TCB Dental Consulting. She helps train front office staff in effective time management techniques. She is an active, lifetime member with AADOM and plans to receive her Fellowship this fall. She can be reached at lisamarie@rubuntuconsulting.com.

Deanna Alexander, FAADOM, has been in dentistry for more than 30 years. She attends many continuing education courses to keep up with the fast pace of the ever-changing dental world. She loves the everyday variety of her responsibilities and being in touch with the patients.

Tina Brown, FAADOM, has more than 30 years of experience in the dental field and is the president of Applied Dental Practice Enhancement—a training, consulting and speaking firm. She attended San Diego State University and Pacific College of Dental Assistants in San Diego. She is a retired RDA and has spent the last 20 years as an administrator. She is a lifetime member of AADOM and writes articles for the administrative team.

Julie McKee, dental director at Gordon Dental, considers the practice and its patients a huge part of her family. She thrives on the camaraderie and pride of working in a state-of-the-art dental practice. She uses the AADOM network to share resources and ideas to keep the practice on the leading edge of patient satisfaction. She considers herself a lifelong learner and encourages those around her to be in a constant state of study, growth and action.

Heather Colecchio is the president and founder of the American Association of Dental Office Managers.

Teresa Duncan is its educational content advisor. For more information please visit www.dentalmanagers.com.