

# Alternative Pathways to Access and Prevention



National Oral Health Conference

April 28, 2014

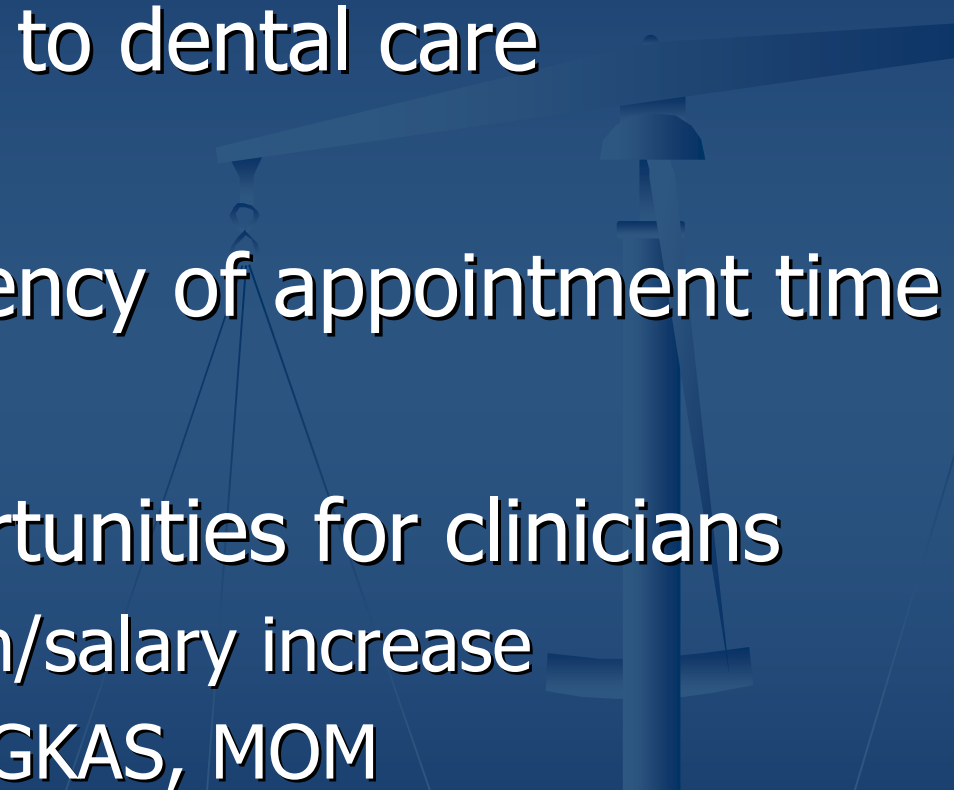
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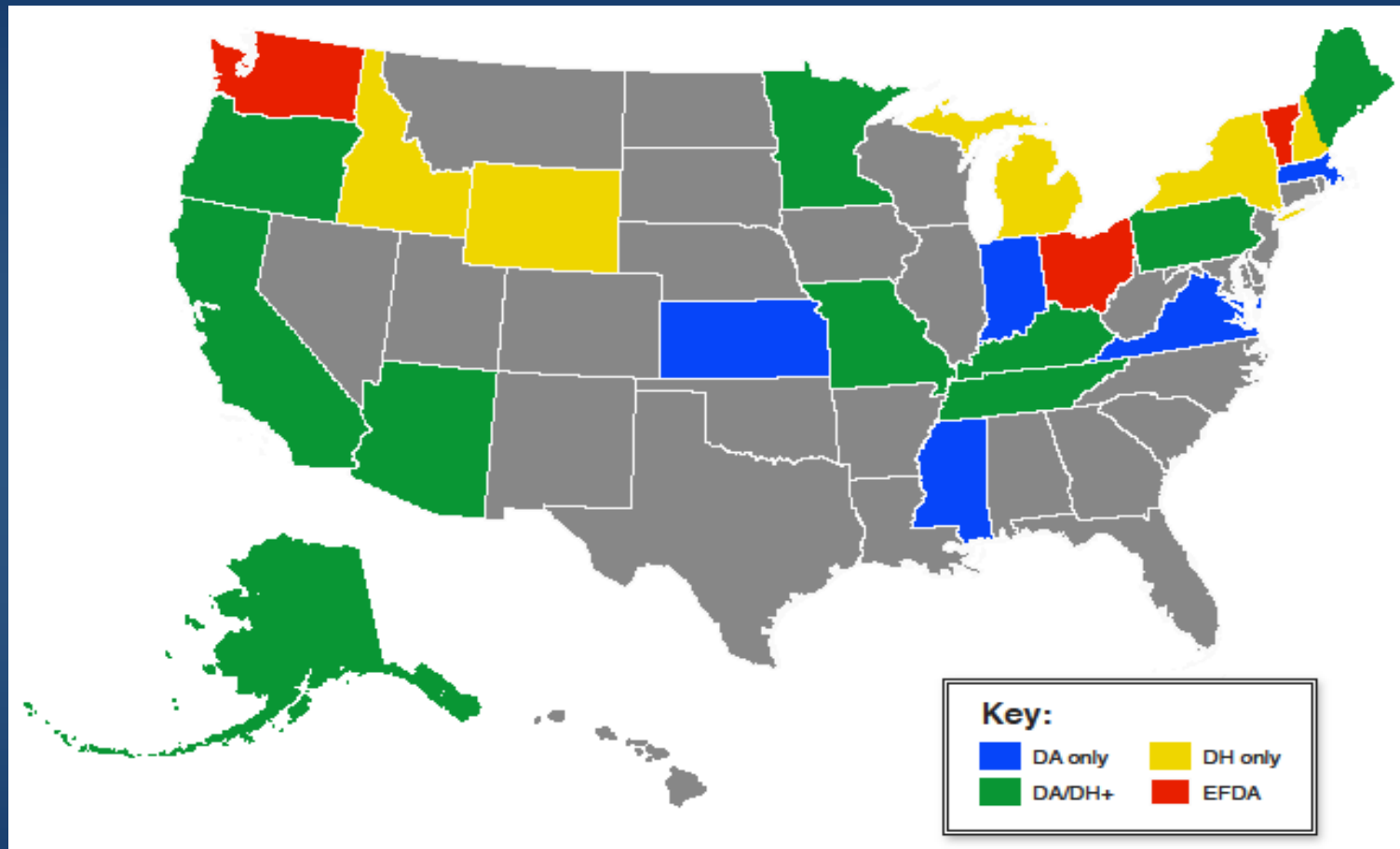
# Implementation and Utilization of Restorative Expanded Functions (REF) in Minnesota: A 10 Year Perspective



# Why Restorative Expanded Functions?

- Increase access to dental care
  - Increased efficiency of appointment time
  - Increased opportunities for clinicians
    - Personal growth/salary increase
    - Volunteerism: GKAS, MOM
- 

# National Efforts

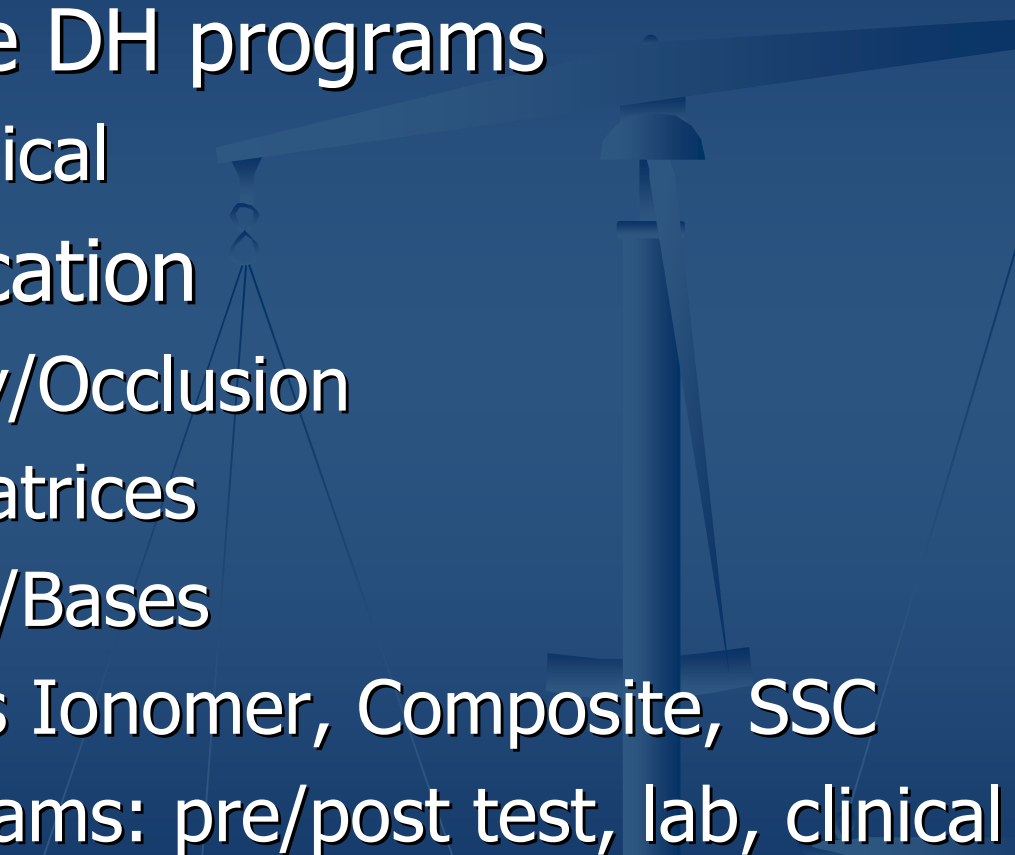


- 1) ADA, Dept. of Government Affairs, March 28, 2011, #11- Expanded Functions Dental Assistants
- 2) [www.adha.org/.../7516\\_Restorative\\_Duties\\_State.pdf](http://www.adha.org/.../7516_Restorative_Duties_State.pdf)

# What is Restorative Expanded Functions (REF) in MN?

- Allied dental personnel (LDA, RDH)
- Place, contour, and adjust amalgam restorations
- Place, contour, and adjust glass ionomer restorations
- Place, contour, and adjust Class I, V *supragingival* composite restorations where the margins are entirely in enamel
- Adapt and cement SSC

# REF Course

- Bachelor Degree DH programs
    - Theory and Clinical
  - Continuing Education
    - Dental Anatomy/Occlusion
    - Rubber Dam/Matrices
    - Cements/Liners/Bases
    - Amalgam, Glass Ionomer, Composite, SSC
    - Competency exams: pre/post test, lab, clinical
- 

# REF Requirements

- **Clinical** - Must include a minimum 12 patient experiences which involve primary and permanent dentition

- |                          |                |             |
|--------------------------|----------------|-------------|
| ■ Amalgam                | Class I, II, V | 10 surfaces |
| ■ Glass Ionomer          | Class I, II, V | 5 surfaces  |
| ■ Composite              | Class I, V     | 5 surfaces  |
| ■ Stainless Steel Crowns |                | 4 teeth     |

# The credentialed numbers

- Dental Assistants: 285
- Dental Hygienists: 360
- Dental Therapists: 10
- Resident Dental Therapists: 2
  
- TOTAL REF in State: **657**
  - 334 graduates of CE course

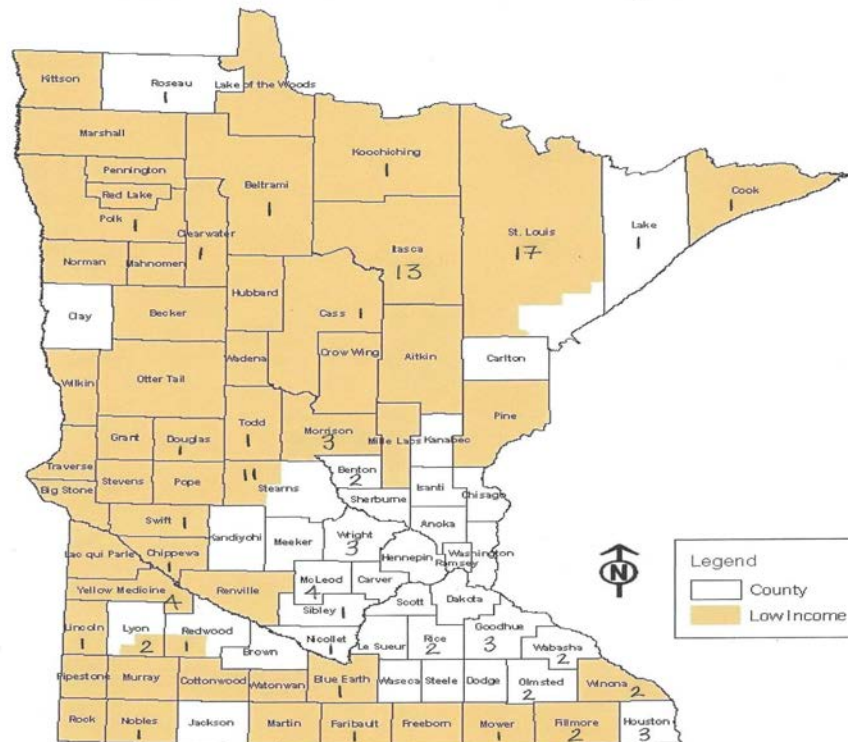
\* MN BoD statistics





# Total REF credentialed in HPSA areas =72%

## Health Professional Shortage Areas Low Income Dental HPSA Designations



Data Source:  
Minnesota Department of Health  
Office of Rural Health and Primary Care  
State DD HPSA Nov 2011.mxd

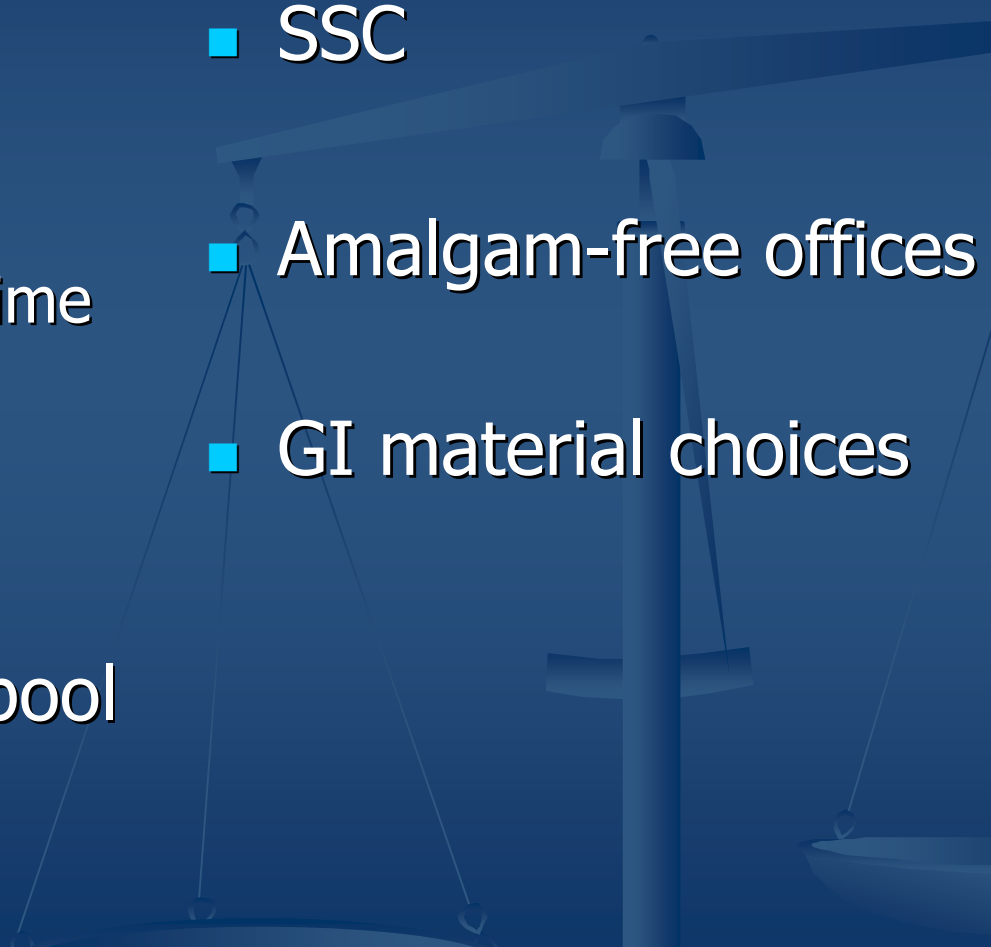


# Health Partners: Metro/Urban

- 60 total certified= 52% of LDA staff
- 16 clinics: 2- 5 REF at each location
- Dovetail schedule with three chairs
- Barriers
  - DDS buy-in
  - Scheduling
  - Sufficient patient pool
- Benefits
  - Staff commitment
  - Improved productivity

\* Mann, K. E-mail correspondence, Sept. 20, 2013

# Challenges of REF implementation

- Scheduling
    - NOT as scheduled procedure
    - NOT at specified time or day
  - Staff buy-in
  - Sufficient patient pool
  - # of chairs/space
  - SSC
    - Amalgam-free offices
    - GI material choices
- 

# Utilization Of REF

- 38% of certified REF professionals were using their skills in practice
  - DA utilize at 71%
  - DH utilize at 18%
  - 87% of those utilizing skills were trained through continuing education

\*Post, J. Examining the Impact of Restorative Functions for Allied Dental Professional in Minnesota. 2013 PPT.

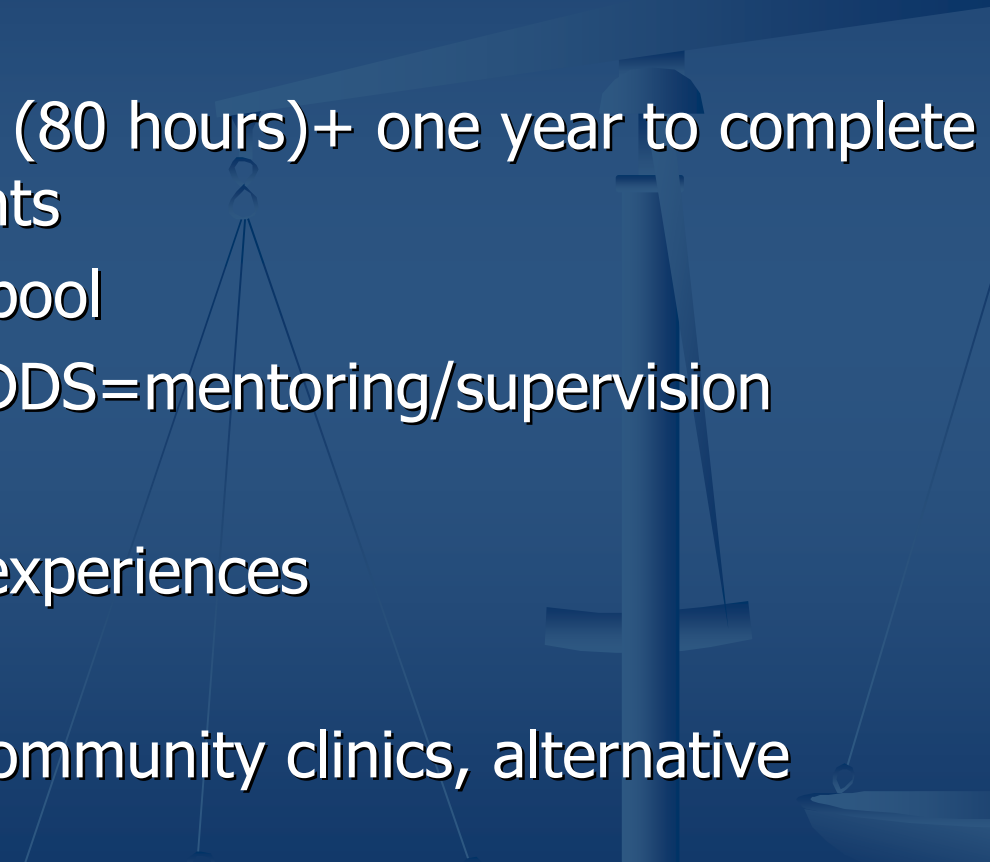
# NON-Utilization of REF

- The **MOST** cited reason for non-utilization was lack of delegation of services by DDS
- 62% were NOT utilizing skills in practice
  - 82% were DH
  - 57% had obtained their training in bachelor degree DH program

\*Post, J. Examining the Impact of Restorative Functions for Allied Dental Professional in Minnesota. 2013 PPT.

# When REF works well

## ■ Continuing Education Training

- Cost=\$2,695
  - 4 weekend course (80 hours)+ one year to complete clinical requirements
  - Adequate patient pool
  - Trained by office DDS=mentoring/supervision
  - Materials of office
  - Extensive clinical experiences
  - DA
  - Private practice, community clinics, alternative settings
- 

# Results of working together



- Compensation
  - Loupes
  - Loupes with light
  - Increase in hourly (\$0.25 to \$1.25)
  - Percent of procedure
    - (3-5%)
  - Bonus end of year
    - 10 % of production of procedures completed by REF professional

# REF Reported Outcomes

## ■ **88% DDS VALUES MY SKILLS<sup>1</sup>**

- **“My REF was a graduate of one of the first UMN courses. She has been restoring teeth longer than I have and her experience shows in the quality of her work”.<sup>2</sup>**

## ■ **80% Increased Job Satisfaction<sup>1</sup>**

- **“ REF provides a new dimension to my career and I am eager to extend my role”.<sup>2</sup>**

## ■ **67% Increased Access to Care<sup>1</sup>**

- **“I like how by the time they are certified they have a better and very good understanding of restorative dentistry allowing us to see more patients in need.”<sup>2</sup>**

1. Post, J. Examining the Impact of Restorative Functions for Allied Dental Professional in Minnesota. 2013 PPT.

2. Quotes from CE course participants



# REF in the Ukraine



# What's Next for REF?

- Research study recommendations<sup>1</sup>
  - Continue with CE course
  - Remove from DH programs due to cost and non-utilization
- Refresher courses<sup>2</sup>
- Class II composites<sup>2</sup>
- Add local anesthesia training for DA to improve appointment efficiency<sup>2</sup>

1. Post, J. Examining the Impact of Restorative Functions for Allied Dental Professional in Minnesota. 2013 PPT.
2. CE course evaluations.

# Many thanks!

Access



Prevention

