



Years in Practice Influence Dentists' Attitudes toward Oral Health Access Solutions

This fact sheet is Number 11 in a series of analyses regarding oral health in North Dakota.

During 2015, the North Dakota Legislature considered the licensure of a new dental provider, a dental therapist (DT). Legislation did not pass, though Senate Concurrent Resolution #4004 called for additional study of oral health workforce solutions. During 2017, House Bill 1256 proposed licensing DTs, but failed in the House by a 32-59 vote. In response to legislation, the Center for Rural Health developed a survey to assess North Dakota dentists' knowledge of, support for, and the willingness to participate in nine proposed dental care access solutions. Access the full data brief for more information,¹ or see Table 2 under "Data" for a full list of survey variables and their definitions.

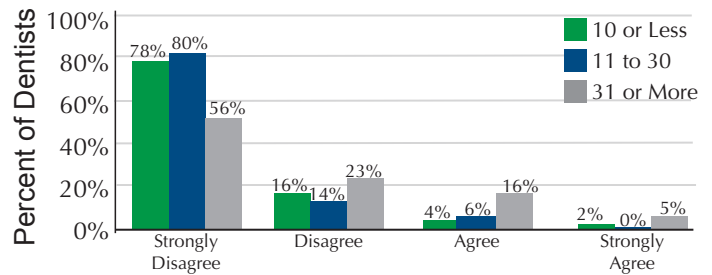
Survey Responses

Approximately 187 of the 421 North Dakota dentists surveyed, participated in the study; a 44% response rate. Roughly 58% of respondents served urban communities while 42% provided care primarily to rural residents. A large majority (77%) practiced general family dentistry. Dentists predominately served in solo (50%) or small group (38%) practices. Nearly half of dentists (47%) had been practicing 10 years or less; 28% had been practicing 11 to 30 years while 25% practiced 31 or more years.

Dentists' Knowledge of Access Models

There was no significant variation between years of practice ($p < 0.05$) and dentists' level of knowledge. Overall, dentists were most knowledgeable about DT, and had the least knowledge regarding case management. In general, the majority of dentists indicated that case management, and increasing reach of dental safety-nets were the most likely to increase access for populations in need. However, dentists practicing 31 or more years were significantly ($p < 0.05$) more likely than their peers to agree that DT would increase access to dental services. See Figure 1.

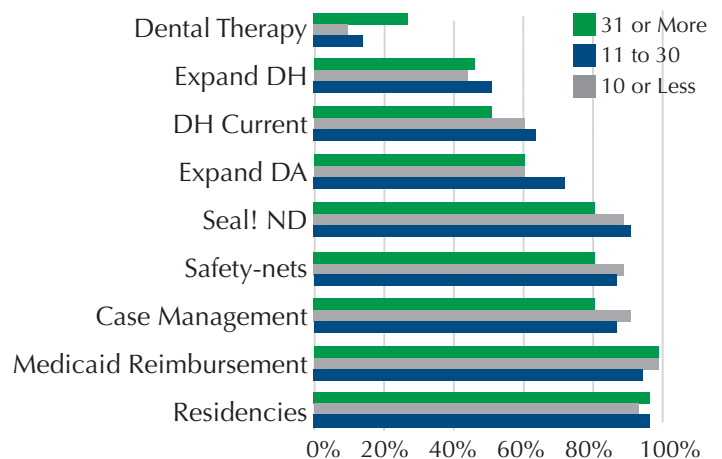
Figure 1. Dental Therapy would Increase Access



Dental Support & Participation

In general, dentists illustrated the greatest support for increasing Medicaid reimbursement, and creating dental student residencies. Expanding dental hygiene (DH), and implementing DT had the least support overall. However, there were significant differences ($p < 0.05$) in the level of support by years of practice for: student residencies; expanding dental safety-nets; increasing services/reach of Seal! ND²; and, implementing DT. See Figure 2.

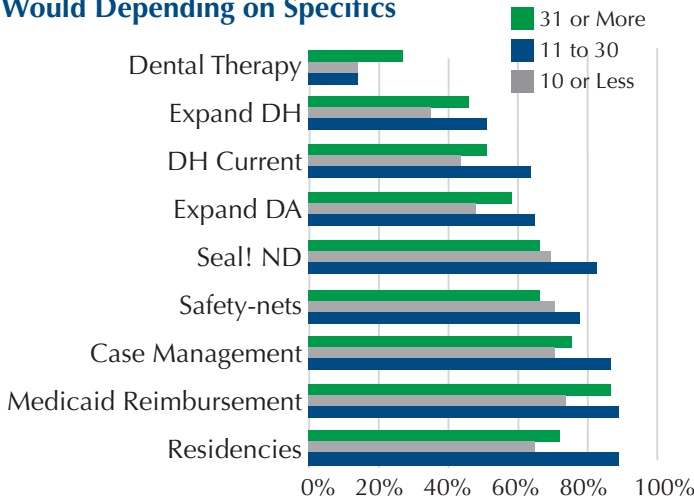
Figure 2. Dentists who Support/Support Depends



Dentists practicing 31 or more years were more likely than their peers to support DT; more than one in four (27%) supported DT. Conversely, dentists practicing 10 or fewer years were more likely than their peers to support student residencies, expanding dental safety-nets, and increasing the reach of Seal! ND.

While those practicing ten or fewer years were less supportive of increasing Medicaid reimbursement than their peers, they were significantly more likely ($p < 0.05$) to participate, and provide care for Medicaid enrollees. Dentists with fewer years of practice were also significantly more likely to participate in case management, Seal! ND, and providing dental student residencies. See Figure 3.

Figure 3. Percent of Dentists who Would Participate or Would Depending on Specifics



Dentists with ten or fewer years of practice were more likely to support and participate in many initiatives. Subsequently, they were also more likely to delegate patient services to the proposed providers for all initiatives other than DT. See Table 1.

Table 1. How Likely to Delegate Patient Services

| | Extremely Unlikely/Unlikely | | | Likely/Extremely Likely | | |
|-----------------|-----------------------------|-------|-----|-------------------------|-------|-----|
| | <10 | 11-30 | 30+ | <10 | 11-30 | 30+ |
| Case Management | 51% | 58% | 60% | 50% | 42% | 40% |
| Safety-nets | 63% | 69% | 70% | 37% | 31% | 30% |
| Current DH | 63% | 78% | 65% | 37% | 22% | 35% |
| Expand DH | 69% | 87% | 77% | 31% | 14% | 23% |
| Expand DA | 55% | 71% | 65% | 45% | 29% | 35% |
| Dental Therapy | 94% | 96% | 86% | 6% | 4% | 14% |

Conclusions

Nearly one in four dentists (24%) with the greatest years of experience (31 or more years of practice) would participate in the hire of a DT on some level; 27% indicated support for the model, and 21% believed it would improve access for high-risk populations. However, overall support for this model was low.

Dentists' levels of knowledge regarding each model were not influenced by their years of practice. However, dentists with ten or fewer years of practice were significantly more likely than their peers to both support, and be willing to participate in, dental student residencies, and increasing the reach of Seal! ND. They also had significantly more support for expanding dental safety-nets, and were more likely to participate in case

management than their peers. While years of practice cannot be definitively associated with age, it would appear that younger dentists were more open to support and participate in potential dental care access solutions. Roughly 47% of those who responded to the survey had been practicing for ten or fewer years, providing a large group of providers in support of, and ready to participate in, initiatives targeted to increased oral health care access and utilization among at-risk populations in North Dakota.

Data

Two rounds of the survey were mailed in December 2016, and January 2017 to all dentists in the State with a practice address on record with the Board of Dental Examiners. Responses were anonymous.

Proposed Access Models/Survey Variables

| Workforce Model | Abbreviation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Funding and implementation of case management, including as a reimbursable service | Case Management |
| Increasing opportunities for dental students to complete residencies in North Dakota | Residencies |
| Additional locations and funding for dental safety-nets | Safety-nets |
| Increasing Medicaid reimbursement for dental services | Medicaid |
| Expanding the service area (funding) of Seal!ND ² | Seal! ND |
| Utilizing dental hygienists at their expanded scope of practice (once certified), including limited restoration procedures under direct supervision of a dentist | DH Current |
| Further expansion of the scope of practice for dental hygienists including expanded restorative procedures | Expand DH |
| Expanding the scope of practice for dental assistants including preventative and restorative services | Expand DA |
| Develop and utilize a CODA certified dental mid-level provider | DT |

- Schroeder, S. & Fix, N. (2017). Dentists' knowledge, support, and participation in proposed dental care access solutions. Center for Rural Health. Available at: ruralhealth.und.edu/what-we-do/oral-health.
- Seal! ND is managed by the State Department of Health, Oral Health Program. The initiative looks to place dental sealants while in school-based settings. For more information: www.ndhealth.gov/oralhealth/programs.htm.

For more information

Visit the CRH webpage for additional oral health publications and information. ruralhealth.und.edu/what-we-do/oral-health

Shawnda Schroeder, PhD

701.777.0787 • shawnda.schroeder@med.und.edu

Center for Rural Health

University of North Dakota School of Medicine & Health Sciences

1301 North Columbia Road, Stop 9037, Suite E231

Grand Forks, ND 58202-9037

701.777.3848 • ruralhealth.und.edu