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Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

Fact Sheet

Dentists' Feelings of Being Overworked Influence Attitudes toward Oral Health Access Solutions

This fact sheet is Number 12 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 dental care access solutions. Access the full data brief for more information.[1] See Table 1.

Table 1. 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!ND2	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

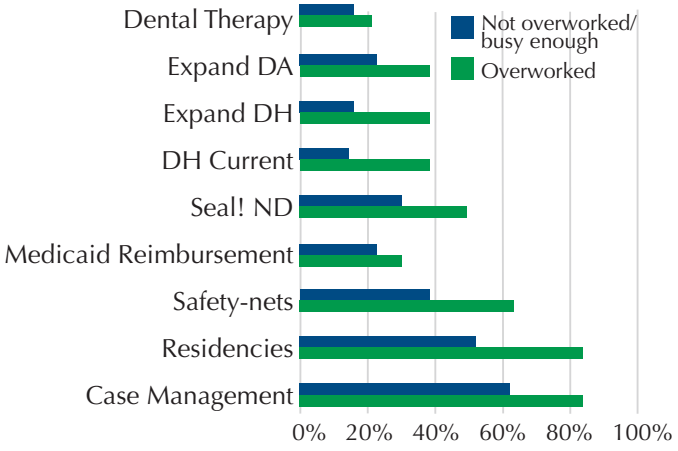
Survey Responses

Approximately 421 North Dakota dentists received the survey. Analyses included 187 completed tools; 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. Respondents predominately served in a solo private practice (50%). Roughly 84% indicated they were not overworked or were not busy enough; 16% were overworked.

Dentists' Knowledge of Access Models

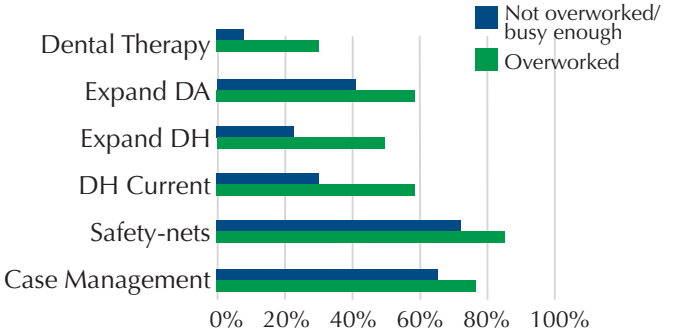
Overworked dentists had less knowledge regarding all proposed access solutions than those who were not overworked. The differences were statistically significant ($p<0.05$) with regard to: case management; dental student residencies; expanding dental safety-nets; increasing reach of Seal! ND[2]; utilizing dental hygienists (DHs) at their current expanded scope of practice; and expanding the scopes of practice for DHs, and dental assistants (DAs). See Figure 1.

Figure 1. Percent of Dentists with No Knowledge of Model by Practice Type



Dentists who were overworked were more likely than those not busy enough to agree or strongly agree that DT, utilizing DHs at the previously expanded scope of practice, and further expanding the scope of practice for DHs would reduce access issues for populations in need ($p<0.05$). See Figure 2.

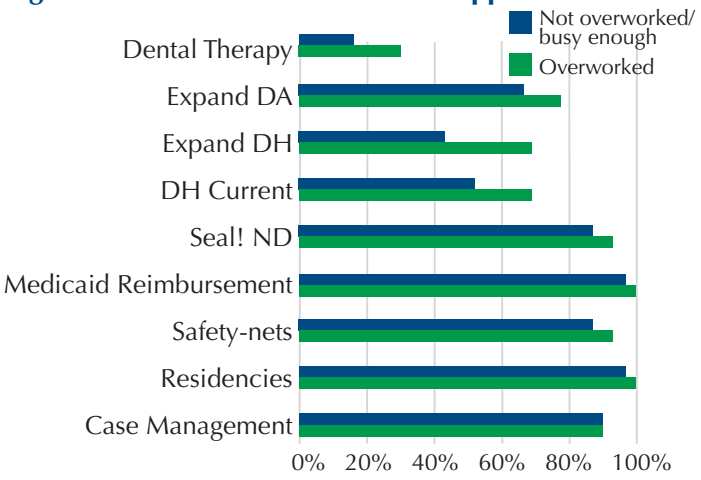
Figure 2. Percent of Dentists who Agree/Strongly Agree Models would Reduce Access Issues



Dental Support & Participation

Dentists who reported being overworked were more likely to support DT, utilizing DHs at the previously expanded scope of practice, and further expanding the scopes of practice for both DHs, and DAs ($p<0.05$). See Figure 3. Overworked dentists were also significantly more likely to participate in DT.

Figure 3. Percent of Dentists who Support or Would



While only 13% of all dentists would participate at some level in DT, more than one in four of those who were overworked would utilize a DT (28%). See Table 2.

Table 2. Dentists' Willingness to Participate

	Not Participate		Participate or Participation Depends	
	Over-worked	Not busy enough	Over-worked	Not busy enough
Case Management	24%	19%	76%	81%
Residencies	21%	23%	79%	77%
Safety-nets	31%	24%	69%	77%
Medicaid	24%	14%	76%	86%
Seal! ND	29%	20%	71%	80%
Current DH	35%	48%	66%	52%
Expand DH	25%	48%	75%	52%
Expand DA	38%	42%	62%	58%
Dental Therapy	72%	88%	28%	13%

Overworked dentists were more likely to delegate patient services to emerging workforce models, to include DT, utilizing DHs at the previously expanded scope of practice, and expanding the scopes of practice for both DHs, and DAs.

Conclusions

Dentists who reported being overworked were less knowledgeable than those identified as not busy enough. It is likely they do not have time to learn about new models that could benefit their practices and service areas. It is important to identify opportunities to share information with these providers.

There is also opportunity to identify practices that are not busy enough, and work to direct Medicaid enrollees to those dental clinics. Roughly 86% of dentists who were not busy enough indicated they would participate in care for Medicaid enrollees if Medicaid reimbursement were to increase.

Overall, dentists generally had more support for models that focused on programmatic interventions (i.e., implementing case management, increasing the reach of Seal! ND, etc.) than those models focused on utilizing members of the dental team. However, overworked dentists were more willing to utilize emerging workforce models, and more willing to delegate patient services to additional dental team members. Those not busy enough may see no benefit in expanding scopes of practice, nor in utilizing their current dental team to their full scopes of practice, because they are not experiencing significant patient demand. There is opportunity to work with dental clinics identified as not busy enough to expand dental care access programs while workforce initiatives can look to dentists in the State who are overworked.

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. "Overworked" included responses "too busy to treat all people requesting appointments" and "provided care to all who requested appointments but was overworked." "Not overworked or busy enough" included responses "provided care to all who requested appointments but was not overworked," and "not busy enough, could have treated more patients."

1. 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.
2. 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.

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