



A Monthly Newsletter from ADEA Executive Director Richard W. Valachovic, D.M.D., M.P.H.

*In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, looks at developments that are changing the face of allied dental education.*



### **Positioning Allied Dental Education for "Disruptive" Change**

Less than a week ago, 200 allied dental program directors gathered in the mountain resort of Coeur d'Alene, Idaho, to focus on the theme of this year's ADEA Allied Dental Program Directors' Conference, "Transitions in Allied Dental Education." I was a participant in the Conference, and like the others who were there, I arrived ready to contemplate the opportunities that lie ahead and to gain concrete skills that we all can use in our work.

The Conference offered a rich and varied program, including a session called "Working Effectively with Conflict." We knew that evaluations from previous conferences revealed that this is a major concern, not just for administrators, but for faculty and students as well. Given the wave of change forecast at the conference, skills acquired in this session should prove extremely useful.

Two significant developments are simultaneously under way in allied dental education. One is a movement to create more graduate programs in dental hygiene. For a long time, there were only eight Master in Dental Hygiene programs in the United States, with most of these focused on preparing graduates to enter academic positions. The inability of most dental hygienists to pick up and move to one of these campuses traditionally limited enrollment in these programs. But in the last five years, we've seen a welcome expansion in opportunities for advanced dental hygiene education. Now more than twelve Master in Dental Hygiene programs are operating, with at least two more in the pipeline.

Secondly, and perhaps more significantly, advanced education in the allied dental professions is also being made more accessible by a shift in how education is delivered. New programs are using a mixed model that incorporates both on-campus and distance learning, and established programs are beginning to offer distance learning opportunities as well. These changes should help to alleviate the faculty shortage in allied dental education, but these programs are not solely aimed at producing educators. They are also seeking to prepare dental hygienists to play a major role in expanding access to dental care.

There's no question that greater independence for the practice of dental hygiene is the wave of the future. A bill passed in Maryland this spring will allow hygienists, beginning this fall, to provide preventive services in public health settings without a dentist's prior authorization or direct supervision. In some states, hygienists can establish their own practices. In others, under certain circumstances they can perform restorative functions. Most of us are well aware of the significant initiative in Minnesota this past spring that provides for the creation of a new "Oral Health Practitioner." Given these trends, opportunities for advanced education in dental hygiene take on even greater importance.

At the Conference, four presenters who are at various points in the process of establishing graduate programs shared their experiences with attendees. Many in the audience were also considering ways to expand educational options at their campuses. Stephanie Harrison, Director of the Dental Hygiene Program at the Community College of Denver, found food for thought among the diverse

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approaches represented. "Whether they started with legislative support, articulation agreements, or putting the financing in place, they're all striving to reach the same end. The session gave me a lot of alternatives to consider as we seek to expand opportunities in Colorado."

The Conference also focused on the move toward accreditation of dental assisting programs. The ADEA Section on Dental Assisting Education is focusing its efforts on developing a strategic plan for a uniform educational and credentialing model for dental assisting. It's good to see the dental assisting community moving in this direction. It bodes well for quality assurance in an environment where dental assistants, like their colleagues in dental hygiene, are being called upon to take increased responsibility for patient care, especially in underserved communities. About a dozen states now allow dental assistants to apply dental sealants, and proposals to expand their scope of practice are on the table in additional states.

As we all know, the number of professionally active dentists is expected to decline in the next decade, yet some are predicting that the supply of dental services will increase due to enhanced productivity and an increase in the number of allied dental personnel. Indeed, the U.S. Bureau of Labor Statistics lists [dental hygiene](#) and [dental assisting](#) among the ten top fastest growing occupations. These trends may prove beneficial as we strive to provide dental care to a greater portion of the population. As a 2001 ADA report entitled [The Future of Dentistry](#) notes, "A more intensive and extensive employment of allied dental professionals can provide a more rapid, flexible, and cost-effective way of increasing workforce productivity, distribution, and availability."

That said, these transitions are sizable, and will disturb the status quo in ways that inspire and unsettle us in equal measure. Dr. Karl Haden, President of the [Academy for Academic Leadership](#), said as much in his keynote address, "The Opportunities Ahead: Making the Most of Disruptive Change in Oral Health Care."

Karl gave his audience a thorough introduction to the concept of [disruptive innovation](#). In a nutshell, a disruptive innovation overturns the status quo, increasing access to a product or service by enabling more people to acquire skills previously possessed only by specialists. By definition, the change is far reaching. Within the health professions, disruptive innovation can meet with resistance, yet it can be a fundamental driver of economic growth.

Karl also sought to address concerns within the community of practicing dentists that forthcoming changes may compromise care. He pointed out that we have yet to establish a basic standard of care, and that patients will play a central role in setting such standards in the health care arena of the future. Inaccessible and expensive health care won't be considered high-quality care. Instead, where risk is low and procedures well defined, patients will rate the quality of health care according to its convenience and expense. When risk is high and the options not clear (for example, when deciding whether to obtain a dental implant), patients will define high quality health care according to its reliability and efficacy.

Where does this leave allied dental professionals? The community can best position itself to benefit from these transitions by focusing on what it does best—prevention—and by looking for ways to reach those people with the greatest burden of disease. Karl noted that state practice acts with undue supervisory requirements prohibit allied dental professionals from health care promotion and provision of preventive care. He stressed that oral health care should be a collaborative, team effort, with the dentist as the team leader, and that students in the allied dental professions must become critical thinkers committed to lifelong learning if they are to succeed in a healthcare environment affected by disruptive innovation.

Disruptive change within dentistry seems increasingly imminent. The question is, how will we respond? Will we let coming innovations plunge us into turmoil, then wait for the government to sort things out? Or will we work across our professions to design a smooth transition to new models of care delivery that assure access, affordability, and quality across the spectrum of needs? I think you can guess my answer, and if the discussions I overheard in Idaho are any guide, I think our members in the allied dental professions are also eager to start mapping our route down the road ahead.

In the meantime, let's start with some smaller changes as suggested by our colleagues on the ADEA Council of Allied Dental Program Directors' Task Force on Collaboration, Innovation, and Differentiation. Their letter to the editor in this month's edition of the [Journal of Dental Education](#) challenges us to clean up our language so that everyone on the oral health care team and the work

they perform is referred to with respect. This could certainly go a long way to lowering the barriers to communication among the professions and help move future discussions about the scope of allied dental education and practice in a positive direction.



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